



McGill

School of
Physical and Occupational Therapy

OCCUPATIONAL THERAPY CURRICULUM COMMITTEE



LAYING A FOUNDATION FOR INDIGENOUS PARTNERSHIPS AND TOPICS

REPORT SUBMITTED BY

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MCGILL UNIVERSITY STANDS ON THE UNCEDED INDIGENOUS LANDS OF THE KANIEŃKEHA:KA, KEEPERS OF THE EASTERN DOOR OF THE HAUDENOSAUNEE CONFEDERACY.

WE RECOGNIZE THE KANIEŃKEHÁ:KA NATION AS A VIBRANT COMMUNITY WHO ARE THE CARETAKERS OF THE LANDS AND WATERS OF TIOHTIÁ:KE/MONTRÉAL, WHICH HAS LONG SERVED AS A SITE OF MEETING AND EXCHANGE AMONGST INDIGENOUS PEOPLES, INCLUDING THE HAUDENOSAUNEE CONFEDERACY AND ANISHINABEG NATIONS.

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The purpose and processes in producing this evidence-informed document was to build the knowledge and capacity of McGill University's Occupational Therapy program in finding an ethical and wise path to respond to the Truth and Reconciliation Commission's Calls to Action and the United Nations Declaration on the Rights of Indigenous Peoples. The recommendations herein are a proposal and are not a final action plan. The recommendations and the occupational therapy program's evolving initiatives are to be considered a work in progress alongside capacity and relationship-building. Community engagement needs to be – and is – ongoing with diverse Indigenous groups as well as a variety of stakeholders locally and nationally.

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Janelle Kasperski comes from the Nisga'a Nation in the Nass Valley of British Columbia. As Indigenous Education advisor, situated under The Office of the Provost, Janelle works collaboratively with various faculties, departments and offices at McGill to contribute to the process of incorporating Indigenous concepts, histories and perspectives in university curricula, internal capacity building and aiding in the commitment to the Provost's Task Force on Indigenous Studies and Indigenous Education. She creates links on campus for advising on event protocols, curricula, teaching guide resources, Indigenous Perspectives workshops, and KAIROS Blanket Exercise facilitation. She is the event coordinator for McGill's annual Indigenous Awareness Weeks, and committee member with CBC radio Canada's Turtle Island Reads project. Janelle conducted an appraisal of relevant classes in the occupational therapy curriculum, designed and ran faculty development workshops, provided multiple forms of resources, links to partnerships, and intellectually guided the content and focus of this report.

Sara Saunders is from Moncton, New Brunswick. She is an occupational therapist whose clinical and academic expertise is in the area of workplace disability, the meaning of work for injured individuals, and the systemic processes and policies that interact around the creation of disability. She is currently the Chair of the Academic Credentialing Council of the Canadian Association of Occupational Therapists, and on the Boards of the Association of Canadian Occupational Therapy University Programs, and member of the Joint Position Statement on Inclusive Education Taskforce. One of her first objectives upon becoming Director of the Occupational Therapy program at McGill University and co-Chair of its curriculum committee was to set the development of Indigenous Topics as a curricular priority. Sara continues to engage in ongoing advocacy and logistical support for Indigenous initiatives in the program, as well as creating a safer space for reflective dialogue and problem solving.

Hiba Zafran is a multiple migrant who has learnt to call Montréal, and the relational web that she has cultivated here, one of her homes. She is a poet and an occupational therapist-psychotherapist. Her clinical and doctoral expertise is in youth mental health (psychosis, grief, trauma, and gender questioning), intuitive / narrative reasoning, and mixed methods. Her pedagogical commitment is to experiential and transformative learning for cultural safety and justice. As co-Chair of the occupational therapy curriculum committee she is responsible for ensuring the development of Indigenous partnerships, topics, and initiatives in a critically reflexive manner that is respectful of, and engaged with, Indigenous worldviews. Alongside Janelle's contributions, Hiba led and conducted the data collection and analysis, and writing of this report.

ALL FOUR AUTHORS CONTRIBUTED TO THE FINALIZATION OF THE WRITING OF THIS REPORT.

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*"We are built for transformation.
Our stories prepare us for it."*

Lee Maracle, Stó:lō Nation
Goodbye, Snauq (2004, p. 205)

*"In Aboriginal thought, the Spirit enters this earth walk with a purpose...
It has a hunger and a thirst for learning, and along that path
it leads us to discern what is useful for us to know."*

Marie Battiste, Mi'kmaw professor
Nourishing the learning spirit (2010, p. 14)

*"[I]t wasn't very difficult for me and some of the other people
to write wonderful aspirational documents...
And there comes with that awareness
a real anxiety that the writing becomes an end in itself."*

Sara Ahmed, Feminist scholar
You end up doing the document rather than doing the doing (2007b, p. 599)

Glossary of Terms

First Peoples

Aboriginal: Term used in the Canadian Constitution to refer to the first peoples on the North American continent. Treaties were negotiated between the Crown and local Aboriginal populations, guided by the Royal Proclamation of 1763

First Nations: First peoples that do not identify as Inuit or Métis. They form separate geopolitical and linguistic nations and bands across Canada. They were formerly known as “Indians”. To consult a geographical map of First Nations tribes and peoples:

<http://cippn-fnpim.aadnc-aandc.gc.ca/index-eng.html>

Indigenous: ‘Indigenous peoples’ is a collective name for the original peoples of North America and their descendants (First Nations, Inuit and Métis). Often, ‘Aboriginal peoples’ is also used.

Inuit (the people): Traditional inhabitants of the circumpolar (arctic) regions of Canada, Greenland and Siberia. For a map of Inuit regions in Canada: <https://www.aadnc-aandc.gc.ca/Map/irs/mp/index-en.html>

Métis: Descendants of a Métis community created via the intermarriage between Indigenous peoples and European settlers during the establishment of the fur trade. These communities are historically situated, with their own distinctive culture and language, and have existed continuously since Europeans established effective control of the area in which the community is located.

Native: Synonym for ‘first peoples’ who, in Canada, have been present on the continent, known to them as Turtle Island, for over 10’000 years prior to the arrival of Settlers.

(Crown-Indigenous Relations and Northern Affairs Canada, www.rcaanc-cirnac.gc.ca)

Settler-Colonial Framework

Cultural Genocide: The destruction of the social and political structures and practices that allow the group to continue as a group. Land is seized, languages are banned, spiritual practices are forbidden, families are disrupted to prevent the transmission of cultural values and identity (www.trc.ca)

Colonization: One of the tools of imperial power to gain control over people and resources, it is the process of systematically appropriating and taking over another group’s land and resources while also implementing economic, educational and political institutions and practices that position colonizers as superior within an imposed racial hierarchy (L. T. Smith, 2012)

Decolonization: A process of naming, resisting, and undoing the impacts of colonization on modes of thinking, structures and deployment of power, and moral frameworks that support racial or cultural superiority (Battiste, 2013)

Genocide: Acts committed with an intent to destroy, in whole or in part, a national, ethnical, racial or religious group (United Nations Convention on the Prevention and Punishment of the Crime of Genocide, 1948).

Paradigm: A worldview that defines the parameters of what is good as well as good to be known (axiology), how it emerges (ontology), how we come to know it (epistemology) and how we apprehend it (methods) (Lincoln & Guba, 1985).

Postcolonial: A theory that emerges from postmodernism and critical race theorists whose aim is to name, analyze, deconstruct and resist the 'epistemic violence' (Foucault, 1977) of colonization. It involves an ethical and epistemological questioning of whose voice is a legitimate authority and the construction of political (non)identities (El Habib, 2012; Said, 1978; Spivak, 1988). It has direct relevance for a critically reflexive approach in community development and academic endeavors (Ahmed, 2000; Briggs & Sharp, 2006).

Reconciliation: "To the Commission, reconciliation is about establishing and maintaining a mutually respectful relationship between Aboriginal and non-Aboriginal peoples in this country" (Truth and Reconciliation Commission of Canada, 2015a, p. 6).

Settler: People who go to live in a [assumed to be] new country. Synonyms: colonist, immigrant, pioneer, colonizer (Collins English Dictionary, n.d.)

Position Statement: Diversity (2014) (ACOTRO, ACOTUP, CAOT, & PAC, 2014, pp. 2-3)

Cultural Competency: "Clearly the dominant approach in the profession, it tends to identify the 'problem' as being the way clients from minority groups pose challenges to practice. Competence relies on attitudes, knowledge and skills to work effectively with clients unlike oneself. Some authors also emphasize therapist self-awareness concerning their own biases and assumptions."

Cultural Humility: "Sees all individual actions/inactions in therapeutic encounters as influenced by broader social power relations, but also holding the potential to maintain or change power relations. Requires constant questioning of how one's own actions/inactions are shaped by, contribute to, and/or challenge social power structures."

Cultural Safety: "Well-established in Australia and New Zealand, it has taken hold in Canada regarding Aboriginal health. Suggests what is often seen as 'cultural difference' is actually the result of colonialism and chronic poverty. Focus is on social, economic and political power relations, attention to power in therapeutic encounters, and community collaborations. Client, therapist and the profession itself are all subject to cultural influences."

Diversity: "Refers to human differences that are noticed and deemed to matter within specific social structures e.g., gender, social class, caste, age, religion, ethnicity, sexual identity, race, disability. All of these elements co-exist and intersect."

Executive Summary

This document was developed by the Occupational Therapy program at the School of Physical & Occupational Therapy, McGill University in response to the Truth and Reconciliation Commission's (TRC) final report on the history of colonization and ongoing inequities between Indigenous peoples and the Government of Canada. The TRC outlines Calls to Actions for health care professionals and educational programs to engage in efforts for reconciliation in order to meet the health care needs of Indigenous communities. Three salient actions are: 1) the recruitment and admissions of Indigenous applicants, 2) inclusion of Indigenous histories and healing practices within the curriculum, and 3) the development of a critical understanding of cultural safety as a foundational relational and political skill. These principles are in alignment with social accountability in medicine and the 2016 focus on human rights in the World Federation of Occupational Therapists' *Minimum standards for the Education of Occupational Therapists*, the World Health Organization's Traditional Medicine strategy (2014-2023), the *United Nations Declaration on the Rights of Indigenous Peoples*, and the final report of McGill University's Provost's Taskforce on *Indigenous Studies and Education* (2017).

In order to develop Indigenous topics, the Occupational Therapy Curriculum Committee prioritized the determination of current evidence and competencies within the curriculum (2017-2018). A mixed methods approach was undertaken to appraise capacity. This included an ongoing process of community consultation, establishing partnerships, reviewing the literature, mapping resources, and participating in relevant networks. An overview of the findings that describe current curricular content and identified gaps, alignment and concerns in pedagogical approaches, faculty development initiatives, and reflections on the informal and hidden curriculum is provided. A preliminary series of identified actions for 2018-2019 emerging from the consultation process is outlined.

Drawing on a systematic thematic analysis and critical reflection on the perspectives and experiences of the participants and partners in the process of appraisal, seven recommendations are made for the occupational therapy program and curriculum. They are contextualized by policies and various forms of evidence, with the aim of forward in the spirit of reconciliation. The recommendations and proposed actions run the range from inclusive to reconciliatory and decolonizing:

- 1) Identify and implement curricular content that is socially accountable and promotes justice
- 2) Cultivate the guiding principles of cultural safety within the curriculum and school
- 3) Prioritize hiring and working with Indigenous knowledge keepers, educators and health care professionals
- 4) Promote pedagogies that support story-telling, Indigenous ways of knowing, and transformative learning
- 5) Enhance the faculty's critical awareness of colonization and oppression in healthcare, education and research
- 6) Ensure that admissions are equitable and accessible for prospective Indigenous learners
- 7) Commit to socially accountable and reciprocal partnerships with Indigenous stakeholders, communities and organizations

Concluding thoughts on the inherent limitations of recognition politics, as well as paradigmatic and logistical challenges of the proposed actions are provided. Beyond these challenges, by committing to critically engaging in reconciliation efforts and learning with First Nations, Inuit and Métis communities, McGill University's Occupational Therapy program can become a model of how cultural safety, occupational rights and occupational justice are conceptualized and taught to future practitioners, as well as how these values can be enacted within a program.

Introduction: Intersecting Imperatives

The Truth and Reconciliation Commission's (TRC) final report documenting the history and current relationship between Indigenous peoples and the Government of Canada was released in 2015. Drawing on the testimony of thousands of individuals as well as making visible historical facts and documents, the TRC outlined multiple calls to action in various areas of governance to work towards reconciliation following two centuries of oppressive and destructive colonization. Canadian citizens have inherited a range of structural privileges that continue to uphold colonial patterns of oppression. This is notably so in relation to access and outcomes of education and health for Indigenous peoples. Therefore, healthcare professionals and curricula are asked to respond to multiple dimensions at educational, policy and service levels. Of relevance to the Occupational Therapy (OT) program is Call to Action #23 to increase the number and retention of Aboriginal health care professionals, and of direct concern to the OT Curriculum Committee is Call to Action #24, which states:

"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" (Truth and Reconciliation Commission of Canada, 2015b).

The Occupational Therapy and Aboriginal Health Network (OTAHN) was established in 2009 in collaboration with the Canadian Association of Occupational Therapists (CAOT). Their 2011 position statement on occupational therapy and Aboriginal health anticipated the TRC's call to action, setting as an objective "the inclusion of the following into occupational therapy curricula - Aboriginal knowledges on health and wellbeing as distinct and equivalent; the influence of colonization, and cultural safety." (Canadian Association of Occupational Therapists, 2016). The ensuing 2018 position statement provided overarching paradigmatic guidelines and principles for the occupational therapy profession as a whole¹. In 2016, the World Federation of Occupational Therapists (WFOT) released an update of the international *Minimum standards for the education of occupational therapists*. This revised version called for a wider vision that includes political awareness, and added a fourth, ethical, purpose for OT education naming "human rights advocacy as a core principle" (World Federation of Occupational Therapists, 2016, p. 10). In 2017, the Academic Credentialing Council for Canadian OT programs included diversity and justice-oriented language, directly quoting from both the WFOT guidelines and social accountability in their indicators².

These documents draw on critical approaches to advocating for occupational justice beyond the level of illness and the individual by examining the historical, systemic, intersectional, and political dimensions of occupation (Fleming-Castaldy, 2015; Gerlach, Teachman, Laliberte-Rudman, Aldrich, & Huot, 2017; Gupta, 2016; Pitonyak, Mroz, & Fogelberg, 2015). Inextricable from this critical analytic lens is

¹ <https://www.caot.ca/document/3700/O%20-%20OT%20and%20Aboriginal%20Health.pdf>

² <http://caot.in1touch.org/uploaded/web/Accreditation/CAOT%20Accreditation%20Self%20Study%20Guide%202017%20English.pdf> (see indicators 2.11 and 2.51 as examples).

the ethical shift that moves away from a liberal notion of client-centered practice (McCorquodale & Kinsella, 2015; Whalley Hammell, 2015), towards a practice that is:

- Rights-based (Galheigo, 2011; Hammell, 2008)
- Culturally safe and attentive to diversity and power dynamics (ACOTRO et al., 2014; Beagan, 2015; Gerlach, 2012)
- Responsive to the social needs of marginalized groups both within and outside of the health care system (Hammell, 2008; Malfitano, Lopes, Magalhães, & Townsend, 2014)

These multiple intersecting imperatives from within occupational therapy that align with the TRC's specific call for Indigenous people's rights and health should also be considered from the perspective of social accountability. Social accountability refers to the moral and academic obligation of health care faculties to provide education that meets the priority health needs of all the communities they serve (Boelen & Heck, 1995). This requires addressing populations with unmet needs due to health and social inequities, as well as the forces that marginalize the meeting of these needs.

McGill University's occupational therapy (OT) program has claimed occupational justice as the grounding value in its conceptual framework. We acknowledge that although we are not directly responsible for creating the well-demonstrated inequities that Indigenous communities face, being situated in an academic program and institution means that we continue to benefit from, and maintain, this injustice. This occurs in multiple ways, such as in relation to the lands and resources that we have access to, as well as the power and privilege we can (with)hold over Indigenous communities in education and rehabilitation practices. The OT Curriculum Committee began discussing the integration of cultural safety, histories and current practices of colonization, and rehabilitation with Indigenous clients in 2012. A brief mapping exercise at that time revealed that Indigenous-related content was taught within mental health courses from the perspectives of psychopathology and resilience, and in a course on community-based practice from the perspective of global health. At the OT Curriculum Review Day in June 2017, a rapid review of our 2012 mapping exercise revealed a lack of historical, critical or rights-based framing of current content. At that time, faculty questioned whether we were adequately equipped to design and teach Indigenous content from a Eurocentric positionality. The discussion focused on what our curriculum addressed in terms of oppression, colonization, or human rights, and how critical perspectives and political skills were actually taught. This discussion was informed by two new program decisions that respond to the TRC's 23rd call to action to increase the number of Aboriginal health care professionals. These program changes were created in 2016 in partnership and consultation with McGill-based Indigenous educators and services:

- a) The OT program designated two reserved seats for Indigenous students at the professional masters entry point. Ongoing dialogue with the directors of the Indigenous Health Professions (IHP) Program and First People's House (FPH) continue to shape the details for admissions processes;
- b) The OT recruitment committee has been participating in the IHP Program's multi-phase approach to graduate more Indigenous health professionals, beginning with outreach and recruitment activities, such as the annual Eagle Spirit Science Futures Camp with Indigenous high school students.

Other occupational therapy programs in Canada, Australia and Latin America have begun to meet calls for reconciliation with Indigenous communities in a myriad of ways in terms of content, pedagogies, and investment. Some common elements include:

- Elective and/or extended fieldwork within Indigenous communities (Ghaddar, Ronnau, Saladin, & Martínez, 2013; Hansen, 2013)
- Variations in providing content such as offering a few classes on Aboriginal history and health given by Indigenous educators (Jamieson et al., 2017), creating a complete elective module or online course, and/or creating interdisciplinary partnerships to access courses in other faculties (Moon, Schmitz, Brown, & Esmail, 2018)
- Participatory and action research involving students, faculty and Indigenous communities (Ghul & Marsh, 2013)
- Embedding a critical examination of dominant OT theories within the curriculum (Moon et al., 2018)
- Creating partnerships and hiring Indigenous educators and communities within the curriculum itself (Nelson et al., 2011; Yalon-Chamovitz, Kraiem, & Gutman, 2017)

The dialogue around how McGill's OT program might meet the TRC's calls to action and future accreditation requirements occurs within the context of multiple critiques of emerging practices, such as teaching that only focuses on the recent history of residential schools (Griffiths, 2004), short-term fieldwork initiatives of two weeks that reinforce stigma (Beagan, 2003), and content that is decontextualized and/or deficit-based from colonizer or biomedical perspectives (Elliot, 2015; Gerlach, 2016; Jull & Giles, 2012; Kirsh, Trentham, & Cole, 2006). There is high variability in theoretical and pedagogical approaches, extent and format of included content, how faculty and institutional positionality are –or are not – addressed, and how Indigenous peoples-as-educators are perceived and included (Battiste, 2013). Therefore, the Occupational Therapy Curriculum Committee prioritized the appraisal of current evidence and capacity within the curriculum during the academic year 2017-2018, in order to develop Indigenous partnerships and topics.

Occupational Therapy Curriculum Committee Mandate

The Occupational Therapy Curriculum Committee's mission is to ensure curricular excellence and innovation through leadership in curriculum development, instructional design, evaluation of learning, and faculty development. The members' work is based on best evidence in health education coupled with pedagogies that value human rights, inclusion and diversity. The specific objective with regards to Indigenous topics set for the 2017-2018 academic year was to *build the faculty's foundation, reflexivity and competencies in relation to the development and evaluation of current and new Indigenous content that aligns with critical occupational therapy philosophy*. This objective was framed within a strengths-building lens, tailored with an appraisal of capacity and needs, and fostered by the development of partnerships.

As a first step in response to the TRC, the purpose of this openly accessible report is to:

- (1) Present the methodology and findings of the appraisal process**
- (2) Provide an update on actions initiated for 2018-2019**
- (3) Justify a set of recommendations and proposed actions**
- (4) Conclude with a reflection on taking steps towards reconciliation and decolonization**
- (5) Provide an orientation, resources, and references for the occupational therapy profession**

Appraising Capacity and Needs

During the academic year 2017-2018, the following actions were initiated by Dr. Zafran as co-chair of the OT curriculum committee (OTCC) in order to appraise curricular capacity and needs:

Establishing relationships

Partnerships and connections were sought that focused on shared interests with Indigenous educators, formal national organizations, and allied health professionals working within Indigenous communities. Participation in relevant local and national networks and conferences was prioritized and supported by the school's directorship (Appendix 2). The voices of Indigenous partners of the IHP program, as well as the stories and priorities of multiple east and west coast Indigenous communities were brought forward by the Indigenous co-authors of this report.

Evaluating current curricular content

This included mapping learning activities, educational paradigms and required readings. Ms Kasperski engaged in participant-observation of these classes in order to guide the development of faculty workshop and curricular feedback.

Faculty development

Two OT faculty development workshops were conducted by Ms Kasperski in April and June 2018. The content focused on understanding local Indigenous history and ensuing tensions with healthcare institutions, as well as activities to reflect on curricular content in relation to emerging guidelines.

McGill-centered community consultation process

A series of interviews (n=25), focus groups (n=2), formal director and curricular meetings (n=11), and ongoing dialogue took place with individuals engaged with topics within, and in partnership with, the OT program. Interviews included individuals engaged in either relevant pedagogy or Indigenous health care (Appendix 2).

Literature review

Core topic areas were explored, and are reflected in the reference list. These topics include decolonizing education and anti-oppressive pedagogies, Indigenous literature and story-telling, initiatives to include Indigenous topics in healthcare education, intersectionality and diversity within academic institutions, occupational therapy and Indigenous health care, and Indigenous perspectives on history, education, health. Although not included herein, a reflective approach to situating the works' authors and implied worldviews was taken into account when reviewing the literature.

Mapping Relevant McGill Resources

Identification of current and emerging individuals, programs, services, processes, workgroups, policies and resources within the university networks.

The multiple forms of data collected throughout this process were mapped, tabulated and thematically analyzed, as relevant. Findings and reflexive questions were framed within a critical lens, and discussed in an iterative process with the collaborators and participants in this process. This led to a further refinement, alongside a critical integration of scientific and literary studies, policies and guidelines. The following is a summary of the findings of the appraisal process.

Overview of Capacities and Gaps

Curricular Content

Over the past 5 years there has been increasing content across the occupational therapy curriculum at McGill University that directly addresses Indigenous topics or lays foundational competencies related to cultural safety, power dynamics and a critical approach to client centered practice (Appendix 3). In terms of fieldwork, since 2012, 1-4 students annually complete a clinical placement within the northern communities served by the Cree Board of Health and Social Services of James Bay, with an additional two role-emerging placements supervised by southern OT clinicians and educators. Further, in partnership with the Global Health and Rehabilitation Initiative, support for debriefing and formalized presentation and reflection on fieldwork experiences is supported in the format of symposiums and clinical seminars. Overall, the challenges and gaps with regards to this content relate to a lack of alignment and scaffolding across the curriculum of the skills and attitudes for cultural safety, minimal content that contextualizes the colonial history and ongoing impacts on Indigenous peoples and nations in Canada, and little focus on the priority rehabilitation needs of Indigenous communities within the geographical catchment area served by McGill University's health network.

Pedagogical Approaches

The pedagogical approaches with which Indigenous topics and cultural safety are delivered vary between cognitive-procedural, experiential learning activities, and formative reflective assignments. Five pedagogical points for consideration are noted:

1. There is a lack of expert Indigenous educators - beyond having lived experience – designing and delivering content;
2. None of the pedagogical philosophies or activities are informed by Indigenous ways of knowing;
3. There is a large variation in the underlying pedagogical philosophies that inform current activities (anti-oppressive, hermeneutic, narrative, cognitive-constructivist and socio-cultural constructivism), of which only some are explicitly aligned with cultural safety;
4. There is a demand on students to integrate decontextualized Indigenous content and the complex practice issues of multiple forms of reflexivity, cultural safety, power and trauma alongside multiple other learning objectives within the same activities;
5. There isn't a formal or agreed-upon evaluation of cultural safety in the curriculum.

Faculty Development

Faculty readily engaged with the preparatory material and were able to share what they do not know (such as the ongoing role of the government in land claims and issues, the socio-political meaning of land acknowledgements, how to present trauma-triggering content etc...). An obvious willingness to learn was present, with multiple queries around how to best grasp the depth of historical and current mistrust and impact on partnerships and healthcare services. Faculty expressed their concerns about making uninformed mistakes and running the risk of offending. Some of the positive dimensions of Western occupation-based conceptual models, and OT philosophy in general, were discussed. An

important stance that Janelle repeated throughout these workshops is that *“we have to be comfortable in discomfort in order to have these conversations.”*

There is an ongoing need to take the time to also constructively question these conceptual models, pedagogies, faculty positionality, and learning needs (Kiepek, Phelan, & Magalhães, 2014; Kinébanian & Stomph, 1992; Melchert, Gray, & Miller, 2016; Whalley Hammell, 2015). Further, as funding for Indigenous research becomes a priority, there is also a pressing need to develop an awareness and understanding of historical tensions around the use of healthcare research as a tool for colonization and genocide (Barker, 2017), and the differential ethical imperatives, relational processes, ownership of data, and expected community outcomes within Indigenous methodology and research (Wilson, 2008).

Informal and hidden curriculum

The informal curriculum consists of the everyday interpersonal interactions amongst students, teachers and staff, while the hidden curriculum refers to policies, evaluation processes, resource allocation and the specific use of language in official texts (Hafferty, 1998; Paul, Ewen, & Jones, 2014). Research at McGill University has highlighted the extent and nature of microaggressions experienced by Indigenous students on campus (Clark, Kleiman, Spanierman, Isaac, & Poolokasingham, 2014). Student representatives within the OT program have shared the responses of students to the two designated admissions seats for Indigenous students, highlighting the pervasiveness of stereotypes within our own student population. This, in addition to faculty development needs, will certainly affect the informal curriculum and cultivation of cultural safety within the school.

At the level of the hidden curriculum, within the OT program, although there are no current resources explicitly allocated to developing Indigenous topics, all guest budgets and honoraria have been approved, as well as culturally appropriate gifts for newly invited Indigenous speakers (2018-2019). The current Canadian practice profile of occupational therapy competencies on which the curriculum is based does not explicitly address the critical dimensions of cultural safety nor outline the specific types of competencies required to advocate for human rights (Canadian Association of Occupational Therapists, 2012). These are both topics for which workgroups have been created at the national level in the past year³. Currently, there is no established process for evaluating cultural competency or safety at a programmatic level (see for example Medical Deans Australia and New Zealand, 2007).

Nonetheless, in terms of policies, allocated resources, and language use, as of Fall 2017, the OTCC revised its mandate to endorse pedagogies and content that promote human rights and diversity, and each course outline has had a mandatory diversity statement since 2015. The Healthy SPOT committee was established in Fall 2017 and will be acting upon results of an in-house survey on the experiences of inclusion and belonging of students, faculty and staff. Further, the four core values within the OT program’s conceptual framework directly speak to the issues at hand⁴: advocating for occupational justice (Serrata Malfitano, Gomes da Mota de Souza, & Esquerdo Lopes, 2016), respecting and learning with diversity (ACOTRO et al., 2014), promoting individual and population health (Scaffa, Van Slyke, &

³ In Fall 2017, the Association of Canadian OT Program’s Academic Education Committee created a subcommittee for the development of political competencies. In June 2018, at the annual conference of the Canadian Association of Occupational Therapists, a complete working day was organized entitled: “Occupational Therapy Canada (OTC) Reflection Day: Disrupting ‘business as usual’: Enhancing the provision of culturally safe occupational therapy with Indigenous communities, families and individuals through organizational leadership”.

⁴ <https://www.mcgill.ca/spot/programs/ot/conceptual-framework>

Brownson, 2008), and engaging in power sharing relationships for a scholarship grounded in the realities of everyday practice (Kielhofner, 2005).

At McGill University, resources have been committed towards fostering equity and inclusion, such as the Faculty of Medicine Equity Committee⁵, a formal statement of Social Accountability in health care education⁶, and relocation of all the equity advisors to the Office of the Provost and Vice-Principal (academic). Indigenous-specific programs exist, such as First Peoples' House in student services⁷, and the Indigenous Health Profession's Program⁸. In addition to the Task Force on Indigenous Studies and Indigenous Education with objectives leading up to 2022⁹, multiple taskforces, reports and policies have been approved around belonging and safety on campus, with the release most recently of the 2018 *Principal's Task Force on Respect and Inclusion in Campus Life*¹⁰. Overall, in the past three years there has been a visible shift in language and policy; however, how these principles and values are, and will actually be, enacted in practice remains emergent and situated within a longstanding institutional culture (Ahmed, 2012). It is beyond the scope of this report to provide such an in-depth analysis. Suffice it to mention the following elements:

- McGill University's complex relationship with Indigenous communities is just now being researched and made visible in call to action #20 of McGill University's response to the TRC (*Provost's Task Force on Indigenous studies and Indigenous education. Final Report*, 2017);
- The OT program is situated within a Faculty of Medicine which prioritizes medical models and certain forms of research as more legitimate than other ways of knowing. The limitations of this situatedness has been reflexively questioned and described within occupational therapy (Ashby, Ryan, Gray, & James, 2013; Malfitano et al., 2014; Wilding, 2011), as well as Indigenous methodologies (L. T. Smith, 2012);
- In spite of exceptions that certainly focus on groups and populations, the OT curriculum's dominant paradigms, conceptual models and assessment activities are Eurocentric in origin, with an implicit and majority focus on individuals and liberal values of autonomy, rather than communities and social-relational values (Gerlach, Teachman, et al., 2017; Whalley Hammell, 2014).

⁵ <https://www.mcgill.ca/med-saceoffice/about/equity-committee>

⁶ <https://www.mcgill.ca/med-saceoffice/about/social-accountability-statement>

⁷ <https://www.mcgill.ca/fph/>

⁸ <https://www.mcgill.ca/indig-health/>

⁹ <https://www.mcgill.ca/provost/Indigenous-success>

¹⁰ https://www.mcgill.ca/principal/files/principal/task_force_report_final_rev.pdf

Identified Actions for 2018-2019

Emerging from the process of appraisal, knowledge building and partnering, the following actions were identified for implementation in the academic year 2018-2019:

Curricular content

Additional lectures, guests and activities on Indigenous topics and cultural safety are planned for the academic year 2018-2019. These include:

Undergraduate

- An expanded experiential seminar on the concepts of power, privilege and oppression co-led by an Indigenous educator
- A new simulation center activity focused on cultural safety

Premasters

- A lecture and a workshop on Indigenous health and history given by Indigenous educators
- A lecture on the roots of systemic racism in healthcare, and the structure of funding and orientation to the current process for self-governance in health care within the Cree territories
- Using principles of land-based pedagogy in Kahnawake, a talk by faith keepers and testimonial of the place of spirituality, Aboriginal healing, and Kanien'kehá:ka history shared with an Indigenous person with a chronic disability following a work accident

Graduate

- Establishment of priority knowledge translation needs within the Cree Health Board rehabilitation services that would be appropriate for future masters research projects

Fieldwork

There is ongoing feedback and dissatisfaction from northern communities requiring Medivac into Montreal for acute care or rehabilitation services. The issues range from children and adolescents being separated from parents, the lack of support services while in temporary lodgings, and racist attitudes by healthcare professionals. Therefore, the following initiatives and collaborations are underway:

- A new school-based role emerging clinical education placement with two students took place in summer 2018 in Nunavik within an Inuit community. This was in collaboration with the principle of the Katavik school board and the Lester B Pearson school board
- With the IHP program, exploration of the possibilities for partnerships, connections (and/or barriers) to fieldwork with/in proximal Kanien'kehá:ka communities: Kahnawà:ke, Kanehsatà:ke, and/or Akwesasne
- In partnership, discuss the need and possibility of urban Indigenous role emerging placements e.g. the Espresso Hotel where Eeyou (James Bay Cree) and Innu individuals and families are lodged when they are flown in for Montreal-based health and hospital services

Orientation for incoming students

Organize for one of the orientation phases to be led by a Kanien'kehá:ka Elder, and include a land acknowledgement.

OT Admissions

The language in the admissions manual around designated seats for Indigenous students was revised and an equitable process for acknowledging and admitting Métis students was finalized in collaboration with the IHPP and First Peoples House.

Faculty Development

Faculty identified two priority areas for faculty development workshops that are scheduled in the winter and fall of 2019:

- 1) Indigenous worldviews of health and disability
- 2) Indigenous research methodologies and ethical concerns

Website of OT Program Indigenous Initiatives

The emerging program initiatives have been made visible to future students, as well as possible community partners, on an evolving website¹¹.

Indigenous Initiatives working group

A workgroup of the OT faculty members involved in the various committees and initiatives promoting the relevant TRC calls to actions has been created in order to maintain communication and connections. Faculty work closely with the Indigenous Health Professions program and communities where fieldwork opportunities exist, as well as participate in relevant local committees and national organizations that are actively addressing the TRC's Calls to Action.

¹¹ https://mcgill.ca/spot/files/spot/2018_ot_program_initiatives-ihpp.pdf

Recommendations: Inclusion, Reconciliation, Decolonization

*"Education is what got us into this mess...
but education is the key to reconciliation"* (Justice Sinclair, 2015)

McGill University is working towards including "Indigenous perspectives, governances, knowledges, languages, histories and traditions" while simultaneously acknowledging the rights of Indigenous communities towards repair and resurgence (*Provost's Task Force on Indigenous studies and Indigenous education. Final Report*, 2017, p. 4 & 5). Across Canada, there are multiple shared terms used in the efforts to 'indigenize' academia, yet the meanings of these terms and their implications have yet to be fully negotiated. Recent work examining the efforts of Canadian universities has identified three approaches to meeting the TRC Calls to actions: (1) Indigenous inclusion, based on broad equity principles to simply increase the number of Indigenous students, faculty and topics; (2) Reconciliation indigenization focused on establishing power sharing relationships and acting on shared interests between Indigenous communities and Canadian universities; and (3) Decolonizing education which critically reorients academic processes and structures to truly learn from and with Indigenous paradigms, and uphold treaty rights (Gaudry & Lorenz, 2018). While multiple post-secondary institutions speak the language of reconciliation, policies and actions are focused on inclusion.

Inclusion, when not done in a critically conscious manner, runs the risk of becoming a metaphor for inviting and hosting guests at one's home, and yet invitations are conditional on guests behaving only in ways approved of by the host (Ahmed, 2012). In other words, an uncritical examination of a 'politics of recognition' reduces Indigenous individuals and partners to categories of presumed diversity, continues to subsume them within ongoing settler rhetoric, and denies Indigenous commitments to self-determination and nationhood (Coulthard, 2014; A. Simpson, 2014). This perpetuates inequities and runs counter to culturally safe practices that acknowledge the ongoing impacts of historical, social and political contexts (Gerlach, 2012). Reconciliation is a concept with multiple meanings, ranging from the political and self-governance, to the relational and community healing. Not every First Nations, Métis or Inuit person or community is striving for re-establishing relationships within Canadian politics, with the existence of a strong call for Indigenous resurgence and revitalization (Simpson, 2011). The same can be said of settler communities and colonial institutions that purport inclusion without a true transformation of accountability and power. Reconciliation, and how to achieve it, is going to mean something different dependent on one's positionality and what is perceived to be at stake. TRC's are created in countries that have experienced political violence and genocide not just to document past injustices, but also to pave a way forward in re-establishing relationships between perpetrators and survivors (Avruch & Vejarno, 2001). Yet, the constructs of conflict resolution and repair are woven into the fabric of cultural understanding and practices in highly different ways, varying amongst Indigenous worldviews and local community experiences, rootedness in one's identity as a settler or newly immigrated person, and will also be different for those at the intersection of multiple oppressed and privileged identities. For Indigenous faculty and students in Canadian institutions, decolonization is a desired process, even if actual outcomes have yet to be defined (Gaudry & Lorenz, 2018). For Canadian settlers, responding to the TRC's Calls to Action is "a transformation of participants and of the larger society, reconstituting them as active moral agents capable of empathic witness and commitment to a just social order" (Kirmayer, 2010, p. 13).

The OT program has to negotiate ethical decisions around processes and outcomes for moving beyond inclusion towards a real posture of allyship. Becoming an ally is a concept developed within an anti-oppressive framework. It entails a constant process of building relationships, fostering vulnerability and humility to unlearn hegemonic discourse, acknowledging power-based ignorance while still finding pride in one's own identity, intentionally seeking and creating space for a multiplicity of voices, risking the discomfort of making mistakes, and committing to acting for social justice within one's reach (Bishop, 1994; Gibson, 2014). This moves us to connect with Indigenous communities to co-create what engaging in reconciliation could actually mean, and how it informs a deeper and critical perspective of occupational justice. It also paves the way to questioning and shifting the structures within which the profession is situated, and how decolonization could be of benefit to all.

The following recommendations are made based on a critical thematic analysis of the perspectives and experiences of the participants and partners in the process of appraisal. The recommendations are contextualized and justified by policies and various forms of evidence. The recommendations draw on the range of inclusion, reconciliation and decolonization principles. None of these are presented in terms of being a priority over each other, nor in order of short to long term. The first four recommendations directly address the curriculum in terms of content, focus on cultural safety, the importance of Indigenous educators, and pedagogical approaches. Recommendations 5-7 relate to the ongoing building of faculty capacity, addressing equity in admissions, and calling for a socially accountable curriculum. Implications for the formal, informal and hidden curricula are implied throughout.

Recommendations

- 1.** Identify and implement curricular content that is socially accountable and promotes justice
- 2.** Cultivate the guiding principles of cultural safety within the curriculum and school
- 3.** Prioritize hiring and working with Indigenous knowledge keepers, educators and health care professionals
- 4.** Promote pedagogies that support story-telling, Indigenous ways of knowing, and transformative learning
- 5.** Enhance the faculty's critical awareness of colonization and oppression in healthcare, education and research
- 6.** Ensure that admissions are equitable and accessible for prospective Indigenous learners
- 7.** Commit to socially accountable and reciprocal partnerships with Indigenous stakeholders, communities and organizations

Recommendation 1

Identify and implement curricular content that is socially accountable and promotes justice

"We are concerned that our professional silence makes us complicit in upholding colonial structures and relationships in health and social care, academia, and society that perpetuate the marginalization and oppression of Indigenous peoples." (Restall, Gerlach, Valavaara, & Phenix, 2016, p. 264)

Implementing foundational content to promote occupational therapy graduates' ability to address health inequities with Indigenous peoples requires core knowledge of colonial history, how current structures maintain inequities, and the reflexivity to examine power dynamics inherent in clinician-client interactions (Beavis et al., 2015). This content needs to be defined, planned, and integrated across the curriculum while scaffolding students towards more complex understanding and skills. This is an important task as accreditation processes acknowledge and shift towards indicators that reflect these guidelines.

Proposed Actions

1.1. Plan where to include an overview of Indigenous history, colonization and ongoing oppression and inequities, and the impacts on client-therapist-system relationships

An outline of core topics should be developed, where these topics should be introduced, and by whom. An increasingly complex understanding of coloniality and power can be scaffolded into the curriculum much earlier than the content in the current final graduate course on community-based practice. Clinicians working within Indigenous communities, Indigenous educators and knowledge keepers need to come together to more specifically define the core elements and depth of details required for a graduating occupational therapist to be able to enter into relationships with Indigenous peoples and communities (e.g. Beavis et al., 2015; Hojjati et al., 2018; Jull & Giles, 2012; Melchert et al., 2016). Examples of core topics, beyond historical dates and residential schools include: the Indian Act, the United Nations Declaration on Rights of Indigenous peoples, understanding of treaties and Indigenous sovereignty and nationhood, health funding structures and governance, systemic racism and the challenge of accountability, the child welfare system and ongoing maintenance of inequities in education and health, the intersection of the justice and health systems, the diversity of Indigenous peoples and cultures, aboriginal land-based healing practices and community resilience (see Talaga, 2017 for a comprehensive interwoven exemplar).

1.2. Introduce and adopt a "two-eyed seeing" approach in teaching Indigenous topics

Two-eyed seeing is a concept initiated at Cape Breton University by Eskasoni Elder Albert Marshall. It refers to a collaborative approach to problem-solving that draws on both Aboriginal and western knowledge. It is used to refer to education and health care practices that are designed to move beyond cultural sensitivity and respect, and accord equal weight and legitimacy to both biomedical and Aboriginal healing practices (Hovey, Delorimier, McComber, Lévesque, & Martin, 2017; Latimer et al., 2014; O'Keefe, Tucker, Cole, Holingsworth, & Wingate, 2018). This is of particular interest to occupational therapists in terms of the role of activity and doing in First Nations worldviews and healing practices. As

just one example, there is phenomenological, medical anthropological, and a neurobiological basis for hand drumming in pain management (Winkelman, 2000). The place of, and evidence for, traditional medicines and healing practices has been acknowledged by the World Health Organization and is being acted upon by 25 countries (World Health Organisation, 2013). This would prepare our graduates to meet the TRC's Call to Action #22 focused on the equal and legitimate acknowledgement of Aboriginal healing practices.

1.3. Interweave a critique and limitations of professional conceptual models within both lectures and applied reasoning activities and assignments. This promotes critical reflexivity and cultural responsiveness (Canadian Association of Occupational Therapists, 2008; Jull & Giles, 2012; Moon et al., 2018). It would also eschew the reduction of social-political causes and situations of injustice into procedural-technical problems, and foster a holistic focus in professional reasoning (Galheigo, 2011; Hammell & Beagan, 2017), while supporting two-eyed seeing.

1.4. Develop content that addresses the role of occupational therapists with regards to the following priority health and social needs identified by, and documented within, multiple Indigenous communities:

- Oncology (Antwi, Mousa, & Patel, 2018)
- Pediatrics –Chronic conditions (Coombes et al., 2018; Gerlach, 2018)
- Teens and youth, the fastest growing Indigenous group (Statistics Canada, 2012)
- Infant-maternal health (Gerlach, Browne, & Greenwood, 2017; Klingspohn, 2018)
- The incidence of chronic pain is highest in Aboriginal households (Statistics Canada, 2012)
- Diabetes (DyckFehderau & Cree Storytellers, 2017)
- Transgenerational trauma and links with chronic health issues (Bombay, Matheson, & Anisman, 2014; Heath, Torrie, & Gill, 2018)

1.5. Develop an Indigenous Health collection in the library that prioritizes purchases from Indigenous publishers and authors

An initiative has begun in collaboration with the librarians in the Faculty of Medicine and Indigenous Studies, as well as IHPP. A preliminary list of books and DVDs by and from Indigenous authors and publishers has been created (see Appendix 1 for resources).

1.6. Engage students in Indigenous Awareness Weeks and other Indigenous events on campus

Indigenous Awareness Weeks is a two-week initiative that occurs annually on campus in September, and therefore can be integrated logistically into course planning given its consistent timing. This is an incredibly rich series of workshops and presentations that showcases a diversity of Indigenous art, educators, and experiences across intersectional lines and in a critical manner. Integrating student learning during these weeks, for example with mandatory attendance of one event with an associated learning assignment, is to take advantage of a wonderful opportunity as well as to formally support Indigenous initiatives at taking space and becoming visible within McGill University.

Recommendation 2

Cultivate the guiding principles of cultural safety within the curriculum and school

“Strong communities are born out of individuals being their best selves” (L. Simpson, 2014b)

Cultural safety moves beyond basic knowledge and observable interpersonal behaviours in order to reflexively analyze and ethically act within power imbalances. This requires going beyond an understanding of Indigenous colonial histories and move towards the ability to question one’s own power and positionalities within these structures in order to become a social justice actor, an ally and an accomplice¹². Cultural humility is a stance of openness to learn with and from others, while actively questioning how one’s actions relate to existing social structures. Fostering cultural safety and humility within the school promotes a welcoming environment for all who experience themselves as different, as well as facilitating reciprocal learning. Foregrounding and modelling cultural safety and humility within the curriculum lays the groundwork for a politically aware and critical client-centered practice, which is a foundational competency for working with Indigenous communities that are highly diverse, and enabling occupational justice. It is also a necessary practice to create a safer space within the program for incoming Indigenous students and educators (Valavaara, 2012). Staying abreast of the multiple reports and taskforces within the Office of the Provost on Indigenous Studies and Indigenous Education¹³ that will emerge in the coming years will be helpful.

Proposed Actions

2.1. To prioritize, scaffold and set learning objectives and evaluation approaches for critical reflexivity, cultural safety, and political reasoning

These intertwined attitudinal and relational learning objectives should be reviewed for curricular trajectory and alignment, while being considered from multiple paradigms that attend to dimensions such as colonization, intersubjectivity, power and ‘rhetorics of oppression’ (A. Smith, 2006). Examples of possible pedagogical frameworks include Indigenous ways of knowing and teaching, anti-oppression, decolonization, critical sociology, narrative phenomenology, and critical hermeneutics. These attitudinal, process, and skill-focused objectives can then be set intentionally across the curriculum in an evidence-informed manner while capitalizing on emerging technologies for instruction and evaluation (see: Boggis, 2012; Gilbertson, 2012; Provident et al., 2015; Zembylas, 2008). An increasing complexity of skill demand and personal responsibility should be integrated across multiple courses and years, with attention to intersectional issues and the diversity within Indigenous communities. For example, there is no content at present with respect to either Inuit or Métis communities and healthcare needs (Canadian Association of Occupational Therapists, 2008; Egeland, 2010), or any attention paid to

¹² <http://www.indigenoussaction.org/accomplices-not-allies-abolishing-the-ally-industrial-complex/>
<https://www.whiteaccomplices.org/>
<https://www.tolerance.org/magazine/ally-or-accomplice-the-language-of-activism>

¹³ <https://www.mcgill.ca/ptisie2016/working-groups>

differences based on gender (Barker, 2017), class (Reading, 2015), LGBTQ+, or two-spirit individuals (Whitehead, 2018).

Reflexivity and cultural safety are integral – though not only related to – political reasoning, which is reasoning that considers the power dynamics that affect the context (Pollard, Kronenberg, & Sakellariou, 2008). Juggling between occupational science, professional reasoning, and critical concepts drawing from the humanities and indigenous methodologies will need paradigmatic clarity and consideration prior to implementation across the curriculum. This demonstrates the need to name the multiple disciplines and ways of knowing that either underlie, or can expand, the complexity of occupational science and OT practice, and the various genres of hope and actions that these differing epistemologies strive for (Mattingly, 2010). This relates to recommendation 1.3 above in terms of both capitalizing on, as well as critiquing, the richness and gaps in occupational therapy philosophies.

2.1.1. Appraisal of the place of trauma-informed approaches

It is important to note the proliferation of literature on trauma-informed approaches as one dimension of cultural safety. This is both generally in healthcare and occupational therapy, as well as specifically in working with Indigenous clients (Heath et al., 2018; Snedden, 2012; Zarowsky & Pedersen, 2000). It is important to distinguish that here, the notion of trauma-informed does not refer to a diagnosis of post-traumatic stress disorder but rather a much larger understanding of the trauma that cumulative oppressive forces and events have on worldviews and relationships, both as individuals and communities. Terms such as transgenerational trauma and historical trauma attempt to capture the much larger socio-political considerations beyond locating pathology within an individual (Bombay et al., 2018; Ogden, Minton, & Pain, 2006; Rousseau, Drapeau, & Rahimi, 2003). Historical trauma is the cumulative emotional and psychological wounding and constellation of features in reaction to massive group trauma across generations, including ongoing losses across one's own lifespan and grief that cannot be resolved given ongoing political structures (Brave Heart, 2000). Biomedical and psychological conceptualization of trauma do not account for Indigenous cosmologies of connectedness, and the severing of those attachments from ancestors, family, land and traditions; nor do they leave place for resilience and Indigenous modes of healing that are being reconfigured and revitalized (Simpson, 2011). It would be useful to review of the role of, and possibilities for, occupational therapists engaging in culturally sensitive trauma-informed and resiliency approaches, for the development of curricular content.

2.2. Ethically elaborate the program's ability to create long-term partnerships for service-based learning fieldwork within Indigenous communities

Service-based learning (SBL) is a community and partner-based approach to fieldwork whereby university-community partnerships are developed over time with attention to reciprocity in an ethical manner, thereby fostering civic duty and engagement in both students and the university mandate (Bailey, Carpenter, & P., 2002; Zlotkowski, 2007). Community needs are met by university partnerships and student fieldwork, with ongoing dialogue and power-sharing in a long-term and socially accountable manner (McGrath, Moldes, Fransen, Hofstede-Wessels, & Lilienberg, 2014). The demonstrated effects of the central role of such longer internships in shifting the worldview and the

cultural responsiveness of occupational therapy students towards diverse communities is now well-established in the literature (Hansen et al., 2007). The OT curriculum's current structure for debriefing and sharing of experiences once fieldwork has ended is partially in line with evidence (Besette & Camden, 2016).

According to SBL literature, the current structure of the timing of fieldwork as separate from academic learning is not the optimal way of engaging in partnerships that need more time to unfold and may not require students on site every day of the week. Alternating fieldwork with supported dialogue and learning about occupational justice, cultural safety and oppression allows for *in-situ* learning within a reflective space interspersed with fieldwork experience over the period of a whole semester or academic year (McMenamin, McGrath, & D'Eath, 2010). This type of rhythm to foster critical reflexivity of complex historical, social, cultural and geopolitical processes is well established in qualitative research (e.g. Hage, 2009; Hastrup, 2010; Jackson, 2012). "What make ideas real is the system of knowledge, the formations of culture, and the relations of power in which these concepts are located...[with] the implications this has for the way researchers, teachers, therapists or social workers, economists or journalists might approach their work" (L. T. Smith, 2012, p. 50). Interweaving experiential learning and apprenticeship with reflexivity-as-dialogue (as per Kinsella, 2012), as well as personal responsibility¹⁴, is necessary in order to unpack the ideas and beliefs that we take for granted as constituting reality.

Beyond pedagogical strategies, the following types of questions are an example that integrate points 2.1 and 2.2, to illustrate the type of curricular reflections that need to take place in consultation with Indigenous expertise: what are the epistemological grounds of the concept of "civic engagement" in the SBL literature? What kind of political framework does this denote? How – or does - this relate to Indigenous conceptions of personhood, community and self-determination? How must SBL be set-up in order to avoid the objectification of under-served groups as an 'educational experience'? What ways might fieldwork might be set up in order to integrate community preferences?

2.3. Create a pre-departure package for students entering Indigenous communities for their fieldwork

The Canadian Universities Fieldwork Education section of the Association of Canadian Occupational Therapy Programs is in the process of developing a survey to evaluate Indigenous fieldwork initiatives across OT programs, with the intent to promote preparedness to enter Indigenous communities. In addition to current fieldwork partners who prepare individual students for their specific internships, another expert collaborator that has been consulted for this endeavour is Mr. Yves Sioui, Quebec First Nations and Inuit Faculties of Medicine program Coordinator, who is responsible for the pre-departure training of medical students in all four Quebec faculties of medicine. He outlined the following elements as necessary in Indigenous fieldwork initiatives and pre-departure training:

- Logistics: Details of roles and responsibilities with both students and field partners, suggested and necessary attire and comforts, possible risks within each community and how to manage them, transport and available community resources.

¹⁴ There are multiple models of community involvement for healthcare students that can be examined, e.g.: <https://depts.washington.edu/fammed/education/programs/chap/>

- Cultural safety
 - The fieldwork coordinator visits each new site personally during the relationship-building process
 - Thorough application and selection process of students, including interviews
 - Story-telling about each community that students will be immersed in
 - Reflexivity-as-dialogue in unpacking assumptions and stereotypes
 - Creation of readings and resources to prepare prior to leaving
 - Post-fieldwork individual interviews with students and community partners

2.4. Acknowledge the challenges of current student evaluation of teaching

To promote teacher and educator safety we need to consider that course evaluations need to be reframed to distinguish the evaluation of educators vs. course content and processes. This is especially important for topics like colonization and genocide that inherently promote discomfort and/or fall outside of the expected biomedical frame.

2.5. Include an approved Land acknowledgement in all course outlines

Explicitly stating the situatedness of McGill University on the territory of the Kanien'keha:ka, Haudenosaunee confederacy (Mohawk) is part of formally acknowledging treaty rights. Introducing this new addition to course outlines in a designated class activity is an opportunity for reflection on each of our positions in relation to the land we stand on, and what reconciliation actions we are committing to as individuals and as a profession.

2.6. Planning the representation of Indigenous Nations in the cultivation of new space

The anticipated move of the School of Physical and Occupational Therapy into its new locale at 680 Sherbrooke is an opportunity to rethink how space is to be respected and represented as we continue to inhabit unceded territory. The Space Committee planning the move should consider how land acknowledgement and commemoration could be visually represented and named within the infrastructure of the space¹⁵. Conducting consultations with Indigenous community leaders and experts and allocating a budget for the purchase of local Indigenous artwork would be one way of supporting local communities. This could also support educational efforts with incoming students as objects for reflection and discussion, as well as signal a preliminary message of cultural awareness.

2.7. Promoting student safety

The ongoing partnerships with IHPP and First Peoples House are important to continue to creatively and flexibly finding ways to create safer spaces for student. There are further ways in which both the program and the university can support and promote cultural safety. For example, McGill University has a policy on reasonable religious accommodation. It would be significant to make explicit that no Indigenous student will be negatively penalized for attending ceremonies that may have different and

¹⁵https://www.mcgill.ca/provost/files/provost/20191207_final_report_of_the_working_group_on_principles_of_commemoration_and_renaming_0.pdf

unexpected time commitments than scheduled and anticipated religious days. Faculty development in trauma-informed approaches is also recommended (Kumagai, Jackson, & Razack, 2016).

2.8. Implement a formal SPOT evaluation of equity and cultural safety

The auditing of equity is a contentious practice that has received significant critique as institutions can simply become good at being audited rather than actually shifting processes (Ahmed, 2007b). Comprehending these critiques is a first step towards establishing accountability and processes. The next step is to choose a possibly valid tool, such as the *Indigenous Health Project Critical Reflection Tool* (Medical Deans Australia and New Zealand, 2007), or the *Medicine Wheel Evaluation Framework* (Atlantic Council for International Cooperation, 2008). Collaborations with the Faculty of Medicine's *Faculty of Medicine Equity Committee* as they deploy surveys and assessments will facilitate this task.

Recommendation 3

Prioritize hiring and working with Indigenous knowledge keepers, educators and healthcare professionals

"It is certainly the case that responsibility for diversity and equality is unevenly distributed. It is also the case that the distribution of this work is political: If diversity and equality work is less valued by organizations, then to become responsible for this work can mean to inhabit institutional spaces that are also less valued" (Ahmed, 2012, p. 4)

"I'm doing this work off the side of my desk" ~ specific metaphor expressed by multiple Indigenous educators, therapists, and scholars in both conversations and formal conferences.

With regards to the hidden curriculum, OT programs are questioning how to improve their actual commitment to diversity (Collins, 2015a, 2015b; Daniel, 2009). The most obvious point is the lack of Indigenous faculty, as well as access for Indigenous students (see Recommendation 6 for the latter point). As various programs develop their own content, it appears that the approaches taken are based more on relationships, logistics, and access rather than a purposeful hiring and prioritizing of Indigenous faculty. This includes working with former students who are Indigenous (Moon et al., 2018), graduates working within Indigenous communities, and of course accessing relevant services, programs and departments within the university. Having expertise formally located within the program would be an asset. This relates to broader issues of representation, for example not having an Indigenous actor to present the associated cases at the simulation center – and therefore also not being able to provide an authentic learning experience. The institutional culture of hierarchy also does not facilitate Indigenous representation and can be questioned. For example, eligibility for travel and scholar award limits applications to university faculty and excludes other forms of expertise such as community Elders, knowledge keepers, and Indigenous occupational therapists with scholarly expertise; therefore, Some of the school's awards have been revised to be inclusive of broader notions of 'scholars'. More deeply, the commitment and generosity of Indigenous and diversity scholars and clinicians is not met always with adequate, formal or culturally relevant institutional resources, positions, validation, or compensation.

In terms of cultural safety, valuing diversity, and principles of both reconciliation and decolonization, it is important to explicitly consider the layers of historically structured racism that can be experienced by Indigenous people within an institution such as McGill University. Inclusive policies and efforts must be accompanied by the creation of spaces that are aware and respectful of differential teaching and learning practices rooted in Indigenous worldviews. These can include the inter-weaving of ceremony in teaching, the primacy of story-telling and experiential knowledge, and the foregrounding of ancestral and land-based pedagogies (see L. Simpson, 2014a). There is the possibility of Indigenous teachers and lecturers choosing to ‘perform trauma’ as part of their teaching (Rovit, 2013). The emotional, tacit, artistic and embodied expressions of teaching and learning are not always perceived as equally valid in educational practice within the Faculty of Medicine, even if scientific literature abounds about its value within multiple paradigms. It is important to invite and value culturally-specific modes of teaching, and when relevant, receive such testimonies as gifts in culturally appropriate ways.

Proposed Actions¹⁶

3.1. Problem solve dedicated resource allocation for the development of Indigenous topics

In collaboration with IHPP, identify and commit to an operational budget to support programmatic and curricular planning.

3.2. Collaborate with relevant offices to support the creation of designated positions for Indigenous scholars

Across Canada, academic institutions are engaging in targeted equity efforts to create and protect funding and processes for Indigenous faculty and graduate students. Several universities have implemented cluster hires across multiple departments so that new faculty have a supportive cohort, and the Tri-Agency councils have established priority funding for Indigenous research. Moving beyond inclusion towards decolonization, some faculties¹⁷ have critically reconsidered elitist and western concepts of knowledge and expertise to valorize and hire Elders and knowledge keepers as faculty. This can be coupled with the supports for non-traditional academic scholars (e.g. Elders) to navigate university administrative and technological systems. Further, similar to current discussions at McGill University about re-evaluating promotions criteria for women and contract academic staff within the Faculty of Medicine, the same needs to be applied for prospective Indigenous research faculty. Specifically, making explicit and allocating merit to all the facets of the reality of community-based research within Indigenous communities e.g. Learning Indigenous languages as part of scholarly work, time in remote areas for community building, the publication of community and policy reports on par with scientific articles, the value of creative or activist creations such as documentaries in efforts to build community, change policy, and dispel stigma. Other dimensions include community-based mentorship, outreach work, and the development of Indigenous land-based pedagogies.

¹⁶ Some examples are drawn from the CAUT Aboriginal Academic Staff Conference, Ottawa, ON, Oct 19-20, 2018.

¹⁷ For a prime example, see the Chanie Wenjack School for Indigenous Studies at Trent University

3.3. Hire Indigenous lecturers and occupational therapists with expertise for the creation of a professional elective focused on both urban and rural occupational therapy practice with Indigenous communities, and the adaptation of OT approaches to a land-based world view since *“taking your clients and running your group outdoors doesn’t make it land-based”*¹⁸

3.4. Learn about and cultivate respectful space for spirit-based practices

A spirit-based practice involves the journey of being guided by the values of self-determination, relational accountability, decolonization, respect for all life and ancestral teachings, for the benefit of community healing and growth (Battiste, 2010; Rovit, 2013; Wilson, 2008). This has implications for example, at the level of protocols in working with Elders¹⁹, flexibility in providing logistical and financial support for land-based teaching initiatives, and the prioritization of community voices in teaching priorities. It can also mean a broader understanding of ‘accommodation’ for time in ceremony as well as understanding that teaching is healing itself.

3.5. Advocate for a critical reflection on the inclusion and representation of Indigenous cases within the simulation center and interprofessional educational efforts

According to the simulation center educators, hiring Indigenous actors for simulation center activities has proven a challenge in the past due to the small pool of actors and the non-competitive nature of the simulation center salaries. An initial connection has been made between the simulation center and the Office of the Provost in order to have support and advising from Indigenous educators on case scripting and performance.

3.6. Continue creating partnerships based on real reciprocity with relevant experts and departments in the development of Indigenous content within the curriculum (e.g. Indigenous studies programs²⁰, educators from Indigenous communities etc...)

3.7. Identify and prioritize funding sources in order to work with geographically distant experts

This can include the allocation and creation of new funding sources, as well as protecting a certain portion of current funding source for Indigenous initiatives. The recent change in eligibility criteria for visiting scholar awards within the School of Physical and Occupational Therapy allows for a more inclusive conceptualization of who is a legitimate scholar.

3.8. Annually nominate individuals for the McGill Award for Equity and Community Building²¹

Create a practice of nominating faculty, staff and students based on the values of community, reciprocity and generosity. This is in order to recognize individuals whose diversity work, positionality,

¹⁸ Occupational therapist working in the Cree Territories for over four years, quote stated in a class lecture

¹⁹ <https://cloudfront.ualberta.ca/-/media/ualberta/office-of-the-provost-and-vice-president/indigenous-files/elderprotocol.pdf>

²⁰ <https://www.mcgill.ca/Indigenous/>

²¹ <https://www.mcgill.ca/equity-community-award>

and activism falls outside of the lines of current merit and promotions criteria. Further, in collaboration with IHPP, awards could also be created to thank those outside of the institution whose partnerships and engagement make reconciliation a reality .

3.9. Create a repository of Indigenous cases in consultation with Indigenous educators, health care providers and clients

This is to create authentic cases and avoid stereotypes by focusing on salient descriptive dimensions, strengths as well as rehabilitation needs, and experiences navigating systems.

Recommendation 4

Promote pedagogies that support story-telling, Indigenous ways of knowing, and transformative learning

"I had so much to learn and they helped me to learn it – but I also had to shift the way I think... I realized partway through that I had to stop looking for problems and instead I should be looking for stories and to build relationships, otherwise why would they tell me anything?... I was waiting for them to come to me for help, but I had to go to them, spend my days doing activities with them, to understand." (amalgam of student quotes following fieldwork in Eeyou Istchee territories – shared with their awareness of use)

Learning and knowing about Indigenous topics is distinct from the ability to engage in actions that are based on a deep understanding of structural violence, and that are culturally safe, respectful, and effectively responsive (Beagan, 2003). The educational literature on how to promote respect for diversity and skills for cultural safety in health care education is quite heterogeneous, with evidence still emerging from multiple paradigms. Within the OT program, there are research endeavors examining best practices for diversity education²². In terms of current approaches, anti-oppressive learning activities are taught in one first-year undergraduate class and then not again until the masters year. If, for example, an anti-oppressive or anti-racist pedagogy is chosen as one framework (Blanchet Garneau, Browne, & Varcoe, 2018; DiAngelo & Sensoy, 2014; Shlasko, 2015), a through line will have to be created across the curriculum.

There is also the importance of incorporating pedagogies aligned with Indigenous ways of knowing. Indigenous cosmologies are rooted in what a western philosopher may initially call a radical empiricism (James, 1912). That is, knowledge creation and sharing relies on personal experience and praxis, intersubjectivity, interconnectedness with nature, and story-telling that is mindful of context, ritual and ceremony (Battiste, 2012). Knowledge transmission occurs within a framework of values that honor reciprocity, generosity, gratitude and community in learning, with a focus on the development of character and passion (Cajete, 1994). Therefore, the process of learning enacts the content and objectives of learning. This stands in contrast to traditional cognitive and objectivist notions of

²² Grenier, ML, Roy, L. & Zafran, H. (2018). What and how are students learning about power and diversity in occupational therapy education: A scoping review. *Paper accepted at the World Federation of Occupational Therapists, South Africa.*

Grenier, ML. *Teaching for Diversity: A Critical Examination of the Values, Training/ Preparedness, Pedagogical Practices, and Teaching Realities of Educators in Canadian Post-Secondary Health Professions Programs.* SSHRC doctoral grant, 2018-2021

knowledge and shifts towards experimental pedagogies in line with ancestral teachings that go beyond the rational mind for holistic (embodied, social, cultural etc...) learning (Andreotti, Ahenakew, & Cooper, 2011). Such approaches call for what bell hooks *[sic]* has termed an 'engaged pedagogy' focused on a relational ethics that promotes anti-oppressive thinking and everyday praxis (1994). In keeping with the perspective of capacity-building, two constructs already within our OT curriculum are highlighted: narrative reasoning and transformative learning. These concepts and attendant pedagogies have the potential to effect a fundamental epistemological and axiological shift from cognitive-dominated approaches in teaching, towards relationship-centred and story-based learning that is aware of history and power dynamics .

a.) Narrative reasoning is a "a highly imagistic and deeply phenomenological mode of thinking" (Mattingly, 1991, p. 979), that facilitates a deep understanding of what is at stake for a particular person, family, or group (Mattingly, 1998b, 2014), within their cultures and figured worlds (Mattingly, 1998a; Mattingly & Lawlor, 2001). Although there are multiple pedagogical frameworks and concepts to draw on in the development of cultural safety that should be explored in the evolution of the curriculum, narrative reasoning is already taught and practiced within the psychosocial courses in the program. It is a form of reasoning highlighted in occupational therapy as it focuses on both enacted (nonverbal) as well as verbal narratives. Further, evidence is clear that narrative-based and story-telling/listening pedagogies are congruent with Indigenous epistemologies (Lavoie & Blanchet, 2018), effective in promoting changes in Indigenous health care behaviours and attitudes (Heaton et al., 2018), foster empathic and profound understanding for resilience-informed client-centered care (Charon, 2008; Fine, 1990; Wain et al., 2016), and facilitate the development of cultural 'border-crossing' skills, particularly with disenfranchised groups (Braude, 2013; Denborough, 2018; Mattingly, 2008).

b.) Critical occupational therapy calls for an open and reflexive stance that, promotes a reconstruction of the self and transformation of worldviews in order to promote equitable and effective actions (Robertson, Warrender, & Barnard, 2015). Transformation is the driving process within the OT program's conceptual framework. Transformative learning has been conceptualized from a variety of perspectives, including cognitive-developmental theories, social transformation, spirituality, and neurobiology (Taylor, 2008). Within the OT program's accreditation document, transformative learning has been argued for from a narrative and experiential perspective (Zafran, In press). It is clear that transformative learning is a central pedagogical construct when discussing decolonization, Indigenous topics, and person-centered care (Lévesque, Hovey, & Bedos, 2013). Transformative learning inherently instantiates reflexivity (Kinsella, 2012; Mezirow, 1994), as long as marginalized discourses are made available (Kincaid, 2010), such as those of Indigenous histories and worldviews

Proposed Actions

4.1. Review current pedagogies that inform the delivery of Indigenous topics

In addition to who delivers what content, how content is delivered, and its purpose, must also be critically examined so as not to reproduce problematic frames. It is also important to learn from and with Indigenous pedagogies in order to promote deep cultural understandings as well as to support transformative learning around the concept of cultural safety, critical reflexivity, and holism in learning

and practice. There are so many innovative initiatives currently underway across Canadian academic collaborations with Indigenous elders and communities that we can learn from and with, such as moving the concept of classes to land, and preparing students to reflect and respond to spirit and ceremony-based teaching. The task moves from learning about, to learning with, and learning for. “As Indigenous people reassert their world views and ways of knowing in search of a proper balance between . . . ‘two worlds,’ they offer insights into ways by which we can extend the scope of our educational systems to prepare all students to not only make a living, but to make a fulfilling and sustainable life for themselves [and their communities].” (Graham, 2010, p. 4). The focus on contextualized knowledge for a balanced world within our reach goes far in Indigenous teachings, and is incredibly salient in today’s world and the calls for a focus on sustainability and community in occupational therapy education and practice (World Federation of Occupational Therapists, 2018).

4.2. Integrate narrative reasoning and pedagogies across the curriculum

This would make explicit the practice of plurality in professional reasoning within all courses. The ‘double vision’ reasoning of occupational therapists has been demonstrated to occur within the ‘blurred frames’ of medical knowledge or diagnosis, and the phenomenological understanding of lived experience (Mattingly & Fleming, 1994).

4.3. Establish a workgroup on transformative learning

Given the multiplicity of paradigms and complexity of establishing learning objectives that link between academic and fieldwork, and transformative learning, it would be important to create a workgroup to explore how to foreground the practice of transformative learning within the curriculum.

4.3. Support evaluative research around implemented pedagogies

It will be necessary to define desirable outcomes and evaluate the impact of paradigmatic pluralism, new pedagogical frameworks, approaches and activities within the curriculum.

4.4. Collaborate with Indigenous educators and community elders

Collaboration with experts and intended communities for practice is necessary in order to provide authentic cases and testimonials for narrative reasoning, understand and outline what kinds of worldviews transformation is intended to engage with, delineate and learn about Indigenous pedagogies, and define socially accountable desired outcomes for future health care professionals.

Recommendation 5

Enhance the faculty's critical awareness of colonization and oppression in healthcare, education and research

"We have to unpack why we believe what we believe and how this influences how we teach and make decisions....it's very hard.. until we begin to examine our own culture we won't get far with cultural safety"
(Faculty consultation, quote provided with permission)

"The reach of imperialism 'into our heads' challenges ... a need to decolonize our minds, to recover ourselves, to claim a space in which to develop a sense of authentic humanity" (L. T. Smith, 2012, p. 24)

Beyond the acquisition of historically accurate and representative facts, and deeper than intellectual or cognitive dissonance (Mezirow, 2003) the vulnerability of questioning each one's worldview and positionality involves deep dialectical questioning and work (Freire, 1974). Thus, it may come with the fear of being toppled and losing one's ground (Crapanzano, 2004). This might be in relation to the critique of OT philosophies, reworking of pedagogies, or even personal value systems for either non-Indigenous Canadians or recent immigrants, as well as for Indigenous peoples (re)claiming their stories and heritage. It is easy to get defensive or resistant (DiAngelo, 2011), especially in an academic context that does not overtly foster a 'slow' approach to learning (Berg & Seeber, 2013). It also implies a change in power dynamics (who actually has knowledge as opposed to credentials) and modes of functioning (Ahmed, 2007a; Freire, 1970/1993). As a faculty, we need to feel safe enough, have the time and supports, and leadership modelling, in order to both learn about and engage in a relational ethics of care and teaching that is contextualized by a critical understanding of various socio-historical structures and positionalities. The OT program's directorship this past year has clearly sustained a commitment to modelling reflexivity and transformative learning. Some initial concrete ways of moving forward are suggested.

Proposed Actions

5.1. Complete the appraisal of relevant Fall semester OT classes

Ms. Kasperski has agreed to complete her participatory observation of relevant classes within the Fall 2018 semester across cohorts. This will support her design and tailoring of ongoing OT faculty workshops.

5.2. Establish time during OT faculty meetings for ongoing faculty development workshops

We will continue to have time slots within OT faculty meetings reserved for ongoing faculty development. As we come to a better understanding for what we need to learn, Indigenous expertise can be sought for specific themes and workshops (e.g. blanket exercise²³ with follow up reflection debrief and/or an exercise drawing on a land-based approach to pedagogy²⁴). For 2019, two Indigenous-led workshops have been organized on (1) Indigenous worldviews of health and disability,

²³ <https://www.kairosblanketexercise.org/>

²⁴ <https://www.mcgill.ca/dise/channels/news/first-landbased-education-field-course-mcgill-287165>

and (2) Indigenous research methodologies and ethics. As the number of Indigenous students increase, it would be useful to also promote cultural sensitivity to differential approaches to being a 'good student' (Stafford, 2008).

5.3. Adopt a one-year rotating membership on the OT Curriculum Committee

Assigning a rotating seat on the OTCC through which all faculty would eventually participate is an invaluable way of learning about the larger issues at play within the curriculum as well as facilitating the contextualization and alignment of one's own teaching with evolving content and paradigms.

5.4. Promote equity and diversity training for faculty

It would be useful to explicitly value and encourage faculty to prioritize attendance of Safer Spaces workshops on campus²⁵, as well as other opportunities that are increasing at McGill University due to the establishment of multiple workgroups on diversity, equity and Indigenous topics. Including this in merit portfolios would legitimize and recognize such professional development efforts.

5.5. Mentorship and peer learning with Indigenous OT educators and partners

The organization of partnerships and ongoing opportunities to learn and work with Indigenous OT educators, OT's working within Indigenous communities, and Indigenous educators can become more specific and tailored around the development of priority topics within identified courses.

5.6. Create an evolving online resource learning package as a reference for faculty

Having a shared and evolving resource package that covers core topics such as policies, histories, health care topics and evidence-based approaches, pedagogies, research priorities and issues, and available resources would support faculty development.

5.7. Include narrative and transformative pedagogies as topics within the Teaching Cafés

As the OTCC moves forward, supporting the translation of emerging knowledge and decisions with faculty can take place within the Teaching Cafés each semester. To continue with the aim of fostering faculty reflexivity and competencies, the Teaching Cafés are establishing an atmosphere of safety and non-hierarchy. This would create a space for more vulnerable dialogue around positionality and worldviews, and foster a modelling of transformative learning as well as strategies for inclusive and anti-oppressive education. Experts could be invited as guest facilitators for these topics.

5.8. Endorse the importance of learning Indigenous perspectives and methodologies in research

It is paramount to state that research *on* Indigenous peoples without community relationships, with the aim of acquiring knowledge, is problematic. As awareness for the need for Indigenous voices has begun, faculty have been reaching out with the intention to be inclusive within their research projects,

²⁵ https://www.mcgill.ca/equity_diversity/equity-education/safer-spaces-workshops

especially with current available funding. Initial ideas indicate a novice understanding of what is at stake. It is hoped that faculty development will raise enough awareness to tailor methodologies and partnerships in order to share knowledge in a holistic and continuous manner, in ways that do not perpetuate oppressive or colonial patterns but rather are respectful, reciprocal, and empowering, and that benefit communities and their healing (Jones, Cunsolo, & Harper, 2018; L. T. Smith, 2012).

Recommendation 6

Ensure that admissions are equitable and accessible for prospective Indigenous learners

Call to Action 1.a.1. The Task Force calls on our University to establish specific Indigenous enrolment, retention and graduation targets at the undergraduate and graduate levels that are reasonable and that are nuanced by information regarding patterns of enrolment of Indigenous students at McGill (Provost's Task Force on Indigenous studies and Indigenous education. Final Report, 2017)

Equity in recruitment and admissions is a priority in order to increase the number of Indigenous healthcare professionals and meet the TRC Call to action #23. For example, there is a high turnover of occupational therapists within the Cree Board of Health and Social Services of James Bay, with newly graduated non-Indigenous OTs remaining between 1-4 years. Burnout and isolation for non-Indigenous health professionals are a reality. For admissions, the designated seats for Indigenous students are for the Qualifying Year, requiring a prior undergraduate degree. It is clear from the consultation process that this is not the optimal entry point to support the recruitment of Indigenous-identified students into the OT program. Only 12% of Aboriginal Canadians complete a postsecondary degree with even lower rates (5%) for youth living on reserves (Statistics Canada, 2008). This is due to multiple historical, structural and systemic reasons, particularly lack of funding (Chiefs Assembly on Education, 2012). The most recent 2016 census data does report an increase in educational achievements within First Nations, Inuit and Métis communities; however, the numbers are difficult to interpret because secondary and post-secondary education data has been aggregated and only includes individuals over the age of 25 (Statistics Canada, 2017). Building the capacity of Indigenous people for rehabilitation services within their own communities hinges upon outreach and bridging efforts, accessible admissions processes, and maintaining culturally safe curricula to foster optimal learning and student retention, and curriculum content that is socially accountable to community needs, and is based on a realistic appraisal and prioritization of required theories and skills.

Proposed Actions

6.1. Create additional designated seats at the OT program's bachelor's entry point

This would ensure equity for Indigenous applicants from multiple communities, particularly since Quebec is the only province offering an undergraduate entry point into OT programs. Further, this would align with the IHP program's long-term efforts to create bridge programs to help facilitate access from high schools and colleges into university healthcare programs.

6.2. Continue engaging in a critical revision of admissions criteria

Literature on OT program level strategies and evaluation processes continue to be developed in order to ensure equitable practices and access (Restall, MacLeod Schroeder, & Dube, 2018). Criteria should be examined for inclusiveness and access for non-traditional mature learners. The profile of Indigenous learners is diverse for multiple structural, economic, social and historical reasons. Useful literature can be found from research in Australia with Aboriginal and Torres Strait Islanders peoples (Cullity, 2006; Macqueen, 2017; Plater, Mooney-Somers, & Lander, 2015). Remaining abreast of statistics and reports produced by the education sector of the *Assembly of First Nations*²⁶ in Canada is also helpful.

6.3. Develop supports for Indigenous students to help them transition and succeed in their programs

In partnership with IHPP and FPH, identify Indigenous student needs and create supports such as mentorship through the application process, and preparatory tutoring.

6.4. Advocate for the creation of Indigenous specific scholarships and bursaries in partnership with IHPP

The education gap between Indigenous and non-Indigenous Canadians is significantly attributable to governmental funding failures (Talaga, 2017, 2018). To equitably support the admissions of prospective Indigenous students it will be important to advocate for financial support to realistically ensure success.

6.5. Develop portable formats for outreach and recruitment into health care professions

This should be done in collaboration with IHPP, the Widening Participation Committee within the Faculty of Medicine²⁷, and include the newly formed Quebec Indigenous Mentorship Network²⁸, in order to reach northern communities²⁹. Creating connections with CEGEPs and bridge programs would extend the outreach capacities of the OT program. Resources for community-based outreach and OT-led programming for recruitment, as well as knowledge building with Indigenous youth, would be an exciting and necessary future avenue.

Recommendation 7

Commit to socially accountable and reciprocal partnerships with Indigenous stakeholders, communities and organizations

"Let Teionkwaïenawa:kon "working together" be our guiding principle"

Quebec Indigenous Mentorship Network

Indigenous communities form the largest geographical catchment area within the McGill University's *Réseau Universitaire Intégré de Santé (RUIS)*³⁰. An agenda based on the principles of social accountability works towards designing a curriculum that is dynamic and responsive to the needs of the communities it purports to serve. The historical and ongoing traumas and mistrust between Indigenous and settler

²⁶ <https://www.afn.ca/policy-sectors/education/>

²⁷ <https://www.mcgill.ca/medadmissions/about/equity-diversity-outreach/wpc>

²⁸ <http://qimnp.com/>

²⁹ Of note was the query about the possibility of recruitment and programming via collaboration with the Cree Succession Program at McGill University <http://www.creehealth.org/cree-succession>

³⁰ <https://www.mcgill.ca/ruis/>

communities, and specifically with academic and health care institutions, are maintained in the absence of truth. There must be an acknowledgement and engagement with truth-telling in order to know from where we are responding to reconciliation. Reconciliation cannot happen without building long-term relationships characterized by commitment, respect and reciprocity (Restall et al., 2016; Truth and Reconciliation Commission of Canada, 2015a). Further, for some Indigenous organizations and possible partners, a lack of human and other resources limits their ability and desire to respond to emails, attend meetings, and otherwise function in a manner aligned with the figured world of McGill University (see Holland, Lachicotte, Skinner, & Cain, 1998). There are multiple Montreal community organizations serving urban Indigenous peoples with whom the OT program could partner for role-emerging fieldwork, action research and for developing teaching content – for example: Native Montreal, Chez Doris, Friendship Circle. These partnerships could improve the visibility of the OT program within Montreal Indigenous communities and in turn possibly foster student recruitment and a scholarship of practice. However, for this to happen, we need to go to them, multiple times, and begin by building trust. It has taken since 2002 for the first OT Inuit fieldwork placement to be established in Nunavik in Summer 2018. There currently isn't a working relationship between the OT program and many of the Mohawk communities close to Montreal. Relationships with the occupational therapists working in these proximal territories continue to fluctuate due to their competing work demands and reorganization of their services. The long view is needed to extend our fieldwork capacities within Indigenous communities in a participatory and ethical needs-based approach to service development over the long-term (Cipriani, 2017; Storr et al., 2018).

Proposed Actions

7.1. Extend and deepen the program's partnership with the Cree Board of Health and Social Services of James Bay (CBHSSJB), with a focus on integrated knowledge translation

The Eeyou Istchee Territory is the largest catchment area served by the McGill-RUIS. Ms. Leah Dolgoy, current director of Allied Services at the CBHSSJB, has clearly expressed a willingness to explore an enrichment of our partnership beyond current fieldwork opportunities for students. Researchers at McGill University are currently engaged in a project to evaluate a major ongoing community-based health planning initiative – the Ilyuu Ahtaawin Miyupimaatisiun Planning (IAMP) – led by the Cree Board of Health and Social Services of James Bay. IAMP involves the entire Cree territory in Northern Quebec. Results of this project, for example, already inform the need for decolonization approaches within healthcare initiatives.

7.1a. Bidirectional Professional Development: One aim is the professional development needs of OTs, PTs and rehabilitation monitors working within the Cree Territory, predominantly in paediatrics. Ms. Dolgoy is able to provide CBHSSJB airplane transportation up north with shared and minimized airfare in order to bring faculty experts on a rotating basis to support the learning and problem-solving of her staff. In return, faculty would become acquainted with the realities of practice within the Eeyou Istchee region and integrate this into authentic and evolving cases and content for learning activities. Faculty engaged in such initiatives should commit to ongoing professional development and Indigenous consultation and advising prior and throughout such a process.

7.1b. Collaboration with the Paediatric Workgroup: To further formalize a socially accountable focus on paediatrics within the Cree territory, faculty collaboration via the paediatric workgroup has been initiated. Maintaining ongoing dialogue with OTs working up north, as well as creating relationships with Eeyou rehabilitation monitors, and families, would ensure the inclusion of relevant content within the curriculum while also enriching faculty understanding and capacity.

7.1c. Masters Research Projects: If the school decided to facilitate and prioritize a certain number of Indigenous knowledge translation projects in co-supervision with clinicians and Indigenous rehabilitation monitors up north for the coming years, then this would meet some of the needs identified and prioritized by the Eeyou Istchee community as well as provide greater exposure and learning for students and co-supervising faculty. This would also facilitate establishing processes for larger research projects. Implementing research priorities and co-supervision will require time for dialogue and follow-up in a more invested manner than current email-based procedures. Demonstrating this type of commitment would also support faculty development, build trust, and greater buy-in for other projects and initiatives. One example of an unmet need is the months long wait list for physical therapy for individuals with chronic back pain, due to high staff turnover and short staffing. The lack of human resources means that healthcare professionals up north do not have the time to create online information patient packages for physical and ergonomically adapted activity that are evidence-based in order to minimize deterioration during the wait times. One example of a successful initiative is offered by Julianne Brown, a professional masters OT student. When she completed her placement up north, she created evidence-based health education learning resources based on the top four priorities requested by the Indigenous rehabilitation monitors³¹, and then collaboratively tailored the educational content and examples to be culturally relevant. Such knowledge translation and health promotion endeavors could be completed during masters research projects in addition to fieldwork placements.

7.2. Acknowledge and work towards addressing partnership gaps with Inuit, Kanien'kehá:ka and Métis communities.

Although Inuit and Kanien'kehá:ka communities are part of McGill University's healthcare catchment areas, and multiple organizations exist in Montréal, the OT program has tentative and individual-based relationships with few of these communities and organizations. Consultation with Métis peoples is also lacking. These are relationships which should be examined for possibilities and developed over time.

7.3. Create an Indigenous Topics Curriculum Advisory Committee

The consultation process that served to inform the actions and reflections within this report was preliminary and necessarily limited by both time constraints and emerging understanding (see Appendix 2). Multiple Indigenous and community voices are absent. Community consultation is a series of ongoing partnerships in a dynamic and ongoing manner as relationships are built for a scholarship of practice and a socially accountable and responsive curriculum. To do so, the creation of an Indigenous Topics Curriculum Advisory Committee is suggested. This would be a hybrid committee

³¹ Principles of dementia management, How to motivate clients, Running education groups, and Everyday exercises for flexibility and strengthening

composed of a maximum number of relevant faculty currently on the Indigenous Initiatives workgroup (Chairs of admissions, recruitment, curriculum, fieldwork), student and family representation, and partners within First Nations, Métis and Inuit communities and organizations. Participation in the committee could be both fixed and hybrid dependent on the topic at hand. Such a committee would have to be flexible in its methods, for example, being open to meeting outside the walls of McGill University as part of outreach and relationship building principles. Considerations for mentoring and power-sharing with partners and stakeholders in such a committee should be also be accounted for.

7.4. Explore research needs and funding opportunities with northern Indigenous communities

There is international knowledge translation expertise within the School of Physical and Occupational Therapy combined with a dominance of knowledge translation (KT) needs within northern communities. Therefore, exploring collaboration possibilities to implement and fund rehabilitation KT projects with the Cree Health Board is useful. Two university-based funding sources would be the McGill North network³² and the Edith Strauss Rehabilitation Research Projects & Events in Knowledge Translation³³. The parameters for evaluating and awarding these grants should go beyond methodological soundness to ensure the participation of, and control by, Indigenous communities.

7.5. Ongoing participation in national dialogue

As various committees and groups at the national and global level put forth evidence there will be a delineation of OT competencies for political reasoning (Pollard et al., 2008), cultural safety (Gerlach, 2016), and an expansion of the role of agent of change (Finlayson, 2013). It is important for the directorship of the school and implicated faculty to remain actively involved. At present, there are faculty involved in relevant local, national and international networks such as the OT Aboriginal Health Network (OTAHN) and the Quebec Indigenous Mentorship network. Other faculty have developed connections with Indigenous communities focused on research, and across faculties at McGill University. Developing these relationships, applying for visiting scholar awards, and other grants to support networking and the sharing of knowledge within occupational therapy and with Indigenous scholars, is important for both clinical practice and pedagogical innovations. In particular, leadership at the regulatory level in order to mandate and define intended outcomes for OT programs, OT educators, and OT graduates is necessary. McGill University's OT program and partners can and should be part of this leadership.

³² <https://www.mcgill.ca/mcgillnorth/>

³³ <https://www.mcgill.ca/spot/initiatives/knowledge-translation>

Conclusion: Challenges and Change

Understanding and implementing the principles and guidelines for inclusion, truth, and reconciliation with Indigenous peoples in a generative manner will be a long term process framed by global, national and local discourse. Appraising the capacity of the OT program revealed many strengths and opportunities as well as gaps and concerns. It also fostered the beginnings of multiple relationships and possibilities. A series of proposed actions organized within seven themed recommendations are outlined. These recommendations are based on the true intent for reconciliation, community consultation, multiple forms of evidence and literature, and reflexive thematic analysis. These recommendations are not an idealized version of 'indigenizing' the OT curriculum, and the implementation of identified priorities will be met with challenges.

One possible challenge is the situatedness of McGill University as a Eurocentric institution that stands on historical and unceded Kahnawá:ke territory (Kanien'kehá:ka/Mohawk peoples). Another related challenge is the call for vulnerability in reflexivity and relationship building within a hierarchy-oriented environment currently operating on particular merit-based expectations of individual performance. These cultural challenges are experienced in everyday considerations such as western middle class notions of professionalism and efficacy contrasting with Indigenous ceremonies of gift giving and notions of lived (rather than institutional) time. They are also related to philosophical considerations such as which pedagogical frameworks and methods will be chosen. There are significant curricular implications for pluralism in pedagogical frameworks, and in the integration of emerging educational evidence about approaches that foster cultural safety. Finally, there are the straightforward logistical challenges of resource allocation and expert leadership, as well as aligning and integrating additional content and varied approaches in an already saturated curriculum contending with multiple priorities.

The dialogue around Indigenous topics, relationships and education is a complex one which this report hopefully provides an orientation to. The uptake of the ethical notions of diversity, safety, rights and justice within occupational therapy has been expanding over the past decade. Not all of these discourses critically shift definitions and frameworks from settler-colonial and neoliberal paradigms. Nor do they all move intervention focus from the individual towards actually acting on the social and systemic forces that create disability and disenfranchisement. These are profoundly difficult and vulnerable conversations that may be easier to avoid all together since they challenge the grounds of professional and personal worldviews, and imply radical changes in the way things could be done.

The OT program has to contend with the encompassing nature of the Truth and Reconciliation's Calls to Action, alignment with social accountability in medicine, and the World Federation of Occupational Therapy's revised principles for education standards. It is not unforeseeable that as competencies become refined and operationalized, they will be more clearly integrated into the Canadian Profile of Practice for Occupational Therapists as well as accreditation processes. Defining the scope of the OT Program's role, responsibilities, positionality and ethics in relation to Aboriginal nations in Canada remains an emergent activity. Yet, by engaging with the ethics of reconciliation and principles of decolonization, the program can become a model of how cultural safety, occupational rights and occupational justice are taught to future practitioners, how these concepts are defined and understood, as well as how these values can be enacted within a program. Committing to such a process and learning with First Nations, Inuit and Métis communities, McGill University's Occupational Therapy program has the potential to fully enact the intentions within its conceptual framework.

First Author's Reflexive Notes and Acknowledgements

I (Hiba Zafran) come from a family with a strong oral history tradition whose multiple migrations and displacements have been determined by the postcolonial Lebanese civil and international wars, the ongoing Palestinian genocide, and the Syrian 'crisis'. This informs my desire for reconciliation and repair within my adoptive home as well as preferred frameworks, pedagogies and concepts. I drafted this report with the experience of having been an Arab student at McGill University during 9/11, the only visible first-generation immigrant-ethnic minority member in the occupational therapy program at the time of hire, as well as a faculty member encouraging us to do better with regards to teaching and practicing cultural safety since 2012. As primary author of this report, its rhetorical structure and tone is delineated by decades of Western education and scholarship, and its anticipated audience within Canadian occupational therapy and academic healthcare programs. Omissions, errors, and misunderstandings within this report are my primary responsibility.

I am grateful for the opportunity to dive into First Nations, Inuit, and Métis literature, science, social media, feminism, and pedagogy. Thank you Janelle Kasperski for your generosity in sharing stories and resources, and Jessica Berudin for unpacking your experiences with me. Both have facilitated my entry into relationships and communities with their trust. I have found the deep learning and friendship to be empowering on both a personal and professional level. As always, my gratitude to Sara Saunders, whose supportive friendship and leadership cultivates the space to grow. I want to respectfully acknowledge Laurie Snider, Director of the School of Physical and Occupational Therapy, for placing 'transformation' at the centre of the OT program's conceptual framework, and for her continually open door for generative dialogue. She has helped shape the orientation of, and hope within, this work. Finally, with deep care and love, I need to name Melissa Park, Laurence Roy, and Marie-Lyne Grenier for the unconditional support and mutually generated innovations within our teaching. Living an everyday ethics of an engaged and liberating pedagogy is made easier and joyful with them.

APPENDIX 1

Pedagogical resources created or endorsed by Indigenous scholars and educators

Aboriginal People's Television Network

<http://aptn.ca/>

AlterNative: An International Journal of Indigenous Peoples

<http://www.alternative.ac.nz/>

Anisgnaabeg Binaadiziwin: An Ojibwe Peoples Resource

<http://ojibweresources.weebly.com/medicine-wheel.html>

Canadian Commission for UNESCO

<https://en.ccunesco.ca/>

Canada Race Relations Foundation

<http://www.crrf-fcrr.ca/en/>

Chisasibi Eeyou Resource and Research Institute

<https://ca.linkedin.com/company/chisasibi-eeyou-resource-and-research-institute>

Creating cultural empathy and challenging attitudes through Indigenous narratives

<https://altc.betterhealth.ecu.edu.au/index.php>

Diaspora, Indigenous, and Minority Education

Studies of Migration, Integration, Equity, and Cultural Survival

<https://www.tandfonline.com/toc/hdim20/current>

Decolonization: Indigeneity, Education & Society

<https://decolonization.org/index.php/des>

Good Minds: First Nations, Métis, Inuit Books

<http://www.goodminds.com/>

Idle No More. To honor Indigenous sovereignty and to protect the land and water

<http://www.idlenomore.ca/>

Indigenous Canada – University of Alberta MOOC

<https://www.ualberta.ca/admissions-programs/online-courses/Indigenous-canada>

Indigenous Child Welfare Research Group, McGill University

<https://www.mcgill.ca/crcf/events/indigenous-child-welfare-research-group>

Indigenous Guides and Readings: Social Equity and Diversity Education office, McGill

https://www.mcgill.ca/equity_diversity/links/Indigenous/guides-and-readings

Indigenous Land-Based Focus Matters in Education

<https://www.usask.ca/education/students/graduate/efdt-cohorts/land-based-Indigenous-cohort.php>

Indigenous Studies Portal, University of Saskatchewan

<https://iportal.usask.ca/>

International Traditional Games Society

<https://www.traditionalnativegames.org/>

Leanne Betasamosake Simpson

<https://www.leannesimpson.ca/writings/i-am-not-a-nation-state>

Native Women's Association of Canada

<https://www.nwac.ca/home/about-nwac/about-us/>

Project 562: Changing the way we see Native America

<http://www.project562.com/>

San'yas Indigenous Cultural Safety Training (online)

<http://www.sanyas.ca/training>

Strong Nations: We bring Indigenous books into your lives

www.strongnations.com

United Nations Declaration on the Rights of Indigenous Peoples

<https://www.un.org/development/desa/Indigenouspeoples/declaration-on-the-rights-of-Indigenous-peoples.html>

APPENDIX 2

Consultants and participants in the process of appraisal

All interviews, consultations, focus groups and participatory dialogue were conducted in the 2017-2018 academic year by Hiba Zafran, PhD, as co-chair of the Occupational Therapy Curriculum Committee. Janelle Kasperski supported the reflective debrief following these conversations.

Consultation Interviews & Participatory Dialogue

Occupational Therapy Students:

Julianne Brown (M2), Owen Hortropp (M2) & Nadine Wilk (M2)

Cree Board of Health and Social Services of James Bay

Laura Bearskin, Assistant Executive Director

Anne Marie Bellay, Occupational Therapist

Leah Dolgoy, Occupational Therapist & Interim Director of Professional Services and Quality Assurance - Allied Health

Virginie Lubino, Occupational Therapist

Angela Phenix, Occupational Therapist

Meadow Lake Tribal Council – Saskatchewan

Co-chair Occupational Therapy and Aboriginal People's Health Network

Kaarina Valavaara, Occupational Therapist

Métis Nation of British Columbia

Co-chair Occupational Therapy and Aboriginal People's Health Network

McGill University

Mylene Riva, Assistant Professor, Department of Geography, Inuit Health

Sameer Zubeeri, Diversity & Engagement Officer, Office of Social Accountability and Community Engagement

Occupational Therapy Program Faculty consultation

Marie-Lyne Grenier, Co-chair of Healthy SPOT Committee

Heather Lambert, Recruitment Committee

Susanne Mak, Associate Director

Laurence Roy, Assistant Professor

Sara Saunders, Director

Barbara Shankland, Chair of Admissions Committee

Caroline Storr, Academic Coordinator of Clinical Education

Focus group participation

Jessica Barudin, Program Manager, Indigenous Health Professions Program

Marlene Brettler, Student Affairs Coordinator, Undergraduate Programs Rehabilitations Sciences

Owen Hortropp, Occupational Therapy graduate student

Heather Lambert, Occupational Therapist and Faculty, OT Recruitment Committee

Martine Levesque, Occupational Therapist and Postdoctoral Trainee, Cree Territories in Quebec

Susanne Mak, Associate Director Occupational Therapy Program

Sara Saunders, Director Occupational Therapy Program

Forums where the perspectives of Kahnawakerohnon (Mohawks and Elders of Kahnawà:ke) and Inuit individuals were shared

Indigenous Awareness Weeks, McGill University

Health Care Access for Linguistic Minorities, Institute for Health and Social Policy, McGill University

Comité Inter-facultaire du Québec sur la Responsabilité Sociale en Médecine

Quebec Indigenous Mentorship Network

Research and Indigenous Scholarship in Education (RISE) Group, McGill University

Examples of network and conference participation by the authors (2017-2018)

Canadian Association of Occupational Therapists

Canadian Association of University Teachers

Global Health Rehabilitation Initiative, SPOT, McGill University

ImagineNATIVE Film & Media Arts Festival,

McGill Qualitative Research in Healthcare Group, McGill University

Indigenous Book Club, McGill Artful Inquiry Group

National Conference on Race and Ethnicity in American higher education (NCORE)

Network for Aboriginal Mental Health Research

Occupational Therapy Aboriginal Health Network

Social and Transcultural Psychiatry, McGill University

APPENDIX 3

Required Readings on Indigenous Topics and/or Cultural Safety, 2017-2018

Class Title	Readings
Undergraduate coursework	
Power, privilege, oppression	<p>1) McIntosh, P. (n.d.). White privilege: Unpacking the invisible knapsack. http://www.winnipeg.ca/clerks/boards/citizenequity/pdfs/white_privilege.pdf (Required)</p> <p>2) Listen to the following podcast titled "The Culture Inside": http://www.npr.org/programs/invisibilia/532950995/the-culture-inside (Required)</p> <p>3) The Truth and Reconciliation Commission of Canada (2015). <i>Honouring the Truth, Reconciling for the Future</i>. Winnipeg, MB: The Truth and Reconciliation Commission of Canada http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Exec_Summary_2015_05_31_web_o.pdf (Preface to p. 23). (Required)</p> <p>4) Watch the following CBC documentary series titled "8th Fire". The series consists of 4 episodes, approximately 1 hour each, that recounts the history of Indigenous peoples in Canada from an Indigenous perspective. It also discusses a plan of action for moving forward the relationship between Indigenous peoples and non-Indigenous peoples in Canada. The CBC series can be found here: http://www.cbc.ca/8thfire/2011/11/tv-series-8th-fire.html (Required)</p> <p>5) Hunt, M. (2007). Taking culture seriously: considerations for physiotherapists. <i>Physiotherapy</i>, 93(3), 228-232. (Recommended)</p> <p>6) Hunt, M.R. (2009). Patient-centered care and cultural practices: process and criteria for evaluation adaptations of norms and standards in health care institutions. <i>HEC Forum</i>, 21, 327. (Recommended)</p>
Trans-generational Trauma	<p>1) Healing Historical Trauma: http://www.sharingculture.info/trauma.html</p> <p>2) Sharing Tebwevin (movie trailer) https://www.youtube.com/watch?v=vNLGPntkvls</p> <p>3) Snedden, D. (2012). Trauma-informed practice: An emerging role of occupational therapy. <i>Occupational Therapy Now</i>, 14(6), 26-28</p> <p>4) Bonder, B. (2015). <i>Psychopathology and Function</i>, 5th ed. Ch.9 Trauma-Related and Stressor-Related Disorders (recommended)</p>
Narratives in the assessment process: Values vs. facts	<p>1) Mallinson, T., Kielhofner, G., & Mattingly, C. (1996). Metaphor and Meaning in a Clinical Interview. <i>American Journal of Occupational Therapy</i>, 50(5), 338-346.</p> <p>2) Mattingly, C., & Lawlor, M. (2000). Learning from stories: narrative interviewing in cross-cultural research. <i>Scandinavian Journal of Occupational Therapy</i>, 1-11.</p> <p>3) Davidson, L. (2003). Eliciting narratives Living outside mental illness: Qualitative studies of recovery in schizophrenia (pp. 61-92). New York: New York University Press.</p>

Class Title	Readings
Graduate Coursework	
What's narrative got to do with it? Stories in Policy and practice	<p>1) Coles, R. (1989). Stories and theories, The Call of Stories: Teaching and the Moral Imagination (pp. 1-30). Boston: Houghton Mifflin Company.</p> <p>2) Mental Health Commission of Canada (2012). Executive summary: Changing directions, changing lives: The mental health strategy for Canada (pp. 8-15) Calgary, AB. http://strategy.mentalhealthcommission.ca/pdf/strategy-images-en.pdf</p> <p>3) Truth and Reconciliation Commission Committee (2015). Introduction & Legacy (pp. 1-9) In What have we learned: Principles of truth and reconciliation http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Principles%20of%20Truth%20and%20Reconciliation.pdf</p>
Resilience, culture and community building	<p>1) Fine (1991). Resilience and human adaptability -Who rises above adversity? American Journal of Occupational Therapy, 45, 493-503</p> <p>2) Kirmayer, L. J., Dandeneau, S., Marshall, E., Phillips, M. K., & Williamson, K. J. (2011). Rethinking resilience from Indigenous perspectives. Canadian journal of psychiatry. Revue canadienne de psychiatrie, 56(2), 84-91.</p>
Community-based OT classes:	
Community & systems-level OT	<p>1) Gerlach, A. J., Teachman, G., Laliberte-Rudman, D., Aldrich, R. M., & Huot, S. (2018). Expanding beyond individualism: Engaging critical perspectives on occupation. <i>Scandinavian Journal of Occupational Therapy</i>, 25(1), 35-43.</p> <p>2) Beagan, B. L. (2015). Approaches to culture and diversity: A critical synthesis of occupational therapy literature. <i>Canadian Journal of Occupational Therapy</i>. 82(5), 272-282.</p>
Diversity & power in OT	<p>3) Wilding, C. (2011). Raising awareness of hegemony in occupational therapy: The value of action research for improving practice. <i>Australian Occupational Therapy Journal</i>, 58(4), 293-299.</p>
Critical OT: Occupational impact of oppressive narratives	<p>4) Mattingly C. (2010). Narrative matters, The Paradox of Hope (Chapter 2, pp. 37-53). Los Angeles: University of California Press.</p>

Political reasoning Occupation-based community development	<p>5) Pollard, N., Kronenberg, F., & Sakellariou, D. (2008). A political practice of occupational therapy. In N. Pollard, D. Sakellariou, & F. Kronenberg (Eds.), <i>A political practice of occupational therapy</i> (pp. 3-19). Edinburgh: Elsevier Science.</p> <p>6) Ripat, J. D., Redmond, J. D., & Grabowecky, B. R. (2010). The Winter Walkability Project: Occupational Therapists' Role in Promoting Citizen Engagement. <i>Canadian Journal of Occupational Therapy</i>, 77(1), 7-14.</p>
OT & Indigenous communities in Canada	<p>7) Ontario Health Communities Coalition, Online Course on Community Development Strategies (module 2): http://www.ohcccccso.ca/en/courses/community-development-for-health-promoters/moduletwo-process-strategies-and-roles</p> <p>8) Restall, G., Gerlach, A., Valavaara, K., & Phenix, A. (2016). The Truth and Reconciliation Commission's calls to action. <i>Canadian Journal of Occupational Therapy</i>, 83(5), 264-266.</p> <p>9) Building a Skilled Nêhiyawak Workforce. https://saymag.com/building-a-skilled-nehiyawak-workforce/</p>
International Community based rehabilitation	<p>9) Thibeault, R., & Hébert, M. (2012). Community-based rehabilitation. In E. A. S. Duncan (Ed.), <i>Foundations for practice in occupational therapy</i> (pp. 235-244). London: Churchill Livingstone Elsevier.</p>
Professional allyship & family-led advocacy	<p>10) What every health researcher needs to know about health equity: Privilege, Oppression and Allyship, Stephanie Nixon https://www.youtube.com/watch?v=APdNxzsqnz4</p> <p>11) Allyship and Inclusion at the Faculty of Medicine. https://medicine.utoronto.ca/allyship-and-inclusion-faculty-medicine</p> <p>12) How to be an informed Aboriginal ally. https://talentegg.ca/incubator/2017/06/19/Aboriginal-allies-mind/</p> <p>13) Being an ally to LGBTQ+ communities. http://www.gilbertcentre.ca/get-informed/lgbtq-info/being-an-ally/</p> <p>14) Tourki, D. (2017). I'm an Arab trans woman and a Canadian immigrant – but I don't technically exist in either of my countries. https://www.independent.co.uk/voices/arab-tunisia-move-immigration-canada-language-in-arabic-to-describe-being-transgender-qtipoc-a7909951.html</p>
Social accountability & activism	<p>14) Lodenstein, E., Dieleman, M., Gerretsen, B., & Broerse, J. E. W. (2017). Health provider responsiveness to social accountability initiatives in low- and middle income countries: a realist review. <i>Health Policy and Planning</i>, 32(1), 125-140.</p>
Collective reflexivity	<p>15) McIntosh, P. (n.d.). White privilege: Unpacking the invisible knapsack. http://www.winnipeg.ca/clerks/boards/citizenequity/pdfs/white_privilege.pdf (Revision)</p> <p>16) DiAngelo, R. (2011). White Fragility. <i>International Journal of Critical Pedagogy</i>, 3 (3), 54-70.</p>

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