



Faculty of Pharmaceutical Sciences

Building Foundations: Recommendations Report

Principal Investigator: Elizabeth Stacy

✉ Elizabeth.stacy@phsa.ca



Behind the Graphics

The report was designed by Indigenous Marketing Solutions.
All illustrations and graphics were created by Bayja Morgan-Banke from Toquaht, Nuuchah-nulth Nation, and Secwepemc (Shuswap) Nation.

Section Graphics Descriptions



The Frog | Background

The frog is known as the storyteller and carrier of history. With the shape of a traditional copper shield, it signifies a rich history or background. The frog teaches us about using our past to move forward.



Thunderbird | Themes

The thunderbird symbolizes power, strength and protection. It is also one of the most powerful mythical figures. With the canoe in the middle, it signifies strength when facing powerful, tough or emotional topics and using personal experience and historical memories to move on in a more positive light.



Salmon | Recommendations

The salmon is known to represent prosperity and renewal and also has symbolic connections of strong community ties. With a longhouse symbol in the middle, this design signifies listening to each others' stories and applying others' concerns to find solutions and remedies to current and/or past problems.



Beaver | Limitations and Future Outlooks

The Beaver is a symbol that is representative of hard work and perseverance. The paddle inside is to represent the tool that allows us to begin moving forward through the tough tides. Acknowledging our limitations and challenges gives us the tools to overcome them in time with hard work.





Background

Anti-Indigenous racism persists in healthcare as described in numerous foundational reports such as the In Plain Sight report, and continues to result in disproportionately poor health outcomes compared to non-Indigenous people. An approach to disrupting this systemic racism was articulated in the Truth and Reconciliation Calls to Action, specifically to Indigenize and decolonize healthcare education programs.

Through collaborative and Indigenous-partnered engagement, the Building Foundations initiative explored how UBC Faculty of Pharmaceutical Sciences can actualize decolonization recommendations for health education programs. This work was generously funded by UBC Vancouver students via the Teaching and Learning Enhancement Fund (TLEF).

At the outset of the initiative, the project team connected with 10 community experts and champions from Indigenous communities across BC, to learn how best to engage with participants in a manner that is meaningful and respectful.

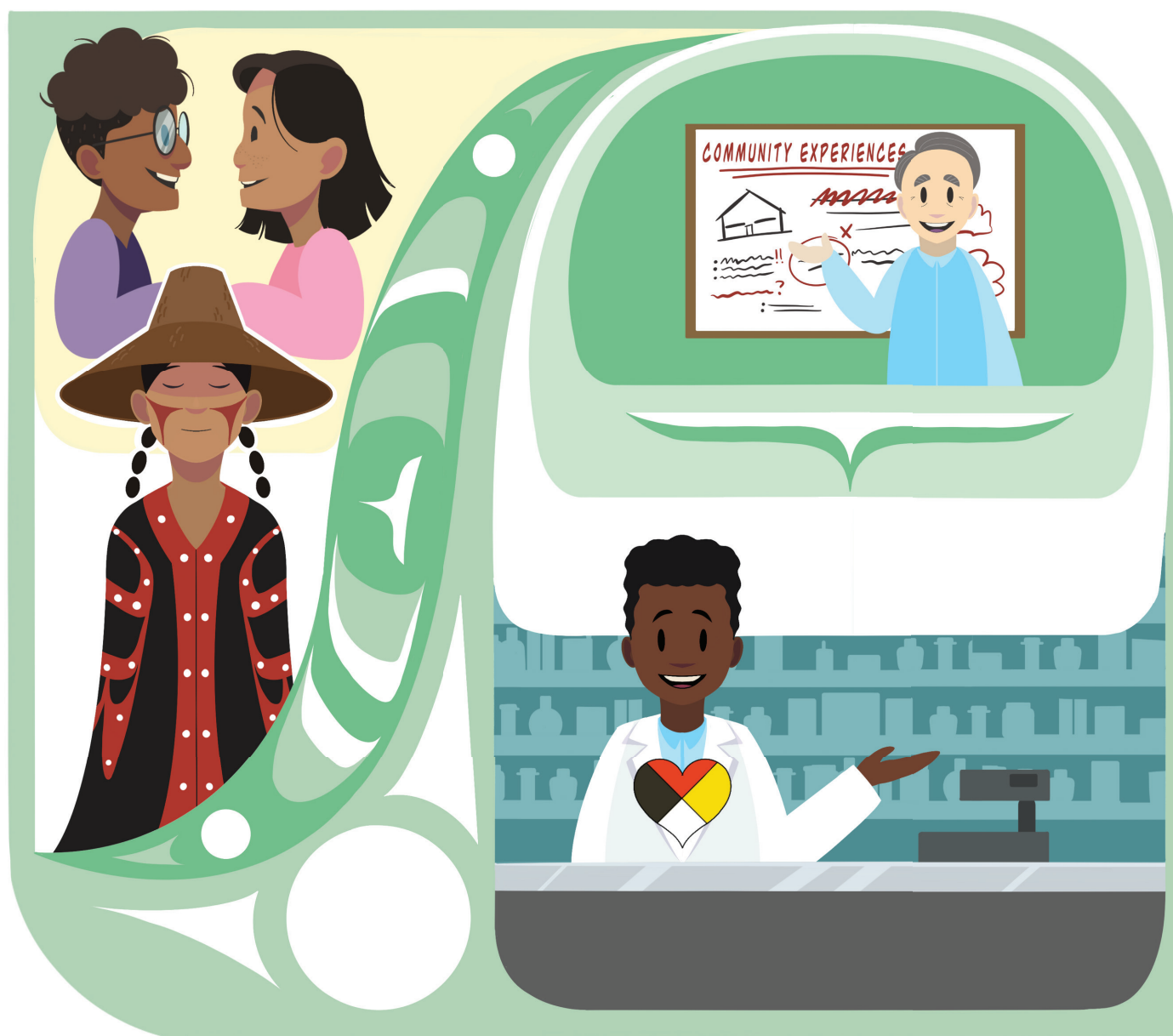
We then spoke to fifteen people in 45-90 minute semi-structured open-ended online and in-person interviews to identify infrastructure, resources, and processes needed to fundamentally decolonize pharmacy education, interactions with pharmacists, and other related issues. Participants self-identified as both Indigenous and non-Indigenous and included current UBC students, practicing pharmacists, patient partners, and a community member. All participants were involved with either pharmacy, or pharmacy education, worked in Indigenous communities, or were involved with teaching Indigenous-related content.





A summary of findings and recommendations were reviewed by participants to ensure we had accurately captured the information they shared. With their input, we generated thirty recommendations and calls-to-action for the Faculty. Key themes included curriculum improvements, continuing cultural safety education post-graduation, meaningful relationship building, the prioritization of hands-on learning experiences, and the need for more support surrounding insurance and billing.

These recommendations will meaningfully impact cultural safety throughout the academic programs, and their implementation Faculty-wide will support decolonization of the many facets of the educational space for current and prospective Indigenous students. The recommendations also provide actionable strategies for shaping future generations of culturally competent UBC-trained pharmacists.



Major Themes

Below are the major themes we heard from interview participants:



14/15 interviewees proposed curriculum improvements.

12/15

discussed the importance of continuing cultural safety education post-graduation.



11/15 emphasized meaningful relationship building.



10/15

highlighted the need to better prepare students for billing Plan W and non-insured health benefits.

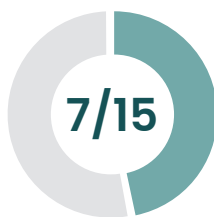


8/15

gave ideas about increasing Indigenous student recruitment and support.

10/15

stressed the prioritization of hands-on learning experiences.



proposed external partnerships required to successfully address the recommendations.

3/5

Indigenous participants provided ideas for an improved social experience.

Key themes from community experts and champions align with participant feedback, specifically:

- Prioritizing experiential learning on Indigenous topics
- Training students to proactively address healthcare access inequities

30 Recommendations

Curriculum Improvement



1

Invite more Indigenous speakers and patients to class to share stories and personal experiences, throughout all programming.

Hearing stories is more engaging, impactful, and meaningful than facts being stated.

- Especially invite speakers to come to the Faculty during Indigenous History month.

2

Discuss more Indigenous history and context with students.

Students in all years of the pharmacy program indicated that Indigenous history is not covered in enough of the curriculum. Learning about history and lived experiences builds trust and relationships. It also provides context when discussing culture-specific risk factors.

- Give students a chance to reflect on their own history, as a learning activity.

3

Include consideration of traditional healing modalities.

- Involve Indigenous Elders and healers who can speak to traditional medicines.
- Teach students to consider non-Western medicines without judgement during counselling.

4

Encourage more instructors, especially non-Indigenous instructors to talk about their experiences working with Indigenous communities and patients.

It's very valuable hearing from these professors.

- Prioritize and highlight what works well, as opposed to what not to do when working with Indigenous patients.



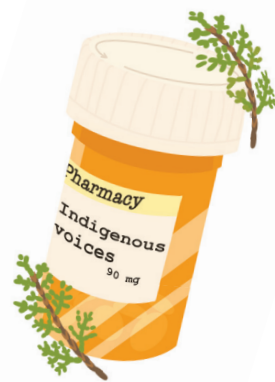
5

Re-evaluate learning activities related to Indigenous health.

- Avoid activities that are graded and completion-based, as they fall short of learning from the heart.
- Increase knowledge and recognition of epistemic racism. Indigenous ways of knowing and being do not and should not need to meet a Western form of review, evaluation, or oversight.
- Reconsider offering Indigenous health content modules asynchronously.

It's hard to say modules made a difference or helped prepare students.

- *Learning about cultural safety is better in person than online.*
- *Situate culturally safe care as a continuous learning and praxis. This reflexive process then requires thoughtful scheduling with students' other core assessments.*



6

Ensure continuity of Indigenous health education throughout degree.

- More cultural safety preparation is needed in first year, before students' first practicum.
- Increase duration of second-year Indigenous health course (PHRM 261) to be year-long, by adding hours.
- Add another cultural safety course in fourth year to refresh students before graduation and starting career as a pharmacist.



7

Emphasize the following key learnings from pharmacists and patient partners in course material:

- *First impression of being welcoming and empathetic is impactful.*
- *Take time to explain information to patients.*
- *Be flexible and adapt to different cultural needs.*
- *Don't make judgements on a person's Indigeneity based on skin tone or eye colour.*
- *There is no right or wrong in certain situations; emphasis should instead be placed on providing reasoning for one's decision.*
- *Treat everyone fairly and with respect.*
- *Understand the history of Jordan's Principle.*

- Indigenous cultural safety must be taught with a lens of how it is applied in the everyday practice of pharmacy. Highlight how culturally safe patient engagement principles are applied in how things are said and done daily, to bring the teachings to life, and make it applicable for the students.



8

Make changes to specific courses.

- When adding content on decolonization in hospital practice, review existing curricula with a critical eye to identify content that can be removed to make space and avoid overwhelming students with too much content in one course.
- Incorporate more Indigenous-specific content in class material that touches on priority areas for Indigenous health (e.g., mental health, diabetes).



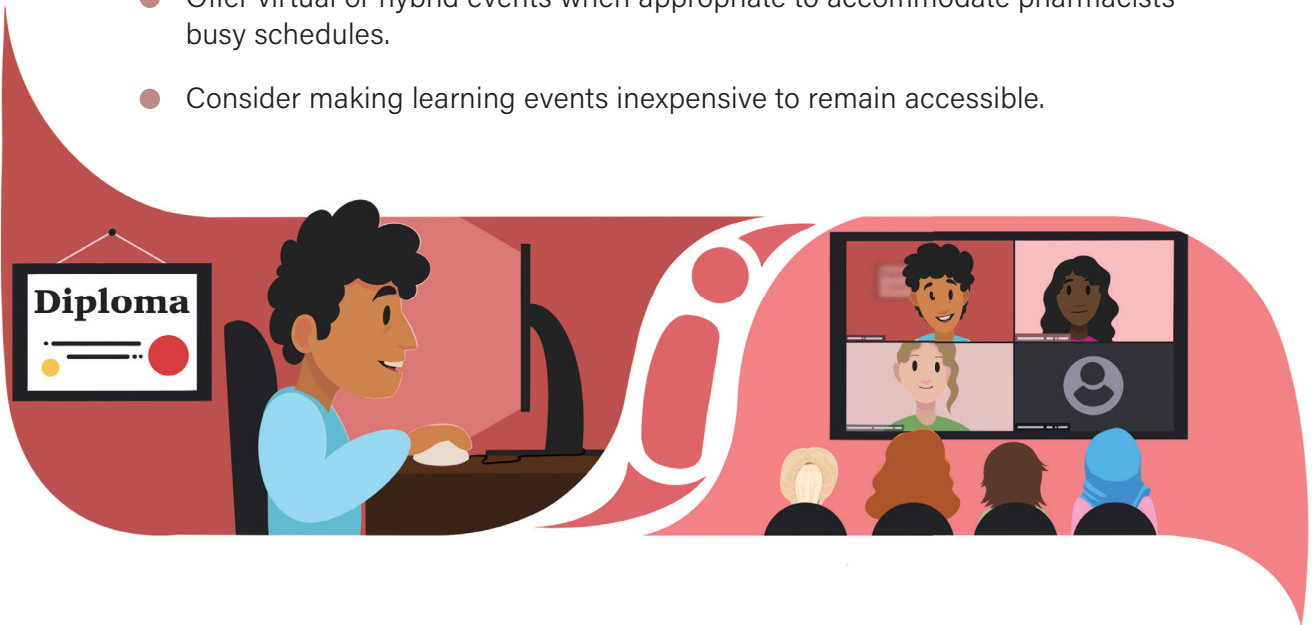
Continued Cultural Safety Education

9

Offer UBC-specific alumni events and learning activities post-graduation.

Cultural safety learning is ongoing but there is a current lack of opportunities post-graduation.

- Offer virtual or hybrid events when appropriate to accommodate pharmacists' busy schedules.
- Consider making learning events inexpensive to remain accessible.



10

Partner with the College of Pharmacists of British Columbia to develop 3 credits of continuing education pertaining to Indigenous health.

Continuing education in this field is not mandatory but there are continuous changes and updates in pharmacy practice. This offers pharmacists a chance to renew their knowledge on Indigenous history and any developments in practice. In particular, many internationally-trained pharmacists don't know Indigenous peoples' history and would benefit from training.

- Accredite courses as an incentive, and contextualize them to a pharmacist's practice.
- Advocate to the College to make these credits mandatory every year to emphasize importance of Indigenous cultural safety.





11

Ensure practicum preceptors are trained and involved in the ongoing learning process of cultural safety by having them regularly complete cultural safety modules.

12

Consider using existing programs rather than making new ones. Build a relationship with First Nations University of Canada's Indigenous Continuing Education Center.



13

Advocate for Indigenous health as a topic at the BC Pharmacy Association's annual conference.



Prioritization of Hands-on Learning Experiences

Students highlighted a lack of opportunities to practice culturally sensitive care. Non-interactive learning activities lack depth and don't sufficiently prepare students for practice.

14

Formally add the practice of cultural safety skills to practicum requirements.

- Add cultural safety reflections to students' requirements.
- Add cultural safety principles to practicum checklists.
 - *Examples: Add cultural safety protocols to site orientation, give cultural safety feedback during evaluations.*



15

Create opportunities to introduce students to practicing pharmacy care in Indigenous and remote communities.

- Add Indigenous-focused opportunities to PHRM 270: Community Service Learning.
- When trust and relationships are established, consider in-person, experiential learning for students to better understand why competency on Indigenous health is essential.
 - *Note: Making this experience mandatory would be beneficial. Students who would benefit the most from these experiences may not choose to take them if optional. However, this may not be well-received.*
- Partner with pharmacies serving Indigenous clients to increase practicum placement sites in Indigenous communities.
 - *Participants recognized the challenges of this suggestion, in that it will be difficult to standardize practice opportunities across each unique practicum site population.*
- Provide financial aid for these opportunities to cover costs of short-term housing and transit.



Create opportunities to practice culturally safe Indigenous healthcare in pharmacy practice labs.

- Develop Integration Activities related to Indigenous healthcare.
- Simulate interactions between Indigenous patients and pharmacists through virtual patient simulators.
- Regularize cultural safety discussions during open lab discussion, small groups in lecture, and other opportunities.
- Practice and develop culturally safe patient interactions.
- Use problem-based learning to enhance learning by thoughtfully designing scenario-based training for students.
- Provide more practical experience earlier in the program, during first year.



Meaningful Relationship Building



17

Build relationships with Indigenous communities thoughtfully, taking into consideration unique preferences.

- Most communities have a health centre, contact the nurse as first point of contact. Otherwise, reach out at Band Council level.
- Follow best practices for compensating Indigenous participants. Follow guidelines set out at UBC through the Indigenous Strategic Plan and their Finance Guidelines ([UBC indigenous-finance-guidelines](#)).

18

Solicit and listen to feedback from Indigenous peoples during re-evaluation of decolonization efforts.

- Reach out to patients for feedback to assess whether care is improving.
- Take the time to publicize community engagement opportunities through multiple channels, and be intentional about inviting people to participate.
- Develop connections and collaborate with Indigenous Pharmacy Professionals of Canada to facilitate activities, build community connections, and support outreach.

19

Establish community connections and take the time required to nurture and develop the relationship.

- Provide more opportunities for direct connections between students and Indigenous communities in the program, as this will lead to continued relationships post-graduation.
- Develop protocols to ensure community-engaged activities are completed, and result in tangible outcomes that are shared back with participants.

20

Consider different methods of building relationships.

- Amplify programming at UBC's First Nation House of Learning on campus.
- Participate in rural community events to engage in reciprocity, beyond the transactional.



Better Prepare Students for Billing First Nations Health Benefits (Plan W) and Non-Insured Health Benefits (NIHB)

21

Better prepare students with information regarding Indigenous benefits (Plan W), coverage, and billing.

Lack of education on Indigenous health benefits is a significant barrier to access and treatment, and leads to poor patient health outcomes. This gap in pharmacists' knowledge can cause delays or lack of treatment, and further reproduce mistrust and avoidance of the health care system by Indigenous people. All participants - students, pharmacists, and patient partners - emphasized that this topic is not adequately taught in school.

- Add learning activities regarding health benefits and billing that include various services designed to promote health and well-being, e.g., during lab sessions.
- Inform students of the First Nations Health Authority pharmacy team as a resource in their praxis.
- Practice streamlining coverage process.



22

Teach and disseminate information on how to bill Plan W and NIHB with respect.

- Include information on how to navigate and communicate information about Plan W/NIHB in practice in a culturally safe way.
- Insurance education is area-specific (e.g., Plan W is in BC), but all pharmacists should be knowledgeable on NIHB, which is a federal program.



Increased Indigenous Student Recruitment and Support

23

Promote UBC's pharmacy programs to students in rural communities.

- Starting from elementary school years, showcase pharmacy to Indigenous youth as a career option.
- Partner with Rural eMentoring BC to provide opportunities for current pharmacy students to connect with high school students, through both virtual mentoring and in-person visits. Pharmacy students can present to high school students through their rural practicum rotations, where they can share what student life is like.
 - *Pharmacy students on rural practicum rotations can present to local schools.*
 - *Emphasize what student life looks like.*
- Promote through non-Indigenous organizations such as school boards to achieve a focused outreach with urban and away-from-home Indigenous populations.
- Present at British Columbia Association of Friendship Centres' annual youth conference to connect with more prospective students.
- Consider tailoring high school student outreach programs to specific areas of interest within pharmacy practice.
- Collaborate with universities, colleges, and other institutions in the region, including Simon Fraser University, University of Victoria, UNBC, Selkirk College, North Island College, Langara College.
 - *Promote pharmacy through UNBC's Travelling Road Show.*
 - *Set up credit transfer or joint degree opportunities with community colleges to serve Indigenous students interested in pharmacy.*



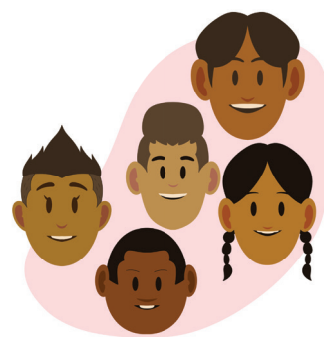


24

Provide additional funding for both Indigenous applicants and students.

Finances usually presents as a barrier and lack of funding within bands makes pharmacy education less accessible.

- Funding can take the form of a bursary to fund high school students' travel expenses.



25

Consider allocating reserved spots in the program for Indigenous students.

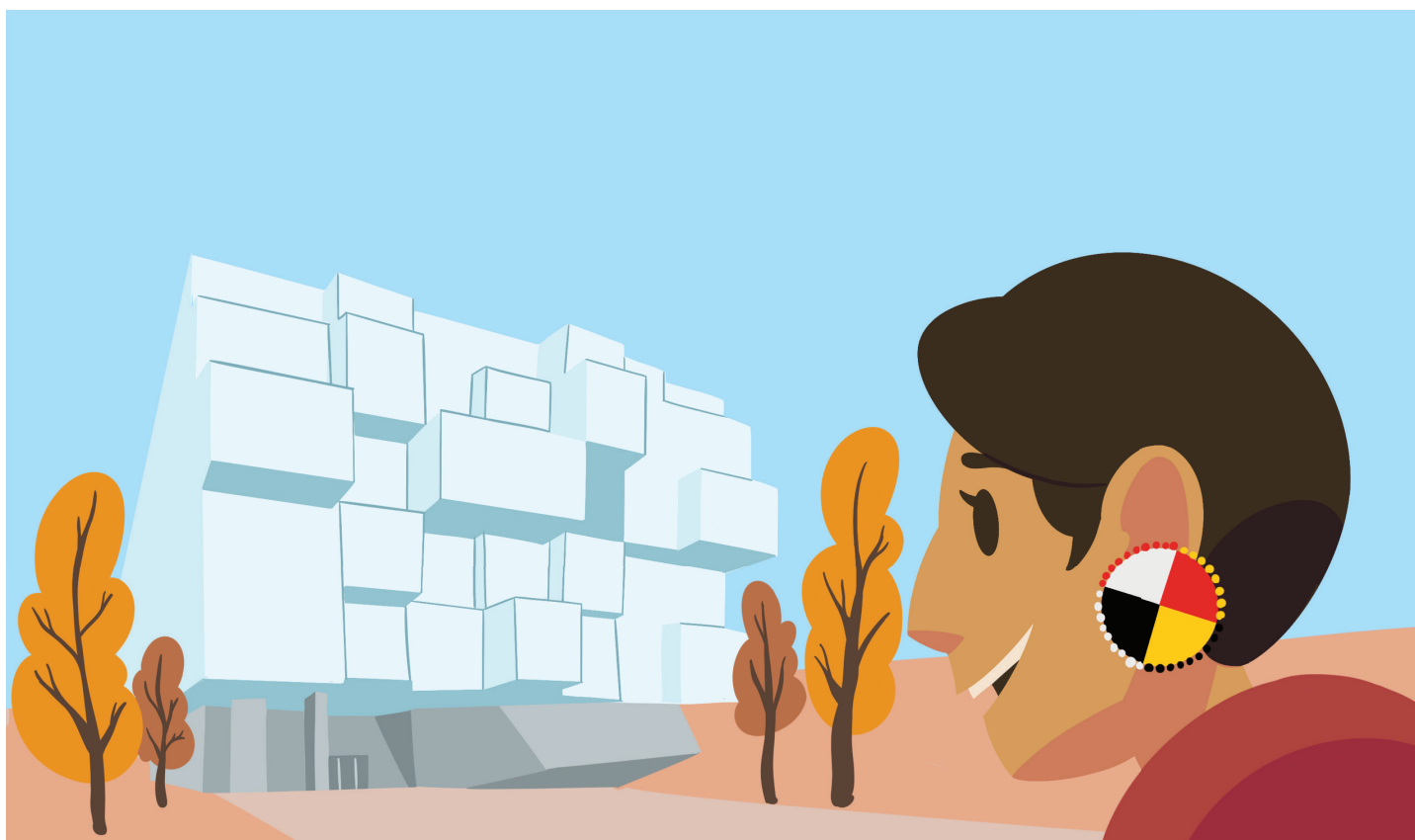
- Support prospective Indigenous applicants by changing the application requirements.
- Prepare for misconceptions from others regarding equity spots, and develop education and communications to address these challenges.

26

Create UBC pre-pharmacy club to target Indigenous students in health science undergraduate degrees.

27

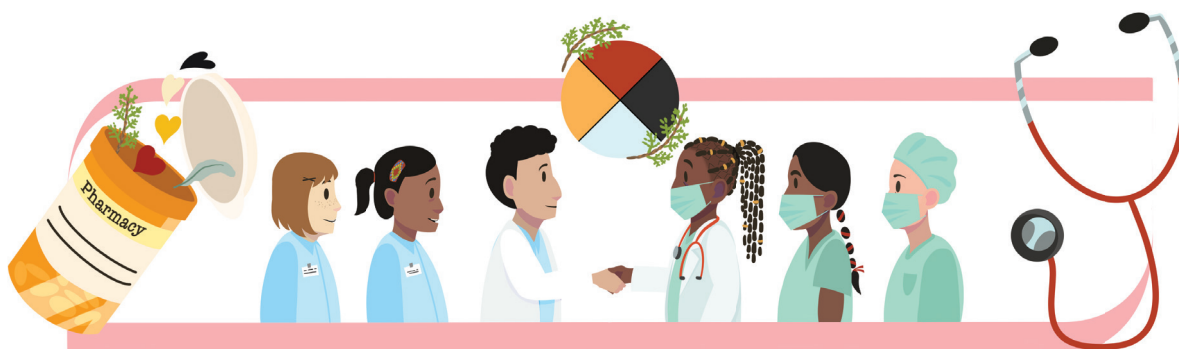
Develop a standardized procedure for reporting culturally unsafe interactions in the program and address these incidents to prevent future occurrences.



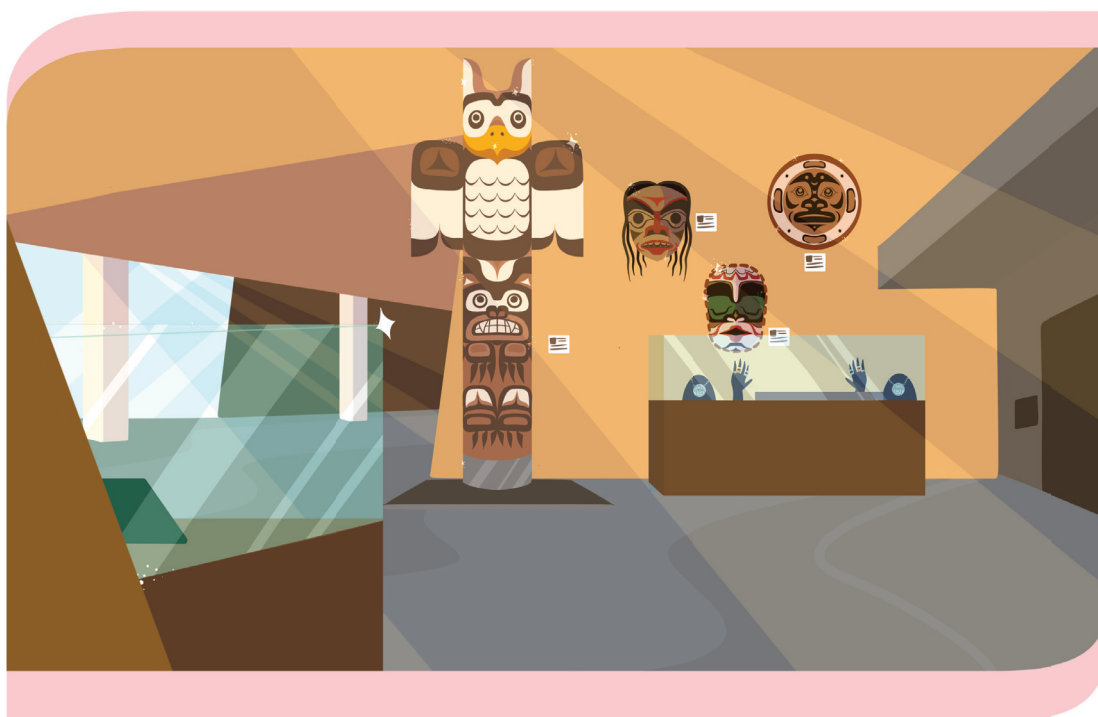
Improved Social Experience



- 28 Connect interested Indigenous students with each other once accepted into the program. Participation should be voluntary and premised on self-identification.
- 29 Develop a peer mentorship program where upper-year Indigenous students provide support for new Indigenous students.
- Explore UBC's Faculty of Medicine program, *Medicine Cousins* as promising peers mentorship program to model in pharmacy.



- 30 Create a safe space for Indigenous students within the Faculty building.
- Include local Indigenous artwork as it provides a sense of being seen.



Barriers to Implementing Recommendations

Stigma and discrimination still happens.

Many Indigenous patients continue to experience negative attitudes when seeking care at pharmacies across BC. This means that many practitioners lack understanding or hold prejudicial views, and in turn making progress on decolonizing Indigenous healthcare and health education can be challenging in some spaces.



Further, the tragedies of missing and murdered Indigenous women and girls has led to some female students feeling fear of harm when leaving their small communities to attend school in unfamiliar, large centres. Currently, 60-70% of Canadian pharmacists are women, and work needs to be done to make pharmacy education a safe and accessible option for Indigenous females.

Student workload is very heavy and students need space to build cultural competency and understanding.

The changes to program material and learning activities suggested above should not add to student workload and demands. Students emphasized that they currently lack time for additional learning, and the lack of elective space is a barrier to choosing the Indigenous health elective. If new Indigenous health material is added, curriculum developers should seek opportunities to remove material to balance it out.

Students also noted that First Peoples Studies is a mandatory graduation requirement in BC high schools starting in 2023, so incoming pharmacy students will have a better baseline understanding of the impacts of colonization on Indigenous peoples in Canada. Pharmacy programs now have the opportunity to build on this momentum and inspire the next generation of culturally competent practitioners.



Practicing pharmacists are very busy.

Considering the demands on practicing pharmacists, new initiatives can provide cultural safety education opportunities virtually, and incentivize attendance through accreditation.





Acknowledgement

We would like to extend our gratitude for both the named and anonymized community champions for their invaluable guidance and contribution.

Principal Investigator

Elizabeth Stacy

Research Assistants

- *Lisa White*
- *Peter Fang*
- *Sara Marshall*

Project Assistants

- *Eric Liu*
- *Prabhleen K Sandhu*

Co-Investigators

- *Brenda Zou*
- *Charissa Tonneson*
- *Gerry Oleman*
- *Janice Yeung*
- *Jason Min*
- *Jennifer Chatterton*
- *Kerry Wilbur*
- *Larry Leung*
- *Leonie Harper*
- *Patricia Gerber*
- *Sandra Jarvis-Selinger*
- *Stella Fang*
- *Tamiz Kanji*

Project Team Members

- *Clara Ng*
- *Ginette Vallée*
- *Nadine Gerhardt*

Community Champions and Experts

- *Allison Nourse*
- *Candy-Lea Chickite*
- *Cindy Preston*
- *Conor Kerr*
- *David Rattray*
- *Gezina Baehr*
- *James Andrew*
- *Marsha Dufresne*
- *Turner Berreth*

