Is Canada's Post-Graduate Medical Education Curricula Producing Physicians who can Provide Culturally Safe Care?

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Introduction

- The Truth and Reconciliation Commission of Canada (TRC, 2015) calls for improved cultural safety training for healthcare professionals treating Indigenous patients.
- In Canada, post-graduate medical education training programs have shifted to a competency-based model (CBME).
- It is unknown whether CBME programs satisfy the TRC calls to action regarding Indigenous health.

Culturally safe care is when a healthcare provider can:

“communicate competently with a patient in that patient’s social, political, linguistic, economic, and spiritual realm.”

(National Aboriginal Health Organization, 2008)

What is CBME?

A competency-based model includes Entrustable Professional Activities (EPAs) that are designed to be developmental – they go from smaller tasks to bigger tasks- to ensure that graduate medical learners become competent in all aspects of clinical practice (Lobst et al. 2010).

Research Question

To what extent does Canada's CBME curricula provide cultural safety training regarding Indigenous health to post-graduate medical learners?

References

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Figure 1. CanMeds Framework.

CBME Outline

Figure 2. Stages of CBME training.

Methods

Environmental Scan

- CBME documents from 8 specialty programs (Emergency Medicine, Otolaryngology, Surgical Foundations, Anesthesiology, Urology, Forensic Pathology, Medical Oncology, and Nephrology) are being reviewed for Indigenous-relevant content in recommendation reports, training objectives, CBME policies and procedures, clinical practice guidelines and core-curricula.
- **Data analysis:** The number of training objectives and learning opportunities relating to Indigenous health and cultural safety in the CMBE curricula will be described, and then compared and contrasted to the nature of the TRC calls to action, to determine whether they adequately fulfil these mandates.

Survey of Queen's University Residents

- N residents enrolled in the CBME programs at Queen's University- the only university that has transitioned completely to the CBME model – will be surveyed to determine the extent of training that is available to them pertaining to Indigenous health and cultural safety, which may fall outside of the core CBME curricula.
- Up to 200 residents will be surveyed
- **Data analysis:** Descriptive statistics will be used to summarize the findings.

Results to Date

Environmental Scan

- EPAs relating to cultural safety in general have been identified, although none relate directly to Indigenous health.

Relevant EPAs

- “Facilitate discussions with patients and their families in a way that is respectful, non-judgmental and culturally safe.” (Anesthesiology EPA #20, Medical Oncology EPA #2, Otolaryngology EPA #12)
- “Conduct an interview, demonstrating cultural awareness.” (Anesthesiology EPA #1)
- “Communicate with cultural awareness and sensitivity.” (Anesthesiology EPA #10)
- “Teach others and assess their ability to engage patients in a way that is respectful and non-judgmental and that provides cultural safety.” (Otolaryngology EPA #2 transition to practice)

Implications

- This research aims to identify gaps in the CBME curricula pertaining to Indigenous health, so as to contribute toward improved cultural safety training for healthcare professionals, and thus health equity, in the future.