

# First Nation and Medical Student Perspectives on the Participation in Culturally Immersive Learning Experiences During Medical Training

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### ABSTRACT

Immersive cultural learning placements in First Nations communities allow medical students to develop a first-person perspective and a deeper understanding of the determinants of Indigenous health. Complementary student and community viewpoints on a medical student placement at Mattagami 71 reserve, a First Nations community in Northern Ontario, are presented in this commentary.

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### RÉSUMÉ

Les placements d'apprentissage culturel par immersion dans les communautés des Premières Nations permettent aux étudiants en médecine de développer une perspective personnelle et une compréhension approfondie des déterminants de la santé chez les personnes autochtones. Ce commentaire présente les points de vue complémentaires d'une étudiante et d'un membre de la communauté sur un placement étudiant à la réserve Mattagami 71, une communauté des Premières Nations dans le nord de l'Ontario.

### INTRODUCTION

Understanding and integrating concepts in Indigenous health are essential in delivering comprehensive medical education in Canada. The twenty-fourth Call to Action put forth by the Truth and Reconciliation Commission (TRC) asks that cultural competency training covering “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 be integrated into the education of health professionals” [1]. While comprehensive coursework might often technically satisfy this obligation, several Undergraduate Medical Education (UGME) programs offer students the opportunity to partake in learning experiences of greater depth, in the form of integrated community learning. Medical students at the Northern Ontario School of Medicine (NOSM), for instance, spend four weeks during the first year of their program living in various First Nations communities across Northern Ontario. There, they continue their regular medical studies while spending the majority of their time immersed in daily community life. A variety of settings (cultural, clinical, leisure, etc.) provide a space for students and community members to share their stories, values, needs, and goals in a reciprocal learning environment. The communities are encouraged by the school to direct the experiences of the learners as they wish, exposing them to cultural and social activities that are of importance to that specific community. As a result, the perspectives gained from the student experiences cannot be generalized across all Indigenous communities. These integrative community experiences nevertheless allow students to develop a better appreciation of how historical, systemic, and lifestyle factors are determinants in the health of Aboriginal com-

munity members [2].

Mattagami First Nation, a small, road accessible Ojibway/Oji-Cree First Nation community in northern Ontario, has hosted first year medical students from NOSM each year for the past 10 years. This commentary offers complementary perspectives on a NOSM medical student placement at Mattagami. The student, Caitlyn Vlasschaert, shares her perspective on how the experience has shaped her professional development, while Jennifer Constant, a Mattagami band council member, relays historical and community perspectives, and offers concluding remarks.

### HISTORICAL PERSPECTIVE

Mattagami First Nation, like most other First Nation communities in Canada, has a long history of colonialism and systemic oppression. Our people once lived on the land and were self-sufficient in their hunting and gathering practices. Seasonal gatherings occurred annually. Traditional medicines were harvested and used in our territory. Having an understanding of this perspective is important: our people had the freedom to carry-out their way of life and traditional practices. Systems existed as well, and included governance, education, justice, environment management, wildlife management, etc. These altogether helped our people and communities live in harmony with our environment and our neighbours, while also serving to protect and provide for our community.

A number of Hudson Bay posts were established within our territory throughout the 19th century, which influenced and drove the practice of trapping for the fur trade. Treaty 9 was signed in

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Mattagami on July 7, 1906. The relationship at this point in time with our visitors and settlers had already started changing with dire effects to be realized soon after. Reserve systems were created and imposed shortly after the signing of treaties. *The Indian Act* (1876) had set the framework for deception and prevarication. A confined and unnatural way of life was imposed onto a people who were healthy, vibrant, physically strong and skilled, and self-governing. While several oppressive systems imposed upon Aboriginal people have since been abolished, they leave in their wake much devastation.

A common misconception exists that our socio-economic situation is one that we have created as a result of laziness and lack of competency or capacity. These stereotypes have adverse effects on the quality of care received by Indigenous people accessing any type of service. Several recent initiatives have sought to dispel misconstrued beliefs by exposing the truth. The TRC focused its work on residential schools. The accounts reported through the TRC gave a voice to those who endured this particular aspect of the system of oppression imposed upon Indigenous people. Those who survived this system lived a life forever affected by the trauma they experienced. The quality of life of First Nations people remains disproportionately filled with the compounded effects of this trauma, poverty, and internalized oppression (or a perceived inferiority). Intergenerational trauma, and the lateral violence that results, is a grave issue that perpetuates an unhealthy social atmosphere within many communities. These symptoms of oppression affect general mental and physical health [3]. Among the TRC's Calls to Action are explicit requests that accurate renderings of Canada's history regarding the treatment of its Indigenous population (including its contemporary repercussions) be incorporated into formal education systems, from elementary to professional school curricula.

### STUDENT PERSPECTIVE

#### *Forming a better picture of my role in Aboriginal healthcare*

Prior to my placement, I read an array of literature in order to become familiar with "key concepts" in Aboriginal health. These readings covered, among other topics, the historical context of Indigenous people in Canada, sacred and traditional medicines, and the delivery of healthcare services to "Status Indians," as defined by *The Indian Act* (1876), through federal agencies. I developed a broad understanding of factors affecting the Aboriginal population, including the timeline of colonial atrocities (e.g. the residential school system, '60s Scoop; see *Indigenous Foundations* [4] for further reading) and the need for reconciliation and culturally safe healthcare. My theoretical frames of reference, however, lacked a concrete understanding of how these factors actually affect daily community life and health in Mattagami, similar to how reading about a disease process doesn't necessarily

mean you'll be able to predict or identify its clinical presentation. Over the course of my time in Mattagami, I connected with several community members largely due to our common ground (my hometown – the closest urban community to Mattagami – is actually the place of residence of many band members). In routinely bonding over shared experiences, I found myself at times forgetting that the people with whom I was interacting may hold important sets of values that I was there to learn about. Conversely, I wondered if forcing an unnatural context recollection meant I had overestimated its importance in this community. Though I initially struggled with the semantic difference between the meaning of culturally sensitive care and the process of "othering" or reinforcing an "us-them" mentality, living in Mattagami for a month allowed me to be exposed to the community's diversity and afforded me an intuitive comfort in gauging the appropriate level of attention to be given to the Aboriginal context. In addition, shadowing both Aboriginal and non-Aboriginal health care workers in the community enabled me to learn not just when, but how traditional practices and values are factored into care. Altogether, I consider my learning experiences in Mattagami First Nation to have been invaluable to my future practice of medicine as they allowed me to reshape the theoretical frames of reference I'd constructed to reflect my actual experiences in Aboriginal health care.

### FIRST NATION PERSPECTIVE

#### *Relationship building through cultural immersion placements*

The relationship that has been established between NOSM and Mattagami First Nation has provided an opportunity for medical students to truly immerse themselves in our community. It has afforded the community the chance to create bonds and meet future service providers. At a minimum, this type of interaction serves a great purpose in itself. Beyond this, the placement provides many opportunities to truly understand one another. In a professional and personal capacity, the First Nation can demonstrate the successes of our community, administration, and governing body, as observed at our many planned events and functions. We get to teach our values, our customs, and our ways in a practical and hands-on manner, which incidentally is the primary method of teaching and learning in our culture. The medical students get to understand our care for our members. They also gain firsthand exposure to the struggles, financial constraints (and subsequent necessary resourcefulness), and different living conditions of our community members. Whether known to them or not, they see and meet the people who have survived residential schools, those who endure intergenerational trauma, those who have survived the '60s Scoop, those who are in the foster care system, as well as those surviving in the reserve system. The medical students also get to witness our efforts to revive our traditional ceremonies, practices, language, etc. The setting fosters

a different type of understanding about why and how our people are the way they are, and why we do the things we do.

## CONCLUDING REMARKS

Our story, for too long, was told by others. Telling our truth puts us in a position of vulnerability, but we forge ahead to make our peoples' ways known according to us, by us. With each placement we have formed relationships and friendships between our members, leaders, staff, youth, and guests. We become people who understand each other.

I was once told that many things can't be translated into English from our language; so too, is the understanding of our people to those who only read about it in books. You can know what you read in a book, but you can never truly know the meaning of those words without experiencing and immersing yourself with First Nation people in their community.

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