New Course Outline

- The PharmD Approval Process for New Course Outlines document provides more information on next steps and approval timelines.
- The Course Outline Submission Overview document provides more detailed guidelines on course learning objectives, topic outlines/scheduling requirements, and assessment methods.
- The AFPC Educational Outcomes for Professional Programs document provides complete information on roles and key competencies for Pharmacy Degree Programs.

**Course Number:** PHM325/JFP450

**Course Title:** Indigenous Issues in Health and Healing

**Outline Version Code:**

**Course Description:**

**Semester:** ☒ Fall ☐ Winter ☐ Summer

**Course Type:** ☒ Elective ☐ Selective ☐ Mandatory

1. **Course Learning Objectives:**
Upon completion of this course, students will have achieved the following level of learning objectives:
Introductory = knowledge and comprehension of concepts, definitions
Intermediate = application of concepts to simple situations
Advanced = application of concepts to more complex situations with ability to synthesize and evaluate
**Knowledge**

Introductory Level:

Intermediate Level:

- To familiarize students with the historical and social contexts of the health of Native people in Canada, including the similarities of the health issues and their determinants faced by Indigenous peoples of Canada and colonized populations throughout the world;

- To expose students to Indigenous ways of knowing and Indigenous science through the teachings of Aboriginal elders, healers, and scientists as well as through personal experience, individual and group research and field trips;

Advanced Level:

**Skills**

Introductory Level:

Intermediate Level:

- To become conversant with the connections between mind, body, spirit and emotions in health and healing;

- To facilitate students' exploration of their emotional, physical, spiritual and mental relationship to their own cultural heritage and to the environment;

- To enable students to become better practitioners of their chosen fields by applying the above;
2. Rationale for Inclusion in the Curriculum:

Adverse effects are a potential complication all drug therapy, including the use of non-prescription products. An informed knowledge of toxicological mechanisms, the determinants of individual risk, and the application of this knowledge to clinical problems, drug product development, the regulatory process and improved drug safety are essential for Pharmacists in clinical practice and in careers in the pharmaceutical industry, government and academia.

3. Pre-requisites:

2nd year pharmacy, biological sciences, social science, health promotion, Indigenous studies, cultural studies etc.

4. Co-requisites:
5. Course Contact Hours and Teaching Methodologies:

<table>
<thead>
<tr>
<th>Didactic (lecture)</th>
<th>Hours: 22</th>
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<tbody>
<tr>
<td>Large group problem-based/ case-based learning (group size: )</td>
<td>Hours:</td>
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<tr>
<td>Laboratory or Simulation</td>
<td>Hours:</td>
</tr>
<tr>
<td>Tutorial/Seminar/Workshop/Small Group   (group size: 5 )</td>
<td>Hours: 4</td>
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<tr>
<td>Experiential</td>
<td>Hours: 12 optional</td>
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<tr>
<td>On-line</td>
<td>Hours:</td>
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<tr>
<td>Other (please specify):</td>
<td>Hours:</td>
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<tr>
<td>Total Course Contact Hours</td>
<td>Hours: 26</td>
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6. Estimate and description of student's weekly out-of-class preparation time excluding exam preparation:

Students are expected to review the assigned readings prior to class, and may read supplementary papers posted on on-line.

7. Topics Covered and Lecture Specific Learning Objectives

**Week 1**

**Lecture Topic:** Introduction - David Burman, course coordinator; Open sacred space – Cat Criger, Elder in Residence UTM, traditional wisdom keeper

**Lecture Learning Objectives:**

- Introduction to culture, history, world views and politics of health in relation to aboriginal peoples health - Relationship of course material to career paths and to life.
- How have Aboriginal people survived? How will humanity survive? The importance of world view transmitted by Story
- European-Indigenous relations in Canadian history – colonization as a determinant of health – the 8th fire prophesies
- Introduction to Indigenous science
- Demographics: Migration, Immigration; Cultural Areas, Language Groups
- Discussion of literature, assignments, expectations
- Video: Another World View from “Generation Waking Up” www.pachamama.org

**Week 2**

**Lecture Topic:** Introduce case, Set up groups, Begin Case Process

**Lecture Learning Objectives:**

- Students begin to grasp the role of he elder/ healer and indigenous world views.
- Appreciate the complexity of intergenerational trauma and the promise of cultural resilience as they work through the case scenarios.
- Begin to understand the relationship of Indigenous health to the health of the dominant society.
**Week 3**

**Lecture Topic:** Healing the Community - Vern Harper, Cree Elder and Medicine Man

**Lecture Learning Objectives:**

Through the recounting of personal experience, the Elder weaves a web that embodies the inextricable relationship between the health of the individual, the community and the environment.

- The traditional relationship between the individuals and the community
- Healing from assimilationist policies/ decolonization
- Justice and sentencing circles
- The importance of humour

**Week 4**

**Lecture Topic:** Healing through Stories - David Burman, course coordinator

**Lecture Learning Objectives:**

- Cosmology - the importance of creation stories to world view
- Aboriginal concepts of a holistic healing philosophy
- The wheel of life (medicine wheel)
- Balance and harmony of physical, mental, emotional and spiritual aspects of health and healing.
- traditions, values and ethics
- the Great Law of Peace and equivalents in other First Nations

Collaboratively build a story of the relationship of Indigenous world views to the elements contained in the case scenarios

**Week 5**

**Lecture Topic:** Issues in Mental Health and Healing - Brenda Wastastacoot PhD, Cree scholar, Assistant Professor Centre for Indigenous Studies

**Lecture Learning Objectives:**

- Mental, Physical, Emotional and Spiritual aspects of healing
- The Seven Grandfather Teachings
- Update on research on Aboriginal mental health
- Intergenerational trauma
  - Mental Health /resilience
  - Suicide and prevention
  - Substance abuse
  - Domestic violence
- Impact of colonization and racism on mental, physical, emotional and spiritual health

**Week 6**

**Lecture Topic:**
Current Health Issues and Services - Health Promoter WAASH-KESHUU- YAAN, Anishnawbe Health Toronto
Lecture Learning Objectives:

Culturally appropriate communication

- Changing families/family violence
- Participation, empowerment and positive health promotion
- Role of pharmacists and other health care providers
- Urbanization, effects on mental health
- Adoption issues
- Maternal and child health, clean water and sanitation
- Changing families/family violence
- AIDS and other STDs
- Diabetes, changes in nutrition and environment
- Disabilities, post-neonatal mortality/adoption
- Immunization, maternal and child health, clean water and sanitation

Week 7
Lecture Topic: Application of conventional science to indigenous healing – Tim Cook, MD, FRCP(C), internal medicine specialist and practitioner of integrated medicine.

Lecture Learning Objectives:

Some possible explanatory frameworks for understanding spiritual healing events

- Quantum physics
- The “active ingredient” in placebo / expectation effects
- The physiological effects of meditation
- Altered states of consciousness and feelings of spiritual connectedness

Week 8
Lecture Topic: Maintaining a Positive Identity: How Aboriginal People have Survived – Philip Cote, MFA, Artist, film maker and Traditional Wisdom Keeper

Lecture Learning Objectives:

- Impact of European beliefs and cultural practices at time of contact
- Active resistance and the retained oral history and traditional teachings
- Medicine wheel and seven grandfather teachings

Week 9
Lecture Topic: Aboriginal Herbal Medicine- Cat Criger, Elder and traditional healer

Lecture Learning Objectives:

- Traditional Healers - herbal medicine/elders/medicine people, ceremonies, healing societies
- Issues in integrating traditional medicine with conventional health care providers/provision
- What Aboriginal concepts and biomedical frameworks can learn from each other.
- Native herbalogy: selection, preparation and use of botanical products
- Indications for use
- Selection of the appropriate plant combinations
- Care and respect for the living medicines
- Effective preparation of plants and plant products

**Week 10**
**Lecture Topic:** Reflection on Course so far – Small Group Work -- David Burman

**Lecture Learning Objectives:**
- Review of course highlights
- Discussion of unresolved issues
- Update of group process
- Small group work

**Week 11**
**Lecture Topic:** Indigenous political action – the continuation of Idle No More and other decolonizing movements. – Susan Blight MFA, filmmaker, Indigenous rights activist, First Nations House staff

**Lecture Learning Objectives:**
- Ongoing effects on Aboriginal peoples of government policies since Confederation - the legacy of Duncan Campbell Scott
- The rise of resistance as exemplified by Idle No More and decolonizing movements world wide
- Women and youth as emergent leaders of resistance

Indigenous resurgence in the urban areas

**Week 12**
**Lecture Topic:** Public Policy and its Effect on the Health of Aboriginal People - David Burman

**Lecture Learning Objectives:**
- Royal proclamation (1763) and treaty signing
- Colonialism, dependency and health care - from neglect to paternalism; from separation to assimilation
- Review of the Canadian Health Care System as it pertains to Indigenous peoples
- Native Health Services: Program development, jurisdiction, funding, structure, and delivery
- Federal and provincial responsibilities for Indigenous health care
- Health Transfer: control or self-government
- Implications of the Truth and Reconciliation Commission on Aboriginal Health Services

**Week 13**
**Lecture Topic:** Conclusion, Evaluation and Celebration - David Burman

**Lecture Learning Objectives:**
- Participation, empowerment and positive health promotion
- Pharmacists and other professionals as primary health care providers
- Integration of course experience - pulling the threads together
- How related to present and future learning
- Formal and informal course evaluation
- Acknowledgement of shared experience.
- Marking change of season.
- Putting philosophy into practice.

8. Assessment Methodologies Used:

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Course Learning Objectives Addressed</th>
<th>Assessment Method Used</th>
<th>Percent of Course Grade</th>
<th>For Group Work: Individualized or same mark for all group members</th>
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<tbody>
<tr>
<td>☒ Assignment</td>
<td>practical application of students’ personal stories to understanding intergenerational antecedents to case analysis</td>
<td>Your Story</td>
<td>15%</td>
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<td>☐ Presentation</td>
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<td>☐ Participation</td>
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<td>☐ Final Exam</td>
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<td>☒ Assignment</td>
<td>students deepen their understanding of the case material and follow their own interest strategically for completion of the case assignment</td>
<td>Book review/ Annotated literature review</td>
<td>15%</td>
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<td>☒ Assignment</td>
<td>Through the interdisciplinary analysis of the given case students develop empathy and broad systems approach to the determinants of health and potential recovery from historical trauma associated with colonialism. Peer evaluation and personal reflections help develop effective group process</td>
<td>Case study:</td>
<td>45%</td>
<td>Since only a small percentage of the total grade is allowable for group assignments, the proportion of the grades attributed to each assignment are skewed in relation to the amount of time and effort expected for each. Essentially the entire grade is the “case” assignment broken into component parts.</td>
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<td>☒ Assignment</td>
<td>reflections allow students to consolidate in-class learning and to integrate the assigned and supplementary readings into their learning</td>
<td>- Class reflections: 5 [3% each] (15% total)</td>
<td>25%</td>
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Expectation for pass grades for all Pharmacy courses is 60%

9. Policy and procedure regarding late assignments/examinations/laboratories:

Without prior arrangement or medical certificate, late submission of assignments will be subject to a penalty of 5% per day after the due date to a maximum of 20%.
10. Policy and procedure regarding missed assignments/examinations/laboratories:

Upon presentation of a medical certificate, the student will be given an assignment equivalent to the assignment missed.

11. AFPC Education Outcomes addressed (check all those that apply):

- Refer to [AFPC Educational Outcomes for Professional Programs](#) for further information about the role and key competencies.

As Care Providers, pharmacy graduates:

**CP1 – Practice within the pharmacist scope of practice and expertise**

- **CP1.1** Apply knowledge from the foundational sciences to make decisions relevant to the contemporary and evolving scope of pharmacist practice;

- **CP1.2** Integrate AFPC Communicator, Collaborator, Leader-Manager, Health Advocate, Scholar, and Professional roles in their practice of pharmacy;

- **CP1.3** Recognize and respond to the complexity, uncertainty and ambiguity inherent in pharmacy practice;

- **CP1.4** Explain the benefits, risks and rationale associated with pharmacist-provided care as an important step in obtaining and documenting consent to pharmacist care;

- **CP1.5** Recognize and take appropriate action when signs, symptoms and risk factors that relate to medical or health problems that fall into the scope of practice of other health professionals are encountered.

**CP2 – Provide patient-centred care**

- **CP2.1** Collect, interpret, and assess relevant, necessary information about a patient's health-related care needs;

- **CP2.2** Formulate assessments of actual and potential issues and in collaboration with the patient and other health team members as appropriate, prioritize issues to be addressed in a given patient encounter;

- **CP2.3** Create and document plans in collaboration with the patient and other health team members as appropriate, and make recommendations to prevent, improve or resolve issues;

- **CP2.4** Implement plans in collaboration with the patient and other health team members as appropriate, including:
  - CP2.4.1 obtaining consent
  - CP2.4.2 making a referral or consulting others
  - CP2.4.3 adapting, initiating, renewing/continuing, discontinuing or administering medication as authorized
CP2.4.4a dispensing and/or
CP2.4.4b compounding and/or
CP2.4.4c delegating/authorizing such tasks to others appropriately
CP2.4.5 engaging the patient or care-giver through education, empowerment and self-management, and
CP2.4.6 negotiating the role of pharmacy and non-pharmacy team members in continuity and transitions of care.

☐ CP2.5 Follow-up by monitoring, evaluating progress toward achievement of the patient’s goals of therapy, adjusting plans in collaboration with the patient and health team members across the care continuum.

CP3 – Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety

☒ CP3.1 Recognize and respond to harm and potential harm from health care delivery, including patient safety incidents;

☒ CP3.2 Adopt strategies that promote patient safety and address human and system factors;

As Communicators, pharmacy graduates:

CM1 – Communicate in a responsible and responsive manner that encourages trust and confidence

☒ CM1.1 Select and use oral, non-verbal and written communication strategies (tools, techniques, technologies, etc.) effectively so that the patient’s best interests are foremost;

☒ CM1.2 Provide timely, clear responses that are tailored to the context and audience;

☐ CM1.3 Express facts, evidence, opinions and positions accurately and effectively, with clarity and confidence;

☒ CM1.4 Listen, actively solicit and respond appropriately to ideas, opinions and feedback from others;

☒ CM1.5 Use language, pace, tone, and non-verbal communication that is suitable for:

   a) the intended outcomes of the communication, and
   b) the complexity, ambiguity, urgency and/or difficulty of a situation, conversation or conflict

☒ CM1.6 Seek and synthesize relevant information from others in a manner that ensures common understanding and where applicable, clarifies and secures agreement and/or consent;

☐ CM1.7 Compose and share oral, written, and electronic information in a manner that optimizes patient safety, dignity, confidentiality, and privacy.

CM2 – Communicate in a manner that supports a team approach to health promotion and health care
☒ CM2.1 Engage in respectful, empathetic, compassionate, non-judgmental, culturally safe, tactful conversations with patients, communities, populations, and health team members;

☒ CM2.2 Demonstrate awareness of the impact of one’s own experience level, professional culture, biases and power and hierarchy within the health team on effective working relationships, communication and conflict resolution with health team members and adapt the approach to the situation appropriately;

☐ CM2.3 Demonstrate accuracy and appropriateness of communication as well as respect for the role of other health team members when disclosing information about harmful or potentially harmful situations;

☒ CM2.4 In word and in action, convey the importance of teamwork in patient-centred care, patient safety, health care quality improvement and health program delivery.

As Collaborators, pharmacy graduates:

CL1 – Work effectively with members of the health team including patients, pharmacy colleagues and individuals from other professions

☒ CL1.1 Establish and maintain positive relationships;

☒ CL1.2 Recognize, respect and negotiate the roles and shared/overlapping responsibilities of team members;

☒ CL1.3 Join with others in respectful, effective shared decision-making.

CL2 – Hand over the care of the patient to other pharmacy team members and non-pharmacy team members to facilitate continuity of safe patient care

☐ CL2.1 Determine when and how care should be handed over to another team member;

☐ CL2.2 Recognize, respect and honour the negotiate shared and overlapping responsibilities of patients, pharmacy team members and other health members when handovers occur;

☐ CL2.3 Demonstrate safe handover of care, using oral, written, and electronic communication, during a patient transition to a different care provider or setting.

As Leader-Managers, pharmacy graduates:

LM1 – Contribute to optimizing health care delivery and pharmacy services

☒ LM1.1 Work with others to apply quality improvement strategies and techniques to optimize pharmacy care;

☒ LM1.2 Contribute to a culture of patient safety;

☐ LM1.3 Confirm the quality, safety, and integrity of products;
LM1.4 Use health informatics to improve the quality of care, manage resources and optimize patient safety.

**LM2 – Contribute to the stewardship of resources in health care systems**

☐ LM2.1 Apply evidence and management processes to achieve cost appropriate care;

☒ LM2.2 Allocate health care resources for optimal patient care;

☐ LM2.3 Contribute to the management of finances and health human resources in pharmacy practice settings;

**LM3 – Demonstrate leadership skills**

☒ LM3.1 Demonstrate leadership skills to enhance pharmacy practice and health care.

**LM4 – Demonstrate management skills**

☐ LM4.1 Work with others to apply the principles of effective management and supervision of health human resources and medication use systems;

☒ LM4.2 Use effective strategies to manage and improve their own practice of pharmacy.

As **Health Advocates**, pharmacy graduates:

**HA1 – Respond to an individual patient’s health needs by advocating with the patient within and beyond the patient care environment**

☒ HA1.1 Work with patients to address determinants of health that affect them and their access to needed health services or resources;

☒ HA1.2 Work with patients to increase opportunities to adopt healthy behaviours;

☒ HA1.3 Incorporate disease prevention, health promotion and health surveillance into interactions with individual patients.

**HA2 – Respond to needs of communities or populations they serve by advocating with them for system-level change in a socially accountable manner**

☒ HA2.1 Work with community or population to identify the determinants of health that affect them;

☒ HA2.2 Participate in health promotion and disease prevention programs.

As **Scholars**, pharmacy graduates:

**SC1 – Apply medication therapy expertise to optimize pharmacy care, pharmacy services and health care delivery**
SC1.1 Use knowledge and problem-solving to arrive at recommendations and decisions that are appropriate, accurate, and practical;

SC1.2 Use professional experience to solve routine, previously encountered problems;

SC1.3 Use established decision-making frameworks and apply learning required to manage new situations and problems.

**SC2 – Integrate best available evidence into pharmacy practice**

☐ SC2.1 Generate focused questions related to needs for information, recommendations and decisions in practice;

☒ SC2.2 Use systematic approaches in the search for best available evidence;

☒ SC2.3 Critically appraise health-related research and literature;

☒ SC2.4 Incorporate best available evidence in the decision-making process.

**SC3 – Contribute to the creation of knowledge or practices in the field of pharmacy**

☐ SC3.1 Apply scientific principles of research and scholarly inquiry;

☒ SC3.2 Apply ethical principles that underlie research and scholarly inquiry.

**SC4 – Teach other pharmacy team members, the public and other health care professionals including students**

☐ SC4.1 Provide effective education to others;

☐ SC4.2 Employ appropriate teaching roles when teaching others;

☒ SC4.3 Deliver effective feedback in teaching and learning situations;

☐ SC4.4 Use appropriate learning assessment and evaluation strategies when working with patients, team members, students and teachers.

As **Professionals**, pharmacy graduates:

**PR1 – Committed to apply best practices and adhere to high ethical standards in the delivery of pharmacy care**

☒ PR1.1 Exhibit professional behaviour whether face-to-face, in writing, or via technology-enabled communication. Professional; behaviour includes, but is not limited to:

a) demonstrating honesty, integrity, humility, commitment, altruism, compassion, respect for diversity and patient autonomy;

b) being accessible, diligent, timely and reliable in service to others;

c) abiding by the principle of non-abandonment;
d) maintaining appropriate interpersonal boundaries;

e) maintaining professional composure, demeanor, and language even in difficult situations, and;

f) maintaining privacy and confidentiality;

PR1.2 Use ethical frameworks as one component of professional judgment;

PR1.3 Recognize and respond to situations presenting ethical dilemmas, including conflicts of interest;

PR1.4 Engage in activities that:

a) protect the public, and;

b) advance the practice of pharmacy.

PR2 – Able to recognize and respond to societal expectations of regulated health care professionals

PR2.1 Take responsibility and accountability for actions and inactions;

PR2.2 Demonstrate a commitment to patient safety and quality improvement;

PR2.3 Honour the laws, ethical codes, and regulatory requirements (by-laws, standards, policies) that govern the self-regulated profession of pharmacy;

PR2.4 Demonstrate an understanding of federal, provincial/territorial, and municipal laws, policies and standards that apply to pharmacy workplaces;

PR2.5 Demonstrate an ability to maintain competence to practice through evaluating areas for improvement and planning, undertaking learning activities to address limitations in competence and/or performance and incorporating learning into practice;

PR2.6 Identify and respond to unprofessional, unethical, and illegal behaviours in pharmacists, other pharmacy team members, and other health professionals.

PR3 – Committed to self-awareness in the management of personal and professional well being

PR3.1 Set professional and personal goals, priorities, and manage their time to balance patient care, workflow, and practice requirements;

PR3.2 Examine, reflect upon, and manage personal attributes (knowledge, skills, beliefs, biases, motivations, emotions, etc.) that could influence self-development and professional performance;

PR3.3 Adapt their practice of pharmacy to fulfill evolving professional roles;

PR3.4 Recognize and respond to self and colleagues in need.