Student Engagement with Indigenous Rights holders on Queen's Health Sciences' Inclusive Curriculum Model: Final Report

REPRESENTATION RETISSAGE) 3000 RETISSAGE) 3000 RETISSAGE) AND ALL COMMITMENT ACCESSIBILITY COMMITMENT ACCESSIBILITY COMMITMENT ACCESSIBILITY

Studentship recipients: Pauline Gaprielian and Benjamin Carroll

External contractor: Sareena McDonald (Alum)

Time period: Spring 2022 – Summer 2023

Land Acknowledgement

Queen's University is situated on traditional Anishinaabe and Haudenosaunee Territory and we acknowledge the significance of this territory to their past, current, and future lifeways, spirituality, and ongoing relations. This report serves as a call to action for the inclusion of Indigenous Elders and Rights holders regarding curriculum change in Queen's Health Sciences.

The authors of this report are settlers who produced much of this work together virtually from their communities and we wish to acknowledge those on whose traditional land in which we work and live:

SM lives in the traditional territory of the Akwesasne Mohawk, Haudenosaunee, and Huron-Wendat. This territory is part of the Upper Canada Treaties.

PG lives on Anishinaabe Mississauga territory, adjacent to The Mississauga's of Scugog Island First Nation and in the territory covered by the Williams Treaty.

BC lives on un-ceded Anishinaabe Algonquin territory.

We also acknowledge the wider Indigenous communities who come together at Queen's University, in the Kingston region, and in our home communities: the Métis, Inuit, other First Peoples from across Turtle Island, as well as global Indigenous peoples.

General Acknowledgements

This studentship has been an incredibly rewarding opportunity for the three of us. We have many people to thank but especially the Elders and Indigenous Rightsholders for entrusting us with their stories, knowledge, and insights into Indigenous education. In particular, Al Doxtator and Sarah Funnell demonstrated to us the mentorship they were calling for in their feedback. Lindsay Brant at the Centre for Teaching and Learning has been so generous with her time, her knowledge, and her Pedagogy of Peace model. We are very grateful for your time and guidance. Niawen'kó:wa and Chi Miigwetch to you all.

We would like also to like to thank Elizabeth Eisenhauer, Innovation Lead at Kingston Health Sciences Centre as well as the Departments of Surgery and Anesthesiology & Perioperative Medicine, and the Bachelor of Health Sciences program for generously providing the funding for the EDIIA studentship program. We particularly appreciate the interprofessional aspect of this funding opportunity.

Many thanks to Queens Health Sciences Office of EDIIA for selecting and mentoring us through our project, especially Giselle Valarezo and Colleen Davidson. Lastly, thank you to our colleagues from the DAT-EDIIA committee, in particular Dean Philpott for envisioning it all and Natalie Wagner and Anna Couch for their willingness to volunteer to recollect, troubleshoot and/or show up when asked. We are looking forward to continuing EDIIA work either at Queen's (BC) or in our professional lives (PG & SM).

Executive Summary

The Inclusive Curriculum Model prototype has been designed to serve as a framework for key equity, diversity, inclusion, Indigeneity, and accessibility (EDIIA) principles and competencies by the curriculum working group (CWG) of the Queen's Health Science (QHS) Dean's Action Table (DAT)— equity, diversity, inclusion, Indigeneity, and accessibility (EDIIA) committee. The model uses Indigenous symbolism and ways of knowing adapted from Lindsay Brant's Pedagogy of Peace Indigenous Curriculum Framework.

Indigenous Rights holders apart from Lindsay Brant were not substantively included in the development of the Inclusive Curriculum Model. The report authors are three student/alum members of the Curriculum Working Group. We undertook consultations on the model with Indigenous Rights holders and Non-Indigenous stakeholders as part of a studentship grant offered by the equity, diversity, inclusion, Indigeneity, and accessibility (EDIIA) office of Queen's Health Sciences (QHS).

The **project goals** were twofold. To conduct culturally humble community engagement with Indigenous Rights holders and non-Indigenous stakeholders:

- To determine if the Curriculum Working Group (CWG) had avoided misappropriation of the symbolism and knowledge used to develop the model and
- To learn how to avoid misusing Indigenous knowledge as the model is implemented in curriculum change across Queen's Health Sciences (QHS).

Our recruitment process involved individually emailing and meeting with Indigenous Rights holders and non-Indigenous stakeholders to discuss our aims and personally extend an invitation to a workshop. We met with five students, three members of our working group, two Elders, six staff, two faculty and one community leader. On the day of the workshop, we met with one attendee, an Elder, Al Doxtator from the Queen's Office of Indigenous Initiatives. Absent contacts had expressed interest in participating in the conversation, so we developed an online knowledge sharing module and feedback tool. However, we received no responses to that document.

The findings in this report discuss the feedback our group received with Indigenous Non-Indigenous stakeholders and Rights holders. These conversations provided us with valuable teaching about how to appropriately engage Indigenous Rights holders and non-Indigenous stakeholders on the Inclusive Curriculum Model development and on future curricular change.

The **key teachings** of our participants:

- Engagement with Indigenous Rights holders and non-Indigenous stakeholders should not be
 focused on discrete expedient outcomes such as soliciting feedback particularly when seeking
 input on such a substantive topic as decolonizing the curriculum and reducing that substantive
 process to a model.
- Such relations should be ongoing mutually valuable collaborations occurring over a long period of time.

The **key recommendation** of our participants and this studentship group is that:

Queen's Health Sciences (QHS) and the Office of equity, diversity, inclusion, Indigeneity, and
accessibility (EDIIA) should foster on-going, genuine collaborative relations with Indigenous
Rights holders and non-Indigenous stakeholders during the implementation of the Inclusive
Curriculum Model in Indigenizing and decolonizing the curricula.

Table of Contents

Land Acknowledgemer	t	2
General Acknowledgen	nents	2
Executive Summary		. 3
Abbreviations		5
List of Figures		5
List of Tables		5
Introduction Background		6 8
Methods and Results Engagement Ti Phase 1: Under Phase 2: Doing Phase 3: Honor Elder to Phase 4: Know	rstandinguringeachings	10 10 11 12 13 14
Discussion Strengths and	Limitations	16 17
Recommendations		18
Conclusion		19
References		. 21
Appendices Appendix A Appendix B Appendix C Appendix D Appendix E Appendix F Appendix G Appendix H Appendix I	Application to Studentship Initial Budget Imagery Symbolism in Inclusive Curriculum Model Contacts & Participants Early Engagement Power Point Drafts Invitation Email Power Point Slides & Notes for Live Workshop Posters & Abstracts, International Congress of Nurses Congress Online Inclusive Curriculum Module & Transcript	33 . 35 . 38 . 40 . 43 . 44 . 60
Appendix J	Inclusive Curriculum Module Feedback Package	92

Abbreviations

ВС	Benjamin Carroll					
CIHR	Canadian Institutes of Health Research					
CWG	Curriculum working group					
DAT-EDIIA	Deans Action Table on Equity, Diversity, Indigeneity, Inclusion, Accessibility					
ICM	Inclusive Curriculum Model					
ICN	International Council of Nurses					
OCAP	Ownership Control Access Possession					
PG	Pauline Gaprielian					
QHS	Queen's Health Sciences					
SM	Sareena McDonald					
UNDRIP	United Nations Declaration on the Rights of Indigenous Peoples					
List of Figu	res					
Figure 1.	Queen's Health Sciences Inclusive Curriculum Model	7				
Figure 2.	Pedagogy of Peace Model	8				
Figure 3.	Engagement Timeline	10				
Figure 4.	Forum Poster	13				
Figure 5.	International Council of Nurses Congress E-Poster – Studentship	15				
Figure 6.	International Council of Nurses Congress E-Poster – DAT-EDIIA	16				
List of Tabl	es					
Table 1.	Initial Budget (Appendix B)	3				
Table 2.	Project Contacts (Appendix D)	8				

Project Participants (Appendix D)

Table 3.

Introduction

This report summarizes the project designed in response to an open call for a studentship funded by Queen's Health Sciences (QHS¹) to support the Dean's Action Table for equity, diversity, inclusion, Indigeneity, and accessibility (DAT-EDIIA). We undertook this work as settler graduate students from the Schools of Medicine and Nursing who have been members of the Deans Action Table on Equity, Diversity, Indigeneity, Inclusion, Accessibility curriculum working group (CWG). The findings and recommendations of this report have been included in Goal 15: Curriculum in the final Dean's equity, diversity, inclusion, Indigeneity, and accessibility (EDIIA) Action Plan (QHS, 2023, p. 22).

Our aim was to further the development of the Inclusive Curriculum Model (ICM) prototype designed to serve as a framework for key equity, diversity, inclusion, Indigeneity, and accessibility (EDIIA) curricular principles and competencies (Figure 1). The Inclusive Curriculum Model (ICM) uses Indigenous symbolism and knowledges. Our goal was to establish if the Indigenous symbolism and knowledges used in the model had not been misappropriated and misused.

Our main questions were:

Did we create a model that has and will continue to honour its sources?

Did we misappropriate Indigenous knowledge for our own ends?

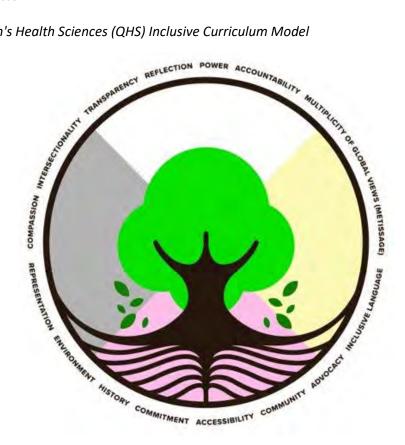
How can we ensure authentic use of the model going forward?

The initial proposal and budget (Appendix A & Appendix B) sought to conduct culturally humble² (Foronda, 2020; Foronda et al., 2022) community engagement with Indigenous community members of the Kingston, Ontario region as well as those working at or affiliated with Queen's University. We hoped to engage this group of Indigenous Rights holders³ regarding the adaptation of Indigenous frameworks and imagery included in the Inclusive Curriculum Model prototype created by the Curriculum Working Group and proposed at the first equity, diversity, inclusion, Indigeneity, and accessibility (EDIIA) Forum in 2021 (CWG, 2021).

1. Following the guidance of Joseph & Joseph (2019, p. 115-116), in the interests of clarity and accessibility we are intentionally avoiding use of acronyms in the text but include them here as they are used in materials created prior to the writing of the report (i.e.: materials in the appendices).

- Cultural humility: "... concept to be used by healthcare providers to enable cultural safety. It is a process of self-reflection, to understand bias and build respectful approaches and relationships rooted in mutual trust. Cultural humility involves an awareness of oneself as a learner in relation to understanding someone else's experiences" (Public Health Agency of Canada, 2019, p. 48; See also First Nations Health Authority, 2019, Foronda, 2020; Foronda et al., 2022).
- 3. Indigenous Rights holders and non-Indigenous stakeholder: "Stakeholder' is a blanket term used to describe an individual, group, or organization that stands to be affected by the outcome of a project. Aboriginal Title was first recognized by King George III in the Royal Proclamation of 1763, yet Aboriginal Peoples continue to struggle to have their constitutionally protected rights recognized. They are 'Rights' and 'Title' holders not 'stakeholders' so avoid this term at all costs" (Joseph & Joseph, 2019, p. 123).

Figure 1. Queen's Health Sciences (QHS) Inclusive Curriculum Model



After successful application to the studentship, we met with leaders and mentors from the equity, diversity, inclusion, Indigeneity, and accessibility (EDIIA) office, Giselle Valarezo, PhD, Program Manager, and Colleen Davidson, PhD, Associate Dean, equity, diversity, inclusion, Indigeneity, and accessibility (EDIIA). Following their advice, we narrowed our scope to engaging Indigenous student, staff, and faculty Rights holders on Queen's campus as well as those Indigenous Rightsholders affiliated with the Deans Action Table on equity, diversity, inclusion, Indigeneity, and accessibility (DAT-EDIIA) or Queen's Health Sciences (QHS) from outside of Queen's. We also decided to include any student, staff or faculty settler or non-Indigenous stakeholders with deep engagement with Indigenous communities through their research, clinical, or professional work.

Background

The Inclusive Curriculum Model adapts the Pedagogy of Peace model of the Pedagogy of Peace Indigenous Curriculum Framework, developed by Lindsay Brant, Med. PhD (student), an Indigenous curriculum developer at Queen's (Figure 2; Brant, 2022a; Brant & Morcom, n.d.). In this model she uses the imagery from her ancestry and teachings: the Haudenosaunee Tree of Peace and the Anishinaabe Medicine Wheel (Chen & Brant, 2022). The Curriculum Working Group did consult with Brant in adapting her model from the framework which is generously made available by Brant & Morcom (n.d.) under a creative commons license (CC-BY-NC-SA-ND). While Brant and Morcom are Indigenous, and their work stems from teachings they have received, Brant is clear in her work that she is not an elder and is learning about much of this material as the model evolves (Brant, personal communication; Chen & Brant, 2022, 5:41-8:00 minutes).

Engagement with Indigenous Rights holders on the use of Indigenous imagery is crucial to the development of a truly inclusive curriculum model. Ideally, such consultation from Indigenous Rights holders would have been undertaken during the initial model development by the Curriculum Working Group. This oversight was highlighted in feedback from the Deans Action Table on Equity, Diversity, Indigeneity, Inclusion, Accessibility Forum (DAT-EDIIA; Curriculum Working Group, 2021). At minimum, the studentship consultation with Indigenous Rights holders and non-Indigenous stakeholders about this prototype was to establish if we were participating in continued settler appropriation of Indigenous culture by using these symbols.

We hoped to develop relationships to support guidance on balancing appropriate use of Indigenous imagery with a need to communicate the metaphor and meaning of the equity, diversity, inclusion, Indigeneity, and accessibility (EDIIA) concepts the Inclusive Curriculum Model is meant to convey. We sought to adapt the Inclusive Curriculum Model in any way needed to meet the needs and expectations of Queen's Health Sciences (QHS) Indigenous Rights holders and settler students, staff, and faculty non-Indigenous stakeholders as well as the Indigenous Rights holders comprised of people and surrounding communities served by Queen's Health Sciences (QHS).

Figure 2. Pedagogy of Peace Model



Note: Pedagogy of Peace Model (Brant, 2022a) from the Pedagogy of Peace Indigenous Curriculum Framework (Brant & Morcom, n.d.; Creative Commons License CC-BY-NC-SA-ND)

We planned our work, along with the methods and results of our studentship, to align with the following themes from Brant and Morcom's Indigenous Curriculum Framework (Brant, 2022b; Brant & Morcom, n.d.) which are also central to the Inclusive Curriculum Model (Appendix A):

Phase 1: Understanding - reflective, cognitive, intellectual, emotional, socially reciprocal

This phase includes nurturing a good mind by developing good social skills, challenging what is already known, and examining personal biases and privilege (Brant, 2022b).

Phase 2: Doing - cultural responsiveness, connection, building, sharing:

This phase is research oriented, focused on building strength practices, and creating in a culturally responsive manner (Brant, 2022b).

Phase 3: Honouring - nurturing, contextualizing, interconnecting, respecting, sustaining:

Nurturing relationships to self, others, and environment; promoting sustainability; solutions and future oriented; persistence of own efforts and reciprocity in relations with others and environment (Brant, 2022b)

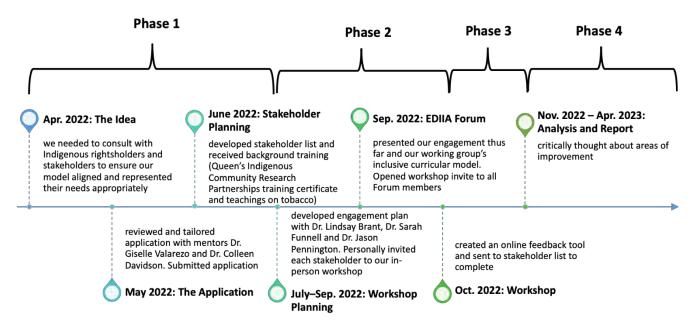
Phase 4: Knowing - holistic synthesizing, developing, integrating:

This phase brings it all together: Intercultural competence in relations to others, social responsibility and community engagement, collaboration, interconnectedness of self, others, and environment (Brant, 2022b). These syntheses bring about new insights, understanding and questions to be understood which restart the process.

Methods and Results:

The results that we were able to find throughout this project will not be a summary of the feedback received by respondents, rather these results will reflect the comments by the student and alum researchers. Most of the Indigenous community members we spoke with were of various First Nations. We did not find or speak with anyone who identified as Metis or Inuit community members. We did speak with one non-Indigenous stakeholder community member who is engaged in clinical practice in Nunavik, northern Quebec.

Figure 3. Engagement Timeline



Mirroring our plan (Appendix A), we mapped the work of our studentship as it unfolded -- methods, outreach to participants, data collection, results, analysis, and dissemination -- to align with Brant and Morcom's Indigenous Curriculum Framework (Brant, 2022b; Brant & Morcom, n.d.) and the Inclusive Curriculum Model themes.:

Phase 1: Understanding - Reflective, Cognitive, Intellectual, Emotional, Socially Reciprocal

This phase includes nurturing a good mind by developing good social skills, challenging what is already known, and examining personal biases and privilege (Brant, 2022b).

We reviewed our application and budget (Appendix A & B) with mentor and program director Giselle Valarezo of the equity, diversity, inclusion, Indigeneity, and accessibility (EDIIA) Initiatives office. We also had the mentorship support of Assistant Dean Davidson in advising the direction of our project. With their guidance we tailored the project's scope to Queen's affiliated Indigenous Rights holders and those settlers with deep connection to Indigenous people through their research, clinical, or professional

work. We reached out to Indigenous faculty, Elders, staff, students, subject matter experts and community leaders we hoped to engage with during our consultations.

In preparation for our engagement, we re-connected with Lindsay Brant and reviewed her process of ongoing development of the Pedagogy of Peace model, received her feedback on the Curriculum Working Group (CWG) adaptation of her model, and her feedback on our initial ideas and drafts for outreach and consultation with Indigenous Elders (Figure 2). Next, BC reconnected with Lindsay Wagner and Anna Couch, Curriculum Working Group (CWG) members to compile their recollections with ours regarding the development and meaning of the symbolism in the Inclusive Curriculum Model (Appendix C) as presented in the first Forum presentation for the Curriculum Working Group (CWG 2021). BC and PG acquired the Queen's Indigenous Community Research Partnerships training certificate (Queen's Office of Indigenous Initiatives, 2022). Finally, SM attended a Queen's Office of Indigenous Initiatives Indigenous Elders series talk on tobacco to better understand the cultural use of tobacco and how to honor these traditions in a virtual space. Indigenous Elders from Queen's University responded to this question by stating that it's always best to ask the individual Rights holder you will be engaging. The Elders also suggested that burning tobacco on camera, sending tobacco through the mail, or waiting for the next in-person encounter would be acceptable ways to show your appreciation.

In undertaking this work, we reviewed and considered our ethical responsibilities. We recognized that we were conducting interviews with people with varied intersectional identities from equity deserving groups with and/or without extended community resources. Our inexperience in engagement with Indigenous people risked a power differential between us and Rights holders. While this initiative does not require a formal ethics review as it is considered a quality review, we wanted to ensure that our work adhered to several different ethical guidance documents. We reviewed First Nations principles of ownership control, access, and possession (OCAP; First Nations Governance Centre, 2022) and Queen's guidelines (Queen's GREB, 2021) as well as Indigenous (Assembly of First Nations, n.d.), health (Ball & Janyst, 2008), and systems (Canadian Institutes of Health Research [CIHR], 2013) ethical guidance, documents.

Phase 2: Doing - Cultural Responsiveness, Connection, Building, Sharing:

This phase is research oriented and focused on practices and creating in a culturally responsive manner (Brant, 2022b).

We asked our initial mentors and collaborators for names and suggestions for who to connect with (Appendix D) and gathered and reviewed literature to enhance our understanding about how to conduct a meaningful and equitable engagement with multiple Indigenous Rights holders (Jull et al., 2018; Jull et al., 2020; Petkovic et al., 2020). We reviewed decolonizing methodologies (Joseph, 2019; Smith, 2012), white supremacy culture (Beagan, 2020; Grenier, 2020; Kendi, 2019; Okun, 2021; Pooley & Beagan, 2021), and Two-eyed seeing (Bartlett et al., 2012; Jeffery et al., 2021). We also reviewed important Indigenous reconciliation documents at various levels. These include but are not limited to:

Professional guidance from disciplines in Queen's Health Sciences (QHS; Aboriginal Nurses
Association of Canada, 2009; Canadian Association of Schools of Nursing, 2013; College of
Physicians and Surgeons of Canada, 2022; Canadian Physiotherapy Association, 2013; Canadian

- Association of Occupational Therapists, 2019; Canadian Public Health Association), and from the Provincial Government (Ministry of Health and Long-Term Care, 2018),
- Guidance to understand the local contexts of Queen's (Queen's Truth and Reconciliation Commission Task Force, 2016) and of Kingston (Brennan, 2015),
- Major national reconciliation reports (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a & 2019b; Truth and Reconciliation Commission of Canada, 2015), and
- The UN declaration on the rights of Indigenous Peoples (UNDRIP; UN General Assembly, 2007)

We developed a new plan with the feedback from initial participants, Brant, Pennington, and Funnell (Appendix D) for engaging with Indigenous Elders. This was less oriented to our comfort area of a virtual power point presentation (Appendix E) and instead included having a virtual tea session, meeting one on one (Appendix F) then extending an invitation to an in-person working/sharing circle (Appendix G). We planned to meet with Indigenous Rights holders and non-Indigenous stakeholders in two stages:

- 1. Meeting initially with us at their convenience virtually or on the phone in August or September. This allowed us to introduce ourselves, learn more about them, and to briefly introduce the studentship model and tool.
- 2. Attending a feedback circle / workshop event on Queen's University campus on Friday, 14 October 2022 to further explore and understand:
 - traditional ways of knowing in the curricula by listening and learning from the Elders and Indigenous collaborators invited and
 - whether our model and tool support decolonization and Indigenization through the integration of Traditional ways of knowing.

Phase 3: Honouring - Nurturing, Contextualizing, Interconnecting, Respecting, Sustaining:

Nurturing relationships to self and others and environment, promoting sustainability, solutions and future oriented, persistence, reciprocity (Brant, 2022b)

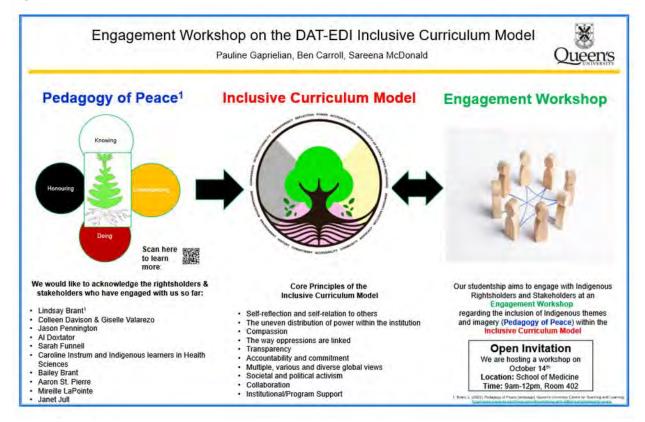
We met individually with the Elders, Indigenous Rights holders, and non-Indigenous stakeholders to outline our aims, the Inclusive Curriculum Model, and personally invite them to our workshop, if they were interested in participating. At each meeting we had 2-3 members from our team present. We met with five students, three members of our working group, two Elders, six staff, two faculty and one community leader (Appendix D).

• **Key finding**: "...it's about taking the time to understand" Al Doxtator, Elder. In our project, we were three students conducting sporadic engagement focused on our needs on a one-year studentship. This is not suitable for fostering ongoing, mutually valuable collaborations with Indigenous Rights holders. Of the individuals we spoke to 1:1 each was clear that they want to engage with the same folks, in a genuine way, collaboratively over a longer period. Our project didn't allow enough time for us to develop trust and community prior to engaging with people.

Promoting sustainability continued as we presented at the Deans Action Table on Equity, Diversity, Indigeneity, Inclusion, Accessibility forum. We extended the invite (Appendix F) to our workshop at the

forum for those who were interested in taking part via our poster (Figure 4). This attracted the interest of one curriculum working group (CWG) member who said they would attend.

Figure 4. Forum Poster



The response from the first email soliciting interest was fair (Appendix D) and respondents were open to meeting 1:1. We were planning to host an in-person workshop, however, the response to the workshop meeting invitation was poor. Some people responded that they might be able to attend, others provided us with apologies, and many did not respond. Due to lack of interest or the inability for people to attend at the time given we cancelled the event. We received only one RSVP from an Elder, one informal RSVP from a Curriculum Working Group (CWG) member and an email from one faculty non-Indigenous stakeholder who requested a follow up conversation with how the workshop went.

Elder Teachings

Instead, we hosted the virtual workshop at which there was one attendant; our second opportunity to learn from Al Doxtator. We found the relationship that was built just between two meetings was positive and felt like it could be continued, if not for PG and SM graduating. These conversations were extremely rewarding for the three of us. A summary of Al's teaching based on notes from the meeting follows with statements supporting the main questions, key teachings, and key recommendations of this report highlighted in bold:

Al continued the teaching he began at our 1:1 meeting about the teachings of the 7 teachings (Anishinaabe) / 7 grandfathers (Haudenosaunee). He described from his own experiences in post-secondary education, how the colonial approach to Indigenous content in school is not the actual Indigenous way. It is just used to further suppress people. He said,

"Our stories sound unbelievable, and they become 'myths'. Our truth is overlooked.... Our people have been so colonized so that they can't even believe our own stories... All of us were living our own ways, we were given separate paths by creation... It is not about believing; it is about taking the time to understand.... What does it take to make change? What does it take for the colonizers to understand that there is another way of being? To learn about Indigenous people before acting is something that the first colonizers did not do. We should never want to force teaching or ways onto people... The roots of the Tree of Peace go out to the world. Anyone has the ability to connect [to others and to the naturalness] of giving respect to all people.... The tap root goes out to history. You have to know this and know yourself through the 7 teachings first. You have to apply it to yourself first before you can hand it off to other people. If you don't know, go, and learn what you don't know so then you will know. But you shouldn't talk about something if you don't have the understanding". (Al Doxtator, personal communication, Oct 14, 2022).

He has come to understand through his post-secondary education and work as a social worker that so much of our work in health care or social service work really comes down to "How would you like to be treated?" And "Is that how you treat people?" He made that connection to this work with the Inclusive Curriculum Model as well. He was concerned that while he understands the model well from his perspective, he wonders how that will work with non-Indigenous people's understanding? Will the time be given to truly understand the model and the meanings behind the imagery? He gave the example of honouring being a two-edged sword: you can honour something or someone in a balanced way of reciprocal respect or you can do it in some way to put yourself on a pedestal.

He suggested further and ongoing conversation with us as well as with Lindsay Brant was necessary. We clarified that he meant both the three of us (BC, PG, SM) specifically as well as with the equity, diversity, inclusion, Indigeneity, and accessibility (EDIIA) office/Queens Health Sciences (QHS) generally regarding decolonizing the curriculum and including Indigenous content.

He feels the best way is to meet in person. "If they have the paper version of what I will say, they won't listen, they won't know it is coming from the heart."

Phase 4: Knowing - holistic synthesizing, developing, integrating:

Intercultural competence, social responsibility and community engagement, collaboration, interconnectedness (Brant, 2022b).

Post-workshop data collection

Due to the low turnout at the virtual workshop, and the reasons cited by people for not attending, we formulated a plan to create an online Inclusive Curriculum Model feedback sharing module (Appendix I) and feedback tool (Appendix J). The online module was created using Articulate® Storyline and a domain URL already in possession of one of the team members (https://dswmentalhealth.ca/inclusive-curriculum-model-feedback/). We sent all Indigenous Rightsholders and non-Indigenous stakeholder participants and contacts, including and especially those who couldn't make it to any previous engagement event, an online module to review the development and intention of the inclusive curriculum model and its imagery, and a tool to answer questions and provide feedback. Unfortunately,

we had no uptake on the online knowledge sharing module and feedback tool we created and sent out. However, this resource does remain as a valuable tool that could be used for teaching the basic thoughts and intentions behind the creation of the Inclusive Curriculum Model.

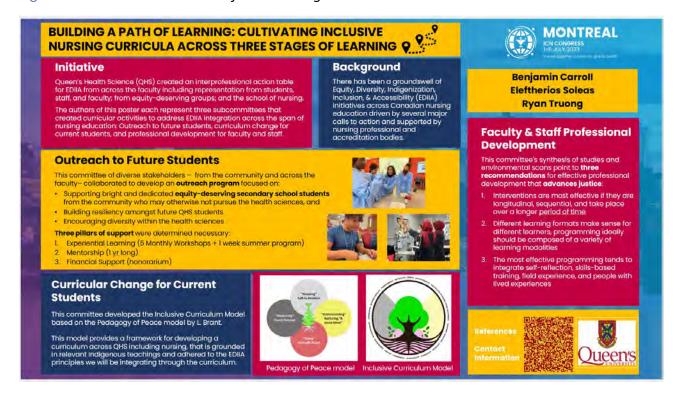
We reviewed our interview notes and reflected on the process and progress (or lack thereof). From this we collaboratively identified the key teachings from our participants, identified the strengths and limitations of the project, and developed the recommendations. We reviewed our application, the Inclusive Curriculum Model development, and the literature. We synthesized our conclusions with what we understand from our participants and previous research in Indigenous knowing in curriculum development in developing this report.

Dissemination of this synthesis includes this report as well as two poster presentations at the International Council of Nurses (ICN) Congress in Montreal, July 1-5, 2023. We submitted our studentship project (Figure 5) to The ICN Congress in Montreal as well as general content about the Inclusive Curriculum Model in a second abstract (Figure 6). These were accepted as virtual posters (Figures 5 & 6; Appendix H) where BC presented, answered questions, and connected with people about the project.

Figure 5. International Council of Nurses Congress E-Poster – Studentship



Figure 6. International Council of Nurses Congress E-Poster – DAT-EDIIA



Discussion

Why was this project important to equity, diversity, inclusion, Indigeneity, and accessibility (EDIIA) work?

"In all community approaches *process*—that is, methodology and method—is highly important. In many projects the process is far more important than the outcome" (Smith, 2012, p. 130).

The community envisioned in the application for this studentship (Appendix A) included not only the people affiliated directly with Queen's Health Science (QHS), but also those in the wider Queen's and Kingston community and among the groups of people whose lives are affected by the work that happens in QHS. We recognized that inclusion of Indigenous Rightsholders not only from the wider community but also from within the Queen's community had been overlooked in the creation of the Inclusive Curriculum Model.

Engagement with Indigenous Rights holders is important for the Inclusive Curriculum Model as historically, and continuing on into the present, Indigenous knowledges and perspectives have not been included in settler colonial curricula (Lowan-Trudeau, 2015; National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a&b; Regan, 2010; Smith, 2012, Truth and Reconciliation Commission of Canada, 2015). There are means to hybridize such inclusion (Bartlett et al., 2012; Donald, 2012; Jeffrey et al., 2021; Lowan-Trudeau, 2015; Smith) but with the important caution that non-Indigenous learners (whether they are students, clinicians, staff, or faculty) need to be humble (Al Doxtator, personal communication, Oct 14, 2022; Foronda, 2020; Foronda et al, 2022) and take time for understanding before taking action. The risk is that decolonization efforts will be seen as metaphorical

only and not genuine (Tuck and Yang, 2012) and that well-intentioned but shallow empathy only furthers the ongoing colonial power dynamic through reductive superficial thinking, inaccurate projection, and epistemic injustice (Regan, 2010; Mackenzie & Sorial, 2021).

This project followed the principles of equity, diversity, inclusion, Indigeneity, and accessibility (EDIIA) work and the principles included in the Inclusive Curriculum Model. Support from leadership, including financial support, is a key for equity, diversity, inclusion, Indigeneity, and accessibility (EDIIA) work (Williamson et al., 2021). In this project, Queen's Health Sciences (QHS) funded three students who were already volunteering their time with the Model to go beyond the scope of the volunteer project. This allowed us to devote more time to this project and give it more focused attention.

Why was this project important to us, the students and alum?

This project was important for us, the students and alum involved. We were involved in creating the Inclusive Curriculum Model and the exclusion of Indigenous Rightsholders by their omission from that development. We feel invested in the model's ongoing use and believe in its value to Queen's Health Sciences (QHS) and the broader community. It feels good to have tried to correct this error and to provide recommendations on how others can continue this necessary work.

Socially, this project was important to us as it provided support from leadership, networking opportunities with the Queen's community and, in particular, Indigenous Rights holders. We gained experience in qualitative research, project design and management, the funding from the studentship allowed for student researchers to be compensated for their time spent over the summer.

For us the process of the project as described by Smith (2012) in the quote that opens the discussion was the most important part. We saw ourselves continually revert from our beginning understandings of Indigenous teaching and return to our abstractions through power points, technology, and written words. Awareness of our reliance on these material things that disrupt the social relations and distract from our ability to listen to people's stories was driven home by meeting with Al Doxtator and Sarah Funnell among others who could relate to us across both the technological and relational knowledges. We learned and began to understand Indigenous knowledge and being in relation. We can begin to relate the importance of these to our relationships in health care, health research, higher education, and how they would translate to health education curricula.

Strengths and Limitations

This studentship had both strengths and limitations in the concept and methodology.

The main strength of this project was in the concept, in the time provided to gather a diversity of knowledge and to come to have a better understanding from lessons learned by doing (and failing and doing again). Engagement with Indigenous Rights holders regarding the use of Indigenous imagery in settler colonial work is vital to ensure that the imagery is used in a culturally appropriate manner. Further, it is needed to ensure that the imagery is aiding in developing genuine understanding. Historically, and currently, Indigenous knowledges and perspectives have not been included in settler colonial curriculum.

We found it very difficult to extricate ourselves from our education and usual ways of accessing and presenting knowledge. We learned a lot by continually trying to produce various audio-visual presentations, but mostly we learned that these were not usually needed. We were told by our participants that meeting in-person or using the phone or virtual communications were preferred means of communication rather than written feedback. As Al Doxtator described, "If they have the paper version of what I will say, they won't listen, they won't know it is coming from the heart."

Indeed, this observation on listening as an active, engaged, and ethical advocacy is supported by Boler (1999, quoted in Regan, 2010, p. 175): "... the listener's work is crucial. The absence of a listener, or a listener who turns away or who doubts, can shatter testimony's potential as a courageous act in truth's moment of crisis". Further, the lack of emotion, of heart as Al called it, when reading runs the risk of the reader engaging in what Regan (p. 48-49) describes as "passive empathy... [engaging the text] from a safe distance that, though genuinely sympathetic, requires no further self-reflection or action". Both Boler's observation of the listeners and Al's of the truth teller speaking from the heart connect with the reciprocity of the relation between them. Regan describes this relation as potentially healing for both the truth tellers and listeners engaged in active and ethical decolonization work. To lose the heart-felt emotion expressed in relation to cold, written description is to lose the meaning and power of the knowledge itself.

The main limitation of the project, in particular the workshop, was poor outreach by the team and the consequent low uptake by the community. Possible explanations which might have contributed to low uptake include:

- Low response rate to 'cold emailing'
 - Lack of community knowledge about the students, the Curriculum Working Group, and the Inclusive Curriculum Model
- Timing / scheduling of one-on-one meetings and proposed workshop
 - Fall is a busy time in the university
 - Difficult to schedule medical professionals in advance
- Virtual component of one-on-one meetings and proposed workshop
 - Unfamiliar or cold, impersonal
- Overburdened / Minority tax
 - Students, staff, and faculty generally
 - Those with interests in equity, diversity, inclusion, Indigeneity, and accessibility [EDIIA] work are compelled to respond as community members even if this works against their best interests (Cyrus, 2017; Williamson et al., 2021)
- Virtual feedback module and tool
 - It is a complicated topic and so the module is long
 - Thoughtful response to the questions could require a lot of writing
 - Does not capture the communal feeling of being in a shared space, a very one-sided way of providing feedback, cold, impersonal
 - The timing was the end of fall semester and over the winter holidays other obligations and draws on respondents' time

Recommendations

For future curriculum development we recommend the following changes and considerations:

Context: (I.e.: the settings for relations)

- We recommend that Queen's Health Sciences (QHS) should seek understanding from Indigenous Rightsholders, in particular Elders, in person early on and throughout the process, preferably in natural and/or less formal spaces as has been done with various Indigenous education retreats at Little Cataraqui Conservation Area for example (L. Brant, personal communication, Jan 13, 2023).
- We recommend using the phone or virtual communications secondarily guided by the preference of and availability for the Elder.
- We recommend reconsidering seeking written or survey responses as anything other than a last resort. As Al Doxtator described, "If they have the paper version of what I will say, they won't listen, they won't know it is coming from the heart." Survey responses further strip away the heartfelt emotion of the testimonial knowledge of actual decolonizing work.

Resources: (I.e.: time, money, emotional and relational energy)

- Queen's Health Sciences (QHS) should ensure that Indigenous Rights holders, in particular Elders, are included in genuine, ongoing relations in the equity, diversity, inclusion, Indigeneity, and accessibility (EDIIA) and decolonization efforts earlier than occurred with the development of the Inclusive Curriculum Model.
- Indigenous Rights holders should be compensated appropriately for their time and energy when developing resources but also for sharing their knowledge.
- Such compensation may have to go beyond the remuneration set out in policies such as those set out by the Queen's Office of Indigenous Services (n.d., 2022, & 2023). Non-Indigenous participants should know that taking the time it takes to understand topics, reciprocal getting to know people in relation, and socializing is part of maintaining ongoing relations not merely following gifting guidelines (L. Brant, A. Doxtator, S. Funnel, J Pennington, personal communication, Aug & Sept 2022; Joseph, 2019; Smith, 2012).
- The principles of OCAP should be followed regarding collaboration outcomes.
- The emotional and relational labour that Elders and Rights holders undertake in sharing their knowledge and being vulnerable with their stories, experiences, and history should not be underestimated. Adequate supports need to be accounted for in advance of collaboration (Bird, 2021; Veau & Trundle, 2020).

Timeline:

- Rather than a year-long studentship, we recommend that Queen's Health Sciences (QHS) takes a longitudinal approach to including Indigenous Rightsholders, in particular Elders.
- First, by developing relationships with community members, and then maintaining those relationships long-term in a mutually sustainable way.
- The logistics and mechanics of these ongoing reciprocal relations should be guided by adequately remunerated Elders and Indigenous Rightsholders.

People:

 Rather than students, we recommend that in future this type of project be conducted by longterm staff members who are invested in the outcomes as part of their work and will be around to appropriately maintain the relationships that will develop.

- Indigenous Rights holders should be inclusive of Elders but also of representation for students within Queen's Health Science programs.
- The ideas of collaboration and relation with Indigenous Rightsholders in the Queen's community need to be brought to the forefront in further work with the Inclusive Curriculum Model and curriculum development generally (e.g.: professional development).

Conclusion

Rights holders' and Elders' insights regarding the use of an Indigenous model and imagery is vital to not only ensure culturally appropriate use of Indigenous knowledge but to further genuine understanding in using the Inclusive Curriculum Model (ICM). Including Indigenous Rights holders is a basic requirement of equity, diversity, inclusion, Indigeneity, and accessibility (EDIIA) work in Canadian higher education. Engagement with Indigenous Rights holders is important for the Inclusive Curriculum Model (ICM) as historically, and currently, Indigenous knowledges and perspectives have not been included in settler colonial medical, health, and professional development curricula. Rights holders' and Elders' insights regarding the use of an Indigenous model in the ongoing curricular development equity, diversity, inclusion, Indigeneity, and accessibility (EDIIA) action plan at Queen's Health Sciences (QHS) needs to be integrated into all future stages.

Genuine understanding is required of those applying the model to curriculum development but also by those who are receiving their education with that curriculum. So too then we need to understand the insights of Indigenous community members who will receive the health care services or use the health products of those future health care professionals and researchers. We need to also consider the Indigenous students who are using the curriculum and include them in our curricular development. Inclusivity and diversity of knowledge starting with Indigenous knowledge then is expected to improve curricula and the Queen's Health Sciences (QHS) community overall.

This studentship was required as Indigenous Rights holders were not substantively included in the development of the Inclusive Curriculum Model apart from that of Lindsay Brant, the creator of the foundational model, the Pedagogy of Peace. We learned that a one-time studentship conversation is not a suitable venue for this type of relational dialogue. Indigenous Rightsholders, in particular Elders, were very clear: Short-term connections are not appropriate for fostering ongoing mutually valuable collaborations with Indigenous Rights holders. Of the individuals we spoke to 1:1 each explicitly stated that they want to engage with the same people, in a genuine way, collaboratively, over a longer period. Our project didn't allow enough time for us to develop trust and a genuine connection beyond taking what we needed. Nor could we foster communality prior to seeking input on such a crucial topic as decolonizing the curriculum and reducing that substantive process to a model.

Therefore, it is our recommendation that future work be under the leadership of long-term, dedicated staff and faculty who can maintain these relationships and access the needed resources (e.g.: space, time, money, emotional & relational energy). Ongoing meetings should occur:

- In physical (preferably natural, more casual) spaces to meet in person,
- With allowances for taking all of the time it takes to foster genuine understanding and
- With access to the needed resources (remunerative, emotional, relational mediation) to compensate and support Indigenous Rightsholders (including students) and Elders appropriately.

References

- Aboriginal Nurses Association of Canada. (2009) *Cultural competence and cultural safety in nursing education*. ANAC. https://hl-prod-ca-oc-download.s3-ca-central-1.amazonaws.com/CNA/2f975e7e-4a40-45ca-863c-5ebf0a138d5e/UploadedImages/documents/First Nations Framework e.pdf
- Assembly of First Nations. (n.d.). First Nations ethics guide on research and Aboriginal traditional knowledge. [Discussion guide].

 https://www.afn.ca/uploads/files/fn_ethics_guide_on_research_and_atk.pdf
- Ball, J., & Janyst P. (2008). Enacting research ethics in partnerships with Indigenous communities in Canada: "Do it in a good way". *Journal of Empirical Research on Human Research Ethics*, 3(2), 33-51. https://doi.org/10.1525/jer.2008.3.2.33
- Bartlett, C., Marshall, M., & Marshall, A. (2012). Two-eyed seeing and other lessons learned within a colearning journey of bringing together Indigenous and mainstream knowledges and ways of knowing. *Journal of Environmental Studies and Sciences 2*, 331-340. https://doi.org/10.1007/s13412-012-0086-8
- Beagan, B.L. (2020). Commentary on racism in occupational science. *Journal of Occupational Science* 28(3), 410-413. https://doi.org/10.1080/14427591.2020.1833682
- Bird, N. (2021). *The emotional labour of Indigenous post-secondary students: A trauma-informed autoethnography* [Thesis]. Dalhousie University. http://hdl.handle.net/10222/80815
- Bourque Bearskin, R. L. (2011). A critical lens on culture in nursing practice. *Nursing Ethics*, *18*(4), 548-559. https://doi.org/10.1177/0969733011408048
- Brant, L. (2022a). Pedagogy of Peace [webpage]. Queen's Centre for Teaching and Learning. https://www.queensu.ca/ctl/resources/decolonizing-and-indigenizing/pedagogy-peace
- Brant, L. (2022b, March). The Pedagogy of Peace: A Model for Decolonizing and Indigenizing Teaching and Learning Practices. [workshop recording]. Centre for Teaching and Learning. Queen's University, Kingston, ON. https://www.youtube.com/watch?v=KelioZH3ugQ
- Brant, L. & Morecom, L. (n.d.) Pedagogy of Peace Indigenous Curriculum Framework. Governed under Creative Commons Attribution-Noncommercial-Share Alike 3.0 Unported license CC-BY-NC-SA-ND
 - https://www.queensu.ca/ctl/sites/ctlwww/files/uploaded_files/Resources/Decolonization%20and%20Indigenization/Pedagogy%20of%20Peace%20Curriculum%20Framework.pdf
- Brennan, T. (2015). Kingston First Peoples: Purposeful Dialogues. [Report]

 https://www.cityofkingston.ca/documents/10180/55446/Kingston+First+Peoples+-+Purposeful+Dialogues/a96d2b9c-e5a0-45c2-9098-ae94cb376ff4
- Canadian Association of Occupational Therapists. (2019). *CAOT Truth and reconciliation commission task* force preliminary three-year action plan. [Webpage] https://www.caot.ca/site/adv/indigenous?nav=sidebar

- Canadian Association of Schools of Nursing and the Aboriginal Nurses Association of Canada (2013). Educating nurses to address socio-cultural, historical, and contextual determinants of health among Aboriginal peoples. CASN. https://www.casn.ca/2014/12/educating-nurses-address-socio-cultural-historical-contextual-determinants-health-among-aboriginal-peoples/
- Canadian Institutes of Health Research. (2013). CIHR Guidelines for Health Research Involving Aboriginal People (2007-2010). https://cihr-irsc.gc.ca/e/29134.html
- Canadian Physiotherapy Association. (2013). *The role of physiotherapy in Aboriginal health care*. [Position Statement]. https://physiotherapy.ca/position-statements
- Canadian Public Health Association. (2019) *Indigenous relations and reconciliation*. [Policy statement]. https://www.cpha.ca/policy-statement-indigenous-relations-and-reconciliation
- Cancer Care Southeast. (n.d.). Aboriginal Navigator. [Webpage]. http://cancercaresoutheast.ca/aboriginal-patient-navigator
- Chen, Y. & Brant, L. (2022, February). Framing pedagogy of peace in the context of student success [workshop; recording]. Centre for Teaching and Learning, Queen's University, Kingston, ON. https://www.youtube.com/watch?v=eVc5AVP2u2E&t=281s
- College of Physicians and Surgeons of Canada. (2022) *Indigenous health* [Webpage]. https://www.royalcollege.ca/rcsite/health-policy/indigenous-health-e
- Curriculum Working Group. (2021). Building an inclusive curriculum framework: EDI Curriculum across FHS Working Group Presentation [DAT-EDI Forum video presentation]. https://web.microsoftstream.com/video/a3ae53e3-afb3-46f2-971a-392a82664d03
- Cyrus, K. D. (2017). Medical education and the minority tax. *JAMA*, *317*(18), 1833-1834. https://www.doi.org/10.1001/jama.2017.0196
- Deer, Ka'nhehsí:io (06 Sept 2020). Beaded map of Canada creates 'a sense of community' among Indigenous artists amid the pandemic. CBC News [Website]. https://www.cbc.ca/news/indigenous/beaded-map-canada-completion-1.5712673
- Donald, D. (2012). Indigenous Métissage: A decolonizing research sensibility. *International Journal of Qualitative Studies in Education, 25*(5), 533-555. https://doi.org/10.1080/09518398.2011.554449
- First Nations Health Authority [FNHA], 2017. Creating a climate for change: Cultural safety and humility in health services for delivery for First Nations and Aboriginal peoples in British Columbia.

 Vancouver, BC. Retrieved from: https://www.fnha.ca/Documents/FNHA-Creating-a-Climate-For-Change-Cultural-Humility-Resource-Booklet.pdf
- First Nations Information Governance Centre. (2022). The First Nations Principles of OCAP [®]. https://fnigc.ca/ocap-training/
- Foronda, C. (2020). A theory of cultural humility. *Journal of Transcultural Nursing, 31*(1), 7-12. https://doi.org/10.1177/1043659619875184

- Foronda, C., Prather, S., Baptiste, D. L., & Luctkar-Flude, M. (2022). Cultural humility toolkit. *Nurse Educator*, *47*(5), 267-271. https://doi.org/10.1097/NNE.0000000000001182
- Government of Ontario (2022). Ontario First Nations Maps [Webpage]. https://www.ontario.ca/page/ontario-first-nations-maps
- Grenier, M. L. (2020). Cultural competency and the reproduction of White supremacy in occupational therapy education. *Health Education Journal*, 79(6), 633-644. https://doi.org/10.1177/0017896920902515
- Indigenous Community Research Partnership project. .2019). Visual Identity. Queen's Office of Indigenous Initiatives.

 https://www.queensu.ca/equity/public/icrp0/courses/icrp0/course/assets/f nLn5GzpNIVFjvi y wmHEQ01bHz4dji6-training-20-resource-20-visual-20-identity.pdf
- Jeffery, T., Kurtz, D. L., & Jones, C. A. (2021). Two-eyed seeing: Current approaches, and discussion of medical applications. *BC Medical Journal*, 63(8), 321-325. https://bcmj.org/sites/default/files/BCMJ Vol63 No8-complete.pdf#page=9
- Joseph, B. 2019. *Indigenous relations: Insights, tips, and suggestions to make reconciliation a reality.*Indigenous Relations Press.
- Jull, J., Morton-Ninomiya, M., Compton, I., & Picard, A. (2018). Fostering the conduct of ethical and equitable research practices: The imperative for integrated knowledge translation in research conducted by and with Indigenous community members. Research Involvement and Engagement, 4(1), 1-9. https://doi.org/10.1186/s40900-018-0131-1
- Jull, J., King, A., King, M., Graham, I. D., Morton Ninomiya, M. E., Jacklin, K., ... & Moore, J. E. (2020). A principled approach to research conducted with Inuit, Métis, and First Nations people: Promoting engagement inspired by the CIHR guidelines for health research involving Aboriginal people (2007-2010). The International Indigenous Policy Journal, 11(2), 1-30. https://doi.org/10.18584/iipj.2020.11.2.10635
- Kendi, I.X. (2019). How to be an antiracist. One World Books.
- Kingston Health Sciences Centre. (2022). Ininew Patient Services. [Webpage]. https://kingstonhsc.ca/programs-and-departments/ininew-patient-services
- Lane, J., & Waldron, I. (2021). Fostering Equity, Diversity, and Cultures of Inclusiveness Through Curricular Development. *Journal of Nursing Education*, 60(11), 614-617. https://doi.org/10.3928/01484834-20210913-02
- Lowan-Trudeau, G. (2015). From bricolage to métissage: Rethinking intercultural approaches to Indigenous environmental education and research. Peter Lang Publishing Inc.
- Mackenzie, C., & Sorial, S. (2022). The Empathy Dilemma: Democratic Deliberation, Epistemic Injustice, and the Problem of Empathetic Imagination. *Res Publica*, 28(2), 365-389.

- Ministry of Health and Long-Term Care. (2018). *Relationship with Indigenous Communities*. [Guideline]. https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Relationship with Indigenous Communities Guideline en.pdf
- Mother Earth Tobacco. Com (2005). Ceremonial tobacco products [Website]. https://motherearthtobacco.com/ceremonial-tobacco-products.html
- National Inquiry into Missing and Murdered Indigenous Women and Girls, (2019a). *Reclaiming power* and place: The final report of the national inquiry into missing and murdered Indigenous women and girls, volume 1a. https://www.mmiwg-ffada.ca/final-report/
- National Inquiry into Missing and Murdered Indigenous Women and Girls, (2019b). *Reclaiming power and place: The final report of the national inquiry into missing and murdered Indigenous women and girls, volume 1b.* https://www.mmiwg-ffada.ca/final-report/
- Okun, T. (2021). White supremacy culture still here. [Blog post] https://www.whitesupremacyculture.info/
- Participedia. [webpage] governed under Creative Commons Attribution-Noncommercial-Share Alike 3.0 Unported license (CC BY-NC-SA 3.0) https://participedia.net/
- Petkovic, J., Riddle, A., Akl, E. A., Khabsa, J., Lytvyn, L., Atwere, P., ... & Tugwell, P. (2020). Protocol for the development of guidance for non-Indigenous stakeholder engagement in health and healthcare guideline development and implementation. *Systematic Reviews*, *9*(1), 1-11. https://doi.org/10.1186/s13643-020-1272-5
- Public Health Agency of Canada. (2019). Addressing stigma: Towards a more inclusive health system.

 Chief public health officer's report on the state of public health in Canada, 2019. Government of Canada. https://www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/addressing-stigma-toward-more-inclusive-health-system.html
- Pooley, E. A., & Beagan, B. L. (2021). The concept of oppression and occupational therapy: A critical interpretive synthesis. *Canadian Journal of Occupational Therapy,88*(4), 407-417. https://doi.org/10.1177/00084174211051168
- Queen's GREB (2021, May 3). Guidelines for differentiating among quality assurance, quality improvement, program evaluation, and research.

 https://www.queensu.ca/vpr/sites/vprwww/files/uploaded_files/Ethics/Guidelines_for_Differe_ntiating_among-QA-QI-PE_MAY032021.pdf
- Queen's Health Sciences. (2023). A Course for Action: Queen's Health Sciences Equity, Diversity,
 Inclusion, Indigeneity, and Accessibility Action Plan.

 https://healthsci.queensu.ca/source/edi/QHS%20EDIIA%20Action%20Plan%20Full%20Report.p

 df
- Queen's Office of Indigenous Initiatives (n.d.). Elder Honorarium Guidelines Queen's University.

 https://www.queensu.ca/indigenous/sites/oiiwww/files/uploaded_files/Elder%20Honorarium%20-%20Queen's%20University.pdf

- Queen's Office of Indigenous Initiatives (2022). Indigenous Community Research Partnerships training certificate. https://www.queensu.ca/indigenous/decolonizing-and-indigenizing/community-research-partnerships-training
- Queen's Office of Indigenous Initiatives (2023). Protocols for Inviting Indigenous Guests. https://www.queensu.ca/indigenous/ways-knowing/protocols-indigenous-guests
- Queen's Truth and Reconciliation Commission Task Force (2016). *Extending the rafters: Final report*. [Policy document]. https://www.queensu.ca/indigenous/truth-and-reconciliation/commission
- Queen's University Secretariat and Legal Counsel. (2020). Travel and expense reimbursement policy. https://www.queensu.ca/secretariat/policies/finance/travel-and-expense-reimbursement-policy
- Regan, P. (2010). *Unsettling the settler within: Indian residential schools, truth telling and reconciliation in Canada*. UBC Press.
- Smith, L. T. (2012). Decolonizing methodologies: Research and Indigenous peoples (2nd ed). Zed Books.
- Thorne, S. (2019). Genocide by a million paper cuts. *Nursing Inquiry, 26*(3), e12314. https://doi.org/10.1111/nin12314
- Truth and Reconciliation Commission of Canada. (2015). Honouring the truth, reconciling for the future:

 Summary of the final report of the Truth and Reconciliation Commission of Canada.

 https://nctr.ca/records/reports/
- Tuck, E., & Yang, K. W. (2012). Decolonization is not a metaphor. *Education and Society, 1*(1), 1-40. https://clas.osu.edu/sites/clas.osu.edu/files/Tuck%20and%20Yang%202012%20Decolonization%20is%20not%20a%20metaphor.pdf
- Turtlelodge Trading Post (2022). Semah Whole leaf organic [Website]. https://turtlelodgetradingpost.ca/collections/semah
- UN General Assembly. (2007) United Nations Declaration on the Rights of Indigenous Peoples:
 Resolution, adopted by the General Assembly, 2 October 2007, A/RES/61/295
 https://www.refworld.org/docid/471355a82.html
- University of Regina. (2011-2023) *Honoraria*. Office of Indigenous Engagement. https://www.uregina.ca/indigenous-engagement/resources/honoraria.html
- Van Melle, E., Frank, J. R., Holmboe, E. S., Dagnone, D., Stockley, D., Sherbino, J., & International Competency-based Medical Education Collaborators. (2019). A core components framework for evaluating implementation of competency-based medical education programs. *Academic Medicine*, 94(7), 1002-1009. https://doi.org/10.1097/ACM.0000000000002743
- Vaeau, T. and Trundle, C. (2020), "Decolonising Māori-Pākehā research collaborations: Towards an ethics of *Whanaungatanga* and *Manaakitanga* in cross-cultural research relationships" in George, L., Tauri, J. and MacDonald, L.T.A.o.T. (Ed.) *Indigenous Research Ethics: Claiming Research Sovereignty Beyond Deficit and the Colonial Legacy* (Advances in Research Ethics and

Integrity, Vol. 6), Emerald Publishing Limited, Bingley, pp. 207-221. https://doiorg./10.1108/S2398-601820200000006014

Williamson, T., Goodwin, C. R., & Ubel, P. A. (2021). Minority tax reform—avoiding overtaxing minorities when we need them most. *New England Journal of Medicine, 384*(20), 1877-1879. https://doiorg/10.1056/NEJMp2100179

Appendix A. Application to Studentship

Dear QHS EDIIA Studentship Project Evaluators,

Please find our application to further the development of a holistic and Inclusive Curriculum Model that was prototyped by the Dean's Action Table on Equity, Diversity, Inclusion, Indigenization, and Accessibility (DAT-EDIIA) curriculum working group (CWG) at the forum in 2021¹.

We are graduate students from the Schools of Medicine and Nursing who have been members of the CWG. Our aim is to further the development of the Inclusive Curriculum Model prototype designed to serve as a framework for key EDIIA curricular principles and competencies. This model adapts the Pedagogy of Peace, developed by Lindsay Brant², an Indigenous curriculum developer at Queen's.

We propose to conduct culturally humble community engagement with Indigenous community members regarding the adaptation of Indigenous frameworks and imagery, including the Pedagogy of Peace and the Tree of Peace and Medicine Wheel, by the CWG in the Inclusive Curriculum Model prototype.

This engagement, as highlighted by feedback from the DAT-EDIIA Forum¹, is crucial to the development of an inclusive curriculum model. At minimum, consultation with non-Indigenous stakeholders about this prototype should ensure that we are not participating in continued settler appropriation of Indigenous culture by using these symbols. With that said, an appropriate model must also communicate the metaphor and meaning of these symbols in a way that meets the needs and expectations of QHS Indigenous and settler students, staff and faculty and the Indigenous people and communities served by QHS.

The proposed engagement with Indigenous non-Indigenous stakeholders will consist of the following timeline and themes:

May, Phase 1: Understanding - reflective, cognitive, intellectual, emotional, socially reciprocal:

- Acquire the Queen's Indigenous Community Research Partnerships training certificate³,
- Review this proposal with QHS Office of EDIIA for input,
- Align with a faculty member who engages Indigenous people in a non-Indigenous stakeholder capacity in their research to advise our project,
- Re-engage with Lindsay Brant, developer of the Pedagogy of Peace and review her process of development and feedback regarding the CWG use of the model,
- Engage initially with the Queen's Human Rights and Equity Office for input and to ensure that our planning process does not draw on Queen's resources meant solely for Indigenous students, staff, and faculty,
- Review the relevant literature regarding:
 - Ethical, meaningful, and equitable engagement with multiple Indigenous non-Indigenous stakeholders^{4,5,6}regarding decolonizing methodologies^{7,8,} white supremacyculture^{9, 10, 11.12,13,} Two-eyedseeing^{14,15},
 - Important Indigenous reconciliation documents at various levels, i.e.: professional^{16, 17, 18,19, 20, 21,} local^{22, 23, 24,} national^{25, 26, 27,} and global²⁸.

• Assess ethics needs following the First Nations principles of ownership control, access, and possession (OCAP)²⁹ and Queen's guidelines³⁰. Contact Queen's ethics compliance advisor, Megan Allore, to aid in the review ofIndigenous³¹, health³², and systems³³ ethical guidance. We recognize that this project requires ethical planning as it potentially involves working with people from equity deserving groups with and/or without extended community resources, who may not be affiliated with Queen's, and that despite our inexperience in non-Indigenous stakeholder engagement with Indigenous people, that there may still be a potential power differential between us and many non-Indigenous stakeholders.

June, Phase 2: Doing - cultural responsiveness, connection, building, sharing:

As Kingston is a crossroads that brings together, First Nations, Inuit, Metis and International Indigenous people, the guidance provided in phase 1 will be invaluable in planning and initiating meaningful, ethical, and equitable engagement. The term non-Indigenous stakeholders will include:

- Kingston and region First Nations communities, tribal councils, reserves, and/or political organisations³⁴ and urban Indigenous people possibly through the Kingston Community Health Centres' Indigenous Health Council or the Kingston Aboriginal Community Information Network.
- Queen's centres such as: Four Directions Indigenous Student Centre, Queen's University
 Indigenous offices and Queen's Elders and knowledge keepers as appropriate
- Specific Indigenous students, staff, and faculty such as Karhinéhtha' Cortney Clark, Indigenous
 Access Policy Advisor, QHS; DAT-EDIIA Indigenous members, faculty leads, and/or CWG
 members,
- Diane Nolan, Aboriginal Navigator, Kingston General Hospital³⁵, Ininew Patient Services³⁶ at Kingston Health Sciences Centre.

July, Phase 3: Honouring - nurturing, contextualising, interconnecting, respecting, sustaining:

- Listen to those identified and responsive to our engagement in interviews, focus groups, telephone conversations, story circles or other engagement formats as suggested in phase 1 or as discovered by searching community engagement resources³⁷.
- Honouring by for example, being open to feedback and suggestions, flexible in the use of symbols and model design suggestions, elicit feedback on identified principles and non-Indigenous stakeholders' interpretation of gaps in these.

August, Phase 4: Knowing - holistic synthesising, developing, integrating:

- Develop a communication text/medium that responsibly and holistically (self, interpersonal, community and environment) communicates and represents the feedback from the non-Indigenous stakeholders with whom we engage.
- Provide a written document with recommendations from non-Indigenous stakeholder synthesis.

Budget

The majority of the funding from this studentship will be used to pay for the work and contributions of those who participated in this effort. Nominal costs of offerings such as ceremonial tobacco38, cloth/pouch to wrap it in, and other items as advised. Remainder will be donated to Kingston based

Indigenous Health Centres and Programs as outlined here: https://www.southeasthealthline.ca/listservices.aspx?id=10071®ion=Kingston

Total: \$2500.

Conclusion

By the end of our studentship, we hope to have effectively collaborated with key non-Indigenous stakeholders to work towards a common goal of developing an Inclusive Curriculum Model for the QHS.

We appreciate your consideration of this application,

Benjamin Carroll

Pauline Gaprielian

References

- 1. Curriculum Working Group. (2021). Building an inclusive curriculum framework: EDI Curriculum across FHS Working Group Presentation [DAT-EDI Forum video presentation]. https://web.microsoftstream.com/video/a3ae53e3-afb3-46f2-971a-392a82664d03
- 2. Brant, L. (2020). Pedagogy of Peace[webpage]. Queen's University Centre for Teaching and Learning. https://www.queensu.ca/ctl/resources/decolonizing-and-indigenizing/pedagogy-peace
- 3. Queens Office of Indigenous Initiatives (2022). Indigenous Community Research Partnerships training certificate. https://www.queensu.ca/indigenous/decolonizing-and-indigenizing/community-research-partnerships-training
- 4. Jull, J., Morton-Ninomiya, M., Compton, I., & Picard, A. (2018). Fostering the conduct of ethical and equitable research practices: The imperative for integrated knowledge translation in research conducted by and with Indigenous community members. *Research Involvement and Engagement, 4*(1), 1-9. https://doi.org/10.1186/s40900-018-0131-1
- 5. Jull, J., King, A., King, M., Graham, I. D., Morton Ninomiya, M. E., Jacklin, K., ... & Moore, J. E. (2020). A principled approach to research conducted with Inuit, Métis, and First Nations People: Promoting engagement Inspired by the CIHR Guidelines for Health Research Involving Aboriginal People (2007-2010). *The International Indigenous Policy Journal*, 11(2), 1-30. https://doi.org/10.18584/iipj.2020.11.2.10635
- 6. Petkovic, J., Riddle, A., Akl, E. A., Khabsa, J., Lytvyn, L., Atwere, P., ... & Tugwell, P. (2020). Protocol for the development of guidance for non-Indigenous stakeholder engagement in health and healthcare guideline development and implementation. *Systematic Reviews*, *9*(1), 1-11. https://doi.org/10.1186/s13643-020-1272-5
- 7. Joseph, B. 2019. Indigenous relations: Insights, tips, and suggestions to make reconciliation a reality. Indigenous Relations Press.
- 8. Smith, L. T. (2012). Decolonizing methodologies: Research and Indigenous peoples (2nd ed). Zed Books.

- 9. Beagan, B.L. (2020). Commentary on racism in occupational science. *Journal of Occupational Science* 28(3), 410-413. https://doi.org/10.1080/14427591.2020.1833682
- 10. Grenier, M. L. (2020). Cultural competency and the reproduction of White supremacy in occupational therapy education. *Health Education Journal*, 79(6), 633-644. https://doi.org/10.1177/0017896920902515
- 11. Kendi, I.X. (2019). How to be an antiracist. One World Books.
- 12. Okun, T. (2021). White supremacy culture still here. [Blog post] https://www.whitesupremacyculture.info/
- 13. Pooley, E. A., & Beagan, B. L. (2021). The concept of oppression and occupational therapy: A critical interpretive synthesis. *Canadian Journal of Occupational Therapy*,88(4), 407-417. https://doi.org/10.1177/00084174211051168
- 14. Bartlett, C., Marshall, M., & Marshall, A. (2012). Two-eyed seeing and other lessons learned within a co-learning journey of bringing together Indigenous and mainstream knowledges and ways of knowing. *Journal of Environmental Studies and Sciences 2*, 331-340. https://doi.org/10.1007/s13412-012-0086-8
- 15. Jeffery, T., Kurtz, D. L., & Jones, C. A. (2021). Two-eyed seeing: Current approaches, and discussion of medical applications. *BC Medical Journal*, *63*(8), 321-325. https://bcmj.org/sites/default/files/BCMJ Vol63 No8-complete.pdf#page=9
- 16. Aboriginal Nurses Association of Canada. (2009) *Cultural competence and cultural safety in nursing education*. ANAC. https://hl-prod-ca-oc-download.s3-ca-central-1.amazonaws.com/CNA/2f975e7e-4a40-45ca-863c-5ebf0a138d5e/UploadedImages/documents/First Nations Framework e.pdf
- 17. Canadian Association of Schools of Nursing and the Aboriginal Nurses Association of Canada (2013). Educating nurses to address socio-cultural, historical, and contextual determinants of health among Aboriginal peoples. CASN. https://www.casn.ca/2014/12/educating-nurses-address-socio-cultural-historical-contextual-determinants-health-among-aboriginal-peoples/
- 18. College of Physicians and Surgeons of Canada. (2022) *Indigenous health* [Webpage]. https://www.royalcollege.ca/rcsite/health-policy/indigenous-health-e
- 19. Canadian Physiotherapy Association. (2013). *The role of physiotherapy in Aboriginal health care.* [Position Statement]. https://physiotherapy.ca/position-statements
- 20. Canadian Association of Occupational Therapists. (2019). *CAOT Truth and reconciliation commission task force preliminary three-year action plan.* [Webpage] https://www.caot.ca/site/adv/indigenous?nav=sidebar
- 21. Canadian Public Health Association. (2019) *Indigenous relations and reconciliation*. [Policy statement]. https://www.cpha.ca/policy-statement-indigenous-relations-and-reconciliation
- 22. Queen's Truth and Reconciliation Commission Task Force (2016). *Extending the rafters: Final report*. [Policy document]. https://www.queensu.ca/indigenous/truth-and-reconciliation/commission

- 23. Brennan, T. (2015). Kingston First Peoples: Purposeful Dialogues. [Report] https://www.cityofkingston.ca/documents/10180/55446/Kingston+First+Peoples+-+Purposeful+Dialogues/a96d2b9c-e5a0-45c2-9098-ae94cb376ff4
- 24. Ministry of Health and Long-Term Care. (2018). *Relationship with Indigenous Communities*. [Guideline].

https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guideline_s/Relationship_with_Indigenous_Communities_Guideline_en.pdf

- 25. National Inquiry into Missing and Murdered Indigenous Women and Girls, (2019a). *Reclaiming power and place: The final report of the national inquiry into missing and murdered Indigenous women and girls, volume 1a.* https://www.mmiwg-ffada.ca/final-report/
- 26. National Inquiry into Missing and Murdered Indigenous Women and Girls, (2019b). *Reclaiming power and place: The final report of the national inquiry into missing and murdered Indigenous women and girls, volume 1b.* https://www.mmiwg-ffada.ca/final-report/
- 27. Truth and Reconciliation Commission of Canada. (2015). Honouring the truth, reconciling for the future: Summary of the final report of the Truth and Reconciliation Commission of Canada. https://nctr.ca/records/reports/
- 28. UN General Assembly. (2007) United Nations Declaration on the Rights of Indigenous Peoples: Resolution, adopted by the General Assembly, 2 October 2007, A/RES/61/295 https://www.refworld.org/docid/471355a82.html
- 29. First Nations Information Governance Centre. (2022). The First Nations Principles of OCAP [®]. https://fnigc.ca/ocap-training/
- 30. Queen's GREB (2021, May 3). Guidelines for differentiating among quality assurance, quality improvement, program evaluation, and research. https://www.queensu.ca/vpr/sites/vprwww/files/uploaded_files/Ethics/Guidelines_for_Differentiating_among-QA-QI-PE_MAY032021.pdf
- 31. Assembly of First Nations. (n.d.). First Nations ethics guide on research and Aboriginal traditional knowledge. [Discussion guide].

https://www.afn.ca/uploads/files/fn ethics guide on research and atk.pdf

- 32. Ball, J., & Janyst P. (2008). Enacting research ethics in partnerships with Indigenous communities in Canada: "Do it in a good way". *Journal of Empirical Research on Human Research Ethics*, 3(2), 33-51. https://doi.org/10.1525/jer.2008.3.2.33
- 33. Canadian Institutes of Health Research. (2013). CIHR Guidelines for Health Research Involving Aboriginal People (2007-2010). https://cihr-irsc.gc.ca/e/29134.html
- 34. Government of Ontario (2022). Ontario First Nations Maps [Webpage]. https://www.ontario.ca/page/ontario-first-nations-maps
- 35. Cancer Care Southeast. (n.d.). Aboriginal Navigator. [Webpage]. http://cancercaresoutheast.ca/aboriginal-patient-navigator

- 36. Kingston Health Sciences Centre. (2022). Ininew Patient Services. [Webpage]. https://kingstonhsc.ca/programs-and-departments/ininew-patient-services
- 37.Participedia. https://participedia.net/
- 38.Turtlelodge Trading Post (2022). Semah Whole leaf organic [Website]. https://turtlelodgetradingpost.ca/collections/semah

Appendix B Initial Budget

Table 1. Initial budget considerations on application

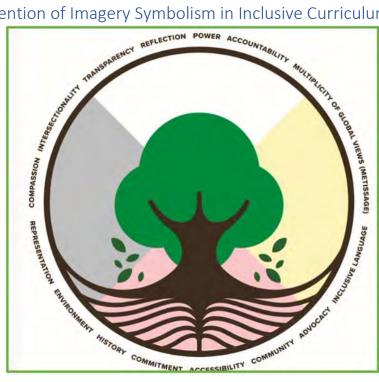
Item	Role	Number	Reference	Per each	Sub total
		(est.)	Studentship	\$ 2500 x 3	\$ 7500
1	Co-project directors:	X 2	Pauline Gaprielian Ben Carroll (off part/all May)	\$ 1000 \$ 800	\$ 1800
2	External collaborator:	X 1	Sareena McDonald	\$ 1000	\$ 1000
3	Internal Queen's Elders, knowledge keepers, Indigenous community members, faculty, staff, student	X 15	Per Queen's Indigenous office guidance [1, 2]	\$ 18/ person for offering (e.g.: tobacco, sage, sweetgrass, cedar, tea as preferred [3])	\$ 270
				\$ 15/person appreciation gifts (tea, soap)	\$ 225
4	Internal Queen's non-Indigenous participants, faculty staff, students	X 10		\$ 12/ person appreciation gift (tea, soap, gift card)	\$ 120
5	External Indigenous Elders	X 5	Honorarium, per Indigenous office guidance for online or in person interview/focus group 1-2.5 hours	\$ 225/ person \$ 18/person for offering	\$ 1125 \$ 90
6	External Indigenous knowledge keepers	X 10	Honorarium, per University of Regina document GOV-040- 025 [4] for online or in person interview/focus group 1-2.5 hours	\$ 125/ person \$ 18/ person for offering	\$ 1250 \$ 180
7	Milage, parking, per diems for External Indigenous participants (rows 5 & 6) if they come to campus (e.g.: for an ~ 1.5-hour focus group) OR for project directors, collaborator, RA if they go to participants over a significant distance [amt TBD].	X 10	Per Queen's travel expense reimbursement policy [5]	\$ 0.55/ km milage x 500 km \$ 10 parking x 10 people \$ 75/diem x 4 (inclusive of travel if >3 hours total)	\$ 275 \$ 100 \$ 300
8	QHS Student participants	X 15	Gift cards	\$ 10 / person	\$ 150
9	Research assistant	X 1	Undergrad QHS student for May or until hours used	\$ 16/ hour x 37.5 hours	\$ 600
					Total: \$ 7485

Note: We initially misunderstood the studentship amount. Our written application amount of \$2500 total was correct. Not the value given here (\$7500).

[1] https://www.queensu.ca/indigenous/ways-knowing/protocols-indigenous-guests

- [2] https://www.queensu.ca/indigenous/sites/oiiwww/files/uploaded_files/Elder%20Honorarium%20-%20Queen's%20University.pdf
- [3] Aleksandra Bergier, Research advisor, Indigenous initiatives, Office of the Vice Dean, Queen's University. Personal communication, 31 March, 2022. Cost tobacco = \$ 16.25 for individual amount + shipping from https://motherearthtobacco.com/ceremonial-tobacco-products.html
- [4] https://www.uregina.ca/policy/assets/docs/doc/GOV-040-025-AppendixA-Honorarium.docx
- [5] https://www.queensu.ca/secretariat/policies/finance/travel-and-expense-reimbursement-policy





In the interests of clarity and transparency and following the role modeling of the Indigenous Community Research Partnership project (ICRP, 2019), this document will describe the intention behind the development and design of the Dean's Action Team Curriculum Committee's Inclusive Curriculum Model. The model's design has its roots in the Pedagogy of Peace (POP; Brant, 2022). This document explains the intentionality of the symbols, colours, and design elements chosen. The structure of this document will follow that of the ICRP (2019).

Symbols

The main symbol used in the model, that of a deciduous tree, follows from Brant's POP model which centres an evergreen great white pine following Haudenosaunee Tree of Peace (Chen & Brant, 2022, 12 min 11 sec).

Brant's model has roots moving out in the four directions, ours has 15 representing the EDIIA principles (originally) identified by the committee surrounding the model. The roots move out from the trunk: one as a tap root reaching back in history and the other 14 fanning out as leaves of an open book representing the growth and development of new knowledge nourished from the wisdom of the past.

Our committee chose the deciduous tree with 3 branches one for each of the schools in the Faculty of Health Science: Rehabilitation, Nursing, and Medicine each contributing to the wider body of health science knowledge in the canopy. Importantly, the tree is shedding leaves to represent the growth in the reflection, critique, and reworking of biases, ideas, and experiences that rigorous knowledge generation requires. This imagery further reflects the process of decolonization that is the main guiding principle of the committee: The shedding of old, colonial ideas in favour of new ideas and renewal of the ancient Indigenous knowledges that have existed since the beginning of time.

Finally, the colours of the medicine wheel are included as background to connect to Brant's integration of the directions of the Anishinaabe medicine wheel with the Haudenosaunee core values of Nurturing a good mind through understanding (yellow, East), strength-based doing (red, South), knowing via self-in-relation (black, North), and honouring which is peace focused (white, West). These directions link to the development of knowledge (Chen & Brant, 2022; POP webpage) in individuals to be supported by curricula.

Indigenous symbols informed by Brant (POP website):

Tree: Deciduous regeneration of ideas, new learning, shedding old ideas

Four directions, medicine wheel: Values, principles, development

Roots/book: Historical knowledge, values, openness to new learning, nurturing

Branches: 3 schools of QHS

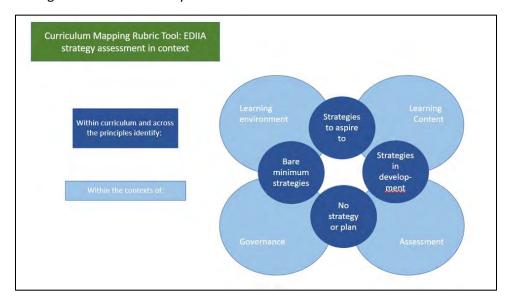
Canopy: Health Science knowledge

Curriculum Mapping:

This model supports the curriculum mapping rubric:

The dark blue circles explain what is to be identified from the principles within curriculum.

The light blue circles identify the contexts in which these curricular elements occur.



Original Principles

- Accessibility
- Reflection
- Power
- Accountability

- Multiplicity of Global Views (Metissage)
- Inclusive language
- Positionality
- Community
- Commitment
- History
- Environment
- Representation
- Compassion
- Intersectionality
- Advocacy

Prioritized actions for the curriculum tool:

- Self-reflection and self in relation to others (reflection & positionality
- The uneven distribution of power within the institution (power dynamics)
- Compassion
- The way oppressions are linked (Intersectionality)
- Transparency (Institution, faculty, staff, students)
- Accountability & commitment (Institution, faculty, staff, students)
- Multiple, various, and diverse global views
- Societal and political activism
- Collaboration
- Institutional/Program support (inclusive of funding)

Brant, L. (2022). *Pedagogy of Peace* [website]. Queen's Centre for Teaching and Learning. https://www.queensu.ca/ctl/resources/decolonizing-and-indigenizing/pedagogy-peace

Chen, Y. & Brant, L. (2022, February). Framing pedagogy of peace in the context of student success [workshop; recording]. Centre for Teaching and Learning, Queen's University, Kingston, ON. https://www.youtube.com/watch?v=eVc5AVP2u2E&t=281s

Indigenous Community Research Partnership project. .2019). *Visual Identity*. Queen's Office of Indigenous Initiatives.

https://www.queensu.ca/equity/public/icrp0/courses/icrp0/course/assets/f_nLn5GzpNIVFjvi_ywmHEQ 01bHz4dji6-training-20-resource-20-visual-20-identity.pdf

Appendix D Contacts & Participants

Table 2.

Project Contacts

Contacts	Capacity	Connection	
Bailey Brant	Alum	QHS student	
Peggy DeJong	Faculty	CWG ¹	
		Dept of Medicine, Queen's	
		Medical education & Indigenous education	
Sherri Dutton	PhD student	CWG	
		Public Health, Inuit, arts-based research	
Courney Clark	Staff	EDIIA ² committee	
		Indigenous Recruitment & Student Advisor QHS	
[no response]	Students	Queen's Native Students Association	
Wendy Phillips	Elder	Office of Indigenous Initiatives	
Kandace Baptiste	Staff,	Director, Four Directions Indigenous Student Centre	
	Student	& MA ³ student History, Queen's	
Aaron St. Pierre	Staff	Associate Director, Four Directions Indigenous	
		Student Centre	
Deb St. Amant	Elder-in-Residence	Faculty of Education	
Emma McCallum	Staff	Equity advisor, Human rights, and Equity office	
[no response]	Community leader	Katarowki Grandmother's counsel	
Anchaleena Mandal	Student,	QHS ⁴ student, Northern – Arctic Canada specialist	
	Community leader		
Nancy Dalgarno	Staff	Director, Education Scholarship, OPDES⁵ regarding	
		Indigenous Health Educational Developer (not yet	
		hired)	

Note:

1. CWG: Curriculum Working Group

2. EDIIA: Equity, Diversity, Indigeneity, Inclusion & Accessibility

3. MA: Master of Arts

4. QHS: Queen's Health Sciences

5. OPDES: Office of Professional Development and Professional Scholarship

Table 3.Project Participants

Participant	Capacity	Connection	Contact
Lindsay Brant	Staff	Educational Developer, Indigenous	Met 1:1
		Curriculum and Ways of Knowing, Centre	
		for Teaching and Learning, Queen's,	
		Member of the Mohawks of the Bay of	
		Quinte in Tyendinaga Mohawk Territory	
Jason Pennington	CWG	CWG ¹ , Member of the Huron-Wendat	Met 1:1
(CWG)		community of the Wendake near London	
		Ontario, Physician,	
		Faculty, University of Toronto	
Sarah Funnell	Faculty	Indigenous Health Director, Assistant	Met 1:1
(Faculty)		Professor, Queen's Family Medicine,	
		Founding Director of the Centre for	
		Indigenous Health Research and	
		Education, University of Ottawa,	
		Algonquin, and Tuscarora and grew up	
		among the Mississaugas of Alderville First	
		Nation	
Cheng-Jung Lin	Student	Occupational therapist, PhD from	Met 1:1
(Student)		Rehabilitation Sci, QHS ²	
		Northern Quebec	
Al Doxtator (Elder)	Elder	Office of Indigenous Initiatives, Member	Met x 2 1:1
		of the Bear Clan if the Oneida First Nation	
		of the Thames	
Caroline Instrum	Student	Indigenous Learners in Health Sciences	Met 1:1
(Student)		for undergrad, Métis from Nova Scotia	
Helena (last name	Student	Indigenous Learners in Health Sciences	Met 1:1
unknown; student)		for undergrad	
Janet Jull (Faculty)	Faculty	Assistant Prof. Rehabilitation QHS,	Willing to participate.
		Researcher in collaboration with Inuit,	Unable to find a time
		Metis, First Nations, and urban	that worked for
		Indigenous people	everyone.
Anna Couch (Staff)	Staff	CWG	Willing to participate if
		Postgraduate Program Coordinator,	needed participants for
		School of Medicine, Obstetrics &	workshop.
		Gynaecology, QHS	
Colleen Davidson	Faculty	Associate Dean EDI ³ QHS	Met 1:1
(Faculty)			
Giselle Valarezo	Staff	EDI Program Manager, EDI Office	Met 1:1
(Staff)			

Note:

1. CWG: Curriculum Working Group

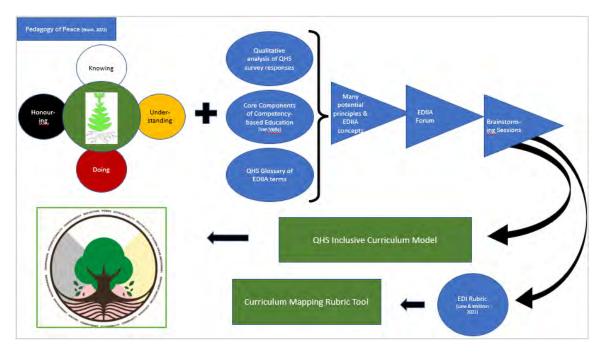
2. QHS: Queen's Health Sciences

3. EDI: Equity, Diversity, and Inclusion

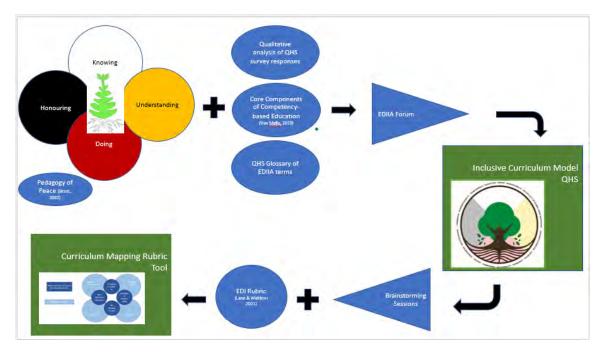
Appendix E Early Engagement Power Point Drafts

Slide 1. Model Development Process

DRAFT 1



DRAFT 2



Slide 2: Core Principles and Model

Draft 1

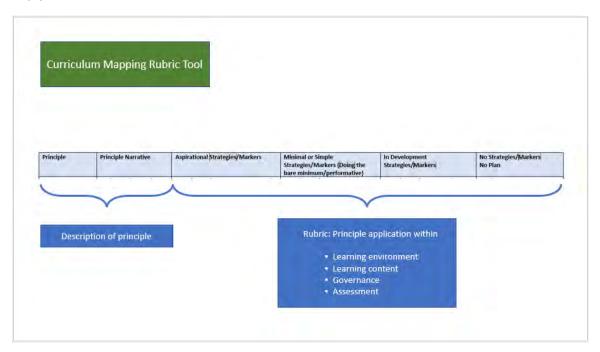


DRAFT 2

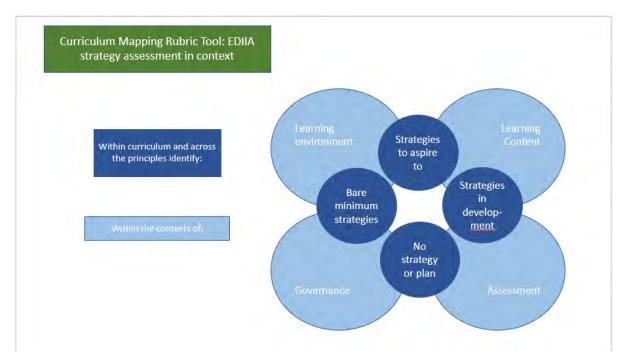


Slide 3: Curriculum Mapping Rubric Tool / Model

Draft 1



DRAFT 2



Appendix F	Invitation	Email

Good morning/ afternoon _______

My name is Pauline Gaprielian and I am a part of a <u>Queen's Health Sciences (QHS) studentship project</u> within the <u>Curriculum across QHS Working Group</u> for the <u>Dean's Action Table on Equity, Diversity,</u> Inclusion, (Indigeneity, and Accessibility).

Our studentship team consists of graduate students from the Schools of Medicine (Pauline & Sareena) and Nursing (Ben). Our project further develops an inclusive curriculum model prototype informed by EDIIA principles and competencies. Our group aims to engage with Indigenous community members including yourself regarding the inclusion of Indigenous frameworks and imagery, including the Pedagogy of Peace and the Tree of Peace and Medicine Wheel.

Our engagement with you: we are hoping to use your input as a member of _____ to further develop our curricular model. We are hoping to engage with you on the topic of the QHS curricular model by:

- Meeting initially with us at your convenience virtually or on the phone in August or September. This would allow us to introduce ourselves, learn more about you, and to briefly introduce the studentship model and tool.
- Attending a feedback circle workshop event on campus on Friday, October 14th (times TBD virtual alternative is being planned, date TBD)
- To explore traditional ways of knowing in the curricula by listening and learning from the Queen's Elders and Indigenous collaborators invited and
- To understand whether our model and tool support decolonization through the integration of Traditional ways of knowing.

The goal of the workshop would be to engage members of the Indigenous community who work at Queen's University. This engagement would ideally provide feedback on the existing work done by the working group (model and tool) and direct our working group to the next steps.

We want to acknowledge that we are non-Indigenous students working in a western lens. Our intention is to try and improve the inclusion of Indigenous and western styles of teaching/ learning/ being/ doing. We acknowledge that there will be missteps and are open to changing strategies.

If you are available to meet virtually, or in-person please let us know and we will work to arrange an introductory meeting.

Thank you for your time, Milgwetch,

We look forward to meeting with you one-on-one.

Pauline Gaprielian, Ben Carroll, Sareena McDonald (alum consultant)

Appendix G Power Point Slides and Notes for In Person Workshop



Intros & positionality



I would like to respectfully & gratefully acknowledge that the land on which we are learning and working together is the traditional land of the Anishinabek and the Haudenosaunee, and that we in healthcare have been culpable in the exclusion of First Nations, Inuit, Metis, and global indigenous immigrant and refugee peoples from the land, and from health and health education systems, and that we as health care providers have an ethical and professional responsibility to no longer be complicit with or complacent in the face of settler colonialism — that includes acknowledging Two Spirit and global Indigenous understandings of gender in our practice.

Deer, Ka'nhehsí:io (06 Sept 2020). Beaded map of Canada creates 'a sense of community' among Indigenous artists amid the pandemic. CBC News [Website].

https://www.cbc.ca/news/indigenous/beaded-map-canada-completion-1.5712673

(PHAC, 2019) <a href="https://www.canada.ca/en/public-health/corporate/publications/chief-public-health-corporate/publications/chief-public-health-corporate/publications/chief-public-health-corporate/publications/chief-public-health-corporate/publications/chief-public-health-corporate/publications/chief-public-health-corporate/publications/chief-public-health-corporate/publications/chief-public-health-corporate/publications/chief-public-health-corporate/publications/chief-public-health-corporate/publications/chief-public-health-corporate/publications/chief-public-health-corporate/publications/chief-public-health-corporate/publications/chief-public-health-corporate/publications/chief-public-health-corporate/publications/chief-public-health-corporate/public-health-c

Bourque Bearskin, R. L. (2011). A critical lens on culture in nursing practice. *Nursing Ethics*, *18*(4), 548-559.

Thorne, S. 2019. Genocide by a million paper cuts. Nursing Inquiry doi:10.1111/nin12314 https://onlinelibrary.wiley.com/doi/epdf/10.1111/nin.12314

Questions for you/us:

- Are we (mis)appropriating stuff --> how to ask openly to participants
- Asking for how they connect to the teachings in the 4 directions part
- Gaps in principles part

- recommendation: DAT EDI Indigenous advisory committee
- -- need for lifelong learning (Anna, residency learning) continuous quality improvement



--> How we could better promote a more equitable, diverse, and inclusive learning, working, and teaching environment within our faculty?

Icons: first column: traditional teaching methods, second: increasing recognition of importance of clinic, reflection, e-learning [also hidden curriculum]

From EDIIA Glossary:

The term curriculum (plural curricula) derives from the **Latin** word "currere" meaning the **racecourse or runaway**. This understanding is important as it conceptualizes curriculum as a **journey or path which one takes to reach their goal**.

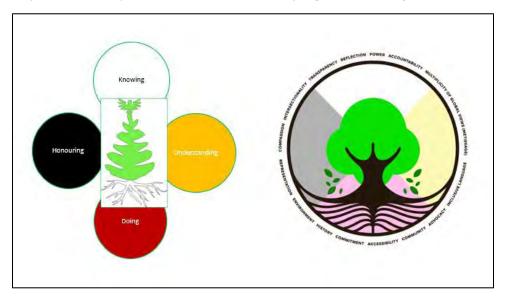
In education, we define curriculum as the **purposeful design or redesign of a set of connected teaching and learning experiences forming a connected whole**. "A plan for learning" consisting of a "web of interrelated and aligned activities" working together to achieve certain educational outcomes (Thijs & van den Akker's, 2009)

"[Curricula] should be viewed not simply as an aggregate of separate subjects but rather as a programme of study where the **whole is greater than the sum of the parts**" (Harden et al, 1997)

From the survey FHS:

Curriculum:

- •is what you learn in a classroom environment within a course
- •is the **necessary knowledge** needed to navigate the system and be successful
- •teaches organization and experts how to respond to real world events
- •is not only made up of academic experiences but also incorporates social experiences
- •goes beyond our academic and social experience and actually **contains implicit hidden content**. https://healthsci.queensu.ca/academics/edi/style-guide [Glossary – internal document still?]



The CWG committee defined terms and identified some core principles:

- 1) Transparency
- 2) Accountability
- 3) Decolonization
- 4) Multiple world views
- 5) Creation of safe spaces

We wondered, "how can we best organize these? What frameworks could we use?"

We grappled with many frameworks and approaches:

- •initially discussed competency-based frameworks
- •literature review for frameworks for incorporating EDIIA specifically into curricula led us to the pedagogy of peace framework
- •L Brant, Queen's Centre for Teaching and Learning

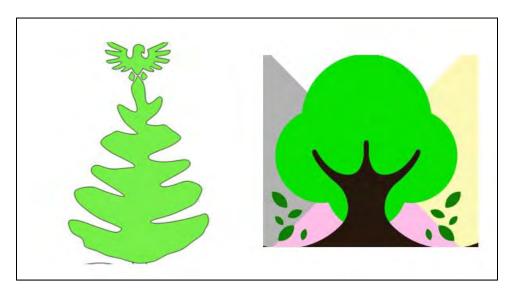
We wanted to create an image that

- •contained the story and meaning behind what we were developing and
- •could be used as a guide for future work in QHS curriculum change

We appreciated the Pedagogy of Peace for its emphasis on a circular path and growth that aligned with the concept of the lifelong learner in health professions.

"Many Indigenous peoples and/or groups make use of sharing circles, talking or healing circles as a way to support their families, communities and nations.

- •In these circles, everyone is equal.
- •All are given a voice; all are given the opportunity to speak and be heard.
- •There is a lot of support, sharing and reciprocity in this approach as well.
- •It balances the power within the space, and within the hierarchy of those in the circle.
- •In circle, the concept of "hierarchy" is effectively erased as all are viewed as equal in their powers and abilities to both teach and learn.
- •Women often lead in circle, with the Elders or more experienced knowledge holders keeping a watch in the circle and observing to see when the younger ones are capable of taking on new responsibilities within ceremony and communities.
- •creates an inclusive, balanced and safe classroom community where connection, sharing, respect, and reciprocity are valued and encouraged."



Brant's POP model which

- •centres an evergreen great white pine following Haudenosaunee Tree of Peace
- •"The Tree of Peace is a Great White Pine Tree that was chosen by The Peacemaker to symbolize Great Peace.

- It represents the unity of the confederacy that would be felt if the nations accepted the Great Law of Peace and took shelter together under and around that tree.
- •This particular type of tree was chosen because it was tall with long branches that would cover the nations of the Confederacy....
- •An Eagle perches at the top of the tree to act as a Guardian and Protector and to warn the nations of anything that might be coming to endanger or threaten that peace. "

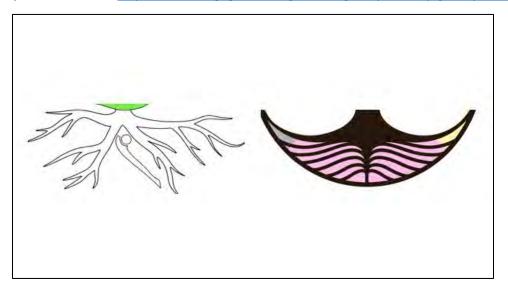
Coniferous: representing Indigenous knowledge that has been here since the beginning, will be growing here far beyond our time and do not die despite severe hardships.

The three branches of the canopy represent the three schools of QHS. Rehabilitation, Nursing, and Medicine each contribute to the wider body of health science knowledge in the canopy.

deciduous tree Shedding leaves to represent the

- cycles of learning and unlearning,
- •growth in the reflection, critique, and reworking of biases, ideas, and experiences that rigorous knowledge generation requires.
- •the process of decolonization that is the main guiding principle of the committee:
- •The shedding of old, colonial ideas in favour of new ideas and renewal of the ancient Indigenous knowledges that have existed since the beginning of time.

(Peacemaker ref: https://www.engageforchange.ca/blog/do-you-carry-great-peace)



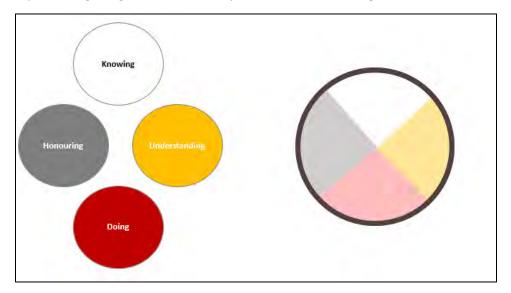
Tree of Peace:

- The deep roots go out in four directions
- •"It was also said that an Iroquoian war club or hatchet was buried underneath the tree to represent that the warring that had been going on between the nations had ended, and all who took shelter under the tree had agreed to accept that message of peace and join together to form that Confederacy.

Curriculum model:

the roots representing the different framework principles, and then spread far to meet to circle the tree with interwoven principles forming a comprehensive curriculum.

In the model the initial principles are represented by the 15 roots of the tree with the historical connection through the central tap root. The other 14 roots fanning out as leaves of an open book representing the growth and development of new knowledge nourished from the wisdom of the past.

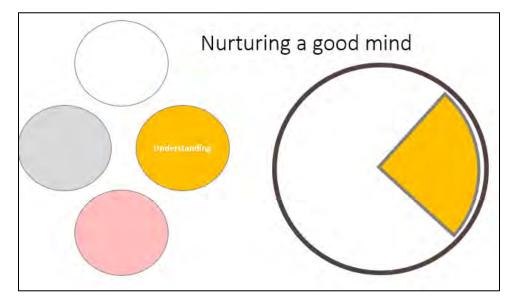


Lindsay:

- "four directions are representative of the four cardinal directions, four winds, four seasons, four stages
 of life, and our ceremonial calendar goes by the seasons/moons/time of year, etc. The four
 directions also represent the four aspects of being: emotional, spiritual, physical, and mental ...
- •The Medicine Wheel framework is an Anishinaabe tradition. [Haudenosaunee] didn't have a visually depicted wheel in the form of a Medicine Wheel originally."

The background highlights the environment occurring in the 4 dimensions of the pedagogy of peace. Anishinaabe tradition of the Medicine Wheel – starting in the east -- sunrise

· Moving around through all of these and then beginning the cycle again.



Understanding -

starting in the east with the sunrise

receptive to new & holistic knowing that is reflective, cognitive, intellectual, emotional, socially reciprocal.

Nurturing a good mind

- Positive emotional growth
- Developing social skills for working together
- Shared leadership
- Co-creation of both content and classroom climate
- Diverse knowledges and ways of knowing
- Challenging what constitutes 'knowledge'
- Question which knowledges are privileged
- Examining personal bias and privilege

7 teachings (also in Haudenosaunee) = what putting out so need to know w/in self – apply to self-first before applying to others. Can't talk about something w/out understanding it and applying to own life first --> make it into own reality first = next steps

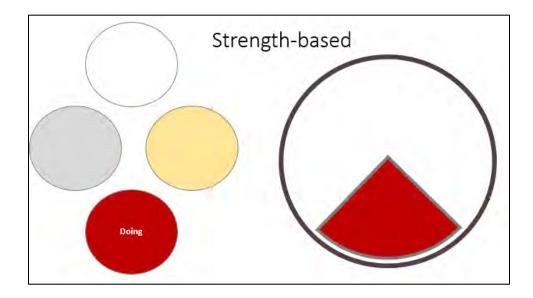
The 7 Grandfathers Teachings

- Humility Dbaadendiziwin. Humility is represented by the wolf. ...
- •Bravery Aakwa'ode'ewin. Bravery is represented by the bear. ...
- •Honesty Gwekwaadziwin. Honesty is represented by either the raven or the sabe. ...
- •Wisdom Nbwaakaawin. ...
- •Truth Debwewin. ...
- Respect Mnaadendimowin. ...
- •Love Zaagidwin.

https://unitingthreefiresagainstviolence.org/the-7-grandfathers-teachin/

From webpage:

https://www.queensu.ca/ctl/sites/ctlwww/files/uploaded_files/Resources/Decolonization%20and%20Indigenization/Pedagogy%20of%20Peace%20Curriculum%20Framework.pdf



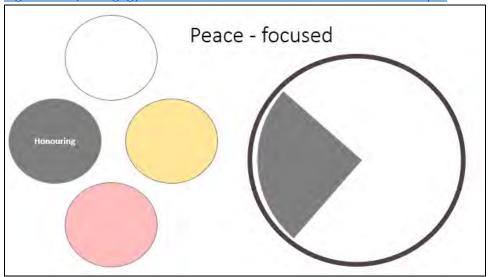
- ·Then moving to the South
- Doing practice, from the varieties of means and methods of doing things & grounded in cultural responsiveness, connection, building, and sharing.

Doing: Strength based

- Research-focused and practice-oriented i.e., "learning by doing"
- Culturally responsive learning communities
- Student belief in self
- Variety of teaching and learning approaches
- Grounded in connection and relationship building (sharing & cooperation)
- Structure for success

From webpage:

https://www.queensu.ca/ctl/sites/ctlwww/files/uploaded_files/Resources/Decolonization%20and%20In_digenization/Pedagogy%20of%20Peace%20Curriculum%20Framework.pdf



·Moving westward

O Honouring – emphasizing sustainability, nurturing self, and others, understanding contexts, preserving existing interests and seeking out future oriented solutions

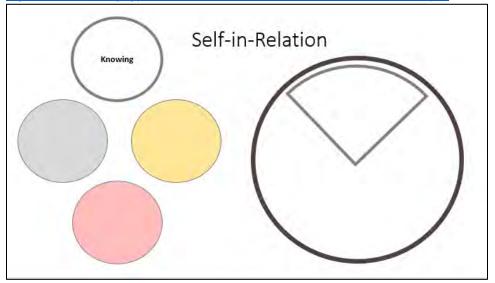
O AD: double edged sword because lauding good but also risk of hubris putting self on pedestal

Honouring peace focused.

- Promoting sustainability
- Nurturing relationships to self, others, environment (place-based/land-based learning)
- Preserving social and community interests
- Solution and future oriented
- Model and promote integrity, initiative, and persistence
- Accountability and belonging
- Reciprocal respect, trust, and care
- Value individuals and cultures

From webpage

https://www.queensu.ca/ctl/sites/ctlwww/files/uploaded_files/Resources/Decolonization%20and%20In_digenization/Pedagogy%20of%20Peace%20Curriculum%20Framework.pdf



·North

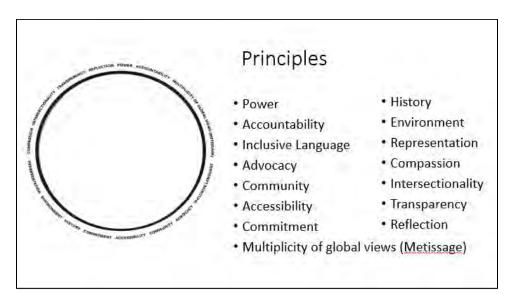
O Knowing = integrated synthesis in responsible and holistic development, engagement in relations with self, interpersonal, community and environment that respects interconnected nature of these but also brings about new awareness à and so beginning the cycle again.

Knowing - self in relation - others and the land

- Social responsibility and community engagement
- Personal and interpersonal responsibilities
- Collaboration
- Interconnectedness
- Intercultural competence
- Self-Management
- Focus on self-improvement
- Holistic development of self (emotional, spiritual, physical, mental)

From webpage

https://www.queensu.ca/ctl/sites/ctlwww/files/uploaded_files/Resources/Decolonization%20and%20Indigenization/Pedagogy%20of%20Peace%20Curriculum%20Framework.pdf

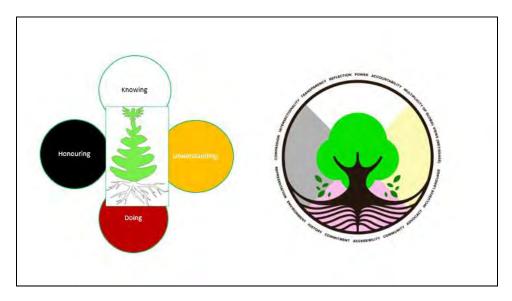


The roots circle the tree with the principles forming a comprehensive curriculum.

The 7 Grandfathers Teachings

- Humility Dbaadendiziwin. Humility is represented by the wolf. ...
- •Bravery Aakwa'ode'ewin. Bravery is represented by the bear. ...
- •Honesty Gwekwaadziwin. Honesty is represented by either the raven or the sabe. ...
- •Wisdom Nbwaakaawin. ...
- •Truth Debwewin. ...
- Respect Mnaadendimowin. ...
- •Love Zaagidwin

https://unitingthreefiresagainstviolence.org/the-7-grandfathers-teachin/

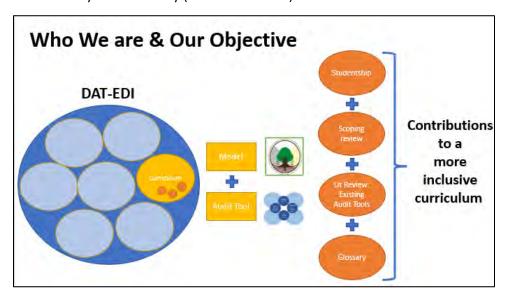


To highlight the circularity of sharing and growing knowledge we wanted to create an image.

How are you going to use

- How can this model do what it is going to do?
- Using Indig approach but across all kinds of anti-oppression work can it do that ? -- How do we intend to use this in application
 - · Are we doing the same thing over again or actually shedding colonial thinking

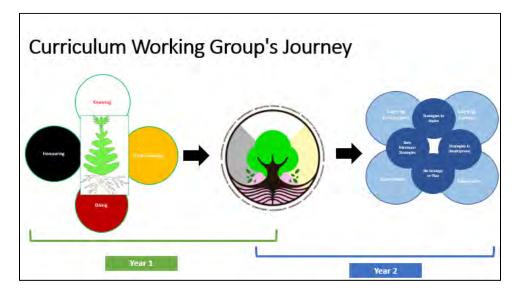
- changes tool from a deficit model to a development model to apply med wheel to rubric cats
- what have you taken away (leaves have shed) DOING & UNDOING



This provides an overview of the Deans Action Table on Equity Diversity and Inclusion. Within the DAT-EDI, there are 7 working groups covering different sections, which you are hearing from today.

The curriculum working group has developed an inclusive curriculum model which is meant to outline the ideal curriculum in QHS. To make sure the model actually gets used, an audit tool was also developed along with the model.

Before we get into the model and audit tool, the next couple of slides will introduce you to some supporting activities that are underway in the Curriculum WG, including a studentship, a scoping review, a report on the audit tools, and a glossary of terms.



This slide is an overview of the Curriculum Working Group's journey.

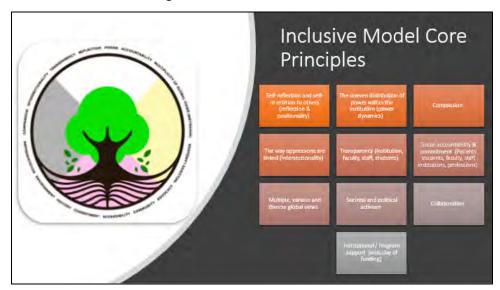
It shows that Lindsay Brant's pedagogy of peace was used to develop the Inclusive curriculum model and principles we presented last year.

This year the principles were refined into core principles.

Based on the model, any number of tools and resources to support curriculum change can be created.

The first tool is a curriculum audit tool to review current curriculum content of programs.

The tool includes four rubric gradients shown here in the navy circles across four aspects of the curriculum shown in the light blue circles.



This slide details the symbolism of the model and the refining of the principles.

In the model the initial principles are represented by the 15 roots of the tree with the historical connection through the central tap root. These also depict the leafing pages of a book so that these roots nourish new knowledge, growth, and development of the tree. The three branches of the canopy

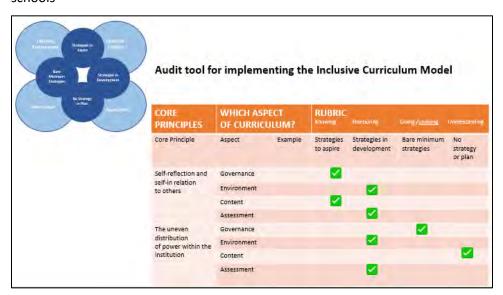
represent the three schools of QHS. The Indigenous models depict evergreen coniferous trees to represent how Indigenous knowledges have been on Turtle Island since the beginning of time and do not die despite severe hardships. Our canopy is deciduous with the falling leaves representing the shedding of disproven or outdated ideas and the decolonization of health science curriculum. Finally, the medicine wheel colours align with learning journey stages as we described last year.

The initial Inclusive curriculum principles listed around the image were always overlapping and so this year some of them were combined into larger core principles seen on the right. Clarified this year was the concept of social accountability – to reinforce integrity to the historical and societal contexts in which we operate and to communities QHS serves to varying degrees of success. These core principles informed the curriculum audit tool.

accountability

I.e., societal, and historical context of field, policy changes that affect Faculty.

Draw out the medicine wheel/four directions aspect, clarify the other symbolism. 3 branches = 3 schools



This is a really high-level overview of how the curriculum audit tool works.

The curriculum audit tool measures the core principles across the items depicted in its model: four rubric gradients in the navy circles across the four curricular aspects in the light blue circles.

Two core principles are listed here.

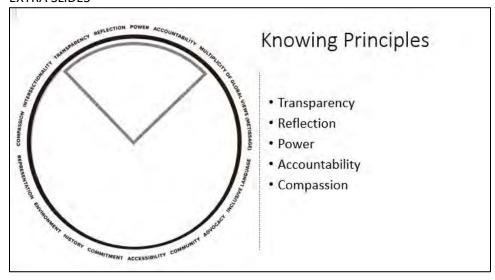
The curriculum audit tool looks at each of the core principles in four aspects of the curriculum: governance, environment, content, assessment.

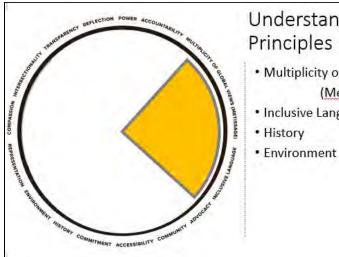
These aspects of a curriculum would be graded across the 4 items of the rubric provided: No strategy or plan, Bare minimum strategies, Strategies in development, and Strategies to aspire to.



Niawen'kó: wa [pron: Nyah weh – thank you goah – very much] - Haudenosaunee Chi (very much) Miigwetch (thank you)- Anishinaabe https://www.queensu.ca/ctl/resources/decolonizing-and-indigenizing/pedagogy-peace

EXTRA SLIDES





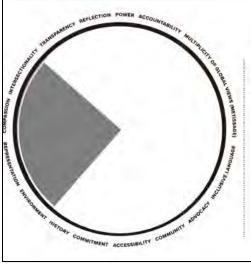
Understanding

- Multiplicity of Global Views (Metissage)
- Inclusive Language



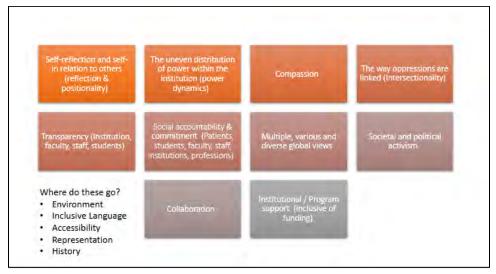
Doing Principles

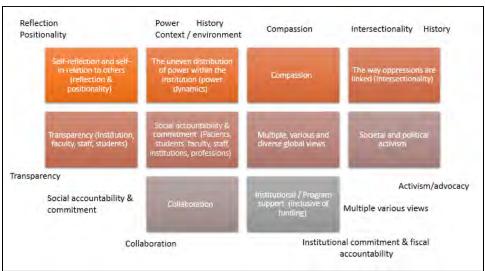
- Representation
- Environment
- Commitment
- Accessibility
- Advocacy



Honouring Principles

- Accountability
- Commitment





Appendix H

Posters & Abstracts, International Congress of Nurses Congress

Presented at the International Council of Nurses Congress, Montreal, July 1-5, 2023, by Ben Carroll:

#8082 "IT'S ABOUT TAKING THE TIME TO UNDERSTAND": LISTENING TO INDIGENOUS ELDERS' AND RIGHTS HOLDERS' INSIGHTS ON AN INCLUSIVE CURRICULUM MODEL

Benjamin Carroll¹, Pauline Gaprielian², Sareena McDonald²

¹School of Nursing, Queen's University, Kingston, Canada, ²Health Sciences, Queen's University, Kingston, Canada

AS07 SUB-THEME 07: Promoting and enabling healthier communities » AS07b Promoting policies for health, well-being, and equity

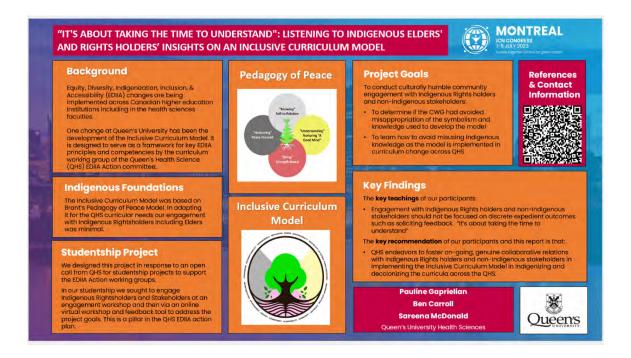
Abstract Body

This presentation describes a student fellowship initiative to engage Indigenous rightsholders to provide feedback on an **inclusive curriculum model** for nursing and health sciences at a university in Canada.

Decolonization of nursing and health science education in Canada has been driven by several national calls to action. Nursing regulatory, accreditation, and research funding bodies are promoting substantive changes within nursing education. Queen's University Faculty of Health Sciences has responded to these calls to action by creating an interprofessional action table committee with representation from across the faculty. The curriculum subcommittee developed an inclusive curriculum model that centres culturally safe service to equity-deserving communities. The Inclusive Curriculum Model was developed partly from a local educational model informed by Haudenosaunee and Anishinaabe knowledge.

The interdisciplinary student fellowship team developed the model further in response to guidance provided by Indigenous Elders and rightsholders at Queen's during individual meetings, a workshop, and through an online feedback tool. This presentation will describe the symbolism of the model and the students' essential learnings from these community engagements, which strengthened relationships between the curriculum subcommittee and Indigenous Elders and rightsholders within the Queen's community. These engagements will inform the continued use of the model and the work of the action table within the Faculty of Health Sciences as well as broader outreach with local Indigenous communities outside of Queen's University. The Inclusive Curriculum Model and the engagement and feedback processes utilized have applications to other nursing and health science education institutions looking to decolonize their curricula.

Keywords: Decolonization, Indigenous Knowledge, Curriculum Innovation & Development



#6199 BUILDING A PATH OF LEARNING: CULTIVATING INCLUSIVE NURSING CURRICULA ACROSS THREE STAGES OF LEARNING

Benjamin Carroll¹, Eleftherios Soleas², Ryan Truong³

¹School of Nursing, Queen's University, Kingston, Canada, ²Office of Professional Development & Educational Scholarship, Queen's University, Kingston, Canada, ³Office of Equity and Social Accountability, Queen's University, Kingston, Canada

ASO3 SUB-THEME 03: Driving the professional practice of nursing through regulation and education » ASO3i Preparing the nurse of the future

Abstract Submission

Abstract Body

Aim/Purpose: To describe initial initiatives for the integration of equity, diversity, inclusion, Indigenization, and accessibility (EDIIA) to nursing education of one health science faculty's interprofessional context.

Background: There has been a groundswell of EDIIA initiatives across Canadian nursing education driven by several major calls to action and supported by nursing professional and accreditation bodies. Queen's Health Sciences has accepted these calls by creating an interprofessional action table for EDIIA from across the faculty including representation by students from equity-deserving groups and from the school of nursing.

Discussion: Using exemplar narratives structured on the Defined Criteria To Report INnovations in Education (DoCTRINE) checklist, we will describe the development of EDIIA initiatives to generate nurses equipped with **culturally safe** approaches to serving equity-deserving populations. Initial activities developed address EDIIA integration in three ways: **outreach** to future students, **curriculum change** for current students, and **professional development** to the life-long learners among faculty and staff. These groups of learners occupy three stages of curricular initiatives building a path of learning in nursing and health sciences.

Significance: Initiatives developed by the outreach group for future nursing students focused on **exploratory experiences, mentorship,** and **financial support**. Those developed by the curriculum group for current students created a strong foundation for EDIIA in nursing education and practice through the development of an **inclusive curriculum model**. Initiatives by the professional development group for those furthest along the path of nursing education, faculty and staff, prioritized **reorienting and redirecting both people and programming along an EDIIA path of learning**.

Keywords: Curriculum innovation & development, Social justice, Continuing professional development and life-long learning

Oueen's



Appendix I

Online Module Presentation and Transcript

Published by Articulate® Storyline www.articulate.com

Access this online module here from any device:



https://dswmentalhealth.ca/inclusive-curriculum-model-feedback/

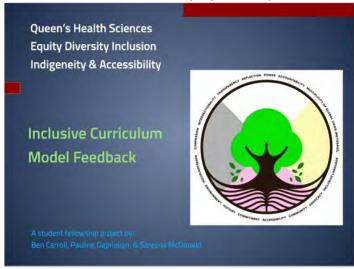
Portal



Inclusive Curriculum Model Feedback Module

1. Intro slides

1.1 Queen's Health Sciences Equity Diversity Inclusion Indigeneity & Accessibility



Narration: Hi, welcome to the inclusive curriculum model feedback for Queens Health Sciences. My name is Ben Carroll, and I'll be reading through this presentation and introducing you to the model that was developed by the Equity Diversity and Inclusion indigeneity and accessibility committee.

1.2 Navigating through this presentation:



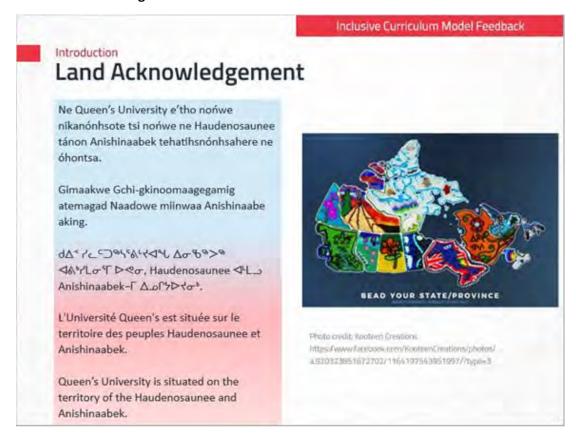
Narration: Navigating through the presentation is fairly straightforward. Around the presentation, you'll see a black border no matter what device you're on, and there's two little arrows in the bottom right-hand side of the screen, the one pointing to the left will move you to the previous screen, the one pointing to the right will advance you to the next screen. On a laptop, there's also a full menu that runs down the left-hand side, you can click the titles to go to whatever screen you need. On some screens, there are directions to click a tab, or to click column headers, for example, and then there will be something that pops up or opens up. Some of those will have an overlying window with an X that appears in the top right to close that window. So, just follow the instructions on the slide to open up images and close them and follow further information.

You can use a laptop on which you'll have the most access to navigating the around the presentation. You can also use a tablet or phones to go through the presentation. You should be listening to recordings throughout. And if you do not make sure your ringer is on if you're on a phone or and that the volume is up on your device.

There are six slides throughout separating the different sections for you to provide information if you so choose. You can provide as much or as little feedback as you'd like to us using the feedback package document provided that has spaces for each of those sections that was emailed to you along with the link, then you can just simply email that feedback package back to us it says a word document. So, if for some reason you can't open a Word document, please just get back to us and we'll find another solution for you. You can also contact us using email from which you got this link or using any of the emails on a slide toward the end of the presentation.

We'd just like to take this opportunity to thank you for opening the link and having a look through the presentation. And we're very grateful for your time and insights.

1.3 Land Acknowledgement

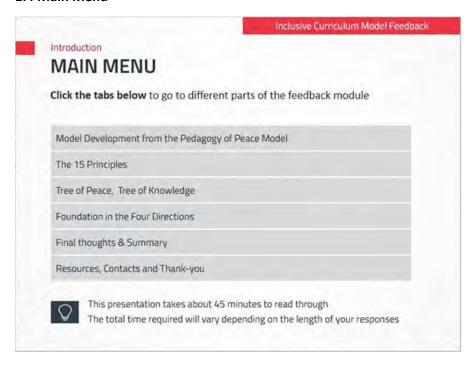


2:54 (mm: ss)

Narration: We would like to respectfully & gratefully acknowledge that the land on which we are learning and working together is the traditional land of the Anishinabek and the Haudenosaunee. Queen's and Kingston are also home to many First Nations, Metis, and Inuit people from across Turtle Island as well as global Indigenous people from around the world.

We would also like to acknowledge that we in healthcare have been culpable in the exclusion of First Nations, Inuit, Metis, and global Indigenous immigrant and refugee peoples from the land, and from health and health education systems. We as health care providers have an ethical and professional responsibility to no longer be complicit with or complacent in the face of settler colonialism. Our actions in supporting Indigeneity in our curricula require meaningful change towards decolonization and a recognition that the Truth and Reconciliation calls to action are only a starting point.

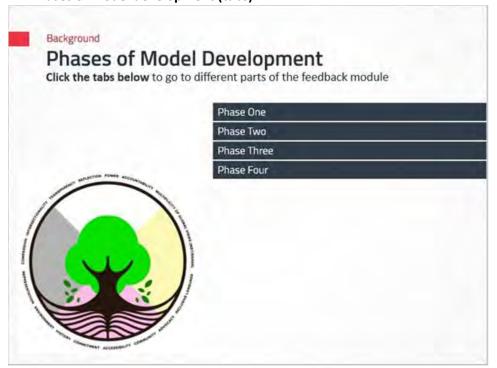
1.4 Main Menu



Narration: The different tabs below, when you click on them will go to those particular sections of the module. Each of the modules ends and returns to this slide. The entire module will take about 45 minutes to go through. However, the total time required also varies depending upon the time you take on your responses in the feedback package.

2. Background: Phases of Development

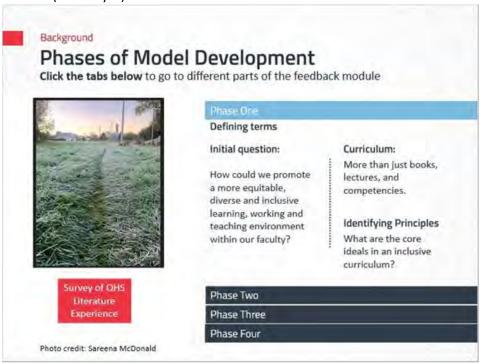
2.1 Phases of model development (tabs)



(04:29 mm: ss)

Narration: You would first like to describe some background material, namely how we developed the model. Please click on any of the tabs to read, see and hear how we move through the phases of development.

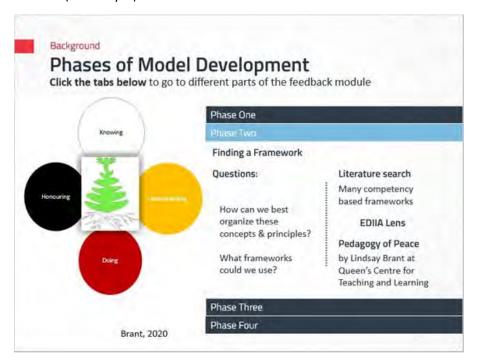
Phase 1 (Slide Layer)



04:51 (mm: ss)

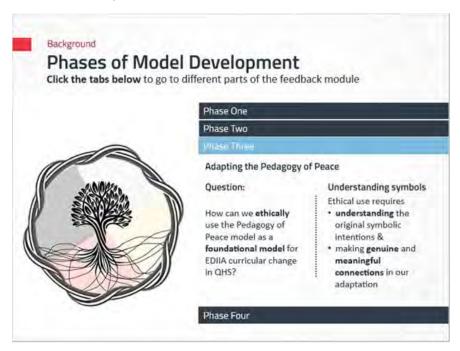
Narration: The initial phase for the curriculum committee of the Equity Diversity indigeneity inclusion and accessibility committee was to define our terms and figure out what, what it was that we were trying to do. And so that involves taking a survey of Queens, health sciences, staff, students, and faculty, as well as examining the literature and exploring the experiences of members of the committee from various equity deserving groups. And so, our initial question was, how could we promote a more equitable, diverse, and inclusive learning working in teaching environment within our faculty at Queen's Health Sciences. And are some of our defining terms included? Recognizing the curriculum is more than just books, lectures, and competencies. So, it includes things like learning spaces and environments and relationships, as well as we needed to identify principles. What are some of the core ideals in an inclusive curriculum?

Phase 2 (Slide Layer)



Narration: As we were brainstorming principles, we were also searching literature and searching how other institutions had done Equity and Diversity Inclusion, indigeneity and accessibility work and trying to find a framework. So, we looked through the literature and found one developed at Queen's curriculum, a specific model developed at Queen's that would help us then to best organize the concepts and principles around our ongoing work. And so, this is the pedagogy of peace model by Lindsey Brandt. She's at the Queen's Center for Teaching and Learning.

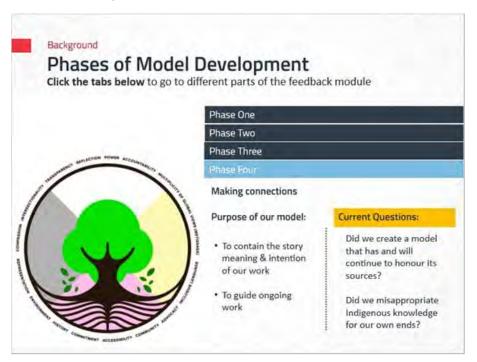
Phase 3 (Slide Layer)



8:10 (mm: ss)

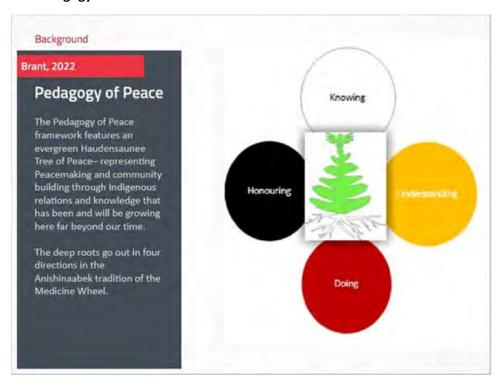
Narration: We were conscious of not appropriating Lindsey Brant's model wholesale. And we met with her and spoke with her about how we could ethically understand the symbolism and intentions of her model and then make genuine and meaningful, meaningful connections and our adaptation. And we developed some initial thoughts based on what we were finding with our principals and hearing from our Queens Health Sciences, faculty, students, staff, and members from equity deserving grips of the committee. And so, our initial drafts adopted some of the symbolism that Lindsay had used, but to the Faculty of Health Sciences at Queen's context.

Phase 4 (Slide Layer)



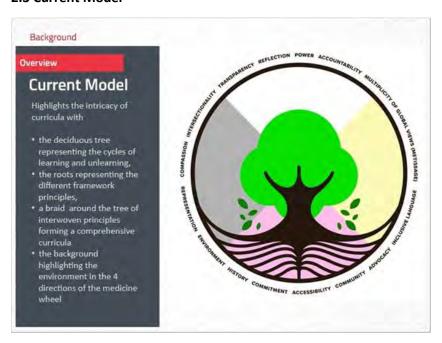
Narration: Pictured on the left is the current draft of the Inclusive Curriculum curricula model for Queens Health Sciences. And it's our hope that your insights might provide any needed changes that we should make to make it more inclusive and more appropriate for what we're trying to do. Remembering that the purpose of our model is to contain a story, meaning and intention of our work moving forward to guide ongoing work. So, our questions for you: 1. To what degree have we created a model that will continue to honor its sources? And 2. Have we misappropriated Indigenous knowledge for our own ends in creating this model? Or have we met the ethical mandate that we set for ourselves in the under the phase three tab.

2.2 Pedagogy of Peace



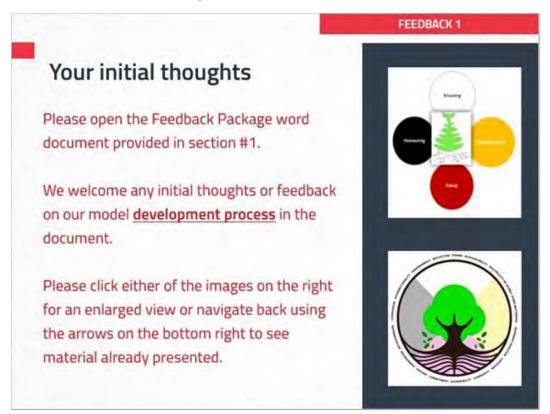
Narration: Lindsay Brandt's pedagogy of peace framework features an evergreen Haudenosaunee Tree of Peace, representing peacemaking and community building through indigenous relations and knowledge that has been and will be going here far beyond our time. The deep roots go out in four in the four directions in the Anishinabek tradition of the medicine wheel.

2.3 Current Model



Narration: The current model of the inclusive curriculum model highlights the intricacy of curricula through a deciduous tree representing the cycles of learning and unlearning. The roots represent the different framework principles, braid around the tree of inter woven principles forming comprehensive curricula and the background highlighting the environment in the four directions of the medicine wheel. So, we'll be going through the pedagogy of peace model and the inclusive curricular model for the Faculty of Health Sciences in greater detail throughout this presentation.

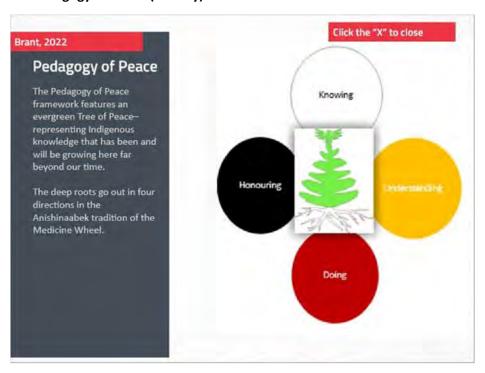
2.4 Feedback: Your initial thoughts



10:21

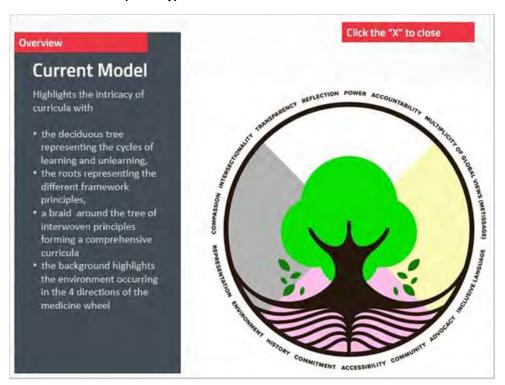
Narration: Before moving on to the next section, we'd like to welcome you to open the feedback package – a Word document that was also emailed to you. Look to section one where you might provide any thoughts or feedback on the model development process described here the different phases. You're welcome to click back to that phase slide and look through those phases again. You're also welcome to click on either of these two images on the right to see greater detail of the individual models.

2.5 Pedagogy of Peace (overlay)



[No transcript]

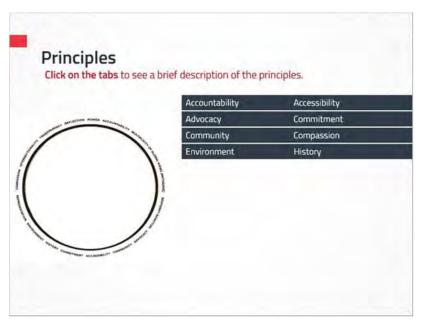
2.6 Current Model (overlay)



[No transcript]

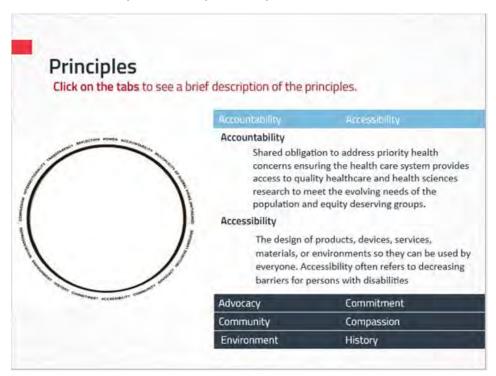
3. The 15 Principles

3.1 Principles 1 of 2



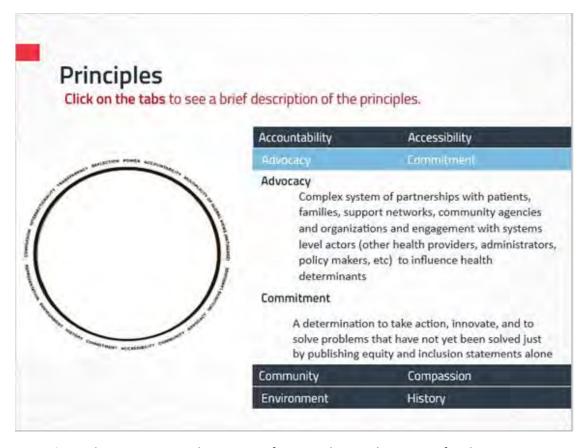
Narration: Next, we'd like to describe the principles for an inclusive curricular model that we brainstormed. You can click on the different tabs here to see the descriptions of the words listed in the tab on this slide and the next slide.

3.1.1 Accountability Accessibility (Slide Layer)



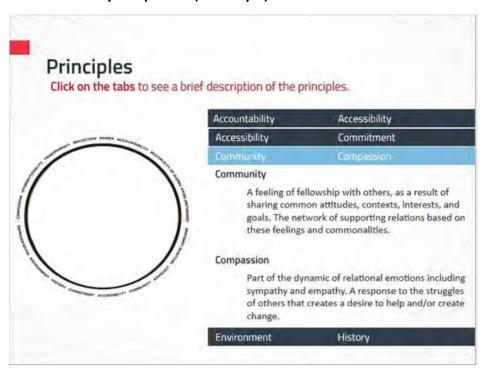
Narration: Accountability is the shared obligation to address priority health concerns ensuring the health care system provides access to quality health care, and health sciences research to meet the evolving needs of the population and of equity deserving groups. Accessibility is the design of products, devices, services, materials, or environments, so they can be used by everyone. Accessibility often refers to decreasing barriers for persons with disabilities.

3.1.2 Advocacy Commitment (Slide Layer)



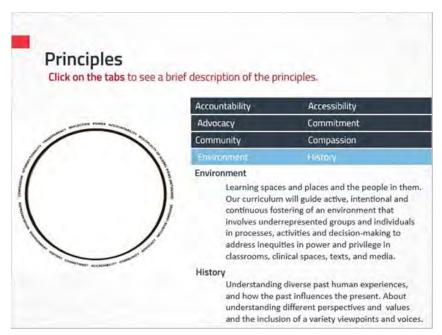
Narration: Advocacy is a complex system of partnerships with patients, families, support networks, community agencies and organizations, as well as engagement with systems level actors. So other health providers, administrators, policymakers, etc. influence health determinants. Commitment is a determination to act, innovate and to solve problems that have not yet been solved by publishing equity and inclusion. statements alone.

3.1.3 Community Compassion (Slide Layer)



Narration: Community is a feeling of fellowship with others as a result of sharing common attitudes, contexts interests and goals. It is also the network of supporting relations based on these feelings and commonalities. Compassion is part of a dynamic of relational emotions, including sympathy and empathy, or response to the struggles of others that creates a desire to help and or create change.

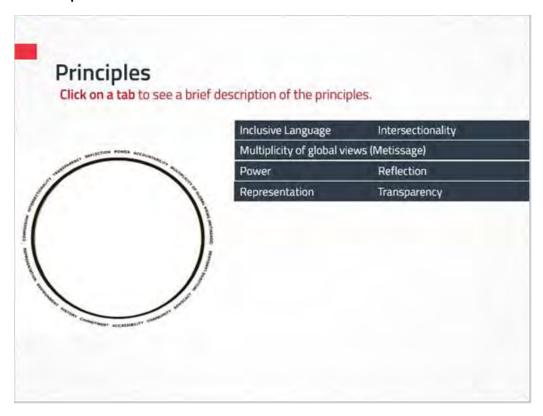
3.1.4 Environment History (Slide Layer)



Narration: Environment. Environment is learning spaces and places and the people in them. Our curriculum will guide active intentional and continuous fostering of an environment that involves underrepresented groups and individuals and processes, activities and decision making to address the inequities in power and privilege in classrooms, clinical spaces, texts, and media.

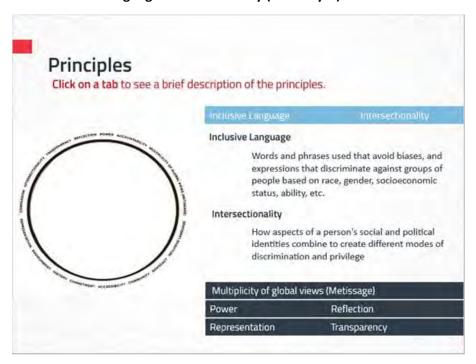
History, understanding past diverse human experiences and how the past influences the present about understanding different perspectives and values and the inclusion of a variety of viewpoints and voices.

3.2 Principles 2 of 2



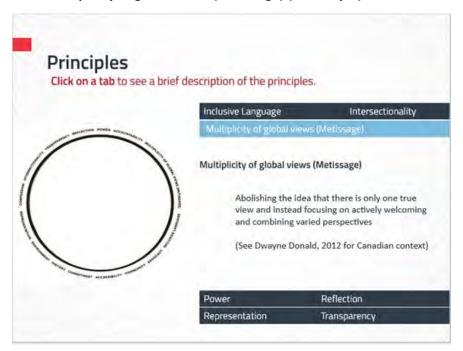
Narration: Please continue to click on the tabs to hear and see the last of the principles.

3.2.1 Inclusive Language Intersectionality (Slide Layer)



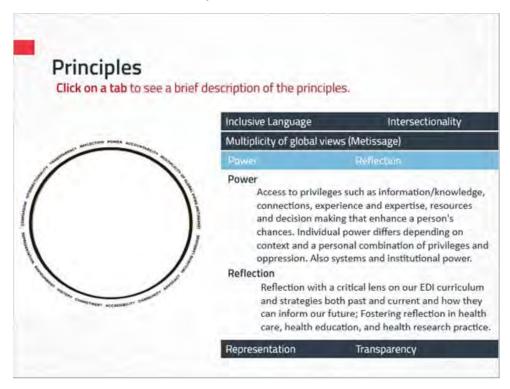
Narration: Inclusive language is using words and phrases that avoid biases and avoid expressions that discriminate against groups of people based on race, gender, socioeconomic status, ability, etc. Intersectionality is how aspects of a person's social and political identities combine to create different modes of discrimination and privilege.

3.2.2 Multiplicity of global views (Metissage) (Slide Layer)



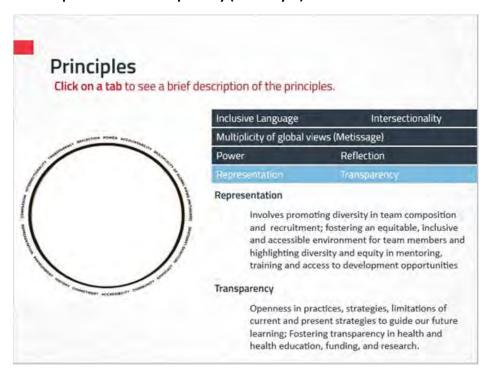
Narration: Multiplicity of global views – Metissage - Is about abolishing the idea that there's only one true view and instead focusing on actively welcoming and combining various perspectives. I invite you to see Dwayne Donald 2012 for a Canadian context.

3.2.3 Power Reflection (Slide Layer)



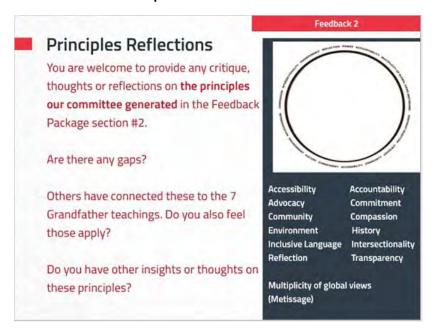
Narration: Power is access to privileges such as information knowledge, connections, experience and expertise, resources and decision making, making that enhance a person's chances. Individual power difference depending on a context and a personal combination of privileges and oppression. Power can also occur at the system's level and institutional level. Reflection with a critical lens on our EDIIA curriculum and strategies both past and current and how they can inform our future fostering reflection in healthcare health, education, and health research practice.

3.2.4 Representation Transparency (Slide Layer)



Narration: Representation involves promoting diversity in team composition and recruitment, fostering an equitable, inclusive, and accessible environment for team members and highlighting diversity and equity in mentoring, training, and access to development optic opportunities. Transparency is openness and practices strategies limitations of current and present strategies to guide our future learning fostering transparency in health and health education funding and research.

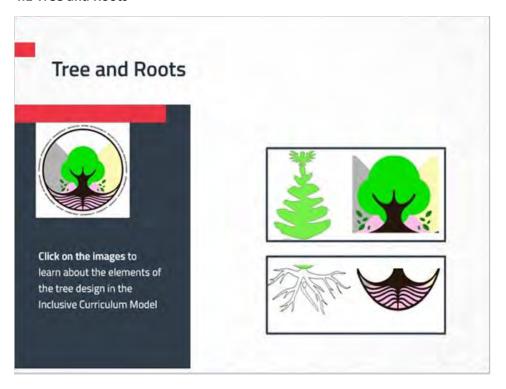
3.3 Feedback: 15 Principles



Narration: This is the second of four feedback indicator slides. So please refer to the feedback package section to comment or critique or provide any reflections on the principles that our committee generated, do you see any gaps? Do you see any connections to other teachings? Do you have any other insights or thoughts on these principles? Please bear in mind that the definitions that we provided our very surface level short definitions we welcome any thoughts on any gaps or oversights that we may have made.

4. The Tree and Roots

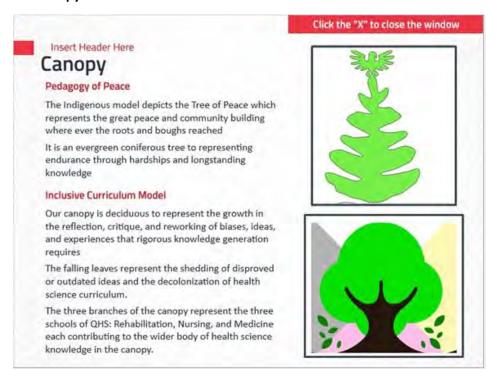
4.1 Tree and Roots



16:52 (mm's)

Narration: Next, we'd like to review the tree and roots imagery that is the central portion of the model. For this slide, you can click on either the tree canopy or the roots image to the right to see, hear, and read the description of the development of these images.

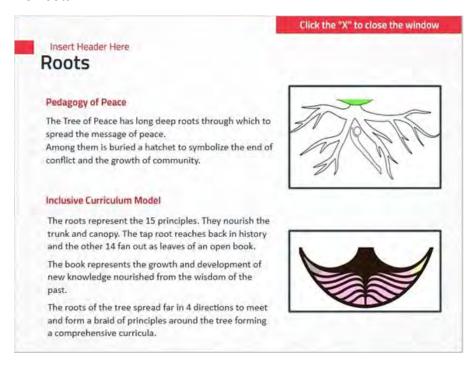
4.2 Canopy



Narration: The Pedagogy of Peace's canopy is an Indigenous model developed by Lindsay Brandt and based on her understandings of teachings from elders within her community. It depicts the Tree of Peace which represents great peace and community building wherever the roots and bows reach. It's an evergreen coniferous tree representing endurance through hardships and long-standing knowledge.

Inclusive Curriculum model. Our canopy is a deciduous tree to represent the growth in the reflection, critique and reworking of biases, ideas, and experiences that rigorous knowledge generation requires. The falling leaves represent the shedding of disproved or outdated ideas and the decolonization of health science curriculum. The three branches of the canopy represent the three schools of Queens health science, rehabilitation, nursing, and medicine, each contributing to the wider body of health science knowledge and the canopy.

4.3 Roots

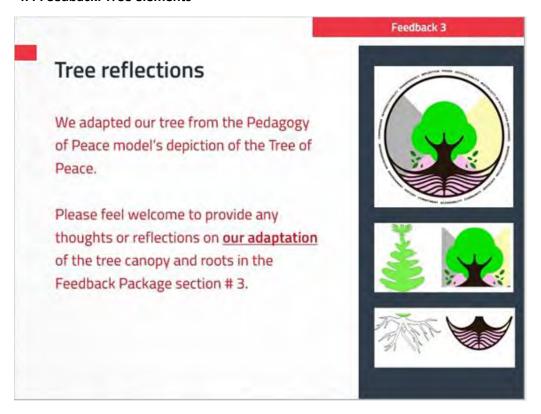


24:16 (mm: ss)

Narration: The Pedagogy of Peace model: the Tree of Peace has long, deep roots through which to spread the message of peace in the four directions of the medicine wheel. Among them is buried hatchet to symbolize the end of conflict and growth of community.

The inclusive curriculum model: The roots here represent the 15 principles. They nourish the trunk and canopy; the tap root reaches back in history and the other 14 fan out as leaves of an open book to rejoin into the braid that encircles the tree. The book represents the growth and development of new knowledge nourished from the wisdom in the past. The roots of the tree spread far in the four directions to meet and form braid of principles around the tree forming a comprehensive curriculum.

4.4 Feedback: Tree elements



Narration: We adopted the tree in our model from the pedagogy of peace models depiction of the Tree of Peace. Please feel welcome to provide any thoughts or reflections on our adaptation of the tree canopy and roots from the Tree of Peace in the feedback package at section three. Use the back arrows to go back to the previous slide to navigate to the canopy or roots slides if needed.

5. The Four Directions

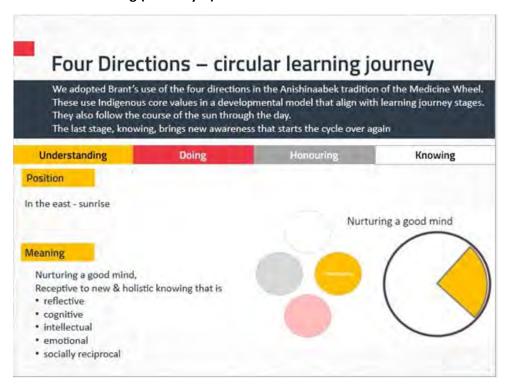
5.1 Four directions (tabs)



20:05 (mm: ss)

Narration: We adopted Brandt's use of the four directions in the Anishinaabe tradition of the medicine wheel. They use Indigenous core values in a developmental model that aligned with the student learning journey stages. They also follow the course of the sun through the day, and the last stage, knowing, brings new awareness that starts the cycle over again. For this slide, please click on the column headings to read and hear and see about the four core values.

5.1.1 Understanding (Slide Layer)



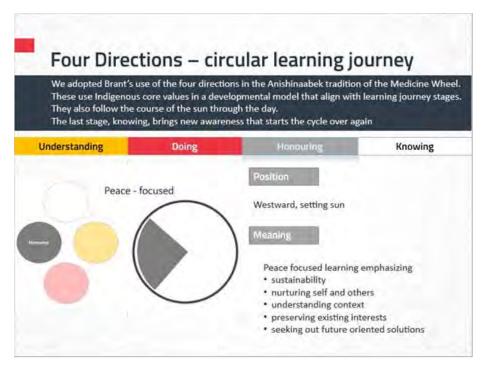
Narration: Understanding is in the east and starts the cycle. Brand calls this nurturing a good mind where one is receptive to new and holistic knowing that is reflective cognitive, intellectual, emotional, and socially reciprocal.

5.1.2 Doing (Slide Layer)



Narration: Doing is in the South. Its strength based, it's learning in practice and includes varieties of methods of doing things that are grounded in cultural responsiveness, connection building and sharing.

5.1.3 Honouring (Slide Layer)



Narration: The third cycle is west facing, it is peace focused on honoring and emphasizing sustainability, nurturing self, and others, understanding context, preserving existing interests and seeking out future oriented solutions.

5.1.4 Knowing (Slide Layer)



Narration: Finally, knowing it's in the north, and itself in relation, which is consolidating, reflecting, integrating synthesizing, focus on responsible and holistic development, and engage in engagement in relations with self interpersonally with community and the environment, respecting the interconnected nature of all of these, which brings about new awareness meaning a whole new understanding. So, then the cycle is restarted again.

5.2 Feedback: The Four Directions



Narration: We would highly value your insights on our adoption of the four directions from Lindsay Brandt's pedagogy of peace model.

Please give your feedback in section four of the feedback package.

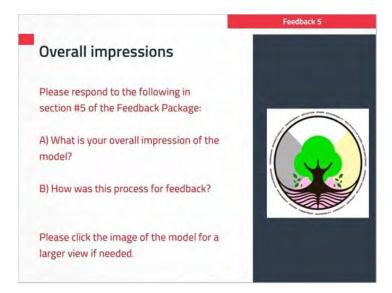
6. Final slides

6.1 Inclusive Curriculum Model



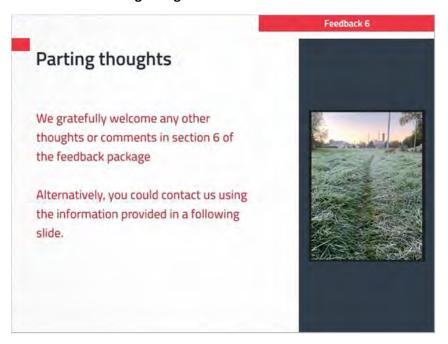
Narration: Thank you for your time, consideration, reflection, critique, and feedback on the details of the inclusive curriculum model. Your feedback will inform the continued use of the model and efforts to decolonize the curriculum throughout Queens Health Sciences. We also hope that your work here will inform the EDI offices curriculum Working Group on continued outreach within queens and with indigenous rights holders. And with broader outreach to the local Indigenous people outside of Queens University in ongoing work towards equity, diversity, inclusion, and access of health education

6.2 Feedback: Model Overall



Narration: Please respond to the following in Section Five of the feedback pot package, what is your overall impression of the model, as well as what how is this process for feedback, please click on the image of the model to the right for a larger view if needed.

6.3 Feedback: Parting thoughts



Narration: We gratefully welcome any other thoughts or comments in Section six of the feedback package. Alternatively, you could contact us using the information provided in the following slides.

6.4 Key Resources



Narration: Our recording here doesn't do justice to Lindsey grants pedagogy of peace model. And we invite you to click the link here to access that page that links to all the other web resources around that model, including several YouTube webinars and other documents and information to learn more about her great work. Also linked here is the Métissage work by Dwayne Donald.

6.5 Contacts



[No transcript]

6.6 Niawen'kó: wa Chi Miigwetch



[Thank you very much in Haudenosaunee, Anishinaabe, Inuit, English, French]

Appendix J

Feedback Package for Queen's Health Sciences Inclusive Curriculum Model Module

Thank you for reviewing the Inclusive Curriculum Model module and opening this Feedback Package.

In the module there are six slides that refer you to this package to respond to the prompts. They are given again here and numbered correspondingly.

Our overall questions for the studentship that we are hoping to answer are: Did we create a model that has and will continue to honour its sources?

Did we misappropriate Indigenous knowledge for our own ends?

Feedback 1: Model development process
We welcome any initial thoughts or feedback on our model development process below. Please use as much space as you need and don't worry about any formatting changes that are auto
created by Word.

Feedback 2: Curriculum principles
You are welcome to provide any critique, thoughts, or reflections on the principles our committee generated here.
Are there any gaps?
Others have connected these to the 7 Grandfather teachings. Do you also feel those apply?
Do you have other insights or thoughts on these principles?
Please use as much space as you need and don't worry about any formatting changes that are auto created by Word.

Feedback 3: Canopy & Roots
We adapted our tree from the Pedagogy of Peace model's depiction of the Tree of Peace.
Please feel welcome to provide any thoughts or reflections on our adaptation of the tree canopy and roots in the space below.
Please use as much space as you need and don't worry about any formatting changes that are auto created by Word.

Feedback 4: Four Directions
You are welcome to provide any thoughts or reflections on our adoption of the Four Directions in the space provided below.
Please use as much space as you need and don't worry about any formatting changes that are auto created by Word.

Feedback 5: Overall feedback
Please respond to the questions below.
Please use as much space as you need and don't worry about any formatting changes that are auto
created by Word.
A) What is your overall impression of the model?
B) How was this process for feedback?

Feedback 6: General comments
We gratefully welcome any other thoughts or comments in this section of the feedback package.
What are your thoughts on our studentship questions?
Did we create a model that has and will continue to honour its sources?
Did we disappropriate Indigenous knowledge for our own ends?
Alternatively, you could contact us using the emails given in the presentation.
Please use as much space as you need and don't worry about any formatting changes that are auto created by Word.
created by Word.