Document Use
in Entry Level Healthcare Occupations

Essential Skills Resources for Aboriginal Learners

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**Background**

Statistics Canada (Census 2006) data shows that Aboriginal workers in the health industry sector are under-represented compared to sectors such as education, social services and service industries. At the same time, the health sector provides the greatest opportunity for employment, and employment in the health sector is stable and relatively untouched by economic boom/bust cycles.

Saskatchewan has the second highest percentage (next to Manitoba) of population self-identifying as Aboriginal at approximately 15 per cent of total population. SIAST has the highest number of Aboriginal students—2,700 (18.5 percent of the total student population)—more than any other post-secondary institution in the province. While SIAST has interests with both immigrant and Francophone communities, it is the institute’s experience and history in providing educational services for Aboriginal learners that puts SIAST at the forefront for this project.

**Identified Problems**

Research and discussion with SIAST faculty, health industry representatives and essential skills facilitators/advisors confirmed that many Aboriginal people face barriers/challenges to entering and succeeding in healthcare occupations. These challenges are due to Essential Skills (ES) gaps in a number of areas including reading, document use, problem solving, working with others, oral communication, writing and numeracy.

So, why are there challenges? An examination of current ES materials and practices does not address the manner in which Aboriginal people can best acquire essential skills and build on their knowledge. Consulting with experts and reading their works in Aboriginal learning led SIAST to the conclusion that essential skills are best learned using Aboriginal teaching/learning methodology—observation/demonstration, oral reporting/story-telling, private practice/reflection and support from elders and mentors. In addition, learning can be enhanced through the use of culturally relevant material. It is SIAST’s goal to reduce the barriers/challenges to employment success by developing tools and best practices for the delivery of ES training and assessments that reflect the ways in which Aboriginal persons best learn.

**Essential Skills Focus**

It was not within the scope of this project to address all the ES gaps. The question asked of health sector employers and of SIAST’s health faculty was, “Would it make sense to address gaps in document use (primarily) and oral communication (secondarily) as these appear to be critical skills in many health-related occupations?” There was common agreement this would be useful due to the natural link between the two in a healthcare setting.

In support of the choice to focus on document use in the health sector, numerous ES profiles (http://www.hrsdc.gc.ca/eng/workplaceskills/essentialskills/general/) list document use or oral communication, or both, as the most important essential skills required by the occupations of: Nurse’s Aides, Orderlies & Patient Service Associates, Licensed Practical Nurses, Registered Nurses, Respiratory Therapists, Visiting Homemakers, Physiotherapists, Pharmacists, Occupational Therapists, Other Assisting Occupations in Support of Health Services, Midwives & Practitioners of Natural Healing, Dieticians & Nutritionists, Dental Assistants, Dental Hygienists.
The materials developed in this project to support Aboriginal learners’ skill development include an Instructor’s Guide and Learner’s Guide specific to document use in entry-level positions in healthcare. A multi-pronged approach, based on what is known about how Aboriginal adult learners effectively acquire knowledge and skills, has been developed to support successful learner outcomes. In addition, the materials encourage the exploration of Aboriginal heritage and contemporary life related to health; include testimonials of Aboriginal persons working in healthcare; and seek the valued input of elders and mentors to enrich the learning context. Authentic healthcare documents are included in the learner exercises.

## Document Use Guides

### Instructor’s Guide

The Instructor’s Guide is to be used by anyone providing training to Aboriginal persons who are:

- preparing for training in entry level healthcare occupations;
- participating in a bridging program to healthcare training;
- starting to work in a healthcare setting; or
- healthcare workers who would benefit from refresher training in document use and associated skills.

This document is titled ‘Instructor Guide’ as it can be used by anyone providing training in document use, whether that person is an employer, someone the employer designates to provide training, or an instructor in a program offered by or through a training institution.

The Instructor’s Guide does several things.

- It describes a context for document use training.
- It provides an overview of the challenges and needs of Aboriginal learners.
- It presents a way of understanding the learning process of Aboriginal Learners.
- It identifies things instructors can do to meet Aboriginal learners’ needs for culturally appropriate training.
- It also identifies qualities of the learning environment and instructor qualities that seem to be important in providing culturally relevant training.
- It orients the instructor/trainer to Essential Skills and provides ideas on how to develop lessons on healthcare document use.

Reading the Instructor’s Guide will orient the person facilitating document use training to the ES framework and provides ideas for integrating traditional Aboriginal ways of learning with document use training.

### Using the Instructor’s Guide

Ideally, you would read the Instructor’s Guide from start to finish and perhaps review certain areas. However, if you have limited time and are already familiar with what’s in a particular section, you might skip it. For example, if you are familiar with the barriers to education that Aboriginal learners face, you might skip or skim this section, and move on to a section you are unfamiliar with. Having said this, it is important for all educators and trainers to become familiar with Sections 4 and 5 which provide ideas about how to guide the learning process of Aboriginal learners and how to develop lessons in a culturally relevant and sensitive fashion.

The sections are identified. You can choose the most important sections for you to become familiar with.
Learner’s Guide

The Learner’s Guide offers learners an orientation to ES, document use and oral communication, and helps learners see document use in the context of Aboriginal worldviews and culture. The Learner’s Guide also provides learners with methods or strategies for approaching document use and a selection of document use exercises ranging from simple to complex. Within the exercises on document use, learners are asked to make links to their cultural knowledge and experience, past and present.

Figure 2  First Nations University of Canada, Regina, SK
If you are unfamiliar with the range and type of barriers Aboriginal learners may face as they approach and make their way through an academic course or program, reading the Appendix will help you understand this area and respond to it appropriately as an instructor/trainer.

Aboriginal learners are different from other learners in that they may be dealing with the lingering effects of colonization and the residential school experience. It is important to recognize the negative effect these influences have on learners, their families, their communities and their culture. Colonization and the residential school experience devalued and demeaned Aboriginal persons and their cultural identity. The process of healing from this is ongoing, and this learning experience has the potential to help that healing occur. Whether it does help in the healing process depends on the instructor/trainer and how they guide and monitor the learning process.

Because of this history and its effects, it is very important as an instructor/trainer not to view the Aboriginal learner in a deficit or a damaged position exclusively, as this would not be accurate and it would be a very incomplete picture of the learner. Use this teaching opportunity to grow in your own knowledge of the richness and variety in Aboriginal culture, as well as the strengths an Aboriginal learner may possess or be able to develop during this course.

As the instructor/trainer, you need to become familiar with the positive value and significance of Aboriginal worldviews and culture. You need to assist your learners in the growth of their knowledge of this rich heritage that Aboriginal persons possess. Your task then is as follows:

• Learn more about the variety and richness in Aboriginal culture;
• Draw from your learners’ knowledge and life experience as persons of Aboriginal culture; and
• Validate the importance, positive value and richness of Aboriginal culture in its own right and as a resource that everyone can benefit from knowing more about.

On your teaching/learning journey through this course, work to develop an understanding of and respect for the history, cultures, contemporary issues, contributions, and accomplishments of Aboriginal peoples. In the context of healthcare this will mean becoming familiar with Aboriginal people who have been involved in healthcare traditionally and in the present time, those who have made contributions to their communities, those who are speaking out on healthcare issues that affect Aboriginal people, etc. These people will be some of the healthcare heroes and role models in the Aboriginal community past and present.

The next section provides a context in which to situate and understand the Aboriginal learner. It covers ideas about Aboriginal identity, traditions and ways of viewing the world.
Who are the learners?

The learners addressed in this Guide are Aboriginal persons. In this document the term Aboriginal is used in its broadest sense to refer to the ancestors of Canada’s indigenous or First peoples, including First Nations, Métis, Inuit, and non-status Aboriginal people.

The Aboriginal learners targeted are those who are planning to take training leading to entry level healthcare occupations or those who are already working in such positions and whose employers believe that their skills would be enhanced by workplace training in document use and oral communication.

Even as we identify our learners as Aboriginal persons, we must agree that there is tremendous diversity within this group of persons. “Even as we admit that a group of people shows certain features, we should always be aware that these are generalizations, and generalizations can easily lead us to make naive inferences about individuals within that group.” (Mariani, 2007, p. 4)

Diversity exists not just between cultures but also within them. When we meet an Aboriginal person for the first time, we can’t assume that s/he is going to conform to the cultural characteristics of his/her group as an Aboriginal person. We need to be alert to certain general possibilities, that the Aboriginal person may have certain values, worldviews, ways of learning, but the details of that person’s place in the world have to be figured out by means of observation, inquiry and discussion.

There are many variables that impact people and serve to determine whether the learning style of a particular culture will be the one preferred by the individual belonging to that culture. Some of these variables are age, gender, religion, family structure, socioeconomic class, geographical region, native language, work history, past history of learning. One cannot assume that an Aboriginal person who grew up in a rural area will share the learning characteristics as an Aboriginal person who grew up in a large urban environment. As Dokis (2010) points out, “With over 600 First Nations communities across Canada, one should not assume a “one way fits all” approach to working with Aboriginal students.” (p. 1)

Although learning style and behaviour can be culturally influenced, we are products of both our physiology and our culture. In trying to understand the Aboriginal learner, instructors must be open to looking, listening and learning more about the nature of each learner. To a certain extent, learners themselves will communicate who they are, how they learn and what they need from their instructors.

In a course that addresses the needs of Aboriginal learners, it is important to promote Aboriginal cultural identity in the learning content. If the course content clearly places positive value on the cultural background of Aboriginal learners, they will feel more at ease. At the same time, in any learning situation that is a mixture of cultural groups, it is important to recognize and honour all of them and make sure that everything is done in an inclusive manner.
It is likely impossible to avoid having a bi-cultural environment in healthcare. Typically this environment would be both Aboriginal and Eurocentric. On the one hand, there are ways to draw from what is known about Aboriginal culture and to develop the context of learning in a way that honours and incorporates it. On the other hand, document use and the step-by-step linear approach to working with documents and communicating about them may be more consistent with the mainstream, western way of learning. To the degree to which an individual learner develops biculturalism, s/he is more able to meld the realities of both worlds and function more effectively and holistically. That is one of the objectives in developing this curriculum and implementing it.

Figure 3  Housekeeping Coordinator, All Nations’ Healing Hospital, Fort Qu’Appelle, SK
Key Cultural Characteristics of Aboriginal Learners

Despite the line of thinking presented above, certain concepts are important to many North American Aboriginal groups. Some of these concepts are presented below as a way of building a general understanding of Aboriginal culture. From this understanding instructors/trainers can see what Aboriginal learners value and what they need from their instructor/trainer in this course.

Worldview

Connection

Connection is an important aspect of Aboriginal worldview. Aboriginal peoples generally view the land as sacred, as the giver of life, and they see themselves as an integral part of it.

Their sense of connection includes their families and the people of their communities. In the past, Aboriginal children were taught to view all people with whom they were in contact as being related to them. This sense of connection and belonging included the land and its creatures. People were not considered more important than other creatures and other aspects of nature. A person was thought to be living in balance and harmony when s/he was aware and respectful of his/her place within the entire spectrum of being.

Spirituality

Spirituality is another key concept in Aboriginal life. Spirituality can be understood as the immaterial aspect of being which connects all people to each other. It is each person’s inner resource that facilitates knowing oneself, one’s surroundings, and finding meaning for oneself in connection with those surroundings. According to Forbes (in Curwen Doige, 2003, p. 2) education can only be meaningful when it involves the spirit and takes the learner beyond simply learning the facts. Spirituality in education brings purpose, values and ethics to what is learned.

Circle of Life: Medicine Wheel and Holism

“The medicine wheel is used to represent the interconnected relationships among aspects of life and to provide direction and meaning to an individual.” (Integrating Aboriginal Perspectives into Curricula, 2003, p.10)

Euro-Canadian education has generally emphasised the knowledge-mind dimension of being, which is involved in accumulating those facts (mind) that the educational system has determined are important to know. To some extent, traditional Euro-Canadian education acknowledges the importance of the body through courses in physical education and courses that focus on the development of physical skills (e.g., shop courses). This educational system seems to have focussed 25-50% of time on who we are—mind and body—and decided that the other 50–75%—spirit and heart—is not within its scope of teaching/learning (George, 2008, p. 29).
Many people (both Aboriginal and non-Aboriginal) believe that humans are spirit, heart, mind and body. This is an idea that has received support in many philosophies and religions, Western and Eastern, throughout recorded history.

- **Spirit**: purpose, the power to develop and grow
- **Mind**: thinking, what I know
- **Heart**: emotion, feeling about self or others
- **Body**: action, what I can do (physical skills) or what I have done

In Aboriginal thinking, people are physical beings with mind and heart made active or powered by the spirit. For this reason, it is important to develop and use teaching and learning methods which nurture all four dimensions of the person. How to do this receives more attention later in this Guide.

In Aboriginal thinking, the spirit is the energy that pushes us to participate in an earth walk and search for the meaning and purpose of our lives here. The spirit has a purpose for being here and gifts for fulfilling that purpose. In effect, the spirit can be understood as a learning spirit. It has an appetite for learning about one’s surroundings, to figure out what is useful to know and what is not (George, 2008, p. 19).

When each dimension of being is adequately developed, a person is thought to be well-balanced and in harmony. If a person focuses on developing only one aspect, the others suffer. A person who is not in balance is not considered in a state of well being or wholeness. A whole person is able to balance all four dimensions within him/herself and in his/her interaction with all life forms in different venues (i.e., family, community, the environment). In balance and harmony, a person is healthy and has well being.

The medicine wheel is used to represent the interconnected relationships among aspects of life. At one level, it is comprised of spirit, heart, mind and body. At another level, it encompasses the individual, the family, the community and the environment. Human beings must be in balance with their physical and social environments in order to survive and thrive. If a person is out-of-balance, his/her ability to realize his/her full potential is compromised.

The health and well being of individuals depends in part on their community’s health and dynamics. Aboriginal people have long understood that the well being of people depends on the well being of the air, water, land, and other life forms. This belief receives confirmation through the scientific study of poor health in unhealthy environments. The health of people depends in large part on the condition of the natural environment as well as the constructed environment.

**The Oral Tradition**

The oral tradition refers to the communication of cultural knowledge through the spoken word, and more specifically through storytelling. The oral tradition is the way in which the history of Aboriginal people is preserved and communicated between generations. Many believe that Aboriginal languages are critical in this regard, as the meaning of terms in Aboriginal languages cannot be fully expressed in English.
Powwows and Drumming

Powwows are an opportunity for Aboriginal persons to meet in celebration of their cultural, spiritual and personal perspectives. The powwow brings family and old and new friends closer together in spirit. Naming and honouring ceremonies are often a part of powwows. Drumming often accompanies singing and dancing at powwows. It is a widely accepted belief that the beat of the drum represents the heartbeat of mother earth.

Elders

Elders are the keepers of the history and the traditions of Aboriginal people. They are respected for their experience, wisdom, and their important contributions to the community. Elders may be men or women, and they may vary in age. Typically, elders are seen as role models and teachers, who can pass on the cultural wisdom of an Aboriginal people. They possess the qualities of kindness, humility, and patience. They teach by example based on what they have learned in their own experience.

Characteristics of the Learning Environment

A Perspective on Aboriginal Learning

Learning from an Aboriginal perspective is broader and more encompassing than in mainstream education. Aboriginal learning is holistic as it involves the four dimensions of being (spirit, heart, mind, body), and because its goal is to foster completeness in the learner.

Guiding the other intelligences, the learner’s spiritual intelligence is thought to be at the heart of learning from an Aboriginal perspective. Each person is thought to have a unique internal spirit which is trying hard to express itself, to be recognized, to have a name and a destiny. It is thought that each person is born with an innate spiritual optimism (unlike the doctrine of original sin perpetuated in the residential school context) that their existence is meaningful and a part of a larger pattern of life.

For the learning spirit to grow, it is necessary to heal the spirit as it has been damaged by colonization, the residential school experience and/or institutional education. By healing the spirit, the learning process is reactivated. As it comes back to life, it is possible for a person to develop a more internal locus of control and to find their voice or power to speak. Indigenous people believe that the healing of their people must start within. They believe that they must grow into internal rule, by taking control of their personal lives, their families, their communities and clans. Education should help a person find his/her heart, that passionate sense of self that is motivating and moves a person along his/
her path through life. Again, completeness or wholeness is the goal of education.

Aboriginal people believe that education is about helping an individual find his/her own face, which means finding out who s/he is, where s/he comes from and his/her uniqueness. As the learning spirit grows, a person discovers and begins to use their gifts and fulfill their purpose, a process that occurs not only in the classroom but in all areas of life. Learning, as such, is a large dimension of life. Growth in the learning spirit requires an instructor/trainer that raises questions that help the learners recognize and nurture their gifts and fulfill their purpose for being here.

Curriculum

In a learning environment where there are Aboriginal learners, developing a culture-based learning environment where the curriculum, course or training is indigenized by including Aboriginal content, knowledge and perspective, is important and will increase the motivation of Aboriginal learners. Indigenizing the curriculum means that classroom teaching/learning materials include Aboriginal perspectives, histories, cultures and successes. This type of curriculum will help nurture the aspirations of Aboriginal learners.

“If they know where they come from and have a better understanding of their culture, they can develop pride in their heritage. This sense of pride will instil in them a greater motivation to learn.” (Swanson 2003, p. 65)

Developing an educational environment that honours the culture, language and worldview of the Aboriginal learner is critical. Aboriginal learners require a learning environment that honours who they are and where they have come from. For this reason, it is important to find ways to incorporate Aboriginal worldviews and contemporary issues into curriculum and training.

A way to do this is to use Aboriginal observations and knowledge of traditional culture as the starting point of study. Next, introduce the more western scientific method to the learners, and help them understand that the tools of the western scientific method can help them learn more about their traditional culture. Show them how western scientific inquiry can be used to enrich their knowledge and understanding of their cultural traditions.

As Oakes (2009) points out, “...Native people have often felt disenfranchised from an educational system that does not seem to understand their cultural perspectives and priorities.” (p. 1) One can say that the time is now ripe to validate such cultural knowledge in its own right and build from it with the methods of science. Aboriginal learners today are the rightful beneficiaries of both ways of viewing the world.

A housekeeper, employed at a local hospital, comments about her first years working there and how she grew: “When I first started, there seemed to be no one on my side. It was stressful. I was vulnerable to gossip and ridicule. Eventually, I began to debate matters with my supervisor and confront the things that were bothering me. Gradually, the gossip and ridicule stopped. I realized I have a voice. If a person doesn’t speak up, they will tend to be picked on. Now I am very determined to get my point across.”
Community

It is important to ensure that learners have the opportunity to study their own communities’ needs and to see their lives and the lives of others in their communities reflected in the curriculum. Learners need to be able to see how the content of the curriculum and the result of learning will help them be more effective members of their own community. This will happen if the instructor/trainer is able to help build bridges between school, home, work and community, in a way that resonates with the learner and his/her cultural values. The questions are, “How is what I am learning relevant to my life with my family and community?” “What positive value will result for those with whom I am connected?”

Ways of Aboriginal Learning and Learning Styles

It is impossible to generalize to one learning style for Aboriginal learners, given their diversity of experience. Nevertheless, it is possible to put forward some ideas that may be useful in addressing learning styles generally.

Many Aboriginal individuals grew up with the oral traditions and values that acknowledged and respected their culture via hunting, fishing, trapping and other practices. The natural environment was their classroom. When they went to “school”, the connection with the natural environment was lost from the learning process.

Traditional Aboriginal education has its roots in the home and was mostly observational. Young children watched adults and learned things through observation and doing things with adults. As one Aboriginal educator said, “There are some things in life you don’t need a lesson plan for.” The traditional learning style has been described as “basically observing.” During the process of watching over and over again, the child would learn.

As the subjects in Blesse’s (1997) study point out: “[They (grandparents, parents)]...almost enticed you to be interested...[They] didn’t make it [i.e., learning] a job, although it was something to be done...There was laughter and laughter is the key to making hard work good.” (p. 106)

In today’s learning environment there is a need to accommodate the learners (adjust the tasks to the learners), and there is also a need, once the learners feel safe and comfortable, to help them go beyond their normal ways of learning and stretch themselves beyond their comfort zone. By this means, they become more flexible and extend the range of their ways of learning. If they are to be successful at school and in society, they need to learn ways of learning and working which may look unfamiliar or even puzzling to them. They need to play new roles and learn new approaches. In addition to adjusting the tasks to the learners, instructors need to help the learners adjust to the tasks.

Both indigenous and Western approaches are needed for Aboriginal people to affirm their ways of knowing and to gain the ability to participate fully in Canadian society. A balanced approach to learning needs to be found. On one hand, individual differences need to be accommodated, and this includes different cultural learning styles. On the other hand, individuals and groups need to be empowered, and this will happen by helping them to develop their ability to learn in different ways.
Classroom/Learning Environment

To create a welcoming learning environment, instructors may consider setting up the classroom or the workplace training area to make it more like a home environment. Including comfortable chairs, cushions, etc., will make the learning environment more inviting and encourage learners to hang out.

Ensure that the community and culture is reflected back to Aboriginal learners through the presence of Aboriginal art and artefacts. The learning environment can appear culturally relevant. If it doesn’t, by default the learning context will be that of the more dominant Euro-Canadian culture. For this reason, the learning environment needs to include representations of relevant cultural content.

In some Aboriginal cultures, examples of cultural artefacts are cradleboards, maple syrup products, quill boxes, talking sticks and fishing nets, etc. For Aboriginal persons, the natural habitat has always been a significant place of learning.

One instructor reflected the connection with the natural environment in her classroom by using long thin poles suspended from the ceiling to show student work. She hung fishing nets as decoration and to hold and display the learners’ three dimensional art. Furs and beadwork were displayed throughout the classroom as decoration and as functional objects. She also made the environment nurturing by having something available to eat and drink, such as bannock and tea.

Some instructors have noted a need for simplicity. Although it is seen as important to have a display of cultural artefacts, it’s also important that the walls are not overly busy. If they are too stimulating, learners may stare at the walls rather than focus on their work tasks. It has been suggested that leaving a lot of open space is prudent. Instructors can also have learners sit in small groups, around tables or in a circle. This helps create a simple home-like learning environment. It is noted that this way of creating a learning environment in the classroom or the training area of the workplace contrasts with the usual institutional classroom that promotes individualism, where learners are seated in separated rows of desks staring at the back of each others’ heads, with the teacher at the front looking (down) at them in authoritarian fashion (symbolic).
Cultural Safety

A culturally safe learning environment encourages Aboriginal learners to raise issues, ask questions, and ask for help when they need it. Learners benefit tremendously from a learning environment where they feel safe to freely express ideas, perspectives and critical thoughts. This means that they should be able to discuss topics related to their historical or contemporary oppression and inequalities imposed on them as Aboriginal people. The ability to do this in the learning situation requires the instructor/trainer to be a person who is comfortable with these topics and who can facilitate and manage a discussion of such topics among a mixed group of learners (Aboriginal and non-Aboriginal).

A safe learning environment may have the following characteristics (among others):

- Responsibilities for the classroom are shared by the learners and the instructor(s).
- Learners and the instructor together make decisions for the class as a whole rather than only the instructor.
- Learners and the instructor frequently engage in group talk where humour is permitted and encouraged.
- The instructor functions as a facilitator and leader, but not as someone who has power over others. A teacher-directed, “authoritarian/disciplinarian” pedagogy is still common in much mainstream Canadian schooling. In many Aboriginal families and communities, however, learners’ interdependence with others has often been nurtured, and this should be more the emphasis in contemporary learning situations.

Figure 4   All nations’ Healing Hospital (centre view), Fort Qu’Appelle, SK
Instructor Characteristics

In her study of what motivates learners in northern communities Swanson (2003) points out, “...the practitioner’s relationship to the learner may be the single most influential factor for the learner to achieve success.” (p. 72)

Four important qualities in the relationship between instructor/trainer and the Aboriginal learner stand out.

• Respectful and caring
• Open to others and other ideas
• Willing to learn/participate
• Flexible

Respectful and Caring

Instructors need to create a climate of trust and acceptance in which learners are free to experiment and learn. The academic success of Aboriginal learners is best facilitated in authentic caring and nurturing relationships, rather than in a way that is mechanical or impersonal. In some healthcare training programs, Aboriginal learners have reported “feeling safe”, “cared for”, and “connected” to those who understood their background and culture. This is a very desirable state of affairs.

To achieve empathetic understanding with learners, instructors need to explore and expand their understanding of Aboriginal worldviews that are linked to Aboriginal identity. As instructors gain knowledge of Aboriginal history and culture their ability to empathize increases. They can more readily understand and respect how those of Aboriginal ancestry may view the world. Instructors also need to be respectful of the learners’ negative previous experiences with mainstream (formal) classroom education and their history of colonization and domination.

Instructors who offer realness or genuineness, unconditional respect for each learner, and empathetic understanding, are likely to be the most successful in facilitating the academic success of learners. The comments below point to the instructor qualities that nursing students appreciated and that helped them move ahead.

“The importance of teachers and their attitudes about culture are major factors in the success of ethnic minority students. Depending on their attitudes and relationships with students, teachers can either be barriers or play key roles in student success. Students described these “bridging” teachers as mentors who were patient, who made themselves available and open for questions, who provided encouragement, and who gave them permission “not to know everything.” (Amaro, Abriam-Yago & Yoder, 2006, p. 252)

“...she is more personable, she took time out to talk to you, and she had more patience, know that you need more time to communicate with the class. There is no ridicule if you say it wrong, or backwards, if you are nervous.” (Amaro, Abriam-Yago & Yoder, 2006, p. 252)

“In general the nursing instructors I had were excellent...they were accessible, knowledgeable, and compassionate within reason...It helped me a lot when professors would just talk to you, make conversation, take an interest in you...It made me comfortable, I could learn better that way.” (Taxis, 2006, p. 6)

A key idea to be taken out of the statements above is that instructors need to make time to be with their learners above and beyond their classroom lectures.
Open to Others and Other Ideas

When instructors are aware of their own spirit’s journey, they engage learners in ways that encourage them to explore all dimensions (spirit, mind, heart, body) of a topic. How instructors listen to students and are vulnerable with them are important dimensions of the teaching/learning experience. It is important to engage learners in the personal, emotional and spiritual realms. It is necessary to be open to all dimensions of learning, as they are the base from which many Aboriginal learners participate in the world.

Mariani (2006) has suggested that instructors need to look, listen and learn. They need to engage in a “suspension of disbelief”, a tolerance of ambiguity when they are faced with different cultures. They need to stop, observe and listen carefully—just as their learners do. The only way to understand people is to give them time—time for them to discover and reveal themselves.

Instructors need to perceive their students as both learners and as teachers, and incorporate the learners’ cultural knowledge into the teaching/learning situation. This is how the learner and the teacher both contribute to enriching the base of knowledge and understanding.

When instructors are unable to embrace the worldviews of their learners and facilitate an expanding exchange of cultural ideas, issues of power and privilege are not addressed and students, in the way they react, may be perceived as problems and labelled as unwilling or unable to learn. If the instructor positions him/herself as a co-learner with his/her students, s/he shows respect for the intellectual minority and cultural traditions and is no longer responsible for being the expert in everything. In this way, instructors and learners are freer to appreciate the rich diversity in each others’ ways of knowing and being in-the-world.

An instructor should be able to say, “That’s a whole new way of viewing that idea. I’ve never thought about it like that before...I’d like to hear more about that. Would you please share your other ideas on that...” When a broader range of views is included, the awareness of all learners will increase. This approach enhances the ethnic identity and self-esteem of the learners. Furthermore, as instructors learn from their students, their effectiveness increases.
Willing to Learn /Participate

Instructors need to continually learn about and build upon their cultural knowledge, including language, and promote/encourage their use in the learning situation. Hiring instructors who speak indigenous language(s), who have had community experience (lived or worked) in the communities from which the learners come, may help.

In the case of non-Aboriginal staff, training colleges have some responsibility for creating opportunities for learning about Aboriginal culture and worldviews and how to incorporate these in the teaching environment. Instructors can also learn about local culture by actively participating in the community’s cultural events.

“I think that for any non-Aboriginal teacher who is going to come to the North and teach, they have to become a part of the community if they are going to be effective and become a part of the school community.” (Blesse, 1997, p. 94)

Flexible

Instructors must build in flexibility in the way that they run classes and what they expect from learners at any particular time. Learners may be experiencing difficult issues in other parts of their lives. Instructors can encourage their learners’ motivation by assisting them in balancing their lives, just as a kindly employer would do that for an employee who was dealing with significant problems in another part of his/her life (e.g., divorce, illness, death).

Communities often live out traditions that do not match the schedule of learning desired by educational bodies. Swanson (2003) points out, for example, that frozen roads to other communities provide the opportunity for visits to relatives that cannot be seen at other times in the year. Winter roads provide the opportunity to move supplies to spring hunting or fishing camps. These activities do distract learners from their class work and reduce attendance in class. In these situations learners’ progress will be slower, and instructors must develop more flexible schedules for work completion. They must adjust their learning schedules so they allow learners to take in the cultural traditions that their communities take part in.

“When I think about it now, the teachers we’ve had in the past, the ones that they’ll still talk about, or the ones that still come up, are the ones that were part of the community. They’re the ones that took the time to go out and do things with the people. They took the time to go to the carnival, or go to church, or anything like that. They’re the ones who interacted with the people and, of course, those are the ones that people will remember.” (Blesse, 1997, p. 94)
Instructor’s Role

The instructor’s role can be described, in part, as “cultural broker”. Instructors need to guide the learners back and forth across the border between the euro-centric perspective and indigenous cultural knowledge. They must help learners identify the borders and help them negotiate any conflict that arises on their back and forth journey. They must set the stage for learning by presenting or eliciting knowledge that is based in traditional and contemporary life. Then they must show how western ways of analysis can be used to describe and explain things that have long been recognized in traditional life. Instructors can model effective border crossing between their teacher-world and the community of which they are a part.
Aboriginal and non-Aboriginal instructors should consider and incorporate, as much as possible, the following ideas as they develop and implement training programs.

**Contextualise Learning**

- Emphasize authentic, experiential and hands-on (kinaesthetic) learning. In this course, working with authentic materials (i.e., workplace documents) will be part of this.
- Ground learning in real life needs and experiences as much as possible. Help the learners connect their learning to the real life healthcare needs in their families and communities.
- Include traditional teachings and knowledge that are real, and also interesting, such as studying about Aboriginal contributions and innovations in the healthcare field.

“When teachers tap into students’ prior knowledge, experiences, and community values, they “hook” students and act as a bridge between the academic world and home life.” (Oakes, 2009, p. 4)

- Emphasize holistic approaches which include learners’ physical, mental, emotional and spiritual needs and challenges.

**Instruction**

- Avoid the assumption that an Aboriginal learner knows everything about all Aboriginal peoples. Some may not know very much about their own traditions.
- Acknowledge different learning styles and address all of them.
- Individualize learning to the extent possible, as each Aboriginal learner will have his/her unique learning style and needs.
- Use a variety of instructional methods, and particularly activities that facilitate traditional Aboriginal ways of responding (e.g., storytelling).
- Employ a variety of visual organizers.
- Use demonstrations, etc., where visual learners will be stimulated.
- Aboriginal persons have a sense of place, land and territory. For this reason, learners will react positively if some classes are held out-of-doors in the natural environment or in the local community.
- Facilitate learning through a process of observation, imitation and practice.

**Communication**

- Provide opportunities to practice communication skills (e.g., learners can “talk” in a safe environment).
- Provide opportunities to work collaboratively in pairs and small groups. Group work provides opportunities to speak and go over the work in an relatively unthreatening situation. Collaborative learning also promotes a sense of belonging. Build in the elements of equal distribution of workload and accountability.
**Process**

- Provide learners with opportunities for self-directed learning.
- Give learners guidance to let them know where they can find their own answers. Learners’ self-esteem will increase if they can take control of their learning and actively participate in the learning process and the choices it offers.
- Allow learners choices in their learning activities to recognize their individual autonomy. For example, by mixing cooperative and individual learning activities, you encourage both autonomy and a sense of responsibility to work with others.
- Try study buddies.
- Practice inter-group competition rather than individual competition in the classroom.
- Create opportunities for self-exploration that enable learners to identify their gifts.
- Provide clear rules and regular routines, keep lessons organized and provide smooth transitions.
- Provide step-by-step instruction.
- Relay instructions concisely and clearly. Avoid relying on excessive verbiage and complex explanations.
- Provide concrete examples of the topics under consideration.
- Use learning scaffolds and demonstrate the steps to allow for learning through observation and imitation.
- Be clear about what is required to complete tasks and what is expected as a product/end result.
- Provide adequate time for learners to ask questions and complete assignments.
- Ask for voluntary participation during class activities.
- Provide opportunities to not succeed at tasks before learners are tested.
- Provide adequate time for self-reflection and self-evaluation as part of the learning process.

**Expectations**

- Have high but reasonable expectations of the learners’ potential.
- Be clear and direct in communicating the tasks you expect learners to complete. Aboriginal learners tend to appreciate and respond well to this approach.
- Establish clear expectations for behaviour, but also be aware of learner behaviour that is influenced by culture, and make adjustments for this reality.

**Instructor**

- Be respectful and caring throughout the training.
- Listen, don’t assume. Be willing to accept, tolerate and reap the value of silence.
- Show flexibility and keep an open mind to new ways of delivering curriculum and dealing with learners.
- Show an interest in Aboriginal culture and be open to discussing aspects that may cause you some discomfort (e.g., unequal treatment, power inequities between Aboriginal and non-Aboriginal persons, the history of colonization, the residential school experience).

“...like you don’t have to talk or explain things all the time. I think that really turns the students off, when there is someone just standing up there talking, and talking, and talking. It’s just for the first few minutes that they really hear everything that is said and then, everything else is nothing.” (Blesse, 1997, p. 95)
• Develop a classroom environment of trust and respect by sharing stories of your life.

**Safety and Support**

• Celebrate individual achievements and cultural backgrounds. Help learners rediscover or validate the knowledge and skills they bring to the classroom as Aboriginal persons.

• Guide activities so that learners feel that their contributions are valued. Draw upon and from their contributions. They will feel that they are welcome in the learning environment. Instructors have the important role of unveiling opportunities for hope and possibilities for progress, despite the obstacles that learners may face.

• Advocate for learners to retain their cultural beliefs and behaviours as they develop proficiency to survive and thrive in the dominant culture Eurocentric culture.

• Do not place learners in situations where they feel unsafe or unsupported. Aboriginal learners need to lose fear of failure in small increments.

• Assist learners to cope with the world they face—one of prejudice, racism. Help them develop strategies to challenge it. Permit the expression of problems related to prejudice and discrimination. Validate the reality of the learners’ experiences. Challenge others’ perceptions of Aboriginal learners.

• Use the circle of learning (include the family, the whole community and the natural environment) to increase participation and help support healing from the effects of colonization and the residential school experience.

• Develop flexible programming to accommodate, as much as possible, the personal rhythms of learners and their communities. Should learners need/want to take time to resolve a personal or family issue, instructors need to honour that need and welcome learners back when they are ready to take up their studies again.

One nursing student (Evans, 2008) spoke of her desire for a certain type of learning environment, “...a learning environment with a critical consciousness about systems of oppression, white privilege, and minority students and faculty, would fulfill you in other ways than just academics.” (p. 21)

**Community Connections**

• Capitalize on the strengths of the community in which you are teaching or working. Having discussions with community members will inform you of areas of concern or interest, which will enable you to tailor your selection of materials for study. It may also help identify community people who can be a resource in the development and implementation of your training.

• Look for the implications of learning for the family, extended family and community. Training Aboriginal persons for the healthcare field has obvious implications for the health of the community to which the learner belongs.

“...cultural relevance is not the solution ... but rather part of the whole. I believe that effective strategies must include the family, the community, that they must address social and emotional needs and include mentoring, cognitive transitions, more hands on learning, an anti-drug message, and exposure to the wider world—all in balance with cultural values.” (Oakes, 2009, p. 8)

• The curriculum or training can easily include opportunities for students to participate in community events and promote contact with community members and their problems, issues and cultural traditions.
• Invite guest speakers and spend time in the community to relate the content of the curriculum to the local environment.
• Local people can interact with learners in the classroom or on field trips. This will result in a strengthening of Aboriginal learners’ traditional identity and help them navigate the border between traditional environments and the Eurocentric or Western way of viewing nature.
• Help the learners understand and practice the proper protocol for approaching and interviewing people in the local community. Help them learn how to gain local knowledge appropriately.
• Connect with healthcare workers from the learners’ cultural background(s).
• Connect with Aboriginal healthcare organizations.
• Find mentors for the learners.
• Invite the learners to bring in relevant cultural items from their community for display, demonstration or discussion.

Involving Elders

• Provide opportunities for Aboriginal elders, as residents and advisors, to support students’ learning.
• Invite elders to attend, observe and contribute to the learning/training.
• Ask elders or experts in the community to conduct a field trip to a place where plants with healing properties grow.
• Provide opportunities for elders to speak of the knowledge that has been passed down. Ask them to help make connections between the content of the training and the traditional Aboriginal way of life.
• Elders (as well as family members and local leaders) can have a role in instruction, implementation and evaluation.

Not all of these suggestions and ideas for teaching Aboriginal learners can be implemented at once or in one learning session, but they do provide an overview of what will help to maximize the success in learning for Aboriginal learners. In the next section, a sample lesson is provided to show how these ideas can be incorporated into a teaching/learning session on document use.

Teaching/Learning Document Use Skills

The main objectives in teaching/learning document use skills are:
• To provide opportunities for Aboriginal learners to see how documents (i.e., visual displays of information) are a part of daily life, historically and contemporarily;
• To familiarize instructors/trainers and learners with different types of documents used in entry level healthcare occupations;
• To familiarize instructors/trainers and learners with strategies for approaching and understanding documents; and
• To provide learners the opportunity to practice the skills of document use with sample documents commonly found in healthcare occupations.

Instructors/trainers can use the materials that follow to guide their teaching. These materials provide a base for recognizing different types of documents and understanding their use. Also provided are ideas for teaching, strategies for approaching documents and working with them, and a sequence of activities to introduce document use to learners. Instructors are advised to become familiar with the following ideas and incorporate them as they teach the use of documents in their learning setting, whether the classroom or the workplace.
**Document Use**

This section provides a brief introduction to document use and its place in healthcare occupations. Document literacy refers to the skills that are required to use a variety of information designs. These skills are described in this section.

**What is “document use”?**

Document use is one of the nine Essential Skills named and substantiated in research carried out by the Government of Canada. The nine ES are as follows: reading text, document use, numeracy, writing, oral communications, working with others, thinking skills, computer use, and continuous learning. This publication focuses on document use, with a lesser emphasis on the role oral communication in using documents.

Document use refers to tasks that involve information displays in which words, numbers, symbols and other visual characteristics (e.g., lines, colours or shapes) are given meaning by their spatial arrangement (Skillplan, Thinking Strategies for Numeracy, 2008).

Typical applications of document use are reading or making lists, labels or signs; entering information on forms; reading tables; observing and interpreting information on graphs or charts; reading or developing diagrams and drawings of how to put things together.

When using documents, certain activities often occur at the same time. Reading/interpreting and writing/completing/producing of documents often occur as part of the same task (e.g., completing a form, checking off items on a list of tasks, plotting information on a graph, and entering information on an activity schedule). Communicating about documents, relaying the information on a document or communicating an interpretation of what one has recorded and observed, can also be part of document use.

For more information about these or other ES go the ES website: http://srv108.services.gc.ca/english/general/home_e.shtml

Healthcare settings make use of a variety of documents. Document tasks in healthcare include recognizing health and safety related information on labels (medications) and signs, entering information in simple recording forms and schedules, and interpreting complex graphs and using equipment instruction diagrams.

In document use, readers often search for specific information, usually needed to perform a task quickly and efficiently. The reader may return to the same documents every time the same task needs to be done. Knowing the structural features of documents increases the ability to find the solution to the question that sent him/her to the document in the first place. More will be said about the structural features of documents, as these features orient healthcare workers to the purpose of documents and how to use them.

**Document Types and Occupations**

Instructors/trainers teaching those already in healthcare occupations or those preparing to take training for healthcare occupations may wish to look at the document skills required by specific occupations. ES occupational profiles for different healthcare occupations can be found on the Human Resources and Skills Development Canada website.

Each occupational profile describes a particular occupation (nurse, dietician, lab technicians, dental hygienists, etc.) and lists the most important ES for that occupation. Example tasks of how particular skills are applied are provided. Tasks are also rated in terms of their complexity.
**Complexity Levels**

The complexity levels of the ES required in different jobs varies for occupations in healthcare. Complexity levels vary depending on the kinds of document tasks that different healthcare workers are typically assigned. The complexity scale runs from 1 (basic tasks) to 4 or 5 (more complex tasks).

Complexity refers to three aspects of the document as follows:

1. complexity of the document structure,
2. complexity of the task (finding/entering information), and
3. complexity of using the information.

The complexity of the documents used in these Guides ranges from 1-3 generally, as many of the documents used in entry level healthcare occupations fall into this range of complexity.
This section offers you, as the instructor/trainer, an approach to orienting learners to document use, and includes some specific strategies and lesson plan ideas for incorporating culturally relevant information.

**Activity 1: Ice Breaker**

Use the Document Use Ice Breaker activity at the end of this Guide to begin your work with learners on document use. Provide each learner with a copy of the activity and go over the instructions. Set a time limit for the activity and ask learners to begin. When the time limit is up, go over each item and ask learners whom they identified for each item.

If time permits, ask each person identified to describe their experience related to the item. For example, a learner might be identified as “good at designing”. Ask that person to tell you about what they have designed. This activity will help build relationships in the course or training.

**Activity 2: Documents and Their Purposes**

Before you review the different types of documents used in entry level healthcare occupations, orient your learners/workers to the area of document use generally. You can do this by asking them to think about and identify the different kinds of documents that they see/use at home or in the educational environment or workplace. Ask them to speculate about the purpose of the documents they have observed.

The steps then are:

1. Identify the documents you have used or observed others using in the home, learning environment, or workplace.

2. What is each used for?

3. Why is it important? What would happen if this document didn’t exist?

If you are working in a classroom setting, discuss why there is a need for different types of documents in that environment; similarly, if you are training in a work environment, discuss the need/importance of having certain types of documents for workers to use/peruse. Ideas that come to mind include: attendance/work schedules, emergency procedures (including evacuation routes), occupational health and safety signs, machine diagrams, equipment gauges, inventories, task lists, materials safety data sheets, flowcharts, etc. Documents have different purposes. Some remind us of things to be done, others warn us of dangers, still others help us keep track of what is happening. Communicate these ideas to your learners if they don’t express them on their own.
Visual Displays (Documents) In/Out of the Classroom

The quote below, which was made by Florence Nightingale, attests to the historical perception that Aboriginal persons had unique abilities that were not well understood by Europeans. You may find it of interest that this perception contains both a stereotype as well as an element of truth.

“...comparing their skill to that of the American Indian who by sheer inheritance of instinct could navigate an uncharted forest with almost magical ease...the wild Indian tracks his way through a trackless forest, by an instinct to us quite as miraculous as clairvoyance, or anything we are pleased to call impossible; (in Mahoney, 2007, p. 80)

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Share and discuss the quote below with your learners. Ask them if they or their relatives have any experience reading the natural environment.

Activity 3: The Documents of Traditional Life

Ask learners how documents (i.e., visual displays) are a part of the traditional way of life and the form they can take for those living a more traditional lifestyle. You can ask your learners to develop lists of items that might have been used in the traditional lives of Aboriginal people. Such lists might include: hunting or fishing supplies, shelter building supplies, the ingredients of traditional medicines, or the things that had to be done to prepare for winter.

It should also be possible for learners to develop more complex sample lists with both vertical and horizontal axes. Examples are a) hunting/trapping of particular animals by season; and b) harvesting of specific herbs by season and purpose. Organize your learners in small groups and ask them to perform this task using flipchart paper. When they are finished, ask each group to present their lists to the larger group.

“In our traditional culture, we “read” nature (environment). We must read and interpret the information we find there, so that we can survive. We use our eyes and brains just like you. We also use our other senses—smell, hearing, taste, and touch—to read the coming weather, the presence of danger, and the health of the land, waters and air.” (Ningwakwe, 2002, p. 7)
Understanding Documents

The following general and more specific approaches to understanding and using documents are also available in the Learner’s Guide.

Point out that learners need to bring skills similar to those described in the quotation above to the reading and interpretation of documents. Review with the learners the following ideas about understanding documents. Ask them to refer to Understanding Documents in the Learner’s Guide.

1. When introducing or approaching a new document, look at the display of information. Answer the following questions:
   - What are the parts of the document?
   - How is the information organized on the document? What categories are used?
   - Are there headings, tables, other dividers?
   - How much white space is there? How is it used?
   - Are there special terms that need to be understood?

   Draw a parallel between this orientation to documents and reading the environment in traditional life. Ask the learners: “What does one focus on in the environment?” “What sort of figure-ground relationships does one see in both document use and the visual displays in nature?”

2. Identify the purpose of the document.
   - What is it used for?
   - Who uses this document and how do they use it?
   - Who receives the information and what decisions will that person make?

   The title may explain the purpose of the document. In healthcare settings documents may have purposes such as:
   - collecting patient information;
   - recording patients’ vital signs;
   - recording the amount of medication administered and the schedule of administration;
   - ensuring that all the necessary treatments are being applied on schedule;
   - making decisions about what the patient needs next;
   - correctly following the instructions for using a particular piece of equipment.

   Documents also collect information for research purposes, which can lead to improvements in healthcare. Many learners may not know that documents have a legal dimension, which means that they must be filled in accurately and signed or initialled by the person using them.

   A document’s purpose points to its value in the healthcare setting. Does it support what certain healthcare workers do? Does it aid a patient in some way? Does it aid a patient in a critical way or merely in a way that helps them move through the medical treatment system? From an Aboriginal point of view, knowing why the document is used and how it works to the benefit of the patient, are relevant to the spirit perspective.
Activity 4: Looking at the Display, Determining the Purpose

Select a document from your workplace and provide the learners a copy. Review the ideas on orienting to documents and ask your learners, working in pairs or small groups, to answer the questions in 1 and 2 above. When they are finished this activity, ask for a volunteer to report their answers to the larger group. Elicit additional comments from those willing to discuss how they answered the questions.

Summary of Main Tasks in Document Use

Common tasks in document use are those listed below, though they do not always occur in the order indicated. Refer learners to this information in the Learner’s Guide and review the task sequence below.

1. Read (skimming and scanning) the document.
2. Focus on certain information.
3. Add/enter information or complete the document.
4. Do a calculation using the document.
5. Interpret the information (Answer the question: “What does this information mean?”)
6. Communicate the information to other people (Decide who needs to know and the most effective way to let them know.)

Document use includes skimming and scanning. Healthcare staff skim when they read, for example, the first part of different sections, seeking to find the purpose of a document. They scan when they look for particular information. A description of skimming and scanning is provided in the Learner’s Guide. Ask the learners to read it and raise any questions they have after they are finished reading.

Activity 5: Skimming and Scanning

At this point, provide your learners with an opportunity to practice skimming and scanning. A convenient option might be to use the resources on skimming and scanning provided by BC Skillwise (www.bbc.co.uk/skillwise/words/reading). Another option is to create an exercise on skimming and scanning. You could select a document used in your workplace (e.g., a work schedule) and ask your learners to a) skim for the general purpose of the document and how it is organized and, b) to scan to locate particular information. Your learners will benefit from both activities. If you have sufficient time in your class schedule, it will be to the learners’ advantage to do both activities, as skimming and scanning are skills that require repeated practice to develop.
A Specific Strategy for Working with Documents

Review the following strategy for working with documents with your learners/trainees, as it describes how they will work with the healthcare documents provided in the Learner’s Guide.

1. Identify
   • Identify the information that is given.
   • Identify the information that is requested.
   • Identify the key words in the question.

2. Scan
   • Look for specific key words and/or similar words (Don’t read line-by-line, use headings, bold text, start at the top of the page, scan in a zigzag pattern.)

3. Locate
   • Find the data, word or phrase you are scanning for, stop scanning and read a few words, the sentence or the paragraph.

4. Decide
   • Read the question again.
   • Is the information found the information requested?
   • Do you need to scan further for other information or more information?

Activity 6: Using the Strategy

Once again select a document from your workplace and provide the learners with a copy. Give them a couple of questions that you would like them to answer about the document. Demonstrate how you would use the strategy above to answer the question.

Repeat the same activity with a different document from your workplace. Ask the learners to work in pairs or small groups using the strategy above. Ask for volunteers to describe how they worked with the document using the strategy above.

Document Use in Healthcare Occupations

Activity 7: Healthcare Documents

Speculate with your learners about the documents used in different healthcare occupations. Ask learners to go to the ES website and find the occupations in which they are interested and the essential skills profiles for those occupations. Ask them to print out the document use skills for one occupation and share them with others in small groups. Once they have completed this task, refer learners to the samples of different documents in their Learner’s Guide. Guide them to complete the exercises.
Contextualizing Document Use

Structuring a Lesson

An example of how an instructor/trainer might structure and guide the learning process with a group of Aboriginal learners follows below. Recognize the importance of giving the content meaning by linking it to the life experience of the learners. If you can connect the content to the lives of the learners in a meaningful way, you will succeed in nurturing their learning spirit. Remember that you also want to design the lesson so it impacts the spirit, heart, mind and body, making it a holistic experience.

1. Select a question from the list of questions pertaining to Aboriginal life (p. 37-39) and raise it with the learners. Ask them to discuss it in small groups and then share their ideas with the larger group if time permits.

Sample question: “What are some of the healthcare occupations you have observed in your community?” Ask learners to reflect on the importance of these occupations in their community and whether or not they (or a family member) have benefitted from the services of people in this type of occupation. Learners may wish to share stories at this point. This is storytelling that focuses on a heartfelt matter.

Assuming that you have done the work to create a culturally safe learning environment, the learners will experience this as an opportunity to practise their oral communication skills. This approach makes a connection between the learners and their families and communities. It draws on the learners’ past experience and identifies it as a context having positive value. It also provides you, as the instructor/trainer, with a learning experience that will increase your knowledge and understanding of healthcare in Aboriginal communities.

2. Inquire about the numbers of Aboriginal and non-Aboriginal workers in healthcare occupations in their communities. This engages the learners’ minds to think critically about what they have observed and experienced.

Figure 7 Manager, Human Resources, All Nations’ Healing Hospital, Fort Qu’Appelle, SK
Ask the learners if they feel differently when treated by Aboriginal and non-Aboriginal healthcare staff. *This is a feeling reflection that they can share with the group if they feel like it.*

3. Pass out a sample document and give learners sufficient time to review it. *Go over any unfamiliar vocabulary. Ensure that the learners understand all terms that are relevant to the task they have to complete.* Ask them what they see on the document, what they perceive. Invite them to answer the these questions:

- What are the parts of the document?
- How is the information organized on the document? What categories are used?
- Are there headings, tables, other dividers?
- How much white space is there? How is it used?
- Are there special terms that need to be understood?

Provide adequate time for learners to ask questions.

4. Show/demonstrate to learners how the document might be filled in. Use an overhead or an LCD projector if these technologies are available; if not, use a blow-up or poster-sized document.

5. Give the learners an information statement and ask them to work individually and enter the information on the document. When the time is up, ask them to share what they have done with another learner. *Again, the focus is on oral communication.*

6. In the next task ask the learners to work together in pairs. Ask the pairs to fill-in different parts of a document, and then share the result with another pair that has completed a different part of the document. *This is an opportunity for collaborative action.*

7. Ask another question that contextualizes the content in Aboriginal culture (p. 37-39).

8. At some point in the course or workplace training, take time to go into an Aboriginal healthcare facility to observe how documents are used.

9. Take time to see a demonstration of traditional healthcare or encourage the learners to describe or demonstrate one in the learning environment. Visit a traditional healer or healthcare provider, or invite them to the learning environment to discuss or demonstrate a traditional healing practice.

10. Invite an elder to attend class to talk about how, over the years, healthcare and the role of Aboriginal persons in providing healthcare services have changed.

By bringing in elders and observing actual healthcare practices in the community, you show respect for the learners and their culture, as well as deepen your understanding of the Aboriginal context for document use.
Selecting Appropriate Documents

Work on documents that are appropriate for your group of learners. You will find that the documents in the Learners’ Guide vary in the complexity of the vocabulary used, their readability, and the kinds of tasks that the learners are asked to perform with the documents. As the instructor, you need to choose document exercises that generally match the abilities of your learners. Some groups of learners may be able to complete all forms; other groups of learners may not. You are also encouraged to develop exercises for your learners using the documents that are commonly used in your workplace or training environment.

Figure 8  Reception Area, All Nations’ Healing Hospital, Fort Qu’Appelle, SK
## Document Use Ice Breaker

**Instructions:** This is a getting to know others exercise. Mix with others in your group, trying to find someone who is good at the things below. Ask a person the question, “Are you good at...” When you find someone, write the name of that person in the appropriate box. Ask the same person for a little more information about what they are good at. Move to another person and ask them about a different item. When the time limit is up, the group will be asked to report on who is good at what.

**“Are you good at..?”**

**“Please tell me a little more about that.”**

<table>
<thead>
<tr>
<th>Reading maps</th>
<th>Finding your way around in the bush</th>
<th>Making lists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Filling in income tax returns</td>
<td>Reading the skies (day or nighttime)</td>
<td>Painting pictures</td>
</tr>
<tr>
<td>Designing something (e.g., furniture, houses)</td>
<td>Reading something and telling others about it</td>
<td>Telling stories about nature and the environment</td>
</tr>
<tr>
<td>Planning events (ask for an example)</td>
<td>Helping others find things that are lost</td>
<td>Putting together machines from a diagram (e.g., a barbeque, furniture)</td>
</tr>
</tbody>
</table>
Figure 9  Posted on wall at All Nations’ Healing Hospital, Fort Qu’Appelle, SK
Questions to Contextualize Documents for Aboriginal Learners

Questions have been developed to make the navigation of documents more relevant and connected to the real lives of Aboriginal learners. These questions can be used at any time in the course to raise awareness of how documents play a role in the provision of healthcare services to Aboriginal communities by Aboriginal persons. It is not expected that all questions will be raised, but that the instructor/trainer will select those that seem most relevant to the lives of the learners or allow the learners to pursue those that resonate for them.

A reasonable number of these questions should be incorporated in training because they form the ground which makes document use a meaningful activity in healthcare settings where Aboriginal persons play a significant role. Using one or more questions as discussion or research topics before or after each document exercise is recommended.

Traditional Healing

1. List the types of Aboriginal healers (traditional medicine people) and healthcare professionals working in local First Nation, Inuit, and/or Métis communities. How do others in the community perceive and value them?

2. Traditionally what were the signs of good health in men and women in your community? What are the signs today? Are the signs today different from the past?

3. What are some healing practices, traditional and non-traditional, present in local First Nations, Inuit, and/or Métis communities?

4. List some of the healing methods that your ancestors used at different times of the year. What was the health benefit of each?

5. Describe a ritual or ceremony that was or is used to promote good health?

6. Describe what a traditional healer might do and what the effect might be on the patient.

7. How do healers and medicine people in traditional communities gain their knowledge and skills?

8. A medicine: sweet grass, cedar, tobacco and sage. Mixed together they bring a cleansing of the energy that is present. What process is typically used for personal cleansing in your community?

9. Identify a traditional medicine. What is it for? Does it prevent illness or cure it? What is it called in Aboriginal language? What are its ingredients?

10. Name three medicinal plants using an Aboriginal language.

11. Name an Aboriginal healer from the past and one you know of now.

Health Problems/Solutions

12. Explain how diseases that came with European settlement in Canada had such a significant impact on Aboriginal people.

13. What are some health problems in your community?

14. What are some of the greatest risks to health in Aboriginal communities today?

15. Explain how changes in diet and lifestyle (away from traditional ones) have resulted in an increase of certain diseases in Aboriginal people. Possible diseases include diabetes and heart disease.
16. What effect does poor health have in families, communities? What are some of the different kinds of costs involved in dealing with health problems in a family, community? How do you feel about this situation?

17. Have communities changed in what they do to have good health? If yes, what changes have you observed?

18. Tell about one role model for good health in your family or community. What does s/he do to be healthy or help others be healthy?

19. Why is providing medical treatment to people in their home community better than sending them out of their community for treatment?

20. What are some of the benefits of good health?

21. Discuss in a small group what can be done to encourage Aboriginal youth to be healthy. To help people avoid getting diseases at an early age.

22. Identify a business run by Aboriginal persons that you think is healthy or promotes health. What is the reason for your choice?

23. Think of an Aboriginal healthcare worker you know or have heard of. What makes that person unique or different from others?

24. What is the purpose of the “sweat lodge”?

25. How is “sweet grass” used and what’s its effect?

26. How are elders involved in healing?

**Communication**

27. What ways are used to share health information in your community?

28. What displays of information were used by people in traditional Aboriginal life? What did people living traditionally have to interpret in the natural environment?

29. In the healthcare occupation where you’d like to work, who would you have to speak to? How would your communication be different with different people? What kinds of challenges might you have talking with different people?

30. What kind of oral communication (talking, reporting, etc.) would you do in the healthcare job where you would like to work?

31. What is an example of something that might be difficult to talk about with 1) another healthcare worker in the same job; 2) your supervisor; 3) the patient or the patient’s family?

32. Is there anything from your early learning experience that could make it difficult to speak to certain people in the healthcare setting where you see yourself working?

33. If you had responsibility for the care of an Aboriginal person in a healthcare setting, what customs might you observe? How would this be different with a non-Aboriginal person? Are there differences in how you might talk to each?

34. Tell a story about a health matter in Aboriginal life. Your story should include: a setting (where, when), the characters (who), a goal or a problem, action or a sequence of events, and a solution or what happened in the end.

35. What would be some of the differences between telling a story from your culture and telling another healthcare worker about the observations you recorded on a medical record?

36. When might you be expected to step forward and take charge in your work situation? Would you find this difficult? If so, why? To make the situation more concrete, what are some challenges an Aboriginal person might face in talking to the police or paramedics in a crisis situation?
37. Conflict between people is a normal part of being at work. When a healthcare worker is in conflict with someone else, it does not mean that they should leave the workplace. What are some things that a person could do to help deal with a conflict?

38. Retell one story you heard from an elder that is about the health of an individual, a family or the community.

**Other**

39. Have you ever been surprised about how much you know about a topic when someone starts to tell you about it? Can you think about a time when this happened to you?

40. What would you do to make an Aboriginal patient’s experience a culturally-safe one? How would you know if a patient felt culturally safe or not? What might you observe? What might they say? How might they communicate that they felt safe?

41. What do you think you might have to do with the documents you have to use in the workplace? Give one example.

42. When you are working with documents, what boundaries might you use in sharing observations or information?

43. Describe two of the patterns one can observe in the natural environment.

44. Identify on a map the traditional lands of Aboriginal people in your area of Canada.

45. Name one Aboriginal architect. What characterizes his/her designs?

46. What geometric patterns are noticeable in traditional Aboriginal designs?

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**Relevant Scenarios**

47. If you had to leave the workplace to deal with a family matter or problem, or if you were not able to go to work one day, how would you let your employer know? What would you say?

If you were orienting a new worker to the job, what would you tell him/her about absences and keeping the boss informed about what s/he was doing? Make a list of the things you would say to him. Write it out as if you were talking to the person.

48. It has been written that traditional Indian medicine emphasizes the prevention of sickness. In conventional Western medicine the emphasis is on disease and its treatment. Give two examples of things (actions, activities, ceremonies, etc.) that prevent disease.

49. It is an Aboriginal point of view that people and communities are healthy when they are living in balance with nature. How does spending time in nature help a person be healthier? What is something your community (or one you have heard of) is doing to be in balance with nature? How would this affect the health of the community? What is one other thing that communities can do to improve this balance?

50. Describe or demonstrate (or share in a small group) a cultural activity that your community used to promote health or healing. This could be something that is drawn, sung, spoken, etc.
Building Step-by-Step

1. Name the topic and flush out what each person knows about it. Facilitate learners’ recognition that a) they have prior knowledge of the topic, and b) they have a contribution to make from which others will benefit.

2. Ask learners to discuss an aspect of the topic in small groups.

3. Ask learners to do some research to find out additional information.

4. Ask learners to report their findings to a larger group and hear others’ comments.

5. Ask learners to polish their ideas, and

6. Make a final presentation (shared) to the larger group.

The questions have the benefit of allowing for holism in teaching. In using the questions skillfully, you will be able to help nurture the spirit, heart, mind and body of the learner.
Over the last 10 years, educational bodies have identified many blocks or barriers to adult Aboriginal learner success in Canadian post-secondary courses and programs. They have also spent time identifying what is needed to rectify this situation. An overview of the barriers that have plagued Aboriginal learners and what may be solutions to the challenges they face is provided below as part of the context for Document Use in Entry Level Health Care Occupations.

It is the writer’s view that recognizing and understanding the barriers that Aboriginal learners experience and being able to empathize with Aboriginal persons as learners is critical to developing and using teaching methods that match their needs. The description of barriers that follows provides an important part of the context for Aboriginal learning. As educators in bridging or refresher programs, or as trainers in the workplace, we must be cognizant of struggles and challenges with which Aboriginal learners must contend. This awareness will help us bridge the gap between the learner and the content to be learned. And as a by product, we will become more knowledgeable and understanding persons and more effective in the role of “teacher”.

A study titled Canadian Colleges & Institutes – Meeting the Needs of Aboriginal Learners (2005) identified seven categories of barriers faced by Aboriginal learners in post-secondary education.

- **Historical barriers** due to the assimilationist education policies of the federal government and the legacy of the residential school system;
- **Social barriers** such as the significant number of Aboriginal learners with family responsibilities, the lack of role models in Aboriginal communities, social discrimination and unemployment and poverty;
- **Lack of academic preparation and prerequisites** due to low high school graduation rates and high number of mature students;
- **Financial barriers** in the case of Status Indians due to insufficient funding provided through Indian and Northern Affairs Canada (INAC) Post-secondary Student Support Program (PSSSP), and for Non-Status and Métis students who are not eligible for the PSSP and must rely on their own resources or student loans;
- **Geographic barriers** because many Aboriginal learners must relocate to urban areas to pursue post secondary studies;
- **Cultural barriers** because Aboriginal perspectives, traditions, and values and the differences in learning styles are not typically reflected in post-secondary institutions;
- **Individual and personal barriers** faced by students who experience a sense of powerlessness, poor self-concept or motivation, poor health, or frustration, which is exacerbated when students do not have sufficient family or institutional support.

The Saskatchewan Institute of Applied Science and Technology (SIAST) also recognized many of these barriers in the Aboriginal Student Success Strategy (2009), a major study conducted to identify and elaborate the challenges Aboriginal learners face as they approach, enter and work their way through the Institute’s programs. This study indicated that student retention barriers are a higher priority than Aboriginal student recruitment barriers. Statistics showed a large gap in the program completion rates between Aboriginal and non-Aboriginal students. Some of the specific barriers identified in the study are listed below, as they are relevant to the resources developed in this course.

**Barriers to Aboriginal Learners’ Academic Success (Appendix)**
Phase: Pre-Prospect through Admitted Applicant

- An unwelcoming physical campus environment, particularly in first-contact and student service areas;
- Lack of Aboriginal faces in first-contact areas;

Phase: Admitted Applicant through Program Completion

- Lack of permanent summer programming to address urban and post-secondary transition issues;
- No post-secondary preparatory programming, particularly in technologies and health sciences;
- No specialized support for English language learners;
- Inadequate understanding of Institute faculty and staff about non-Western ways of knowing and learning;
- Lack of integration of Aboriginal knowledge into the Institute’s programming;
- Cross-cultural communication differences; and
- Low numbers of Aboriginal instructors, program heads, and staff.

Interestingly, a number of barriers were identified that may directly relate to inadequate skills in reading and document use. These barriers had to do with the difficulty individuals had in accessing information about programs and services. Though access may well be a problem, there may also be a problem in reading and understanding documents which provide this kind of information.

Many of the barriers that have been identified at the institutional level have also been noted in studies of the challenges faced by Aboriginal persons in training for healthcare occupations, particularly the field of nursing (Anonson, Desjarlais, Nixon, Whiteman, Bird, 2006; Evans, B.C., 2008; Sequist, T.D., 2007; Amaro, D.J., Abriam-Yago, Yoder, M., 2006). These studies point to the following roadblocks to the success of Aboriginal and ethnic nursing students:

- Sense of isolation and aloneness: Many learners confront the decision of leaving their community and family members to live and learn in an environment where they will feel isolated and cut-off from their culture.
- Personal needs: Learners may not have adequate financial support and childcare arrangements and such costs can be major impediments that Aboriginal learners have to deal with.
- Families: Learners’ relationships with their families can be complex and have many aspects. Some families may be unhealthy and have social problems that span generations. Even if this is not the case, families can be both a support and a barrier to students at the same time (i.e., families can have a strong positive or negative effect on learners’ success).

Families can provide learners with motivational, emotional and financial support. When learners are undergoing stressful experiences, their families can be a source of support. At the same time, families have needs and can be a source of stress for learners. Learners may have to work to help support their families financially. Some learners may carry all or much of the daily care for their families. In instances where the learners are geographically separated from their families, they may receive negative feedback from family members if they miss family functions and
events so they can attend classes and/or study. This is a classic double-bind situation in which some Aboriginal learners find themselves.

• Financial resources: If learners are struggling to meet financial obligations, they often take on part-time employment to meet their family obligations and to buy things that help them “fit in” (e.g., computers, dependable transportation). This employment situation may cause them to have insufficient rest time, to lose exercise and study time, and it may compromise their ability to realize their learning/academic potential.

• Program workload: Learners may struggle with the study workload and have a need for tutoring, study skills and study groups.

• Cultural: Learners may experience the lack of role models or mentors who represent their cultural background as a major barrier. Learners have a need to establish and maintain relationships that support their ethnic identity. They need to feel safe, secure and connected to other persons in a genuinely respectful and caring way.

Faculty members, peers and others may not understand or appreciate Aboriginal learners’ worldviews. In turn, the learner may not be fully aware of the cultural conflicts they face or understand why they are targets for prejudice, discrimination and racism. They may also have to cope with the “white privilege” of others, without fully understanding it, and deal with faculty and others’ assumptions about their ethnic identity and what their performance will be like as a result of that identity.

• Learning in a second language: Learning in their second language will cause them a more difficult time reading, taking notes and studying.

• Communication challenges: Learners’ communication interacts with their language needs. Difficulty communicating will cause some learners to feel isolated from their peers, and communicating with peers, clinical staff and patients will be more difficult (discrimination from these groups). Learners may have to adjust to teaching/learning communication styles that differ from their own.

It is encouraging to see that efforts are being made to address and provide solutions for the problems that Aboriginal learners face. Many post-secondary colleges and institutes are providing support to Aboriginal learners in what are referred to as access, transition, bridging or preparatory programs. These programs are designed to address the needs of Aboriginal learners who do not meet the entry requirements for college or institute programs and those who need to upgrade their academic proficiencies before they can effectively participate in technical or trades’ programs. This includes those who would not be able to participate in programs because of various types of barriers (i.e., language, social, cultural, lack of formal education, or residing in an isolated community).

This type of program usually covers the needed academic skills and the personal life skills that learners will need to achieve success in college, institute or university programs. Often these programs have distinctive features. They may contain courses that assist Aboriginal learners in language training or numeracy skill development. Some allow Aboriginal learners additional time to complete the program. They often are a fusion of Aboriginal learning and tradition with Eurocentric teaching and learning.
In many educational organizations, programs of this type entail upgrading or basic education classes. In some organizations, programs of this type are tied into the first year of a formal technical program, such as nursing or medicine.

In such a program at the University of Manitoba, Aboriginal learners can take the Special Premedical Studies Program (SPSP) which helps them improve their academic abilities. This program provides individualized tutoring, academic advice and pre-university orientation to help them consolidate their skills, as well as personal counselling as required. As part of the program, Aboriginal learners who are making the transition from rural to urban living, form a supportive community based on similar backgrounds and common goals for a career in medicine.

Another example of this type of program is the Northern Health Sciences Program in Saskatchewan. It’s a 10-month preparatory program offered in partnership between the First Nations University and SIAST, which delivers both academic and life skills development for Aboriginal and non-Aboriginal learners entering health science programs at the post-secondary level. This program’s objective is to enhance learner success by providing the necessary academic requirements in biology, chemistry, math and English. This program also serves as an introduction to the health field, with a focus on nursing as a career.
Print Materials


Canadian Council on Learning, Lessons in Learning, Aboriginal and rural under-representation in Canada’s medical schools. April 2008.


Saskatchewan Institute of Applied Science and Technology, Orientation to Nursing in Canada for Internationally Educated Nurses, Medication Administration and IV Therapy Lab for IELPNs, (PHAR 1607).


### Online Resources

Aboriginal Education: A Research Brief for Practitioners, University of Alberta. *Effective Practices For First Nations, Metis and Inuit Learner Programs*.


