

# Development of Nation's First Indigenous Healing Clinical Space

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## Disclosure

None

## Background

- Population of AIANs in U.S.
  - 2.9% of the total population or ~7 million total in 2020
- Health status of AIANs in U.S.
  - 6.5 years lower life expectancy than all other races in nation
- AIAN Healthcare workforce representation in the U.S.
  - Less than 1% are healthcare physicians, pharmacists, and nurses
  - Approx. 4,000 of 1 Million licensed physicians identify as AIAN
- History of AIAN healthcare services
- Western Medical Education and lack of Indigenous curriculum to serve patients
  - Of 155 allopathic and 38 osteopathic medical schools, less than 20, have Native American pathways, programs, Indigenous developed and instructed curriculum, or Native American faculty and students

## WSU Center of Native American Health Science (NHAS) Mission

- Expand Native American healthcare workforce
- Provide culturally centered education that emphasizes holistic and equitable healthcare for patients
- Commit to Indigenous partnerships and health initiatives



# Why an Indigenous Clinical Simulation Space?

- Historically, education and health institutions have focused on upholding westernized and colonial systemic structures of teaching and educating physicians to treat patients whereby reinforcing racist biases, attitudes, behaviors, and treatment responses that may be learned early on during medical education's formative and training years
- Research shows that implicit bias is significantly related to patient—provider interactions, treatment/care decisions, treatment adherence, and patient health outcomes of Indigenous patients and families
- When used with best practices, clinical health simulation can be a safe and harm reductive strategy to teach, inform, adapt, brief, and debrief health communication, treatment, care, response, and dismantle biases, tendencies, attitudes, and behaviors that when are more culturally centered and prepared, are more likely to increase patient health outcomes, trust, response/return, and satisfaction
- Indigenous voice, perspectives, holism, knowledge, and ways, must be at par with other medicine and modalities of teaching as a response to treatment of our people

## Development of the Simulation Space







Features: dimmable lighting, native art, cedar wood, technology

#### Goals of the space:

Dismantle implicit bias via education

Decolonize approaches and methods to education in a sacred place of healing

Honoring Indigenous voices, histories, present lives, and future generations

Culturally centered patient care

Balance Western medicine with Indigenous health education

Educate current and future healers through Indigenous perspective simulation-based learning

## Purpose of this Study

Aims to better understand the <u>influence and experiences of Indigenous healers' perspectives and impacts</u>, as they relate to their **development and instruction of the nation's first Indigenous Clinical Health Simulation education and space** and its effects on educating future and current healers and their health outcomes

### Methods

- Decolonizing methods
  - Talking circles
  - Storytelling
  - Note capturing of Indigenous cultural events and meetings
  - Simulation design meetings and retreats
  - Cohort development meetings
- Informed consent obtained from 25/29 Indigenous health and education community members from PNW
- Information obtained was relayed back to the healer's cohort to ensure feedback, transparency, and honor their voices

## Indigenous Healer's Retreat



#### Cultural Event

#### Qualitative notes on simulation space:

"place has to reflect humility it's always about the patients first, need to teach our learners that first"

"trying to develop rapport, because of mistrust in the field, have to identify that and develop the trust has a basic medical exam, learning through it through an indigenous lens, breaking down barriers to learn more about the patient"

"simulation creates a safe space for students, individuals, for how things should be (psychological and physical safety) a lot of simulation is getting into the mind of the learner and why did you say the words you did, stand the way you did, (body language is more than what the words come out of the mouth), debriefing (tell me how you felt, i notice you did this why did you choose to do that) learner has an emotional response so that when they came up again, they choose to do it another way; it is most important to ensure that psychological safety for the learners' implicit bias integrated into education of simulation space, knowing your bias, standardized patients are not that diverse (know their assumptions, as they give feedback to students)"

"Traditional healing was seen as substandard and elective rather than a core part of healthcare"

## Simulation Design Meeting



## Simulation Design Meeting



## Healers Retreat Feedback Meeting

Met with Indigenous Healer's Cohort and assess their perspective of the retreat and development of the space

- Concerns for inclusion of all healthcare professionals
- Addition of healing and trauma informed care as part of the simulation curriculum
- More utilization of elders' voices in creating the space

#### **Outcomes**

- Envision the IHCSC as a place of spiritual, psychological, and physical safety to address implicit biases, and patient-centered care that incorporates teachings of cultural holism and traditional healing methods
- Values and honors traditional healing knowledge, plants, first foods as medicines, mother earth, water, ceremonies, and other ways
- Space needs to be crafted intentionally with nature, light, warmth, and community
- Proper protocols to create a safe dialogue are also crucial
- Future healers that utilize the space will have the opportunity to learn about and practice cultural humility and holistic healing

### Future Directions & Goals

- Assessing Indigenous standardized patients on their training and experience with future healers that utilize the space
- Empower others tribal healers to gather and develop an Indigenous healing simulation center at their academic facilities
- Educate more culturally proficient and safe physicians who are better prepared to improve Indigenous health outcome
- Increase Indigenous healthcare workforce
- Consider Indigenous frameworks toward national toolkit/best practices for other schools and regions



## Limitations

• This healing center was designed by elevating local Indigenous healers' voices, which presents only a subset of tribal experiences and culture of one region of the United States.

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# Questions?



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