

An UPROOT Approach to Decolonizing Pharmacy Education

Jason Min, B.Sc. (Pharm), RPh
Assistant Professor of Teaching
Jason.Min@ubc.ca

Larry Leung, B.Sc. (Pharm), RPh
Assistant Professor of Teaching
Larry.Leung@ubc.ca



THE UNIVERSITY
OF BRITISH COLUMBIA



UPROOT



A photograph of a tall wooden Reconciliation Pole topped with a large eagle sculpture. The pole is set against a background of a residential neighborhood with houses and trees under a clear sky. A dark horizontal bar is overlaid across the top of the image, containing the title text.

Acknowledgements

*Reconciliation Pole, Hereditary Chief Zidansuu (James Hart), Haida
Hover Collective / UBC Brand & Marketing*

- UPROOT Team
- Indigenous Curriculum Advisory Committee
- Indigenous Student Advisory Committee
- Community partners
- Funded by UBC Teaching and Learning Enhancement Fund (TLEF)

Session Outline

1. Discuss the western and colonial constructs within the pharmacy context
2. Describe our team's UPROOT approach to decolonization
3. Discuss the new mandatory and elective Indigenous health and cultural safety curriculum in pharmacy
4. Share student and Indigenous partner perceptions of course design and delivery



UPROOT – The Name & Logo

- Comes from what, how, and why we are doing this work
- We are *uprooting* colonial processes and systemic barriers in our efforts to support decolonization and Indigenization
- We expect our students to uproot their own perceived cultural and social biases, as part of their self-journey in reconciliation
- We acknowledge deep-seeded or rooted issues of our past and present colonial history in order to move towards respect, responsibility, relevance and reciprocity with community partners.



UPROOT – The Name & Logo

- The UPROOT logo is created by designer Debra Sparrow—a Musqueam Coast Salish artist.
- The logo is an amalgamation of traditional Indigenous concepts and contemporary design components.



Pharmacy Practice Context

- As a profession, pharmacy is deeply rooted in a colonial and Eurocentric view of:
 - Western values,
 - Evidence-based medicine, and
 - A transactional approach to care provision
- Can create a homogenous and discriminative culture of pharmacy – steeped in harmful stigma and pervasive implicit bias
- Can result in significant barriers to receiving culturally safe care and other forms of traditional healing



Pharmacy Education Context

- Teaching based on western, evidence-based medicine
- Prior to 2012, there was no Indigenous curriculum in pharmacy programming
- Started with a pilot elective course



APPROACH



Our Approach to Decolonization

- Broadly:
 - Bring about the repatriation of Indigenous land and life (Tuck *et al.*)
- Context of education/research:
 - Increasing Indigenous decision-making and control in education and research by uprooting existing Western approaches and structures (Battiste; Hall *et al.*; Antoine *et al.*)

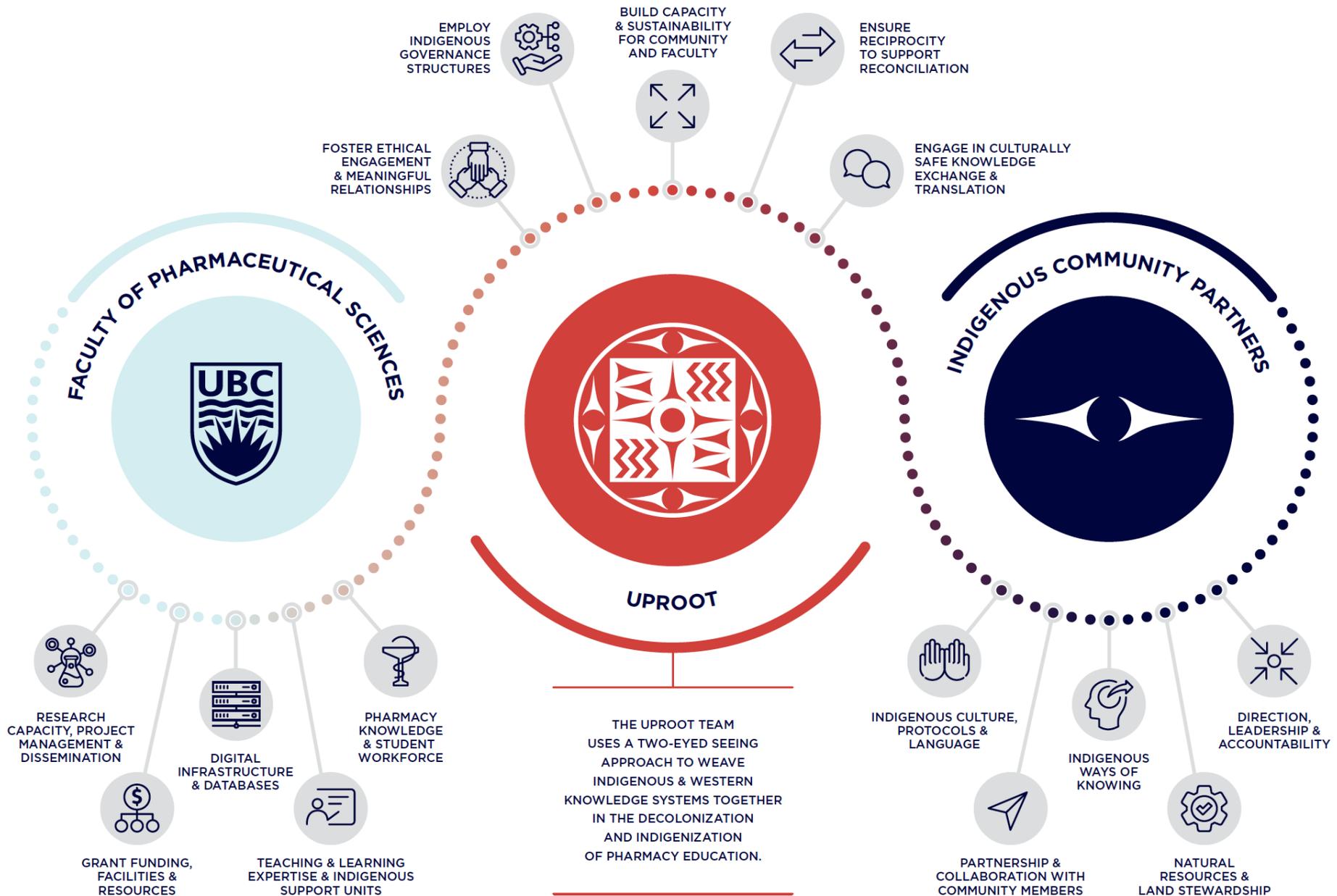
Decolonizing the
EDUCATOR

Decolonizing the
CURRICULUM

Decolonizing the
FACULTY



TWO-EYED SEEING: THE UPROOT MODEL



The UPROOT Approach

- **Grounded in Indigenous relationships**
 - Increase Indigenous influence, decision-making, and control in decolonizing and Indigenizing efforts, including honouring First Nations Principles of Ownership, Control, Access, and Possession
 - Employ a governance structure led by our Indigenous Advisory Committees, and community partners
- **Community-based**
 - Ensure reciprocity by defining deliverables that are relevant and beneficial for partnering Indigenous communities
- **Curriculum, learning activities aligned with Indigenous ways of knowing and learning**
 - Use co-teaching models and story-telling with Indigenous partners
 - Implement visual arts reflections, book club, and individual activities related to identity formation



Indigenous Oversight

- Indigenous Curriculum Advisory Committee
 - Oversight of PHRM 261 and 323
 - 10 members, including Indigenous faculty, community leaders, and healthcare providers
- Indigenous Student Advisory Sub-Committee
 - Indigenous student-led; no faculty present for meetings
 - 5 Indigenous students and 2 non-Indigenous students



CURRICULUM



5 Curricular Pillars



Scaffolded Curricula

YEAR 01

PHRM 100: Introduction to Indigenous Health | 1 & 2
UBC 23-24 Indigenous Cultural Safety Quartile 1 & 2:
Cultural Humility & Allyship Indigenous Perspective of History

YEAR 03

PHRM 323: Pharmaceutical Care in Indigenous Health (Community-based elective)
UBC 23-24 Quartile 4: Transforming Care

YEAR 02

PHRM 261: Indigenous Health & Cultural Safety
UBC 23-24 Quartile 3: Indigenous People Health:
Determinants of Health, Health Outcomes

YEAR 04

Land-based experiential practicums (future elective)



PHRM 261

MANDATORY



PHRM 261 Course Topics

Week	Topic
1	Course Introduction
2	Colonialism and the Impact on Health
3	Identity, Power, and Positionality
4	Racism, Social Neutrality, and Empowerment
5	Implicit Bias
6	Indigenous and Western Knowledge Systems and Worldviews
7	Indigenous Stories and Book Club Mid-point
8	Traditional Medicines
9	Indigenous Governance
10	First Nations Health Benefits
11	Trauma-informed care
12	Visual Arts Reflection, Book club, and Course Wrap-up



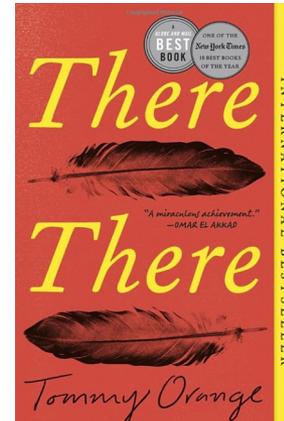
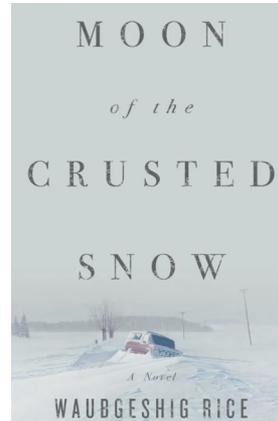
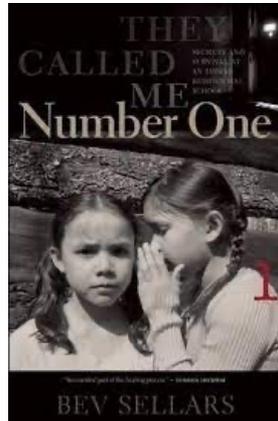
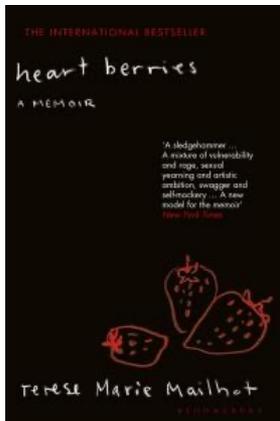
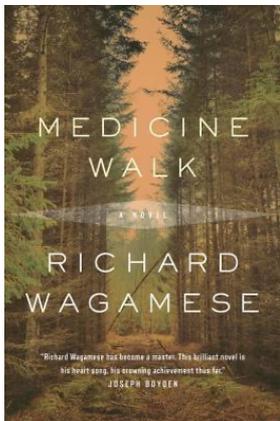
Assessment

Assessment	Mark Allocation
Book Club	15%
Visual Arts Reflection	30%
Class Activities <ul style="list-style-type: none">• 10 activities at 5.5% each	55%



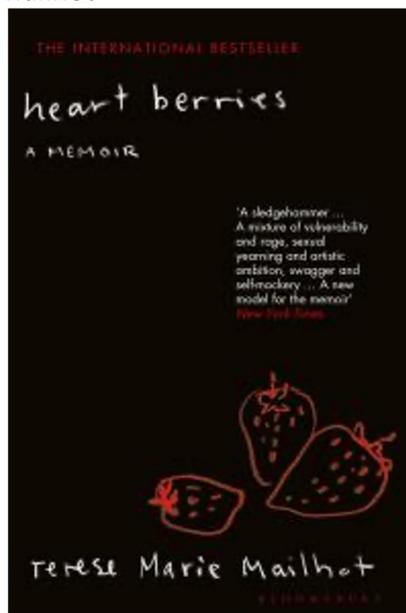
Book Club

- Purpose of activity is to expose students to diverse Indigenous authors' views, perspectives, and stories
- Participate in group discussion in middle and end of the term



Book Club

Heart Berries by Terese Marie Mailhot



Description:

“Heart Berries is a powerful, poetic memoir of a woman's coming of age on an Indian Reservation in the Pacific Northwest. Having survived a profoundly dysfunctional upbringing only to find herself hospitalized and facing a dual diagnosis of post-traumatic stress disorder and bipolar II disorder, Terese Marie Mailhot is given a notebook and begins to write her way out of trauma. The triumphant result is Heart Berries, a memorial for Mailhot's mother, a social worker and activist who had a thing for prisoners; a story of reconciliation with her father - an abusive drunk and a brilliant artist - who was murdered under mysterious circumstances; and an elegy on how difficult it is to love someone while dragging the long shadows of shame. Memory isn't exact, but melded to the imagination. In Heart Berries, Mailhot discovers her own true voice, seizes control of her story, and, in so doing, re-establishes her connection to her family, to her people, and to her place in the world.”

Jason & Larry 2 cents:

- Short, but concentrated
- Trigger warning: Substance use disorder, abuse, mental illness

Suggested Timeline:

- By the Midpoint Check-in, read: Ch. 1-5.
- By the Final Discussion, read: Ch. 6-11.

Book Access Information:

- [UBC Library](#)
- [ProQuest](#)



Class Activities

- I am from...
- Implicit Bias Quiz
- Group discussion and peer evaluation
- Quizzes/written reflections



Student Feedback

Question	n	Interpolated Median	% Favourable
<i>Learning objectives were clear</i>	116	4.8	97%
<i>Instructional methods (lectures, case studies, activities, etc.) facilitated achievement of the learning objectives</i>	114	4.8	96%
<i>Assessments of learning were related to the learning objectives</i>	116	4.8	97%
<i>Assessments of learning were fair</i>	115	4.8	97%
<i>The course was organized in a logical fashion</i>	116	4.8	97%
<i>Considering everything, I learned a great deal in this course</i>	116	4.8	97%

5 = Strongly agree 4 = Agree 3 = Neither agree nor disagree 2 = Disagree 1 = Strongly disagree

% Favourable = percentage of respondents that rank a 4 or 5 (agree or strongly agree)



Areas of Strengths

- **Guest speakers/topics:**
 - *“Inviting Indigenous guest speakers was a highlight”*
 - *“Touching on topics that are not covered in other courses – specifically Indigenous history and Indigenous patient care – super important for pharmacists to be aware”*
 - *“...helped arm me with tools needed to establish better interpersonal relations with patients out in practice, unlike the other knowledge-heavy courses in the term. Pharmacist care is more than just about the drugs, anyways.”*
- **Assessments:**
 - *“I took what they were trying to teach and they reflected that in their assignments. They didn't just make assignments to be able to grade us, but ones that truly reflected the material taught.”*
 - *“have created a class that lays down fundamental understanding for cultural safety in practice and opens up a discussion about how we can make pharmacy a safer and more welcoming industry for all. I believe this is an incredibly important topic and one that is hard to teach as well as assess, [instructors] created very engaging materials and activities that support learning in a way that is not driven by grades, but instead by understanding and growth.*



Areas for Improvement

- **More time:**
 - *“Time was a huge barrier. We were not able to cover most topics in-depth in 50 minutes. I thought the group discussions were very engaging, however at times it felt we had limited time.”*
- **In-depth coverage:**
 - *“Not enough time for Q&A with guest speakers.”*
 - *“Increased credit value and more course hours.”*



Partner Perspectives

- Co-teaching model was effective, despite a short 50-minute class
- Online delivery made it easier for partners to participate as guests
- 1-to-1 reciprocal benefit was critically important
- Content built for the non-Indigenous audience, how might Indigenous students engage?



PHRM 323

ELECTIVE



PHRM 323 Course Topics

Week	Topic
1	Course Introduction and Community-based Project Pairing
2	Cultural Immersion Activity #1 – Museum of Anthropology
3	Ethical Community Engagement
4	Indigenous Health and Wellness
5	Indigenous Health Service Models
6	Cultural Immersion Activity #2 – Indigenous Health Clinics
7	Book Club Mid-point
8	Indigenous Health Advocacy
9	Cultural Immersion Activity #3 – Traditional Medicines Walk
10	Community-Based Project Presentations #1
11	Community-Based Project Presentations #2
12	Visual Arts Reflection, Book club, and Course Wrap-up



Assessment

Assessment	Mark Allocation
Book Club	5%
Class Participation	5%
Visual Arts Reflection	10%
Journal Club	10%
Midterm Quiz	20%
Cultural Immersion Activities	7.5%
Xwi7xwa Library video tutorials	2.5%
Community-Based Project	40%



Journal Club



Groups of 2



10-minute presentation and 2-minute discussion



Relevant article preferably in the last 5 years



1 PowerPoint slide



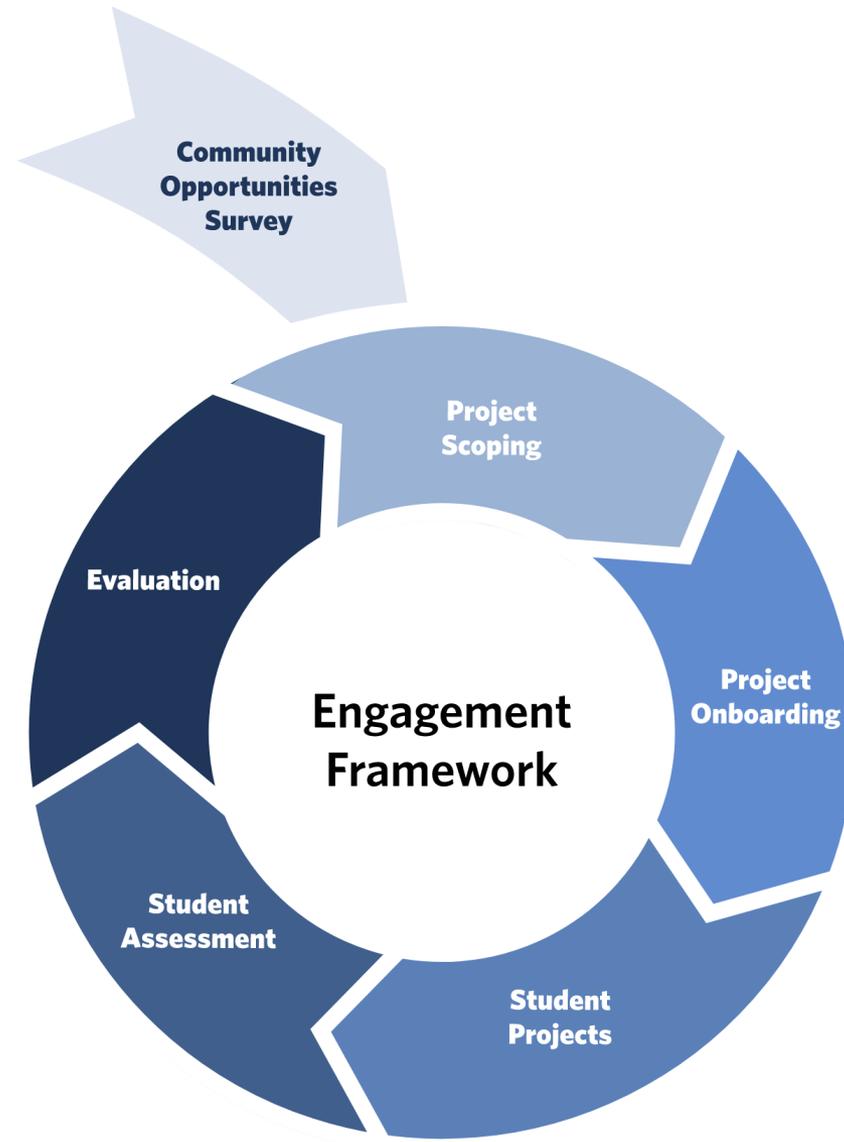
Marking rubric in Syllabus



Order to be determined by **TRIVIA**



Community-based Projects



Community-based Project Examples

- Mobilizing Local Pharmacy Resources to Support COVID-19 Education
- Creating a Patient Navigation Flowchart
- Mapping Traditional Medicine Workshops to Increase Accessibility in Community
- Improving Medication Access in a Rural and Remote Community
- Community-Oriented Marijuana Education
- Preserving and Revitalizing Traditional Medicines Knowledge
- Youth Crime Prevention
- Healthy Meal Planning
- Visual Summary of Traditional Medicines



Student Feedback

Question	n	Interpolated Median	% Favourable
<i>Learning objectives were clear</i>	13	4.9	100%
<i>Instructional methods (lectures, case studies, activities, etc.) facilitated achievement of the learning objectives</i>	13	4.8	100%
<i>Assessments of learning were related to the learning objectives</i>	13	4.9	92%
<i>Assessments of learning were fair</i>	13	4.9	100%
<i>The course was organized in a logical fashion</i>	13	5.0	100%
<i>Considering everything, I learned a great deal in this course</i>	13	4.9	100%

5 = Strongly agree 4 = Agree 3 = Neither agree nor disagree 2 = Disagree 1 = Strongly disagree

% Favourable = percentage of respondents that rank a 4 or 5 (agree or strongly agree)



Areas of Strength

- Working with community partners:
 - *The community-based project was a huge opportunity and I'm very grateful for that*
 - *the community partner portion of the class was very informative and gave a new outlook for many classmates on what type of opportunities are out there*
- Small class size:
 - *The course has a small class size and allows us to build connections with our classmates over time*
 - *Small class size allows us to have better discussions and engage with the material during the class*



Areas of Improvement

- More in-person, cultural experiences:
 - *I really loved hearing our community partner [provide sessions] so maybe adding more of those interactions in the future*
 - *I think [culturally immersion trips] would have been a really good learning opportunity, but it was unfortunately cancelled due to the ongoing pandemic*
- More depth and optional activities:
 - *More readings, media, reflections to be discussed in class*
 - *I feel that the course could have had some more supplemental readings as well as possible guest lecturers*





Q & A

Jason.Min@ubc.ca
Larry.Leung@ubc.ca