TAKING CARE OF ONE ANOTHER
I-GEN PROJECT GATHERING
PENTICTON, BC, SEPTEMBER 27 & 28, 2022

Summary Report

INTRODUCTION

Under the Indigenous Health Nursing Research (INHR) Program, six British Columbia universities—Thompson Rivers University (TRU), University of British Columbia Okanagan (UBCO), University of Victoria (UVIC), University of Northern British Columbia (UNBC) and the University of British Columbia (UBC) have come together in an innovative research partnership. This partnership centres on the co-creation and implementation of Indigenous wellness curricula and practice experiences through collaboration with Indigenous and nonindigenous health and education providers, and Indigenous community partners which guide and lead this work though local community protocols and Indigenous research methodologies.

By working closely with the priorities and commitments of Indigenous people and communities, complex and collaborative strategies will open opportunities and extended networks to counter the deficit-based approaches and treatment-focused model that are currently driving healthcare reform.

On September 27 and 28, 2022, researchers, organizational representatives, community members, Elders and knowledge holders came together in an intergenerational gathering in Penticton, British Columbia, to create a vision for this innovative project. This document presents a summary of the results of this gathering.

The IGEN Research Project

The primary purpose of the IGEN Research Project is to support the implementation and co creation of Indigenous graduate nursing research project. This action-oriented research study calls for meaningful community engagement with local host nations in ethical ways that supports Indigenous sovereignty. Through this research, our team will align the work closely with the priorities and commitments established by our Indigenous community partners. Using this approach, complex and collaborative strategies will open opportunities and extend networks to counter the deficit-based approaches and treatment focused model that are currently driving healthcare reform.

The initial phase of this project entailed hosting a facilitated gathering guided by local knowledge holders, Elders, community health champions, researchers, healthcare providers, Indigenous nurses, Indigenous community representatives, This gathering was held in September, 2022. Over the course of two days, in-person and remote (via Zoom) large- and small-group meetings (sharing circles) were held to:

(1) Discuss gifting protocols
(2) Review and discuss commitments for working together
(3) Review "20 calls to change"
(4) Discuss the requirements for the Indigenous Health Nursing graduate program
(5) Review governance roles and responsibilities

(6) Set goals and objectives
(7) Present themes that emerged to the group

The summary of results of this meeting are presented in the sections that follow. The results of the post-gathering evaluation and budget are also presented.

The Process

The group began with a gathering on the land to ground ourselves and our relationships in the land and with the Sylix people. We began in a circle in the En'owkin center where we were welcomed with a song. The knowledge holders explained the significance of the carvings and features of the building which linked us to the history and knowledge traditions of the Nation. We were given guidance on living in right relations with the land. We walked on the land around the center and learned from the plants that were growing there. We listened to stories about the plants and the Sylix peoples' relationships to the land. We learned about the center's role in reclaiming knowledge with the land and the plants that have traditionally grown there. Some of us were able to walk down to the nearby stream where we learned that the stream is still waiting for the salmon to return.

Returning to the conference center we brought this connection to the land with us. The afternoon was spent in doing introductions and hearing from the Grandmother's Council. The time was taken to ground us in our relationships, starting with the land, connecting with each other and finally listening to the grandmothers who situated us in the history of Indigenous nursing, indigenous nursing knowledge and our shared values.

The second day was focused on small group discussions. Guiding questions were provided for each group. Our conversations focused on guiding principles for local hub partnerships and the larger collaboration. Themes were discussed and presented in the results below. The conference was closed with a gifting ceremony guided by Elders. We were able to share our gratitude for the land, our relationships with each other and the Sylix people.

RESULTS

In this section, we present a summary of the preliminary results of the IGEN gathering in Penticton, BC, held on September 27 and 28, 2022. Results are presented following the general flow of the gathering, for which an itinerary was prepared. The initial stages of the gathering involved getting started in a good way, with prayers, giftings and teachings by Elders. One of the central purposes of this gathering was to enable people to discuss their commitments for working together. These commitments are presented below. Following this, themes that emerged during the facilitated conversations during the gathering are presented. Finally, we present the governance of the project as visioned by participants. This includes the structure and makeup of the Community Hubs, principles for working together, and

Our Commitments to Each Other

In addition to outlining requirements for the Indigenous Nursing Graduate program and governance, partners came together to discuss the collective principles they commit to for the duration of the project. The foundation of collaboration, a theme that emerged from discussions, was "*Through all this work, **we take care of one another.**"* These principles and commitments include the *what, the who and the how* of working together in Community Hubs.

WHAT

We are committed to working together in way that honours the land, the plants, and all Indigenous people. This means that we:

1) Acknowledge and uphold Indigenous sovereignty and Indigenous rights to self-determination
2) Take actions that are not extractive or harmful and
3) View Indigenous people as experts in creating healthcare and health education

WHO

We commit to ensuring our work welcomes, accepts and represents:

1) **All Indigenous groups** – First Nations, Inuit, and Métis
2) **All generations** – children, youth, adults, seniors – acknowledging that all ages are of equal value.
3) **Nursing students** who work with Indigenous communities, ensuring that there is support after convocation.
4) **Nursing faculty** to properly support the nursing students they are mentoring.

HOW

We do this through ACTION. Specifically, we:

1) **Give Space** – both visible and invisible.
    a. **Create** kinship ties
    b. **Claim** (not reclaim) – we have this already, there is no need to fight
    c. **Clear –** make room
    d. **Clean –** honour relationships
2) **Learn** – and respond to evolving learning needs
3) **Listen** – with an open heart and mind
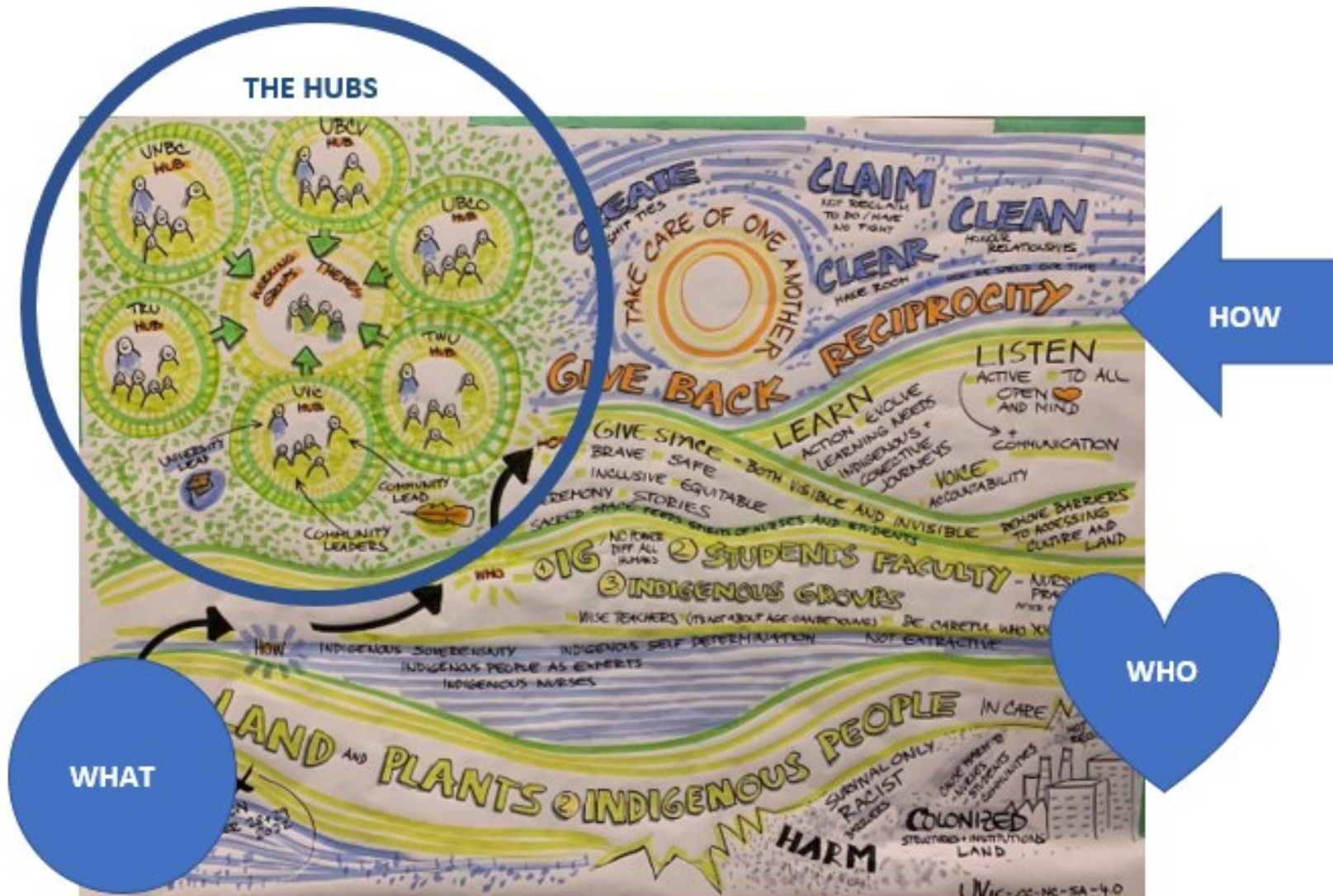4) **Give back** – upholding reciprocity

Figure 1. Consensus Visualization by Marie Bartlett, Facilitator at the Penticton Gathering

Figure 1. The WHO, the HOW and the WHAT by Marie Bartlett, Facilitator at the Penticton Gathering

Themes

The following themes related to the Indigenous Nursing Graduate programs emerged:

1) **Theme # 1:** Gather and Vision. Learning student needs before entering the program. Learning about what supports they are accessing and what supports may be available but are not accessing. Attraction: How do potential students get interested in the graduate Indigenous Nursing program? Application process: What is working well? What isn't? What hinders or helps potential students get accepted into the program? Research…

2) **Theme #2:** Learn and Engage. Once on campus, what are the needs of students? What are they learning and from who? What has the most impact? Curriculum/course: Core nursing courses pilot, content review, community-led content, content mapping. Mentorship: What are faculty doing now that works well? What is not working well? Who else needs to be involved beyond faculty? Spaces: Are spaces culturally safe? Research...

3) **Theme #3:** Practice. Once convocation happens, are nurses "thrown into the deep end" without supports? How can we change this? Are they ready to begin their nursing practice? How do we support emerging Indigenous leaders? Readiness assessment. Mentorship post-convocation (Indigenous leadership). Relationship with communities, including Community Hubs. Research…

Participants in the gathering agreed that the focus should be the student journey through the graduate nursing program *through their eyes,* rather than through the eyes of the university. Language should be reframed, then, to support this perspective. An example is reframing the term recruitment and retention (a University/business-based viewpoint) to one of visioning casting and support (the viewpoint of the student), within the context of community. Students will be attracted to the program for various reasons, will have to apply, and will formulate a vision of what their education and outcomes will be. Once accepted to the program, students will engage with curricular activities including course content, and may conduct research that will inform practice standards after convocation. Mentorship features centrally in this model, as students and graduates will benefit from continued engagement with experienced mentors to support their scholarship and ongoing work as practicing Indigenous Health Nurses. (Figures 2 and 3).

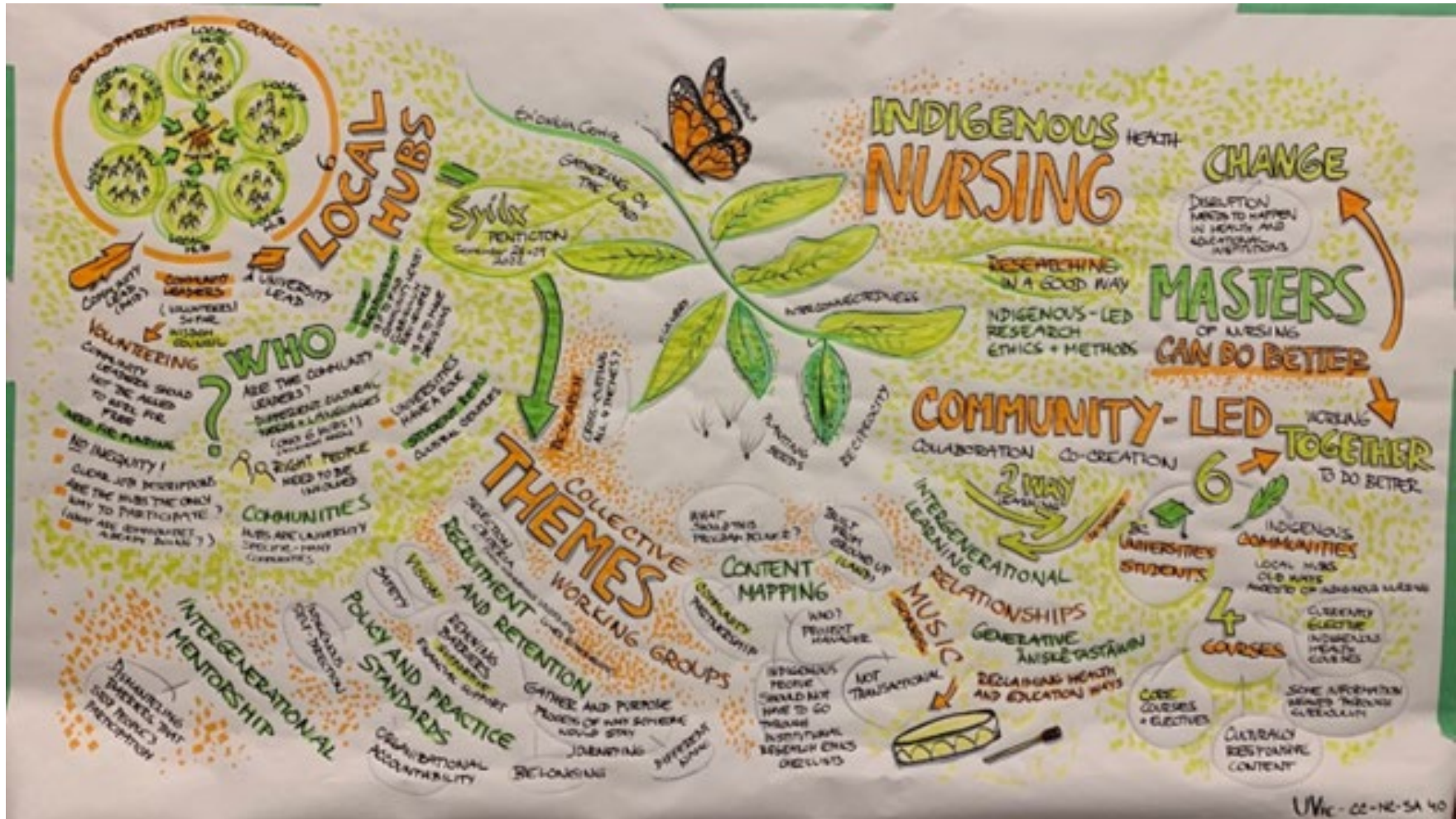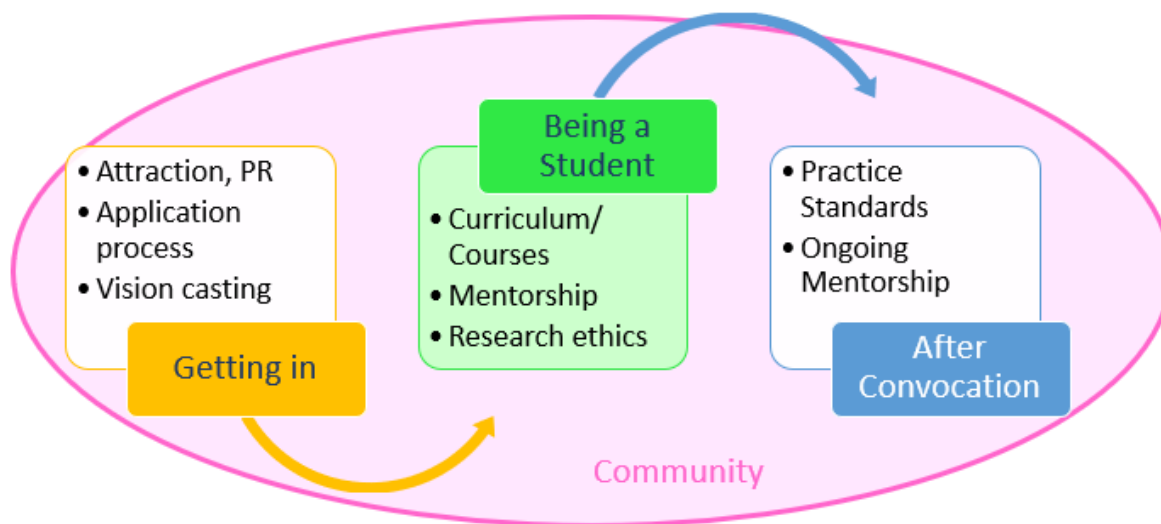Figure 2. Themes by Marie Bartlett, Facilitator at the Penticton Gathering

Figure 3. Depiction of the Student Journey

Research, which includes ethics, guidelines, protocols and methodology was a common thread that connected the themes. The role of the Community Hubs is to ensure that the universities, the communities and their members, and the students collaborate during the research process.

In order to ensure that the Indigenous Nursing program requirements move forward, participants felt that each theme (above) should be addressed by a working group from each of the six universities, members of the research team and members of the Community Hubs in shared governance and decision making.

Community Hubs

Community Hubs are a group of people from the local are/territory who are considered leaders in Indigenous health. Each community defines for themselves who these leaders are. Examples of leaders that may be chosen include community members, Knowledge Holders/language speakers, Elders, representatives, healthcare providers, and traditional healers. During the four years of this project, these leaders will join together in Community Hubs to guide and support the project team in their area. The project team will include nursing faculty and trainees (both Indigenous and ally) from the local university. In total, there will be six Community Hubs linked to each of the six universities. Community Hubs will gather and connect regularly to:

(1) Engage with Community to ensure that work is community-led

   a. Establish/renew/build/strengthen relationships and respectful communication with Indigenous community leads and allies to ensure ongoing consultation, leadership, and review for all aspects of the project.

b. Provide opportunities for local Elder-facilitated sharing/learning circles (with community, faculty, and students) to identify priorities, make decisions and evaluate processes and outcomes.

(2) Support Nursing Graduate Students

a. Participate and facilitate intergenerational mentorship networking activities (a group of Elders, Old People, retired nurses, and youth) who can support Indigenous nursing graduate student enhance their own learning and strengthen leadership skills.

b. Recruit Indigenous MN/MSN alumni and current students from each hub/site to participate and promote Indigenous Health Nursing specialty practice

c. Co-teach, mentor and support nursing students and faculty (Indigenous and ally)

(3) Generate educational pathways

a. Consult with and provide feedback to the Indigenous Health Nursing Research (IHNR) Group to:

   i. review, renew and revise curricula, identifying ways that courses can be co-delivered in communities and on campus.

   ii. undergo project mapping and

   iii. give guidance on land-based learning and teaching spaces.

b. Facilitate and support nurse educators to better understand and integrate Indigenous perspectives, epistemology, values, culture, and ways of knowing and doing within nursing education.

(4) Participate in Research

a. Co-develop research protocols and ethical research guidelines with the local host and urban Nations.

Governance

The six universities have listened to local communities and have made indigenization of their Master's in Nursing programs a priority. This is a large undertaking, and it must be done in a good way. Instead of working in silos, the universities have partnered with one another and with local Indigenous communities so that decisions can be made collectively. The universities have received a project grant to begin this work and over the next four years, they will work alongside the Community Hubs to:

(1) Review current MN program content, policies, and practices, identifying areas for change.
(2) Explore Indigenous-specific educational resources that are available and working well in other areas.
(3) Identify community priorities for Indigenous health & wellness, Indigenous nurses and ally nurses working with Indigenous people.
(4) Gather data on what is working.

Administrative Considerations

The research team was awarded $684,676 for a multi-year research project. This project is comprised of four phases and will be completed over four years. While each university has committed to securing additional funding to support and sustain the relationships and the health of the host nations, grant funding in the amount of $46,000 has been allocated to each hub. This funding will be allocated over four years (ends March 2024) to cover the initial cost of hiring part-time support staff (a Community Education and Research Liaison (CERL)) and to fund local community meetings. CERLs provide support for all aspects of hub work and each university has committed to supporting the local hub CERLs in addition to the grant funding. Payments will be distributed through transfer agreements by university partners, and payment dates will be agreed upon by Community Hubs and their university partners.

THE END GOAL?

Together, we will have documented a pathway to a new Masters Stream in Indigenous Health Nursing. This new stream will ensure the success of Indigenous nurses and ally nurses working with Indigenous people, so that Indigenous communities can lead their healthiest lives.

PARTICIPANT EVALUATION

A brief evaluation survey was sent to participants of the gathering in mid October 2022. The aim of this evaluation was to collect information about the gathering and people's thoughts about their experiences in order to improve future events and learn what participants found most valuable. Questions were co-generated by leads and students. Google Forms was used due to accessibility and convenience. In total, 10 responses were gathered. In this section, I will present a summary of these responses.
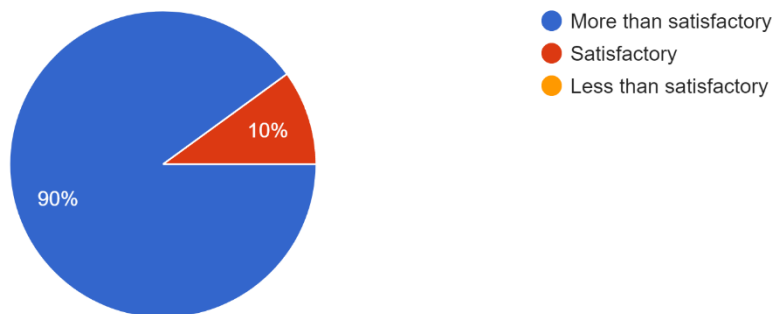
Respondent Role

Roles of the people who responded to the evaluation included regulatory college community partners, students, traditional healers and knowledge holders, students, researchers, health organizations and technical support people.

Overall Evaluation

When asked a question about overall evaluation of gathering, 9 of 10 respondents chose "more than satisfactory." One respondent chose "satisfactory." No respondents felt the gathering was "less than satisfactory."

What is your overall evaluation of the gathering?
10 responses

- More than satisfactory
- Satisfactory
- Less than satisfactory

Facilities

When asked a question about overall evaluation of gathering facilities and location, 8 of 10 respondents chose "more than satisfactory." One respondent chose "satisfactory." One respondent chose the write-in option and wrote "The facilitator was phenomenal! I also liked the graphic recording!" No respondents felt the facilities and location were "less than satisfactory."

What is your overall evaluation of the gathering facilities and location?
10 responses

- ● More than satisfactory
- ● Satisfactory
- ● Less than satisfactory
- ● The Facilitator was phenomenal! I also liked the graphic recording!
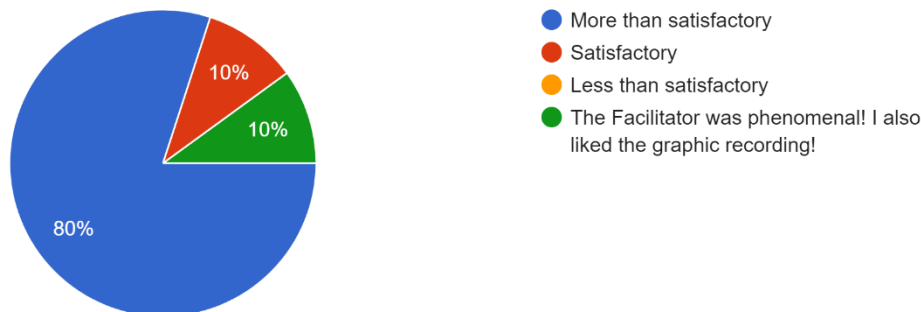
Positive and Meaningful Experiences

Overall, participants stated that the gathering was both meaningful and inspiring. Key positive experiences include:

- Working with the Grandmothers' Council
- Experiencing ceremony
- Great venue, food and service
- Being on the land
- Sharing and learning traditional knowledge and practices
- Collaboration, networking and wide representation
- Co-visioning

Things to Improve Upon

Participants expressed the following in regard to suggestions for improvement:

- Race-based caucusing to ensure that power holders can have their questions answered without being disrespectful
- "It would have been helpful to hear from the other University Deans of Nursing"
- Situate the healer closer to the meeting space
- Post-meeting, non-business activities
- More time together
- Commitment to stay for duration
- Meet in person
- Mix the groups up
- Discuss objectives and outcomes

Collaborative Principles

Most respondents stated that the collaborative principles did not require additional items. A few respondents did provide comments:

- Acceptance, truth, reconciliation and the Indigenous children that did not come home
- Listen and participate in the discussion
- Spread administrators out to different groups to ensure that all are benefitting
- Have common and individual core hub meetings

Future Involvement

Respondents indicated interest in future involvement. This includes involvement with the local hub (4), advisory committees (3) and continuation of current work and ongoing support.

Contact List

When asked a question about overall evaluation of gathering, 9 of 10 respondents chose "Yes, please add me to the contact list." One respondent chose "I am on the contact list – please keep me on." No respondents wished to be removed.

Would you like to be added to our contact list?
10 responses

- Yes, please add me to the contact list
- No, do not add me to the contact list
- I am on the contact list - please keep me on the lists.

90%
10%
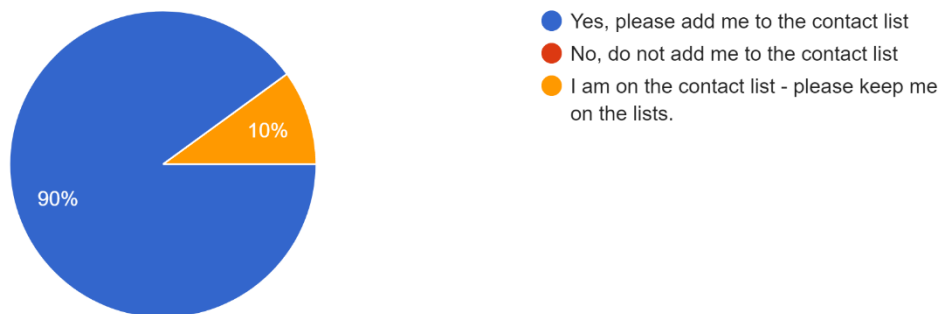
Anything Else

A final opportunity to provide feedback was provided to respondents. Most respondents thanked the organizers for the generosity and thoughtful work, expressed thanks for being invited and for being able to attend, and gratitude for being a part of the gathering. Overall, participants are optimistic about the program, looking forward to future gatherings and participation. One recommendation was for two such gatherings per year.

BUDGET

The preliminary results of contributions and expenditures for the gathering are listed below. Please note that these numbers are not final, and that final numbers will be released with the final summary report.

Sources & Contributions:

CIHR Chair:	$15,000.00
CIHR Project Grant:	$15,000.00
Ministry Funds:	$35,000.00
TOTAL	**$65,000.00**
Less Actual:	**-44,852.28**
Difference:	**$20,147.72** under Budget

	Budget:	Actual:	Difference:
Total:	$65,500.00	$44,852.28	$ -20,647.72

The preliminary cost of the gathering is approximately $45,000. This includes food, travel, accommodation, honouraria, facilitators and gifts. The initial budget estimate was $65,000.

APPENDIX A: Guiding Questions for Conversations: Penticton IGEN Gathering

Guiding Questions for Group Conversations

Day 1: Collective Collaborative Protocol, Principles, and Processes

·   What excites you the most about this project?

·   What might be important consideration and need in your community?

·   What are the top 2 most important collaborative working principles?

·   What emergent protocols are to be followed.

·   How will we make collective and local decision making?

·   What are fair equity principles for sharing resources?

·   Who should receive payment?

Day 2: Local Hub Partnerships and Collaboration

Get feedback on roles and responsibilities document

1. Who needs to be included in community hubs?

    o   Local FNs

    o   Indigenous community organizations

    o   Is there a number of people that we think would be best

2. What is the best way for us to reach out to people to get them involved?

    o   What has worked in the past?

    o   What are the stumbling blocks that we can avoid?

3. How do you want to communicate between hubs?

    o   Monthly/quarterly zoom meetings

    o   Annual gathering

4. Who should receive payment?

    o   What roles and responsibilities are needed for universities?

    o   Who do you like to see recruited as a program coordinator to work with all six sites?

Day 2: Teams & Themes

The purpose is to determine how will we divvy up the work (Both collectively and in individual hubs)

1. Are these the right themes? Are these the right activities/focus? What are we missing?

2. How do you envision co-developing each of these themes?

3. What are the barriers and facilitators to co-leading/co-developing each action item?