- **Course Development at The University** of British Columbia Concerning Audiology and Speech-Language Pathology for People of First Nations, Métis and **Inuit Heritage**
- Élaboration d'un cours à l'Université de la Colombie-Britannique pour l'audiologie et l'orthophonie auprès de personnes d'origine autochtone, métisse ou inuite

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KEY WORDS

CULTURAL COMPETENCE

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FIRST PEOPLES IN CANADA

Abstract

Although many speech-language pathologists (SLPs) and audiologists are providing service to people of First Nations, Métis and Inuit heritage in Canada, most have received minimal training concerning culturally competent (safe and relevant) practice in this context. As a first step in addressing this educational gap, the School of Audiology and Speech Sciences (SASS) at the University of British Columbia inaugurated a course for final year students in audiology and speech-language pathology in 2009. This paper outlines the background for the course and the course itself, as it has developed in response to student and community evaluations.

Abrégé

Même si bon nombre d'orthophonistes et d'audiologistes desservent des personnes d'origine autochtone, métisse ou inuite au Canada, la plupart n'ont qu'une formation minimale sur une pratique (sûre et pertinente) adaptée à la culture dans un tel contexte. Pour tenter de corriger cette lacune de la formation, l'École d'audiologie et des sciences de la parole de l'Université de la Colombie-Britannique a lancé un cours en 2009 pour ses étudiants de dernière année en audiologie et en orthophonie. Le présent article donne un aperçu de la toile de fond et du cours lui-même, qui a été mis sur pied en réaction à des évaluations d'étudiants et de la communauté.

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lthough many speech-language pathologists (S-LPs) and audiologists are providing service to people of First Nations, Métis and Inuit heritage in Canada, most have received minimal training concerning practice in such contexts. The School of Audiology and Speech Sciences (SASS) at the University of British Columbia (UBC) inaugurated a required course for final year students in audiology and speech-language pathology in 2009. The current paper describes the background, development, implementation and evaluations of the course as it enters its third year.

BACKGROUND LITERATURE AND PROCESS RELATIVE TO COURSE DEVELOPMENT

Two major concepts have been discussed in the past decade concerning service delivery in multicultural contexts, particularly for indigenous peoples. These are cultural competence (e.g., Fortier & Bishop, 2003) and cultural safety (Hart-Wasekeesikaw, 2009; Johnstone & Kanitsaki, 2007; Ramsden, 2002). The latter term originated in New Zealand and initially concerned nursing with the Maori. The definition of such terms varies somewhat. A British Columbia Ministry of Health website provides a basic definition of cultural competence, as "an internalized process of adapting one's knowledge, attitudes, behaviours, and skills to people of another culture. It alters the way people view the world around them which in turn changes the way they interact with people from other cultures." (B.C. Ministry of Health, 2011).1 In a study in Australia concerning cultural safety, Johnstone and Kanitsaki (2007) suggest the following definition: A culturally safe health care/ education environment is one "which is safe for people; where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience, of learning together with dignity, and truly listening" (Williams, 1999, p. 213). Both Johnstone and Kanitsaki (2007) and Hart-Wasekeesikaw (2009) suggest that cultural competency training (which involves development of new knowledge, skills and attitudes) is the foundation for development of culturally safe practice. Hart-Wasekeesikaw points out that the concept of cultural safety goes beyond development of new knowledge, skills and attitudes to include the acknowledgement of power imbalances between service providers and recipients. Both the agency and the individual providing service are responsible for redressing power imbalances through practices and models of service delivery that promote trust (Hart-Wasekeesikaw, 2009; Ramsden, 2002). The establishment of trust is key in the context of service provision for Canada's First Nations, Métis and Inuit

communities, where colonial and post-colonial practices have resulted in language and cultural losses, poverty, ill health and inadequate and even culturally and physically unsafe education institutions or programs (e.g., Corrigan & Barkwell, 1991; Kelm, 1998; Legacy of Hope Foundation, 2011; Wagamese, 2003). Through cultural competency and safety training, practitioners can become aware of their own social conditioning, their (often privileged) status, and how their conditioning and status can affect their interactions with clients. Although on-the-job training is becoming available in Canada (e.g., British Columbia Ministry of Health, 2010), it is our opinion that universities share the responsibility for providing basic training in this regard.

Culturally competent service provision entails development and use of culturally relevant technical knowledge and skills. However, in S-LP and audiology, the literature is relatively sparse in this regard. Reports from other countries may provide relevant background knowledge, e.g., from the USA concerning clinical practices with African-American speakers (Stockman, Boult & Robertson, 2008; Washington & Craig, 2004; Wolfram, 2003) or Spanish-American English speakers (Goldstein, 2004; Gutiérrez-Clellen & Peña, 2001), and from Australia, on audiology, speech-language pathology and education with Aboriginal people (e.g., Coates, Morris, Leach & Couzos, 2002; Gould, 2008; Simpson & Wigglesworth, 2008). Related to Canada, there are reports of other multicultural contexts (Crago & Westernoff, 1997; Johnston, 2007; Johnston & Wong, 2002; Paradis, Crago, Genesee & Rice, 2003). There is also a slowly growing body of literature directly relevant to speech-language pathology and audiology, particularly with respect to child development. For example, Ball and Pence (2006) describe a partnership program between First Nation communities and service providers for general support of child development. Jonk's (2009) dissertation provides some insights into perspectives of Manitoba Dene mothers on child language development, e.g., the importance of grandparents in child rearing and of native language preservation. Crago (1990) discusses language skills in Inuit children. Further to language skill development, Ball and Bernhardt (2008), describe a preliminary qualitative investigation concerning First Nations English Dialects, and stress the need for further research to help distinguish dialect difference from language impairment. In this regard, Kramer, Mallett, Schneider and Hayward (2009) recently noted that dynamic assessment (which employs a test-teach-test paradigm) may be useful in helping distinguish dialectal difference from language impairment. With respect to hearing and child development, studies have suggested that there may be proportionally larger numbers of children with otitis media in First Nations communities, which can potentially compromise language development (e.g., Ayukawa, Lejeune & Proulx, 2003; Julien, Baxter, Crago, Ilecki, & Therien, 1987; Thomson, M., 1994; Woods et al., 1994). These recent studies provide a starting point for development of culturally relevant technical knowledge and skills for S-LP and audiology. Much remains to be learned, however, about speech, language and hearing of people in First Nations, Métis and Inuit communities, and the implications for clinical practice. A 2010-2011 Health Canada funded CASLPA survey of Canadian S-LPs and audiologists working with First Nations children from 0-6 years of age indicated both notable gaps in service, and for half of the respondents, a perceived lack of preparedness at profession entry in terms of this topic.

One way to address the perceived gap in preparation is to provide training during the clinical programs. At UBC, the impetus for the inauguration of a course arose from a collaboration of the first author with Dr. Jessica Ball of the University of Victoria, which involved two forums on First Nations English dialects and implications for speech-language pathology. The forums (Ball & Bernhardt, 2008) pointed to the need for a course specifically on the topic of approaches to speech-language pathology and audiology for people of First Nations, Métis and Inuit heritage in Canada. Consequently, two curriculum retreats on the topic were held in 2006 and 2007 (one for each discipline) with participants from the SASS faculty and student body, community practitioners working in a First Nations context and First Nations community representatives. Those discussions led to the development of a course that was inaugurated in 2009.

COURSE DEVELOPMENT

A UBC Teaching and Learning Enhancement (TLEF) grant supported the development, implementation and evaluation of the course "Approaches to audiology and speech-language pathology for people of First Nations, Métis or Inuit heritage" from 2009-2011.2 The words of the TLEF project coordinator Tiare Laporte provides the background for the philosophy underlying the course:

"I was born and raised, one of six daughters, to an Anishinabe mother and a German father, in a small town in Saskatchewan. I would not meet my family on the reserve until I was an adult. It was about the same time that I moved to Vancouver, at which time I took a job as an Aboriginal support worker in the schools, where my service was to a reserve population. I believed, at the time, that the fact that I was of Aboriginal descent would make me easily accepted by the community. So I took on the job knowing little of the community's

traditions, customs or value system. What I found out, very quickly, was that I needed to develop strong relationships if I were to be of value in my new position. At the very core of the functioning of Aboriginal peoples is relationship: Relationship based on trust and respect. For generations, Aboriginal peoples acquired the goods and services from people within their communities. These services included, amongst others, medical services that were, traditionally, delivered by healers in the community, a position that relied on the gaining of respect and trust of all members. Relationships between individuals and families flourished as all members involved knew and practiced the value system inherent to their communities.

When service providers from outside a community deliver services to a community, which is often the case in current medical and educational practices, it is imperative that these service providers do so with some knowledge of how that community operates and functions. And yet, there is little training in place to equip students with the knowledge and skills needed to carry out these tasks. Often, the students in Canada are of Asian or European ancestry, with little or no exposure to Aboriginal cultures. If practitioners are to be successful serving Aboriginal communities, then awareness must be raised of the needs of Aboriginal people. Furthermore, as is described below in the course description, students need opportunities to meet people of Aboriginal heritage in the communities. Through community visits, students can be given an opportunity to start to develop the skills needed to build relationships."

The following activities were initiated during the TLEF project and are continuing:

- (1) Partnership development with Aboriginal people and agencies and others working in Aboriginal contexts;
- (2) Organization of Aboriginal community experiences for students;
- (3) Database searches, material compilation and creation;
- (4) Detailed course evaluations.

To establish partnerships ((1) above), an advisory group was considered essential for course planning and guest presentations because the current course instructors are not Aboriginal nor do they work professionally in an Aboriginal context. This group (continuing in 2011) includes both First Nations academic and community representatives and practitioners who work with people of First Nations, Métis or Inuit heritage. In addition, a project

coordinator with Anishinabe heritage (co-author) and 11 part-time student assistants were hired (five students with First Nations or Métis heritage, including two co-authors of this paper). The project coordinator (with the first author) further developed partnerships to enable student short-term community visits in a variety of communities and agencies ((2) above), with the perspective that the visits should entail reciprocity in some way (e.g., hearing screening, language development information, hearing health information for elders). Student assistants on the project had a number of tasks:

- (1) Development and procuring of materials, website searches;
- (2) Activity development for their peers (hosting of an Aboriginal Film Series, invitations to other students to attend events at the First Nations Longhouse);
- (3) In-depth course evaluations.

Funding supported collection of relevant fiction and non-fiction articles and books, DVDs3 and clinically oriented materials ((3) above), which are now housed either in the School of Audiology and Speech Sciences (SASS) Reading Room or on the Web CT Vista site associated with the course. Funding also supported creation of practice-oriented DVD sets (one set for audiology and one for speech) for student and faculty viewing. These include (1) case scenarios with First Nations and non-First Nations actors, and (2) interviews with First Nations service providers in health and education and audiologists/SLPs working in or with First Nations communities.

Course development necessarily entails evaluation and modification. The evaluations have included focus groups with students, detailed course evaluation questionnaires, interviews with community site personnel and faculty questionnaires. Course implementation, evaluations and subsequent course modifications are described more fully below.

COURSE IMPLEMENTATION: GENERAL

The course is currently in its third year of implementation. Many aspects of the course have remained the same over its three instantiations and thus we discuss components that have remained stable here, namely, goals and objectives, general components, timing and schedule. The following section will briefly outline evaluations of the course in 2009 and 2010 and modifications made as a result of evaluations.

COURSE GOALS AND OBJECTIVES

In the introduction, the primacy of the concepts of cultural competence and safety, and the need for culturally relevant practices were emphasized. The goals for the course in its first three offerings have been (1) for learners to take steps along the path to cultural competence (with the aim of developing culturally safe practices), and (2) for learners to develop new technical knowledge and skills relevant for working with people of First Nations, Métis and Inuit heritage. The theoretical underpinnings are based on the 4R framework developed by Verna Kirkness, Founder of the First Nations House of Learning (Kirkness & Barnhardt, 1991). The 4 R's are Respect, Relevance, Reciprocity and Responsibility. This framework provides guidance for learners in the various components of the course: community visits, writing and discussion. Although all four aspects are considered paramount throughout the course, reciprocity is encouraged specifically in the community visit course component.

The first goal has had several specific objectives for learners:

- (1) To further develop a sense of one's own identities;
- (2) To consider oneself in relation to people of different cultural backgrounds, with specific focus on the diverse groups of First Nations, Métis and Inuit people in Canada (necessarily entailing learning more about the history and current contexts of these peoples);
- (3) To learn and work within the 4R framework, especially during the community visit.

Specific objectives for the learners' second goal (development of culturally relevant methods) have been:

- (1) To gain information on heritage languages, colonial dialects and their implications for communication with Aboriginal people;
- (2) To gain information on the health and education issues of Aboriginal people that affect communication:
- (3) To reflect on and develop culturally safe and relevant assessment and treatment methods for Aboriginal people in Canada.

COURSE TIMING AND COMPONENTS

The one-credit course is taught over an 8-month period, from the end of the second academic term on campus, through the summer externships, and to the end (2009, 2010) or near-end (2011) of the second year

fall term. A one-credit tutorial/ lab-style course at UBC typically has 26 hours of tutorial time, and the same amount of out-of-class time. There are several reasons for the extended period for the course: (1) the path to even incipient cultural competence is inherently long, (2) the course was introduced into an already intensive program, and (3) the course entails some community visits, which require time-intensive organization.

Components of the course have been (1) a small number of face-to-face class meetings (half-day or full day), (2) student community visits (10-14 hours), (3) student assignments, and (4) a Web CT Vista site through UBC for on-line posting of relevant articles and announcements, plus a discussion forum. The perspective of the main course instructor has been that the course is about self-learning, not just for students, but for the School of Audiology and Speech Sciences, including associated clinical educators. The more faculty and clinical educators participate in some way, the stronger the learning opportunities can be for students in their other courses and externships. Thus, all faculty, interested clinical educators and consultants to the course have access to the Vista site. Several faculty and advisory group members also attend at least one face-to-face class meeting, as presenters, supporters and/or learners.

The class meetings entail: (1) guest presentations, (2) small and large group discussions on identity or history, (3) community visit oral reports by students, specifically without computers, (3) film presentations about service delivery or cultural knowledge and issues, and (4) arts events. The First Nations House of Learning (Longhouse) has graciously agreed for the past three years for us to hold one of our inaugural class meetings in the great hall, the Sty-Wet-Tan (Hun'q'umin'um for "Spirit of the West Wind"). We have been honoured to have the course opened by a Musqueam elder, which is particularly meaningful because UBC is situated on the unceded Musqueam traditional territory (continuously inhabited for at least 4000 years). Additional guest presentations in the inaugural class meetings have provided an introduction to the First Nations languages of Canada, and the political and historical contexts of First Nations peoples in Canada.

The second component of the course, i.e., the community visit, has varied in both locations and settings (urban and rural). Students are provided with opportunities to have a minimum of 10-12 hours of contact time. For some students, these visits take place during their externships, either as integral aspects of their externship or as one to two days away from their externship in a related agency or program (9 students in 2009, 15 in 2010). Others have visits arranged by the

project coordinator on free days during the academic terms. Visit sites include reserves, Aboriginal Head Start programs or other First Nations preschools or daycares, First Nations programs in schools or hospitals, a First Nations cultural camp or audiology or speechlanguage pathology sites with a First Nations component. Depending on the site, students may visit in small groups or individually. The students gain culturally relevant knowledge rather than technical audiology or speechlanguage pathology skills, although if that happens, it is considered a bonus. Students are encouraged to "roll up their sleeves" and be active in their visit. Depending on the site, there may be specific activities (such as speechlanguage stimulation activities, hearing screening, helping with breakfast at the daycare) or observations and discussions guided by the Aboriginal workers on site (more typical in the hospital setting).

The assignments for the course have varied slightly across the three instantiations of the course but have all included (1) a project which relates to the first course goal and concerns identity (reflection journal or, in 2010 and 2011, optionally an arts project), (2) student oral presentations and discussions about their community visits, and (3) a short written project relating to the second goal concerning technical knowledge and skills (on paper or on Web CT Vista, as individuals or groups).

ACTIVITIES RELATING TO CULTURAL COMPETENCE

As noted, the first and major goal of the course is for learners (students and faculty) to take steps on the path to cultural competence. Many activities can facilitate these steps, although what the 'best' ones are is open for discussion. The main course developer and instructor is a Canadian-born S-LP with British heritage, who grew up in a primarily Caucasian neighbourhood. As an adult, her personal life led her to have profound multicultural family experiences. However, her education about the First Nations, Métis and Inuit in Canada was negligible until the First Nations English dialects project with Dr. Jessica Ball, during which time she gained an incipient understanding of what it might possibly mean to embark on the path to cultural competence. The co-instructor for the course and audiology professor is of Farsi heritage and has personal insight into the issues of intercultural relationships.

All components of the course have the potential to facilitate steps on the path to cultural competence: community visits, discussions, guest speakers, films/ DVDs, readings (fiction/non-fiction), written assignments, arts events or activities. We focus here on two of our major activities from all three years of the course

relative to the topic: the first class meeting(s) and small group discussions which took place at that time, and the assignment options.

In the three years of the course, instructors have tried different alternatives for the opening class small group discussions for the course. In 2009, the day began at the Longhouse, with the guest speakers from Musqueam, the First Nations Languages Program and the Department of Anthropology. With this background, small group discussions were held in the afternoon, concerning the concept of location and identity, and facilitated by various volunteer faculty members in SASS (untrained relative to this topic area for group facilitation). Students and faculty (of different heritages and races) introduced their own heritage and background and commented on any interaction of their culture/identity with society in general. In 2010, a new resource became available to SASS through the UBC First Nations Studies program, "What I learned in Class Today: Aboriginal Issues in the Classroom" (First Nations Studies, 2009). This set of video interviews with First Nations UBC students was used as a starting point for discussion in 2010 and opened all of our eyes to incidents of prejudice and racism concerning First Nations students at UBC. Faculty feedback was that the second year learning activity resulted in an overall greater engagement in and personal connection to the discussions. Before the 2011 launch of the course, the faculty became aware of the "Where are the Children" website (Legacy of Hope Foundation, 2011). A few students in 2010 had sat in a small group discussion concerning this residential schools on-line resource and commented on its power as a learning experience. The faculty deliberated and decided to use this second resource to launch the course. The background for prejudice described in the UBC classroom video is rooted in Canadian history, and thus in 2011, the course began with the "Where are the Children" website as a catalyst for identity and location discussions. The "What I learned in Class Today" video remains available for student viewing at any time. The 2011 activity also resulted in strong connections to the content area. Cognizant of the emotional impact, the afternoon ended with a drumming song by the project coordinator with a positive healing message. Students have not yet evaluated the 2011 opening, but did comment in the small groups on the power of the 2010 video experience.

Concerning the major student assignment for the first course goal, in the first year of the course there was only a reflection journal option, whereas an arts option was introduced in 2010 as an alternative. The reflection journal option requires students to reflect respectfully on three cultural experiences or events over the 8-month period in order to (1) safely and constructively help address any fears, guilt, anger, confusion, dilemmas, questions, strengths, and strategies that the student may have when learning about cultural identities, colonialism, racism and race-based privilege, and (2) to think about how these feelings and issues may affect methods in service provision in audiology or speech-language pathology. The main instructor for the course verifies that students include a discussion of three time-points but does not read the actual entries unless invited to do so. Her perspective is that each individual's journey is her or his own, and the material diary-like, hence private. Given that not all people like to write 'journals,' but may prefer to express themselves in other ways, in 2010 and 2011, arts projects have also been encouraged as options (visual, music, fiction, theatre; original or borrowed work for performance). Several students opted for this in both 2010 and 2011 and one of the student paintings is now hanging in the reading room over our First Nations book collection. In 2010, scenes from a play by a Canadian Aboriginal author were read and performed in the last class meeting. In 2011, a similar informal staging will take place.

COURSE EVALUATION

Three major evaluation methods provided feedback about the course, namely, (1) the evaluation protocols used for all courses in the SASS (visible to the instructors and department head), (2) the additional optional student evaluations for the TLEF project (paper and focus groups), visible to the project assistants, instructors and coordinator, and (3) the evaluations by community visit sites (short questionnaire or interview), visible to the project coordinator and instructors. Paper evaluations were completely anonymous. The focus group participant identities were hidden from the course instructors and project coordinator, both on the days the groups took place, and through the assigning of numbers for speakers in the transcripts. In the following sub-sections, specific feedback from the 2009 and 2010 cohorts and the community visit sites is presented, with key course revisions highlighted.

2009 STUDENT FEEDBACK

In 2009, 18 of 31 students voluntarily completed the additional optional course evaluation questionnaires during the final class. The questionnaires had both rating scales (5-point scale with 5 always the most positive option) and open-ended questions. The forms covered all major aspects of the course. Ten ratings concerned the class meetings, the assignments, course resources and course structure, and three ratings the community visits. The questionnaires also invited commentary and

suggestions about what changes students think would enhance learning. Comments given on the questionnaire forms are integrated into the discussion below because they were almost identical to comments from the focus groups. Average ratings for all areas were above 3, meaning most students completing the evaluations were neutral or positive about all topics. Community visits had the highest rating, and the reflection journal and small group discussion about identity the lowest.

Attendance at the focus groups was voluntary and the meetings occurred after the last meeting of the class. Two focus groups were conducted with eight students in each (mixed audiology/S-LP). These audio-recorded focus groups were led and transcribed by student assistants not taking the course. The leaders included two first year audiology students, one post-graduate student with a degree in First Nations Studies and one student in the Native Indian Teacher Education Program (three of the four discussion leaders had First Nations heritage). Questions to be asked during the focus group sessions were developed beforehand and covered such areas as course content and structure, what students learned, and suggestions for future implementations of the course. The focus group leaders received a basic introduction to process in focus group leadership from one of the qualitative researchers in SASS, Barbara Purves. In both the questionnaire and the focus groups, students commented that they found the assignments, including the identity journal, to be thought-provoking, enlightening and challenging. In the focus groups, students mentioned that they had learned a lot from listening to other students' community visit presentations. Some general tips they had gathered were (1) to dress casually rather than 'professionally', (2) to be flexible in scheduling and practice, (3) to work without judgment alongside the First Nations community families and professionals, using a community- and family-centred approach. Two suggestions for future courses that came up repeatedly were (1) to have guest speakers such as speech-language pathologists or audiologists who work with First Peoples, or health care professionals of Aboriginal heritage, and (2) to have more small group discussions about service delivery and cultural safety, face to face. A number of students requested that more content about First Nations be incorporated into other courses, with more faculty members involved overall. Finally, in terms of the on-campus aspects of the course, they indicated that their preferred instructor would be an S-LP or Audiologist who works with First Nations communities (Aboriginal or non-Aboriginal).

The community visits were discussed at length. Most students agreed that the community visit increased their understanding of First Peoples' cultures in Canada and stimulated them to think about service delivery methods. Some students commented that they felt uncomfortable during their community visits. They found it difficult to explain to site coordinators why they were there, and what they wanted to get out of the visit. Other students responded that this discomfort was part of the process and actually contributed to the experience.

An unexpected tangential theme concerned local cultural opportunities on campus. Several students regretted not taking part in First Nations activities on campus, such as going to the Longhouse, attending First Nations events, and using the Xwi7-Xwa library, a branch of the UBC library which houses collections focusing on First Nations in British Columbia and elsewhere. Many students said that they had felt reticent about taking part in such activities on their own.

As a final overall reflection on the 2009 course, we present the words of one of the TLEF assistants and focus group leaders here (also a co-author):

"As a first year Audiology graduate student of Métis (Plains Cree and French) descent, I was excited at the opportunity to share my culture and experiences with students and faculty. I was born and raised in the northern community of The Pas, Manitoba, and decided to pursue a Bachelor of Science (Communication Disorders), after observing an S-LP in my senior year of high school. I had the opportunity to be an assistant to an (Itinerant) Audiologist who mentored, encouraged, and supported me in my pursuit of becoming a licensed Audiologist in order to provide services to my home community. Through my experiences as a graduate student assistant with this TLEF project, I realized how many students were beginning to learn, understand and appreciate First Nations, Métis, and Inuit culture, and begin to think about how culture might impact services delivered. It is crucial that present and future healthcare providers have some knowledge and understanding of Indigenous cultures, so that the most effective services are provided."

2009 COMMUNITY SITE FEEDBACK

A short one-page questionnaire was developed by the project coordinator, which included six questions, five specifically on the student visit, and one open-ended question for any other feedback. The option was given to the sites for a written evaluation, or a telephone or in-person interview. Due to the fact that the coordinator received only two written responses, she decided to contact the other sites via telephone for the purpose of obtaining feedback. This resulted in two additional evaluations. The fifth evaluation was done informally

when she attended a forum on Aboriginal Health at the Vancouver Friendship Centre. The people who responded (either on the phone or on paper) were those who interacted directly with the students during the visit. Of the five sites that responded:

- All felt that the experience raised the student's awareness of the needs of aboriginal people in healthcare or education settings;
- On the general feedback question comments were positive, with one evaluator adding that they felt the visits could be longer;
- All agreed to take students the following year.

The three that did not respond nevertheless also agreed to take students in 2010, which suggested that they felt positive about the first experience in 2009.

2010 COURSE IMPLEMENTATION

For the continuation of the course in 2010, the instructor, along with the TLEF coordinator and consultant group (including other SASS faculty and students) worked on course revisions in response to student feedback. Feedback about the results of the student evaluations was given in two meetings to the audiology and then the S-LP faculty, together with the request for greater involvement both in the course and for the topics. Many of the original components were maintained, because of positive student, faculty and community feedback. The course coordinator requested that an audiology professor be assigned as co-instructor, both to give more input relevant to audiology students in general, and to grade student papers in the technical areas of audiology. Students in 2009 had indicated a preference to have instruction from more practitioners working in an Aboriginal context; thus, additional guest speakers were invited to present, with one pair providing a culturally informative presentation on the "4 Rs" and the Longhouse, where this additional presentation also took place. By hosting this second event at the Longhouse, it was hoped we could pave the path for voluntary student involvement there (and several did go on their own to other events in 2010). As an option, students could attend a free workshop concerning a First Nations-oriented speech-language development program, "Moe the Mouse" (Chesterman & Gardner, 2006), hosted by SASS. In addition, the TLEF-funded practice-oriented DVDs and other new resources (print and digital) became a focus for student assignments. The reflection journal was made an option rather than a requirement, with arts projects the alternative. Additionally, as discussed above in the section on cultural competence, the first day of the course was changed to

provide a different impetus for the identity and location discussions. Unfortunately, timing and the 1-credit ceiling did not allow for more class meetings, although most of the oral presentations on community visits were in smaller groups, allowing ample opportunity for discussion.

In 2009, students had commented that they would have liked more information in the topic area to be integrated into their other courses. Thus, in 2010, a number of efforts were made by faculty to address this. The "Moe the Mouse" material was incorporated into the main instructor's course, "Case Studies in Phonological Intervention". Moe and his friends provided the framework for one child's intervention program during the course in 2010 (and also, incidentally, in 2011). In addition, three students helped conduct "Moe the Mouse" workshops in their placements in schools and daycares as follow-up in 2010 (another five or six students are scheduled to do the same in summer and fall 2011). An additional four students assisted in other "Moe the Mouse" workshops around Vancouver. Concerning audiology, the following statement by an audiology student shows transfer and application of content from this course to another course:

"As a student in this (First Peoples focus) course, I have had the benefit of seeing how quickly some of the issues and dialogue related to this course has filtered into other courses. One such example occurred during a lecture in our Hearing and Aging course. The class was discussing different theories on psychosocial changes that take place during the aging process. This topic sparked a discussion of how different theories seem to reflect differing cultural perspectives and diverse ways of viewing human development and aging. Several students began to contribute thoughts on materials that they had read from the 2010 First Nations course or for their own interest, as well as meaningful community experiences that they had had. Our professor allowed class time to let us explore these ideas and contributed some of her own thoughts from her recent experience giving a presentation on hearing to elders on a local reserve. The discussion developed into a dynamic and insightful dialogue about the roles of elders in First Nations, Inuit and Métis communities and their perspectives on aging, societal roles and contributions of people of all ages and capacities. It was a great experience to see how the understanding fostered in this(First Peoples' focus) course was applied outside of the context of the course, to help us develop as thoughtful practitioners with a foundation for a culturally relevant and safe perspective on client relationships and care."

The community visits included reciprocity as a focus wherever possible. For example, students provided a hearing screening in one "headstart" program, a talk to elders at a reserve that provides community visits, and two "Moe the Mouse" presentations in daycares and schools.

2010 STUDENT FEEDBACK

The same type of evaluation process was used in 2010 as in 2009, with two additions. The optional course evaluation forms contained a "Not Applicable" option within the rating scales and had questions specific to the new audiology co-instructor. Completion of the questionnaire was again voluntary and took place during the students' exam period in December, 2010, instead of during class-time. Eleven of the 35 students completed the questionnaires (less than the first year, possibly because of pressures during the exam period). Eight students participated in each of the focus groups, this time organized as audiology-only or SLP-only groups because of scheduling constraints. The focus groups were again run by students who were not in the course. One focus group was led by a facilitator from the previous year, and the second had new first year student assistants as leaders. All three focus group leaders had Aboriginal heritage and worked on the project in other capacities.

There was a significant amount of positive feedback from the 2010 course, obtained through the questionnaire and the focus groups. With regard to the questionnaire, the average rating was positive (no less than 3.9/5, with most scores at 4.0 or above) and slightly higher than the year before (although it should be noted that there were fewer respondents in 2010). Combining comments from the questionnaire and the focus groups, the following results were noted:

- (1) Students stated that they gained cultural understanding from this course, as well as a broader knowledge base on working as professionals with First Nations communities;
- (2) Students valued the class meetings because they felt that these meetings prepared them for professional service with First Nations populations by discussing issues relevant to clinical practice and First Nations communities. Some students gave feedback relative to course improvement.
- (1) One student remarked that it might have been beneficial to have this course continue throughout the program;
- (2) Similar to the 2009 course evaluation questionnaires, a few students suggested that more small group discussions would be useful for learning;

- (3) A majority of students expressed the opinion that they would benefit from having a community Speech-Language Pathologist or Audiologist on staff and would appreciate more First Nations speakers in the course;
- (4) Finally, a few audiology students requested that there be more specific information relative to audiology in the course and that the timing of the course be more sensitive to their heavy fall term in second year.

Regarding community visits, the lowest rating out of 5 was 3.8 for one item asking about longer community visits. The other items received positive ratings from 4.6 to 4.8. There were a number of positive qualitative comments in response to the open-ended questions on the questionnaire and in the focus groups.

- One student appreciated learning about the importance of First Nations culture directly from the people themselves;
- (2) Another student said s/he felt privileged to have gained hands-on experience;
- (3) For course improvements, some students felt that they would have liked to have had more time in First Nations communities, while others were content with the visit amount of time allotted (as the mean rating value of 3.8 showed);
- (4) Others suggested that the community visit supervisors be provided with more information about the goals of the UBC course in order to further enrich the students' experience and to provide a more comfortable atmosphere for all. (Note that the project coordinator does provide both oral and written information to both students and sites and that this is evolving as a process.)

2010 COMMUNITY SITE FEEDBACK

Similar methods are in the process of being used for soliciting community site feedback from the 2010 visits. An additional question addresses reciprocity, giving examples and soliciting further ideas for how SASS could reciprocate, either during the student visit (e.g., a "Moe the Mouse" demonstration or hearing screening) or at some other time. Three of the 11 sites have responded so far (one in writing and two by phone), and all have agreed to host students again for 2011, reflecting a positive view of the experience. Regarding reciprocity, guest speakers from the SASS faculty have been requested, as well as "Moe the Mouse" demonstrations and hearing screenings. Of those who have

responded to date, all have said that the experience raised the student's awareness of the needs of Aboriginal people in healthcare or education settings. All sites so far have agreed to take another student this fall, which we consider to be the best indicator of a positive response. Some have indicated that they would like the visits to be longer.

2011 COURSE

The third iteration of the course commenced March 1, 2011 and will run until November 1, 2011. This timing will better accommodate the fall curriculum, which is very heavy, particularly for audiology students. As per the suggestion of students and in accordance with faculty reflection (as noted previously), the first class meeting brought history (particularly the residential schools issue) to the forefront. In 2011, due dates for assignments have been moved up by weeks or months, to lessen the workload in the heavy fall term. More options have been made available for assignments, because the instructors wanted to provide students with options that suit a variety of interests, individual learning styles, and time available. For example, in response to a request for more small group discussions, students have been invited to participate in optional small discussion groups, where students and faculty will be able to share and discuss First Nations books and watch DVDs together for purposes of the reflection journal assignment. In accordance with the wish to have a community S-LP or audiologist associated with the course, the "Moe the Mouse" workshop was again hosted, with attendance by most of the students. Audiology students now have an assignment option to design a preschool hearing screening program utilizing "Moe the Mouse's" principles. If time and budget allow, further speakers will be invited.

Due to time constraints of the course, additional class meetings are not possible. However, the web component of the course includes more specific topics for discussion, and faculty again have volunteered to mentor the discussions. In addition, in the fall, the class will be divided into two groups for all community visit presentations, in order to accommodate students' requests for smaller discussion groups, while still ensuring that students can hear and learn from as many of their peers as possible. Finally, the community visit component of the course now includes a mandatory written assignment for posting on Vista, with the aim of encouraging students to reflect on their overall impressions from the visit and to allow other students to learn about different perspectives.

OTHER COURSE SPIN-OFFS

The course and TLEF project have had a number of other unanticipated positive outcomes. In both 2010

and 2011, there have been CASLPA presentations on the teaching and learning project (Bernhardt, Osmond, Khurana, Laporte & Panchyk, 2011; Green, Bernhardt, Wood & Laporte, 2010). In addition, one of the speechlanguage pathology student authors (Heather Campbell) and project assistants has completed a Master's thesis on the topic of Standard English as a Second Dialect (SESD) in four British Columbia school districts. Data were collected through semi-structured interviews with several speech-language pathologists (S-LPs), resource teachers and other educators who were involved in their district's SESD programs and were interpreted using constant comparative analysis to identify key themes within a qualitative research paradigm. In the realm of audiology, a number of students and faculty are working towards revision of the "Speech Banana" audiogram to include spectral information from First Nations languages. In addition, two of the co-authors (Shannon Osmond, Halen Panchyk) participated in the creation of a DVD for parents with children diagnosed with hearing loss and the revision of a pamphlet for First Nations people with the B.C. Early Hearing Screening program.

FUTURE OF THE COURSE

The course now has become established in the UBC SASS program. It will continue to require funding for a community visit coordinator who has First Nations, Métis or Inuit heritage. Although it has run under a Directed Readings number, an application is being made to have it instantiated as its own course and number. Interdisciplinary opportunities may also be sought within UBC for aspects of the course. For now, the framework is reasonably robust, with revisions being sought on a continuous basis to best meet the needs of students, within the constraints of budget and time. However, there is a need to develop new relationships with sites and to nurture the sites that are already participating.

We feel that the groundwork has been laid for a course that is beneficial to students. The continuation of this course will ensure that SASS students graduate with a feeling of competency in delivering services to Aboriginal people and communities, or at least with less apprehension than if they had not taken the course.

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END NOTES

¹We would like to acknowledge the high level of diversity of the First Peoples in Canada and the need for culturally sensitive practice in communication. In this paper, the terms "First Peoples" and "Aboriginal" denote people in Canada with First Nations, Métis or Inuit heritage. We feel that it is very important to find out how individuals and communities would like their heritage designated, whether (a) as First Nations, Métis or Inuit, (b) by the name of their specific community or language or (c) by general terms such as Aboriginal, Indigenous or Indian.

²The TLEF is financed by tuition fees and was created to "enrich student learning by supporting innovative and effective educational enhancements" (http://tlef.ubc.ca). The Teaching and Learning Enhancement guidelines require all projects to have active student participation, continuing benefit to students and outcome-based criteria for evaluation. The course was inaugurated one month before the TLEF funds came through, but students were involved in the development as soon as the project began.

³The interviewees and actors have signed release for use of these DVDs in the SASS course, in other relevant courses at UBC and for conference presentations. At the moment, they are not available for viewing outside of these contexts.

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