

# KAAWEECHIMOSEAYWAT PROGRAM

WALKING  
WITH ONE  
ANOTHER



Mentor  
Guidebook



UNIVERSITY  
OF MANITOBA

# Centre for Aboriginal Health Education

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## The Kaaweechimoseaywat Program

Mentoring at the Centre for Aboriginal Health Education

Being a mentor at the Centre for Aboriginal Health Education (CAHE) is an opportunity to work with First Nations, Métis and Inuit students as they walk the path towards a career in the health professions. While career exploration does form a significant portion of the mentoring program, there are many other ways to support students. Mentors play an important role in assisting students to connect with the community and culture (both Aboriginal and professional), and helping them to find ways of dealing with the challenges of academic and professional life.

This guide provides an overview of the CAHE Kaaweechimoseaywat Mentorship Program and the underlying philosophy for this unique approach to mentoring. Also included are mentoring tips, tools and additional resources for students and mentors.



### *About our name...*

*Kaaweechimoseaywat (pronounced **kahy** – ee – jay – **moh** – say – awt), is an Ojibway word meaning 'walking with one another'. The name was given to the mentoring program by our Elder-in-Residence, Margaret Lavalley, since it reflects our philosophy about working with students as they embark on the path to their chosen health profession.*

## Program Overview

The mandate of the Centre for Aboriginal Health Education (CAHE) is to provide supports that will promote the success of Aboriginal students in the professional health education faculties at the University of Manitoba.

The Kaaweechimoseaywat [*walking with one another*] Mentorship Program at CAHE was established as a resource for CAHE student members for career development as they pursue their educational, personal and professional goals. Recognizing that students' mentorship needs are varied, the program provides a range of options for accessing mentors. There are three types of mentorship streams available for CAHE students: health professional mentors, Aboriginal community-based mentors and peer mentors.

CAHE strives to present programs that are culturally relevant for First Nations, Métis and Inuit student members.

## Program Goals

The goals of the CAHE Mentorship program are:

1. To create a culturally safe 'gathering place' that supports and promotes mentoring opportunities, both formal and informal, for CAHE student members
2. To enhance the success of the students as they pursue their educational goals by fostering network linkages and opportunities.
3. To assist student understanding of health professions and Aboriginal health through facilitation of supportive and nurturing mentor relationships with experienced professionals, Aboriginal community members and other students.





## Mentorship Opportunities

The CAHE Kaaweechimoseaywat Mentorship Program is designed to provide Aboriginal students with a variety of resources as they establish careers in the health professions. Mentorship needs can vary among students and over time, therefore it is crucial to have mentors from a range of backgrounds and experience. The program is divided into three streams to best meet the needs of the students and the experience and expertise of the mentors. Mentors can be either Aboriginal or non-Aboriginal; an appreciation for or willingness to learn more about Aboriginal culture, history, values and social context is the only prerequisite.

CAHE offers mentorship opportunities in these areas:

1. Health Professional Mentors
2. Aboriginal Community-based Mentors
3. Peer Mentors



## Health Professional Mentors

Mentors in this stream are health professionals with established careers in the fields of interest to CAHE student mentors (i.e. nursing, medicine, dentistry, occupational therapy, physiotherapy, respiratory therapy, biomedical sciences, pharmacy and dental hygiene). Health professional mentors may or may not be Aboriginal, but should have an interest in facilitating the success of Aboriginal students. Mentors may be faculty members and/or practice in the community. The role of the health professional mentor may include the following supports for students, depending on the needs of the student and the particular mentorship interests/background of the health professional:

- Facilitating the building of personal and professional networks
- Assisting in the discovery of career options
- Career planning
- How to balance work/school and personal life
- Fostering insights into specific health professions
- Managing the transition from student to health professional
- Encouragement and support throughout the student's program





### **Aboriginal Community-based Mentors:**

Community-based mentors are members from the First Nations, Métis and Inuit communities who may or may not be directly involved in health but share an interest in helping students build relationships within the Aboriginal community (e.g. health policy analysts, directors, Elders, community leaders, advocates, councilors and teachers). The role of the Aboriginal community-based mentor may include the following:

- Creating opportunities for students to gain insight into specific Aboriginal communities and/or organizations
- Inviting and accompanying students to cultural events and ceremonies
- Facilitating the development of personal and professional networks within the Aboriginal community
- Assisting the exploration of Aboriginal approaches/perspectives on health
- Encouragement and support of the student

### **Peer Mentors:**

CAHE provides an environment that encourages collaboration among student members. Mentoring in this stream is informal and unstructured, and the primary focus is on fostering relationships among the students from the various disciplines and program years. These opportunities are woven throughout CAHE's programming, including cultural, social and academic activities. The peer mentoring stream of CAHE's program recognizes that the experience of being a First Nations/Métis/Inuit health professional student is distinct and at times best understood by others who are walking the same path.

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## **Our Approach to Mentoring**

**for First Nations, Métis and Inuit Students in Health**

### **What is mentorship?**

There are many different definitions for 'mentorship' that have been developed by professional organizations and academic disciplines. At the Centre for Aboriginal Health Education, the concept of mentorship is grounded not only in these principles but also in the traditional First Nations, Métis and Inuit approaches to teaching and guidance. The mentoring process occurs within the context of a relationship between the mentor and student. The form that the relationship takes is negotiated in order to both meet the student's needs but also to capitalize on the particular strengths and skills of the mentor.

While the mentor-student relationship is voluntary and flexible, it is essential that both individuals are willing and committed to maintaining the relationship for a duration that is feasible for both individuals. The student and mentor may elect to enter into a formal contract, with specific mentoring objectives, but this may not be appropriate in all situations. The mentoring relationship, ideally, allows for both the mentor and student to learn together in a manner that is mutually beneficial.

This section outlines the foundation upon which the Kaaweechimoseaywat Program is based.

## Mentoring in Health Professional Education: An Aboriginal Perspective

Training to be a health professional is a demanding endeavor. Overwhelming volumes of course material, learning new skills, financial concerns and the demands of family/personal life are but a few of the stressors that students face. For First Nations, Métis and Inuit (FN/M/I) students there may be other factors that may impact their academic experience, in either positive or negative ways.

Unlike many other models of mentoring, CAHE employs a holistic approach that is consistent with traditional teachings. Emphasis is on finding balance between all aspects of student life, with the support of a network of mentors from the Aboriginal community, health professionals and faculty members, and other students.

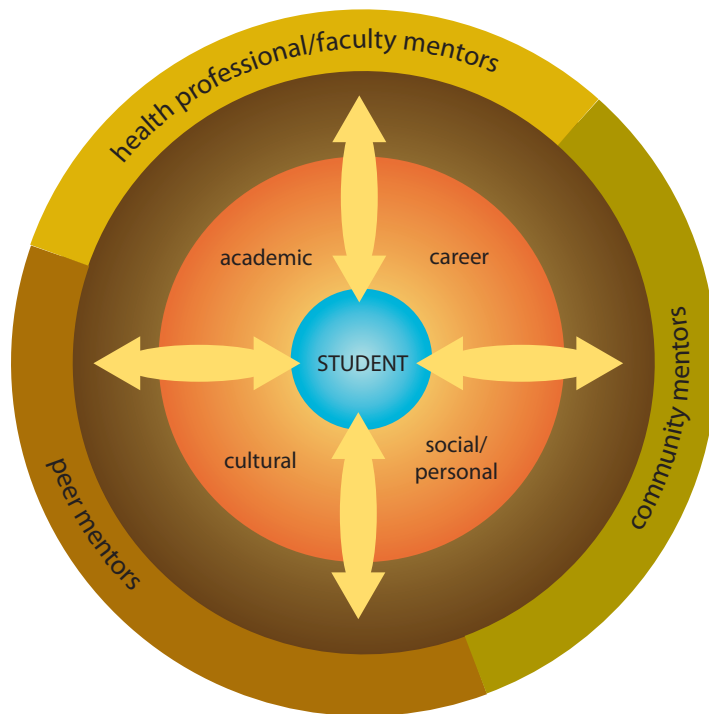
With this in mind, CAHE has adopted its own definition of mentoring:



Mentorship is the process of facilitating opportunities for career development, and personal and professional growth and socialization for an individual who is pursuing their interest or goals in a specific profession, community or academic program. Through dialogue, guidance and counsel the mentor assists in the development of self confidence, competence and independent thinking to empower the student to become comfortable in the professional role and to navigate challenges. Mentoring allows the student to discover their place within the community, the profession and their peers, both as a health professional and a First Nations/Métis/Inuit person. With an emphasis on experiential learning and self discovery, the mentorship process opens both the mentor and the student to new perspectives within the field or community in which they practice<sup>1</sup>.

Key to this definition is the concept of mentors and students as equals, and as such they influence and teach each other. The flow of learning and communication is multidirectional.





*The model for mentoring at CAHE emphasizes a bi-directional flow of communication between students and mentors, emphasizing that the mentoring relationship is an opportunity for all participants to grow and learn together. CAHE's approach to mentoring is holistic and strives for balance among all aspects of the student's life.*

## Cultural Safety: A decolonizing strategy for mentoring

Mentoring concepts, for the most part, are rooted in Western ideas of education and business. This is not necessarily 'wrong' or irrelevant...students in health professional programs benefit from these mentorship activities and approaches. But the experience of being a First Nation, Métis or Inuit person in a health professional academic program may also include some unique opportunities in the mentoring relationship. Simply put, cultural safety means that you can be free to be yourself and know that you won't be judged.

### *What is 'cultural safety'?*

*Cultural safety is a concept that recognizes that there are power imbalances in every relationship; this can be seen as a residual element of colonization.*

*Taking a culturally safe approach to dealing with inequalities helps to:*

- *Interrupt unequal power relationships;*
- *Recognize our own biases and prejudices; and*
- *Provide a favourable environment for learning and skill development*

*The concept of cultural safety may be easier to understand by considering the opposite. Culturally unsafe practices are "any actions that diminish, demean or disempower the cultural identity and well being of an individual."*

*Sources:*

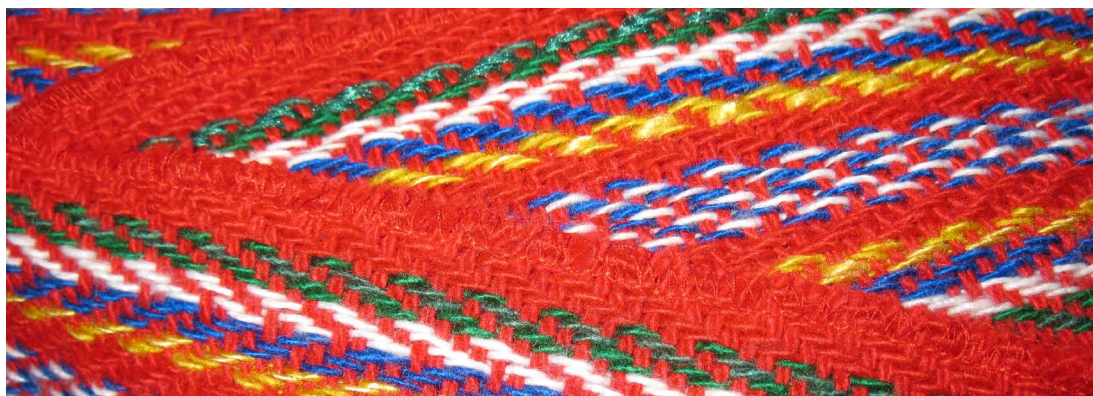
*Indigenous Physicians Association of Canada & The Association of Faculties of Medicine of Canada (2009), First Nations, Metis and Inuit Health Core Competencies: A Curriculum Framework for Undergraduate Medical Education.*

*National Aboriginal Health Organization. (2006). Fact Sheet: Cultural Safety.*

Probably the most important, overriding principle for mentoring in this context is to provide students with a culturally safe space. When a relationship is culturally safe, both the student and the mentor can discuss their experiences and feelings around issues of culture and race with the confidence of knowing they will not be judged or ridiculed.<sup>7</sup> The relationship will respect, value and honour the differences that may exist between mentor and student, being mindful that these differences provide an opportunity for joint learning and growth.

The basis of mentoring in this context is formed through the seeking of support and building of coalitions.<sup>8</sup> Emotional, intellectual, spiritual and social supports (formed through a network of mentors) help students to counteract the negative effects of racism and colonization. Role modeling and sharing experiences about dealing with microaggressions and other insults can help the student to transform negative reactionary energy into positive, rebuilding energy.

For additional information about cultural safety, see the Suggested Readings list at the end of this section.



## Notes

1. CAHE's definition of mentoring was inspired by the following sources:

Milner, T. and Bossers, A. (2004). *Evauation of the mentor-mentee relationship in an occupational therapy mentorship programme*. The Canadian Journal of Occupational Therapy, 72(4).

Swenson, J.R., Boyle, A., Last, J, Perez, E.L. Russell, J.A. and Gosselin, J.Y. (1995). *Mentorship in Medical Education*, Annals RCPDV, 28(3), 165-169.

Canadian Nurses Association. (2004). *Achieving excellence in professional practice: A guide to preceptorship and mentoring*. Ottawa, ON.

Blanchard, S.B. and Blanchard, J.S. (2006). *The prevalence of mentoring programs in the transition from student to practitioner among U.S. dental hygiene programs*. Journal of Dental Education, 70(5), 531-535.

Simpson, M.D., Leversha, A., Marriott, J.L., Taylor, S., Bull, M.R., Howarth, H.D., Galbraith, K.J., and Rose, M. (2006). *Development of a mentoring module to enhance an online National Pharmacy Preceptor Training Program*. Journal of Pharmacy Practice and Research, 36(2), 119-121.

## Suggested Reading

National Aboriginal Health Organization. (2006). Fact Sheet: Cultural Safety. <http://www.naho.ca/english/documents/Culturalsafetyfactsheet.pdf>



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## **Walking the Path**

### **Practical Information for CAHE Mentors**

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#### **The Mentoring Relationship**

Compared to many other university mentoring programs, CAHE's approach to building relationships is less reliant on formal pairings of mentors with students. For this reason, emphasis is placed on providing opportunities for our mentors and students to network through participation in events, gatherings and ceremonies that are affiliated with the centre. In this way, students can become familiar with faculty, health professionals and community members in a setting that is free of formal expectations and goals. We have found that our students are more likely to seek guidance from individuals with whom they have had previous contact. In addition there are times when students identify specific interests and a more structured connection with a mentor needs to be facilitated. Depending on the individual situation, this may involve either CAHE staff or the student to initiate contact with a potential mentor.

Another difference of the CAHE program is the emphasis on group activities. Not only does this tap into the strength of the peer network within the centre, it also allows students to explore ideas and experiences in a supportive environment. Monthly cultural teachings and ceremonies with the centre's Elder-in-Residence is one example of group mentoring at the centre, and we will work with mentors to develop additional opportunities.

## What does a mentor do?

Mentoring goes far beyond the career guidance and advice that is typically associated with academic mentors. The following is not an exhaustive list of possible activities but instead is provided as a jumping off point:

- Sharing stories
- Active listening (see “*Are you a good listener?*” later in this section)
- Attending cultural or academic events together
- Going for coffee
- Help students connect/network
- Spending time together in the mentor’s workplace
- Looking at websites together
- Reviewing resumes or applications

As this list demonstrates, mentoring does not need to be a meticulously planned and organized activity, and sometimes a casual or spontaneous approach is the most effective for both the student and the mentor. Of course, mentoring can be a more structured activity, with specific goals and objectives that are identified by the student and mentor. Whether structured or casual, the mentoring relationship can vary in terms of time commitment, from a single or occasional meeting to a more long term relationship, as long as the terms are mutually agreed upon by the mentor and student.



## What does a mentor NOT do?

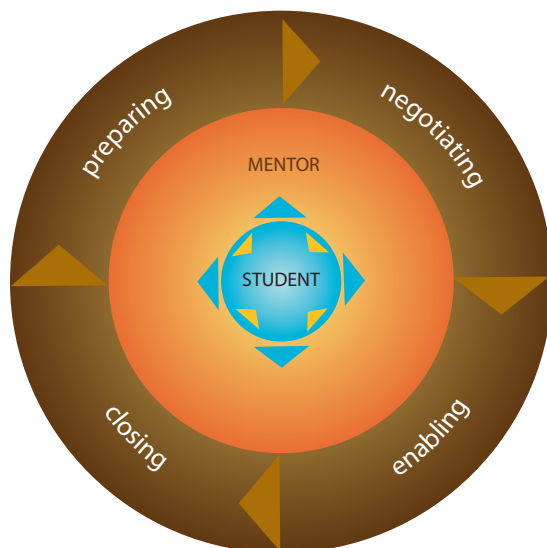
The mentoring relationship is one that is built on trust and respect, and at times this can involve the disclosure of personal or sensitive information. While many mentors may feel comfortable helping students to address such issues, it is important to remember that mentoring is not intended to fulfill a counseling or advocacy role for students. A list of resources available to students is included at the end of this guide should a situation arise that would best be handled outside the mentoring relationship. When in doubt, please contact the CAHE coordinator.

### ***The Mentor as Role Model***

*One of the most powerful ways of mentoring is by acting as a role model. Through your work as a health professional, community leader or student you may already be considered a mentor by others – and not even know it! Reflecting on how your daily work and activities can send a positive message to students may be useful as you consider a mentoring relationship. It doesn't have to be complicated; sometimes it is simply the act of allowing the students around you the opportunity to ask questions or spend time with you that has the most impact.*

## Stages in the mentoring relationship

Mentoring relationships, particularly those that adhere to a more formal and structured format, tend to follow four stages<sup>1</sup>:



- 1. Preparing:** Focus is on identifying the student's needs and the mentor's expertise as well as setting goals for the relationship. This period focuses on building trust, developing mutual expectations and generally getting to know one another.
- 2. Negotiating:** This phase focuses on fostering the relationship, listening actively, and identifying/discussing any issues or areas to explore through the mentoring process.

- 3. Enabling:** During this stage, the student and mentor undertake experiences and activities that will help meet the mentoring goals defined earlier. With the foundation laid during the previous stages, the student and mentor have the confidence to probe and challenge each other's ideas.
- 4. Closing:** As the mentoring relationship concludes, the student and mentor redefine the relationship and mutually determine what type of relationship they would like to have as they move forward.

It is important to note that, as in other areas of work and life, some relationships between individuals simply do not work out. Both student and mentor are free to end a mentoring relationship that they feel is not effective or not a good fit. The CAHE Coordinator can provide support to students and mentors who experience difficulties or need to find new mentoring opportunities. Navigating rough spots in the mentoring process can be challenging, but recognizing your own limits and seeking outside help may help smooth the path. See the exercises at the end of this section that may be useful for mentoring at these various stages of the relationship.







## **The Seven Sacred Teachings : A framework for the mentoring relationship**

As in any relationship, mentoring works best when it is based on mutually accepted principles. The seven sacred teachings provide an excellent basis for the relationship, and it is recommended that both the student and the mentor actively employ these teachings in their work together.

The mentor and student work in partnership to establish the relationship and determine its parameters. Practicing confidentiality, maintaining professional boundaries, and being open-minded, non-judgmental and approachable will help ensure that the mentoring relationship is healthy and effective.

### ***The Seven Sacred Teachings<sup>3</sup>***

1. *To cherish knowledge is to have WISDOM.*
2. *To know LOVE is to know peace.*
3. *To honour all of the Creation is to have RESPECT.*
4. *COURAGE is to face the foe with integrity.*
5. *HONESTY is to be sincere when facing a situation.*
6. *HUMILITY is to know yourself as a sacred part of the Creation.*
7. *TRUTH is to know all of these things and to live them.*

## ***Are you a good Listener?***

*It's easy to take listening for granted, but active (or reflective) listening is a skill that can make your communication more effective and ensure that the other person feels that they have really been heard.*

*The basic techniques of active listening<sup>4</sup> are:*

***Attending/focusing:*** *pay close attention to make sure you are hearing the message correctly.*

***Responding:*** *Let the speaker know that you are listening. Use verbal and non-verbal cues to encourage the speaker to continue talking (e.g. nodding, "uh-huh").*

***Restating/paraphrasing:*** *Restate the speaker's key points by summarizing in your own words. This not only lets the speaker know they have been heard, but also allows them the opportunity to correct misunderstandings or misinterpretations.*

***Clarifying:*** *Ask questions in a supportive manner to ensure you understand what is being said and to encourage elaboration (e.g. "what happened next?"). This should be done in a non-interrogating and non-threatening manner.*

**Reflecting:** *Reflect back any feelings, experiences or content that has been heard or perceived. It may be best to do this tentatively (e.g. "it sounds like that experience was very stressful...is that true?")*

**Feedback:** *This involves sharing your feelings and/or reactions, and should be supportive. It may be helpful to summarize the thoughts, experiences and feelings that the speaker has expressed. If it's appropriate, you may want to share your own personal information, but be sure not to take over or shift the focus of the conversation away from the speaker. Remember not to offer advice, unless the person specifically requests it.*

**Closing:** *Thank the speaker for sharing.*

*For more information on listening skills see the list of Suggested Readings at the end of this section.*

## Responsibilities in the Mentoring Relationship

Entering into a mentoring relationship is an opportunity for both the student and the mentor to share their excitement, interests and experiences. To make the most of the experience, it may be helpful to consider and discuss the mutual responsibilities, such as:

- Commitment to the mentoring relationship for a duration that is feasible to both mentor and student;
- Maintaining contact (as defined by the mentor and student, e.g. frequency, phone/e-mail/in-person); and
- Ensuring that the basic principles of the mentoring relationship are upheld.

Other responsibilities may be defined as needed. For some mentors and students, a formal 'contract' or document outlining the responsibilities and terms of the mentoring relationship may be appropriate or desired; this is not required to establish a mentoring relationship but is another tool that is available. An example is included at the end of this section.



## **Mentoring Exercises**

The following exercises are adapted from the University of Minnesota Alumni Association document *"Maximizing the Mentoring Relationship"* (2006).  
<http://www.alumni.umn.edu/sites/d2e2f762-6a18-437f-ad49-168669330020/uploads/MentorHandouts.pdf>

Each question may be considered and discussed by both the student and the mentor.

### **Building Trust:**

Who are you as a mentor or student?

What strengths do you bring to the mentoring relationship?

What do you hope to gain from the mentoring relationship/experience?

Do you have any concerns or questions about the mentoring relationship/process?

What is your vision of the mentoring relationship?

## Exploring Possibilities:

*What would I like to get out of being a mentor/student in this mentoring relationship?*

Start with the end in mind...

What will I have learned?

What will I have done?

What will I know that I don't know now?

## Navigating Rough Spots:

*How can you spot and solve problems before they happen?*

Anticipate the rough spots:

Name 3 stressors you typically experience in your day-to-day life  
(e.g. balancing work/school, time for self, health issues, family needs, etc.)

How might these stressors affect your mentoring relationship?

What can you do head these off?





## **Continuing the Mentoring Cycle:**

*What will you do to reflect on what you learn and accomplish?*

Brainstorm ways to recognize what you have gained through the mentoring process:

E.g. Journal

Records of activities and experiences

*Do you have any new goals that you want to explore?*

## Mentor Relationship Goal Setting Worksheet

(Adapted from *University of Minnesota Alumni Association – Mentor Connection Program*)

Student:\_\_\_\_\_ Mentor:\_\_\_\_\_

**Suggestion:** You may want to start by discussing both the mentor's and the student's background (e.g. academic and professional experience, community-based experiences, etc.).

What activities or topics would you like to explore in this mentoring relationship?

The following are examples, but you can identify others:

- Insight into the mentor's professional experience
- Visiting the mentor's workplace/job shadowing
- Introductions to others in the field
- How to balance professional and personal life
- Guidance on career planning
- Attending cultural events
- Learning about traditional teachings
- Other:

Discuss and record ideas for ways that the mentor and student can work together on the items identified above.

**Meeting/contact information:**

For the student:

Preferred method of communication:

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Other: \_\_\_\_\_

For the mentor:

Preferred method of communication:

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Other: \_\_\_\_\_

How often do we plan to meet?

Casually/when student initiates

Weekly

Monthly

Other \_\_\_\_\_

Additional notes/comments:



## Goal Summary

Developmental Goal:			
Action/Steps	Target Date	Resources Required	Progress/ Comments

Developmental Goal:			
Action/Steps	Target Date	Resources Required	Progress/ Comments

Developmental Goal:			
Action/Steps	Target Date	Resources Required	Progress/ Comments

(Source: *Student Orientation Guidebook*, Centre for Communications Studies, Moun Royal College)

## Mentoring Agreement

(Adapted from *tudent Orientation Guidebook*, Centre for Communications Studies, Moun Royal College)

As partners in the mentoring relationship, it is important that you have an understanding of the commitment you are making to each other. By signing this agreement, you are acknowledging your agreement and commitment to the following:

- Commit to the mentoring relationship for the agreed length of time.
- Respect the confidential nature of all information discussed during mentoring meetings.
- Connect with each other as agreed by both student and mentor.
- Report any problems that are not resolved to the Coordinator.
- Support each other to the best of your abilities.

I have read the above contract and understand what is expected of me as a participant in CAHE's Kaaweechimoseaywat Mentoring Program.

Student Signature: \_\_\_\_\_

Mentor Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Notes

1. <http://focusonfaculty.missouri.edu/resources/mentoring-stages.php>
2. <http://www.sonic.net/~mfreeman/mentor/phases.htm>
3. Benton-Banai, E. (1988). *The Mishomis Book : The Voice of the Ojibway*. Indian Country Press & Publications, Inc., St. Paul, MN.
4. *Improving your listening skills*. New Jersey Self-Help Group Clearinghouse. <http://www.medhelp.org/njgroups/WHAT%20IS%20ACTIVE%20LISTENING.pdf>

## Suggested Readings:

*Improving your listening skills*. New Jersey Self-Help Group Clearinghouse. <http://www.medhelp.org/njgroups/WHAT%20IS%20ACTIVE%20LISTENING.pdf>

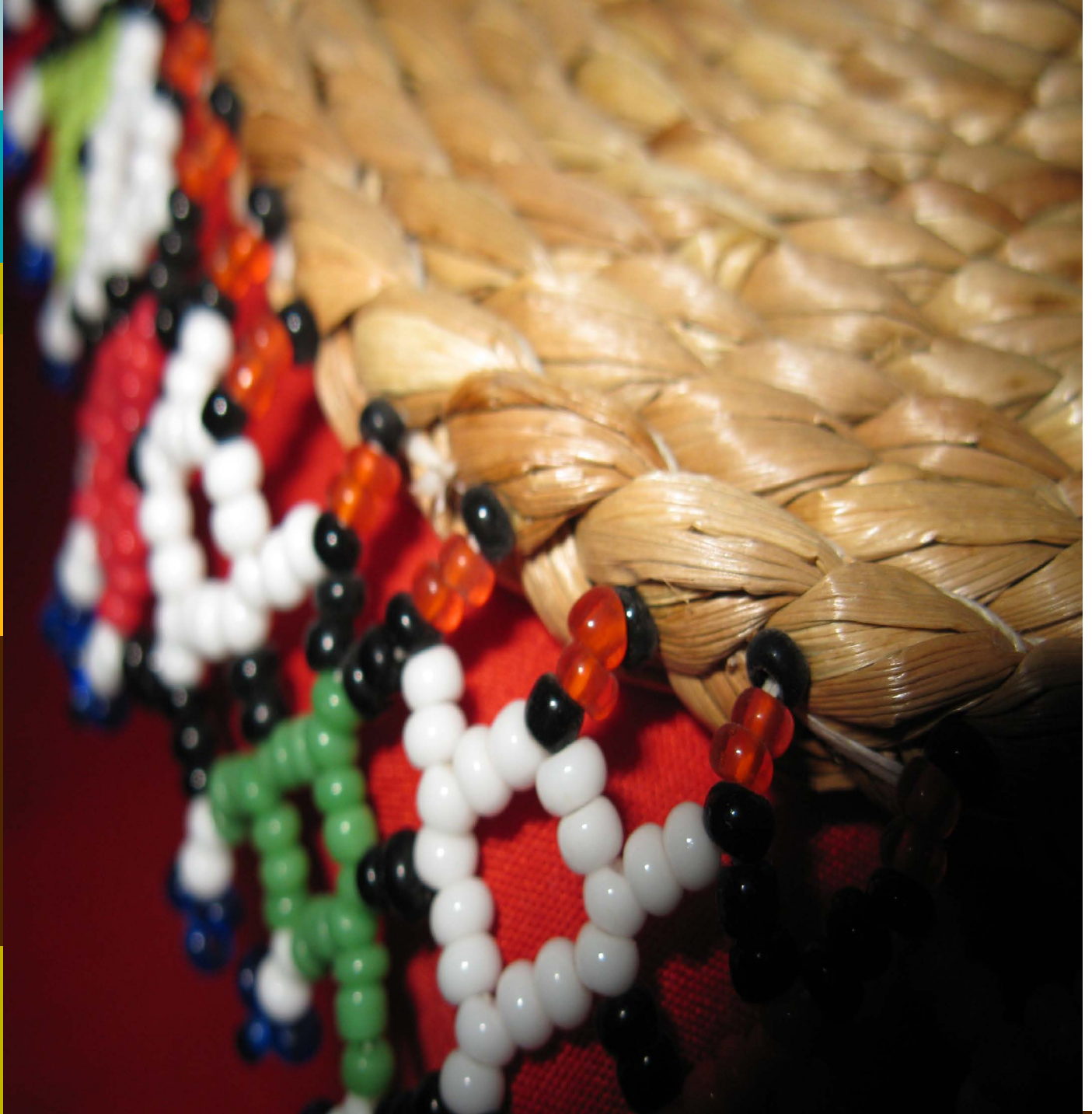


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## Putting it All Together

### A Summary of Culturally-grounded Mentoring

#### **What does culturally grounded mentoring look like?**

This guide has outlined a number of concepts, ideas and recommendations to assist you as a CAHE mentor. The following is a summary of the key concepts:

##### **1. Relationship Building**

- Give some thought to your own skills, knowledge and gifts to determine what you can bring to the mentoring relationship.
- Be aware of your own limitations and know that you can refer students to other professionals or services on campus.
- It is normal for the mentoring relationship to evolve and change over time. Redefining goals and assessing the future of the relationship is part of the cycle.
- The Seven Sacred Teachings are a great foundation for mentoring relationships.
- Negotiate the terms of the relationship and ensure that they are acceptable to both the student and the mentor.
- Accept that some mentoring relationships do not work out, and that it is acceptable to end early and seek new mentoring opportunities.

## 2. Communication

- Be mindful of how you listen to others, and practice incorporating active listening techniques in conversations with students.
- Wisdom and knowledge flow in both directions, not just from 'expert' to 'non-expert'
- Allow students time to 'be' and 'to become'; every individual learns at their own pace.
- Be honest and upfront about expectations and what you are able to commit (e.g. time, resources).



### 3. Guiding

- Mentoring is sometimes most effective when it is a non-deliberate and unplanned process.
- Mentoring can take many forms, including assistance with career planning, sharing stories, cultural teachings or ceremonies, and attending events such as lectures or workshops.
- Sharing experiences and wisdom may be more effective than prescriptive actions.

### 4. Cultural safety

- Recognize the impact of racism and its many forms, from overt actions and stereotyping to more subtle and insidious forms.
- Be aware of your own attitudes, beliefs and values.
- Knowledge of colonial history and how this has impacted Indigenous peoples is fundamental.



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## Required Reading

### Background Information for CAHE Mentors

Working in the area of First Nations, Métis and Inuit health is uniquely challenging and rewarding for Canadian health care professionals. As a mentor to students who are experiencing this world as both community members and future care providers, it is essential to be aware of colonial history and its impacts on indigenous people.

The following is an overview of the socio-historical context within which our students are situated. It is not intended as an exhaustive discussion of colonial history, nor is it meant to suggest that these effects are experienced by all students of Aboriginal descent in the same way or to the same degree.

The impact of colonization on Canada's indigenous peoples has been profound. Prior to European contact, First Nations and Inuit communities were diverse entities with well established governance, health, social support and education structures that were based on principles of balance and holism<sup>1</sup>. With the advent of settlers and the imposition of new legislation and policies, the indigenous cultures and ways of life were forever altered. This process, referred to as 'colonization', is an integral part of Canadian history that continues to impact our society in both overt and more insidious ways.

## Colonization and the Reclaiming of Cultural Identity

Colonization may be defined as “the formal and informal methods (behaviors, ideologies, institutions, policies and economies) that maintain the subjugation or exploitation of Indigenous Peoples, lands and resources.”<sup>2</sup> The impacts are deeply entrenched and underlie many of the daily challenges experienced by indigenous peoples, such as health inequities, family violence, chemical dependency and poverty.

The intergenerational trauma experienced as a result of colonization has contributed to widespread erosion to the self-esteem of First Nations, Métis and Inuit (FN/M/I) people. In terms of the health professions, the process of colonization has resulted in a disproportionately low representation by FN/M/I. In spite of increasing numbers of Aboriginal students entering health education programs,

it still remains a challenge to find role models, colleagues and mentors who share a common cultural background.

It is important to remember that Aboriginal people have survived, despite enduring the forces of colonization, and that we are experiencing a resurgence of Aboriginal beliefs and practices<sup>3</sup>. This process of reclaiming culture and ways of knowing is at the heart of strength-based, decolonizing approaches. As Denzin and Lincoln





(2008) stated, decolonization "...turns the academy and its classrooms into sacred spaces, sites where indigenous and non-indigenous scholars interact, share experiences, take risks, explore alternative modes of interpretation, and participate in a shared agenda, coming together in a spirit of hope, love and shared community."<sup>4</sup>

CAHE, through its mentorship and cultural programming, provides opportunities for students to explore and connect (or reconnect) to their culture and traditional knowledge if they are interested; this can be a source of strength and a resource for dealing with the stresses of student life. Since colonization has separated many Aboriginal people from these practices, it can be intimidating or unfamiliar to some students. Being mindful and accepting of where an individual student is on their path is an important consideration during the mentoring process.

For additional information, please see the Suggested Reading list at the end of this section.

## Racism

When we think of racism the first examples that come to mind are often racial slurs, bigotry or stereotypes. But it is the chronic and insidious everyday injustices, which are referred to as 'microaggressions',<sup>5</sup> that can actually have a greater negative impact than acts of overt racism. Microaggressions can take a number of different forms, such as invalidating racial-cultural issues, making stereotypic assumptions and cultural insensitivity. How does one recognize if they are the victim of microaggression? Often, the person may feel they have been insulted, yet not be able to identify exactly why they feel this way. The perpetrator typically doesn't acknowledge that anything has happened because they are not aware of the offensiveness of the act. Even though the actions are often small (at least on the surface), they can impact confidence and trigger old wounds of internalized colonization.

For many students, microaggression may take the form of comments that imply that Aboriginal students are not equal to other students in the program, or that they have special privileges. Some students may find it easier to not identify as a FN/M/I person as a result of the climate formed by microaggression.

Another insidious form of discrimination that can have a profound impact on students and health professionals is systemic racism (also known as institutional or structural racism). Systemic racism is defined as "any form of racism occurring specifically within institutions such as public government bodies, private business corporations, and universities". Racism at the institutional level is fueled by negative racial stereotypes because these help shape the views of the dominant society and influence policies and practices which place non-white racial and ethnic groups at a disadvantage relative to white members of the institution. One example of institutional racism in education is standardized testing, which is biased towards people within the dominant socio-cultural group, as is

the teaching of Canadian history exclusively from the perspective of the European colonizers. Educational policies that assume that Indigenous people who no longer live a 'traditional' life have 'lost their culture' and are the same as the dominant culture are misguided; Indigenous people maintain a culture that is not based on physical characteristics but rather common beliefs, family ties, language and a shared history.

### ***Types of Microaggression***

*Three types of 'micro' racial transgressions have been identified<sup>6</sup>:*

#### ***Microassaults:***

*Conscious and intentional actions or slurs, such as using racial epithets, displaying swastikas or deliberately serving a white person before a person of color in a restaurant.*

#### ***Microinsults***

*Verbal and nonverbal communications that subtly convey rudeness and insensitivity and demean a person's racial heritage or identity. An example is an employee who asks a colleague of color how she got her job, implying she may have landed it through an affirmative action or quota system.*

#### ***Microinvalidations***

*Communications that subtly exclude, negate or nullify the thoughts, feelings or experiential reality of a person of color. For instance, white people often ask Asian-Americans where they were born, conveying the message that they are perpetual foreigners in their own land.*

## The Hidden Curriculum

Students in health professional training programs face the demands set out in the formal curriculum, but in addition they also confront a 'hidden curriculum', one that is typically not identified, acknowledged or discussed. What is the hidden curriculum? It comprises the understandings, customs, rituals and taken-for-granted aspects of what occurs within the space of health education<sup>9</sup>. Even if students have not heard the term, they are very likely aware of the pressure to conform, the focus on pleasing superiors (even at the expense of patients) and the other unofficial rules for survival and advancement within their program<sup>10</sup>. Examples of how the hidden curriculum may manifest include the use of inappropriate humour and language or practices that undermine efforts to enhance professionalism, cultural competence and communication<sup>11</sup>. The influence of the hidden curriculum is powerful; professional education characteristically includes prolonged periods of exposure to the predominant culture, and thus fosters the enculturation of students as they become members of the profession.

While the hidden aspects of curriculum are receiving more attention in education, the reality is that students will be navigating these influences for the foreseeable future. Mentors can play a vital role in helping students recognize and discuss these issues, and to explore ways of coping with the challenges.

For additional information about racism or the hidden curriculum, please see the notes and selected readings at the end of this section.

## Notes

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4. Denzin, N.K. and Lincoln, Y.S. (2008). Introduction: Critical methodologies and Indigenous inquiry. In Denzin, N.K., Lincoln, Y.S. and Tuhiwai Smith, L. (Eds.), . *Handbook of Indigenous Methodologies*, Los Angeles, CA: Sage Publications
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10. Reisman, A.B. (2006). *Outing the hidden curriculum*. *The Hastings Centre Report*, 36(4), 9.

## Suggested Reading

The following resources are available through CAHE or online where indicated.

Sinclair, M. and Storm, K. (2006). *First Nations Culture and Elders*. Aboriginal Information Series, Pamphlet #1, Office of University Accessibility, University of Manitoba. [http://www.umanitoba.ca/student/asc/media/Pamphlet\\_01.pdf](http://www.umanitoba.ca/student/asc/media/Pamphlet_01.pdf)

Shore, F.J. (2006). *The Métis: An Introduction*. Aboriginal Information Series, Pamphlet #5, Office of University Accessibility, University of Manitoba. [http://www.umanitoba.ca/student/asc/media/Pamphlet\\_05.pdf](http://www.umanitoba.ca/student/asc/media/Pamphlet_05.pdf)

*Teaching from an Aboriginal Perspective: Theme 1*. Aboriginal Information Series, Pamphlet #12, Office of University Accessibility, University of Manitoba. [http://umanitoba.ca/student/asc/media/Pamphlet\\_12.pdf](http://umanitoba.ca/student/asc/media/Pamphlet_12.pdf)

*Teaching from an Aboriginal Perspective: Theme 3*. Aboriginal Information Series, Pamphlet #14, Office of University Accessibility, University of Manitoba. [http://umanitoba.ca/student/asc/media/Pamphlet\\_14.pdf](http://umanitoba.ca/student/asc/media/Pamphlet_14.pdf)

*Teaching from an Aboriginal Perspective: Theme 5*. Aboriginal Information Series, Pamphlet #16, Office of University Accessibility, University of Manitoba. [http://umanitoba.ca/student/asc/media/Pamphlet\\_16.pdf](http://umanitoba.ca/student/asc/media/Pamphlet_16.pdf)

*Education and Aboriginal Peoples*. Aboriginal Information Series, Pamphlet #17, Office of University Accessibility, University of Manitoba.



[http://umanitoba.ca/student/asc/media/Pamphlet\\_17.pdf](http://umanitoba.ca/student/asc/media/Pamphlet_17.pdf)

Ozolins, I., Hall, H., and Peterson, R. (2008). *The student voice: Recognising the hidden and informal curriculum in medicine*. Medical Teacher, 30: 606-611.

Lemp, H. and Seale, C. (2004). *The hidden curriculum in undergraduate medical education: Qualitative study of medical students' perceptions of teaching*. British Medical Journal, 329: 770-773.

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## **University of Manitoba Services & Resources for Students:**

Student Counselling and Career Services

S207 Basic Medical Sciences Building (Bannatyne Campus)

789-3847 or 474-8592

Students Helping Students (Peers)

150 University Centre (Fort Garry Campus)

474-6696

Financial Aid & Awards (Emergency Loan Program)

422 University Centre (Fort Garry Campus)

474-8197

Learning Assistance Centre

201 Tier Building (Fort Garry Campus)

480-1481

Equity Services

474-7388 or 474-7491

Student Advocacy and Resource Services

474-7423

Campus Security

S105 Pathology Building

789-3330

Emergencies:

555 from any campus phone

#555 from MTS/Rogers wireless phones



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