

Mobilizing Decolonized Nursing Education at Aurora College: Historical and Current Considerations

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Abstract

Nursing education at Aurora College in the Northwest Territories, Canada has evolved from its beginnings as a diploma nursing program to today's undergraduate degree program. The purpose of this report is to share the evolution of the program and the movement towards decolonized pedagogy and epistemology throughout its development. Since 51% of the territory's population is Indigenous and the other 49% is diverse, traditional knowledge and different ways of knowing, along with cultural safety and competency, are important concepts for northern nursing. The concept-based curriculum lends itself to teaching and learning from a critical post-colonial perspective where students learn to critique and question colonial practices and dominant discourse. Focusing inquiry into colonial pedagogy of this nature will provide new insights and considerations of power and power relations within education. This report contributes to the topic of decolonizing nursing education at a time when there is little substantive effort in this direction. This report is part of a special collection from members of the University of the Arctic Thematic Network on Northern Nursing Education. The collection explores models of decentralized and distributed university-level nursing education across the Circumpolar North.

Keywords: decolonized education; northern nursing; nursing education; Indigenous education; cultural safety

Nursing education at Aurora College in the Northwest Territories (NWT) has entered its third decade, beginning with a diploma nursing program in 1994 and evolving to baccalaureate education in 2002. NWT is home to a culturally diverse population with 51% of the population Indigenous (Dene, Métis, and Inuit). In 2016, the campuses and research centres at Aurora College were presented with a mounted document entitled “Indigenous Education Protocol for Colleges and Institutes,” which was approved by the college Board of Governors and signed by Paul Andrew, a Dene Elder and member of the Board of Governors (Colleges and Institutes Canada, 2015). Through this endorsement, Aurora College agrees to the following:

... commits to making Indigenous education a priority; ensures governance structures recognize and respect Indigenous peoples; implements intellectual and cultural traditions of Indigenous peoples through curriculum and learning approaches relevant to learners and communities; supports students and employees to increase understanding and reciprocity among Indigenous and Non-Indigenous peoples; commits to increasing the number of Indigenous employees and ongoing appointments throughout the institution, including Indigenous senior administrators; establishes Indigenous-centred holistic services and learning environments for learner success; and, build relationships and be accountable to Indigenous communities in support of self-determination through education, training and applied research (Ibid).

Through this commitment, Aurora College hopes that the lives of students, and subsequently their communities, will be improved. In describing nursing education at Aurora College, it is important to consider the contextual realities of the territory. The first factor is the history of colonialism and racism experienced in Canada (Wallis, Sunseri, & Galabuzi, 2010; Warry, 2007). Secondly, the impact of intergenerational trauma from residential schools influences both teaching and learning (Bombay, Matheson, & Anison, 2014; Gone, 2013). Thirdly, determinants of health are intersecting with all facets of life including education (Greenwood, de Leeuw, Lindsay, & Reading, 2015; Loppe & Wein, 2009). These three factors are predominant pedagogical and epistemological nursing considerations influencing curricular directions. For these reasons, the college’s declaration of an Indigenous Education Protocol within the nursing program is welcomed and provides an opportunity

for us to assess our progress over the years to Indigenize the curriculum and learning opportunities for our students. Our questions remain—How does the Indigenous Education Protocol shape nursing education? What does it look like in a curriculum? How is it structured in education, practice, and policy?

Indigenizing the curriculum involves more than developing an understanding of historical, socio-political, economic, and geographical contexts within which nursing education is delivered. To offer decolonized nursing education means engaging and questioning processes of colonialism that have occurred, and are occurring, at many levels (Smith, 2012). This report sets out to consider nursing education in the NWT through our mandate to adhere to the Indigenous Education Protocol. One of the ways we aspire to do that is through a decolonizing process that disrupts the taken-for-granted Eurocentric discourses of dominance and privilege that continue to contest Indigenous knowledge and self-determination.

Background

Canada's Northwest Territories is found in the Arctic and Subarctic regions and is part of the Circumpolar World. It is located between the other two territories of Canada, Yukon to the west and Nunavut to the east, and above the provinces of British Columbia and Alberta. The population consists of approximately 44,000 people who live in thirty-three communities scattered across a land mass of 1.2 million km². Peoples of the NWT describe their home as a cultural landscape with eleven official languages and differing traditional beliefs and practices. The capital of the territory is Yellowknife, with a population of approximately 20,500. Many NWT communities have fewer than 1,000 people.

Health care in the territory is provided through an integrated model of delivery. Many communities are provided primary health care by community health nurses who act in expanded roles and work in a Community Health Centre with two to three nurses. There are three hospitals in the NWT—in Inuvik (the Far North), Hay River, and Yellowknife. Yellowknife has the largest hospital and is the referral centre for the territory.

Aurora College

Aurora College (formerly called Arctic College, Arctic College West, College West) is a relatively young institution, with college status since 1981. Prior to that, there was a vocational training centre at Fort Smith.

The federal government was responsible for education until 1969 when this responsibility was transferred to the territorial Department of Education. Through a process of extensive public consultation, a new decentralized system of regional campuses was established in the mid-1980s as the Arctic College (under the Arctic College Act). Learning centres were scattered across the North and these became a part of the college system in 1990. Today most communities still have a learning centre. As well, Aurora College has three campuses: one at Fort Smith (Thebacha Campus), a second at Inuvik (Aurora Campus), and a third at Yellowknife (Yellowknife Campus).

In 1995, with anticipation of the territorial division, the college divided into two colleges. Aurora College would serve the western territory and Nunavut Arctic College would serve the east, now Nunavut Territory. As mentioned above, there were several name changes to the college. As well, at one time the head office for the college was in Yellowknife, but in 1994 it moved to Fort Smith. Yellowknife did not have campus status until 1993 when the college restructured. For several years, post-secondary education at Yellowknife was provided at the community learning centre.

Evolution of Nursing Education

Aurora College embraces homegrown programs that offer career opportunities for residents of the NWT. The first health programs were taught by registered nurses and offered a career ladder for local Indigenous people. The Community Health Representative program was developed and delivered in Inuvik (Swann, 1990). This program continues today and is described as providing the graduate with “sound knowledge in community health education, health promotion, injury prevention and community development” (Aurora College, nd). In addition, a Certified Nursing Assistant program was offered both at Fort Smith and Inuvik. The nursing program (both diploma and, today, BSN) is located at the Yellowknife North Slave Campus.

Since its inception, the student intake to the nursing program has been between twenty and thirty students. To date, there have been over 300 graduates, and yet we are unable to easily provide statistics on the number of Indigenous students or graduates or the ethnicity of other students or graduates. The college admission form asks specific questions about ancestry and also includes a checkoff option if the student does not wish to identify ancestry. This information is not collated in an easily retrievable manner. Today, we recognize that this statistic is required to measure our progress towards meeting the Indigenous Education Protocol. How else

will we evaluate the outcome of this commitment? The initiation of the Indigenous protocol has activated an inquiry into past decision making and future planning and policy.

It would seem that students were all considered northerners (living in the NWT is a criterion for admission to the program), with little distinction made between the ethnic differences among learners. Yet, the health disparities (including education) between Indigenous peoples and non-Indigenous Canadians are recognized. We are collecting data on ethnicity but not analyzing, synthesizing, and considering its meaning within the nursing program. To take this action, the nursing faculty will move forward with a concrete account of the ethnicity of learners. In essence, by taking this next step of data analysis (assessment, monitoring, and evaluating), we will have a measure of how effective we have been within recruitment and retention of Indigenous students. This will add to an Indigenous focus that will aid the exploration into new and perhaps more culturally congruent ways of recruiting and retaining students. Upon reflection, one could ascertain that an assimilated approach occurred at such a subliminal space, that it is only now that we bring this forward. Another consideration is that Indigenous students may also choose not to self identify. Cote-Meek (2014) shared the following reasons:

Some students are looking for anonymity, ... others don't want to be targeted as different and others resist becoming confined to a role of the Native informant. Still others are likely uncomfortable with self-identity because of the racism and classroom environment itself. Sadly, it becomes easier to remain invisible or deny one's race. (p. 129)

Furthermore, Canadian researchers are investigating recruitment and retention of Indigenous students and finding a myriad of issues (Gregory, Zieber, Barksy, & Daniels, 2008; Smith, McAllister, Tedford-Gold, & Sullivan-Bentz, 2011). Themes in the literature include student characteristics such as low enrolment and high attrition rates; transition to the post-secondary setting where students often experience loneliness, isolation, and marginalization; social and cultural needs including an Indigenous mentorship and the support of other Indigenous students and Elders; financial needs including economic barriers and inadequate funding sources; and academic environment characteristics at the classroom, program, and institutional levels that adversely affect Indigenous students (Smith et al., 2011).

Our class size is small, and as instructors we intimately know our students. Sitting with the senior instructor, we were able to ascertain the numbers of Indigenous students by doing a manual count for the past five years (see Table 1). We found the mean number of Indigenous students in the nursing program is 7.4, while the mean number of students within the nursing program for the same five-year period is 65. If the number of Indigenous students reflected the 51% Indigenous population in the territory, the number of Indigenous students would be 33. It is obvious that we fall short of that number.

Students coming to nursing from the remote communities are also disadvantaged in the education they receive in the small communities, especially in terms of math and science, which are both prerequisites for the nursing program. School attendance is an issue for multiple reasons—the intergenerational impact of residential school, determinants of health that affect their everyday lives, and perhaps ambivalent support for settler education that caused trauma in the past. For these reasons, many students first come to an Access program in order to upgrade their skills. Again, we do not have statistics on the numbers of Indigenous students that come into nursing through this program, but anecdotally we know that one to two students, from a class of between fifteen and twenty in the Access program, progress to year one of nursing.

Table 1. Indigenous nursing students at Aurora College

School Year	Indigenous Students	Total Students	%
2015-16	9	55	16.4
2014-15	8	60	13.3
2013-14	6	75	8.0
2012-13	7	67	10.4
2011-12	7	68	10.3
	M = 7.4	M = 65	

Diploma Nursing Program and Culture Care

The Northern Nursing Program began as a recruitment and retention initiative that was lobbied for by the two professional nursing associations in the Yukon and the Northwest Territories (Moffitt, 2003). The legislation for the *Nursing Profession Act* in the NWT required an amendment, Bill 17. On March 6, 1995, the Bill was proposed to enable the college to approve

the nursing program. Standards for nursing education were established along with the creation of an education advisory committee to make recommendations to the School of Nursing. Nursing students, college faculty, and representatives from the professional nursing association all spoke to the amendment. Four students (Dene, Métis, Inuit, and Caucasian) gave voice to the salience of the Bill for them—giving northerners the opportunity to learn and practice nursing in their homeland. Students spoke in their own languages to the Members of the Legislative Assembly from their regions about the desire for their families and communities to have health care provided by their people in their own languages. The Bill was passed.

The curriculum was developed *by* northerners *for* northerners. McLelland (1993), along with co-researchers from each college (Jan Inman from Arctic College; Lorraine Hoyt from Yukon College) conducted a study to identify the content and structure for a nursing program that would meet the needs in the Yukon and Northwest Territories, and to identify programs that could be adapted to meet the needs of northerners. The dominant themes in the findings included the following topics: a community focus, interpersonal relations, acute and advanced practice, and educational directives (educational standards, eligibility for baccalaureate education, and lifelong learning). Content was identified under academics, social relations, nursing practice, and organization. The recommendations for structure included that it be a full-time program in a centrally located facility, and be based on co-operative education between nurse educators, health experts, and holders of traditional knowledge. The suggested instructors were Elders, doctors, nurses, and other qualified persons. Noteworthy from the study is the recommendation that the diploma program at Okanagan University College was closest in meeting the requirements for a northern nursing program because of its community focus, communications modules, lifelong learning focus, and the collaborative work with the University of Victoria and its health promotion perspective. In terms of decolonizing the nursing curriculum, the inclusion of Elders as teachers is recognition of Indigenous knowledge and guidance.

From the beginning, traditional knowledge¹ was recognized as fundamental to students' learning. In the early 1990s, the government of the NWT developed a traditional knowledge working committee that developed and later implemented a traditional knowledge policy (53.03) that stipulated that all programs in the NWT must incorporate traditional knowledge (GNWT, 1997). Aurora College (1991) developed a traditional

knowledge implementation workplan and went on to integrate traditional knowledge into the corporate plan (Aurora College, 2000) as “northern knowledge.”² Northern knowledge was based on a value expressed by Chief Jimmy Bruno that Tlicho people must “be strong like two people” (Moffitt & Wuest, 2002).

Traditional knowledge was integrated in a variety of ways. We initiated sharing circles with Elders on specific topics such as women’s health and care of children. We took students out on the land where Elders shared beliefs and practices through storytelling, and students participated in traditional practices such as filleting fish, drum dancing, and collecting medicines. We established a traditional knowledge committee at the campus and lobbied for an Elder-in-Residence program, which we hope will come to fruition.

Northern knowledge, including the science of nursing, came from current theoretical perspectives. For example, one of the objectives was to graduate students to be culturally sensitive practitioners. Students were provided with a cultural orientation to local territorial peoples studied through a transcultural lens. Transcultural nursing was introduced through Madeline Leininger (1996), a nurse anthropologist who developed a theory from two predominant themes—concepts of culture³ (from anthropology) and care⁴ (from nursing). This theory led us to processes of teaching and learning about the cultural beliefs and practices of local people in an attempt to provide culturally congruent care.

As we progressed through the development of the program, we began to question how to better integrate culture into practice. This led to an exploration, through master’s degree research, with patients, graduates, and faculty using a fourth generation evaluation⁵ approach to uncover how difference can be integrated (Moffitt & Wuest, 2002). Two models were developed—“Integration of Culture” and “Northern Knowledge and Nursing” (Moffitt, 2001). The integration of culture is essentially the integration of difference. The integration of culture is a process embedded in the nurse–client relationship and is comprised of four ways of being—inquisitive, receptive, interactive, and reflective. By developing these ways of being, nurses can learn to deliver culturally appropriate care in a milieu of mutuality and reciprocity. Respect is a value of northern peoples that is integral to both culture and care. From the northern knowledge and nursing model, the integration of wisdom and knowledge operates from four standpoints: traditional knowledge, individual community values, nursing curriculum, and scientific knowledge.

The first graduates of the diploma program have contributed to strong leadership within the territorial health care system. Two Inuit graduates work in NWT leadership positions today, one as a director in the Department of Health and Social Services and the other in a community position. As well, a Métis graduate holds a management position at Stanton Territorial Hospital. Many others work in other areas of administration, policy, and education across the NWT.

Baccalaureate Nursing Education at Aurora College

In 2001, Aurora College signed a memorandum of agreement with the Collaborative Nursing Program (CNP) in British Columbia, which culminated in a mentorship by four academics from the CNP (Mahara et al., 2005). This mentorship was traditional in some aspects, but the focus on co-mentoring changed the energy and power to a collegial place of learning and developing. The mentors participated in our “world” during their visit on-site. For example, the Aurora College nursing faculty and our colleagues from BC attended a performance of the *Rez Sisters* play at the Northern Arts and Cultural Centre in Yellowknife. The *Rez Sisters* is a play about the lived experience of Indigenous women in Canada. The next day, the BC mentors integrated the play into curricular concepts and applications for learning about Indigenous issues. Concepts such as stigma, oppression, and racism were explored. Power and privilege were brought alive as we considered the plight of the women portrayed in the play. Although there are only two reservations in the territory, these were relevant applications as we considered concepts, context, and teaching and learning strategies.

Aurora College adopted and adapted the Collaborative Nursing Program (CNP) of BC curriculum (Zawaduk et al., 2014). In becoming collaborators in the CNP, we also became co-producers of curriculum and evaluation. The CNP was initiated in 1989 and Aurora College joined in 2001. In 2004, the CNP evolved to become the Collaboration for Academic Education in Nursing (CAEN), which lasted until 2014. Today, we continue to transform, and we are now in partnership with the University of Victoria, Camosun College, Selkirk College, and the College of the Rockies (BC). Students of our program graduate from the University of Victoria at Aurora College.

The concept-based curriculum offers a broad framework that emphasizes reflexivity, critical thinking, caring, and health promotion. Students learn the importance of inquiry and salient pattern recognition as they come to know the client through the intersection of critical theories

(post-colonial, feminism, postmodern) and post-empirical perspectives. The key curriculum concepts of client, context, health and healing, inquiry, nurse, and relational practice are threaded and levelled (built one upon the other over the four years) throughout all eight semesters and consolidated practice experiences. Students begin in year one with an introduction to a broad understanding of health and health promotion, moving on to a focus on complexity, inquiry, research, and leadership in years three and four.

Culture and cultural safety are concepts identified within the curriculum. They are pulled through all years of the program. Students are immersed in clinical experience focused on the care of Indigenous clients. This experiential learning, along with a reflective narrative process, enables dynamic ways of being as students decipher stigma, racialization, and oppression. If the clinical teacher is Indigenous, one would expect that the experience would reach a higher level of empowerment for Indigenous nursing students and Indigenous clients. We currently have no Indigenous faculty, but in the past two years, Indigenous graduates taught in the program. One teacher was casual and the other was in a term position. We do have a Dene counsellor at the campus and a member of the Dene Nation on the BSN program's Nursing Advisory Committee. We also offer a course called Indigenous Peoples of the NWT, which provides a social, historical, and political understanding of the Indigenous people of the territory.

Within the past five years of the program, and accompanying the Truth and Reconciliation Commission of Canada,⁶ there has been an abundance of publications to transform and create Indigenous ontology within our curriculum. We are including readings and dialogue about racism and the well-being of Indigenous people in Canada (Allan & Smylie, 2015), particularly in the relational practice course; cultural safety and competency (NAHO, 2009; ANAC, 2015); and social determinants of health (CASN & ANAC, 2013; Greenwood, Lindsay, & Reading, 2015). Students are learning about the philosophical premises of post-colonial theory and are encouraged to analyze and critique inequities and power imbalances found in the health care system and the education system. We are asking students to challenge the status quo and the sacred cows that are at play in the lives of people. This will go a long way in addressing the colonial practices that continue to occur.

Questioning Dominant Discourse

Despite the fact that we are striving towards decolonizing nursing education, there are considerable tensions in accessing Indigenous knowledge keepers to teach and share their knowledge in the program, and for students to attend land-based programs. The barrier is usually suggested by administration to be one of economics. For example, it is difficult to get honorariums for the Elders who are teaching students, and there are delays in sending payments to Elders. This is related to a restricted fee schedule that is non-negotiable, with an expectation that Elders will fit into a Eurocentric system that requires policies related to insurance and structures that are not aligned with Indigenous practices. For example, when an Elder requested payment for service to compensate for the boat fuel used when they took students on the land, the finance department questioned this, since the practice does not fit into the Eurocentric system.

Many of the Indigenous students at Aurora College are mature and come to school from remote communities, accompanied by their young children. There is no daycare at the college, and students have limited funds to pay for daycare. This disadvantages Indigenous students. For many years children were welcomed in the classroom, but recently a directive was created that does not allow children in the classroom. This is stated by administration to be an occupational health and safety concern, regarding the presence of children on campus, according to Workers Compensation. As well, there is a prevailing assumption, informed by ideology, that children disrupt learners despite the contrary being heard through the voice of students. This is another example of how institutional rules that are founded on Eurocentric values continue to marginalize Indigenous students, and how the policies are experienced as punitive, disrespectful, and oppressive. It seems nursing education prioritizes knowledge based on institutional and bureaucratic practices rather than the world view and knowledges of local people and the contextual needs of Indigenous students.

McGibbon et al. (2014) highlight the continued Eurocentric discourses of nursing, in particular nursing's ideas of universality and fairness in terms of treating everyone equally. Through these philosophical underpinnings, nursing continues to engage in colonizing processes that maintain the Eurocentric premise of educating students. We are attempting to unpack these processes and transform ideology through a critical post-colonial lens. Over time, those of us providing nursing education at Aurora College realized that cultural descriptions that emanate from transcultural nursing ideology may further marginalize or stereotype

a group by positioning a particular group of people against that of the dominant people, racializing and not considering the political processes at work (Browne & Varcoe, 2006; Gustafson, 2005).

Conclusion

Although we have been attentive to culture and cultural safety in nursing education in the NWT, and we have a desire to decolonize nursing education, there are dominant discourses enacted through policy and procedures whereby Eurocentric knowledge is privileged over Indigenous knowledge. We need more directed actions to come to a place of decolonized pedagogy—a place that is more inclusive to the unique needs of Indigenous students. Through this critical review of our history, it is apparent that we must continue to dismantle the dominant discourse and advocate for more Indigenous administrators, students, and faculty at the college. We need policy and programs that reflect the world view of Indigenous people.

Notes

1. Traditional knowledge is defined as “knowledge and values that have been acquired through experience, observation, from the land or from spiritual teachings, and handed down from one generation to another” (GNWT).
2. Northern knowledge was defined by Aurora College (2000) as “representing a world view that encompasses traditional knowledge, scientific knowledge and individual and community values” (p. 4).
3. Culture was defined by Leininger (2002) as the lifeways of a particular group with the values, beliefs, norms, patterns, and practices that are learned, shared, and transmitted intergenerationally (Leininger & McFarlane, 2002).
4. Care has been a central concept for nursing from Leininger in her sunrise model in the first Northern Nursing Program to the incorporation of Watson’s theory of caring in the baccalaureate nursing program. Lachman (2012) has described the need for an ethic of care that includes four elements of attentiveness, responsibility, competence, and responsiveness of persons receiving care.
5. Fourth generation evaluation was used to evaluate the cultural component of the nursing program to ascertain the ways that graduates integrate culture into their practice and to learn what works to facilitate culturally appropriate care. The method is described by Guba and Lincoln (1989).
6. Final report by the Truth and Reconciliation Commission of Canada can be found at <http://www.trc.ca>

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