



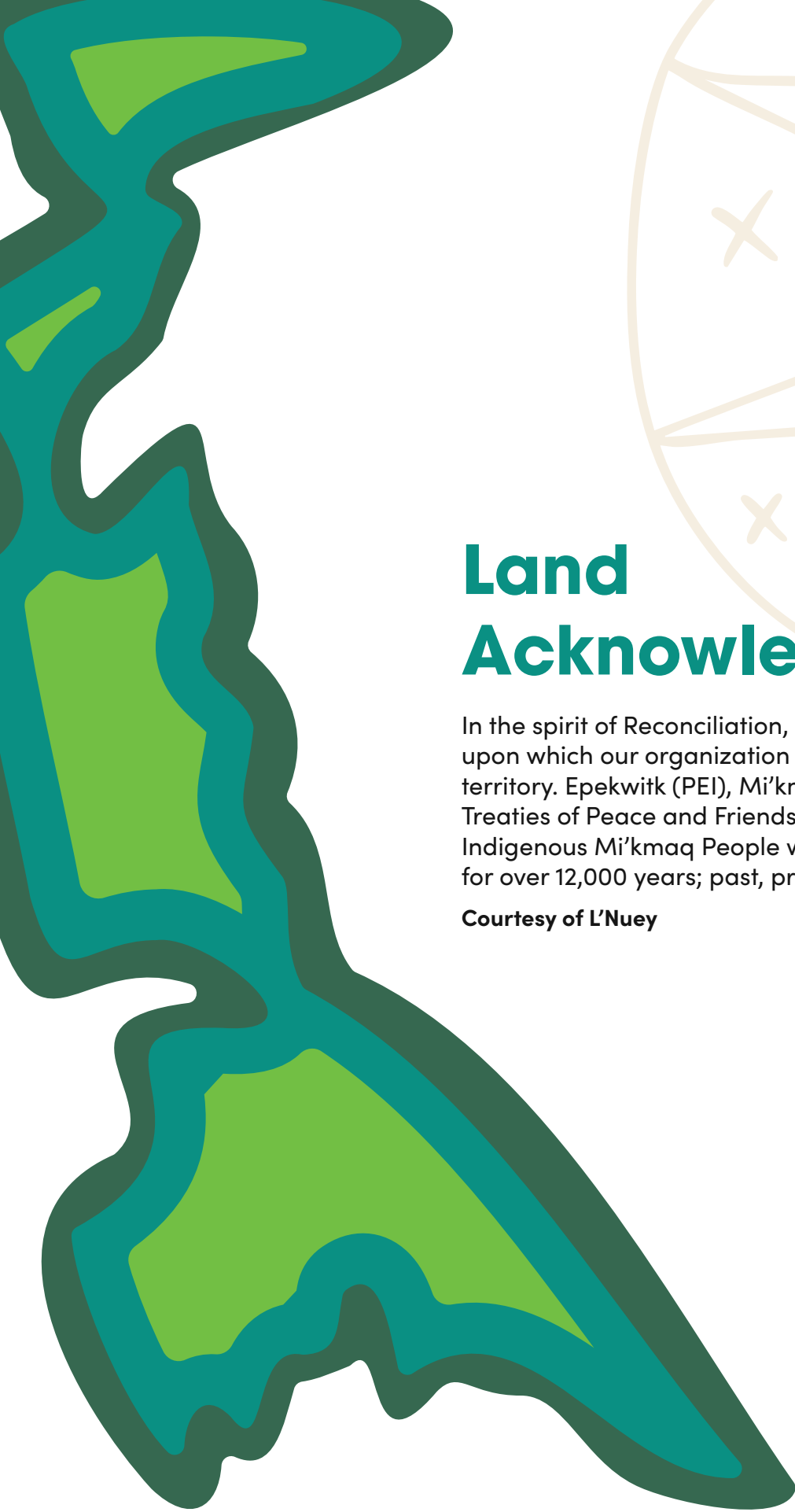
Indigenous Cultural Safety, Cultural Humility, & Anti-Racism

Practice Directive



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Land Acknowledgment

In the spirit of Reconciliation, we acknowledge that the land upon which our organization stands is unceded Mi'kmaq territory. Epekwitk (PEI), Mi'kma'ki, is covered by historic Treaties of Peace and Friendship. We pay our respects to the Indigenous Mi'kmaq People who have occupied this Island for over 12,000 years; past, present, and future.

Courtesy of L'Nuey



Opening Words by Shelby Arsenault

As a proud member of Lennox Island First Nation and the Indigenous Patient Navigator at our community's Health Centre, I am honoured to have played a role in developing this important document that will help shape the future of health care in Epekwitk.

I would like to extend my deepest gratitude to the incredible Elders, Knowledge Keepers, and community members who have so generously shared their knowledge, teachings, and lived experiences. Your guidance continues to power our path forward, reminding us that meaningful change begins with listening and learning through education and understanding.

This mandatory practice directive represents an important step towards reconciliation and ending Indigenous specific racism in our health care system. Indigenous Peoples deserve fair and equitable treatment, and care that is grounded in respect, understanding, and cultural safety. Every person, regardless of background, should feel seen and heard when accessing important health care services.

Throughout the report, you will notice beautiful Mi'kmaq art, inspired by the Seven Sacred Teachings and the four Sacred Medicines – Sage, Sweetgrass, Cedar, and Tobacco – in their living plant forms. The imagery was brought to life by a team of talented Indigenous designers, through the El'taqati'kw "We Create" Digital Studio, as part of the Mi'kmaq Confederacy of PEI's Employment Services program.

As you read through this directive, we invite you to absorb these teachings with care, compassion, and an open heart. We hope this document not only serves you in your professional practice, but extends far beyond, providing an opportunity for personal reflection and growth. We thank you all for the dedication and heart you bring to your work in support the health and well-being of all peoples across Epekwitk.

Shelby Arsenault, RN

Indigenous Patient Navigator
Lennox Island First Nation Health Centre

Acknowledgements



We would like to acknowledge and thank the many individuals and organizations who supported the development of this practice directive. The British Columbia College of Nurses and Midwives (BCCNM) originally created this work in 2022 and generously granted the Prince Edward Island College of Nursing and Midwifery (PEICNM) permission to adapt it for use in Prince Edward Island.

In developing the Indigenous Cultural Safety, Cultural Humility, and Anti-Racism practice standard, BCCNM engaged Indigenous registrants, leaders, and clients from across the healthcare system, as well as health authority and academic partners.

When PEICNM began adapting this resource for nurses and midwives in Prince Edward Island, local Indigenous registrants, leaders, and organizations were actively involved. Their contributions helped ensure that this document is meaningful, relevant, and reflective of the unique context of Prince Edward Island.

Registrants bring varying levels of knowledge and understanding of Indigenous cultural safety, cultural humility, and anti-racism, as well as how to integrate these principles into practice. This practice directive is one way PEICNM is supporting registrants along their ongoing journey in these areas.

We extend our sincere thanks and admiration to El'taqaqi'kw Digital Studio for creating the artwork and accompanying descriptions featured in this guide. Additional information about El'taqaqi'kw Digital Studio can be found in the description at the end of this publication.

We also wish to express our heartfelt gratitude to Shelby Arsenault, RN, Indigenous Patient Navigator, and Bethany MacIsaac, RN, Senior Health Advisor with Mi'kmaq Confederacy of PEI, for their guidance and support in the development of this resource. We further thank the individuals from Abegweit First Nation, Lennox Island First Nation, and the Mi'kmaq Confederacy of PEI who generously shared their feedback and insights to ensure this document is meaningful and purposeful.

This work was funded in part by the Government of Prince Edward Island through an anti-racism microgrant, which supported the adaptation and development of this resource.

This work would not have been possible without the foundational efforts of BCCNM and the Indigenous Peoples of British Columbia, who courageously shared their experiences.

Introduction



Using the resource

This practice directive is to help you learn about culturally unsafe care and reflect on your own practice as a nurse or midwife.

Your learning journey

Each of us will have a unique learning journey. This resource is only one small part of the learning that you can do. We encourage you to talk with other people about what you are learning, as this is often as important as the learning itself.

For non-Indigenous registrants, it's important to understand that it is not the responsibility of Indigenous clients and families or Indigenous colleagues to educate you on providing culturally safe care. The experiences in this document have been generously shared to help in your learning journey. Your workplace may also have resources to help you.

The Standard

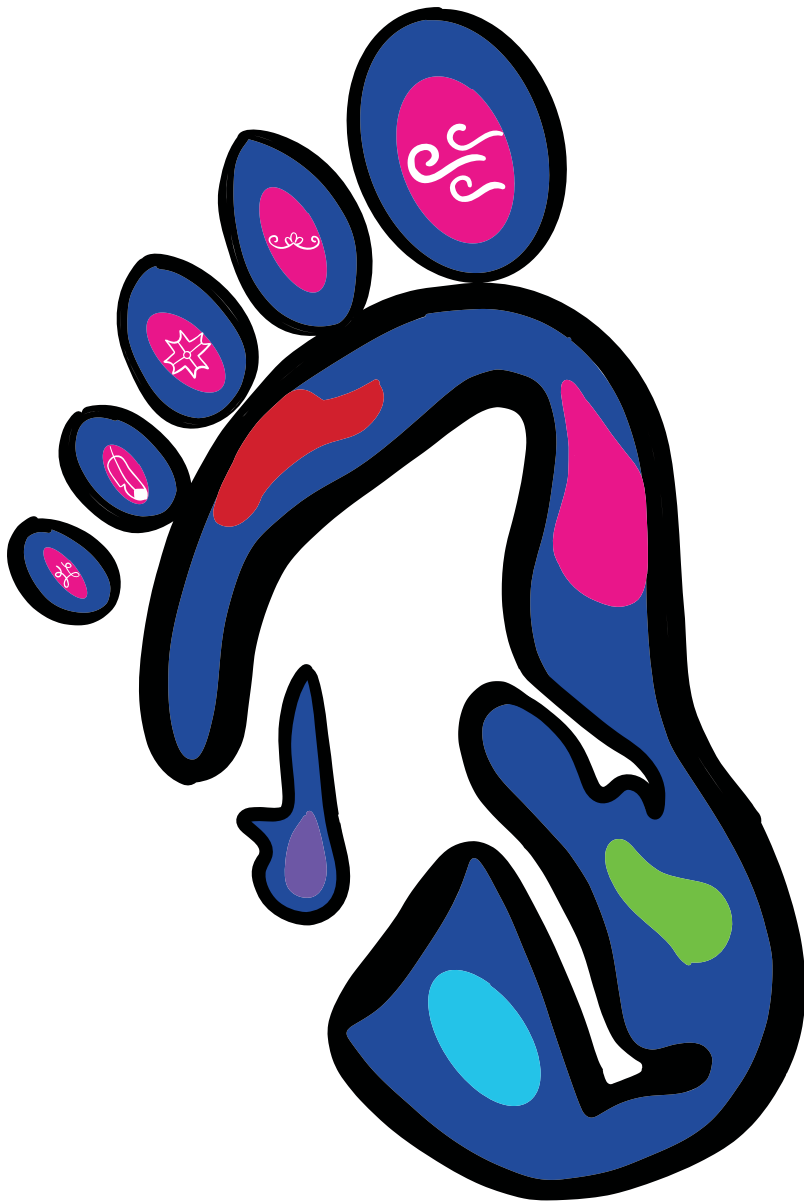
The six core concepts of the Indigenous Cultural Safety, Cultural Humility, and Anti-racism practice standard are:

- Self-reflective practice (it starts with me)
- Building knowledge through education
- Anti-racist practice (taking action)
- Creating safe healthcare experiences
- Person-led care (relational care)
- Strengths-based and trauma-informed practice (looking below the surface)

Like other PEICNM practice directives, this document is to be used with other PEICNM resources and is applied by all registrants in all practice settings.

The page features six large, stylized, overlapping shapes in various colors: orange, green, red, blue, yellow, and purple. Each shape contains a dark silhouette of a human figure in a different pose, such as sitting, standing, or lying down. The shapes are arranged around the central text, creating a circular, sun-like pattern.

**CORE
CONCEPTS**



Sabe

Honesty
Koqqatmitmk

*Represents honesty,
urging individuals to
be true to themselves
and others.*

1 Self-reflective practice (it starts with me)

Cultural humility begins with a self-examination of the nurse or midwife's values, assumptions, beliefs, and privileges embedded in their own knowledge and practice, and consideration of how this may impact the therapeutic relationship with Indigenous clients. Cultural humility promotes relationships based on respect, open and effective dialogue, and mutual decision-making.



Taking the time to think about and evaluate our experiences and interactions is an important part of professional practice. Being self-aware is the first step in the therapeutic relationship and is foundational to **cultural humility**.

Let's look at the principles for self-reflective practice more closely.

1.1 Reflect on, identify, and do not act on any stereotypes or assumptions they may hold about Indigenous Peoples.

When you meet a person for the first time, you automatically take in certain information: how they appear, how they speak, their mannerisms, the nature of their illness or concern. Your biases help you make sense of this information. This means sometimes harmful stereotypes, assumptions, and judgments about Indigenous Peoples can affect the care you provide without you even realizing.

To avoid this and to meet principle 1.1, take the time to ask yourself:

- Why am I thinking this way?
- Would I be thinking this if the person was not Indigenous?

Nurses and midwives take anti-racist action in their own practice, and not just in others'.

1.2 Reflect on how their privileges, biases, values, belief structures, behaviours, and positions of power may impact the therapeutic relationship with Indigenous clients.

Reflecting on your biases, values, and behaviours can help you identify those that negatively affect the therapeutic relationship. For example, you may judge a person for not pursuing a higher education without understanding how your privileges in society have made it possible for you to do so. Not acknowledging your privilege related to race and societal systems can lead to behaviours that reinforce power imbalances. It is your responsibility to create a safe care experience. This means the client is comfortable to ask questions and talk about their priorities and goals without being impacted by the healthcare professional's privileges, biases, values, belief structures, behaviours, or power. **Review PEICNM standards of practice and Code of Ethical Conduct/Code of Ethics for guidance.**

A careful examination of how our thoughts and behaviours may not align with a culturally safe and anti-racist care experience and can highlight opportunities for change.

1.3 Evaluate and seek feedback on their behaviour towards Indigenous Peoples.

Giving and receiving feedback is a professional requirement for nurses and midwives. We recognize that this is not always easy, but feedback is a tool that can help improve practice. Feedback can be through private conversations with a trusted peer, anonymous feedback on colleague surveys, feedback from Indigenous clients or their families, or even through open and humble discussions with coworkers.

If you receive feedback about behaviour that is racist, receive these comments as a learning opportunity, even if you're surprised or dismayed by what others tell you.

Some responses to feedback could include:

- Thank you for bringing this to my attention.
- I recognize I have work to do.
- How can I make this right?
- I believe you.
- I hear what you are saying.




Pause and reflect

Take this opportunity to engage in self-reflection by asking yourself:

- What personal beliefs/biases do I carry about Indigenous Peoples and their cultures? Where did I learn these biases?
- How do my personal beliefs/biases affect my behaviour towards Indigenous Peoples? What are the behaviors I have identified? How do they affect my practice?
- If I experienced discrimination during my care, how would that make me feel?
- How will I shift my behaviour to uphold Indigenous rights to the high quality of healthcare?

See how biases, assumptions, and behaviours can potentially impact a person’s healthcare, experience in these hypothetical situations:

CUE	BIAS, BELIEF, ASSUMPTION	ACTION	POTENTIAL IMPACT
<p>An Indigenous person arrives to their appointment late.</p>	<p>You assume that the person does not care and will not follow a treatment plan at home.</p>	<p>You address some of the person’s concerns but do not provide educational materials or schedule a follow-up.</p>	<p>The person feels like their concerns are dismissed and that you don’t care about them as a person or about their health and wellness.</p>
<p>A young Indigenous mother brings her child for immunizations.</p>	<p>You assume that because the woman is young and Indigenous she is unfit to be a parent.</p>	<p>You give the child the scheduled immunizations without discussing or asking for informed consent from the mother.</p>	<p>The mother feels ignored and belittled by you and asks the child’s non-Indigenous father to take the child for care in the future.</p>
<p>An Indigenous person makes little to no eye contact during their healthcare interaction with you.</p>	<p>You assume the person is lying or hiding something.</p>	<p>You are abrupt and don’t spend time building a relationship; you keep the encounter short and only treat the most pressing issue.</p>	<p>The person feels disrespected and unheard and does not seek healthcare in the future.</p>
<p>An Indigenous person arrives at the Emergency Department unsteady on their feet.</p>	<p>You assume that because the person is Indigenous, they are intoxicated.</p>	<p>The person is treated rudely and made to wait several hours unattended on a stretcher in the hallway.</p>	<p>The person is found unresponsive on the stretcher and diagnosed with a stroke.</p>
<p>An Indigenous person asks for stronger pain relief postpartum.</p>	<p>You assume the person is drug seeking.</p>	<p>You tell the person that you are unable to give more pain medication.</p>	<p>The person has an unnecessarily painful postpartum experience and trauma</p>



*“ Being self-aware
is the first step in
the therapeutic
relationship and
is foundational to
cultural humility. ”*

*Spirit: It starts with me.
Cultural safety begins with
examining our own beliefs,
biases, and power.*

Applying the principles for self-reflective practice

SELF-REFLECTIVE PRACTICE PRINCIPLES

SOME ACTIONS YOU CAN TAKE TO APPLY THE PRINCIPLES

1.1 Reflect on, identify, and do not act on any stereotypes or assumptions they may hold about Indigenous Peoples.

1.2 Reflect on how their privileges, biases, values, belief structures, behaviours, and positions of power may impact the therapeutic relationship with Indigenous clients.

1.3 Evaluate and seek feedback on their behaviour towards Indigenous Peoples.

Some actions you can take to apply the principles:

- Identify your biases, be aware when your biases are negatively affecting your practice, and make changes accordingly
- Acknowledge and/or ask about the person's cultural identity. Check with your workplace or community to see if they have resources to help you do this.
- Listen to the person's experience and ask about their healthcare concerns and goals. They know what is best for their health and wellness.
- Be respectful and open to another person's perspective or worldview.
- Don't assume to know what someone is feeling or thinking.
- Be open to learning about someone else's experience.
- Ask for and use feedback about your practice as an opportunity to gain experience and improve.
- Listen actively and with respect to people and colleagues, even when the message may be hard to hear.
- Be open and try to see each person's behavior in the context of their life and possible past experiences.

Links to further resources

Culturally Connected: [Exercise Self-Reflection & Critique](#)

Montreal Urban Aboriginal Community Strategy Network: [Indigenous Ally Toolkit](#)

BC Ministry of Children and Family Development: Healing Families, Helping Systems: [A Trauma-Informed Practice Guide for Working with Children, Youth and Families](#)

Health PEI First Nations Mental Health and Culturally Appropriate Resources





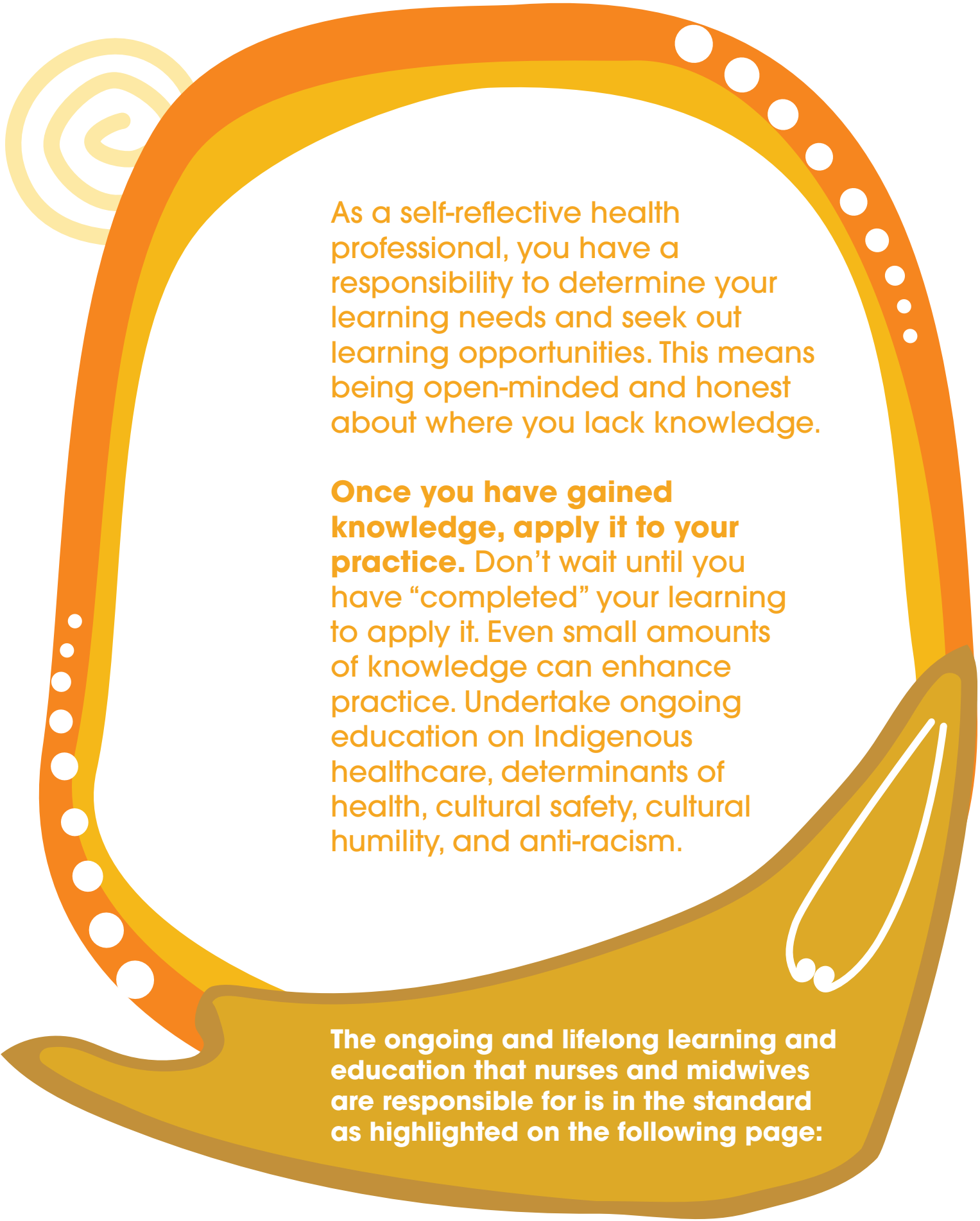
Beaver | Kopit

Wisdom
Nsituo'qn

*Symbolizes wisdom,
encouraging the
pursuit of knowledge
and understanding.*

2 Building Knowledge Through Education

Nurses and Midwives continually seek to improve their ability to provide culturally safe care for Indigenous clients.



As a self-reflective health professional, you have a responsibility to determine your learning needs and seek out learning opportunities. This means being open-minded and honest about where you lack knowledge.

Once you have gained knowledge, apply it to your practice. Don't wait until you have "completed" your learning to apply it. Even small amounts of knowledge can enhance practice. Undertake ongoing education on Indigenous healthcare, determinants of health, cultural safety, cultural humility, and anti-racism.

The ongoing and lifelong learning and education that nurses and midwives are responsible for is in the standard as highlighted on the following page:

2.1 Undertake ongoing education on Indigenous healthcare, determinants of health, cultural safety, cultural humility, and anti-racism.

Understanding how social and cultural determinants of health impact the health of Indigenous Peoples is essential to identify the risk of health inequity and provide culturally safe care. We recommend reviewing some of the learning resources included in this resource as a starting point to learn more about cultural safety and cultural humility and the history of Indigenous-specific racism in Canada.

2.2 Learn about the negative impact of Indigenous-specific racism on Indigenous clients accessing the healthcare system, and its disproportionate impact on Indigenous women and girls and two-spirit, queer, and trans Indigenous Peoples.

Indigenous-specific racism shows up in many ways. Being aware of the ways racism impacts Indigenous Peoples, particularly women, girls, two-spirit, queer, and trans people, is critical to understand how it impacts Indigenous Peoples' health and well-being.

2.3 Learn about the historical and current impacts of colonialism on Indigenous Peoples and how this may impact their healthcare experiences.

To promote equity in healthcare for Indigenous Peoples, the root causes of health and healthcare inequities and Indigenous Peoples' resistance to colonialism must be understood. This means understanding that Indigenous Peoples continue to fight daily against colonial structures that impact every aspect of their lives, from healthcare to economic development. This understanding supports healthcare professionals to view people through an informed, strengths-based, and compassionate lens.

We recommend the following courses:

- Indigenous Canada online course
- Four Seasons Training
- Advancing Reconciliation Through First Nations University of Canada

2.4 Learn about the Indigenous communities located in the areas where they work, recognizing that languages, histories, heritage, cultural practices, and systems of knowledge may differ between Indigenous communities

To provide culturally safe care, start by being open and respectfully curious about Indigenous practices. If you see items that you are unfamiliar with, ask the person about them. Ask if they would like to include Indigenous practices in their care and incorporate as able or advocate for including them if workplace policies don't appear to allow.

The Epekwitnewaq Mi'kmaq (Mi'kmaq of PEI) are the original inhabitants of the unceded territory of Epekwitk, also known as Prince Edward Island. PEI has been home to the Mi'kmaq for over ten thousand years and includes the Lennox Island (L'nui Mnikuk) First Nation Band and the Abegweit First Nation Band. Epekwitk is also the chosen home of several other First Nations, Métis, and Inuit peoples, whose cultures and traditions have enriched our island community (Indigenous PEI, 2025).

Here are some resources to help you learn about the territory where you live and work, as well as the Indigenous Peoples and communities who live there.

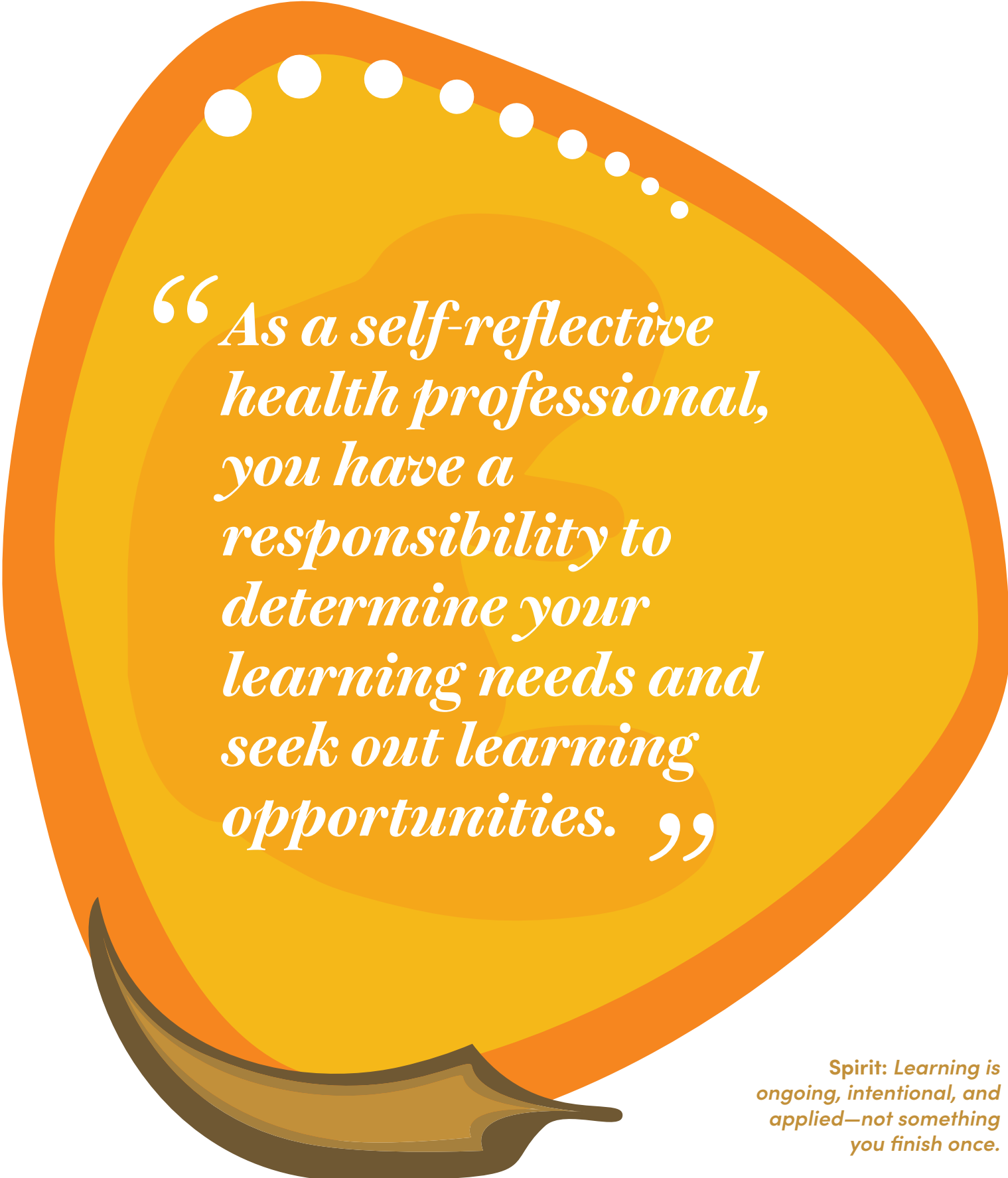
- National Indigenous Peoples Day – attend a local event on June 21
- L'Nuey
- Mi'kmaq Confederacy of PEI
- Lennox Island First Nation
- Experience Lennox Island
- Lennox Island Health Centre
- Abegweit First Nation
- Mi'kmaq Wellness Centre
- Native Council of Prince Edward Island
- Indigenous PEI



Pause and reflect

Use the strategies described above to identify a starting point for your learning. It may also be useful to reflect on these questions:

- When I read the practice directive, do I need more education on certain concepts or topics?
- Have I received feedback that identified a learning opportunity about cultural safety, cultural humility, or anti-racism?
- How do I approach my learning with humility and self awareness?
- Where would I find the resources to help support me in my learning journey?



“As a self-reflective health professional, you have a responsibility to determine your learning needs and seek out learning opportunities.”

Spirit: Learning is ongoing, intentional, and applied—not something you finish once.

Applying the principles for building knowledge through education

BUILDING KNOWLEDGE THROUGH EDUCATION PRINCIPLES	SOME ACTIONS YOU CAN TAKE TO APPLY THE PRINCIPLES
<p>2.1 Undertake ongoing education on Indigenous healthcare, determinants of health, cultural safety, cultural humility, and anti-racism.</p> <p>2.2 Learn about the negative impact of Indigenous-specific racism on Indigenous clients accessing the healthcare system, and its disproportionate impact on Indigenous women and girls and two-spirit, queer, and trans Indigenous Peoples.</p> <p>2.3 Learn about the historical and current impacts of colonialism on Indigenous Peoples and how this may impact their healthcare experiences.</p> <p>2.4 Learn about the Indigenous communities located in the areas where they work, recognizing that languages, histories, heritage, cultural practices, and systems of knowledge may differ between Indigenous communities</p>	<p>Some actions you can take to apply the principles:</p> <ul style="list-style-type: none">• Learn about healthcare providers' actions that have caused harm; reflect on your own biases and institutional norms that cause harm.• Complete workplace or self-directed learning about cultural safety and humility.• Learn about Indigenous ways of knowing, particularly around healthcare, by engaging with Indigenous Peoples in your community or through self-study or workplace-provided education.• Develop awareness and sensitivity and show respect for cultures other than your own.• Incorporate Indigenous expertise, experience, and knowledge in your client's healthcare plan if requested and as able.• Learn about how colonialism affects Indigenous Peoples' experiences with healthcare through self-study or employer education. Use this knowledge to improve your practice.

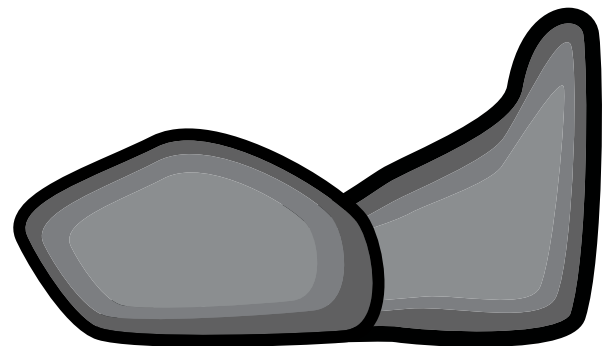


Links to further resources

First Nations Health Authority: [Remembering Keegan: A BC First Nations Case Study Reflection](#)

First Nations Health Authority: [Wellness for First Nations](#)

[Women and Gender Diverse People's Health Hub](#)





Bear | Muin

Courage
Mlkite'Isuti

Embodies courage, encouraging individuals to face challenges with integrity and overcome fears.

3 Anti-racist practice (taking action)

Nurses and Midwives take active steps to identify, address, prevent, and eliminate Indigenous-specific racism.



Anti-racist vs non-racist –

Being anti-racist is not the same as being non-racist; anti-racism means acting to fight racism. It requires a conscious effort to call out racist actions as well as ongoing self-awareness and self-reflection. When we don't make anti-racist decisions or act when we see racist behaviour, we (un)consciously support or endorse the racism that marginalizes Indigenous Peoples and communities.

Being anti-racist includes:

- Acknowledging through self-reflection one's place, role, and privilege in a society with colonialism and racism
- Understanding how current systems are built on colonial and racist beliefs and support power and privilege of the white dominant group
- Creating conditions of greater inclusion, equality, and justice
- Acting to identify, challenge, prevent, eliminate, and change the values, structures, policies, programs, practices, and behaviours that perpetuate racism

Let's look more closely at the principles listed in the anti-racist practice core concept.

3.1 Take appropriate action when they observe others acting in a racist or discriminatory manner towards Indigenous Peoples.

As a nurse or midwife, you have a responsibility to act when you see unsafe, neglectful, or unprofessional practice that puts Indigenous Peoples' safety or well-being at risk. **You can put this principle into practice in the following three ways.**

3.1.1 Helping colleagues identify and eliminate racist attitudes, language, or behaviour.

We have already established how important it is to seek feedback on your practice and make changes as needed. Anti-racist practice also requires us to provide feedback to others about their language, attitudes, or behaviours that are racist. Identifying racism can be harder than expected when it is happening in the moment. Studying documented incidents of racism can help you make sense of racism as it's happening.

If you see an act of racism, decide on the best way to approach the person(s) to ensure safety for all involved. Conversations with others about their racist language, behaviour, or attitudes may not be easy. Framing your concerns around what is in the client's best interest may be helpful.

Before having such a conversation, ask yourself:

- If it were me, how would I want the situation addressed?
- What is my relationship with the person (eg: reporting relationship, co-worker, personal relationship)?
- Can I create an opportunity to discuss my concerns privately?
- Can I discuss my concerns objectively?
- What is the likelihood of the person being receptive to my concerns?
- How will I know if my conversation will have the desired effect?

If you do not feel safe having this conversation with a colleague, seek guidance from your supervisor or contact PEICNM.

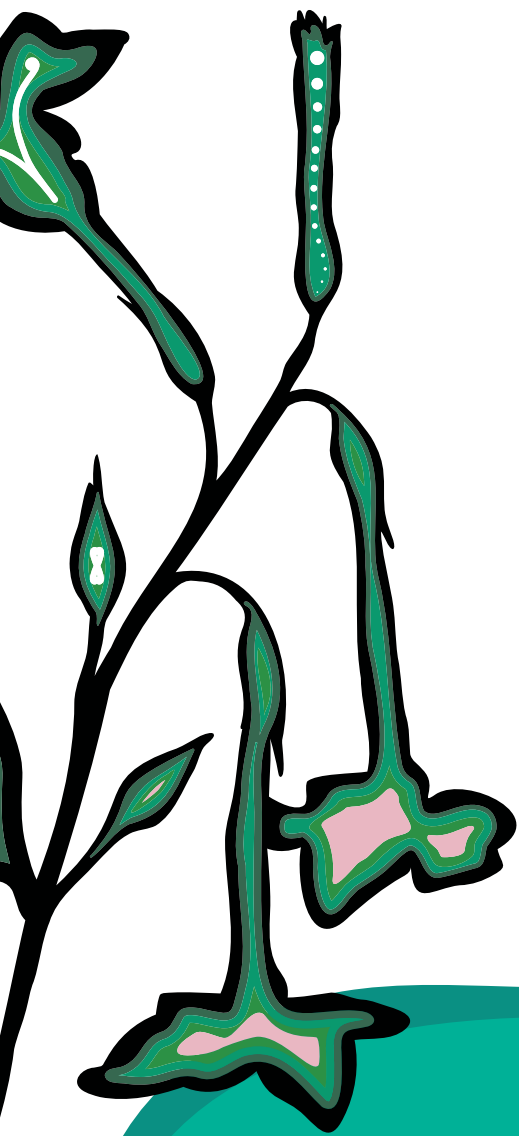
3.1.2 Supporting clients, colleagues, and others who experience and/or report acts of racism.

It is important to offer support to those affected by racist attitudes, language, and behaviours. People can dismiss less overt racism such as microaggressions; however, microaggressions are damaging and harmful and must be stopped. You can support people, colleagues, and others who experience acts of racism by making yourself available to listen and empathize with and validate their experiences.

Comments like, *"I'm sure they didn't mean it that way"* or *"Can't you take a joke?"* invalidate the person's experience and can make them feel unsupported, or the comments may trigger historical or intergenerational trauma.

When you see racism, stop the racist behaviour. Frame the situation as a learning opportunity and explain to the person who is behaving in a racist manner that you find their attitudes, language, or behaviour unacceptable, unprofessional, and not representative of the profession.





3.1.3

Reporting acts of racism to leadership and/or the relevant health regulatory college.

Nurses and midwives have a legal and ethical duty to report unethical conduct of regulated health professionals to leadership or their regulatory college. Understand when to report, what to report, how to report, who to report to, and what is needed from you, both legally and ethically. Be aware of workplace policies that can guide you in addressing acts of racism.

If you discuss your concerns with the person responsible and the manner is resolved, you may not need to take further action. **If the conversation does not resolve your concerns or you decide that talking to the person involved would not be helpful or safe:**

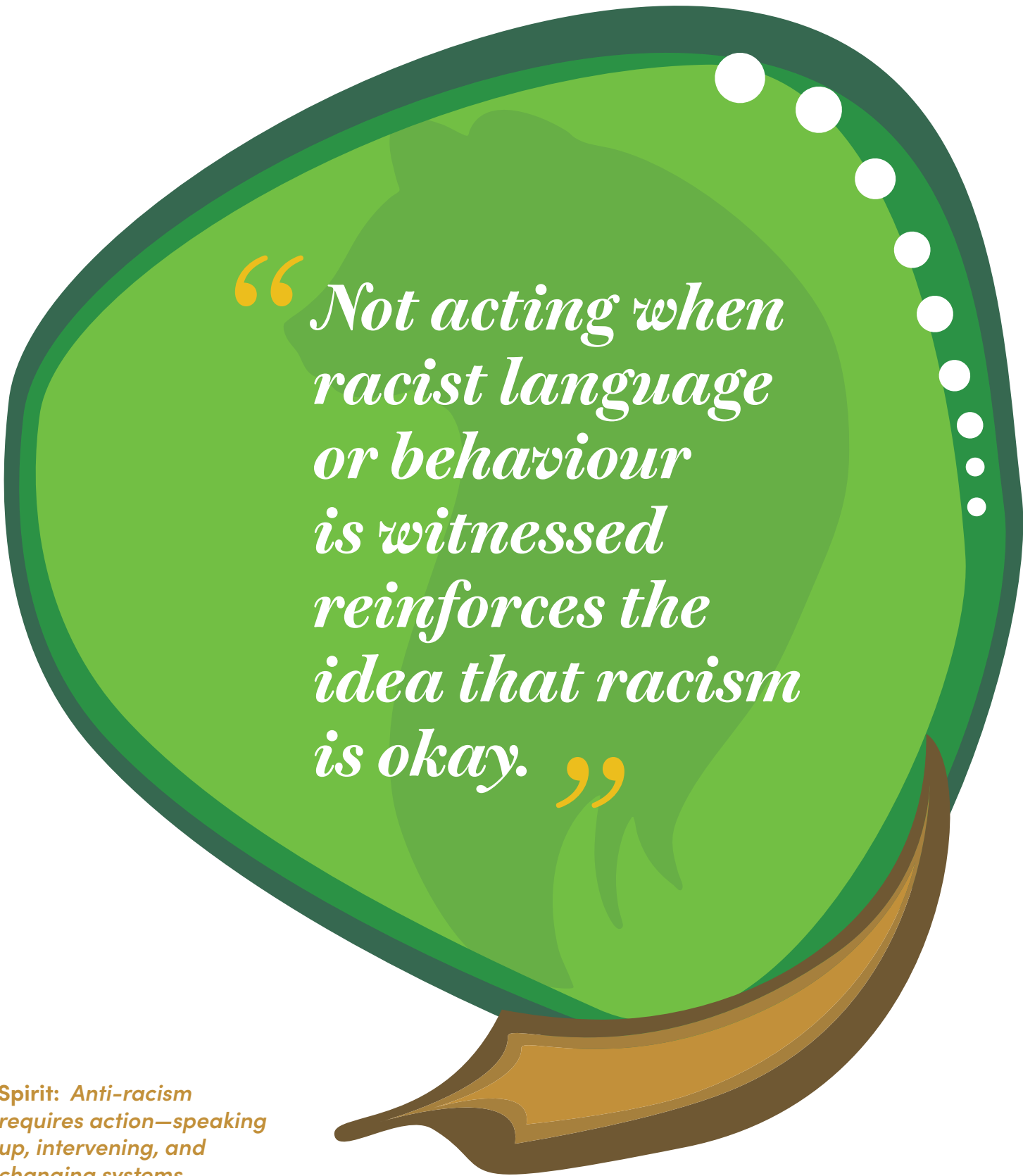
- Talk to your manager, supervisor, staff leader, or someone you trust
- Follow policies addressing racist behaviour in the workplace, or advocate for such policies if none exist
- Consult resource people in your workplace
- Contact PEICNM

If you are a manager or supervisor, follow your organization's policies on addressing racism in the workplace. Most complaints can be addressed at the workplace level. However, if you believe that a person's continued practice might be a danger to the public, you must report to the appropriate regulator if you have reasonable and probable grounds, based on evidence.

Pause and reflect

Reflect on a time when you may have seen a person's treatment/access to healthcare affected by racism.

- Has there been a time when you thought you should have spoken up but didn't? What stopped you?
- Who was hurt or affected by your inaction?
- What would you do differently if you were in a similar situation again?
- What actions can you take to remove the racism in policies and other documents that shape practice and perpetuate racism?



“Not acting when racist language or behaviour is witnessed reinforces the idea that racism is okay.”

Spirit: *Anti-racism requires action—speaking up, intervening, and changing systems.*

Applying the principles for building knowledge through education

BUILDING KNOWLEDGE THROUGH EDUCATION PRINCIPLES	SOME ACTIONS YOU CAN TAKE TO APPLY THE PRINCIPLES
<p>3.1 Take appropriate action when they observe others acting in a racist or discriminatory manner towards Indigenous Peoples.</p> <p>3.1.1 Helping colleagues identify and eliminate racist attitudes, language, or behaviour.</p> <p>3.1.2 Supporting clients, colleagues, and others who experience and/or report acts of racism.</p> <p>3.1.3 Reporting acts of racism to leadership and/or the relevant health regulatory college.</p>	<p>Some actions you can take to apply the principles:</p> <ul style="list-style-type: none">• Take action when you see someone behaving in a racist or discriminatory manner towards Indigenous Peoples.• Model culturally safe practice.• Share knowledge with others about anti-racist practices, eg: give a staff presentation, invite a guest speaker in to talk to staff, incorporate anti-racist practices into staff orientation.• Support someone who has experienced racist behaviour. This may involve listening, providing emotional support, or giving evidence of the behaviour.• Know your workplace’s process for reporting racist or inappropriate behaviour and follow it.• Recognize discrimination and racist behaviour of others and report to your manager or to PEICNM (or relevant health profession regulator) when appropriate.• Recognize and avoid typical barriers to care.



Links to further resources

National Collaborating Centre for Indigenous Health: [Indigenous experiences with racism and its impact](#)

Canadian Race Relations Foundation: [Learning about racism](#)

Dr. Amaechi: [Anti racism video](#)

National Collaborating Centre for Determinants of Health: [Let’s Talk: Racism and Health Equity](#)

Logan McCallum & Perry: Structures of Indifference: [An Indigenous Life and Death in a Canadian City](#)

National Indigenous Cultural Safety: [Webinars](#)

Nursing Inquiry (S. Thorn): [Genocide by a Million Paper Cuts](#)

Moose | Tia'm

Respect
Kpmite'taqn

Symbolizes respect, emphasizing the importance of respecting all life on Earth and recognizing the interconnectedness of all beings.



4 Creating safe healthcare experiences

Nurses and midwives facilitate safe healthcare experiences where Indigenous clients' physical, mental/emotional, spiritual, and cultural needs can be met.



What is culturally safe care?

Culturally safe care is achieved when a person feels **respected** and **listened to** and their **physical, mental, emotional, spiritual, and cultural needs are met**. Providing culturally safe care means Indigenous Peoples are partners with their healthcare professional in deciding care. It promotes a respectful therapeutic relationship and supports effective communication and shared decision-making.

Let's look at the principles for creating safe healthcare experiences.

4.1 Treat clients with respect and empathy by:

- 4.1.1 Acknowledging the client's cultural identity.
- 4.1.2 Listening to and seeking to understand the client's lived experiences.
- 4.1.3 Treating clients and their families with compassion.
- 4.1.4 Being open to learning from the client and others.

"Treat clients with respect and empathy" seems straightforward; however, Indigenous Peoples who seek healthcare often experience racism and discrimination. As healthcare professionals we have the responsibility and ability to create healthcare experiences that are welcoming and safe for Indigenous Peoples. If someone self-identifies as Indigenous, acknowledge it and seek to learn about any specific needs or supports they may have.

The therapeutic relationship is the key to creating a safe connection with a person. Acknowledgement, respect, empathy, compassion, humility, and listening are key drivers that you can engage in that affect the success of the relationship. Listen to what someone is telling you and do not dismiss the experiences they disclose as they may inform the current situation.

4.2 Care for a client holistically, considering their physical, mental/emotional, spiritual and cultural needs.

Culturally safe care involves taking a holistic view of the person and considering how their life experiences or circumstances may be affecting their health. Relationships are built through establishing a sense of trust. Work to build trust with people and understand the personal and/or intergenerational trauma caused by colonialism and how it can affect someone's health.

You can start by asking the person if there is anything missing from their care that they would like to incorporate. Work with the person and/or your workplace to accommodate requests.

4.3 Acknowledge and incorporate into the plan of care Indigenous cultural rights, values, and practices, including ceremonies and protocols related to illness, birth, and death, where able.

Though culturally safe care is not focused on understanding the specifics of Indigenous Peoples' cultures, knowledge of Indigenous ways of knowing and health perspectives can help create an informed and respectful healthcare experience.

Spiritual practices or ceremonies may help a person and their family cope in times of stress. For example, smudging is a practice among some Indigenous cultures that is often performed at birth, death, or times of crisis. You can incorporate requests for such ceremonies into a person's plan of care. Speak to your workplace, if needed, to see how you can accommodate.

Not every Indigenous person is connected to their culture. During times of stress, some Indigenous people may appreciate cultural support. Connecting with a Mi'kmaq Health Systems Navigator, can help support them.

Facilitate the involvement of the client's family and others (eg., community supports and services, Elders, Mi'kmaq Health Systems Navigators, Traditional Healers and interpreters) as needed and requested.

To create culturally safe experiences, it is important to involve others as needed and/or requested by the person, bearing in mind your concepts of family may differ from Indigenous concepts of family.

You can do this by asking the person about their family and community and who they would like to be included and at what point in their care. For example, a pregnant person may want their partner at all prenatal visits but wants their mother and an Indigenous Healer present during labour.

Additionally, more organizations are supporting Indigenous Peoples and staff through roles such as a Mi'kmaq Health Systems Navigator. **The navigators support staff caring for Indigenous Peoples to ensure they and their family have a culturally safe experience by providing:**

- Consultation on healthcare planning
- Resource/contact information on Indigenous-specific resources and referrals
- Coaching and consultation on Indigenous care
- Traditional cultural support, ie., smudging, traditional medicines
- Consultation with a person and their family on healthcare needs

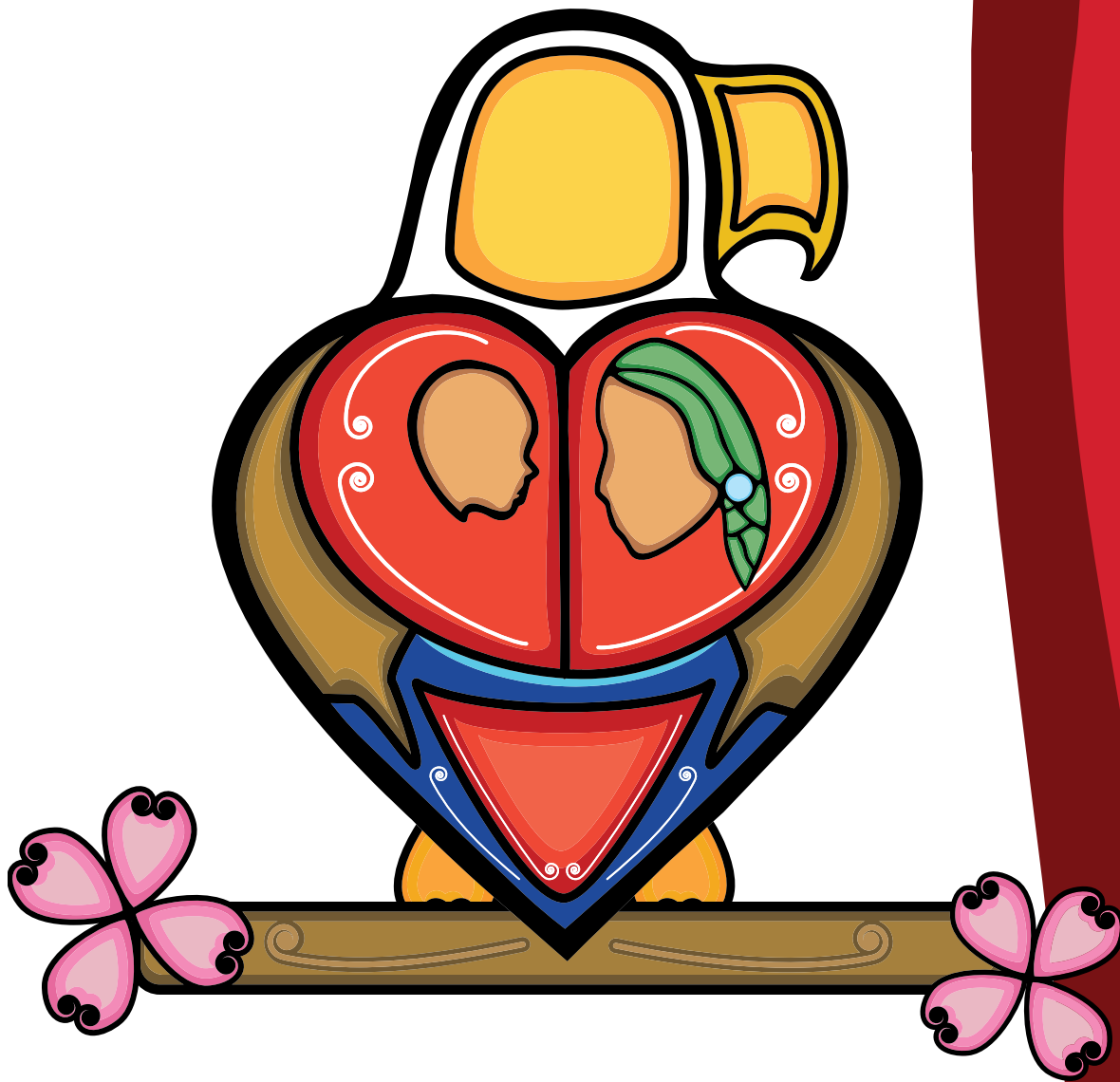
“Culturally safe care is achieved when a person feels respected and listened to and their physical, mental, emotional, spiritual, and cultural needs are met.”

Spirit: Anti-racism requires action—speaking up, intervening, and changing systems.

Applying the principles to create safe healthcare experience

BUILDING KNOWLEDGE THROUGH EDUCATION PRINCIPLES	SOME ACTIONS YOU CAN TAKE TO APPLY THE PRINCIPLES
<p>4.1 Treat clients with respect and empathy by:</p> <ul style="list-style-type: none">4.1.1 Acknowledging the client's cultural identity.4.1.2 Listening to and seeking to understand the client's lived experiences.4.1.3 Treating clients and their families with compassion.4.1.4 Being open to learning from the client and others. <p>4.2 Care for a client holistically, considering their physical, mental/ emotional, spiritual and cultural needs.</p> <p>4.3 Acknowledge and incorporate into the plan of care Indigenous cultural rights, values, and practices, including ceremonies and protocols related to illness, birth, and death, where able.</p> <p>4.4 Facilitate the involvement of the client's family and others (eg., community supports and services, Elders, Mi'kmaq Health Systems Navigators, Traditional Healers and interpreters) as needed and requested.</p>	<p>Some actions you can take to apply the principles:</p> <ul style="list-style-type: none">• Reflect on and recognize the power dynamic of the healthcare provider-client relationship.• Reflect on and acknowledge your biases, privileges, values, and beliefs; behave so that these do not impact the therapeutic relationship.• Build trust with the person by treating them in a culturally safe, respectful, and compassionate manner.• Be open to and support people accessing Indigenous ways of healing by helping them access supports through Indigenous Health programs, Community Elders, etc.• Communicate respectfully.• Ask yourself: How can I be kind and compassionate during this encounter?• Inquire about and acknowledge the person's cultural identity.• Listen to the person's experience and ask about their healthcare concerns and goals.• Communicate information in a way the person can understand.• Recognize that healthcare experiences or questions can be triggering for some people and be prepared to support them.• Be aware of a person's emotional, physical, mental, cultural, and spiritual needs.





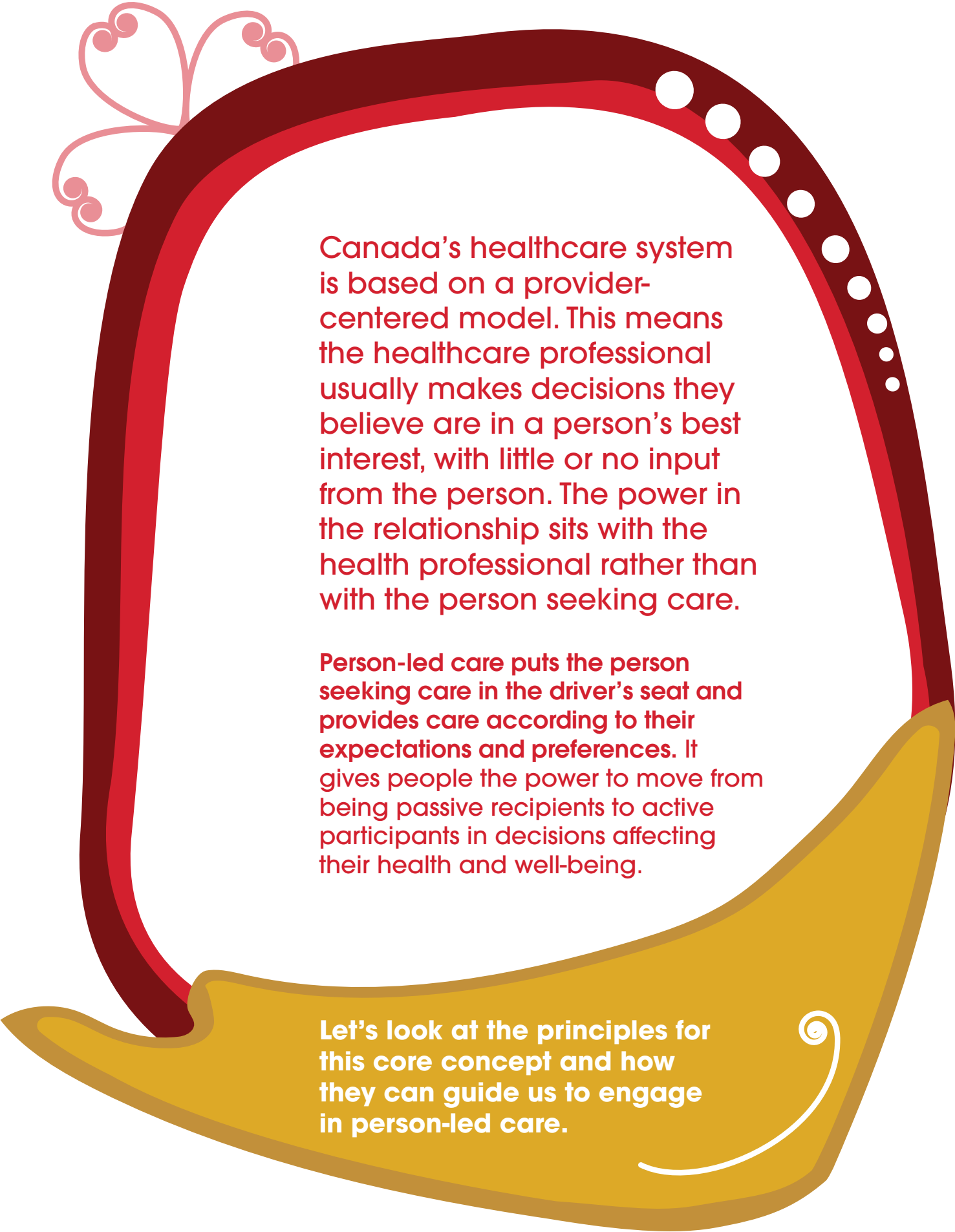
Eagle | Kitpu

Love
Ksalsuti

Encompasses loving oneself, one's family, friends, and community.

5 Person-led care (relational care)

Nurses and midwives work collaboratively with Indigenous clients to meet the client's health and wellness goals.



Canada's healthcare system is based on a provider-centered model. This means the healthcare professional usually makes decisions they believe are in a person's best interest, with little or no input from the person. The power in the relationship sits with the health professional rather than with the person seeking care.

Person-led care puts the person seeking care in the driver's seat and provides care according to their expectations and preferences. It gives people the power to move from being passive recipients to active participants in decisions affecting their health and well-being.

Let's look at the principles for this core concept and how they can guide us to engage in person-led care.

5.1 Respectfully learn about the client and the reasons the client has sought healthcare services.

When you meet a person seeking care, it can be easy to assume you know why they are there, particularly if you already know their medical history. But as we discussed earlier, making assumptions about someone can lead to problems. Indigenous Peoples may have their own views on what's best for them and may have different healthcare beliefs and priorities, and these need to be respected.

Engage with each person by being curious and asking questions to understand who they are as people. This means moving beyond what we see on the surface to understand who they are as people. This means moving beyond what we see on the surface to understand the uniqueness of each person.

- Introduce yourself, explain your role in their care, and ask basic get-to-know your questions, eg. What brings you in today? Tell me about yourself.
- Build trust by showing respect and treating each person with compassion and respect and without judgment.
- Explore and listen to the person's thoughts, worries, feelings, and expectations about the problem and take their input seriously. More than one appointment may be needed to achieve this.

5.2 Engage with clients and their identified supports to identify, understand, and address the client's health and wellness goals.

Engage with people to open the space for you to listen to their feelings, perspectives and concerns, and for the person to be heard.

Engaging with people includes:

- Active listening
- Empathy and compassion
- Providing information
- Recognizing individuality
- Treating people with dignity
- Attending to needs
- Building rapport/trust

We engage with people by listening without judgment, seeking their input, and incorporating their personal values and priorities into care.

5.3 Actively support the client's right to decide on their course of care.

As nurses and midwives, we advocate for and respect a person's rights, listen to their concerns and goals, and respect their decisions about care including the use of Indigenous medicine and healing practice as part of their care.

Indigenous Peoples are not a homogenous group. They have different and varied beliefs and practices, both as groups and as individuals. As a nurse or midwife, you may be providing care to an Indigenous person from elsewhere in Canada. The desire for specific, unique Indigenous health and healing services will vary from one person to another and cannot be satisfied by offering what you might think is the appropriate practice. For instance, not every individual will want an opportunity to smudge. The provision of Indigenous healing needs to be relevant to the individual and to the individual's personal preference.

5.4 Communicate effectively with clients.

Support may include:

- Engaging with a Mi'kmaq Health Systems Navigator
- Discussing care with the person seeking care as part of the team
- Making time and space for Indigenous ceremonies
- Advocating for use of Indigenous healing practices
- Understanding that informed consent doesn't end with the signing of a form. Ask permission and talk to the client about the care you're intending to provide
- Adhering to employer specific guidelines when treating Indigenous Peoples

Effective communication is central to an effective therapeutic relationship. We understand healthcare professionals are under tremendous pressure in a strained system. However, nurses and midwives have a responsibility to ensure they give time to clients for their concerns to be heard.

To communicate effectively:

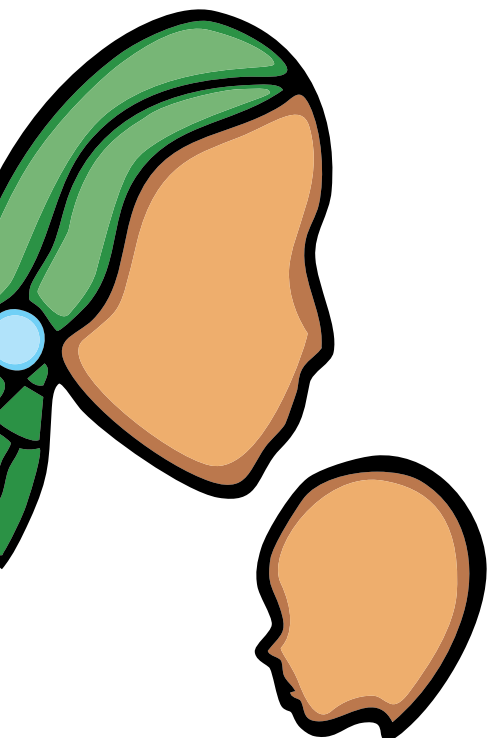
- Speak clearly, accurately, and honestly. The tone and tempo of the conversation can invite the person to communicate their health concerns.
- Use non-threatening body language and an empathetic tone of voice.
- Show genuine interest in what the person is saying by nodding your head or offering verbal encouragement.
- Focus your attention only on the person (*ie., not doing other tasks at the same time*).
- Actively listen to what the person is saying.
- Check in with the person to ensure you understand what they are saying.
- Speak in a way that considers the person's age, culture, and level of health literacy (*ie. Avoid using healthcare jargon*).

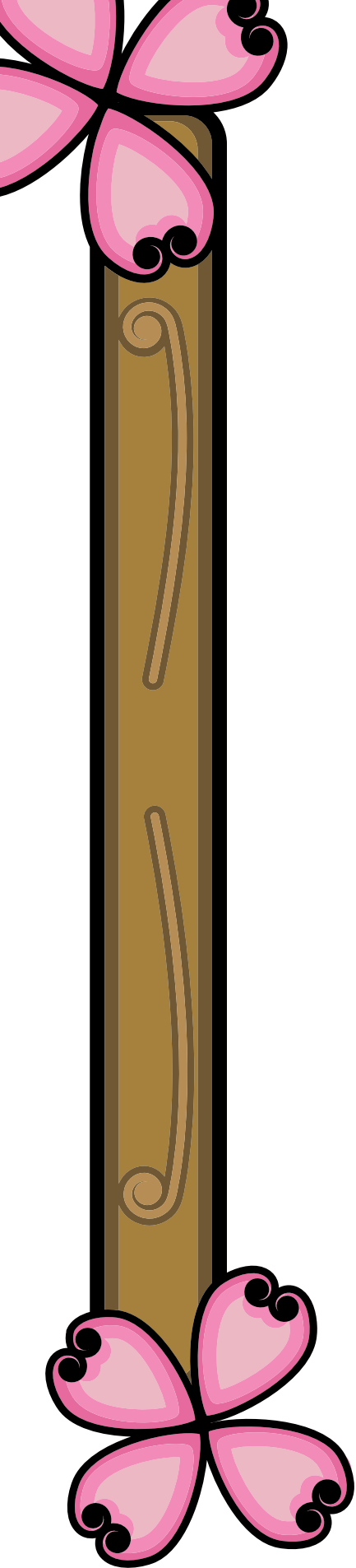
Achieve effective communication by enacting the following three principles:

5.4.1 Providing the client with the necessary time and space to share their needs and goals.

To be effective, the therapeutic relationship needs to be more than just healthcare instructions and information. Avoid jumping into conversations about care without first establishing the therapeutic relationship.

Healthcare decision-making can be overwhelming, especially if people do not feel safe or supported. Provide people with enough time and a safe space to discuss their concerns and goals, ask questions, and consider treatment options. Do not rush someone to make decisions right away as they may need to discuss options with their family and/or community members.





5.4.2

Providing clear information about the healthcare options available, including information about what the client may experience during the healthcare encounter.

Giving clear information about care and what to expect during a healthcare encounter helps people know what is going to happen, gives them the opportunity to ask questions, and gives them time to prepare mentally, emotionally, spiritually, and physically, if needed. Assess the person's understanding of the care options available and clarify or supplement information as needed.

To identify, understand, and address the person's health and wellness goals, the healthcare professional has a humble and open conversation with them to:

- Find out what is important to the person
- Identify health goals
- Plan how to work together to achieve goals

Be sure to obtain consent when initiating care and at regular points during care, and review consent before providing the care ordered by another healthcare professional.

5.4.3

Ensuring information is communicated in a way that the client can understand.

Health literacy is a person's ability to find, understand, and use healthcare information and services to make healthcare decisions for themselves and others. Healthcare information can be confusing for people regardless of their age, income, or education level.

Communicate information using familiar concepts, words, numbers, and images that make sense to the person. Avoid complicated medical terminology or jargon. Use simple words to be as clear as possible and reduce misunderstanding. Be careful not to make assumptions or act on stereotypes about someone's literacy level.

Other things to try:

- Ask the person what their preferences are for receiving information.
- Involve others as appropriate or at the request of the person seeking care when communicating information.
- Learn about the supports available to the person seeking care.
- Ask the person to repeat back in their own words what you have told them.
- Use graphics and pictures in addition to written instructions or information to explain, if needed.



Pause and reflect

Think about your practice and work environment and ask yourself:

- Have I witnessed a time when a person's wishes were denied or dismissed? What was the impact on them and the care they received?
- How do I currently practice person-led care? How do I know it is person-led?
- When discussing a person's care goals, am I open to goals that matter most to the client?



“ Person-led care puts the person seeking care in the driver’s seat. ”

*Spirit: Shift power—
care is done with
people, not to them.*

Person-led vs provider-led care

SITUATION	PERSON-LED	PROVIDER-LED
A person is unable to get to an appointment	Offering a variety of options to access care (phone, video, home visit) or rescheduling	Telling the person they must come into the office for their appointment
A person is not taking medications as it upsets their stomach	Investigating alternative medications or treatments after discussing preferences with the person	Telling them they must take it and labelling them non-compliant
A person doesn't speak English as an additional language	Providing a professional interpreter, if available, so the person can engage with their care	Making decisions based on what the healthcare professional believes is best
A person wishes to use Indigenous healing practices as part of their care	Being curious and open to Indigenous healing practices and facilitating their use in the care plan	Dismissing the use of Indigenous medicine by saying it is not "evidence-based"
A person wishes to give birth at home	Discussing place of birth in a way that safely and respectfully incorporates the person's preferences	Telling the person you only attend births in hospital
A family wants to visit a hospitalized loved one	Providing the family with access to their hospitalized loved one as they have an open visiting hours policy	Denying the family access because it's outside of posted visiting hours
A family member of an Indigenous person dies in hospital	Providing the family with the time and space in the hospital to conduct specific pre- and post-death practices	Taking the body to the morgue where the family sees their loved one

Applying the principles for person-led care

BUILDING KNOWLEDGE THROUGH EDUCATION PRINCIPLES

5.1 Respectfully learn about the client and the reasons the client has sought healthcare services.

5.2 Engage with clients and their identified supports to identify, understand, and address the client's health and wellness goals.

5.3 Actively support the client's right to decide on their course of care.

5.4 Communicate effectively with clients.

5.4.1 Providing the client with the necessary time and space to share their needs and goals.

5.4.2 Providing clear information about the healthcare options available, including information about what the client may experience during the healthcare encounter.

5.4.3 Ensuring information is communicated in a way that the client can understand.

SOME ACTIONS YOU CAN TAKE TO APPLY THE PRINCIPLES

Some actions you can take to apply the principles:

- Introduce yourself by name and role.
- Support the person to decide their course of care.
- Engage with people to identify their concerns and goals.
- Create a balanced power dynamic (*an equal relationship*).
- Include time for relationship building; ask about the person, their family, their community.
- Communicate relevant information clearly.
- Ask what questions or concerns the person has about the healthcare encounter or their care.
- Thank the person for seeking care and explain follow-up instructions.
- Stay focused by listening actively and not multi-tasking.
- Summarize to ensure understanding.

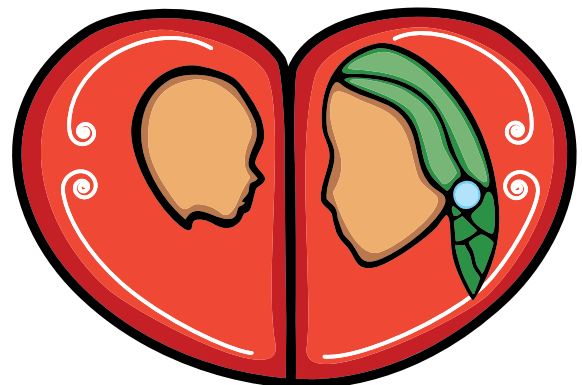
Links to further resources

Reconciliation through Indigenous education

Let's talk about racism and health equity

NCCIH Publications

Communicating effectively with Indigenous clients:
An Aboriginal Legal services publication






Wolf | Paqtism

Humility
Nisite'lsimk

Represents humility, reminding individuals to recognize their place in the world and live with a sense of interconnectedness.

6 Strengths-based and trauma-informed practice (looking below the surface)

Nurses and midwives have knowledge about different types of trauma and their impact on Indigenous clients, including how intergenerational and historical trauma affects many Indigenous people during health care experiences. Nurses and midwives focus on the resilience and strength the client brings to the health care encounter.



Trauma-informed, strengths-based practice acknowledges a trauma survivor's experiences and uses their strengths and resilience to address a person's needs and promote better health outcomes. It shifts the focus from "What's wrong with you?" (blame and shame) to "What happened to you?" (compassion and curiosity) to gather a complete picture of a person's life situation – past and present – to provide effective healthcare.

Let's look at the principles for strengths-based and trauma informed practice.

6.1 Work with the client to incorporate their personal strengths that will support the achievement of their health and wellness goals.

Strengths-based practice considers the whole person. It focuses on what is working well and the person's strengths available to manage their health and its challenges. Acknowledging the person's resourcefulness and resilience empowers them to use their strengths for growth, healing, and well-being.

Nurses and midwives work to understand each person's unique assets, capabilities, and situation, set goals, and jointly decide on care that's right for them. Your role is to listen, provide information and suggestions, connect the person with resources, and advocate for them. A person may not see their strengths, so it is your role to help identify them.

6.2 Recognize the potential for trauma (personal or intergenerational) in a client's life and adapt their approach to be thoughtful and respectful of this, including seeking permission before engaging in assessments or treatments.

People who have experienced trauma may find it challenging to form trusting, healthy relationships with healthcare providers or the healthcare system – this is an appropriate adaptation and response to historical trauma.

A trauma-informed practice:

- Approaches every person with a possible history of trauma, regardless of trauma disclosure
- Recognizes the widespread occurrence and impact of trauma
- Recognizes signs and symptoms of trauma
- Recognizes that trauma response is an adaptive behaviour and not a deficit
- Integrates knowledge about trauma into practice
- Seeks to prevent retraumatizing the person or triggering emotional or physical stress
- Recognizes that trauma can impact the way a person communicates or processes information

6.3 Recognize that colonialism and trauma may affect how clients view, access, and interact with the healthcare system.

The effects of colonialism and trauma can affect the way Indigenous Peoples view, access, or interact with the healthcare system. Recognizing how this trauma presents itself is crucial if healthcare professionals are to be able to provide culturally safe care. For example, residential school survivors may be reluctant to disclose based on an earlier traumatic experience.

It is imperative that nurses and midwives understand how past and current colonialism impacts Indigenous Peoples. Learn about or review the impacts of colonialism on Indigenous Peoples' health by accessing the resources listed at the end of this section.

Recognize that Indigenous women, girls, two-spirit, queer, and trans Indigenous Peoples are disproportionately impacted by Indigenous - specific racism in the healthcare system and consider the impact gender-specific trauma may have on the client.

Indigenous women, girls, two-spirit, queer, and trans people have the right to care that is free from discrimination. Unfortunately, colonial policies to assimilate Indigenous Peoples into categories of race, gender, and sexuality have resulted in person and intergenerational trauma.

Indigenous women and those who do not conform to gender norms face added discrimination. Recognize the unique identities, trauma, needs, and experiences of women, girls, two-spirit, queer, and trans people and support them.

Apply a trauma informed lens:

- Address your own biases related to sexual orientation, gender, identity, etc.
- Do my words and actions create a culturally safe experience?
- Am I, and others, showing respect?
- Do my words and actions build trust?



“ It shifts the focus from ‘What’s wrong with you?’ to ‘What happened to you?’ ”

Spirit: *Recognize trauma, honour resilience, and build on strengths.*

Applying the principles for strengths-based and trauma-informed practice

BUILDING KNOWLEDGE THROUGH EDUCATION PRINCIPLES

6.1 Work with the client to incorporate their personal strengths that will support the achievement of their health and wellness goals.

6.2 Recognize the potential for trauma (personal or intergenerational) in a client's life and adapt their approach to be thoughtful and respectful of this, including seeking permission before engaging in assessments or treatments.

6.3 Recognize that colonialism and trauma may affect how clients view, access, and interact with the healthcare system.

6.4 Recognize that Indigenous women, girls, two-spirit, queer, and trans Indigenous Peoples are disproportionately impacted by Indigenous - specific racism in the healthcare system and consider the impact gender-specific trauma may have on the client.

SOME ACTIONS YOU CAN TAKE TO APPLY THE PRINCIPLES

Some actions you can take to apply the principles:

- Work with the person to incorporate the personal strengths that will support achieving their health and wellness goals.
- Be aware of personal and generational trauma that may affect health and wellness.
- Allow the person to recount their experience in their own way.
- Recognize that healthcare questions can be triggering for some people.
- Ask permission before touching someone, conducting assessments or treatments, even if they have already provided informed consent to care.
- Explain what is going to happen and gain the person's permission prior to providing care to prevent retraumatizing them.
- Explain rationale for decisions so that the person does not feel dismissed or ignored. If a person asks for an alternative, have a discussion, rather than dismissing their questions or concerns.



Links to further resources

National Collaborating Centre for Aboriginal Health: [An Introduction to the Health of Two-Spirit People](#)

The Trauma Foundation: Trauma and the Nervous System: [A Polyvagal Perspective](#)

First Peoples Child and Family Review: [Intergenerational Trauma and Aboriginal Women: Implications for Mental Health during Pregnancy](#)

NCCA: [Health Inequalities and Social Determinants of Aboriginal Peoples' Health](#)

National Inquiry into Missing and Murdered Indigenous Women and Girls: [Reclaiming Power and Place](#)

Centre for Health Care Strategies: [What is Trauma Informed Care](#)

El'taqati'kw Digital Studio

(We Create – el da ha dee gwa)

El'taqati'kw Digital Studio is an Indigenous social enterprise of the employment services department of the Mi'kmaq Confederacy of PEI. The studio is an on-the-job learning space where team members build digital skills, including graphic design, while also enhancing their creativity, cultural knowledge, and understanding of technology.

The studio creates authentic, story-driven work – from logos and social media templates to print materials, apparel, banners, interpretive panels, stickers, and 3D printed items such as charms and ornaments.

In addition to the Prince Edward Island College of Nursing and Midwifery, the studio has also created work for Parks Canada, L'nuey, The Mi'kmaq Confederacy of PEI, Indigenous PEI storefront, and several non-profit organizations.

The Artists:

Caleb Acorn

James David Bernard

Lexis Francis

Jacob Pickering

Jarrid Joseph Palmer

Trenton Smith

The Art (our story behind the work)

To design the artwork for this guide, the El'taqati'kw Digital Studio team engaged in a learning journey to deepen their understanding of Mi'kmaw art and visual storytelling.

As one of the first Indigenous Peoples to experience sustained contact with European settlers, the Mi'kmaq faced early and ongoing impacts of colonization, including disruption to language, cultural practices, and artistic expression. Despite this, Mi'kmaw art has endured and continues to be revitalized and expressed in both traditional and contemporary forms.

As part of this journey, the team explored and learned from the work of contemporary Mi'kmaw artists such as Alan Syliboy, Loretta Gould, Fred Evans, and Gerald Gloade, among others. Their work reflects strong connections to story, land, and identity, and often incorporates bold colours, symbolic forms, and narrative elements.

The designs in this guide are original to this document and are created in the spirit of learning from and honouring these artistic traditions. The designers drew inspiration from elements such as bold colour palettes, two-dimensional forms, and visual storytelling approaches seen in Mi'kmaw art, including references to petroglyph (rock drawings) imagery. Two of the designs include elements inspired by traditional symbols, such as the eight-pointed star and motifs associated with Mi'kmaw leadership. These are included with respect and recognition of their cultural significance.

Seven Sacred Teachings

The Seven Sacred Teachings, also known as the Seven Grandfather Teachings, are a set of guiding principles in Mi'kmaw culture that emphasize love, respect, courage, honesty, wisdom, humility, and truth. Each teaching is associated with a specific animal, and together they offer a path to living in harmony with all of creation.

These teachings are not just abstract concepts; they are deeply rooted in the Mi'kmaw worldview and provide a framework for living a balanced and harmonious life. They encourage a sense of responsibility towards oneself, others, and the natural world. They can also be used as a meaningful framework to reflect and build upon each of the core concepts in this guide.

Turtle (Mikjikj)

Truth (Kettleweiwaqn)

Embodies truth, emphasizing the importance of honesty and integrity in all aspects of life. The turtle or truth holds all the sacred teachings together, it is the foundation that brings them into balance and guides us to live each teaching with integrity.



Bigfoot Sabe

Honesty (Koqqatmitmk)

Represents honesty, urging individuals to be true to themselves and others.



Beaver (Kopit)

Wisdom (Nsituo'qn)

Symbolizes wisdom, encouraging the pursuit of knowledge and understanding.



Bear (Muin)

Courage (Mlkite'Isuti)

Embodies courage, encouraging individuals to face challenges with integrity & overcome fears.



Moose (Tia'm)

Respect (Kpmite'taqn)

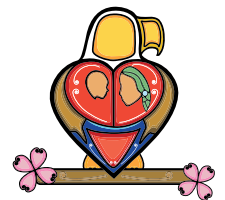
Symbolizes respect, emphasizing the importance of respecting all life on Earth and recognizing the interconnectedness of all beings.



Eagle (Kitpu)

Love (Ksalsuti)

Encompasses loving oneself, one's family, friends, and community.



Wolf (Paqtism)

Humility (Nisite'Isimk)

Represents humility, reminding individuals to recognize their place in the world and live with a sense of interconnectedness.

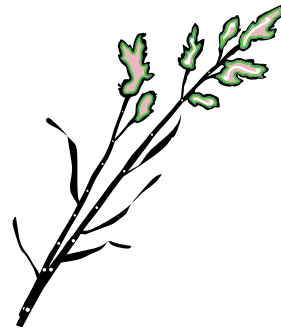


Four Sacred Medicines

In Mi'kmaw culture, certain medicinal plants are considered sacred because they carry both physical healing properties and deep spiritual significance. **These Sacred Medicines - sweetgrass, cedar, sage, and tobacco** - are used in ceremonies to promote balance, healing, and connection to spirit, community, and land.

They are central to many traditional practices that support the holistic health of individuals, families, and communities. Because they are living plants that grow, they are also seen as symbols of personal growth and transformation.

The use of these medicines is deeply personal and cultural. In clinical spaces, creating room for Indigenous clients to carry, burn, or be supported by these medicines, when they choose, can contribute significantly to cultural safety and personal healing.



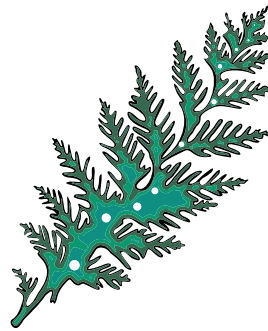
Sweetgrass (Welim'qwew'l):

Known as the “hair of Mother Earth,” sweetgrass is used for its purification and calming properties. It is often braided and burned to invite good energy, harmony, and healing.



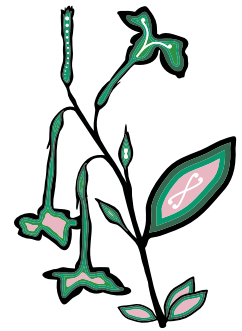
Sage (Kjilmu'loqsitk):

Sage is used in smudging ceremonies to cleanse the body, mind, and spirit. It clears negativity and helps create a space for focus, reflection, and emotional healing.



Cedar (Qaskusi):

Cedar is used for cleansing, energizing, and protection. It may be boiled for medicine, used in baths, or laid on the ground in ceremonies such as sweat lodges to invite strength and purification.



Tobacco (Tmawey):

Tobacco is a sacred offering that carries prayers to the spirit world. It is often gifted to Elders and Knowledge Keepers to show respect for their time, knowledge, and teachings. It is also used to begin ceremonies and when seeking guidance.

Medicine Pouch:

A medicine pouch is a sacred, personal item typically worn around the neck to hold traditional medicines like sage, cedar, tobacco, and sweetgrass for spiritual protection and guidance. Handcrafted from leather (often deerskin), these pouches provide comfort and connection to the Creator.





Epekwitk (pronounced eb uh gwid)

(Also known as Prince Edward Island)

The Mi'kmaq know the island as 'Epekwitk', meaning lying or floating in the water. Epekwitk is one of the seven traditional districts of Mi'kma'ki, traditional Mi'kmaw territory/homeland. The people from this area are known as the Epekwitnewaq Mi'kmaq. They have lived here for at least 12,000 years.

Mi'kmaw Petroglyphs & Motifs

Eight-pointed Star - The Eight-Pointed Star is a sacred Mi'kmaw symbol. Originally seven points, an eighth was added to honour Ktaqmkuk (Newfoundland) and later the Crown after treaty relationships. As shared by artist Alan Syliboy, the star represents the Mi'kmaw universe, the four directions, and the eight districts of Mi'kma'ki – a reminder of unity and strength.

Double-Curve - In Mi'kmaw culture, the double curve represents balance and the cycle of life. Within the Mi'kmaq culture, people seek balance in a variety of ways, including, but not limited to: in dance, in nature, around the drum, in ceremony, in language, in new life, and in death.

There are many variations, and styles of the double curve. Contemporary Mi'kmaq artistic interpretations of the double curves have been inspired by petroglyphs on ancient stone, carvings, and regalia.

Petroglyphs - The petroglyphs, or rock drawings, of the Mi'kmaq are found in Kejumkujik National Park in ula maqamikew kiskuk telui'tasik No'pa Sko'sia (Nova Scotia), which is part of Mi'kmaki or land of the Mi'kmaq. These petroglyphs record the lives of the Mi'kmaq and the things they saw around them, including people, animals, daily activities such as hunting and fishing, and traditional clothing of the time.

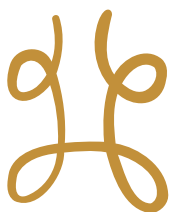
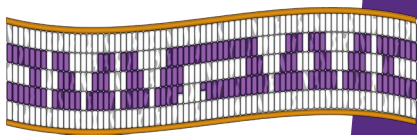
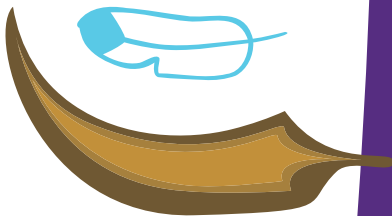
The petroglyphs shown here are Insignia worn by Mi'kmaw Chiefs and the eight-pointed star.

Eagle Feather - The eagle feather is a sacred, deeply revered symbol for the Mi'kmaw people, representing honor, strength, wisdom, and a direct connection to the Creator. As messengers, eagles carry prayers between Earth and the spirit world, making their feathers symbols of truth used in ceremonies, healings, and as gifts of high honour.

Wapum Belt - Wampum belts are sacred, woven belts made from white whelk and purple quahog clam shells were used as living documents in Mi'kmaw society. They acted as memory keepers to record treaties, laws, history, and agreements.

The belt shown in this document is the belt of the Wabanaki Confederacy, a confederation of nations including the Mi'kmaq, Maliseet, Passamaquoddy, and Penobscot/Abenaki. The Mi'kmaq also acted as the wampum belt keepers for the confederacy.

L'nu - The L'nu (pronounced ul-noo) symbol is a prominent Mi'kmaw emblem representing "the people" or "those who speak the same tongue," referring to the Mi'kmaq Nation. Its flowing curves symbolize interconnectedness and the life cycle - birth, growth, and the wisdom of Elders.





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