

Knowledge Sharing

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Working toward cultural safety and cultural humility in the Emergency Department **Prince George Medical Staff Physician Association**

University Hospital of Northern BC In 2021, the EQUIP Health Care research project

conducted in three BC emergency departments including in Prince George shared findings on health inequity issues that affect Indigenous people and others seeking care.

It shone a light on opportunities for change in emergency departments (EDs), often the first point of entry for many people accessing medical care and inpatient treatments, and when patients are at their most vulnerable.

The University Hospital of Northern BC (UHNBC) in Prince

George is in a unique position to help create long-term and sustainable approaches to address these issues. It is the largest teaching hospital in Northern BC for health care providers of the future, and is located in the region with the highest Indigenous population in the province.



and integral part of helping to build toward equitable and culturally safe care.

At the same time, the work of the Prince George Medical

Staff Physician Association (PGMSPA) is a collaborative

/ `kəlCH(ə)rəl / / `sāftē /

CULTURAL SAFETY

respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.

Cultural safety is an outcome based on

CULTURAL HUMILITY

Cultural humility is a process of self-reflection to

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understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience. #itstartswithme Creating a Climate for Change

Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal Peoples in British Columbia, First Nations Health Authority

Interviews



Lucille Duncan works with Central Interior Native Health as an Elder and provides cultural education to health providers and medical students. She initiates a safe space for clients

Lucy Duncan, Elder

such as cultural practices, spiritual guidance, family support, and connects people with

Member of Binche Keyoh First Nations belonging to the Lhojuboo (Bear) clan

other health or community resources. Her lived experience and work have led her to ensure that all people receive adequate and proper health services especially in the area of treating people with respect, dignity, building healthy relationships and understanding the history of Aboriginal people in Canada.

Dr Christina Boucher, **Emergency Room Physician**

University Hospital of Northern BC



ally and advocate for issues of inequity in health care delivery concerning Indigenous people.

Dr Boucher is a non-Indigenous person who seeks to be an



pioneered the PGMSPA's Cultural Safety and Humility work (currently led by

Dr Todd Alec). In 2019, ER physician Dr Christina Boucher began to lead the cultural safety and humility work in the UHNBC Emergency Department (ED). Dr. Boucher first spoke with Dr. Aldred about her vision to help guide development of the ED work. She then took several steps to get started, which she shares as follows:

A foundation for change was established in 2018 when Dr Terri Aldred

Understanding the issues Creating a collaborative, diverse working group with • A review of the **EQUIP** research to better understand Indigenous voices and interdisciplinary providers specific health equity issues in the ED. (The EQUIP · Identification of all vested voices needed to come

• Insights from In Plain Sight "Addressing Indigenous-

specific Racism and Discrimination in B.C. Health Care" that reports on issues of inequitable health care access and outcomes endured by Indigenous

research provides insights for EDs across BC.)

peoples in BC health care settings. **Connecting with work being done in the health** authority to incorporate into planning Learning about initiatives and resources offered by Northern Health's Indigenous Health team to support learning and self-reflective practice among

all physicians and employees. (Examples below.)

Working Group • Elder, Central Interior Native **Health Society** Indigenous patient

– Lucy Duncan

barriers they have faced.

Feeling and finding purpose through

truth telling and relationship-building

solutions, and foster and sustain change.

 Inclusion of trusted voices from the Indigenous community and members who rely on the ED and who have lived experiences with care in the ED.

together, source and articulate issues, work together on

• Engagement of Lucy Duncan, a well-known Elder working at the Central Interior Native Health Society, and contributor to the EOUIP Health Care work which seeks to ensure health equity within BC's health care

system, and who further spread the word to Indigenous

- community members to add their voices. • Engagement of all interdisciplinary positions working in the ED and health authority managers.
- Indigenous Psychiatry Resident • Elder Teacher, Lheidli T'enneh Aboriginal Patient Liaison

Coordinator

Northern Health staff: ED Program Leads (x2), Social

2 MSA physicians

- Worker, ED Nurse, Acting ED Manager
- Former Chief, Stellat'en

representative

Indigenous artist

College of New Caledonia

Aboriginal Resource Centre

I was excited to join and expand on the work I've been doing with other health

It is important to have Elders from the community with lived experiences as part of the group. It is through their participation that open communication can happen about what Indigenous people want to experience in the ED and what

- providers. It's important to understand historical racism and its impact, if we want to build a better health care system that serves everyone.
- University of Northern BC / EQUIP researcher / Nurse Practitioner

Central Interior Native Health

Services, Nurse Health Care

– Lucy Duncan The challenge is to be sure you are working on the real issues that will make culturally significant change – so it's important to verify with the community. - Dr Christina Boucher

The group agreed to monthly meetings that focus on creating an authentic foundation for change, through: Using an intentional meeting structure that emphasizes connection before content. Meetings start with introductions and check-ins, followed by open space

and time for Elders and Indigenous community members to talk and share.

Emphasizing the importance of truth-telling to build understanding and

Creating space and time to build trust, create understanding, and shift beliefs before talking about details and processes. Talking about cultural safety and cultural humility can be challenging on a social and emotional level, and cannot

support for action to address Indigenous-specific inequities in care.

Checking in between meetings with working group members about their thoughts and feelings, as each will react differently as personal and emotional stories are shared. **Forming action items** arising from the discussion.

I have learned from the Elders on our group that relationships and trust are

Taking action: building blocks to change

inviting to the Indigenous community; security company working in the ED. for example, working with a local artist to Using video monitors in the ED to display create drums and relevant artwork. information about community resources and

• Plans to redesign the ED space to be more



We need to build credibility with other communities by initiating the working group's recommendations, such as an Indigenous Patient Liaison working in the ED, and showing the positive changes happening in Prince George. – Lucy Duncan

Looking forward

hospitals and communities.

supports.

I hope to continue working on identifying my personal biases and the systemic barriers that contribute to the inequity of care the Indigenous people have historically received, to make some positive improvements.

A proposal for cultural safety training for the

Sharing culturally significant learnings from

nurses, as well as community urgent care clinics and physicians in other Northern Health

the monthly meetings with ED doctors and

- Lucy Duncan
- **Northern Health Cultural Safety and Humility offerings** www.indigenoushealthnh.ca

• Cultural safety and humility training, resources, and support: a menu for physicians, provided

A snapshot of learning resources:

- by Northern Health and partners: Indigenous Cultural Safety Collaborative (free), First Nations Health Authority / BC Patient and Safety Quality Council (free), Northern Health Indigenous Health (online curriculum available free to medical staff and Northern Health employees), Northern Medical Program / UNBC Health Arts Research Centre (free or cost-sharing). Cultural Safety Implementation Framework and System Change Assessment Tool for the
- Cultural Safety Education strategy and working with Northern Health Human Resources
- Department to launch an **Indigenous employee community of practice**. Ongoing partner work with <u>Northern First Nations Partnership Committee</u> and opportunities for
- organization to embed cultural safety and humility across the organization.
- communities to submit funding proposals related to community-based health and wellness, holistic health and bringing Indigenous knowledge into health and wellness. Videos narrated by Dr Evan Adams: <u>'Building Respectful Relationships in the Context of COVID'</u>

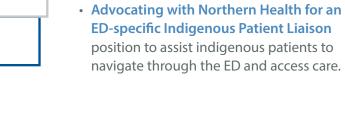
Facility Engagement is an initiative of the Specialist Services Committee,

one of four joint collaborative committees that represent a partnership

of the Government of BC and Doctors of BC.

facilityengagement.ca







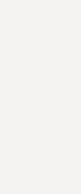


– Dr Christina Boucher

Discussions have led to the following action items:







- Dr Christina Boucher I would like to see a health care system that puts aside personal biases, and provides care in a safe environment that includes dignity and respect. It is only through acknowledging our past can we move forward to a better future.