

## 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.



At the same time, the work of the **Prince George Medical Staff Physician Association (PGMSPA)** is a collaborative and integral part of helping to build toward equitable and culturally safe care.

### CULTURAL SAFETY

/ ˈkəlCH(ə)ɪl / / ˈsɑftə /

Cultural safety is an outcome based on 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.

*#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*

### CULTURAL HUMILITY

/ ˈkəlCH(ə)ɪl / / (h)jyoo ˈmɪlədē /

Cultural humility is a process of self-reflection to 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.

## Interviews



### Lucy Duncan, Elder

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

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

Dr Boucher is a non-Indigenous person who seeks to be an ally and advocate for issues of inequity in health care delivery concerning Indigenous people.

## Catalyst for Change

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

### Understanding the issues

- A review of the **EQUIP research** to better understand specific health equity issues in the ED. (*The EQUIP research provides insights for EDs across BC.*)
- 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 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.)

### Creating a collaborative, diverse working group with Indigenous voices and interdisciplinary providers

- Identification of all vested voices needed to come together, source and articulate issues, work together on 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.
- Engagement of Lucy Duncan, a well-known Elder working at the Central Interior Native Health Society, and contributor to the EQUIP 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.

### Working Group

- Elder, Central Interior Native Health Society
- 2 MSA physicians
- Northern Health staff: ED Program Leads (x2), Social Worker, ED Nurse, Acting ED Manager
- Indigenous Psychiatry Resident
- Indigenous patient
- Indigenous artist
- College of New Caledonia Aboriginal Resource Centre representative
- Former Chief, Stellat'en
- Elder Teacher, Lheidli T'enneh
- Aboriginal Patient Liaison
- Central Interior Native Health Services, Nurse Health Care Coordinator
- University of Northern BC / EQUIP researcher / Nurse Practitioner

*I was excited to join and expand on the work I've been doing with other health providers. It's important to understand historical racism and its impact, if we want to build a better health care system that serves everyone.*

– Lucy Duncan

*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 barriers they have faced.*

– 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

## Feeling and finding purpose through truth telling and relationship-building

*The group agreed to monthly meetings that focus on creating an authentic foundation for change, through:*



- ➔ **Using an intentional meeting structure** that emphasizes connection by open 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 support for action to address Indigenous-specific inequities in care.
- ➔ **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 be rushed.
- ➔ **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 foundational, and are the most important activity when coming together as a group.*

– Dr Christina Boucher

*I see the activities of the working group prompting people in our department to engage in the self-reflective process of developing cultural humility.*

– Dr Christina Boucher

## Taking action: building blocks to change

*Discussions have led to the following action items:*



- **Plans to redesign the ED space to be more inviting to the Indigenous community;** for example, working with a local artist to create drums and relevant artwork.
- **Advocating with Northern Health for an ED-specific Indigenous Patient Liaison position** to assist indigenous patients to navigate through the ED and access care.
- **A proposal for cultural safety training for the security company working in the ED.**
- **Using video monitors in the ED to display information** about community resources and supports.
- **Sharing culturally significant learnings from the monthly meetings with ED doctors and nurses,** as well as community urgent care clinics and physicians in other Northern Health hospitals and communities.

### Looking forward

*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

*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.*

– 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.*

– Lucy Duncan

## Northern Health Cultural Safety and Humility offerings

[www.indigenoushealthnh.ca](http://www.indigenoushealthnh.ca)

### A snapshot of learning resources:

- **Cultural safety and humility training, resources, and support: a menu for physicians, provided 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 / UHNBC Health Arts Research Centre (free or cost-sharing).
- **Cultural Safety Implementation Framework and System Change Assessment Tool** for the organization to embed cultural safety and humility across the organization.
- **Cultural Safety Education strategy** and working with Northern Health Human Resources Department to launch an **Indigenous employee community of practice.**
- Ongoing partner work with **Northern First Nations Partnership Committee** and opportunities for 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: 'Building Respectful Relationships in the Context of COVID'** and **'Compassion Informed Care'**