



Welcome!

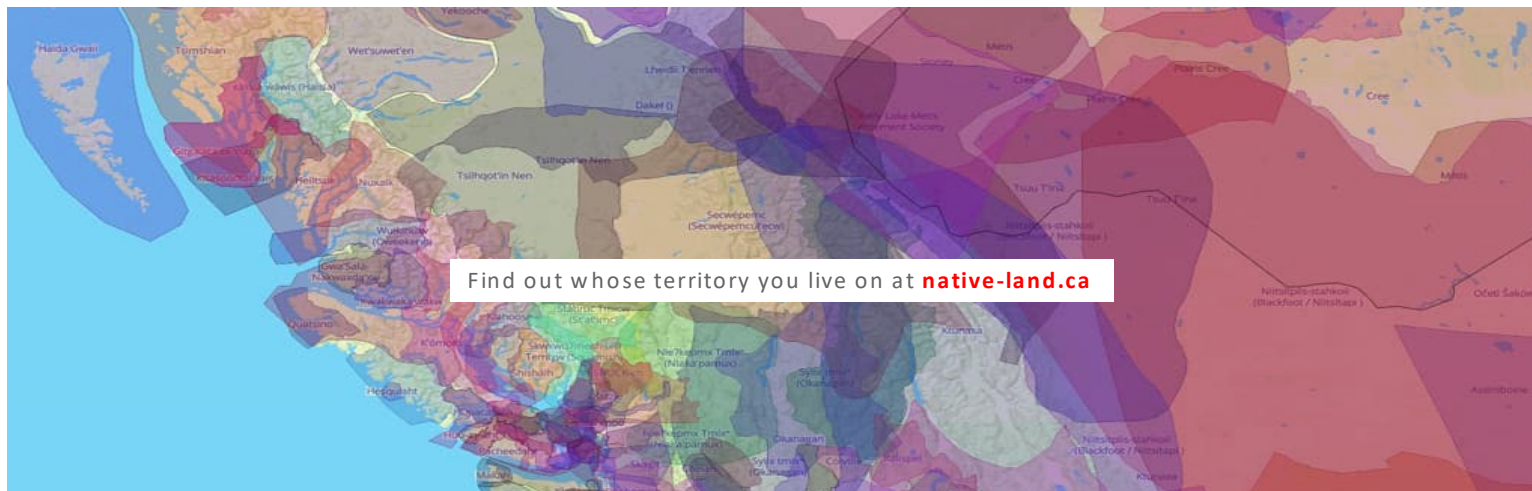
Peer-to-Peer Knowledge Sharing Roundtable

Cultural Safety & Humility

Cindy Myles, MSC
Director, Facility and Community Engagement

Dr. Paris-Ann Ingledew, MD FRCPC MHPE
Facility Engagement Working Group Co-Chair

“We would like to acknowledge that the land we live and work on in this province is comprised of the many traditional, ancestral, and unceded territories of First Nations, Métis, and Inuit peoples. When we acknowledge the land, I hope that it is an opportunity for all of us to reflect on the ongoing history of colonialism in our country, and as leaders in healthcare, consider ways that we can further incorporate antiracism and decolonization into improving our communities”.



During the meeting:

Please add the name of your MSA or HA region to your Zoom name

- 1. Click on participants*
- 2. Hover over your own name*
- 3. Click on 'More'*

All participants are muted to ensure there is no competing background noise.

During the presentations, **please use the chat** for any questions or comments.

During discussion, **please use the raise hand function** and we will call upon attendees in order.

The meeting is being recorded and will be released in the days after the session.

Agenda

- Welcome and Overview
- Connection and Networking Exercise
- CSH Initiatives Showcase and Q&A
- Closing

Connecting and Networking

10 Minute Icebreaker Exercise

1. Introduce yourself, your role, and your interest/involvement in CSH work
2. If you could change one thing about the culture of medicine in BC to better support CSH, what would it be?



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Peer-to-Peer Learning: Cultural Safety & Humility

Engaging Physician in Cultural Safety (EPIC)

Dr. Kendall Ho, Lori Quinn, Anne-Marie Jamin

UBC intercultural Online Health Network (iCON) and
VCH Indigenous Health

Land Acknowledgment

We would like to acknowledge that the iCON office is situated on the traditional, ancestral, unceded territory of the x^wməθk^wəyəm (Musqueam), Skwxwú7mesh (Squamish) and se'ílwitulh (Tsleil-Waututh) peoples. We would also like to acknowledge that you are joining us today from many places, near and far, and acknowledge the traditional owners and caretakers of those lands.

Gap: Engaging HCPs for Cultural Safety

- BC Indigenous peoples worse health outcomes vs non-Indigenous
- Systemic racism in health system & acute/community care exists
- UN Declaration on the Rights of Indigenous Peoples (UNDRIP)
- BC Bill 41 to implement UNDRIP: 11/26/2019
- BC Report “In Plain Sight” highlights systemic racism in BC: 11/2020

Increase cultural safety for indigenous patients & family in acute & community care?

Harmonize acute and community care in cultural safety?

EPIC Task Group: Purpose

To prioritize and advance Indigenous cultural safety in healthcare settings, guided by meaningful partnerships



First Nations Health Authority
Health through wellness



THE UNIVERSITY OF BRITISH COLUMBIA

Digital Emergency Medicine
Department of Emergency Medicine | Faculty of Medicine


3 Key Strategies:

1. iCON-VCH Indigenous Health Rounds
2. Educational resources
3. VCH Indigenous Health patient experience think tank

iCON-VCH Indigenous Health Rounds (IHR)

IHRs bring Indigenous voices to healthcare professionals for knowledge sharing, dialogue and brainstorming solutions.

How can we decolonize healthcare?	REFLECT
	RECOGNIZE
	RECONFIGURE
	RELATIONSHIP



Past Rounds: <https://indigenous.iconproject.org/indigenous-health-rounds-2/>

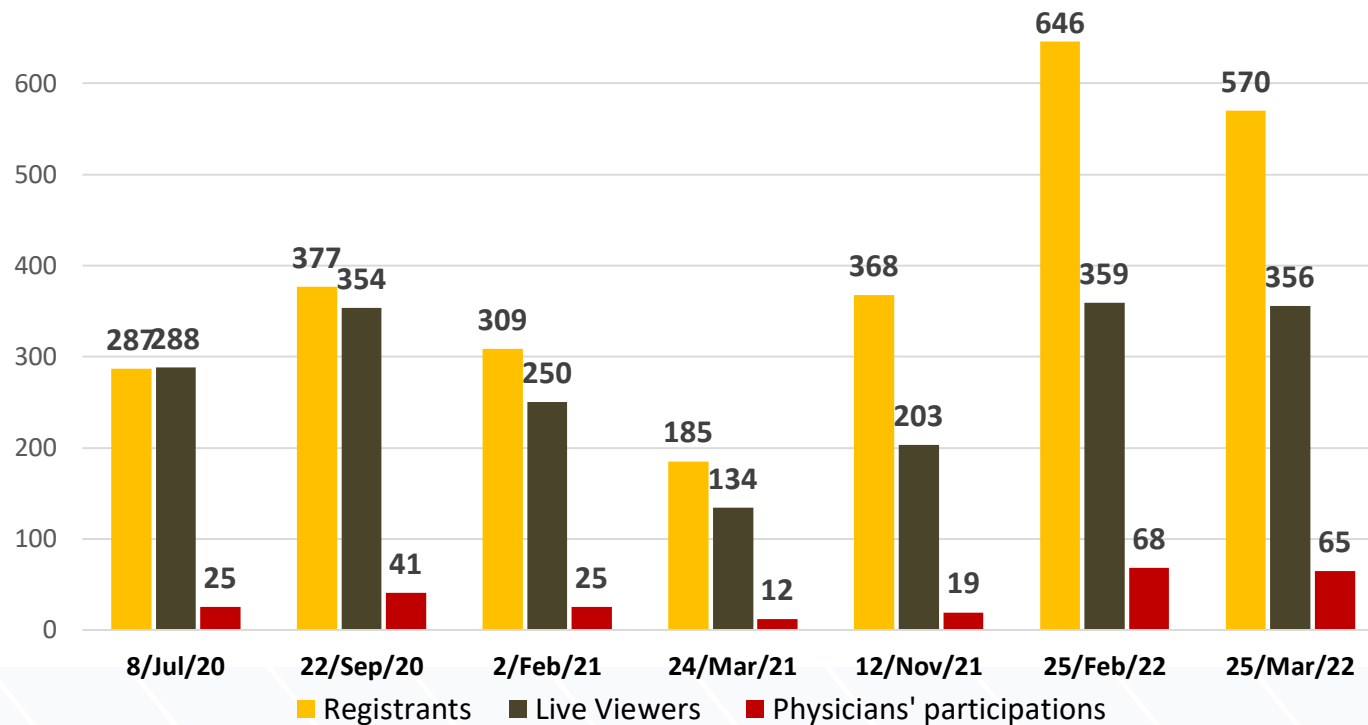
Educational Resources

- Obtained UBC Continuing Professional Development accreditation for IHR (up to 6.0 Mainpro+ credits)
- Co-developed educational resources (i.e., infographic) from past Indigenous Health Round sessions
- Developed an accessible repository of past IHR recordings
- Supported development of an ED-specific Indigenous Cultural Safety educational online course

VCH Indigenous Health Patient Experience Think Tank

Project Impacts

Growth in IHR participation among health care professionals



Project Impacts

Learning Outcomes from IHRs

96%

N = 345

Participants have learned something that will help them **provide/facilitate culturally safe care.**

93%

N = 122

Participants felt more confident in **engaging Indigenous patients and families** in health care conversations.

97%

N = 111

Participants felt more confident about **what land acknowledgments are**, and why they are important, and when to use one.

98%

N = 116

Participants felt more capable in **applying trauma reduction principles** to reduce the risk of re-traumatization among Indigenous patients.

Project Impacts

Comments from IHR Participants

“I loved how engaged people were, as so many people tuned in and asked so many questions. It also showed that there is a lot to learn, and a lot of questions to be addressed- **this type of webinar and training should be offered at VCH orientation**”.

“Thanks so much for making these sessions so easily accessible [and] informative!”

“The speakers were of exceptional quality. It was amazing that it was recorded so it could be watched afterwards.”

“Now that I'm aware of the [First Nations Virtual Doctor of the Day] and [Virtual Substance Use and Psychiatry Services], I am able to provide this information when I hear the need.”

Lessons Learned

1. More content focuses on action-oriented approaches to providing culturally safe care in clinical practices
 - Develop synthesized infographics
2. Importance of being adaptable to the shift in healthcare needs and circumstances of guest speakers
 - Adapted in-person VCH ICS training into virtual sessions
 - Being mindful of emotional burden of Indigenous speakers and Elders
3. Incentivize session participation
 - CME credits and certifications

Save The Date: October 28, 2022



THE UNIVERSITY OF BRITISH COLUMBIA
Digital Emergency Medicine
Department of Emergency Medicine | Faculty of Medicine



Indigenous Health



iCON-VCH Indigenous Health Round

Indigenous Patient Experience in Health Care

This activity has been certified for up to 6 Mainpro+® credits!



Friday, October 28, 2022 | 12 pm – 1:30 pm PT

Questions, comments, and concerns?



Decolonizing health care @ Xaada Gwaay Ngaaysdli Naay (Haida Gwaii Hospital & Health Ctr)



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Peer2Peer: Cultural Safety

Oct 11 2022





**Haida
Gwaii**

Remote!

50% Haida

2 hospitals

5000 ppl

*I acknowledge that my home and place of work
is on the lands and waters of the Haida Nation.*



Truth and
Reconciliation
Commission of Canada



National Centre *for*
Truth *and* Reconciliation

UNIVERSITY OF MANITOBA

18

ACKNOWLEDGE ONGOING LEGACY OF COLONIZATION ON
HEALTH AND RECOGNIZE ABORIGINAL RIGHTS TO HEALTH
AS EXPRESSED IN RELEVANT LAWS AND TREATIES.

19

MEASURE AND PUBLISH PROGRESS ON CLOSING THE GAPS
IN HEALTH OUTCOMES BETWEEN ABORIGINAL
AND NON-ABORIGINAL COMMUNITIES.

20

ADDRESS THE DISTINCT HEALTH NEEDS OF THE MÉTIS,
INUIT, AND OFF-RESERVE ABORIGINAL PEOPLES

Activities @ HGH

Totem pole and T'aaguu - 2018

Relationships: Partnership Agreement

Naming spaces

Learning language







Fostering relationship



Haida Gwaii Hospital and Health Centre
Xaayda Gwaay Ngaaysdll Naay
3209 Oceanview Drive, P.O. Box 9, Queen Charlotte, BC V0T 1S0
Telephone: (250) 559-4900, Fax: (250) 559-4925,
www.northernhealth.ca

Skidegate Haida Immersion Program (SHIP) -
HlGaagilda Xaayda Kil Naay
Front Street PO Box 1235 Skidegate, BC
Telephone: (250)559-9073

Partnership agreement between Xaayda Gwaay Ngaaysdll Naay and
HlGaagilda Xaayda Kil Naay

Partnership Agreement

- Acknowledge that the activities of the Ngaaysdll Naay occur on the unceded traditional territory of the Haida peoples
- Believe that fostering Haida language is aligned with the artistic values embodied in the totem pole:
 1. Unity
 2. Welcoming
 3. Healing
 4. Respect for traditional and modern ways of knowing

Partnership Agreement

- Believe that our institution has an obligation to answer the Truth & Reconciliation Commission's Calls to Action¹, that being that services for First Nations be culturally sensitive and appropriate, and that we recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.
- Commit to co-naming key areas in the Ngaaysdll Naay with Haida names per the previous suggestions of SHIP, as identified in the health care curriculum.

87.Custodian Room	Tll Skunxa Daanaay	Clean Up Room
88.Emergency Room	Haawiid King Daanaay	Hurry To See Room
89.Waiting Room	K'yaawga Gid Daanaay	Waiting Place
90.Clinic	Xaaydaga K'yaawga Gid Daanaay	Patient Waiting Room
91.Doctor Room	Ga St'iis King	

Come have a seat and wait.

Haawa.
Thank you.


northern health
the northern way of caring
northernhealth.ca

Haawa!



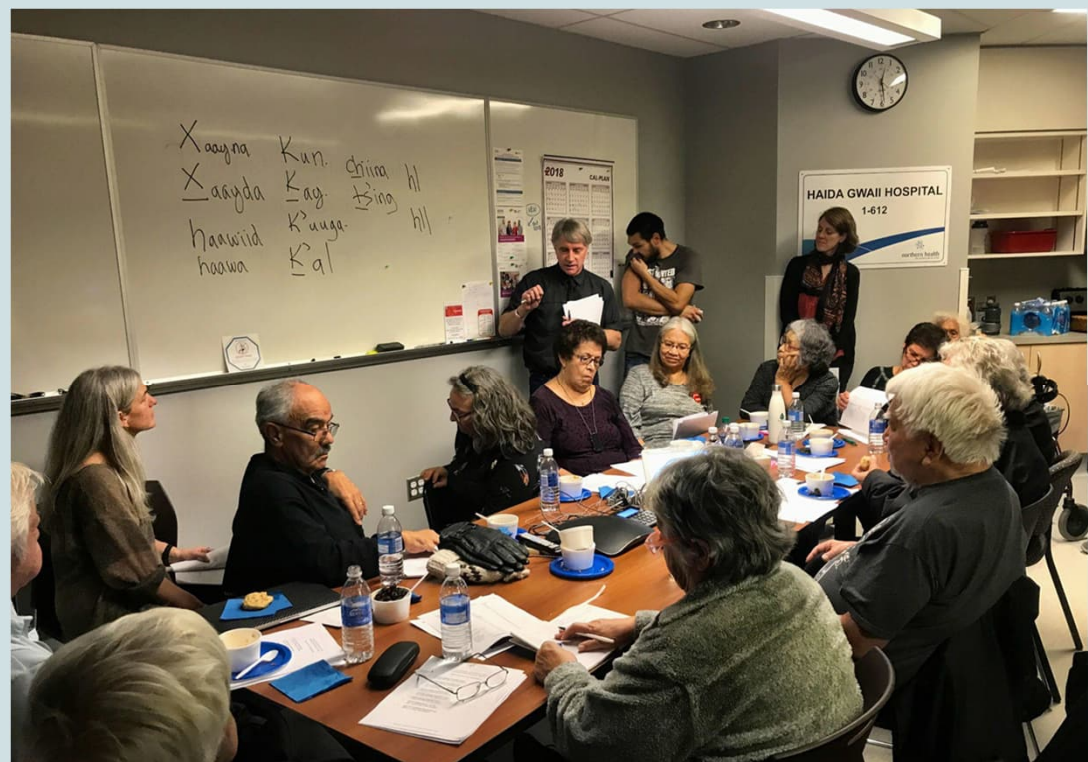
TREATMENT ROOMS

Xilda Tllguhlga Daanaay

Medicine Fixing Rooms



Xaayda kil - Haida language



Haida Gwaii Health Care Skidegate Haida Language CD

D) Body Parts		Track
kwaay	lower back / hip	65
st'aa k'uusii	heel	66
st'aa uuna	top of foot	67
til	thigh	68
xiits'iigwaay	elbow	69
st'l'aay k'uu'uldang	wrist	70
st'l kun	finger nail	71
st'l'aay k'ang.ngii	knuckle	72
st'l k'ang.ngii	fingers	73
st'aay k'ang.ngii	all toes	74
nang kaadlljuus	index finger	75
yahguu'laanas	middle finger	76





H A A W A !

Tracy Morton:
tracy.morton@northernhealth.ca



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A blue-tinted photograph of healthcare professionals in a clinical setting. In the foreground, a male doctor with a stethoscope around his neck is looking down at a tablet. To his left, a female nurse is also looking at the tablet. In the background, another healthcare professional is visible, looking towards the right. The overall scene suggests a collaborative medical environment.

Starting Our Journey: Initiative in Growing Culturally Safe Care at Ridge Meadows Hospital

Dr. Rachel Caron Williams
Ridge Meadows Hospital, Maple Ridge, BC

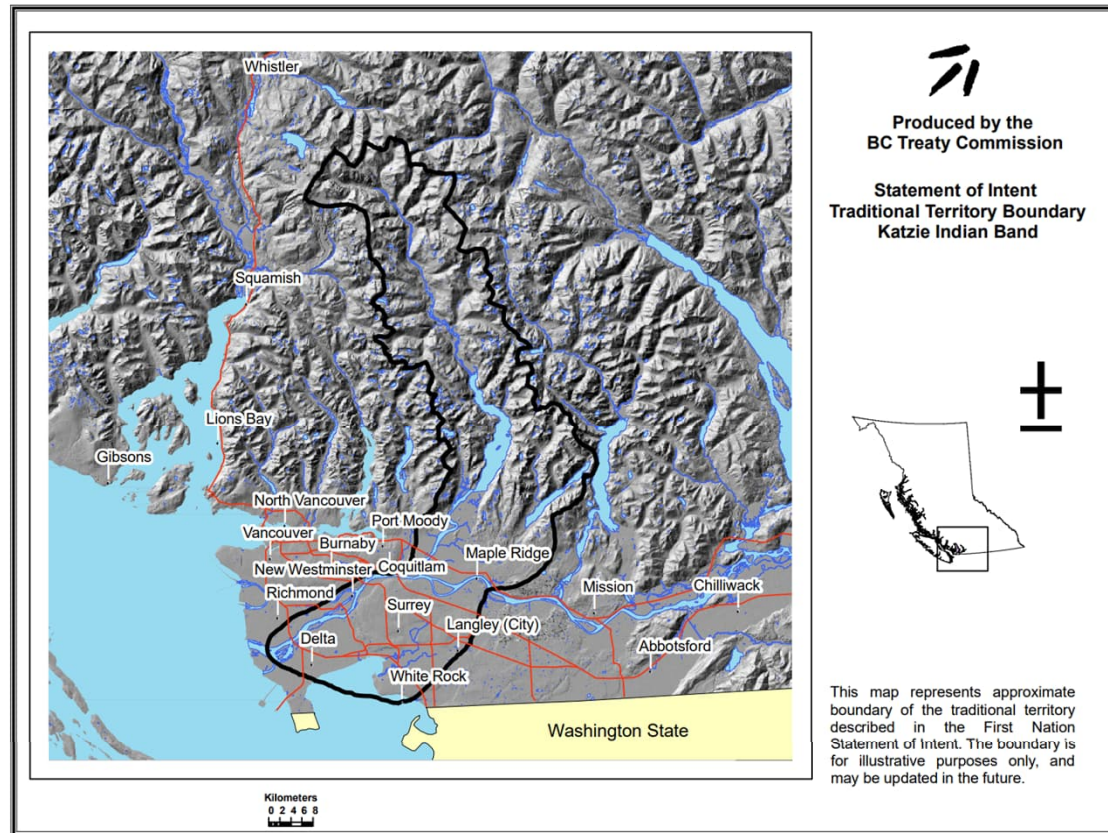
Land Acknowledgment

- I would like to acknowledge that I have the honor and privilege to live, work and play on the traditional, ancestral and unceded territories of the x^wməθk^wəy̓əm (Musqueam), Sk̓wx̓wú7mesh (Squamish), and səlilwətał (Tsleil-Waututh) Nations.
- I would also like to acknowledge that I have the honor to work and play on the traditional, ancestral and unceded territories of the Coast Salish and Nlaka'pamux Nations, specifically the q̓ic̓əy̓ (Katzie) and Kwantlen Nations.

Where is our initiative based?

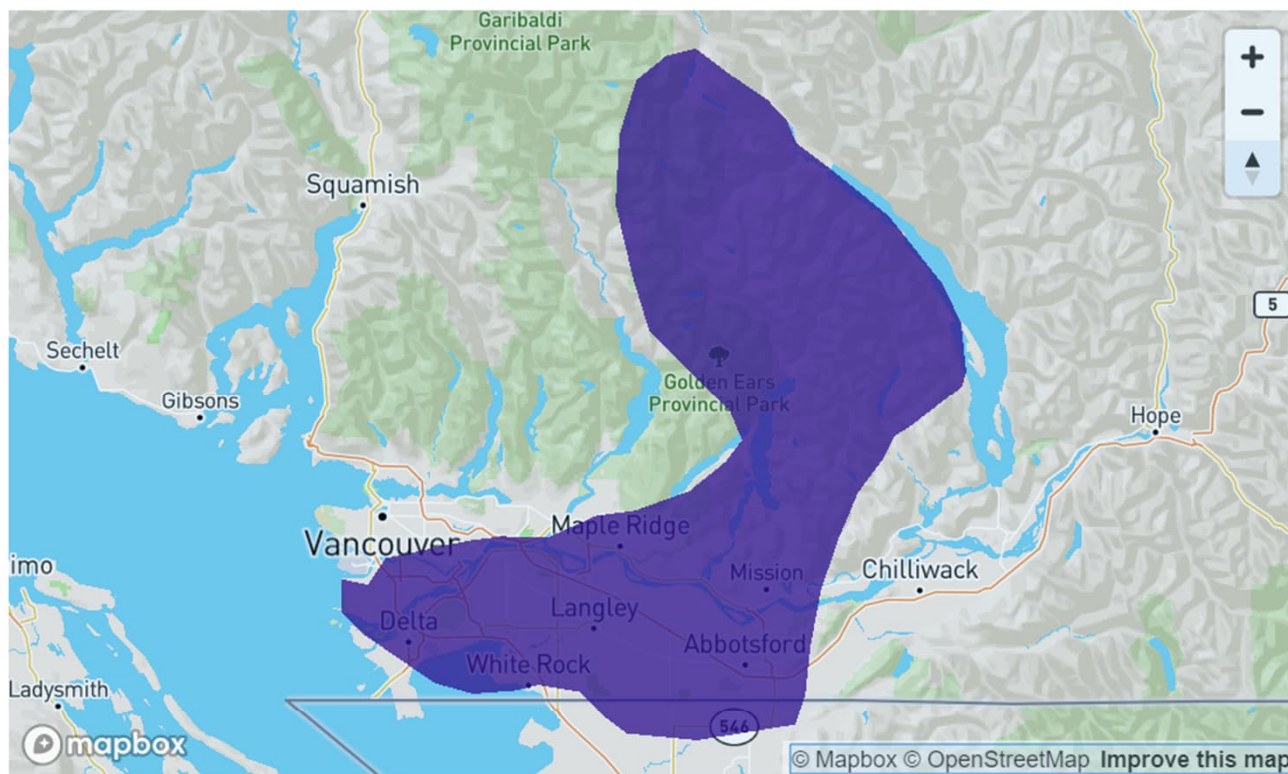
- On the traditional, ancestral and unceded territories of the Katzie and Kwantlen Nations
- Home of the Golden Ears Metis Society

Katzie First Nation Territory



https://www.katzie.ca/wp-content/uploads/2022/05/Katzie_SOI_Map.pdf

Kwantlen First Nation Territory



<https://native-land.ca/maps/territories/kwantlen/>

Where is the initiative based?

- Ridge Meadows Hospital
 - 157 bed facility
 - ~140-150 physicians (including associate/provisional staff) are members of our MSA
- RMH serves Maple Ridge and Pitt Meadows, BC
- Population ~110, 416
 - [Profile table, Census Profile, 2021 Census of Population - Pitt Meadows--Maple Ridge \[Federal electoral district \(2013 Representation Order\)\], British Columbia \(statcan.gc.ca\)](#)

Where did it all start?

- At our annual general meetings, our MSA tries to include a speaker focussed on wellness for our physicians
- Len Pierre had previously spoken at a session for Mission Memorial Hospital about cultural safety and humility - RMH MSA thought it would helpful for our site at our June 2021 AGM

Invite on our 90 second Update



AGM KEYNOTE - Len Pierre

Following the AGM's there will be a talk from Len Pierre, FHA Aboriginal Health Program Consultant, on **Indigenous Cultural Safety and Humility**. To see the 2019 TEDx Talk Len gave on '*Decolonising Substance Abuse & Addictions*' [click here](#).

Physicians attending this interactive workshop following the AGMs will receive 1 HOUR of Grand Rounds CME credit.

Purpose of our talk with Len Pierre

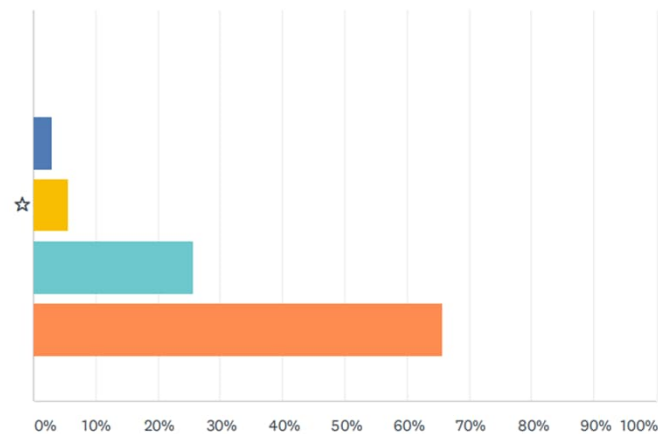
- To start a conversation around cultural safety and humility
- To create a safe space for physicians to ask sometimes difficult and uncomfortable questions

Impact For Physicians – AGM Feedback

AGM and "Indigenous Cultural Safety and Humility" Presentation Evaluation

Q6 Len Pierre's talk on "Indigenous Cultural Safety and Humility", enhanced my knowledge? 1 star (not at all) to 5 star (I learned a lot)

Answered: 35 Skipped: 0



1 2 3 4 5

	1	2	3	4	5	TOTAL	WEIGHTED AVERAGE
☆	0.00%	2.86%	5.71%	25.71%	65.71%	35	4.54
	0	1	2	9	23		

Feedback: What did I learn?

- Appropriate terms and resources to better educate myself on history/territories
- Understanding how to move from cultural avoidance to a healthier understanding of indigenous culture
- Multi-faceted topic that makes me want to start reading more about this

Feedback: What did I learn?

- Racism is systemic and present in all of us
- We all carry with us some prejudice
- That I need to think more about this issue

- Always appreciate a safe space to ask the tough questions

Feedback: What didn't work at this event?

- It was too short!
- Presentation was too general. Needed more references.
- Nothing
- Too large to have a real conversation about this virtually
- I wanted five more hours to chat with him

Feedback: Suggestions for the future

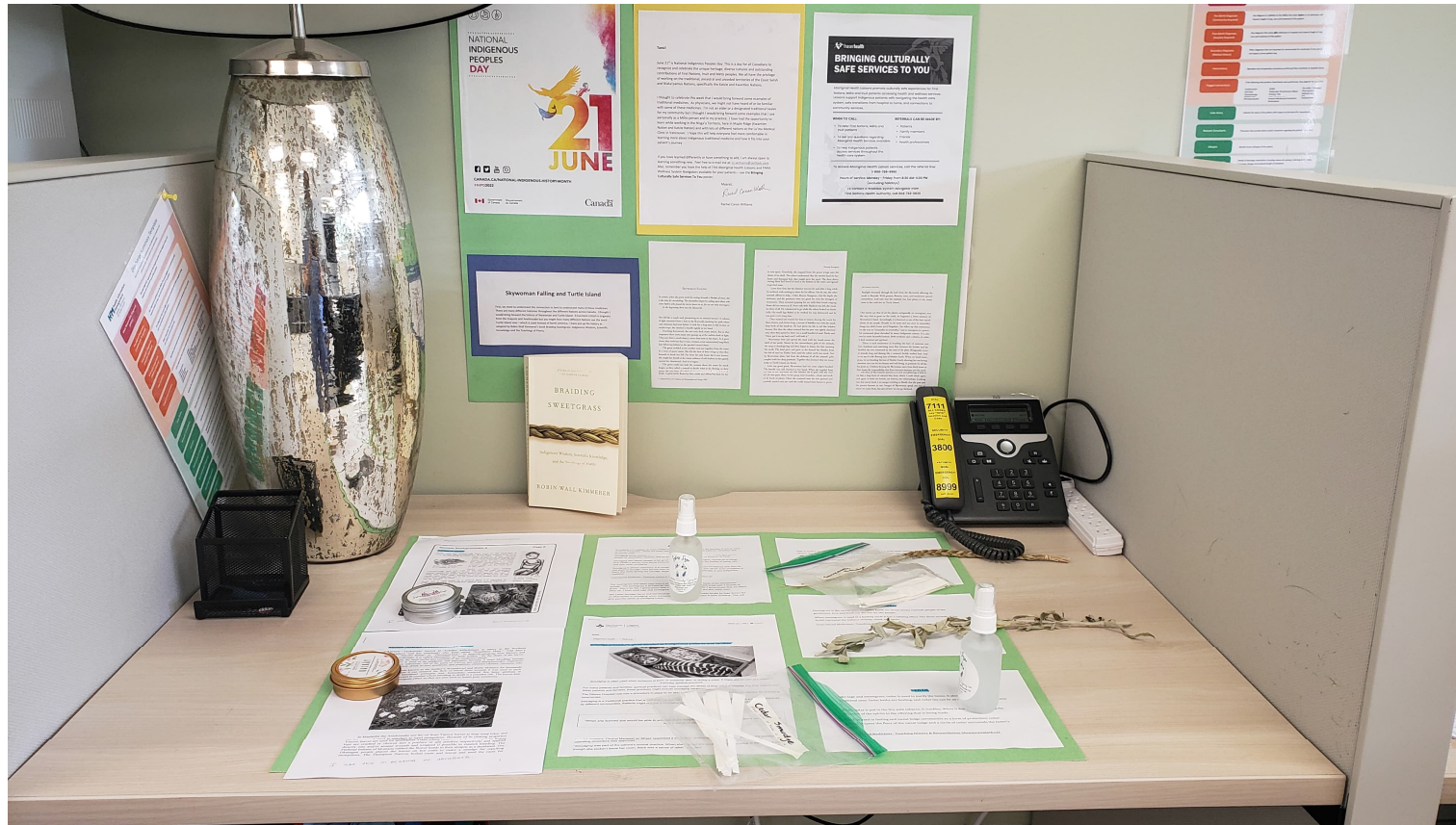
- I felt it only scratched the surface due to time constraints. It would be fantastic to have him back to develop the themes further.
- I would like more talks to help with more education about cultural sensitivity in practice.
- I hope we have more presentations on unconscious bias and prejudice

Impact For RMH

- Engaged physicians to ask for more information and dialogue around cultural safety/humility and Indigenous health
 - Sep 2021 able to have a smaller dinner event to have an open conversation with Len Pierre
 - Sharing Library - Len Pierre was able to suggest further reading and hopefully this collection will grow

Impact

- Creation of Indigenous Wellness Liaison for the Physician Engagement Society at RMH
 - To connect physicians with programmes and information already created
 - To provide more cultural learning opportunities
 - Our hope is to grow our relationships with the Katzie Nation, Kwantlen Nation, other First Nations off their homelands, Inuit and Metis in our community



National Indigenous Day 2022 – Traditional Medicines

National Indigenous Day Prize





Lessons Learned

- Start in a way to engage physicians that is safe and low barrier (e.g. Zoom meeting or at an AGM where you are expected to attend)
- Have follow up activities that are more focussed or in smaller groups to engage physicians further
- Create an environment that is supportive for Indigenous leaders and allies to feel comfortable to speak up or create other initiatives to continue that growth



Future Ideas

- Relationship building with community
- Create patient opportunities to engage in traditional medicines in the psychiatry unit
- Challenged our MSA members to complete the San'yas Indigenous Cultural Safety Online Training
- Healing garden outside our physical rehabilitation unit

Questions?

- Dr. Rachel Caron Williams
rc-williams@outlook.com

Thank you for attending

A survey will be sent to participants in the days following the meeting, as well as a link to the recording and slides.
We would appreciate your thoughts and comments on the session.