

Cultural Safety and Humility

Creating Safe Spaces for People with Life-limiting Illness

Presenters:

Dr. Sheri Bergeron MD, CCFP(PC), FRCPC

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Host and Moderator: Jennifer Campagnolo, CHCA

Date: April 27, 2023



BY
Pallium Canada



Canadian
Home Care
Association



Land Acknowledgement



We recognize with humility and gratitude that Canada is located in the traditional, historical and ceded and unceded Lands of First Nation, Inuit and Metis Peoples. On behalf of us all, we acknowledge and pay respect to the Indigenous peoples past, present and future who continue to work, educate and contribute to the strength of this country.

THE CANADIAN INTERDISCIPLINARY PALLIATIVE CARE COMPETENCY FRAMEWORK

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A curriculum guide for educators and reference manual for disciplines providing palliative care.

CANADIAN PARTNERSHIP AGAINST CANCER
PARTENARIAT CANADIEN CONTRE LE CANCER

Health Canada **Santé Canada**

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A curriculum guide for educators and reference manual for disciplines providing palliative care.

What this framework seeks to achieve, and how to use it

This framework establishes a minimum national standard for palliative care in Canada.

It is written with several readers in mind:

- Individuals, managers and human resources personnel** will use it to fill skills gaps and guide hiring practices.
- Educators** will use it to identify minimum standards for palliative care competencies, weave the development of essential skills into existing curricula, or build new curricula to teach the competencies.
- National accreditation and regulatory agencies** will use it as a guide for establishing minimum national standards in palliative care.

Specifically, the disciplines with competencies in the framework:

- Nurses
- General Physicians
- Social Workers
- Personal Support Workers
- Volunteers

The framework includes:

a. Twelve domains of competency:

- Principles of a palliative approach to care
- Cultural safety and humility
- Communication
- Optimizing comfort and quality of life
- Care planning and collaborative practice
- Last days and hours
- Loss, grief, and bereavement
- Self-care
- Professional and ethical practice
- Education, evaluation, quality improvement, research
- Advocacy
- Virtual care

b. Discipline-specific skills self-assessments:

- provide the health care practitioner with a snapshot of their own competencies;
- provide managers with tools to gauge the levels of palliative care competencies within a team;
- can guide professionals and managers as they customize continuing education plans.

c. Education resources

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¹ Canadian Partnership Against Cancer & Health Canada. *The Canadian Interdisciplinary Palliative Care Competency Framework*. Toronto, ON: 2021.

THE CANADIAN INTERDISCIPLINARY PALLIATIVE CARE COMPETENCY FRAMEWORK



Domain 2: Cultural safety and humility

This domain is built on a foundation of seeking to understand and address power differentials and inequities in the social, political, and historical context of healthcare. Through self-reflection and consideration of the concepts of racism, discrimination, and prejudice, health care providers can practice relationship-based care.¹

¹Canadian Partnership Against Cancer & Health Canada. *The Canadian Interdisciplinary Palliative Care Competency Framework*. Toronto, ON: 2021.



BUILDING **e**MOTIONALLY **i**NTUITIVE
COMPETENCY-BASED
PALLIATIVE CARE **S**KILLS

- The eiCOMPASS project aim is to improve the skills of health care providers in delivering emotionally intuitive, competency-based palliative care in the home setting.
- The project is building awareness of the **Canadian Interdisciplinary Palliative Care Competency Framework** with home care organizations across Canada.
- Emotional Intelligence training and tools are being developed to reinforce competencies and help home care providers apply their skills to deliver emotionally intuitive palliative care.
- The project aims to facilitate the adoption of the Competency Framework through our SPRINT™ Implementation Collaborative.
- Our 2023 Home-Based Palliative Care ECHO Hub will feature the Palliative Care Domains outlined the Competency Framework
- Visit our project site at: <https://cdnhomecare.ca/eicompass>

Introductions



Dr. Sheri Bergeron MD, CCFP(PC), FRCPC
Palliative Care Services,
Windsor and Essex County



Felicia Kontopidis RN
Director of Care
Journey Home Hospice

**CULTURAL SAFETY AND HUMILITY:
CREATING SAFE SPACES FOR PEOPLE
WITH LIFE-LIMITING ILLNESS**

Dr. Sheri Bergeron MD, CCFP(PC), FRCPC

April 27, 2023

INTRODUCTIONS

- Full time palliative care physician at the Hospice of Windsor and Essex County
- Medical director at the Hospice of Windsor and Essex County
- Lead physician at Journey Home Hospice
- Adjunct professor at Western University

DISCLOSURES

- None
- Cultural background


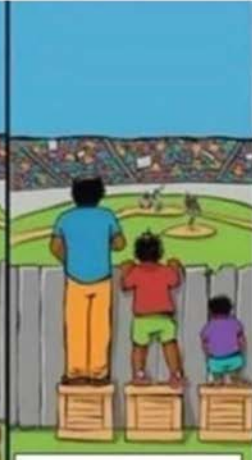

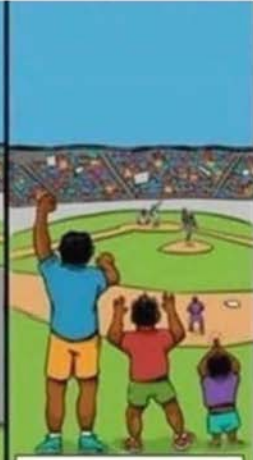

OBJECTIVES

- Awareness of key considerations for cultural safety and humility
- Identifying opportunities to improve cultural safety in home and community based care
- Practicing humility by focusing on self and actions

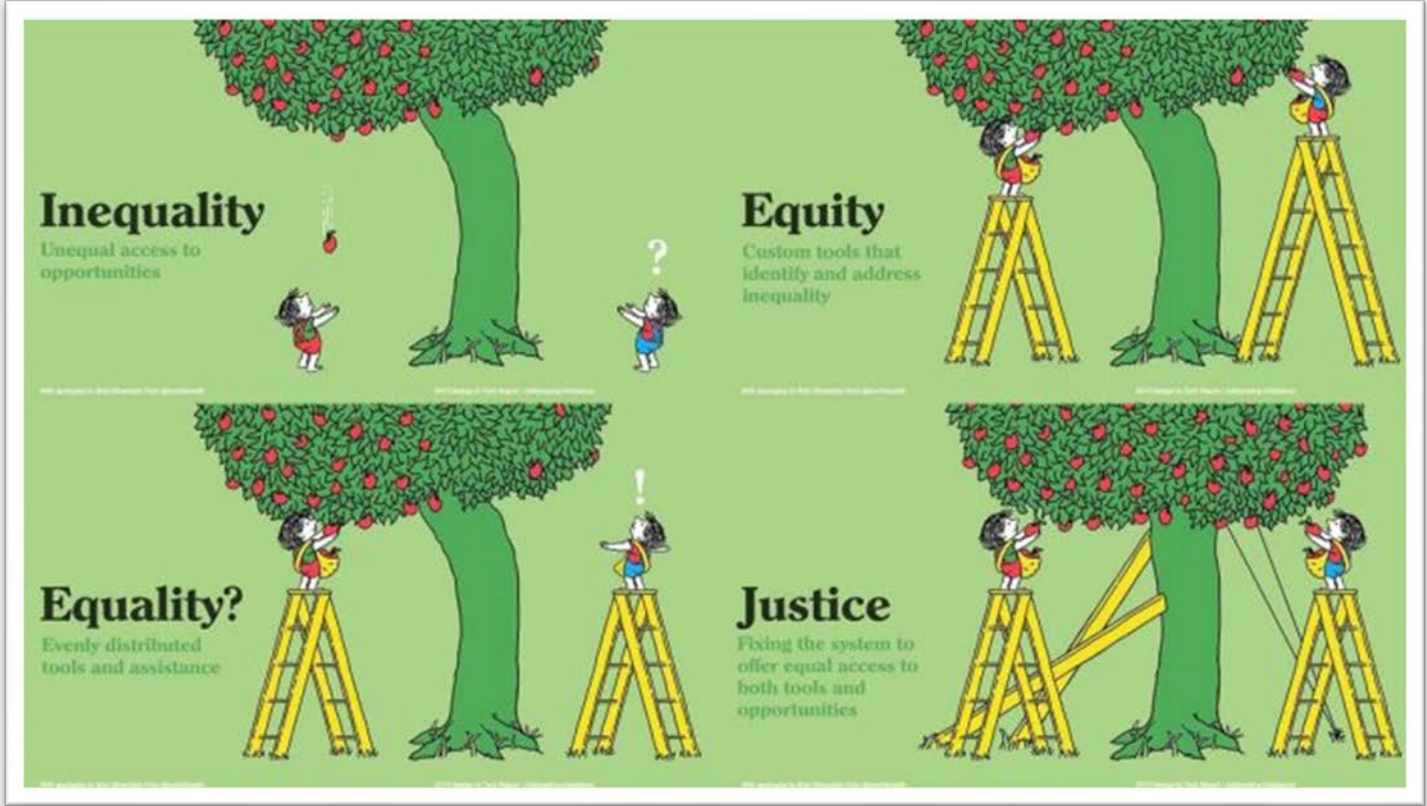
DEFINITIONS

- **Cultural Safety:**
 - An outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system
 - The outcome of people feeling safe and respected when receiving health care services
 - Can only be defined by the person receiving care
- **Cultural Humility:** a life-long process of reflection to understand individual and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust.

@ClinPsychDavid

 <p>REALITY</p>	 <p>EQUALITY</p>	 <p>EQUITY</p>	 <p>JUSTICE</p>	 <p>INCLUSION</p>
<p>One gets more than is needed, while the other gets less than is needed. Thus, a huge disparity is created.</p>	<p>The assumption is that everyone benefits from the same supports. This is considered to be equal treatment.</p>	<p>Everyone gets the support they need, which produces equity.</p>	<p>All 3 can see the game without supports or accommodations because the cause(s) of the inequity was addressed. The systemic barrier has been removed.</p>	<p>Everyone is INCLUDED in the game. No one is left on the outside; we <u>didn't</u> only remove the barriers keeping people out, we made sure they were valued & involved.</p>

(Murphy, C.)



(Erdmann, N.)

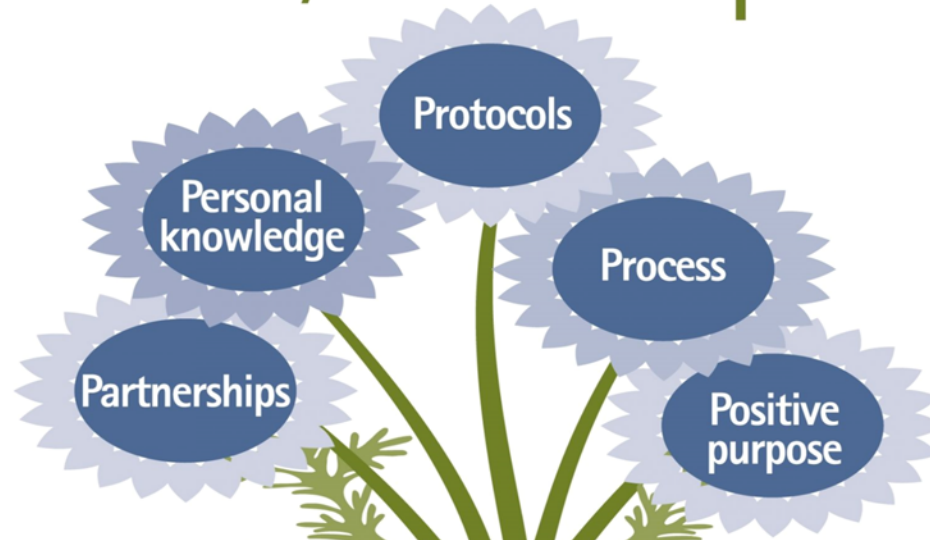
WHY IS THIS IMPORTANT?

- Systemic racism in healthcare: forms of racism that are pervasively and deeply embedded in systems, laws, written or unwritten policies and entrenched practices and beliefs that produce, condone and perpetuate widespread unfair treatment and oppression of others with adverse health consequences.
- Health disparities: preventable differences in the burden of disease, injury, violence or opportunities to achieve optimal health that are experienced by socially disadvantaged populations

COMMUNITY BASED PALLIATIVE CARE

- Where do people receive home care when they do not have a home?
- How do you provide care for people when their social determinants of health are contributing to their life-limiting illness?
- How do you provide safe community based care for those with comorbid substance use disorders or mental health disorders?
- How do you ensure comprehensive psychosocial support for people's "chosen family"?

Cultural Safety 5 Principles



Protocols

Show respect – Ask permission/informed consent
Seek cultural knowledge – Ask questions
Demonstrate reciprocity – Learning goes both ways
Engage community accompaniment –
Find allies, mentors in community of practice

Process

Ensure equity and dignity for all parties
Negotiate goals and activities
Talk less, listen more

Personal knowledge

Hone critical consciousness of social location/power
Who are you? Cultural affiliations, professional persona
Introduce yourself in terms of your cultural identities

Positive purpose

Build on strengths
Avoid negative labelling
Ensure confidentiality
Be accountable
Do no harm
Make it matter: Ensure real benefits

Partnerships

Engage in relational practice founded on authentic encounters
Share knowledge vs. 'telling'
Collaborative problem solving vs. expert/authority
Strengthen mutual capacity vs. one-way 'delivery'
Co-construct ways to move supports into place

WHAT CAN YOU DO?

- Online Courses (examples)
 - [Northern Health Indigenous Health](#)
 - [Cancer Care Ontario](#)
 - [National Collaborating Centre for Determinants of Health](#)
- [Developing Palliative Care Programs in First Nations Communities: A Workbook](#)
- [Canadian Institute for Health Information: Measuring Cultural Safety in Health Systems](#)
- Standardize an approach:
 - What do I need to know about you as a person and your culture to give you the best care possible?

RESOURCES:

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JOURNEY
HOME
HOSPICE

Proudly Operated By:



Saint Elizabeth
Foundation

**Cultural Safety and Humility
at Journey Home Hospice:
A Case Study**

The Journey Home Hospice Philosophy

• Peter's Story

- Peter was a patient who was admitted from precarious, vulnerable housing to the hospice for end-of-life care
- He had recently learned of his terminal diagnosis from an ER visit and hospital admission and was struggling to come to terms with his life
- He had been experiencing homelessness for several decades and had built an identity around his street culture
- He feared being judged, stigmatized, and discharged for his behaviour and especially his language (he regularly used swear words as adjectives)
- He had structural barriers such as geography (he was 40 km from the hospice) and concerns he would be forced to endure withdrawal, have his freedom curtailed, and have to follow very structured rules in the hospice space he was not used to
- In the past, he had experienced significant stigmatization and trauma in the health system; he felt constantly judged and targeted and was reluctant to show his tattoos or discuss his past prior to admission



Cultural Safety and Humility

• Welcoming Peter to Journey Home Hospice

- Opportunity to meet Peter, Peter's trusted team prior to admission; myself, Dr. Bergeron, community physician and community nursing coordinator met while they were visiting with patient. Patient had the opportunity to introduce himself to us, and we had the opportunity to introduce ourselves to Peter and provide him with information about the program.
- Listened to patient's goals of care
- Listened to patient's safety concerns and fears
- Reviewed socioeconomic barriers that may impact admission
- Listened to priority concerns that would impact individual and individual's family if leaving current setting and what support was required from our team to help address these concerns
- Recognizing Peter needed time before leaving his environment to come to the hospice
- Meeting internally with the team to provide context into Peter's story, and plan to welcome him safely



Care Planning

How we adapted to meet Peter's goals of care



Managed Alcohol, Opioid, Tobacco & Cannabis Programs

- One of Peter's major concerns was having his movement restricted and having to give up substance and tobacco use. We created a care plan that allowed him to maintain a high degree of freedom and choice

Trauma-Informed Care Approaches

- Peter has experienced a great deal of judgement and stigmatization while experiencing homelessness. He was afraid of being kicked out for swearing or wanting to have some freedom. We did staff education around this before his admission and made sure that our team understood his cultural background, that his language choices were not personal, and that Peter may be slow to share details of his life or not at all. Peter was reminded that our hospice was HIS home, and we were there to support his needs safely and with the maximum amount of choice.

Welcoming Atmosphere

- Conflict around his street family and culture had been typical in Peter's former health care. At Journey Home Hospice, all chosen family is welcome to visit and even stay overnight at the hospice to ensure patients feel at home and free to be themselves

Embedding Cultural Safety and Humility in the JHH Workplace

Our philosophy of care is deeply embedded into our staff and volunteer onboarding and ongoing professional education. All team members complete the following training:

- Harm Reduction Approaches to Care
- Trauma-Informed Approaches to Care
- Patient Care in a Diverse and Multicultural World
- Patient-Centered Care Practices
- Indigenous Cultural Safety (Developed through our First Nations, Inuit & Métis Program at SE Health)
- Care Planning for Patients with Specialized Needs
- Advanced Care Planning Practices
- Diversity in the Workplace



Opportunities to Improve Cultural Safety

- Continuous and ongoing self-reflection, acknowledging any biases that may affect patient care
- Examining our thoughts about people from a different culture, people who are unhoused, people who use substances, people with mental illness.
- Encouraging an environment where staff can seek guidance to develop their understanding of cultural safety, and work together with patients and an interdisciplinary team to provide meaningful care
- Not projecting our personal views onto others. If there is an opportunity to coach our colleagues, we do this also with cultural humility
- When meeting an individual in the place where they live, being respectful of their environment and recognizing that this may be their safe zone. Our patient's belongings may not seem significant to us but are sentimental to them. "One person's junk, is another person's treasure."
- How we first introduce ourselves, this program, and the space to our patients. Meeting with patients / families prior to their admission to provide transparency and offer choice as to whether this is what they want for themselves at the end of their lives
- Being cautious and taking responsibility not to stereotype, discriminate, be judgmental, or assume what's best for an individual
- Awareness that we all come with our own life path and acknowledging that if we don't share similar lived experiences, we cannot fully understand the context of one's life
- If we make a mistake and we offend someone, apologize and ask how to avoid this in the future
- Check in with our patients about how they feel about the care they are receiving, and whether they feel "at home"

Practicing Cultural Humility

- Practice anti-biased, humble care not only at the front line, but behind closed doors, particularly in the way we deliver patient report
- Speak with and Listen to your patient (what are their preferences? What are their needs? What are their preferred pronouns? What does harm reduction mean to them?) Don't assume or dictate their care plan.
- Focus on patient's goals of care and tailor care to meet patient needs
- Remind ourselves (staff, and volunteers) that this is the patient's space, and their home. While we have practices to ensure this is a safe space for all, we do not forget who's home this is
- Be mindful, respectful, and compassionate with each interaction patient interaction, always
- When approaching patients and their families, ask ourselves, "Could this cause trauma, or harm?"
- Common themes and opportunities to improve the patient experience from the patient and family perspective are reviewed with the interdisciplinary team; built into our policies, and built into our orientation program and reviewed as case scenarios to bring perspective and share feedback and learnings
- Be authentic
- Interact with patients and their families... the more you fear saying the wrong thing, or offending them, you miss the opportunity to learn from them
- Always keep Dignity and Respect at the forefront of your intentions with any patient interaction

Creating Space for Learning and Growth

- Cultural Safety and Humility is a Journey not a Destination

“Education is not the learning of facts, but the training of the mind to think.” – Albert Einstein

- As health care professionals providing specialized care to patients with a deep history of trauma, marginalization, and stigma, at Journey Home Hospice we know that cultural safety and humility will always be an ongoing process
- Embedded into our philosophy of care is the idea that only our patients can truly tell us their story: our role as care providers is to have the patience, openness, and willingness to listen and learn
- When patients are admitted, we begin from a “blank slate” perspective, asking each individual how they would prefer to be treated and what is important to them; due to past trauma and often familial estrangement many of our patients may choose not to embrace a cultural identify, religious community, or may have created a new identity that honours their experiences
- We want to learn from our patient what they have to tell us about who they are and what is important to them; we have worked closely with each individual to connect them to cultural practices, faith communities, and ensure that we are providing care in such a way that who they wish to be and how they desire to be treated is the guiding principle.
- We don’t always get it right. There is no perfect approach to creating a culturally safe and humble environment. What we can do is create a workplace where learning is emphasized, we are opening to growing and changing, and where we are ready and willing to apologize for our mistakes. Only by working together with our patients and leaving space for feedback can we truly serve their individual needs and support them on their end-of-life journeys

Journey Home Hospice

Caring for Patients Experiencing Homelessness & Vulnerable Housing



Journey Home Hospice has two campuses in Toronto and Windsor and offers policies, procedures, models of care, and ongoing advising to organizations in this space interested in bringing specialized care to their communities.

CHCA ECHO Hub Community

<https://cdnhomecare.ca/palliative-care-echo-hub/>

REGISTER NOW

Next ECHO session:
May 10th 12-1pm
Self-Care: Caring for Yourself
When You Care for Others

Join the CHCA ECHO Hub Community

Complete the participant information section. Once you receive your log in and password, you can access the valuable resources in the CHCA ECHO Hub.

As a CHCA Palliative Care ECHO Hub member I agree to:

- Participate in the ECHO learning sessions, join the discussion, and give feedback
- Share my expertise and issues to help shape the content of the CHCA Palliative Care ECHO Hub
- Participate in program evaluation to help us better understand our impact and how we can support teams across the country

Register:

First Name* Last Name*

I agree to the statement of participation, to becoming part of the CHCA ECHO Hub community and receiving regular notifications from the CHCA. By completing the registration for the CHCA Palliative Care ECHO Hub, you consent to the collection, use and disclosure of your personal information for the purposes of program planning, evaluation and research. *

Username*

ECHO SESSIONS FOR 2023-24

Essential Skills for Palliative Care

Do you have the core competencies to provide high quality home-based palliative care?

The Canadian Interdisciplinary Palliative Care Competency Framework establishes a minimum national standard for palliative care in Canada and provides a guideline for core competencies for nurses, personal support workers, social workers, doctors, and volunteers. For home-based palliative care providers, the Canadian Interdisciplinary Palliative Care Competency Framework offers a foundation for continuous education, skill-building, and practical application.

Essential Skills is the theme for the 2023-24 Home-Based Palliative Care ECHO sessions. The learning sessions and resources will address the priority competency domains in the Framework and share knowledge, experience, and expertise in specific palliative care domains.

 Cultural safety and humility

Creating Safe Spaces for People with Life-Limiting Illness

April 27, 2023 | 12:00 – 1:00pm EST



+ LEARN MORE

 Self-care

Caring for Yourself when you Care for Others

May 10, 2023 | 12:00 – 1:00pm EST



+ LEARN MORE

 Communication

Engaging with Families in Conversations about Serious Illness

June 14, 2023 | 12:00 – 1:00pm EST



+ LEARN MORE

The eiCOMPASS Project



Developing the knowledge, attitudes and skills needed to provide high quality home-based palliative care.

For more information on the work the CHCA is doing to promote awareness of the ***Canadian Interdisciplinary Palliative Care Competency Framework***, please visit our website and learn about our new **eiCOMPASS Project**.

<https://cdnhomecare.ca/eicompass/>

You can also follow us on Twitter and LinkedIn!

