



**Healthcare
Excellence**
Canada

**Excellence
en santé**
Canada

Equity, Diversity and Inclusion Virtual Learning Exchange



Accessibility

Simultaneous Interpretation

Please select FRENCH from the interpretation menu at the bottom of your screen.

Counselling Support

A counselor is available by phone during and after the session.



ASL/LSQ

Visual Interpretation is visible on the screen to all participants.

Recording

This session is being recorded and the recording will be available on our website after the session.

Healthcare Excellence Canada honours the traditional territories upon which our staff and partners live, work and play. We recognize that the stewardship of the original inhabitants of these territories provides for the standard of living that we enjoy today.

Co-hosts



Denise McCuaig, Métis
Elder/Indigenous Coach



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2021-26 Strategy

OUR PURPOSE

To shape a future where everyone in Canada has safe and high-quality healthcare.

OUR HOW

Working with people across the country, we:

Find and promote
innovators and
innovations

Drive rapid adoption &
spread of quality and
safety innovations

Build capabilities to
enable excellence in
healthcare

Catalyze policy
change

OUR FOCUS

Care of older adults with
health and social needs

Care closer to home and
community with safe transitions

Pandemic recovery
and resilience

QUALITY & SAFETY PERSPECTIVES

Lived experience of
patients, caregivers
and communities

People in the
workforce

Value

Culturally safe
and equitable care

First Nations, Inuit
and Metis priorities

OUR VALUES

Partner meaningfully

Innovate courageously

Act with integrity

Be inclusive

Advisory Group

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Métis Elder/
Indigenous Coach

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Healthcare Excellence
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BC Patient Safety &
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Opening ourselves: Understanding unconscious bias and its role in practice

March 23, 2022

Presenters



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Sem Perez

Aquatic Science Technician,
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Opening Ourselves: Understanding unconscious bias and its role in practice



Colleen Schneider, BA
Hons, MCP

Acknowledging and addressing unconscious bias – critique and value

- Unconscious bias training can be and has been used as catchall to address racism.
- None of these interventions have been shown to result in permanent, long-term reductions of implicit bias scores or sustained and meaningful changes in behaviour
- Can understanding how society has shaped the perceptions we have of ourselves, of how we see those who are like us and those who are different than us be helpful in our work? I believe it can.

Unconscious bias

- They are quick judgements, assessments of others based on their race, socio-economic status, health condition, weight, sexual orientation, gender, faith, age, and other social identifiers
- They can be positive or negative – giving unearned advantage or disadvantage
- They affect our understanding, actions, and decisions in an that we are not aware or conscious of.
- Can be experienced as microaggressions
- They can inform our work, how we make decisions and the decisions we make, how we plan, and the partnerships and relationships we build.

Wired brains and taking short-cuts



Unconscious Bias – Impacts on patient experience, treatment, and outcomes

- Unconscious bias occurs at every health care interaction – from the beginning to the end of the patient journey.
- Staff feel the harmful impact of unconscious bias too – from patients and other staff.
- Research in this area has shown a direct relationship between unconscious bias, the quality of care, the safety of patients, and growing health inequities.
- A patient's journey could include – denial of care, misdiagnosis, inappropriate referrals, and inappropriate treatment
- The consequences for the patient – they don't feel worthy, there is a breakdown in communication, they do not seek care again, and they have a poor health outcome or preventable or premature death.

Critical Reflexive Practice and Engagement

- Critically reflecting on how one's practical values, assumptions, biases, and actions have been informed by larger systems of power and how they help to uphold, reproduce, and reconstitute oppression and privilege.
- How do we then seek to understand how our own biases (and where we find ourselves on the coins) impact our work to engage patients and members of the public?

“Slow” Engagement

- We need to take more time to do this well. Reflection. Connecting and building relationships. This takes time.
- Explore the work of Carolyn Shimmin on “Trauma-informed Intersectional Analysis”.
- Intersectional analysis understands that inequities are never the result of single, distinct factors. Rather, they result from the intersections of different social locations, power relations, and experiences.
- We need to consider that the experiences shared by participants in engagement may be intertwined with experiences of trauma.
- Engagement is about building relationships and trust through partnerships, shared commitment, and accountability.

Stages of Engagement – more inclusive, more safe, more meaningful, more innovative – we can build on these ideas!

- Start at the beginning. Planning.
 - Consider who to involve at this stage. Approach with partnership lens – sharing power.
 - Make commitments and be accountable.
 - What will our promises be in terms of how we approach, facilitate, use the information gathered, and evaluate the process?
- Recruitment
 - Resist “box ticking”.
 - Ask partners who and how to recruit
 - Should we proceed if we don’t have the people most impacted involved?
 - Ensure proper supports and honorariums

- Decide on approach
 - What can we do to create culturally safe environment?
 - Consider engagement approaches that build inclusion and provide different ways to be engaged
 - Build on strengths of the community
- Facilitation
 - Have community host, include food, have interpretation, offer other supports, acknowledge value of their participation and input.
 - Facilitators from community with support of engagement staff wherever possible.
- Report writing, evaluation, and follow-up/feedback
 - All essential with involvement of community
 - Have we followed through with our commitments?

Creating a Safe and Inclusive Environment to Engage



Sem Perez, B.Sc.

Engaging in Meaningful Ways



Patty Bocangel, MSc, MEd
CancerCare Manitoba

Patient Support Webinars offered from a First Nations perspective



Chickadee Richard



Miriam Duff

Partnership with Southern Chiefs' Organization

Improving First Nations Cancer Control and Outcomes in Southern Manitoba





<https://martech.org/nurture-new-vs-existing-leads/>

Thank you!