

Engaging Physicians in Indigenous Cultural Safety (EPIC) Task Group

Terms of Reference

PURPOSE:

The purpose of the proposed Engaging Physicians in Indigenous Cultural safety (EPIC) Task Group would be to prioritize and advance Indigenous cultural safety in healthcare settings, guided by meaningful partnerships between VCH physicians, VCH Indigenous Health leadership, First Nations Health Authority (FNHA), and UBC Digital Emergency Medicine interCultural Online health Network (iCON) leadership. EPIC will demonstrate partnership with VCH senior Indigenous leadership to meaningfully engage medical staff in the co-creation of educational resources and learning opportunities around Indigenous Cultural Safety (ICS) principles and how these principles can be effectively implemented. This effort will involve Elders, Knowledge Keepers, Indigenous patient representatives and Indigenous physicians to bring excellence to the provision of care of Indigenous patients and communities through interprofessional collaboration of nursing, allied health professionals, VCH and FNHA leaders.

ROLE/OBJECTIVES OF THE COMMITTEE

The objectives of EPIC are to engage VCH Physicians in co-creating education resources and learning opportunities with VCH Indigenous leadership in the ongoing process of cultural humility so as to assist VCH health professionals to take action in advancing culturally safe care for Indigenous patients and family caregivers. During previous years in operation as a VPSA task group, our activities influenced the delivery of excellent care through interprofessional collaboration via 3 key strategies:

1. Plan and implement regular iCON-VCH Indigenous Health Rounds to provide educational opportunities for VPSA physician members and other health professionals, through case studies and dialogue with Elders, Knowledge Keepers, Indigenous physicians and Indigenous patients and caregivers. Develop and implement accreditation and marketing strategies which expand reach and impact of these rounds. iCON-VCH

Indigenous Health Rounds will be implemented in a way that strategically advances VCH Indigenous Health priorities.

2. Collaborative development (including engagement of Indigenous artists) and dissemination of resources which distill key messages of iCON-VCH Indigenous Health Rounds.
3. Support the promotion of Indigenous cultural safety training modules organized by VCH Indigenous Health, which advances Indigenous cultural safety and improves Indigenous patient experience.

The task group has expanded its objectives to include all VCH physicians and with co-leadership of VCH Indigenous Health and VCH physician leaders, and will engage VCH physicians, FNHA leadership, Elders, Knowledge Keepers, Indigenous physicians, Indigenous patient representatives, nursing, and allied health professionals to carry out planning, implementation, and evaluation.

MEMBERSHIP

- Co-chairs:
 - Vice President, Indigenous Health, Vancouver Coastal Health & Executive Sponsor
 - Executive Director, iCON; VCH Department of Emergency Medicine
- VPSA Physician Voting Members (up to 6):
 - MEMBER SELECTION: The Task Group member selection process for VPSA funded members consists of a call for expressions of interest from all eligible VPSA Members, broadly distributed through VPSA and relevant VCH communications vehicles, followed by screening and selection by a joint, collaborative selection committee with representation from the VPSA Board of Directors. Legacied (long-term) members will not be required to participate in the selection process.

- Term: Minimum 1 year. Expectation is 2 – 3 years. Maximum 3 years (subject to review). The membership term and renewal process will be reassessed annually by the Committee Chair and members to balance experience and diversity.
- Non-VP SA Physician Voting Members (up to 3):
 - On an as needed basis the task group may appoint up to three non- VP SA physician members. These members may come from VCH Indigenous Health, First Nations Health Authority or other relevant health authorities.
- Advisory Members (up to 4):
 - On an as needed basis the task group may appoint up to three non- physician advisory members. These members may be Indigenous patient representatives, Elders, or come from VCH Indigenous Health, First Nations Health Authority or other relevant health authorities.
- Support Staff Members (up to 3):
 - The task group may appoint up to three non-voting members to support administration and implementation of task group strategies. These members may come from iCON and/or VP SA.

CHAIR(S)

The Co-chairs will serve as the official spokespersons of the Task Group and will provide leadership and guidance while ensuring cohesion of direction and purpose. The Chairs will facilitate orderly meetings, establish, in advance, a meeting schedule and agendas, prepare an annual budget and will be responsible for the oversight of the committees.

MEETINGS

Frequency

The Task Group will meet once (1) per month, for approximately fifty minutes (50 min).

Location

Meetings will be held both in person and virtually to facilitate accessible engagement.

Minutes

Minutes will be prepared by and will be kept electronically by a designated iCON staff member. Minutes are to be distributed to each member of the committee for review and approval in advance of the next meeting. Minutes will also be shared with relevant MSAs.

Quorum

Quorum will be achieved by a minimum of 4 voting members.

Decisions

Decisions of the committee shall be by consensus, defined as “all but one”. If the committee cannot reach a consensus decision on any matter, the decision is approved by simple majority vote and noted as such.

Reporting

The committee shall report all decisions to the MSAs Board in a timely manner by means of the minutes of the meeting and or other means. MSA Support Staff to facilitate.

DISPUTE RESOLUTION

In the absence of consensus at the committee, the team will agree on how to resolve the outstanding issues (i.e., vote, continue discussion, table the issue to the next meeting). Decisions are to be made based on simple majority.

FUNDING

Member Expenses and Compensation

The cost of participation on the committee will be paid from the funds provided by the Vancouver Physician Staff Association (for VPSA physicians and Indigenous patient

representatives) and UBC iCON (for Non-VP SA physicians). Standard SSC sessional rates will apply in addition standard expense claim policies of the SSC will be followed. Additional work outside of the committee meetings will be paid to members with prior approval of the committee. Physicians in formal health authority leadership roles can only submit claims if they are not already being paid for that work under their alternative payment arrangement, health authority contract, or by another party.

CONFIDENTIALITY

On occasion, the committee may possess documentation or information of a confidential nature. Such information shall not be disclosed to any person(s) other than the members of the committee without consultation with and agreement of the committee and the information shall be stored with reasonable security measures relative to the sensitivity or potential harm. All members are required to agree to the Conflict of Interest Policy as per their MSA policies. Any committee member who has a real or apparent connection to a project application is required to excuse themselves from the review/discussion/voting process for that particular application.

EXPECTATIONS

Members are expected to meaningfully participate in meetings and to represent and provide guidance on the activities outlined by the committee. The chair of the committee (or designate) is expected to represent the committee at the VP SA meetings and other MSA meetings. Evaluation of the committee will occur throughout the year. Measurements to track progress will be agreed upon by the group.

Effective Date: _____

Approved By: _____

Review Date: _____

Date Approved: _____