

## **Engaging Physicians in Indigenous Cultural Safety (EPIC) Task Group**

### **Terms of Reference**

#### **PURPOSE:**

The purpose of the Engaging Physicians in Indigenous Cultural safety (EPIC) Task Group is to prioritize and advance Indigenous cultural safety in healthcare settings, guided by meaningful partnerships between medical staff and trainees, VCH Indigenous Health leadership, First Nations Health Authority (FNHA), Indigenous advisory members, 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 and non-Indigenous medical staff and trainees 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 medical staff and trainees in co-creating educational resources and learning opportunities with VCH Indigenous leadership in the ongoing process of cultural humility to assist 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 and non-Indigenous medical staff 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 will engage Indigenous and non-Indigenous medical staff and trainees, Elders, Knowledge Keepers, Indigenous patient representatives, and FNHA leadership, with co-leadership of VCH Indigenous Health to carry out planning, implementation, and evaluation.

## **MEMBERSHIP**

- Co-chairs:
  - Executive Director, iCON; VCH Department of Emergency Medicine
  - Director, Indigenous Patient Experience, Professional Practice & Quality
- VPSA 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. Eligibility is inclusive of Nurse Practitioners (NP). Legacy (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 (may be renewed for another 3-year term with mutual agreement between members and the committee chair). The membership term and renewal process will be reassessed annually by the Committee Chair and members to balance experience and diversity.

- Medical Staff Voting Members (up to 3):
  - The task group may appoint up to three additional medical staff voting members. These members may come from VCH Indigenous Health, First Nations Health Authority, other relevant health authorities, or may be non-physician VPSA members.

\*Note about Non-Voting Members: Recognizing that engagement beyond physicians is desirable in order for the Task Group to meet its mandate, participation may extend non-voting membership to non-voting VPSA members and other relevant stakeholders including but not limited to nursing, social workers, resident physicians (only with prior approval from DoBC can be compensated), and patients with lived experience.

- Advisory Members (up to 6):
  - On an as needed basis the task group may appoint up to four non-medical staff 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, and include medical trainees.
- 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.

## **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 Co-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 simple majority of 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. Standard SSC sessional rates will apply and standard expense claim policies of the SSC will be followed. Appropriate standard rates will apply for NP members. Additional work outside of the committee meetings will be paid to members with prior approval of the committee. Staff 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 VPSA 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.

To ensure active participation in VPSA Zoom meetings, committee/task group members are expected to engage by contributing via chat or voice and providing input when prompted. If a

member does not engage during a meeting and fails to provide a valid reason during or within 24 hours after the meeting, their claims for participation may not be approved. Members should communicate any technical, professional or personal issues that prevent engagement to the meeting chair beforehand or immediately following the meeting. Repeated non-engagement may result in further actions by VPSA leadership. A committee/task group member who does not uphold their responsibilities or misses 50% of meetings during a period of 12 months without a reasonable explanation may be asked by the Chair to resign. If the member refuses to resign, a vote shall be taken on the removal of the member.

**Effective Date:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_

**Review Date:** \_\_\_\_\_

**Date Approved:** \_\_\_\_\_