How to Engage and Support Diverse Patient Partnerships During a Crisis Part 2

The Canadian Foundation for Healthcare Improvement (CFHI) is hosting a series of webinars to explore **Patient Partnership in a Time of COVID-19** and facilitate pan-Canadian conversations about patient engagement during this pandemic. The discussion webinars bring a patient partnership lens to specific and emerging issues, policies and practices that are rapidly developing and being implemented in response to COVID-19. These issues have direct impact on patients, families and caregivers with implications on the quality and safety for both those receiving and delivering care. Our aim is to provide a place for discussion about these critical issues and for participants to share and learn from each other as they respond to the evolving pandemic.

On August 13, 2020, CFHI hosted a webinar discussion exploring **How to Engage and Support Diverse Patient Partnerships During a Crisis Part 2.** The conversation was co-hosted by Angela Morin (Patient Partner and Lead for Patient and Family-Centred Care at Kingston Health Sciences Centre), Allison Kooijman (Patient Partner and Co-Chair for Patients for Patient Safety Canada). Guest presenter included Carolyn Shimmin (Patient and Public Engagement Lead, George and Fay Yee Centre for Healthcare Innovation).

During this webinar, the importance of understanding trauma and the usefulness of employing trauma-informed engagement approaches were explored. A variety of considerations for engaging with diverse patient populations were discussed with attention being brought to the emerging challenges that exist due to the COVID-19 pandemic.

Experiences from patients, families and caregivers were shared of trauma they had endured within the healthcare system and the impact this has had on their ability to meaningfully engage as patients or partners in care. Speakers and participants explored innovative approaches to trauma-informed engagement that ensure safe, holistic and effective practices are being implemented during the time of COVID-19.

Carolyn Shimmin introduced the concept of 'trauma-informed engagement' by first discussing what trauma is and the effects of trauma.

> *What is trauma*?
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> Shimmin defined trauma as a multitude of experiences that inundate an individual's capacity to cope, and subsequently, may affect one's physical and mental wellbeing, responsiveness to health interventions, and their ability to access health care services. Trauma can occur over a life course and is typically complex and multidimensional; varying in the frequency, magnitude, source of trauma, and age of onset.

Participants and speakers delved deeper into how patient engagement can be enhanced through the integration of trauma-informed engagement practices, specifically when interacting with individuals and/or groups who have disproportionately experienced trauma over the course of the COVID-19 pandemic.

Shimmin then discussed the concept of trauma-informed engagement and how health care leaders and providers can leverage trauma-informed engagement approaches across various health care settings and practices. Trauma-informed engagement is described as a patient-centred approach to patient engagement. As described by Shimmin, trauma-informed engagement can be explored through three main components:

1. **Trauma awareness and the effects of trauma**—Trauma-informed engagement begins by recognizing that patient engagement brings with it a variety of lived experiences, some of which are traumatic. Traumatic experiences subject patients to power imbalances where patients may experience feelings of powerlessness. This can impair one's ability to cope and adapt to stressors, subsequently harming one's physical and mental health. It is imperative that health care providers do not reconstitute these feelings of powerlessness during engagement sessions. Findings opportunities to renegotiate power should be explored to facilitate meaningful interactions and mitigate the risk of retraumatizing patients.

2. **Emphasis on safety —** Safe spaces do not always necessitate feelings of comfort, especially when discussing painful experiences. In trauma-informed engagement, ensuring physical, psychological, emotional and cultural safety are key to support patients in feeling safe to share their experiential knowledge. Establishing safe environments at the onset is needed to facilitate the growth of trusting relationships that will assist to support meaningful patient engagement. Speakers and participants explored in depth the guiding principles for safety in patient engagement and approaches towards establishing safety and trustworthiness.

3. **The importance of bearing witness—** To be bear witness to the experiential knowledge of others requires one to be open, compassionate, and to actively listen. This also means taking on a supportive role by respecting and creating the necessary space that is welcoming to have patients' voices heard. Various grounding strategies to support an individual bearing witness were considered.

During the discussion, questions were posed for presenters and participants to further explore elements of trauma-informed engagement and the distinction between unsafe and uncomfortable. Below we highlight key points of discussion.

What does physical/psychological/emotional/cultural safety mean to you? Look like to you? Feel like to you?

Participants were asked to share what physical/psychological/emotional/ cultural safety meant to them:

- Safety means feelings accepted, free from the judgement and opinions of others. This requires the establishment of a safe environment where individuals feel heard, are being heard, and can be their authentic self.
- Safety exists when spaces are inviting and inclusive, where individuals feel supported in sharing their experiential knowledge without feeling threatened and/or powerless. This means meeting

people where they are at rather than having them conform to settings that may lead to the retraumatizing of individuals.

- Safety means having constant check-ins, adapting to how patients feel and what they require in order to feel safe. Participants noted that safe spaces require settings to be responsive to a person's lived experiences. This means the provision of spaces, resources and supports that are contextualized and culturally relevant to individuals.

What does it mean to be uncomfortable versus unsafe? Why is this an important distinction and what does this mean for our work in trauma-informed engagement?

Participants reflected on the difference between uncomfortable and unsafe, and how this distinction can be applied to trauma-informed engagement.

- Tapping into to what makes individuals feel uncomfortable can be painful and frightening, however when carried out within a safe setting this can provide individuals the opportunity to grow, adapt, and learn.
- To be unsafe is to endure a situation and/or setting where you feel threatened, exploited, and powerless. Unsafe conditions can further exasperate trauma wounds by subjecting a person to retraumatizing settings. Feeling unsafe can also mean feeling silenced, and further marginalized.
- Uncomfortable is where you are challenged to critically reflect on concepts, ideas, and thoughts that may lie outside one's comfort zone. Patients, patient partners, and health care providers can collaboratively talk through this discomfort and learn from it.
- Within a health care context, participants noted that this may involve redistributing power among providers and patients/patient partners, removing barriers, addressing privileges and implicit biases. Furthermore, a push for safe spaces means opting for a relational approach to patient engagement, where quality and balanced relationships can flourish between providers and patients/patient partners.

As the COVID-19 pandemic continues to evolve, patients, specifically those who are subjected to vulnerable situations, run the risk of experiencing new traumas. Responding to the existing and emerging challenges brought about by the COVID-19 pandemic requires strategies that employ a trauma-informed lens to patient engagement. This can help to mitigate new trauma and allow individuals the opportunity to heal and grow.

Please see below for additional questions that were posed for the speakers, and their responses. For more information on future webinars on "Patient Partnership during this time of COVID-19", visit the CFHI website for more details.

Presenter Question and Answer

Q: When considering ways to better engage with patients for system improvement, providers can sometimes retraumatize harmed patients. How can we ensure health care providers leverage a trauma-informed approach?

A: Health care providers need to be aware of the effects of trauma and understand that certain topics that providers may perceive as insignificant may in fact be triggering to patients who have been harmed in the past. Therefore, it is important to discuss strategies that offer patients an inclusive and safe setting to share their experiential knowledge without further creating harm.

Q: What are some suggestions for an opening statement to use during an engagement session to frame a desire to create safe spaces for patients?

A: Creating safe spaces is an ongoing process involving dynamic discussions and conditions that are responsive and adaptive to change. Therefore, a standard approach for an opening statement may not exist when creating a safe space. Instead, it is important to touch base at the onset of an engagement session to establish a common language to use and a set of parameters to ensure individuals feel safe to disclose sensitive information.

Q: How do we avoid using clients for education purposes, for example having clients speak for an entire community?

A: Employing an intersectional lens to trauma-informed engagement practices allows providers to think critically of their own social location in relation to the social location of the patient and patient partner. Moreover, this can bring light to systems of oppression that disproportionately impact certain groups, and subsequently, impact their health and wellbeing. Providers can engage in a supportive role by upholding space for diverse voices to be heard and amplified within the patient engagement sphere. Providers can find ways to curb power imbalances by engaging in participatory approaches that are contextually relevant to patients and patient partners. This can help to promote active engagement and non-tokenistic involvement, especially when engaging with patients from marginalized populations.