



Understanding the Experiences of Persons from the Penelakut Tribe receiving Clinical Pharmacy Services



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“We are here to walk with you on this shared journey of healing and understanding”

Our Journey:

What we sought to understand

The lived experiences of persons receiving care from a clinical pharmacist

About Penelakut Island

Penelakut Island is a rural community in the Gulf Islands of British Columbia. Penelakut is home to ~500 members of the Penelakut Tribe, part of the Coast Salish Peoples. The Island was known as Kuper Island until 2010. The Kuper Island Residential school was in operation from 1890 to 1975. Its location was only metres away from where Penelakut Health Centre is located today.



Figure 1: Image of Penelakut Island with the FNHA logo (left) and the Penelakut Tribe logo (right)

Introduction

Penelakut Health Centre is a gathering place for community members. A family physician, paediatrician, nurse practitioner, dentist and dental hygienist make regular weekly visits to care for the Island’s residents. An Island Health clinical pharmacist joined this team in May of 2018, with the goal of supporting and empowering community members and the care team in improving healthy medication use.

Among the people who have met with the pharmacist are those who are survivors of the Island’s residential school, and of the Nanaimo Indian Hospital, where some reported being held against their will, and subjected to abuse that included medical experimentation.

Generations of trauma and systemic oppression have led to a complex and problematic relationship between Indigenous people and the health care system. This has contributed to significantly poorer health outcomes for Indigenous people compared to non-Indigenous peoples. The factors contributing to the culturally inappropriate environment include a lack of trust and understanding between care providers and those they strive to serve and poor cultural competency among some health care providers.

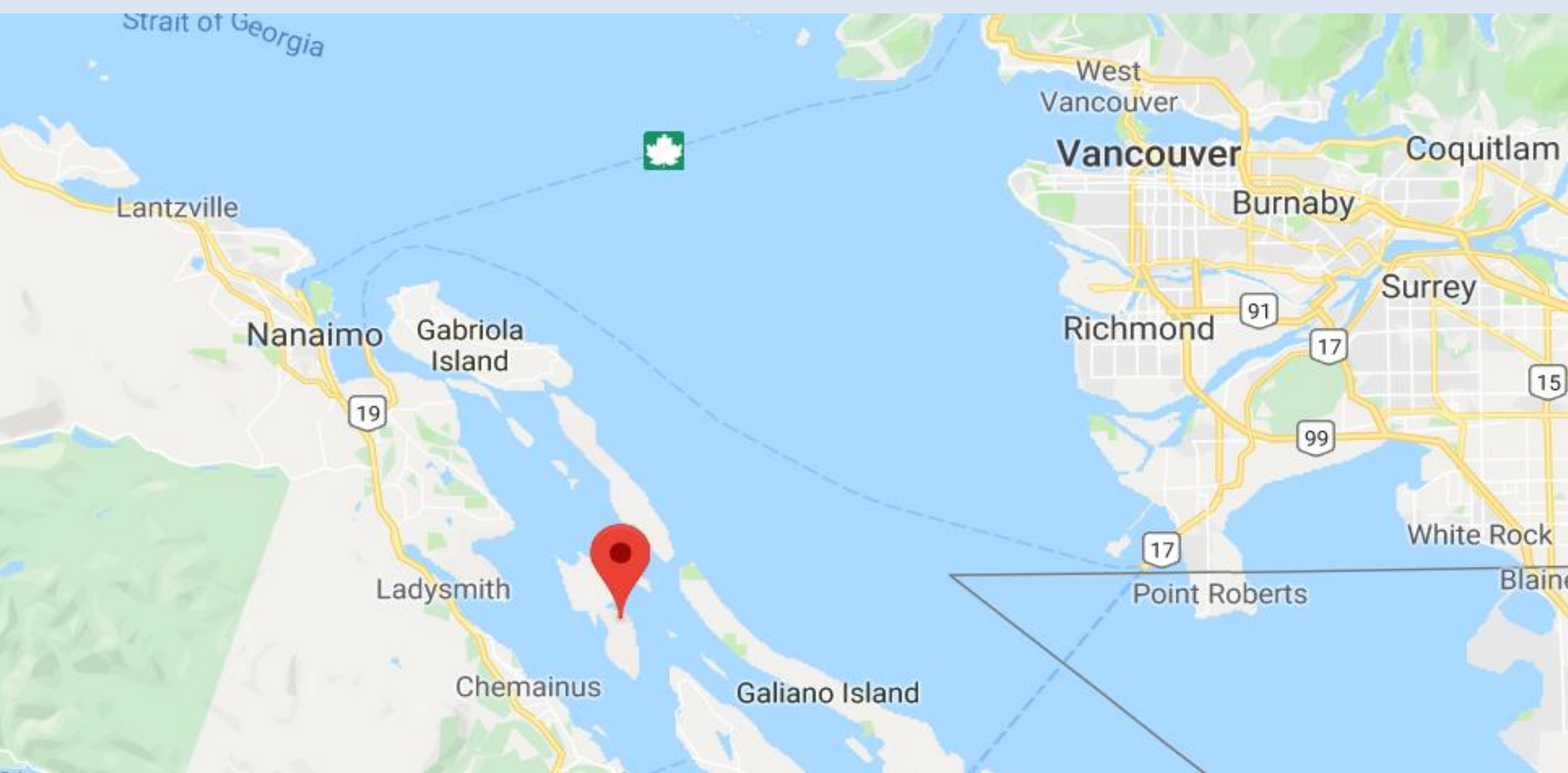


Figure 2: Map of Penelakut Island within the Gulf Islands

Methods

Developing a question

- Our question was: **How did the people of Penelakut Island experience the new service provided by the Clinical Pharmacist?**
- We conducted a qualitative analysis of people’s experience with this new service
- We used a phenomenological analysis. The members were encouraged to share their experiences and we listened and reported them. The analysis sought to identify themes that described the “essence” of the participant experience.

Collaboration

- **Communication** with representatives of the Penelakut Health Centre and the Penelakut Band Council and community Elders
- **Listening and understanding** with Community Leaders to develop the purpose and methodology of the project
- **Collaboration** with the Penelakut Tribe and Tsow Tun Lelum Treatment Society to provide cultural support to members
- We followed the Ownership, Control, Access and Possession (OCAP™) principles

Talking Circle & Interviews

- **Recruitment:** People who saw the clinical pharmacist from May 2018 – April 2019
- After consultation, a Talking Circle was chosen. This was done in the same area that the Elder’s lunch is regularly served on Penelakut, and food was prepared and served by us, the visitors.
- We invited everyone for an unstructured interview after the Talking Circle
- People came and told us their stories and with their consent, we recorded them using voice recorders and took notes.

Analysis

- We transcribed the recordings and coded them for themes
- We identified relevant quotes and interpreted them
- **Follow Up:** We are going to present our findings to the members , Elders and Chief and Council for validation

What we learned

- Members shared their stories, including positive and negative encounters with care providers
- Members experienced frequent encounters viewed as disrespectful, which led to them cease care with that provider
- Respect was perceived when the pharmacist listened, was empathetic, used small words to communicate and advocated for the member

Meaningful engagement between people is based on a foundation of respect

- Through respect:
 - Engagement with the care provider occurred
 - Positive response to the respectful approach highlights emotional, spiritual and mental needs that may have been previously unaddressed by other clinicians
 - Will continue relationship with the care provider
- When disrespected:
 - Will cease care from care provider
- These points are not all unique to Indigenous individuals, most people expect this from their care provider.
 - This fits with the movement of person-centered care
 - The frequent disrespectful care experiences could explain the profound emotional reaction members expressed from the respectful care they received from the pharmacist
- Advocacy is important
- Members appreciated genuine expressions of empathy.
- Using “smaller words” helps the person receiving care understand their provider

Conclusion

- Members felt supported when the pharmacist advocated for their health and expressed genuine concern for their well-being
- The perception of respect is an essential component to establishing human relationships. This engagement is key to the creation of a caring relationship.
- Perception of respect is enhanced by overt gestures, these include: active listening, genuine expressions of empathy, simple and clear communication and acts of advocacy
- Respecting persons is keeping with the ideas of the person-centered care and Truth and Reconciliation Movements

Results

“I really wanna thank you for allowing him to come to our community because he has changed the lives in here for our people. Hy ch’qa [thank you, in Hul’q’umin’um’]”

“with [the pharmacist]...talking with [the physician] for us, was very helpful, cause sometimes when you talk to a doctor, its just like ‘yeah, yeah, yeah’ and it doesn’t get done”

“with talking to him, my daughter...felt like it was helping her sort out her pills...that really helped her, she’s happy with that.”

“I can come here with my meds, and sit down and talk with [the pharmacist] and, [understand] what’s going on, you know, with my pills, with my body, whatever’s happening.”

“a lot of the times our people can’t speak up for themselves, and we’ll just take what the doctors given them without any questions...[he’s] so friendly and open to everybody”

Advocacy:
“that pill she was on and the doctor kept giving it to her, giving it to her, giving it to her, if it wasn’t for [the pharmacist], you know, who knows what kind of damage it could do to her cause it was just, painful in her gut...And [the pharmacist] showed that he cared, he went right into the doctor’s office with my wife and said ‘there’s something going on here’”

“And the care [the pharmacist] does for her, really, I just love how he cares for her. And cares for our people over here.”

Empathy:
“...it’s not just a job to him...he’s not just here for the paycheck, he’s here to help, and you can feel that off of him when he’s here. He wants to help.”

“[The pharmacist is] always nice... He’s always really good *chuckles*. I never see him in a different mood”

“And the care [the pharmacist] does for her, really, I just love how he cares for her. And cares for our people over here.”

Respect:

“some of them treat you like, you know, just cause of my skin colour, you know, you go there and *grunts and gestures, imitating a skeptical person*. Like somebody told my wife “on the government’s money?”, that was one of the doctors...[the pharmacist is] respectful, easy, approachable, outgoing, happy”

“He’s always just open and willing to help”.

Communication:

“we understand the smaller words, not the great big long words”

“He just explained everything so good. Pill after pill, to let me understand what my husband had.”

Listening:

“He’ll show you he’s listening, and not just trying to get tracked away by something else, he’ll give you his full attention, and that’s...what I liked about him.”

“...meeting [the pharmacist,] I just knew that right away we could trust him because he was listening and interacting with us”

“[he] listens to what you have to say and he digs a little bit deeper.”

“He understood what I was trying to say. He really listens to what I’m saying.”

Figure 3: Themes identified with relevant quotes. We had a total of six members participate in the discussion. Two of these participants were clinic staff who had received care from the pharmacist. No members participated in an interview

References available on request