Case study: tone and body language can impact a patient's experience

A panel of the Inquiry Committee recently concluded a case where a registrant did not fully meet the expectations in the *Indigenous Cultural Safety, Cultural Humility, and Anti-racism* practice standard, particularly highlighting the expectations of person-led care and trauma-informed practice.

Case study

A Métis woman was seeking psychiatric care in an outpatient clinic for anxiety and depression. The patient was regularly seeing a psychiatrist who recently became unavailable. She was booked to see a new psychiatrist for the first time.

While in the waiting room, the patient could clearly hear the psychiatrist speaking in an annoyed tone to the medical office assistant (MOA) at the reception desk. The comments between them were perceived by the patient as insensitive towards all the patients sitting in the waiting room. This initial introduction to the new psychiatrist made the patient feel uncomfortable and unsafe.

During the appointment, the psychiatrist asked the patient if she was Métis, which the patient felt was unrelated to the discussion. She also felt that the question was intrusive of her identity rather than coming from a place of curious inquiry. During the appointment, the patient felt that her mental health concerns were generally dismissed based on the registrant's tone and body language.

At the end of the discussion, the psychiatrist informed the patient he could not continue to follow her care since this was intended to be a single appointment. This was very upsetting for the patient, especially since she didn't have a primary care provider. The psychiatrist suggested using a virtual care option for medication renewal (and then going into the pool of referrals so another registrant could assume her ongoing care). This concluded the interaction, and the patient left the clinic tearful.

Case resolution

Following an investigation, the Inquiry Committee concluded the case with recommendations related to several aspects of the registrant's interaction with the patient.

The Inquiry Committee felt the exchange began to deteriorate when the patient heard the psychiatrist make insensitive comments to the MOA at the reception desk. Registrants must recognize that colonialism and trauma may affect how patients interact with and perceive the health-care system. CPSBC reminds registrants to be mindful of any conversations happening in public facing areas and to ensure they are professional. The same holds true during the appointment. A dismissive tone and body language can have substantial impacts on a patient's experience and feelings of safety.

The Inquiry Committee was also critical of how and why the registrant asked about the patient's Métis ancestry. If the information was pertinent, it should have been documented in her record. Asking about the patient's life and understanding where they come from is important; however, registrants must understand the level of information needed for the care being provided in that moment, consider whether it is relevant, and how the question may be perceived by the patient,

especially if a trusted relationship has yet to be established. In this case, the patient was seeking help for her immediate concerns that had been long followed by a different psychiatrist. Attending to the patient's voiced needs could have had a more positive impact on her care.

College resources

The *Indigenous Cultural Safety, Cultural Humility and Anti-Racism* practice standard sets out clear expectations for registrants and can be used as a tool for ensuring a culturally safe medical practice. This includes understanding differences between First Nations, Métis and Inuit, both culturally and in terms of what health-care support services are available.

In addition to the standard, CPSBC has a list of learning resources, from papers to full courses, and a video series, which can aid registrants in their journey towards cultural safety.