

PPH Staff Development 2017/18: Feedback from Staff June Session & Team Discussions

The PPH Staff Development ½ day sessions, **Working Towards Reconciliation**, were held on June 12th and 13th 2018 with over 200 staff attending. The event included an opening prayer from Rev. Mr. Michael Thibert (WRHA Indigenous Health) and welcome remarks from Gina Trinidad (Chief Health Operations Officer, Continuing Care and Community) and our PPH Directors, Carolyn Perchuk and Lawrence Elliott.

The keynote session, **Indigenous family separation as a public health issue**, included an [overview](#) by Lawrence Elliott to introduce the issue and guest speakers:

- **Michael Redhead Champagne** - community advocate with Aboriginal Youth Opportunities! and Fearless R2W
- **Candace Mitsima** -Life Treatment Social Worker with the Metis Child Family and Community Services

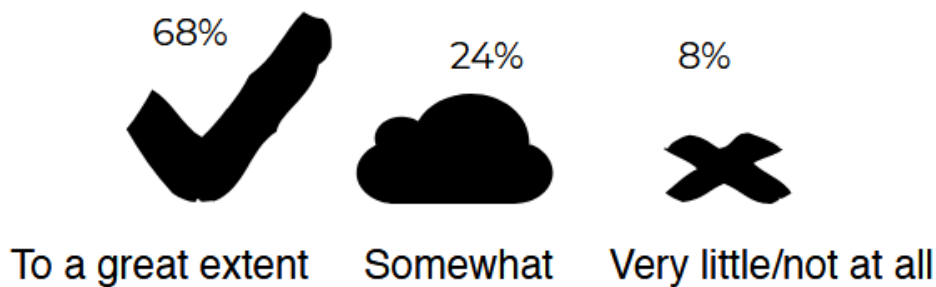
Three breakout sessions were also held:

- Public Health Nurses: Community Level Activities
- Family First Home Visitors: Mitch Bourbonniere
- Interprofessional: Epistemic racism in health promotion

A participant feedback survey was circulated following the event. 103 staff members provided their feedback on the sessions.

Summary of Feedback Received

To what extent do you feel the keynote presentation (Indigenous Family Separation as a Public Health Issue) was relevant to your practice?



Staff reported that they appreciated the dynamic and informative keynote speakers (mentioned 40 times).

Feedback from respondents

- “It was excellent. In fact the best one I have attended yet. Good work.”
- “I was really happy to see Gina Trinidad ... I think that presence of our leaders is a good thing.”
- “Loved the opportunity to hear from Michael Champagne. However, I think we need to engage

in much more opportunity to examine our work in specific terms and think about how we continue to carry out racism and colonization.”

- “I like that there was members of the community and agencies present. Would have liked more interaction. Best part was the R2W recommendations for policy makers. I’m maybe feeling a bit inundated with the focus on racism. Feel like it’s a bit of a repeat of last year: the racism is confirmed, the effects are acknowledged and identified. Would like a bit more solutions vs the identifying of the problem. Liked hearing from community voice in regards to reconciliation.”
- “I would have liked to spend the whole morning on family separation to get to our next steps and implications for PPH practice.”
- “I am taking the online Indigenous course which to me is a better way for me to learn about inequalities and Indigenous culture”
- “Bring back the whole Fearless R2W team. Real, honest, candid experiences are what’s really needed at our meetings.”

Families First Break Out Session

Mitch Bourbonniere was invited to speak at the breakout session held for Families First Home Visitors. Feedback was mixed, while some participants commented that they appreciated the discussion with Mitch, others struggled with the unstructured format of the session. Respondents shared feedback such as:

- “The session with Mitch was wonderful. The discussion was supportive of our daily activity and brings to light the importance of our role and involvement with each family.”
- “Mitch was not aware of who he was presenting to, did not have a presentation prepared, and so we spent the time explaining our job and just talking about Mitch and his involvement in the community.”
- “I find education delivered as stories/life experiences to be most beneficial for me when trying to understand why/where my clients are at.”

Table 1

| | Strongly disagree | Disagree | Agree | Strongly agree |
|---|--------------------------|-----------------|--------------|-----------------------|
| The session was relevant to my practice | 13% (3) | 26% (6) | 52% (12) | 9% (2) |
| I gained new and useful knowledge | 23% (5) | 18% (4) | 41% (9) | 18% (4) |
| I appreciated the opportunity to connect with my colleagues | 13.5% (3) | 13.5% (3) | 50% (11) | 23% (5) |

Public Health Nurse Break Out

The Public Health Nurses’ session focused on community level activities. Participants heard a presentation developed by the program’s Clinical Nurse Specialists about community level activities, a summary of learnings from the pilot of the Community Level Work Tracking Tool and information about the release of the Community Development Guidelines. A panel of PHNs also shared their stories of community level involvement.

Feedback regarding the session was relatively positive (Table 2) with many respondents describing appreciation for the opportunity to reflect on the importance of engaging with communities.

Table 2

| | Strongly disagree | Disagree | Agree | Strongly agree |
|---|--------------------------|-----------------|--------------|-----------------------|
| The session was relevant to my practice | 3.5% (2) | 3.5% (2) | 54% (29) | 39% (21) |
| I gained new and useful knowledge | 7% (4) | 13% (7) | 60% (32) | 20% (11) |
| I appreciated the opportunity to connect with my colleagues | 2% (1) | 4% (2) | 52% (28) | 42% (22) |

When asked about the main messages received, respondents shared feedback such as:

- “Community engagement, networking, development of relationships is crucial before we can move onto the higher level work of community development.”
- “Different teams are trying different things in terms of community development, some are working, some are not. We need additional education around community development.”
- “Rather not have lecture style, but brainstorming in smaller groups. Did not feel I connected with colleagues, would have appreciated that. Nothing really new.”
- “We've come a long way but we have work to do.”

Interprofessional Break Out

The breakout session on epistemic racism, held in partnership with Tessa and Hanwaken Blaikie Whitecloud, was well received by participants (Table 3).

Table 3

| | Strongly disagree | Disagree | Agree | Strongly agree |
|---|--------------------------|-----------------|--------------|-----------------------|
| The session was relevant to my practice | 0 | 0 | 35% (7) | 65% (13) |
| I gained new and useful knowledge | 0 | 5% (1) | 30% (6) | 65% (13) |
| I appreciated the opportunity to connect with my colleagues | 0 | 0 | 47% (9) | 53% (10) |

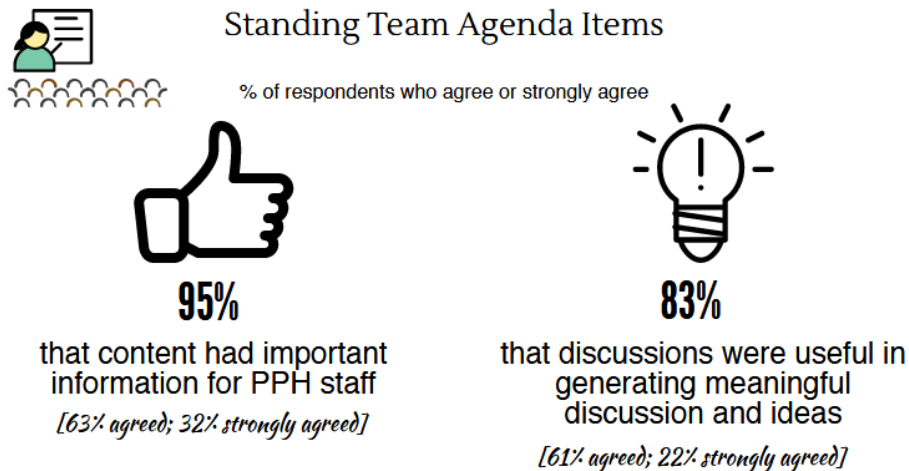
When asked about the main messages received, respondents shared feedback such as:

- “We need to acknowledge the power of Western knowledge in our practice, that there is other valuable and valid knowledge, and figure out how to address this in our practice. Ask ourselves "who's best practice?"”
- “I think the sessions was interesting and they were good speakers, but overall the sharing was a little too much, seemed like something you would do in high school.”
- “Feeling inspired to learn more!”
- “Racism exists in ways that I had never considered before.”

Standing Team Agendas / Readings

The intent of the Standing Team Agendas is for discussion of a reading among all PPH practitioners. Over the course of the year, the PPH Staff Development team shared two readings:

- Fall 2017: [Let’s Talk: Racism and Health Equity](#) (NCCDH, 2017) [[slides and discussion questions](#)]
- Winter 2018: [United Nations Declaration on the Rights of Indigenous Peoples](#) (United Nations, 2007) [[discussion guide](#)]



Did your team discuss the readings?

Teams receive the readings and content to support the standing team agendas via email. According to the respondents, not all teams did the readings. Comments from respondents indicated the reading were interesting and thought provoking yet could in some cases be hard to directly apply to day-to-day practice. While some described feeling very comfortable discussing the topics as a team, others described apprehension amongst team members.



| | |
|------------------------------|------------|
| Discussed both readings | 43% |
| Discussed one reading | 24% |
| Did not discuss the readings | 10% |
| I don't know / remember | 23% |

Feedback from respondents

- “It was not an easy read. I feel the team was a little apprehensive in talking about the topic and personal aspects.”
- “Discussions made us uncomfortable and we should be.”
- “Let’s Talk Racism was an excellent tool for team and individual growth.”
- “UN document [was] a little abstract in terms of putting into practice at the local level.”
- “This is necessary to discuss as it become apparent that so many do not have a clear understanding of what causes current behaviors/traumas in our Indigenous peoples. Clearly need more of this type of discussion.”
- “There was some good discussion, but mostly about the problem with racism in society, and very little about how it impacts our daily interactions, and how we can minimize it.”
- “I felt like the conversations were very vague and I’m not sure there was enough direction from facilitators to actually influence practice. I would have preferred a format where we came up with tangible action items and then were held accountable to carry out these items.”
- “Our manager added additional readings and additional questions to make the questions more personal and relatable. The discussion as a team helped us to examine our own place in these issues.”

Looking Forward

Survey participants also indicated a strong preference for the in-person ½ day format and indicated similar levels of support for webinars, team discussions and online learning.

How do you prefer to receive professional development content?
(check all that apply)



Webinars

52%



Team Discussions
(e.g., Standing Team
Agendas)

51%



Recommended Readings

33%



In-person PPH Staff 1/2 Day
Sessions

82%



Online Learning Management
Systems (LMS)

46%

Survey respondents were asked what future PPH Staff Development topics they would find useful and applicable to their work (38 answered; 65 skipped). The themes included:

- the impact of colonization/pathways to reconciliation (12)
- working with newcomers (6)
- collaborating with community and community agencies (6)
- addictions/mental health/cannabis (4)
- anti-racism (3)

We heard suggestions such as:

- “I think we need more along the lines of continued discussions about Indigenous health, reconciliation, looking at our policies and procedures from a "how can we decolonize" them.”
- “I feel that we need to continue to learn about colonization and cultural sensitivity and awareness.”
- “Real, tangible ways to work with our Indigenous clients/families. Bring in families currently in the CFS system and hear from them how we can support change/improve health/empower our families to have a voice.”
- “Focus on newcomer populations.”
- “More guest speakers from social service agencies to hear about the work they are doing to address inequities (e.g. MaMaWai, Thrive, Bear Clan community activities etc.).”
- “It would be helpful to have more intersectoral networking opportunities where we can share our challenges and look for strategies to resolve or improve to better support individuals and families.”
- “Homelessness initiatives, substance abuse and resources, initiatives within the Winnipeg community that are addressing inequities.”
- “STATS- How well are the relevant programs to our work doing? Are we seeing a difference in the health and well being of those we work with? Perhaps brain storming sessions from front line workers and presentations to make sure they are heard.”
- “Sessions on cannabis- Harm reduction and WRHA take on it. MOH Dr. Reimer with PPH Great Presenter on this info.”
- “Strategic planning.”
- “Literacy, safety, breastfeeding, infant mental health.”

We heard from a few survey participants that they were ready to discuss new topics. Other staff members described wanting more reflection, discussion, and action relate to colonialism and Indigenous health. Many staff offered feedback seeking sessions that move forward ‘action’.

Reflections from Staff Development Working Group

A number of questions from PPH staff arose through the staff development evaluation. The Staff Development Working Group appreciates the input and we have attempted to address some of the recurring questions and feedback below.

Why do we need to provide a name when completing the online evaluation?

We ask for names to have the ability to follow up with staff regarding specific feedback. The feedback is not linked to the name without an extra step to attribute a name to specific feedback. This is only done in specific situations and the ability is limited to a few committee members with that level of survey access.

Why don't we spend more time in staff development putting concepts into action?

Staff development is aimed at increasing knowledge for the entire diverse staff team of the program. The purpose is to support joint learning and reflection of all staff. The broad scope of roles and job functions across PPH means that translating the knowledge into action is not a singular approach. The wide audience and format of PPH Staff Development does not lend itself to group action planning. Individual practitioner and teams are encouraged, and are better situated, to apply the high-level concepts and reflection to their own practice and specific team functions.

Why wasn't there a breakout session specifically for our Admin team?

We recognize that our Admin team is a vital part of our program and that in previous years there has been a specific stream for administrative staff. The intention of PPH Staff Development is to include and be relevant for all staff. This feedback is important as we go forward in staff development planning.