

Dietetic Cultural Safety and Humility Q&A

Updated April 23, 2024

Q1: What is CSH and how does it apply to the practice of dietetics?

CSH stands for Cultural Safety and Humility.

Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent to health care relationships. It results in an environment free of racism and discrimination, where people feel safe and supported to access, receive, and make informed decisions about their health care.

Cultural humility involves educating health professionals on the history of the treatment of Indigenous peoples throughout Canadian history and facilitate self-reflection in understanding personal and systemic biases that may prevent Indigenous peoples from accessing health care. It aims to develop relationships based on reciprocal trust and listening, while acknowledging oneself as a learner when it comes to understanding another's experience.

*Adapted from [Cultural Safety and Humility \(fnha.ca\)](https://fnha.ca)

The principles of cultural safety and humility (CSH) align well with dietitians' responsibility to practice ethically, safely, and competently.

Q2: I am reading the new Indigenous CSH (ICSH) and Anti-Racism Standard and feel that time constraints do not allow me to address/satisfy all of the core concepts. What approach should I take to ensure I am meeting the requirements of this new standard?

While the wording of the [ICSH and Anti-Racism Standard](#) is new for registrants, the concepts they embody are not new. The principles of ICSH and Anti-Racism align well with the [Dietetic Standards of Practice](#), both of which affirm dietitians' responsibility to practice ethically, safely, and competently.

Registrants should take time to familiarize themselves with the new Standard's Core Concepts and its Principles and reflect on how these apply to current practice when serving First Nations, Métis, and Inuit clients. Registrants may be at different places in their journey of reconciliation and will want to choose learning goals and activities that allows them to incorporate the standard into their practice over time.

Reconciliation is not a check box to be completed; it is expected to be a lifelong process of learning and practice, developed and applied by registrants throughout their careers.

Q3: I can't find the ICSH and Anti-Racism Standard Core Concepts, nor their Principles in SkillSure when I am working on my CCP. How do I select and report on ICSH and Anti-Racism?

You are correct that the new ICSH Standards are not added directly into the Dietetic Standards of Practice. This is similar to the way the Dietetic Standards for Record Keeping and Marketing

Standards aren't included in the Dietetic Standards of Practice. The ICSH and Anti-Racism Standard and Principles can be mapped to the Dietetic Standards of Practice, as seen in Q4. It is these Standards of Practice and their Indicators, that have always formed the basis of the CCP.

Q4. For my CPP planning, I need help connecting the Dietetic Standards to the new ICSH and Anti-racism Practice Standard, along with some guiding resources?

| <u>Dietetic Standards of Practice</u> | <u>ICSH & Anti-racism Standard</u> | Examples of Resources (see Q10 for more) |
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| Standard 12. Quality services centered on client needs | Principle 1. Self-reflective practice (it starts with me) | <ol style="list-style-type: none"> 1. TVO – Why Do Indigenous Topics Cause Such Emotional Discomfort? 2. The Six Signature Traits of Inclusive Leadership |
| Standard 3. Continuing competence Standard 13. Evidence-informed practice | Principle 2. Building knowledge through education | <ol style="list-style-type: none"> 1. Celebrating Indigenous Peoples in Canada: Learning and Activity Guide 2. Island Health – Indigenous Health Cultural Safety Online Course |
| Standard 4. Ethical practice Standard 9. Clear and respectful communication | Principle 3. Anti-racist practice (taking action) | <ol style="list-style-type: none"> 1. The Pass System Documentary 2. Resilience BC Anti-Racism Network 3. Continuum on Becoming an Anti-Racist, Multicultural Institution 4. Toward the Science and Practice of Anti-Racism: Launching a National Campaign Against Racism |
| Standard 9. Clear and respectful communication Standard 6. Informed consent Standard 12. Quality services centered on client needs | Principle 4. Creating safe health care experiences | <ol style="list-style-type: none"> 1. Dietitians of Canada Truth and Reconciliation 2. The Six Signature Traits of Inclusive Leadership 3. Nourish – Food Is Our Medicine Online Course 4. Traditional Foods and Indigenous Recipes in B.C.'s Public Institutions |
| Standard 9. Clear and respectful communication | Principle 5. Person-led care (relational care) | <ol style="list-style-type: none"> 1. Toward the Science and Practice of Anti-Racism: Launching a National Campaign Against Racism |

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| Standard 12. Quality services centered on client needs Standard 14. Critical thinking in the process of dietetic care | | 2. BC Patient Safety and Quality Council – Cultural Safe Engagement (What Matters to You?) |
| Standard 9. Clear and respectful communication Standard 12. Quality services centered on client needs | Principle 6. Strengths-based trauma-informed practice (looking below the surface) | 1. Trauma Informed Practice - College of Dietitians of British Columbia (collegetofdietitiansofbc.org) |
| | General Resources that encompass all 6 Principles | <ol style="list-style-type: none"> 1. BCCNM Indigenous Cultural Safety, Cultural Humility, and Anti-racism 2. CPSBC Cultural Safety, Cultural Humility, and Anti-Racism Resources 3. Videos to support culturally safe care (developed by BCCNM and CPSBC) 4. Practice Standard Companion Guide (developed by BCCNM and CPSBC) |

Q5: I need practical approaches for my learning journey. How do I understand the legacy of residential schools?

The following resources are not exhaustive and can be used as a basis to learn more about the history and impact of residential schools:

Bombay, A., Matheson, K., Anisman, H. [The intergenerational effects of Indian Residential Schools: Implications for the concept of historical trauma](#). *Transcultural Psychiatry*. 2014;51(3):320-338.

[Indian Residential School History & Dialogue Centre](#)

[Indian Residential School Survivors Society](#)

Mosby, I., Galloway, T. [“Hunger was never absent”: How residential school diets shaped current patterns of diabetes among Indigenous peoples in Canada](#). *CMAJ* (2017), 189(32) E1043-E1045.

Mosby, I., Galloway, T. [“The abiding condition was hunger”: assessing the long-term biological and health effects of malnutrition and hunger in Canada’s residential schools](#). *BJCS* (2017), 30, (2), 147-162.

Mosby, Ian. [Administering Colonial Science: Nutrition Research and Human Biomedical Experimentation in Aboriginal Communities and Residential Schools, 1942–1952.](#) *Histoire sociale / Social History*, vol. 46 no. 1, 2013, 145-172.

[Truth and Reconciliation Commission of Canada. Residential Schools of Canada](#)

[UBC Indigenous Foundations - The Residential School System](#)

Q6. Where can I learn about Indigenous food, food preparation, and the link to cultural identity and well-being?

The following resources may be a good starting point to learn about Indigenous food and reconciliation:

[BC Patient Safety and Quality Council – Cultural Safe Engagement \(What Matters to You?\)](#)

[CBC - The dark history of Canada's Food Guide: How experiments on Indigenous children shaped nutrition policy](#)

[CBC – Traditional foods give boost to First Nations battling diabetes](#)

[Dietitians of Canada Webinar Truth, reconciliation, and food](#)

[FNHA. UNDERSTANDING COMMON LANGUAGE. A toolkit for understanding and reflecting on the words Traditional Foods, Food Security, Nutrition and Medicine.](#)

[Government of BC - Traditional Foods and Indigenous Recipes in B.C.'s Public Institutions](#)

[Indigenous Food and Beverage Canada](#)

[Traditional Food Fact Sheets.pdf \(fnha.ca\)](#)

Q7: I am finding making a true SMART goal for Cultural Safety, Humility and Anti-Racism very difficult, since it is an interpersonal skill and difficult to measure. Is it ok to describe a learning outcome as a feeling (an increase in comfort, or confidence)?

You are encouraged to develop [SMART goals](#) in learning reports whenever feasible. The College recognizes difficulty in developing truly measurable goals in Standards that promote interpersonal skill development, such as cultural safety.

“Measurable” can be defined as being able to **quantify** the desired outcome to allow tracking of your progress in the context of goal setting.

Quantifiability of a goal means that it can be explicitly measured, such as % reduction in a waste audit, an improvement in blood glucose among clients, score on an exam, etc. These can easily be used to demonstrate that a goal has been achieved.

However, in the case of a cultural competence goal, outcome is often measured **qualitatively**, an outcome that is descriptive and conceptual. Examples of qualitative measures include communicating more effectively, learning to better adapt to change, working collaboratively with a team, etc. With intangible learning outcomes, you may consider tracking your goal internally. Some questions to ask yourself include:

- Do I feel more comfortable about discussing the topic covered in my learning goal?
- Have I gained a better understanding?
- What has completing the learning report help me to achieve?

In both the qualitative and quantitative measures of goal achievement, the learning outcome description of the Professional Development Report (PDR) is very important, especially so in a qualitative goal. Here, you can use the space to truly reflect on how your intangible learning (goal achievement and thus meeting the Standard/Indicator combination) has affected your practice of dietetics in a positive way. These reflections are a powerful way in which to express advancement in professional practice and competency¹.

¹ Koshy et al (2017). International Journal of Surgery. Oncology. [Reflective practice in health care and how to reflect effectively](#). Accessed June 29, 2021.

Q8: Can I get help in formulating a SMART goal with a qualitative measured outcome?

You may find the following framework¹⁻⁴ helpful when developing goals for interpersonal skills:

| Steps | Questions to consider | What part of the CCP is this? |
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| 1. Provide context | <ul style="list-style-type: none"> • What does improvement in cultural competence mean to me? • When and how do I need to practice cultural safety in my professional setting? • Where am I in my cultural competence journey? | <p>Self Assessment and Learning Goal</p> <ul style="list-style-type: none"> • Consider which Standard/Indicator combination best fits your learning needs. • Start drafting a SMART learning goal in that section of the PDR. |
| 2. Determine desired outcome | <ul style="list-style-type: none"> • What aspect of cultural competence am I looking to improve? • What am I looking to achieve? • Where can I seek out education opportunities? • Why is this important? | <p>Portfolio and Learning Activities</p> <ul style="list-style-type: none"> • This may be reinforced and reassessed over time as you undertake opportunities for learning in the desired area. • Compile learning activities into a Professional Portfolio and seek additional learning in areas of interest/necessity. • Record learning activities in that section of the PDR. |
| 3. Identify outcome measures | <ul style="list-style-type: none"> • How will I know I have achieved my goal? • Are these outcomes (quantitative) measurable, or are they qualitative in measure (a change in perception/paradigm, a feeling of confidence/comfort in a new | <p>Learning Goal</p> <ul style="list-style-type: none"> • This is where you reflect on the qualitative outcome of this goal. • What was achieved? Is there more learning that needs to be done? • Finalize the SMART learning goal in that section of the PDR. |

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| | area, or a sense that your role has been positively impactful?) | |
| 4. Evaluate the outcome measures | <ul style="list-style-type: none"> • How will I evaluate my success measures? • Did I learn more about the application of the Standard/Indicator in my practice? | Learning Outcome <ul style="list-style-type: none"> • This is the last reflective stage of the PDR where you identify how this learning and goal achievement has improved your practice of dietetics. • Is there an additional goal for the next CCP cycle that could be developed from this learning? |

For sample learning plans on cultural safety-based goals, please refer to Q9.

¹CDBC. [SMART goal video](#).

²College of Dietitians of Ontario. SMART goal webinar. <https://www.collegeofdietitians.org/resources/quality-assurance/self-directed-learning-tool/sdlttool-webinar-smart-goals.aspx>, accessed June 30, 2021.

³Eileen Azzara (2016). SMART goal examples for developing leadership competencies. [SMART Goal Examples for Developing Leadership Competencies \(linkedin.com\)](#), accessed June 21, 2021.

⁴McGill University (n.d.). Smart goals and intrinsic motivation. https://www.mcgill.ca/engineering/files/engineering/smart_goals_and_intrinsic_motivation.pdf; accessed on May 14, 2021.

Q9: Do you have examples of SMART learning goals and learning outcomes specific to Indigenous cultural safety, humility and anti-racism?

We would like to share three sample learning reports related to cultural humility and safety for Indigenous populations. The purpose of the sample learning reports is to clarify how the SMART learning goal model may be adapted for qualitative outcomes for interpersonal skill development and provide inspiration to registrants. You may choose how you would like to develop your learning reports as long as that they comply with the [CCP guidelines](#). To learn about tips on writing SMART goals for interpersonal skills, please refer to Q8.

The learning activities section of the learning reports below has not been included. These opportunities can be specific to geographical region, time of year, and community/workplace engagement and can become easily outdated. For more information and to access examples of resources for your learning needs, please see Q10 below.

Note that the letters S-M-A-R-T have been included so sections of the learning report can be identified.

Example 1 (ICSH and Anti-Racism Standard Core Concept 6, Principle 6.3)

Standard 12: A dietitian provides quality professional services that reflect the unique needs, goals, values, and circumstances of the client.

Indicator 1: Provide quality professional services respecting the client's ancestry, nationality, ethnic background, religion, age, gender, social and marital status, sexual orientation, political beliefs or physical or mental ability.

Learning Goal: My aim is to improve my cultural competence (**R**) within this 1-year CCP cycle (**T**) to ensure inclusion of Indigenous members of my community (**A**) such that they can receive care that is consistently culturally safe. I would like to feel more confident (**M**) about plans of care that (1) reflect unique perspectives of this population and (2) address systemic barriers which have often caused poor outcomes in this population (**S**).

Learning Activities:

To access examples of resources for your learning needs, please see Q10 below.

Learning Outcome: My learning this CCP cycle has been tied to an acknowledgement and understanding of the systemic racism that pervades our healthcare system. I was able to work within my interdisciplinary team to plan for improved culturally safe care and to revise (1) our language used in internal policies and on our website, and (2) in my documentation, to avoid colonialist wording and phrasing, providing a more inclusive and welcoming experience for all.

Example 2 (ICSH and Anti-Racism Standard Core Concept 4, Principle 4.1)

Standard 4: A dietitian acts ethically in their professional interactions and while providing professional services.

Indicator 3: Demonstrate inclusion, honesty, and fairness.

Learning Goal: This year (**T**), I would like to learn how to provide meaningful land acknowledgements (**S**) at the outset of all meetings and webinars/seminars (**A**) that truly reflect my desire to be an ally and meaningfully contribute to reconciliation by demonstrating gratitude and humility (**M**) while avoiding the perpetuation of colonization's damaging effects (**R**).

Learning Activities:

To access examples of resources for your learning needs, please see Q10 below.

Learning Outcome: I feel I have gained knowledge and understanding that translate well into practical tips on how to approach a land acknowledgement, such that it has maximum impact and sincerity. I gained an appreciation for the need to take time to develop such an acknowledgment, by providing thoughtful and reflective practices to the process, recognizing that it is an important truth and reconciliation action to respect and honour the Indigenous peoples who have been on this land for centuries.

Example 3 (ICSH and Anti-Racism Standard Core Concept 5, Principle 5.4)

Standard 9: Clear, respectful, and culturally sensitive communication.

Indicator 3: Demonstrate cultural competence.

Learning Goal: By mid-way through this CCP cycle (**T**), I would like to read about sources of power imbalances that exist in healthcare between healthcare practitioners and Indigenous clients in BC (**A**), and their impact on safe care delivery (**S, R**) with the aim of being able to name and discuss (**M**) sources of power imbalances and impact on care of Indigenous clients with my team.

Learning Activities:

To access examples of resources for your learning needs, please see Q10 below

Learning Outcome: Learning about the power imbalances in healthcare and how Indigenous populations are affected allowed me to gain a better understanding of the challenges Indigenous Peoples face. This learning helped me strengthen my understanding of the importance of cultural safety and what it entails in healthcare. Providing a culturally safe environment in a healthcare setting involves integrating cultural humility and competency into practice, and having cultural awareness is not enough. I am now better able to recognize my own privilege and will work on establishing trust and rapport with my Indigenous clients, so this power imbalance is not felt as much. I realize that I am only in the beginning stages of gaining cultural competence, and I am inspired to further improve my cultural competence as an individual and a team member, keeping the “learner” perspective in mind.

Q10: I am interested in learning more about CSH and Indigenous-specific racism. Can you recommend some resources to start with?

The College acknowledges that the following resources are not exhaustive and are provided as a starting point. Registrants may find that this information can be complemented by additional resources on [trauma-informed practice](#) and decolonizing the dietetics profession.

General Cultural Safety & Humility Resources:

[BC Patient Safety & Quality Council. Cultural Safety & Humility](#)

BCCNM and CPSBC – [Practice Standard Companion Guide](#)

BCCNM and CPSBC - [Videos to support culturally safe care](#)

CHCPBC [Dietitian specific – Trauma Informed Practice Q&A](#)

[CPSBC - Cultural Safety, Cultural Humility, and Anti-Racism Resources](#)

[Dietitians of Canada Truth and Reconciliation](#)

[First Nations Health Authority](#)

[Len Pierre Consulting - Transformative Territory Acknowledgment Guide](#)

[Ministry of Indigenous Relations and Reconciliation - Province of British Columbia \(gov.bc.ca\)](#)

[NCCIH - National Collaborating Centre for Indigenous Health. Resources relevant to the health of Canada's Indigenous peoples](#)

[TVO – Why Do Indigenous Topics Cause Such Emotional Discomfort?](#)

[UBC Dietetics Program Decolonizing Dietetics Reading List](#)

Nutrition-specific Cultural Safety & Humility Resources:

[CBC - The dark history of Canada's Food Guide: How experiments on Indigenous children shaped nutrition policy](#)

[CBC – Traditional foods give boost to First Nations battling diabetes](#)

[CHCPBC Dietitian specific – Indigenous Racism and Colonialism in Dietetics in BC and Canada](#)

[Feed BC Program - Indigenous and Traditional foods in public institutions](#)

FNHA –[Food is Medicine](#) and [Common Language Report](#), and [Toolkit](#)

[Dietitians of Canada - Webinar Truth, reconciliation, and food](#)

[Kelty Eating Disorders Trauma-Informed Nutrition](#)

Resources to learn about the Residential School System:

[Indian Residential School History & Dialogue Centre](#)

[Indian Residential School Survivors Society](#)

[Truth and Reconciliation Commission of Canada. Residential Schools of Canada](#)

[UBC Indigenous Foundations - The Residential School System](#)

Indigenous Anti-Racism Resources:

[Continuum on Becoming an Anti-Racist, Multicultural Institution](#)

[In Plain Sight Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care](#)

[Resilience BC Anti-Racism Network](#)

Cultural Safety & Humility Webinars, Videos, & Documentaries:

[CBC Firsthand: 10 Indigenous Films to Celebrate International Day of the World's Indigenous Peoples](#)

[Circling Together for Wellness: A Virtual Gathering Upholding Indigenous Knowledge](#)

[Lament For Confederation by Chief Dan George](#)

[National Indigenous Cultural Safety Learning Series. ICS Collaborative - PHSA](#)

[The Pass System Documentary](#)

Cultural Safety & Humility Courses:

[Island Health – Indigenous Health Cultural Safety Online Course](#)

[Nourish – Food Is Our Medicine Online Course](#)

[San'yas Indigenous Cultural Safety Training](#)

[University of Alberta – Indigenous Canada Online Courses](#)

[University of British Columbia – Reconciliation Through Indigenous Education](#)

Books to Learn More About Cultural Humility & Safety:

[Métis Nation British Columbia. 2021. Kaa-wiichitoyaahk: We Take Care of Each Other. Métis Perspectives on Cultural Wellness](#)

[Amazon Canada – Highway of Tears](#)

For the development of education materials or presentations:

[Writing Guide for Indigenous Content - Province of British Columbia \(gov.bc.ca\)](#)

[Terminology in Indigenous content - Province of British Columbia \(gov.bc.ca\)](#)

[Why Aboriginal Engagement isn't Stakeholder Engagement \(ictinc.ca\)](#)

[Indigenous-Peoples-A-Guide-to-Terminology.pdf \(ictinc.ca\)](#)