

Speaker 1: Welcome to Our Practice. A podcast created to talk candidly about the evolving pharmacy profession and the challenges and rewards of providing innovative patient care. This podcast is provided by members of the UBC Pharmacist Clinic. We acknowledge that UBC and the Pharmacist Clinic is situated on the traditional, ancestral and unseated territory of the Musqueam people. Thank you for joining us. And now here's your host, Barbara Gobis.

BARBARA GOBIS, ...: Hello, and welcome back to the Our Practice podcast. In series two, we're talking about showing up for our patients, in our profession, on our teams and for ourselves. One area of healthcare where pharmacists and all healthcare providers alike have significant room to improve, is how we show up in caring for marginalized patient populations. Marginalization is a social process by which individuals or groups are distanced from access to power and resources. Whether intentional or unintentional, we have fallen short and failed to provide the best possible care for patients in these groups. Some examples of marginalized populations include, but are by no means limited to people of certain races, religions, political or cultural groups, ages, gender or financial status. The Pharmacist Clinic has a clear goal to enable more patients at risk of drug therapy problems to receive culturally safe, best practice pharmacist care. In doing so, we have learned a lot. But it is still just the beginning of our work to engage across differences and deepen our learnings.

Today I am so pleased to welcome a new guest to the Our Practice podcast, Timothy Lim. Tim joined the clinic team after several years in a clinical pharmacist role at the Royal Columbian Hospital. Tim's passion for providing culturally safe, patient-centered services, has enabled him to take on roles collaborating with the First Nations communities in our province, as well as advocating for the 2SLGBTQQA+ health at the clinic. Tim completed his undergraduate pharmacy training at UBC and a pharmacy residency with the Lower Mainland Pharmacy Services here in Vancouver. Tim, we have a lot to talk about and this is a serious topic. Let's dive right in. Tim, I'm going to start by asking you to tell us a little bit about the work and research you do at the clinic in this area.

TIMOTHY LIM, BS...: Sure. So thanks Barbara for the introductions first and foremost. I'd actually just like to start off this interview by positioning myself and sharing with listeners parts of my personal identity. So yes, my name is Tim and I use he, him pronouns. I am a settler of this land and I am of Chinese ethnicity. My parents grew up in Cambodia during the Khmer Rouge era and came to Canada as refugees in the '80s. As such, I am a second generation Canadian who is queer, able-bodied and I am a cisgendered male. And I think that this framing of my identity is important because as we talk about marginalized communities in this podcast today, we are really referring to identities that are excluded in past and present times and identities that are and are not privileged.

So with that backdrop and to answer your question about the work that I do at the Pharmacist Clinic, my research and project work is centered around health

equity and providing culturally safe, patient-centered care. For instance, I lead a project in collaboration with First Nations Health Authority, where we work with First Nations communities in developing systems to access clinical pharmacy services. And through this work, it has taught me lots about the importance of a community-driven approach when working with First Nations communities. And the importance of cultural humility, which is a lifelong process and commitment to understand personal and systemic biases, in order to build respectful and trusting relationships with our patients.

I am also currently working on a research project where we are hosting focus groups with deaf, deaf-blind, unheard of hearing patients, to learn how to better provide pharmaceutical care and serve these populations. Other projects I work on include how to better provide care for the 2SLGBTQQA+ community, specifically how to create safer spaces for queer folks using concepts of diverse sexual orientation, gender identity and expression, also known as SOGIE.

BARBARA GOBIS, ...: Yeah. There's just so much information that we have to learn. The terminology, the concepts, we're all students of this and Tim-

TIMOTHY LIM, BS...: Exactly.

BARBARA GOBIS, ...: ... I'm just so grateful that you're here to shed some light on this because you live and you work in this area, so it's really important that we hear from you. How did you come to find this passion for caring for, and engaging with marginalized populations?

TIMOTHY LIM, BS...: Yeah, interestingly enough, this passion stems from my activist work in protecting old growth forest here in BC. Essentially through this activism, not only did I learn about the environmental harms of clear cutting old growth forests, but I also learned about intersectionality, social determinants of health and how the climate crisis will disproportionately affect the wellbeing, health and safety of marginalized communities.

BARBARA GOBIS, ...: Wow. So that was really an entry way for you to open your eyes. Just by your interest in the environment you learned about people. Because as you've heard me say Tim, we are all connected to everything.

TIMOTHY LIM, BS...: Exactly.

BARBARA GOBIS, ...: So that's a beautiful perspective to bring to this conversation. In my experience, a big struggle encountered by pharmacists and learners caring for people in marginalized populations is around language. We worry about the use of proper, respectful language and when we don't know for sure, we might withdraw or avoid engaging for fear of offending or saying the wrong thing. Tell us your thoughts on the whole language challenge, Tim.

TIMOTHY LIM, BS...: Yeah. The listeners can't see this right now, but I'm nodding my head in agreement. Like yes, this is such an important topic. I would agree that language is important. For instance, if someone continually misgender an individual even when it's unintentional, it can have negative impact on a person's self confidence and mental health. This is particularly important for trans individuals. I'm just thinking of another example of the importance of language where historically, healthcare providers use this term, sex reassignment surgery to refer to the various surgeries trans folks access to feel more comfortable in their bodies. However, a more inclusive term that can be used instead of sex reassignment surgery, is gender affirming surgeries to acknowledge that surgery does not determine gender and that people should be treated according to their gender rather than their sex. So these examples speak to the importance of language and one thing to note is that language is constantly evolving to be more inclusive.

In fact, I struggle with using the term marginalized, underrepresented or underserved when referring to people of color, women, the 2SLGBTQIA+ communities, seniors, people with disabilities and any other groups who are made to feel like they do not belong. Because in fact, these words themselves are belittling, discriminatory, diminishing and ironically marginalizing. So to answer your question, words are powerful. And if you don't know the right term or language to use, rather than avoiding engagement with marginalized populations, lean in and ask. Don't let fear of making mistakes stop you from providing care to diverse people. And if you make a mistake in your choice of words, terms, pronouns or names, the best thing to do is apologize, use the correct language and move on. It's that simple.

BARBARA GOBIS,: I can totally relate to what you're saying, Tim. Language is so important and if you don't know, to ask. Even something as straightforward as your name is Timothy, but I asked you how you wanted me to call you and you told me Tim. And so officially, I refer to you as Timothy, but in our interactions, I refer to you as Tim and I feel comfortable with that. If I hadn't asked, I wouldn't know and I might fumble around-

TIMOTHY LIM, BS...: Exactly.

BARBARA GOBIS,: ... and make us both feel a little bit awkward.

TIMOTHY LIM, BS...: Exactly. It's that simple, right? It's just a simple question.

BARBARA GOBIS,: And I prefer Barbara, not Barb. So there you go. We all have our preferences.

TIMOTHY LIM, BS...: Exactly.

BARBARA GOBIS,: And it's important to ask. How has working with marginalized communities changed the way you practice and provide patient care in general, Tim?

TIMOTHY LIM, BS...: Yeah. That's a great question that really makes you think. For me, I think providing patient care with cultural humility in mind has been a meaningful change to my practice. Cultural humility is humbly acknowledging that I am a learner when it comes to understanding my patient's experiences. And in doing so, it gives me space to recognize my personal biases, avoid making stereotypes and equalizes any power imbalance in my patient interactions. So to kind of build on the last question, cultural humility enables me to be mindful of the language I use when speaking with patients. For instance, being more aware of questions that may be triggering or sensitive to patients and framing them in a more appropriate manner. And by practicing with humility, I hope to create a safe and welcoming space for open communication, a space that is free of judgment and opportunities to collaborate with my patients and making informed decisions on their health.

BARBARA GOBIS, ...: Thank you, Tim. What are some of the things that you do to prepare before you engage with marginalized communities or community members?

TIMOTHY LIM, BS...: Yeah. That's a great question, Barbara. Thanks for asking. As with any patient care workup, a prerequisite is to do your prep work and research. In the realm of working with marginalized populations, taking that extra step of learning about why this population has been historically excluded, will help you contextualize the patient's personal experiences and how that relates to outcomes such as their health status and wellbeing. Specifically in my work with First Nations communities, it started with my own self education and learning. And in fact, this learning and unlearning, is still going on today. Even prior to providing direct patient care, I spent time understanding the impacts of colonialism on indigenous wellness and the impacts of Canada's past and present relationships with indigenous people, including the Indian residential school system, the Indian hospital system, forced sterilization, conducting unethical nutritional experiments on indigenous peoples in the '40s and the '50s, to the '60s scoops, to contemporary entrenchment of racism towards indigenous people in present day.

And through this learning, I've come to recognize how these systems act as tools and forms of genocide and how it impacts indigenous health and wellbeing. It's only after learning, then pausing and sitting with this uncomfortable truth, can I begin to show up with more compassion and more empathy. And showing up can take many forms, like providing opportunities for longer appointments and not cutting the patient off, recognizing the value of traditional knowledge, cultural and spiritual practices as a form of medicine and partnering with elders whenever possible. So relating back to your questions about how to prepare for patient appointments with marginalized populations. Searching for continuous education opportunities like completing the San'yas Indigenous Cultural Safety Training, listening to voices of marginalized populations and searching for courses on the PHSA LearningHub are all great places to start.

BARBARA GOBIS, ...: Thanks for those practical suggestions, Tim. Is there any other advice you can share with pharmacists and student pharmacist providing care to marginalized communities for the first time?

TIMOTHY LIM, BS...: Yeah, I think the important thing is to let your patient take lead and ownership of their health. Be open to listening to their stories and concerns. We all have our own biases and learning to acknowledge them helps us become more compassionate and understanding listeners and health care providers. Another thing I've come to learn is that healthcare is inequitable in our province despite healthcare being universal in Canada. There are barriers like geographic location, difficulties in accessing technology and internet, as well as social determinants of health that can all affect a patient's access and experience with health care. For example, a patient who is making a minimum wage salary and lives in rural BC, will not have the same access to hospital or primary care services as those in the lower mainland.

Further, if they're making minimum wage without any third party health insurance, a very possible reality for them can be, a debate of whether they pay for their blood pressure medication or provide their family with food. Or do they buy the cheapest canned foods which is likely unhealthy over purchasing more expensive, healthier food options? It's socio-economic context and non-medical factors like the ones I've just shared that helps us better understand the patient's health status. Lastly, I think just acknowledging that this process of showing up for our patients, particularly those who have been historically excluded and practicing culturally safe care and with humility is a lifelong process and is not a one-and-done task. You must constantly seek to learn and unlearn and challenge your biases to better serve your patients.

BARBARA GOBIS, ...: Tim, I have to say this has been such a rich and rewarding conversation with you. Thank you so much for joining us today and sharing your insights and pearls. What really stood out for me is not only your passion for this work, but your passion for sharing your journey and your learning with others. We still have so much work to be done in barriers to break to improve care for marginalized populations, but I'm hopeful that the information you shared can inspire all of us to commit to being part of a system that is safer, more accessible, more inclusive and more equitable. That's it for today. Please join us next time, when we invite Jamie Yuen back to the mic to talk about innovation in pharmacy practice. Yes, including your practice too. From our practice to yours. Thank you for listening.

Speaker 1: For more information on the Pharmacist Clinic, please check out our website, where you can access more practical information, including our newsletter, archived webinars and practice resources.