**Trauma Walk-Through**

This exercise will help staff, at various service sites, ‘walk through’ their space to assess the extent to which the social and physical environment is likely to feel welcoming, culturally and emotionally safe, and reduce harm for everyone, but especially for those who are most likely to feel unwelcome and unsafe.

1. **Approaching and Entering the Clinic**

Think about visiting the site where you work. As you approach and enter, imagine the following, as though it’s your first visit:

* How do you enter? Is it clear how you are supposed to enter?
* What do you notice as you approach the building? Enter the building? Do you enter right into reception, or is there a second entrance? What does this look and feel like?
* Who is present? Speaking? What do you observe about people? What do you notice about people’s facial expressions, their posture? What stands out for you?
* Who is communicating with who? How are people communicating? What is their tone of voice?
* Are people making eye contact? And if so, who is making eye contact with whom?

**Think about it**

* What is welcoming or unwelcoming as you enter?
* What tone does the signage convey? Who do you imagine decides about the signage? What influences those decisions?
* Who would feel welcome or unwelcome here? Do you feel welcome here? Why or why not?
* What things or people in the space might deter people from engaging with reception? What might be encouraging or supportive to get them to move forward to talk to reception?

1. **Reception**

Now imagine approaching the reception area/staff.

* Where is it located? How do people know where it is and how they are supposed to go there?
* How are people greeted and by whom?
* How many people are usually in the reception area? Who are they?
* How do patients and other people know what staff roles are? How can you recognize a nurse? A doctor?
* What do staff convey? Consider usual facial expressions, tone of voice, body language, words.
* What stands out about this space?
* What makes you feel comfortable or uncomfortable here? Who would feel most comfortable? Are different people treated differently and if so in what way and by whom? Based on what?
* What questions are asked and in what order? Review the intake form. What does it draw attention to? From what does it detract attention?

**Think about it**

* When staff engage with patients and families do you think that they consider what is affecting people’s health? For example, do you think staff account for how hard it might be to even get to the clinic?
* How do staff engage with people who do not speak English as a first language? Does anything about their communication change?
* Do the staff take into consideration patient age or physical ability? For example, how do they speak with elderly patients? Are patients able to sit at reception or are they standing?
* How do staff engage with people who seem to have trouble focusing on questions being asked?

1. **Waiting area**

* If you had to describe the space to someone in two words, what would you say?
* What is the strongest feeling you have as you enter the waiting area?
* What does it look like? What is there for people to occupy waiting time?
* Are snacks, water and washrooms available and accessible?
* Are the waiting areas and washrooms clean?
* What kinds of chairs are available for people? Do they seem comfortable?
* What do you notice about the patients waiting here? Do they seem comfortable to you? Are they talking to one another?
* Notice who is helping people in the waiting room. Who is talking to patients? Who is helping if someone appears distressed or uncomfortable? Do some people seem uncomfortable? Why?
* What kinds of things are happening to patients here? Are they having clinical interactions or getting discharge instructions?
* What do you see that is relevant to people’s privacy, their identity and/or their health issue(s)?

**Think about it**

* Who would feel comfortable in this space? Who wouldn’t? Why?
* How is privacy and confidentiality protected in this space?

1. **Examination/Treatment Rooms**

* What is the layout of the room? Would you describe the space? Warm, cold, cozy, sterile?
* Who is in the room?
* Are there different examination/treatment rooms for various patient health issues?
* How do patients get transferred to the room? Who goes with them? Who is allowed to be with them?
* How are staff identified to patients in the room?
* Is a staff person always in the treatment room? If so, what role is the staff person (i.e., nurse)?
* How are decisions made about who will be seen first in treatment rooms? In order of arrival or do reception or other staff set a priority rating for how patients are seen?
* What do you notice about when and how staff talk with patients? How does the encounter begin? End?
* What happens prior to and during any physical examination or procedures? What are staff doing and saying? What actions do staff take to ensure privacy and comfort of the patient?
* Would you feel comfortable in this space? What might make you feel uncomfortable or unsafe?

**Think about it**

* Are the rooms set-up to best serve patients, or staff?
* Who would feel respected in this space? Who would not? Why?
* What small thing could be changed to make it a more welcoming space?

1. **Other considerations**

* Bathrooms – are they available, accessible, well-signed and cleaned/provisioned regularly? Is a key needed? Is there a safe space to dispose of sharps? Is there a non-gendered bathroom? A baby-changing/nursing area?
* Forms and documentation - review the intake and examination/consultation forms.
  + What language/terminology is used to describe patients?
  + What does it draw attention to? What does it overlook?
  + How does the form position you in relation to the patient? How does it shape your perspective of power/authority?
  + What do the forms guide you to say?
  + Whose interests/concerns are prioritized?
  + What does the form tell you about the health care system?
* Charting – where does it happen? Is it designed to protect patient privacy?
* Exit – what happens when a patient leaves the clinic? Do the staff check in with patients to see how well they understand the discharge information? Do they provide opportunity for questions?