

## Training Plan for Cultural Safety Module 1

### Learning objectives for Cultural Safety Module 1

By the end of Module 1 participants will be able to:

- understand what cultural safety is and why it is important
- understand that cultural safety is affected by biases
- describe a personal bias that they have in a community setting
- identify and describe a bias and its impact in health care
- describe personal biases they have in health care settings

### Trainer's Notes

The Cultural Safety training has been designed to be delivered in two Modules. Cultural safety is a complex subject for participants to understand in terms of

- the differences in relation to cultural safety and cultural competence
  - how to identify personal biases and reflect on them
  - recognise the impact of bias and care that is not culturally safe
  - provide culturally safe care as determined by the patient
  - use the Hui Process as a way of providing culturally safe care
1. Preferably both Cultural Safety Modules should be delivered after the 'Asking Questions to Stop Making Assumptions' and 'Listening' Training Modules.
  2. In preparation for delivering these Cultural Safety Modules look at the cultural safety part of the SMS Toolkit and, in particular, watch the videos linked to that part of the website <https://www.smstoolkit.nz/cultural-safety>
  3. Talk to your Practice Manager to see if the practice has other resources around cultural safety from the PHO. If the participants raise issues about cultural safety and you are not sure how to respond, make a note of what has been raised, and undertake to find out the correct response and get back to the participants. Participants may have spent some time attending cultural competence training and may find it hard to see the difference between cultural competence and cultural safety.
  4. Make sure you have a number of examples from your own experience about all aspects of cultural safety to share with participants. Sharing these examples will help participants to identify their own examples.
  5. Please read this Training Plan and the Handout at least a week before the training session for Module 1.
  6. Please print off enough copies of the Handout, depending on the number of participants in the session.
  7. Prepare 5 cards with the names of the categories on the left hand side of the 'What cultural safety isn't' table on pages 1 and 2 of the Handout.

8. If participants want more information about cultural safety, including videos they can watch, refer them to the Cultural Safety section on the SMS Toolkit website <https://www.smstoolkit.nz/cultural-safety>

Purpose and time	Activity	Resources
Introduction (5 minutes)	<p>Welcome everyone to the session.</p> <p>Explain that this Module is the first of two Modules to introduce and discuss cultural safety to make sure we provide culturally safe care to people coming into our organisation.</p> <p>Go through the learning outcomes so participants know what will be covered in Module 1.</p>	
Activating prior knowledge (10 mins)	<p>What is cultural safety?</p> <p>Ask participants how many of them have received training in cultural competence?</p> <p>Then ask participants how many of them are aware of the change from cultural competence to cultural safety?</p> <p>If a number of participants indicate they know something about cultural safety:</p> <p><b>Activity</b> - ask participants to brainstorm what they currently know about cultural safety.</p> <p>Examples could include:</p> <p><i>Isn't it the same as cultural competence?</i> Explain that you will talk about this more later in the session.</p> <p><i>It's different from cultural competence.</i> Confirm "yes" and say you will explain more later.</p> <p><i>It's about bias.</i> Confirm "yes" and say you will explain more later.</p> <p><i>Is it about knowing about patients' cultures?</i> Explain that is cultural competence. Cultural safety is something different - will explain more later.</p> <p>Then give everyone a copy of the Handout.</p> <p>Where participants indicate that they do not know much about Cultural safety:</p>	Page 1 of Handout

	<p><b>Alternative activity</b> - give everyone a copy of the Handout. Ask everyone to read the definition of cultural safety at the top of page 1.</p> <p>Explain that there are three aspects of this definition:</p> <ol style="list-style-type: none"> <li>1. People need to be aware of their own biases.</li> <li>2. People need to reflect on their own biases and try and reduce them.</li> <li>3. Reducing your biases and assisting your colleagues to do the same will help to achieve health equity – improve outcomes for people who are disadvantaged in terms of getting access to the health system.</li> </ol> <p>Ask participants what comments they have about these three aspects.</p> <p>Explain that we are going to go over these key aspects later in this Module.</p>	
<p>Building knowledge (10 minutes)</p>	<p>What Cultural Safety isn't.</p> <p>Ask participants to turn over their Handout so they can't see what is written on it. Get participants to work in pairs or small groups. Give each group one of the cards you prepared earlier. Ask each group to discuss their card for 5 minutes and be prepared to report back on <b>why their card is not an example of cultural safety</b>.</p> <p>See examples in the table on page 1 and top of page 2 of the Handout – use these to respond to the groups' feedback.</p> <p>Refer participants back to the table on the bottom of page 1 and top of page 2 of the Handout and then the section <b>What about cultural competence</b>. Briefly go over the contents of that section emphasising why cultural competence has not made any improvement in health equity in New Zealand.</p>	<p>Page 1 and top of page 2 of Handout</p>
<p>Building knowledge (20 minutes)</p>	<p>What is a bias?</p> <p>Refer participants to 'The Medical Council of New Zealand's Statement on Cultural Safety' starting on the bottom of page 2. Explain that The Medical Council of New Zealand is the governing body regulating doctors in New Zealand. All doctors must be registered with a licence from the Medical Council of New Zealand to practice in New Zealand. This statement on cultural safety applies to doctors. However, cultural safety is</p>	<p>Bottom of page 2, and pages 3 and 4 of Handout</p>

	<p>important for every person working in the health sector.</p> <p>Explain that other organisations, such as the Pharmacy Council and Nursing Council, have statements or policies on cultural safety.</p> <p>Ask participants to read through the bottom of page 2 and top of page 3.</p> <p>Explain that the Medical Council’s statement can be summarised in two ways:</p> <ol style="list-style-type: none"> <li>1. Health care staff need to become aware of how their biases impact on the quality of health care provided.</li> <li>2. Health care staff need to reflect on their biases and then change what they do with the aim of improving the quality of care provided.</li> </ol> <p>Explain you are going to discuss the first statement – ‘What is a bias?’ on page 4 of the Handout.</p> <p>Get participants to work in groups and write down what they think a good driver is – give them 5 minutes. At the end of the 5 minutes go around the group and ask people what they said.</p> <p>Most people will have a long list – e.g. wear seatbelts, follow speed limit, have their cars registered and warranted, be courteous to other road users, be careful when driving near schools, have children in child restraints, don’t drive when drunk or tired. Make notes of what people say and at the end ask people to think – have they ever driven over the speed limit, gone through an orange light when they could have stopped, driven when they are tired or had a couple of drinks.</p> <p>Explain that we all have biases that show positive or negative prejudice. So, we might have a negative bias to people who drive when they have been drinking (even though we have done this ourselves). We might also have a positive bias to people who keep their car warranted and registered without empathising that some people have to prioritise food and rent over keeping their car registered.</p> <p>Ask people to read the section ‘What is a bias?’ on page 4 of the handout.</p>	
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	<p>Ask participants what were key things that they got from the page.</p> <p>If necessary, ask them:</p> <ul style="list-style-type: none"> <li>• can they think of biases passed on by their parents or whānau/families – certain groups were good and certain groups were bad</li> <li>• or did their parents and whānau/families think that talking about feelings was not good – did they hear things such as “harden up” or “just carry on”</li> <li>• or can they think of biases they or their whānau/families have picked up from the media or social media – to be popular you have to look a certain way, wear certain clothing and so on.</li> </ul> <p>Be prepared to share some of your own biases from when you were younger.</p> <p>Then ask participants if they are aware of how being really busy in the medical centre or being tired or short of resources affects the care they have given.</p> <p>Be prepared to share some of your own examples of how being tired or short of resources has affected the care you have given, or prompt people to share using these questions:</p> <p>Have there been times when you have looked back and thought:</p> <ul style="list-style-type: none"> <li>• maybe I didn’t listen to that person as much as I should have</li> <li>• maybe I was a bit rushed with that person and they might think I don’t like them</li> <li>• I hadn’t had lunch and I know I put that person off and maybe it was more serious than I thought</li> <li>• I showed them how to use their inhaler, but I didn’t get them to show me because the next person was waiting</li> <li>• I just gave them the leaflet and didn’t show them the part I wanted them to read because I was running late.</li> </ul> <p>Point out the bold statements at the bottom of page 4 – biases create reactions and barriers because they:</p> <ol style="list-style-type: none"> <li>1. affect our interpretation of what is actually happening</li> <li>2. stop people sharing with us.</li> </ol>	
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<p>Building knowledge (15 minutes)</p>	<p>Reflecting on the impact of a bias on health care.</p> <p>Explain to participants that in 2020 a urologist made a joke about Māori men at a conference in Queenstown. Someone in the audience complained about the joke he made. On pages 5 and 6 is a newspaper article about what happened at the conference and afterwards. Get participants to work in pairs or small groups. Ask participants to read the article on pages 5 and 6 and then try and answer the questions at the bottom of page 6.</p> <p>After 7 minutes discuss the questions and possible answers with participants</p> <p>Answers could include:</p> <ul style="list-style-type: none"> <li>• <i>What bias did Dr Davidson have about Māori men getting prostate checks?</i> He didn't think that Maori men were interested in having prostate checks.</li> <li>• <i>How do you think this bias might have affected Dr Davidson's previous treatment of Māori men with prostate cancer?</i> He might not have given them the same treatment/attention that he might have given other patients who he thought were more interested in checks and therefore, in his opinion, more worthy of the better treatment, such as access to clinical trials. Dr Davidson may not have spent as much time explaining the treatment options and providing information.</li> <li>• <i>What has Dr Davidson identified that contributed to his bias?</i> He had had a privileged life and that privilege led him to have a bias against people who he perceived as not doing the right thing such as having prostate checks.</li> <li>• <i>How has this experience changed how Dr Davidson now works with Māori patients?</i> He now makes sure that he establishes a connection with Māori patients at the start of any consultation.</li> </ul> <p>Point out this was a highly qualified doctor who was good at what he did and yet was totally unaware he had a bias which affected how he provided care. Everyone working in health care will have these experiences.</p>	<p>Pages 5 and 6 of the Handout</p>
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<p>Homework</p>	<p>Before Module 2.</p> <p>Thank participants for their participation in this Module. Before the next Module, ask participants to do four things:</p> <ol style="list-style-type: none"> <li>1. Identify their biases.</li> <li>2. Identify the impact of these biases, especially at work.</li> <li>3. Identify any language they use that shows bias or judgement.</li> <li>4. Think how they could change their biases to reduce the impact on patients and whānau.</li> </ol>	
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## Training Plan for Cultural Safety Module 2

### Learning objectives for Cultural Safety Module 2

By the end of Module 2 participants will be able to:

- describe personal biases they have in health care settings
- describe the impact of those biases
- describe how the biases can be reduced to deliver culturally safe care
- describe power relationships in health care settings
- explain why culturally safe care is driven by the patient and whānau
- identify a range of practical things that can be done to deliver culturally safe health care
- describe the Hui Process and how it can assist to deliver culturally safe health care
- identify and describe some changes they are going to make to deliver culturally safe health care

### Trainer's Notes

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- the differences in relation to cultural safety and cultural competence
  - how to identify personal biases and reflect on them
  - recognise the impact of bias and care that is not culturally safe
  - provide culturally safe care as determined by the patient
  - use the Hui Process as a way of providing culturally safe care.
1. Preferably both Cultural Safety Modules should be delivered after the 'Asking Questions to Stop Making Assumptions' and 'Listening' Training Modules.
  2. In preparation for delivering these Cultural Safety Modules, look at the cultural safety part of the SMS Toolkit and in particular watch the videos linked to that part of the website <https://www.smstoolkit.nz/cultural-safety>
  3. Talk to your Practice Manager to see if the practice has other resources around cultural safety from the PHO. If the participants raise issues about cultural safety and you are not sure how to respond, make a note of what has been raised, and undertake to find out the correct response and get back to the participants. Participants may have spent some time attending cultural competence training and may find it hard to see the difference between cultural competence and cultural safety.
  4. Make sure you have a number of examples from your own experience about all aspects of cultural safety to share with participants. Sharing these examples will help participants to identify their own examples.
  5. Please read this Training Plan and the Handout at least a week before the training session for Module 2.



6. Participants should already have copy of the Handout from Module 2 but you might want to print off a couple of copies of the Handout just in case participants have mislaid their Handouts.
7. If participants want more information about cultural safety, including videos they can watch, refer them to the Cultural Safety section on the SMS Toolkit website <https://www.smstoolkit.nz/cultural-safety>

Purpose and time	Activity	Resources
Introduction (5 minutes)	<p>Welcome everyone to the session.</p> <p>Explain that this Module is the second Module on cultural safety to make sure we provide culturally safe care to people coming into our organisation.</p> <p>Go through the learning outcomes so participants know what will be covered in Module 2</p>	
Activating prior knowledge (15 minutes)	<p>Review of homework from Module 1.</p> <p>Remind participants that at the end of Module 1 they were asked to do four things:</p> <ol style="list-style-type: none"> <li>5. Identify their biases</li> <li>6. Identify the impact of these biases, especially at work.</li> <li>7. Identify any language they use that shows bias or judgement.</li> <li>8. Think how they could change their biases to reduce the impact on patients and whānau.</li> </ol> <p>Go through each question one by one and ask participants what they identified. Record the key aspects of the discussion on a white board.</p> <p>Acknowledge where participants have shown insight about their biases, the impact and how they could be reduced.</p> <p>At the end, summarise the discussion reminding participants that there are three aspects to cultural safety:</p> <ol style="list-style-type: none"> <li>4. People need to be aware of their own biases.</li> <li>5. People need to reflect on their own biases and try and reduce them.</li> </ol>	Whiteboard or piece of paper

	<p>6. Reducing your biases and assisting your colleagues to do the same will help to achieve health equity – improve outcomes for people who are disadvantaged in terms of getting access to the health system.</p> <p>Link what participants have said to the three aspects, especially any examples of No 3.</p>	
<p>Building knowledge (10 minutes)</p>	<p>Power relationships in health care.</p> <p>Refer participants to page 7 of the Handout. Remind participants that this is the second aspect of the Medical Council of New Zealand’s Statement on Cultural Safety.</p> <p>Ask participants to read the section on ‘Power relationships in health care’. When participants are finished remind them that health care staff work in a situation of power. Patients have to come to health care centres, health care staff have knowledge that most patients and whānau don’t have, health care staff are the people who decide whether patients and whānau get referred on for further investigation or treatment.</p> <p>Explain to participants there is a lot of research in New Zealand to show that certain groups, especially Māori, do not get referred for further tests or to programmes such as pulmonary rehab because health care staff are biased and think that these patients won’t follow up. In the same way, there is New Zealand research that showed that some doctors did not discuss live kidney donation with Māori whānau because the doctors believed Māori whānau would not agree to donate because of cultural issues. These are examples where personal biases that are never checked have a much bigger effect on patients because the power in health care relationships is weighted in favour of health care staff.</p>	<p>Page 7 of the Handout</p>
<p>Building knowledge (5 minutes)</p>	<p>Cultural safety is driven by the patient/whānau.</p> <p>Refer participant to the top of page 1 of the Handout where it says that cultural safety is defined by patients and whānau (last five lines of the first paragraph).</p> <p>Brainstorm with participants what they think that means. Ask:</p>	<p>Page 1 of the Handout.</p>

	<ul style="list-style-type: none"> <li>• Who currently decides how appointments are run in their health centre?</li> <li>• Do they think that the current system suits all patients or is it about what suits health care staff the best?</li> </ul>	
<p>Building knowledge (10 minutes)</p>	<p>Practical ways to provide culturally safe care.</p> <p>Refer everyone to page 8 of the Handout and ask participants to read it.</p> <p>Once participants' have finished, point out that the first item - asking patients how they want to start an appointment - is something that all health care staff can do.</p> <p>This doesn't mean that health care staff have to be able to say karakia, although it is a good idea to have something prepared that you could say. Ask participants why they think patients might like to say a prayer or karakia or some sort of blessing at the beginning of an appointment. Acknowledge any participant who identifies that the idea of a karakia is to clear a space. When you consider that health care staff often see patients one after another then clearing a space between patients makes a lot of sense.</p> <p>Ask participants to see if they can identify other practical things they could do to provide culturally safe care.</p>	<p>Page 8 of the Handout</p>
<p>Building Knowledge (10 minutes)</p>	<p>Hui Process.</p> <p>Explain to participants that the Hui Process is taught to medical students in the Medical Schools in Auckland and Otago. The Hui Process provides a model that health care staff can use not just when working with Māori patients and whanau, but with any patients and families. The Hui Process enables the health care staff member, and the patient and whanau to make a connection at the start of the appointment. Using the Hui Process helps establish rapport and builds trust between patients and whānau, and health care staff.</p> <p>Go through the Process with participants.</p>	<p>Page 9 of the Handout</p>

<p>Evaluation and improvement activity (5 mins)</p>	<p>Remind participants that providing culturally safe care is something you need to work on all the time. Ask each participant to identify two to three things they are going to do differently to provide culturally safe care. Remind participants that these can include:</p> <ul style="list-style-type: none"> <li>• identifying their biases</li> <li>• reflecting on their biases and reducing the impact they have</li> <li>• any of the practical things on page 8</li> <li>• using the Hui Process</li> </ul> <p>Ask participants to write these down (you need to make a note of this for your records).</p> <p>Thank people for participating and say you will be following up with them and asking them to reflect on the changes they have identified they want to make.</p>	<p>Whiteboard or piece of paper</p>
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