

A Safe Place to Reflect:

Implementation of a workshop to critically evaluate the cultural safety practice of prevocational doctors

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Introduction

Cultural safety subdomains 2.7 [1] and 3.3 [2], as part of the new AMC National Framework for Prevocational (PGY1/PGY2) Medical Training, required that the 2024 interns had an opportunity to reflect on and evaluate their own cultural safety practice. In addition to the cultural safety experiences and learning that they might have on the ward this process needed to allow the prevocational doctor a safe space to reflect on how their own attitudes and behaviours affected this practice.

Materials and Methods

Further information was sought from Guidance resource: Aboriginal and/or Torres Strait Islander health and cultural safety standards [3] provided guidance regarding the standards however this did not specifically address the prevocational outcome statements.

A literature review revealed a number of learning through reflection models used in clinical practice. Kolb's Experiential Learning Cycle [4][5] was chosen (Figure 1) as a basis for the reflection.

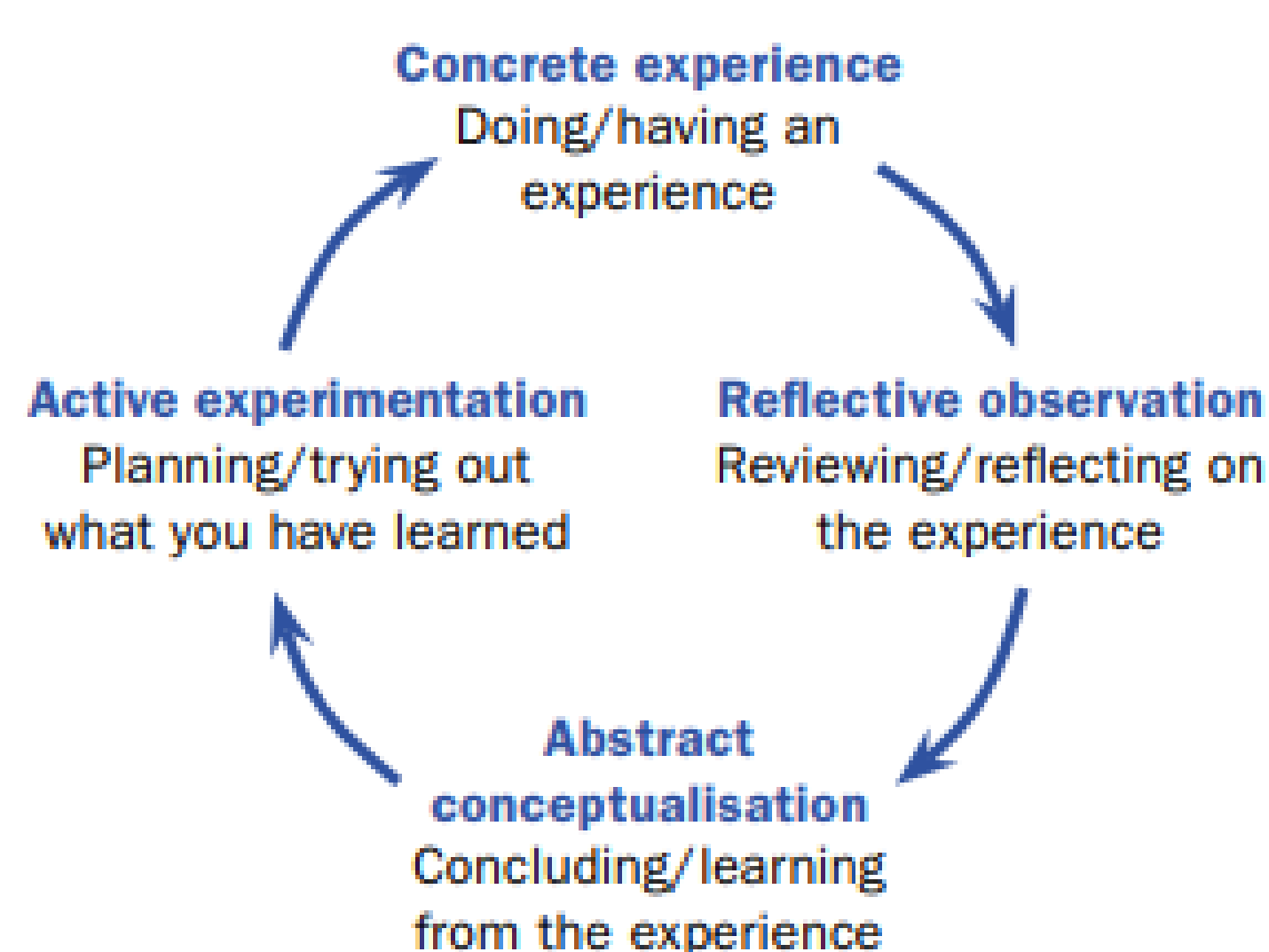


Figure 1: Kolb's Experiential Learning Cycle

A PMEO facilitated, scenario-based workshop was created using scenarios that the prevocational doctors might experience. The workshop was added into protected teaching time to ensure maximum participation and minimum disruption. Resources included a worksheet (Figure 2) which was for completion during the workshop and an accompanying presentation (Figure 3). These and instructions were added to Sharepoint so that they could be accessed at any time by the cohort.

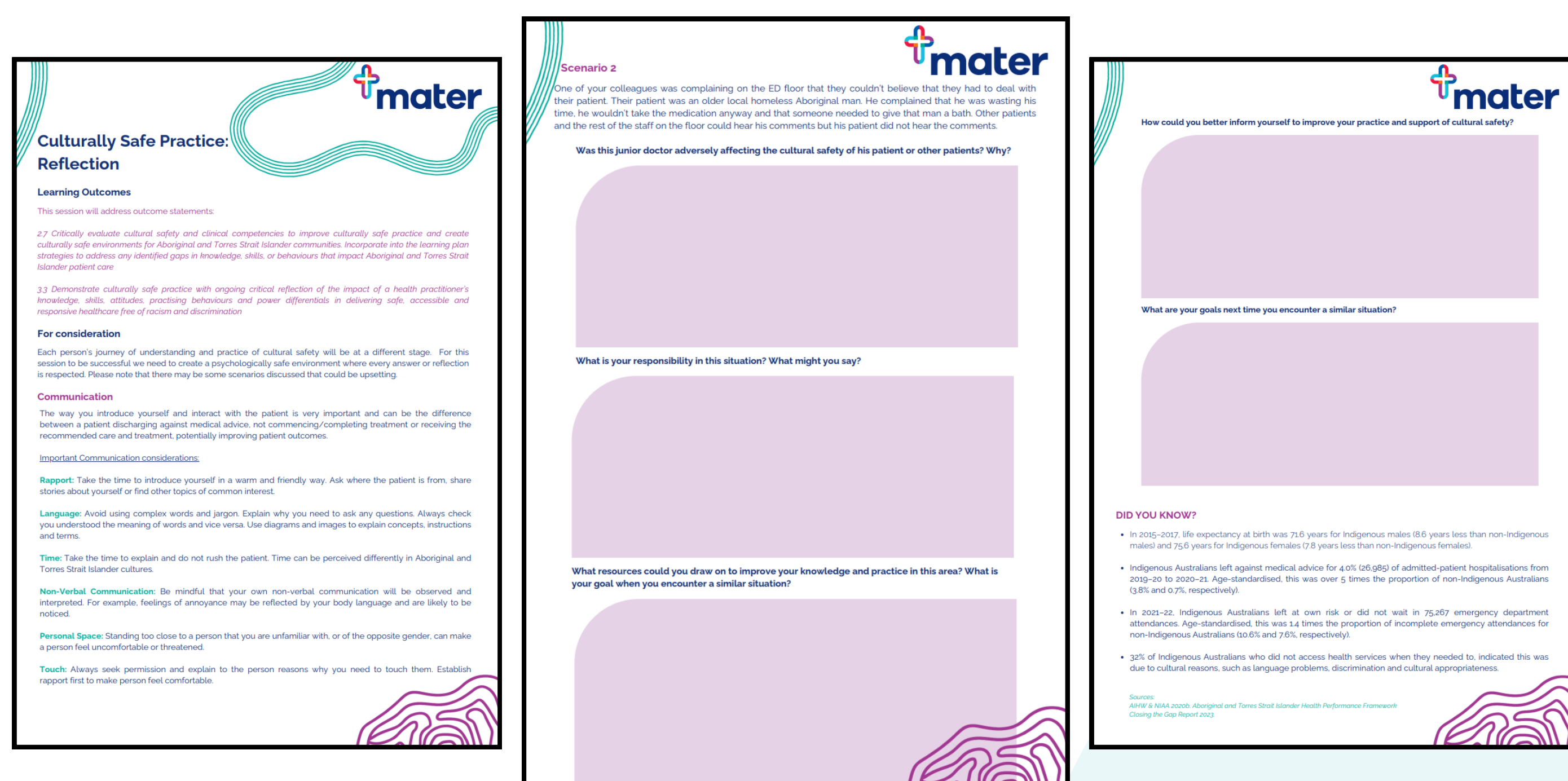


Figure 2: Worksheet

The workshop included:

- communication considerations (eg. personal space, rapport building)
- a number of scenarios including inappropriate behaviours
- group discussion with prompting questions to stimulate discussion

- reflective observation - communication impact on patient experience
- abstract conceptualisation - what could have been done differently
- active experimentation - goals when next encountered & resources available

- time to document own experiences and learning

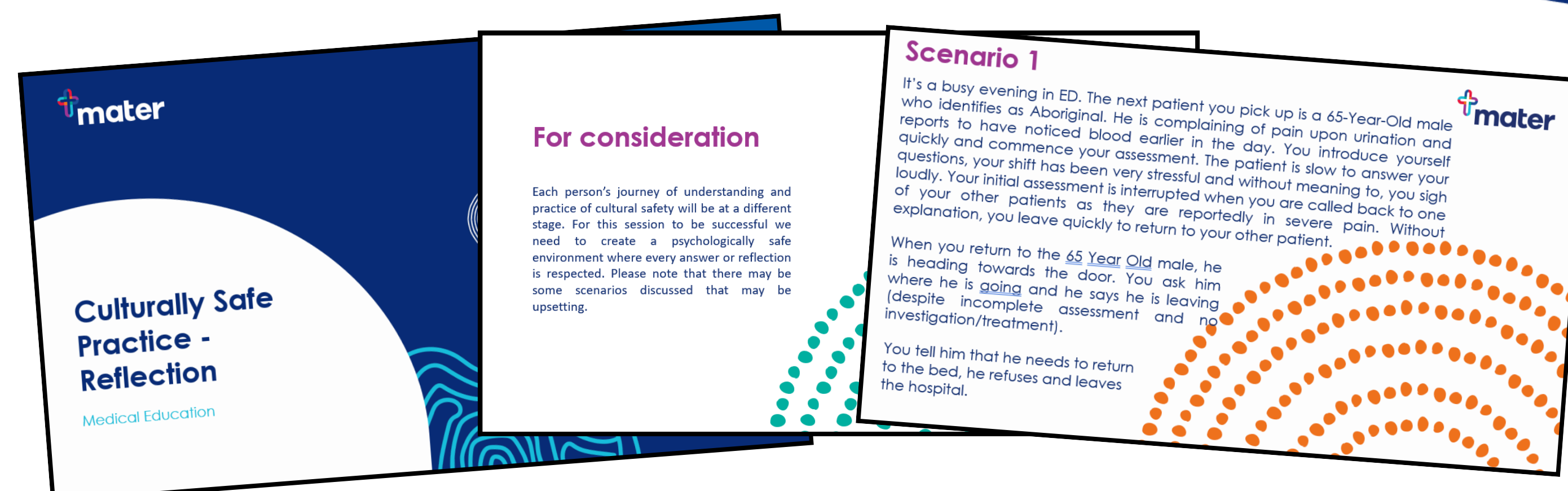


Figure 3: Powerpoint Presentation

Results



"Good vulnerable discussion"

"... a good reminder that no matter how stressed or overwhelming work can be, I must always remember to treat my patients with kindness and respect and make sure they feel safe to get the help they need."

"Good opportunity to hear others experiences and how they would manage these situations"

Conclusion

The workshop was well-received and had a healthy level of participation. It was important to establish the ground rules for the session, facilitating a safe environment for discussion, questions and reflection with peers. The benefit of this was reflected in the participant evaluation comments and with the number of participants willing to provide their thoughts, learning and goals for future similar situations.

There was a suggestion to have an Aboriginal and/or Torres Strait Islander Liaison Officer present at the next session. The session was based on scenarios discussed with the liaison officers however with an increase in cultural safety focus, the liaison officers have been less available to participate in this and similar workshops, perhaps due to cultural load.

More nuanced scenarios will be incorporated into future sessions with a plan to keep the session separate from orientation so that it is more meaningful to the participants and not lost in the 'noise'.

This workshop was a useful and time-efficient method for ensuring the prevocational doctors met the requirements of subdomains 2.7 and 3.3. This experience has helped to raise awareness of the importance of cultural safety practice and the influence that cultural safety has on patient experience and health outcomes for Aboriginal and Torres Strait Islander patients.

References

- [1] Subdomain 2.7, Domain 2 Professional and Leader, Training and Assessment, National Framework for Prevocational (PGY1 and PGY2 Medical Training, AMC, 2024
- [2] Subdomain 3.3, Domain 3 Health Advocate, Training and Assessment, National Framework for Prevocational (PGY1 and PGY2 Medical Training, AMC, 2024
- [3] Guidance resource: Aboriginal and/or Torres Strait Islander health and cultural safety standards, AMC, 2024
- [4] Kolb D. Experiential Learning. New York, NY: Prentice Hall; 1984
- [5] Wain, A., British Journal of Midwifery, October 2017, Vol 25, No 10

Acknowledgements

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In the spirit of reconciliation, Mater acknowledges the Traditional Custodians of Country in all of the regions in which we operate and their connections to land, sea and community.

We pay our respects to their Elders - past, present and emerging.



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