The development of a culturally safe "Managing Hepatitis B" education course with and for the First Nations health workforce in the Northern Territory of Australia.

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Background: We aimed to co-design a culturally safe education course with and for the First Nations health workforce.

Methods: A First Nations research and teaching team were upskilled in hepatitis B virus and teaching methodologies. Cultural safety policies, frameworks, principles and pedagogies were reviewed to guide course development. A Participatory Action Research approach was used, involving ongoing consultation to iteratively co-design and then develop course content, materials, and evaluation tools. Two pilot courses were held, in remote communities of the Northern Territory, using two-way learning and teach-back methods to further develop the course and assess acceptability and learnings. Data collection involved focus group discussions, in-class observations, reflective analysis and use of co-designed and assessed evaluation tools.

Results: Twenty-six participants attended the pilot courses. First Nations facilitators delivered a high proportion of the course. Evaluations demonstrated high course acceptability, cultural safety and learnings. Key elements contributing to success and acceptability were; acknowledging, respecting and integrating cultural differences into education; delivering messaging and key concepts through a First Nations lens, utilising culturally appropriate approaches to learning including storytelling and visual teaching methodologies. Underpinned by an overarching philosophy of respecting the cultural importance of a safe and comfortable environment to enable productive learning with attention to the following needs: sustenance, financial security, cultural obligations, and gender and kinship relationships. Based on our findings a conceptual process model for the development of culturally safe training was developed.

Conclusion: Co-designed education for the First Nations health workforce must embed principles of cultural safety and extensive community consultation to enable acceptance by communities and an increase in knowledge and empowerment. The findings of this research can be used to guide the design of future health education for First Nations peoples and to other non-dominant cultures. The course model has been successfully transferred to other health issues in the Northern Territory.

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