Cultural safety practice self-assessment and reflection tool

Cultural safety is not something that can be ‘achieved’; rather it is a lifelong journey of continuous reflection and development. The new skills, knowledge, attitudes, and behaviours learned through the cultural safety training programme need to be regularly reflected upon, embedded, normalised and maintained.

In addition, understanding of cultural safety and best practice approaches to culturally safe care will develop and evolve over time and as an evidence base grows. It is therefore important to recognise that the development of culturally safe practice must continue beyond the formal ‘training’ period.

The following continuum provides a model of the stages of progress in developing culturally safe practice. This can be used as a tool for self-assessment of trainees, and can also serve as both a needs analysis to identify teaching and learning needs of a group, and as an evaluation for teaching, in order to demonstrate progress and further training requirements.

|  |  |  |  |
| --- | --- | --- | --- |
|  | I’m awake to this | I’m onto this | I’ve got this |
|  | This signifies an awakening or raising of awareness and understanding, and early stages of the development of knowledge and skills, and of identifying transformative changes needed | This indicates deeper understanding and the beginning of transformative action, putting into practice behaviours and actions that support and promote cultural safety. | This signifies normalising and habitualising practices that promote cultural safety, and that these practices have become embedded. It does not signal an ‘end point’ but indicates the continuing pursuit of advancement and growth. |
|  | Practices observed at this stage of development include:   * Developing critical analysis skills * Recognising and identifying where change is needed (internal, interpersonal, structural) | Practices observed at this stage of development include:   * Acting on opportunities to create change (internal, interpersonal, structural) * Initiating and contributing to transformative change | Practices observed at this stage of development include:   * Embedding transformative change as normalised practice (internal, interpersonal, structural) * Regularly reflecting on, reviewing and refining practices |

*Cultural safety self-assessment tool: for each proficiency, indicate what stage you feel you are currently at, and what initiatives you commit to undertaking to further progress for each proficiency. Consider adding further inititatives relevant to your own context.*

**1.0 Culturally safe medical practitioners engage in ongoing development of critical consciousness**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Awake to this |  | On to this |  | Got this |  |
| Enabling proficiency | **Description** | ***Possible initiatives*** | **Description** | ***Possible initiatives*** | **Description** | ***Possible initiatives*** |
| 1.1 demonstrate understanding of own cultural heritage, values and history | I have some awareness and knowledge of my own cultural heritage, values and history, and recognise it would be beneficial to learn and explore more.  Occasionally I reflect on my interactions with others and how my own culture impacts the interactions. | *• Research my own history*  *• Interview a family member about family heritage, values and history*  *• keep a self-reflection journal* | I have a good awareness and knowledge of my own cultural heritage, values and history and have spent some time learning and exploring these.  I often reflect on my interactions with others and how my own culture impacts interactions, and change my behaviours accordingly when I recognise practices that do not contribute to a culturally safe environment | *• further research into family cultural practices, history and geneology*  *• review self-reflection journal to identify behaviour changes*  *• continue to keep self-reflection journal* | I have an excellent awareness and knowledge of my own cultural heritage, values and history, and have committed a lot of time to learning and exploring this.  I often reflect on my interactions with others, and how my culture impacts these interactions, and regularly change my behaviours accordingly.  I have implemented many culturally safe practices that are now part of my regular practice, and I continue to reflect on my interactions to identify further areas of change. | *• continue to keep a self-reflection jorunal, particularly for new interactions, or unfamiliary contexts*  *• share with peer group and/or supervisor some of your learnings from your self-reflections, resulting changes, and how they contribute to a culturally safe environment* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Awake to this |  | On to this |  | Got this |  |
| Enabling proficiency | **Description** | ***Possible initiatives*** | **Description** | ***Possible initiatives*** | **Description** | ***Possible initiatives*** |
| 1.2 Identify and address own biases, attitudes, assumptions, stereotypes, prejudices and characteristics that may affect the quality of healthcare provided | I have some awareness of how biases, attitudes, assumptions, stereotypes and prejudices can affect patient interactions.  I am aware of some of my own biases.  I recognise the need to address some of my own biases. | *• undertake some research and reading of how biases etc can affect patient interactions*  *• undertake an Implicit Association Test (IAT) to identify some areas of bias*  *• include reflections on biases etc in self-reflection journal* | I have a good awareness of how biases, attitudes, assumptions, stereotypes and prejudices can affect patient interactions.  I am aware of a lot of my own biases.  I have addressed some of my biases, and changed my thinking and practice to ensure they contribute to culturally safe environments. | *• attend lectures / workshops on countering implicit bias*  *• undertake further research and reading of how biases etc can affect patient interactions*  *• self-audit own practice using service data to identify areas of bias in practice*  *• write a plan that details some of the biases I have identified, how these have come about, and actions I will take to address these in my practice* | I have an excellent awareness of how biases, attitudes, assumptions, stereotypes and prejudices can affect patient interactions  I am very aware of a lot of my own biases, and have changed my thinking and practice in many respects in order to contribute to culturally safe environments.  I continue to examine my biases, in different situations and interactions, to continue to identify other areas of change. | *• share with peer group and/or supervisor experiences of new practices implemented and how they contribute to culturally safe environments.*  *• keep a record in self-reflection journal of further biases etc that may arise in new or different situations* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Awake to this |  | On to this |  | Got this |  |
| Enabling proficiency | **Description** | ***Possible initiatives*** | **Description** | ***Possible initiatives*** | **Description** | ***Possible initiatives*** |
| 1.3 Engage in ongoing self-reflection and self-awareness of own conduct and interactions to identify oppressive practices in interactions with patients, whānau and communities | Occasionally I engage in self-reflection and self-awareness of my own conduct to identify oppressive practices with patients, whānau and communiites.  I am aware I need to implement further practices to encourage ongoing self-reflection.  I recognise the need to address some oppressive practices. | *• include in self-reflection journal, identification of oppressive practices in engagement with patients, whānau and communities, which may be (but not limited to); microaggressions, aversive body language* | I often engage in self-reflection and self-awareness of my own conduct to identify oppressive practices with patients, whānau and communiites.  I have implemented some practices in my regular routine that encourage ongoing self-reflection of interactions with patients, whānau and communities, such as keeping as self-reflection journal.  I have identified and addressed some oppressive practices, making changes that contribute to culturally safe environments. | *• include in self-reflection journal, actions to address oppressive practices*  *• Undertake research and reading on how oppressive practices can affect interactions with patients, whānau and communities* | I regularly engage in self-reflection and self-awareness of my own conduct to identify oppressive practices with patients, whānau and communiites.  I have normalised several practices in my regular routine that encourage ongoing self-reflection of interactions with patients, whānau and communities.  I have identified and addressed several oppressive practices, making changes that contribute to culturally safe environments.  I continue to look out for further oppressive practices in order to identify other areas of change. | *• research Anti-oppressive practice, and detail how this is being implemented in your practice* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Awake to this |  | On to this |  | Got this |  |
| Enabling proficiency | **Description** | ***Possible initiatives*** | **Description** | ***Possible initiatives*** | **Description** | ***Possible initiatives*** |
| 1.4 Engage in ongoing self-reflection and self-awareness of own conduct and interactions with colleagues in the workforce to uphold culturally safe spaces | Occasionally I engage in self-reflection and self-awareness of my own conduct to identify oppressive practices with colleagues in the workforce.  I am aware I need to implement further practices to encourage ongoing self-reflection.  I recognise the need to address some oppressive practices. |  | I often engage in self-reflection and self-awareness of my own conduct to identify oppressive practices with colleagues in the workforce.  I have implemented some practices in my regular routine that encourage ongoing self-reflection on interactions with colleagues in the workforce.  I have identified and addressed some oppressive practices, making changes that contribute to culturally safe environments. |  | I regularly engage in self-reflection and self-awareness of my own conduct to identify oppressive practices with colleagues in the workforce.  I have normalised several practices in my regular routine that encourage ongoing self-reflection of interactions with colleagues in the workforce.  I have identified and addressed several oppressive practices, making changes that contribute to culturally safe environments.  I continue to look out for further oppressive practices in order to identify other areas of change. |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Awake to this |  | On to this |  | Got this |  |
| Enabling proficiency | **Description** | ***Possible initiatives*** | **Description** | ***Possible initiatives*** | **Description** | ***Possible initiatives*** |
| 1.5 commit to transformative change and normalising practices that contribute to equity and ongoing advancement towards optimal health | I recognise the need to demonstrate commitment to transformative change and normalising practices that contribute to equity and ongoing advancement towards optimal health. |  | I have demonstrated some commitment to transformative change and normalising practices that contribute to equity and ongoing advancement towards optimal health, such as; keeping a self-reflection journal, peer-sharing of solutions and alternative practices, positive feedback from colleagues and/or patients, whānau and communities, supervisors, and others in the wider healthcare ecosystem. |  | I have demonstrated a high level of commitment to transformative change and normalising practices that contribute to equity and ongoing advancement towards optimal health, such as; keeping a self-reflection journal, peer-sharing of solutions and alternative practices, positive feedback from colleagues and/or patients, whānau and communities, supervisors, and others in the wider healthcare ecosystem. |  |