

# TEACHING METHODS AND ASSESSMENT TASKS/CPD ACTIVITIES

CULTURAL SAFETY PROFICIENCIES	SUGGESTED TEACHING METHODS AND ACTIVITIES	ASSESSMENT TASKS/CPD ACTIVITIES
<b>Proficiency 1. Culturally safe medical practitioners engage in ongoing development of critical consciousness</b>		
1.1 Demonstrate understanding of their own cultural heritage, values and history	<p><b>Self-directed learning:</b></p> <ul style="list-style-type: none"> <li>Research practitioner's own cultural background</li> <li>Undertake critical analysis of a case study within own medical specialty to recognise stereotyping and discrimination that create barriers for Māori to high quality health care.</li> </ul> <p><b>Didactic learning:</b></p> <p>Workshops, seminars or presentations on implicit bias, stereotypes, privilege, racism and strategies to counter own biases.</p> <p><b>Peer group learning:</b></p> <p>Discussions to reflect on interactions with patients and colleagues, identify biases within these interactions, discuss case critical analysis, reflect on workshops and develop strategies to implement equity enhancing practices.</p>	<p><b>Assessment/CPD task 1:</b></p> <p><b>Self-reflection journal</b></p> <p>This assessment should focus on the practitioner's critical and honest reflections on a clinical encounter (or encounters). The journal should include evidence of self-reflection against the proficiencies, including the biases they brought to the clinical encounters and interactions with colleagues, and the identification of transformative change strategies they will implement within their scope of practice and in their workplace.</p>
1.2 Identify and address their own biases, attitudes, assumptions, stereotypes, prejudices, privileges and characteristics that may affect the quality of healthcare they provide		
1.3 Engage in ongoing self-reflection and self-awareness of own conduct and interactions to identify and remedy oppressive practices in interactions with patients, whānau and communities		
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		
1.5 Commit to transformative change, and identify and implement alternative personal practices that contribute to equity and ongoing progression towards optimal health for Māori.		
<b>Proficiency 2. Culturally safe medical practitioners examine and redress power relationships</b>		
2.1 Recognise and advocate for the rights of patients, whānau, communities and tangata whenua	<p><b>Self-directed learning:</b></p> <ul style="list-style-type: none"> <li>Online course, guidance sheets and/or readings on power relationships in clinical encounters</li> <li>Case studies within own medical specialty that provide examples of redressing power imbalance, shared decision making and informed consent in clinical interaction.</li> </ul> <p><b>Didactic learning:</b></p> <p>Workshops, seminars, wānanga or presentations on the context of colonisation, rights to health, indigenous rights, social justice and Te Tiriti o Waitangi.</p> <p><b>Peer group learning:</b></p> <p>Simulation techniques, in CPD/peer group such as role play, to practice techniques for redressing power imbalances with patients and in the workplace.</p>	<p><b>Assessment/CPD task 2:</b></p> <p><b>a) Case study report</b> that allows the practitioner to demonstrate practical application of strategies to redress power imbalances in a clinical case.</p> <p><b>b) Presentation</b> on case study report. This short presentation to be delivered to peer group, providing a wider range of case studies for peer learning experience.</p>
2.2 Examine and redress power imbalances between themselves and patients, whānau, the community, and tangata whenua		
2.3 Relinquish and leverage their own power to develop reciprocal relationships with patients and their whānau to foster shared decision making and informed consent throughout treatment		
2.4 Examine and redress power imbalances within the healthcare profession and workforce		
2.5 Examine and influence power imbalances in the institution or organisation they work for, and the wider healthcare ecosystem		

<b>Proficiency 3. Culturally safe medical practitioners commit to transformative action</b>		
3.1 Analyse and critique the healthcare ecosystem and its structures and processes that reinforce health advantage and disadvantage	<p><b>Self-directed learning:</b></p> <ul style="list-style-type: none"> <li>Online course, guidance sheets and/or readings on structural barriers to equitable care.</li> </ul> <p><b>Didactic learning:</b></p> <ul style="list-style-type: none"> <li>Workshops, seminars, wānanga or presentations on ethnic inequalities in health (focusing on Māori health), the social determinants of health, and strategies to reduce health inequalities</li> <li>Guest speaker presentation to relate a personal experience of transformative action in medical specialty.</li> </ul> <p><b>Peer group learning:</b></p> <ul style="list-style-type: none"> <li>Analysis of workplace culture</li> <li>Clinical audit of health outcomes for Māori patients</li> <li>Monitor clinical pathways for factors that facilitate or act as barriers for achieving equity and optimal health for Māori</li> <li>Discussions to critically reflect on healthcare ecosystem, identify transformative actions to address structural barriers in the healthcare environment, and solutions to create an equity-supporting environment for patients and whānau.</li> </ul>	<p><b>Assessment/CPD task 3:</b></p> <p><b>Clinical audit report and transformative change plan</b></p> <p>This should detail the outcomes of clinical audit, proposed transformative actions to address inequity within own spheres of influence in the healthcare ecosystem, review of previous transformative actions implemented, and evidence of progress towards equity.</p>
3.2 Identify structural barriers to equitable, culturally safe care within the institution or entity they are employed by		
3.3 Analyse and critique the culture and relationships amongst colleagues in their workplace and identify oppressive elements in workplace culture, and support their colleagues on the journey of cultural safety		
3.4 Examine health outcomes for Māori patients in clinical audit and case reviews, and identify interventions to eliminate inequities, and progress towards optimal health		
3.5 Identify solutions to structural and institutional barriers, and contribute to, implement and embed transformative change.		
<b>Proficiency 4. Culturally safe medical practitioners ensure that 'safety' is determined by patients &amp; communities</b>		
4.1 Make provision for regular feedback and input from patients, whānau and communities on the cultural safety of the healthcare environment, interactions and care provided	<p><b>Self-directed learning:</b></p> <p>Collation and critique of research on patient perspectives, including kaupapa Māori research and research from other diverse perspectives, on culturally safe practice within their medical specialty.</p> <p><b>Didactic learning:</b></p> <p>Workshops, seminars or presentations on tools and techniques for gathering feedback from patients, whānau, communities and tangata whenua.</p> <p><b>Peer group learning:</b></p> <p>Discussion and sharing of strategies to collect and implement patient perspectives and needs.</p>	<p><b>Assessment/CPD task 4:</b></p> <p><b>Strategy development plan</b></p> <p>Development of a process (or refresh existing process) to gather perspectives from patients, whānau and communities, the process for implementing recommendations, evidence of implementation of previous recommendations, and any evidence of improvement in cultural safety as defined by patients and communities.</p>
4.2 Advocate for their workplace to ensure regular feedback and input from tangata whenua/mana whenua on the cultural safety of the healthcare environment and interactions		
4.3 Implement recommendations from patients, whānau, and communities, and tangata whenua, in personal practice		
4.4 Identify and critique research and information that draws on a diverse range of patient perspectives and experiences, to shape policy, practice and healthcare interactions		
4.5 Identify kaupapa Māori research that represents tangata whenua perspectives and experiences, to shape policy, practice and healthcare interactions.		