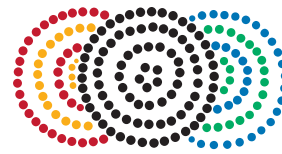


A GUIDE FOR UNIVERSITIES AND HEALTH SERVICES TO CREATE CULTURALLY
SAFE CLINICAL PLACEMENTS FOR ABORIGINAL AND TORRES STRAIT
ISLANDER NURSING AND MIDWIFERY STUDENTS



CATSINaM

GOOD CLINICAL
PLACEMENTS GUIDE



A GUIDE TO LANGUAGE USED IN THE RESOURCE

These terms are used within the guide with the following meanings:

✦ **ABORIGINAL AND/ OR TORRES STRAIT ISLANDER**

is CATSINaM's preferred term to be inclusive when referring to individual people or groups of people. A person may identify as Aboriginal only, Torres Strait Islander only, or both Aboriginal and Torres Strait Islander. CATSINaM acknowledges the diversity of the many nations of Aboriginal Peoples and Torres Strait Islander Peoples.

✦ **ABORIGINAL AND TORRES STRAIT ISLANDER**

is commonly used in national health documents; when we are referring to these documents this term will be used.

✦ **ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICES**

are "controlled by the local Aboriginal community via elected boards of management" (NACCHO <<https://www.naccho.org.au/about-naccho/naccho-history/>>) that have a priority focus on providing integrated primary health care services to Aboriginal communities.

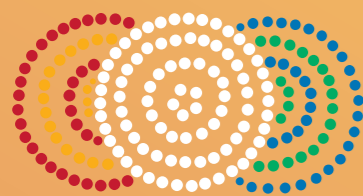
✦ **CLINICAL PLACEMENTS COORDINATORS (CP COORDINATORS) AND CLINICAL PLACEMENT FACILITATORS (CP FACILITATORS)**

refer to higher education staff who undertake coordination and support for clinical placements. In many circumstances, higher education providers manage this as an in-house position, although in some instances the role is out-sourced.

✦ **CLINICAL SUPERVISOR**

is a general term used in nursing and midwifery and will be used throughout this resource for clinical supervisors of nursing and midwifery students. A definition is:

The oversight either direct or indirect ... of professional procedures and/or processes performed by a student or group of students within a clinical placement for the purpose of guiding, providing feedback on and assessing personal, professional and educational development in the context of each student's experience of providing safe, appropriate and high- quality patient care (Health Workforce Australia 2011, p.4, cited in Russel, Gluyas & Allix 2016, p. 7).



CATSINaM

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ABOUT CATSINaM

CATSINaM is the national peak body that represents, advocates and supports Aboriginal and/or Torres Strait Islander nurses and midwives at a national level. We believe that nurses and midwives are the backbone of the Australian health system, and play a pivotal role in providing culturally safe health services to Aboriginal and Torres Strait Islander communities.

More information about CATSINaM and our work is available at: <https://www.catsinam.org.au/>



A GUIDE TO LANGUAGE USED IN THE RESOURCE

CLINICAL SUPERVISOR CONT.

The term clinical supervisor may be used as distinct from or overlapping with the following terms – a clinical facilitator or clinical teacher is as follows:

Clinical Facilitator: also known as a clinical teacher... is a registered nurse who supervises student nurses while the undergraduates undertake their clinical placement. These RNs are usually employed on a sessional (casual) basis, are supernumerary and responsible for a group of usually 8 students (Health Workforce Australia, 2010; Nash, 2007). (Needham 2014, p. x)

HIGHER EDUCATION PROVIDERS

refer to universities and RTOs that deliver pre-registration nursing and/or midwifery courses.

HOST WORKPLACES

refer to hospitals and health services that host clinical placements.

MAINSTREAM HEALTH SERVICES

refer to hospitals and health services funded by one or more of the following - jurisdictional Governments, the Australian Government or the private sector. Their services are available to any member of the public (conditional on their ability to pay for private sector services).

PRECEPTOR

is a “registered nurse who works every shift with one student and completes the formal clinical assessment of the allocated student (Health Workforce Australia, 2010)” (Needham 2014, p. x).

STUDENTS

refer to all nursing and midwifery students. When it is important to identify which groups of students are being referred to, then the terms Aboriginal and/or Torres Strait Islander students and non-Indigenous students will be used.

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1. INTRODUCTION

1.1 WHAT IS THE PURPOSE OF THE GUIDE?

The **primary** purpose of this guide is to:

- ✦ Support universities' to better prepare Aboriginal and/or Torres Strait Islander nursing and midwifery students for their clinical placements
- ✦ Support clinical placement coordinators to better prepare workplaces for hosting Aboriginal and/or Torres Strait Islander nursing and midwifery students on clinical placements
- ✦ Assist higher education providers and workplaces to consider and address the complexities faced by Aboriginal and/or Torres Strait Islander nursing and midwifery students when entering clinical placements.

A **secondary** purpose is preparing non-Indigenous nursing and midwifery students for placements in Aboriginal and/or Torres Strait Islander health contexts.

This resource is intended to be **complimentary** to other resources that higher education nursing and midwifery programs and host workplaces already use on preparing for and supporting clinical placements.

1.2 WHAT IS IN THE GUIDE?

This guide has been developed in three sections to reflect the primary and secondary purpose:

1. **Higher education providers preparing Aboriginal and/or Torres Strait Islander students for clinical placements:** This section describes what higher education providers must consider in order to increase the cultural safety of clinical placements for Aboriginal and/or Torres Strait Islander students.

2. **Mainstream health services preparing for Aboriginal and/or Torres Strait Islander students:**

This section describes what mainstream health services must consider in providing a culturally safe workplace for Aboriginal and/or Torres Strait Islander students.

3. **Aboriginal Community Controlled Health Services (ACCHS) preparing for students on clinical placements:**

This section acknowledges that clinical placements in Aboriginal and/or Torres Strait Islander health contexts require more preparation; particularly in relation to non-Indigenous students understanding cultural safety, and the sustainability of higher education provider/ACCHS relationships.

1.3 WHO IS THE AUDIENCE AND HOW THEY CAN USE THE GUIDE?

There are three audiences for the guide:

1. All higher education staff who support and/or coordinate clinical placements, e.g. Clinical Placements Coordinators and Facilitators. CATSINaM is aware that these are different roles, however both roles need to confirm that actions have occurred in the education and workplace settings.
2. Nursing and Midwifery staff in mainstream health services who support and/or coordinate clinical placements and supervise students (e.g. Clinical Supervisors – also referred to as Clinical Facilitators or Clinical Teachers, and Preceptors).
3. Staff in ACCHS who support and/or coordinate clinical placements and supervise students (e.g. Clinical Supervisors – also referred to as Clinical Facilitators or Clinical Teachers, and Preceptors).

CATSINaM would like higher education providers and staff in workplaces that host clinical placements to utilise information in this guide to strengthen preparation for clinical placements. CATSINaM provides authority for this material to be replicated, adapted or transferred into existing resources; however, the intellectual property of CATSINaM is to be recognised through full acknowledgement within these resources including that “the material was originally created by CATSINaM”.

1.4 WHY CREATE THIS GUIDE?

CATSINaM has identified the importance of having Aboriginal and/or Torres Strait Islander nursing and midwifery students better prepared for clinical placements. This strategy, combined with better preparation in host workplaces to provide a culturally safe environment, will increase the retention rate of Aboriginal and Torres Strait Islander students to graduation and beyond.

Clinical placements offer a range of education and training experiences that facilitate the exposure of students... to different career options and play an important role in developing positive learning experiences for them. Positive clinical experiences in various health settings assist with the retention of Aboriginal and/or Torres Strait Islander nursing and midwifery students and new graduates. A secondary benefit to communities arises from the positive experiences and increased cultural safety associated with non-Aboriginal and Torres Strait Islander students undertaking clinical placements in Aboriginal and/or Torres Strait Islander specific health settings. (CATSINaM 2014a, p. 1 – see Appendix A for CATSINaM's full policy position)

The data demonstrates that Clinical Placements in the Aboriginal Community Controlled Health sector are under-utilised. Increasing the use of the clinical placements in this sector will provide important opportunities for Aboriginal and Torres Strait Islander students to work within their communities and provide non-Indigenous students a greater opportunity to learn about culturally safe health service delivery.

A recent literature review on how health professionals develop ‘Aboriginal and Torres Strait Islander cultural capabilities’ included a focus on clinical supervision and placements (Department of Health 2014b, p. 16). It identified that although the *National Clinical Supervision Competency Resource* (Health Workforce Australia 2014) has benchmarks for clinical supervision expectations and performance, and a standard on cultural safety (Standard 2.1.4), no mention is made of Aboriginal and/or Torres Strait Islander contexts or students.

The CATSINaM Good Clinical Placements Guide addresses this gap. It extends on information included in the *Aboriginal and Torres Strait Islander Health Curriculum Framework* (Department of Health 2014a – see Section 3: Implementation guidelines, ‘Clinical placement programs’, p. 3-31 to 3-34).

The guide is informed by research and national reports that emphasise how adequate support for all students undertaking clinical placements is required (Harris & Robinson 2007; Health Workforce Australia 2011; Indigenous Nurses Working Group 2002; Victorian Department of Health 2012). For Aboriginal and Torres Strait Islander students, this includes ensuring they are in a culturally safe environment with access to culturally specific support and mentorship. For non-Indigenous students entering Aboriginal and/or Torres Strait Islander workplaces, this includes ensuring they have undertaken core curriculum on cultural safety, so they have a better understanding of themselves, their roles and the historical context of Aboriginal and Torres Strait Islander health.

The strong focus of this guide to prepare Aboriginal and Torres Strait Islander students for clinical placements reflects the very limited material available on this topic. In contrast, in recent years there appears to be numerous resources which have been developed on preparing non-Indigenous students for placements in Aboriginal and/or Torres Strait Islander health contexts.

2. HIGHER EDUCATION PROVIDERS: PREPARING ABORIGINAL AND/OR TORRES STRAIT ISLANDER STUDENTS

2.1 STUDENT UNDERSTANDING OF CULTURAL SAFETY

Many Aboriginal and Torres Strait Islander students enrolled in nursing and midwifery courses may be the first generation of their family or community to attend a university. University culture and the broader “workings” of university life may not be known by the student’s family and this may impact on the ability of the student to integrate into the higher education community. This alone can be a reason for the reduced retention rates in the higher education sector for Aboriginal and Torres Strait Islander students.

If you are aware that a student identifies as Aboriginal and/or Torres Strait Islander, it will be of value to speak to that student in confidence and explore if they are accessing the university Aboriginal and Torres Strait Islander Learning centre (see 2.4 Cultural support and mentoring). Don’t assume that the student has found the facility and that they are using the resources available there.

Exploring cultural safety is the recommended starting point for nursing and midwifery students to develop an understanding of Aboriginal and Torres Strait Islander health, history, culture and cultural safety. This is consistent with CATSINaM’s Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework (2017c), which defines cultural safety in this way:

Cultural safety has its roots in nursing education and health care in Aotearoa based on the work of Ramsden (2002) and others, but has since become more broadly theorised and accepted in Australia as a means to work towards social justice and better health outcomes for those experiencing health inequity.

Cultural safety is a philosophy of practice that is about how a health professional does something, not what they do, in order to not engage in unsafe cultural practice that ‘... diminishes, demeans or disempowers the cultural identity and wellbeing of an individual’ (Nursing Council of New Zealand 2011, p 7). It is about how people are treated in society, not about their diversity as such, so its focus is on systemic and structural issues and on the social determinants of health.

Cultural safety represents a key philosophical shift from providing care regardless of difference to care that takes account of peoples’ unique needs. It requires nurses and midwives to undertake an ongoing process of self-reflection and cultural self-awareness, and an acknowledgement of how a nurse’s/ midwife’s personal culture impacts on care.

Cultural safety uses a broad definition of culture that does not reduce it to ethnicity, but includes age/generation, sexual orientation, socio-economic status, religious or spiritual belief, ethnic origin, gender and ability. It also recognises that professions and work places have cultures, and cultural safety is as applicable to working with colleagues in providing health care as it is to working with health service users. (p. 11)

Assumptions are often made that Aboriginal and/or Torres Strait Islander people automatically know about racism and cultural safety. The average Australian is not fully aware of the language and meaning of racism and cultural safety and Aboriginal and Torres Strait Islander nursing and midwifery students may not be familiar with all the language and concepts involved. They would be familiar with recognising a culturally safe situation at a personal level and understanding cultural safety is a lifelong learning journey for Aboriginal and/or Torres Strait Islander participants, just as it is for non-Indigenous people.

Through the impacts of colonisation, not all Aboriginal and/or Torres Strait Islander people are connected to culture and community. Often this is due to past policies that have segregated families and connections. It is equally important to note that Indigeneity is not based on skin colour or facial feature. Identity is determined by relationship and socialisation.

To be most effective, cultural safety must be taught early in nursing and midwifery courses (CATSINaM 2017c). Students must complete at least one core unit on cultural safety and its relevance to Aboriginal and Torres Strait Islander health **prior to** undertaking their first clinical placement.

2.2 CULTURALLY SAFE SUPERVISION AND SUPPORT STRUCTURES

There are three areas to consider: CP Coordinator and CP facilitator preparation, student support preparation, and host workplace liaison and placement preparation.

CLINICAL PLACEMENT COORDINATOR AND CLINICAL PLACEMENT FACILITATOR PREPARATION

Schools of Nursing and Midwifery need to ensure CP Coordinators and CP Facilitators are well equipped and supported to provide culturally safe supervision and support for Aboriginal and/or Torres Strait Islander students.

Clinical Placement Coordinators and Facilitators capacities will be enhanced if the following aspects are addressed:

1. CP Coordinators have undertaken comprehensive cultural safety training, i.e. a two-day program.
2. CP Coordinators are familiar with the content of the unit students do on cultural safety.
3. CP Coordinators can access appropriate cultural advice or mentoring to assist them with interacting in a culturally safe manner with Aboriginal and Torres Strait Islander students.
4. CP Coordinators are confident in talking about racism and cultural safety with both Aboriginal and Torres Strait Islander and non-Indigenous staff.
5. CP Coordinators are familiar with the higher education provider’s anti-racism policies or associated policies, in case they need to draw on them in their liaison with host workplace supervisors.





STUDENT SUPPORT AND PREPARATION

The early steps in supporting Aboriginal and Torres Strait Islander students include CP Coordinators and Facilitators:

- meeting with Aboriginal and/or Torres Strait Islander students sufficiently early in the lead-up to their clinical placement to:
 - develop a relationship so students can be more comfortable to discuss cultural safety
 - answer any questions about the likely location of their clinical placement
 - ascertain any concerns, e.g. about the placement itself, travelling to the placement or any personal or community obligations that students may need to balance with meeting the requirements of the clinical placement.
- discussing with Aboriginal and/or Torres Strait Islander students who they can talk to if they have any cultural safety concerns in their placement for themselves or for Aboriginal and Torres Strait Islander clients and families.
- checking if there are any cultural considerations that will influence the selection of a clinical placement (see Section 2.3).
- checking what access Aboriginal and Torres Strait Islander students have had to cultural mentoring (see Section 2.4).

HOST WORKPLACE LIAISON AND PLACEMENT PREPARATION

In the development of relationships with the contact people at the host workplace, CP Coordinators / CP Facilitators will need to clarify the following matters:

- What work has the host workplace done to develop greater capacity for cultural safety? This may include cultural safety training, the naming of cultural safety in policies and plans, and their leadership position on the importance of providing culturally safe services.

- Have host workplace staff who will supervise and/or work with Aboriginal and/or Torres Strait Islander students:
 - undertaken cultural safety training
 - had experience working with Aboriginal and/or Torres Strait Islander colleagues and/or clients and families?
- What is the host workplace's position on racism? Is it identified as unacceptable in the organisation's code of conduct? Do they have an anti-racism policy and/or strategy?
- What is the process for addressing an instance of racism in the workplace – whether it affects Aboriginal and/or Torres Strait Islander staff or clients and their families?
- What cultural support structures does the host workplace have for their existing Aboriginal and/or Torres Strait Islander staff? Can Aboriginal and/or Torres Strait Islander students access these support structures?
- Have CP Coordinators/ Facilitators advised host workplaces of the commitment given to cultural safety by the higher education provider, and the support structures Aboriginal and/or Torres Strait Islander students can access with the higher education provider?
- Have CP Coordinators / Facilitators advised host workplaces of any cultural protocols they need to consider for specific Aboriginal and Torres Strait Islander students (see Section 2.3)?
- What agreements are needed with host workplaces about supporting Aboriginal and/or Torres Strait Islander students if there are concerns about their cultural safety? Students may directly express this to host workplace staff or the CP Coordinator/ Facilitators.
- What agreements are needed about the process for taking action to address any compromise to cultural safety, which may also breach the host workplace code of conduct or anti-racism policy?

2.3 CULTURAL CONSIDERATIONS IN SELECTING CLINICAL PLACEMENTS

Understanding the context of Aboriginal and Torres Strait Islander history of health service provision is a complex issue. CP Coordinators and Facilitators are not expected to know all of these nuances but should be open to learning from Aboriginal and/or Torres Strait Islander students.

In some circumstances, Aboriginal and/or Torres Strait Islander nursing and midwifery students may not be able to do a clinical placement in all host workplaces or work with all Aboriginal and Torres Strait Islander clients/families for cultural reasons.

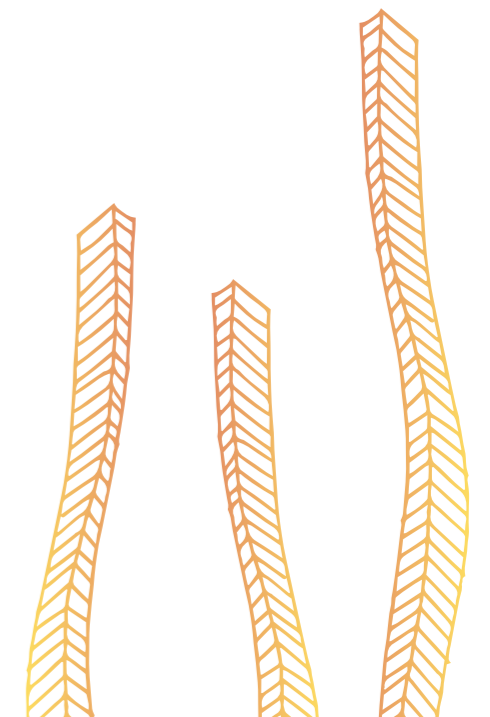
It is always best to discuss clinical placements in advance and to confirm that any proposed placement will provide a positive experience for the student. The student's connection to country and community experience at a particular health facility may be a reason not to send the student to that placement e.g. if many community members have passed at that facility, the spirits of ancestors may be of concern to the student completing placement there. Likewise, students may wish to undertake a placement close to their community and family.

It may not be possible for Aboriginal and/or Torres Strait Islander students to provide details about the cultural reasons - a cultural protocol may be to not discuss it directly. Rather than create discomfort by seeking detailed information, CP Coordinators need to work with students on which placements would be more suitable. The university school of nursing and midwifery should have the capacity to provide flexible alternatives for Aboriginal and / or Torres Strait Islander students if this will or has affected them.

As there are many nations of Aboriginal and/or Torres Strait Islander peoples who are culturally diverse, this knowledge can be gained through cultural awareness training, which is specific to geographical locations. Please see Appendix B for a description of cultural awareness training.

CP Coordinators/ Facilitators should check with each host workplace if they are aware that students may not be able to work with all Aboriginal and/or Torres Strait Islander clients and families who present at the facility. If the workplace is not aware of this cultural boundary, then the university CP Coordinators/ facilitator should advise the host workplace that they cannot required an Aboriginal and/or Torres Strait Islander student to work with the client/family. The workplace should have a contingency plan in place if this situation arises. (This contingency plan could be developed in a similar manner to any existing contingency plan e.g. which removes family members from treating other family members).

Students should be encouraged to provide feedback in their journals and reflective learning relating to cultural safety and cultural learnings at the workplace.



2.4 CULTURAL SUPPORT AND MENTORING

Being connected to culture is a ‘cultural determinant of health’ and fosters resilience in Aboriginal and/or Torres Strait Islander students. Creating a culturally safe environment for Aboriginal and/or Torres Strait Islander students includes ensuring they have access to cultural support.

Cultural support may be available in a number of forms:

- ✦ Aboriginal and/or Torres Strait Islander Support Units that support all students studying with the higher education provider
- ✦ designated Aboriginal and Torres Strait Islander cultural support staff within faculties, schools or sections of the higher education provider
- ✦ Aboriginal and Torres Strait Islander student forums or groups
- ✦ cultural mentoring programs provided by the higher education provider or accessed through an external program
- ✦ Aboriginal and/or Torres Strait Islander cultural events and activities within the higher education provider or the wider community.

Students may choose not to take up this support, but it is vital they know what support is available. Some Aboriginal and Torres Strait Islander students do not choose to identify with nursing and midwifery teaching staff. It is important this information is shared with all nursing and midwifery students through a variety of mechanisms so Aboriginal and Torres Strait Islander students can learn about and access it in a confidential manner.

In Section 2.2, it was recommended that CP Coordinators inquire with host workplaces what cultural support mechanisms they have in place and whether Aboriginal and/or Torres Strait Islander students can access them. This is so they can inform students about these options prior to the placement and include any relevant support options in the placement orientation process. For example, there may be a designated contact person for Aboriginal and Torres Strait Islander staff within the facility or there may be a list of nurses and midwives who are available to provide mentoring support to Aboriginal and Torres Strait Islander staff which could be extended to students.

2.5 ORIENTATION TO CLINICAL PLACEMENTS PRIOR TO COMMENCING

CATSINaM recommends a half-day clinical placement orientation workshop as a valuable strategy to build into the preparation process for all students with placements in Aboriginal and/or Torres Strait Islander contexts, and for Aboriginal and/or Torres Strait Islander students in any context (Department of Health 2014a; Nelson, Shannon & Carson 2013). The Institute for Urban Indigenous Health (Nelson, Shannon & Carson 2013) provides a clear good practice example of a coordinated approach to creating and managing clinical placements in Aboriginal and Torres Strait Islander health services. Face to face orientation and induction was a core component of the process. CATSINaM is aware that many universities have adopted an e-learning approach for this subject but recommend that an onsite component is essential to complete orientation.

The orientation workshop can be developed and delivered with relevant higher education Aboriginal and/or Torres Strait Islander support staff and, if possible, key staff from the host workplace. It is likely the workshop will include both Aboriginal and/or Torres Strait Islander and non-Indigenous students attending the placement and build on what they have learned through their core unit on cultural safety. Participants for these workshops could include students going to several different placements and be accompanied by local on-site inductions for students going to specific health service, i.e. as in Nelson, Shannon and Carson (2013).

Orientation workshops should “give students an introduction to the placement setting, debunking ‘myths’, common challenges and strategies to address them, and the practice of self-reflexivity in the health

care context” (Department of Health 2014a, pp. 3-31 - 3-32).

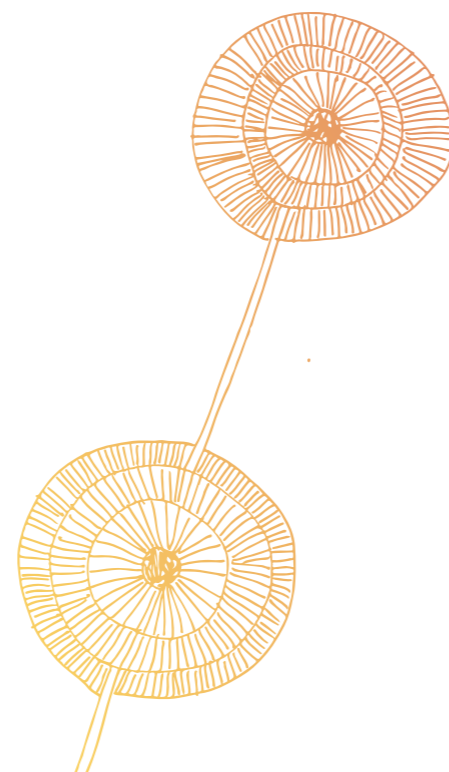
Wherever possible, the workshop should be accompanied by an onsite visit to the host workplace before the placement commences for induction, provided the placement is reasonably ‘local’ to the higher education provider and student.

For local placements, onsite visits ensure Aboriginal and/or Torres Strait Islander students have an opportunity to:

- ✦ become familiar with the best route, time required and transport arrangements to reach their placement
- ✦ gain an orientation to the host organisation buildings
- ✦ meet key staff they need to relate to during the placement.

If placement locations are a long distance from the higher education provider and/or the student, an alternative is to have an orientation meeting by phone or Skype with the key staff who students will need to relate to during the placement.

Depending on what is learned about cultural support options at the host workplace (see Section 3.3), if possible it would be useful to introduce students to people who are available to provide cultural support while they are on placement during the pre-placement onsite visit or meeting. It is important that education providers have confirmed if major support people at the site are scheduled for leave and if so, who will be filling that role during their absence.



3. MAINSTREAM SERVICES: PREPARING FOR ABORIGINAL AND/OR TORRES STRAIT ISLANDER STUDENTS

3.1 CREATING A CULTURALLY SAFE WORKPLACE

Cultural safety is identified in the ANMAC accreditation standards for nursing and midwifery courses.¹ The Codes of Conduct for both nurses and midwives highlight the importance of cultural safety (NMBA 2018a, 2018b), and the NMBA and CATSINaM have released a joint statement on this (NMBA & CATSINaM 2018). Additionally a range of high-level national documents emphasise the necessity for health services to be providing a culturally safe workplace for Aboriginal and/or Torres Strait Islander clients, family members and staff (e.g. Australian Commission on Safety and Quality in Health Care 2017; Department of Health 2013).

Cultural safety is also addressed in the *Cultural Respect Framework 2016-2026 for Aboriginal and Torres Strait Islander Health* (Australian Health Ministers Advisory Council 2016). Several jurisdictional health departments are operationalising this document by resourcing cultural safety training in their organisations. It would be useful to ascertain what is possible within your jurisdiction and local health service for accessing this training.

The Australian Commission on Safety and Quality in Health Care's National Safety and Quality in Health Care (NSQHS) Accreditation Standards for Improving Care for Aboriginal and Torres Strait Islander People come into effect on January 1, 2019. These accreditation standards and associated documents provide clear guides and requirements for caring for Aboriginal and

Torres Strait Islander people. Implementing the accreditation standards in health services will support the provision of cultural safety for patients and develop greater awareness of cultural safety for all staff.

CATSINaM's description of cultural safety was in Section 2.1 of this guide. Further resources on cultural safety that host workplaces may find useful include CATSINaM (2014b, 2016, 2017a).

For the host workplace this means there is an increased expectation at national and jurisdictional levels to take steps to develop a culturally safe workplace and commit to ongoing work to maintain cultural safety. These actions will be essential to support Aboriginal and/or Torres Strait Islander students safely, effectively and successfully, in their clinical placements and ensure their experience encourages them to continue in, rather than leave, their chosen profession

STEPS THAT HOST WORKPLACES CAN TAKE

The proactive steps host workplaces can take to create a supportive and culturally safe environment for clinical placements include:

1. An essential action is for all staff to complete cultural safety professional development training. This should be staged into the facility or organisation with priority given to the leadership team, followed by middle management and frontline staff positions inclusive of clinical, operational and administrative staff. (As cultural safety professional development training is essential, it is also important to know the difference between cultural safety and cultural awareness training. An explanation is provided in Appendix B.)
2. Provide a visual presence of Aboriginal and/or Torres Strait Islander cultural groups who utilise your services (such as posters, marketing material, displays and art), including traditional custodians of country on which your workplace is situated, and nationally recognised symbols, such as the Aboriginal flag and Torres Strait Islander flag
3. Support staff involvement (Aboriginal and/or Torres Strait Islander and non-Indigenous staff) in activities and events of significance to Aboriginal and/or Torres Strait Islander Australians, such as: local cultural programs, activities, events and festivals; Close the Gap day; the anniversary of the National Apology to the Stolen Generations; NAIDOC week and/or Reconciliation Week
4. Ensure staff are aware of key national documents and how they relate to your workplace including; Commission on Safety and Quality in Health Care 2017; Department of Health 2013; *Cultural Respect Framework 2016-2026 for Aboriginal and Torres Strait Islander Health* (Australian Health Ministers Advisory Council 2016).
5. Provide the education provider and student with copies of the host organisations policies and codes of conduct that highlight cultural safety and zero tolerance for racism
6. Have the facility and staff sign up to the 'Racism. It stops with me!' campaign available at the following link: <https://itstopswithme.humanrights.gov.au/>
7. Check if your organisation has an Aboriginal and Torres Strait Islander Workplan and if not available organise designing and implementing a dedicated Aboriginal and/or Torres Strait Islander employment strategy across all work areas and levels of seniority
8. Ensure that there are cultural and peer support strategies for Aboriginal and/or Torres Strait Islander staff (see Section 3.3)
9. Ensure that Aboriginal and/or Torres Strait Islander people are represented in governance, decision-making and advisory structures, including traditional custodians of country on which your workplace is situated
10. Recognise and respect Indigenous ways of knowing, being and doing
11. Recognise and respect a human rights approach to health and self-determination consistent with the United Nations Declaration on the Rights of Indigenous Peoples (Australian Human Rights Commission 2010)
12. Develop and implement a Reconciliation Action Plan and/or overall organisational cultural change strategy to strengthen cultural safety includes the steps above.²

² These types of steps are similar to the domains identified in the outlined in an organisational cultural safety self-assessment tool designed to help organisations monitor improvement in how they are implemented (beyond... (Kathleen Stacy & Associates) Pty Ltd & Sharon Gollan & Associates 2018).

Some but not all of these types of steps are identified in the Reconciliation Action Plan templates developed by Reconciliation Australia: <<https://www.reconciliation.org.au/reconciliation-action-plans/>>.

¹ See the current standards at: <<https://www.anmac.org.au/standards-and-review>>.



3.2 CAPABILITIES OF AND SUPPORT FOR CLINICAL SUPERVISORS

Experienced nurses and midwives who supervise students on clinical placements are encouraged to complete training in clinical supervision. While this is an essential foundation, host workplaces must address other factors to ensure the provision of culturally safe supervision for Aboriginal and Torres Strait Islander students. This includes considering:

- What are appropriate capabilities for clinical supervisors working with Aboriginal and/or Torres Strait Islander students?
- What support structures clinical supervisors will need to do this well?
- What messages clinical supervisors provide to students and other staff involved in the clinical placement?

CAPABILITIES OF CLINICAL SUPERVISORS

The capacities of clinical supervisors to provide culturally safe supervision will be enhanced if the following has occurred:

- Clinical supervisors have undertaken comprehensive cultural safety training, i.e. a two-day program.
- Clinical supervisors are familiar with their workplace anti-racism policy, code of conduct and process for responding to an incident of racism in the workplace.
- Clinical supervisors are confident in talking about racism and cultural safety with both Aboriginal and Torres Strait Islander and non-Indigenous staff.

SUPPORT STRUCTURES FOR CLINICAL SUPERVISORS

- The workplace leadership place high value on hosting clinical placements and supporting clinical supervisors and students.
- Clinical supervisors can access appropriate cultural advice or mentoring to assist them with interacting in a culturally safe manner with Aboriginal and Torres Strait Islander students.

- Clinical supervisors can contact higher education provider CP Coordinators easily and rapidly to discuss any questions or concerns about clinical placements.

COMMUNICATION TO STUDENTS AND OTHER STAFF INVOLVED IN THE PLACEMENT

- Clinical supervisors inform students that the workplace has a commitment to cultural safety for Aboriginal and Torres Strait Islander staff, students, clients and families. This may occur in both the orientation workshop as well as their initial meeting with students, and at any other time considered appropriate.
- Clinical supervisors discuss with students who they can talk to if they have any cultural safety concerns in their placement for themselves or for Aboriginal and Torres Strait Islander clients and families.
- Clinical supervisors ensure that staff involved in the clinical placement have reasonable expectations of Aboriginal and/or Torres Strait Islander students who are there as learners, just like their non-Indigenous peers.

For example, it is vital that all involved staff know that Aboriginal and/or Torres Strait Islander students are not there to be cultural consultants to staff who are working with Aboriginal and/or Torres Strait Islander clients and families. They are there to learn as a nursing and midwifery student. Where cultural support and advice is required to ensure non-Indigenous staff provide a quality and culturally safe service for Aboriginal and/or Torres Strait Islander clients and families, this should be sought through the existing resources and structures the host workplace has in place. Even if the Aboriginal and/or Torres Strait Islander student works with the client and family in some capacity, this additional cultural support and advice should be accessed.

3.3 CULTURAL SUPPORT AND MENTORING IN THE WORKPLACE

Being connected to culture is a ‘cultural determinant of health’ and fosters strength and resilience in Aboriginal and/or Torres Strait Islander students. A specific aspect of creating a culturally safe workplace is ensuring Aboriginal and Torres Strait Islander students have access to cultural support. This can be provided in several ways.

A CULTURAL MENTOR

Mentoring involves linking Aboriginal and Torres Strait Islander students to a more experienced Aboriginal and/or Torres Strait Islander person as a cultural mentor.

Mentoring is a developmental, caring, sharing and supportive relationship where a more experienced person (Mentor) invests time, know-how and effort in enhancing the personal and professional growth, knowledge and skills of a less experienced person (Mentee). It is a distinctive and meaningful relationship where the two parties consider each other with positive regard, develop respectful boundaries – including confidentiality, paying close attention to cultural safety and committing to working with each other over an agreed timeframe. (CATSINaM 2017b, p. 7)

It is important to check if higher education providers run mentoring programs and have already connected Aboriginal and Torres Strait Islander students to them. Depending on the duration of the clinical placement it may be valuable to explore access to a cultural mentor in your workplace. Alternatively, cultural mentors could be arranged through local Aboriginal and/or Torres Strait Islander organisations or the wider community.

Good practice would involve:

- establishing these relationships during placement orientation
- providing interested staff, colleagues or community members with formal mentor training
- considering how well mentors and mentees are matched (same sex mentors may be more appropriate but gain local advice)
- being clear on the mentoring compared to the supervision role.

If your workplace is interested in developing greater capacity for cultural mentoring, CATSINaM can assist. They can partner with your workplace to deliver a [Mentoring Training Program](#) and support implementation of a mentoring program. CATSINaM also offers an [Introduction to Mentoring](#) half-day workshop to provide a clear understanding of what mentoring involves, and what mentors and mentees should expect from the experience.

CULTURAL PEER SUPPORT INTERNAL TO THE ORGANISATION

Cultural peer support can occur by linking Aboriginal and/or Torres Strait Islander students into any existing Aboriginal and/or Torres Strait Islander staff forums. For example, forums that are held on a regular basis for Aboriginal and/or Torres Strait Islander staff in any position across your workplace. If they do not yet exist, your workplace is encouraged to establish a support group.

CULTURAL PEER SUPPORT EXTERNAL TO THE ORGANISATION

An additional option is linking Aboriginal and/or Torres Strait Islander students into any existing Aboriginal and/or Torres Strait Islander forums run by organisations in the local area, including Aboriginal and/or Torres Strait Islander organisations.

LOCAL CULTURAL ACTIVITIES AND EVENTS

It is highly recommended that your workplace encourages Aboriginal and Torres Strait Islander students to be involved in local cultural activities and events that occur during their placement. This includes those in which your workplace is involved and may even support, and those led by Aboriginal and/or Torres Strait Islander community organisations and groups in the local area.

CATSINaM

A core purpose of CATSINaM is to provide culturally grounded peer support, information, networking and informal mentoring in a culturally safe environment for Aboriginal and Torres Strait Islander nurses and midwives. If not already members, Aboriginal and Torres Strait Islander students should be encouraged to join CATSINaM. They can access a range of opportunities to participate in jurisdictional and national activities. They can do this at the [CATSINaM membership information](#) link.

3.4 PROCESSES FOR RECOGNISING AND ADDRESSING RACISM

Before clinical placements commence, Clinical Coordinators/ Facilitators should talk with workplaces about the workplace position on racism. They should check whether racism is identified as unacceptable in the workplace code of conduct, and if your workplace has an anti-racism policy and/or strategy. They should also ask about the process for addressing an instance of racism – whether it affects Aboriginal and/or Torres Strait Islander staff or clients and their families. The reason for this is because the most likely issue to prevent cultural safety for Aboriginal and Torres Strait Islander students on placement is racism.

Racism can be broadly defined as the types of behaviours, practices, beliefs and prejudices that underlie avoidable and unfair inequalities across groups in society based on race, ethnicity, culture or religion. Race-based discrimination is those behaviours and practices that result in avoidable and unfair inequalities across groups in society. This definition encompasses not only racial violence or illegal forms of discrimination, but subtle forms of exclusion as well.

Racism can occur at three conceptual levels, which overlap in practice:

- *interpersonal racism (i.e. racist interactions between people);*
- *internalised racism (i.e. the incorporation of ideologies within the worldview of an individual who experiences racism which results in the unequal distribution of power between racial, ethnic, cultural or religious groups); and*
- *systemic or institutional racism (i.e. formal policies, practices, processes and conditions that serve to increase power differentials between racial, ethnic, cultural or religious groups). (Ferdinand, Paradies & Kelaher 2013, p. 3)*

Racism is a social determinant of health for Aboriginal and Torres Strait Islander people and this is why the vision of the *National Aboriginal and Torres Strait Islander Health Plan* (Department of Health 2013) is that the “Australian health system is free of racism and inequality and all Aboriginal and Torres Strait Islander people have access to health services that are effective, high quality, appropriate and affordable” (p. 7). This applies to health staff in any capacity in any health service and is consistent with requirements of the 2nd edition of the *National Safety and Quality Health Service Standards* (Australian Commission on Safety and Quality in Health Care 2017).

Achieving the vision of the *National Aboriginal and Torres Strait Islander Health Plan* requires health services to be prepared to address racism when it occurs, whether directed at Aboriginal and/or Torres

Strait Islander students, other Aboriginal and/or Torres Strait Islander staff or Aboriginal and/or Torres Strait Islander patients/clients and family members. All health services/organisations should have policies and/or codes of conduct that state there is zero tolerance for racism in the form of an anti-racism policy or a policy with an identifiable section on the workplace’s anti-racism position. Effectively addressing racism also involves ensuring that there are processes through which clients and staff can report instances of racism they directly experience and those they witness, and a corresponding process to address these reports of racism. Any instances of racism can be highly impactful on student wellbeing and cultural safety during clinical placements.

Identifying the different forms of racism and how they are evident in the workplace should be a core component of cultural safety training that management, clinical and administrative staff attend. If this is not covered, your workplace is not accessing the right form of training (see Appendix B).

Through cultural safety training, all staff involved in clinical placements should be better equipped to not engage in racism, identify racism when they witness it and believe it has occurred if students talk to them about it. What does addressing racism mean in straightforward terms?

Addressing racism means to:

- *not participate in racism in any form*
- *call racism out when you hear and see it, and address it promptly if it happens by other... health professionals, health services staff or non-Indigenous clients*
- *be mindful that the many experiences of racism that Aboriginal and/or Torres Strait Islander Australians have and still experience, including in health services, can negatively affect their trust of health services as a safe place and trust of health professionals as people who have their best interests at heart*

- *provide immediate and empathic support for Aboriginal and/or Torres Strait Islander clients or colleagues who experience racism and choose to talk to about it*
- *respect that Aboriginal and/or Torres Strait Islander people determine if they experience racism – the person or people who spoke or acted in a racist manner cannot decide this*
- *recognise that, if they are white people, their experience of the world is very different from Aboriginal and/or Torres Strait Islander people – as white people life may sometimes be hard, but it is not hard because of your race or colour*
- *think about how to make the experience of their health service as safe and comfortable as possible for Aboriginal and/or Torres Strait Islander people. (CATSINaM 2018, p. 93)*

Aboriginal and Torres Strait Islander students may be very anxious about discussing experiences of racism with non-Indigenous people, as this involves significant personal and professional risks. The all too common experience is that the Aboriginal and/or Torres Strait Islander person are not being believed - in fact, being minimised, ridiculed and blamed. Providing an empathetic response and reiterating that you believe an Aboriginal and/or Torres Strait Islander person when they share an experience of racism is an important part of creating cultural safety. The Aboriginal and/or Torres Strait Islander person decides if racism occurs, not non-Indigenous people.

In a culturally safe work environment, students will be more likely to share experiences of racism with their Clinical Supervisor and also their CP Coordinator / Facilitator. When this occurs, it is vital to provide strong support to the student and clarify how far they want to take the matter. This will include working through what action may need to be taken if the racist incident breached professional duty of care, the code of conduct or workplace policy, and if it resulted in an adverse health outcome.

3.5 A USEFUL CHECKLIST FOR ALL SERVICES

This checklist has been created as a tool that can be completed by host workplaces to ensure clinical placements are culturally safe. This tool can also be used by Clinical Coordinators/ Facilitators to ensure the cultural safety of placements at host workplaces.

Topic	Questions to address	Status	Action to take
A: Creating a culturally safe workplace			
Cultural safety professional development training for all staff	Has the leadership team completed cultural safety training?	Yes/No	
	Has middle management completed cultural safety training?	Yes/No	
	Have frontline staff completed cultural safety training?	Yes/No	
Policies and codes of conduct name cultural safety and zero tolerance for racism	Does your workplace have a policy on cultural safety and/or zero tolerance for racism?	Yes/No	
	Does the code of conduct identify that there is zero tolerance for racism?	Yes/No	
'Racism. It stops with me!' campaign	Has your workplace signed up to the 'Racism. It stops with me!' campaign?	Yes/No	
Aboriginal and/or Torres Strait Islander employment strategies	Does your workplace have a dedicated Aboriginal and/or Torres Strait Islander employment strategy?	Yes/No	
	Does the strategy apply to all work areas?	Yes/No	
	Does the strategy apply to all levels of seniority?	Yes/No	
Visual presence of Aboriginal and/or Torres Strait Islander people	Does your workplace have a visual presence of Aboriginal and/or Torres Strait Islander cultural groups who utilise your services?	Yes/No	
	Does your workplace display Aboriginal and/or Torres Strait Islander nationally recognised symbols?	Yes/No	
Cultural and peer support strategies	Does your workplace offer any cultural and peer support strategies for Aboriginal and/or Torres Strait Islander staff?	Yes/No	
Aboriginal and/or Torres Strait Islander people in decision-making	Are Aboriginal and/or Torres Strait Islander people included in your workplace governance structures , including traditional custodians of country on which your workplace is situated?	Yes/No	
	Are Aboriginal and/or Torres Strait Islander people included in your workplace decision-making processes, including traditional custodians of country on which your workplace is situated?	Yes/No	
	Are Aboriginal and/or Torres Strait Islander people included in your workplace advisory structures , including traditional custodians of country on which your workplace is situated?	Yes/No	
Indigenous ways of knowing, being and doing, and respect for a human rights approach and self-determination	Are Indigenous ways of knowing, being and doing recognised and respected in workplace policy and practice?	Yes/No	
	Does policy and practice in your workplace recognise and respect a human rights approach and self-determination, as described in the UN Declaration on the Rights of Indigenous Peoples?	Yes/No	

Topic	Questions to address	Status	Action to take
Supporting staff involvement in activities and events of significance to Aboriginal and/or Torres Strait Islander Australians	Are staff involved in cultural programs, activities, events and festivals in the local or regional area?	Yes/No	
	Are staff involved in Close the Gap day on March 17 th ?	Yes/No	
	Are staff involved in the anniversary of the National Apology to the Stolen Generations on February 13 th ?	Yes/No	
	Are staff involved in NAIDOC week in early July?	Yes/No	
	Are staff involved in Reconciliation week in late May?	Yes/No	
Organisational cultural change strategies for cultural safety	Is your workplace involved in developing and implementing Reconciliation Action Plans or organisational cultural change strategies, which may include several of the above areas?	Yes/No	
B: Capabilities of and support for clinical supervisors			
Capabilities of clinical supervisors	Have clinical supervisors undertaken comprehensive cultural safety training	Yes/No	
	Are clinical supervisors familiar with their workplace anti-racism policy, code of conduct and process for responding to an incident of racism?	Yes/No	
	Are clinical supervisors confident in talking about racism and cultural safety?	Yes/No	
Support structures for clinical supervisors	Does the workplace leadership place high value on hosting clinical placements and supporting clinical supervisors and students?	Yes/No	
	Can clinical supervisors access appropriate cultural advice or mentoring to assist them with interacting in a culturally safe manner with Aboriginal and Torres Strait Islander students?	Yes/No	
	Can clinical supervisors contact higher education provider CP Coordinators easily and rapidly to discuss any questions or concerns about clinical placements?	Yes/No	
Communication to students and other staff involved in the placement	Has the clinical supervisor informed students that the workplace has a commitment to cultural safety for Aboriginal and Torres Strait Islander staff, students, clients and families?	Yes/No	
	Has the clinical supervisor discussed with students who they can talk to if they have any cultural safety concerns in their placement for themselves or for Aboriginal and Torres Strait Islander clients and families?	Yes/No	
	Has the clinical supervisor ensured that staff involved in the clinical placement have reasonable expectations of Aboriginal and/or Torres Strait Islander students who are there as learners, just like their non-Indigenous peers?	Yes/No	

Topic	Questions to address	Status	Action to take
C: Cultural support and mentoring in the workplace			
Cultural and peer support strategies for Aboriginal and/or Torres Strait Islander people	Do Aboriginal and/or Torres Strait Islander students have access to a cultural mentor through their higher education provider or your workplace?	Yes/No	
	Can Aboriginal and/or Torres Strait Islander students be linked to Aboriginal and/or Torres Strait Islander staff forums within your workplace or organisation?	Yes/No	
	Can Aboriginal and/or Torres Strait Islander students be linked to Aboriginal and/or Torres Strait Islander forums external to your workplace, e.g. in other organisations or the community?	Yes/No	
	Can Aboriginal and/or Torres Strait Islander students be linked to local cultural activities and events that occur during the placement?	Yes/No	
	Do Aboriginal and/or Torres Strait Islander students know about CATSINaM and how to become a Member?	Yes/No	
D: Processes for recognising and addressing racism			
Recognising and addressing racism	Does your workplace identify racism as unacceptable in your code of conduct?		
	Does your workplace have an anti-racism policy?		
	Does your workplace have a clear process for addressing an instance of racism that clients or staff experience?		



4. CLINICAL PLACEMENTS IN ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICES

Aboriginal Community Controlled Health Services (ACCHS) tend to be under-utilised for nursing and midwifery clinical placements, although they are excellent health contexts in which students can gain experience. They offer several advantages for both Aboriginal and/or Torres Strait Islander, and non-Indigenous nursing and midwifery students.

- 📌 **Advantages for all students:** The opportunity to consistently work directly with Aboriginal and/or Torres Strait Islander clients, families, community members and staff. This exposure could encourage students to pursue or consider pursuing a career in the ACCH sector upon achieving professional registration.
- 📌 **Advantages for Aboriginal and Torres Strait Islander students:** Due to the higher proportion of Aboriginal and/or Torres Strait Islander people employed in ACCHS, these students would have better access to Aboriginal and/or Torres Strait Islander supervisors, role models and cultural mentors than is likely to occur in mainstream health services.
- 📌 **Advantages for non-Indigenous students:** Compared to placements in many mainstream health contexts, there would be greater opportunity to observe, understand and develop skills in culturally safe health care.

All areas in Section 3 are relevant for ACCHS if they decide to host clinical placements, along with Section 2.5: Orientation to clinical placements prior to commencing. Several areas outlined in the 'Clinical Placement Programs' section of the *Aboriginal and Torres Strait Islander Health Curriculum Framework* (Department of Health 2014a, pp. 3-31 – 3-34) may also be helpful.

Other relevant matters for ACCHS seeking to encourage clinical placements or higher education providers approaching ACCHS are:

- 📌 Does the ACCHS have capacity and sufficient supervisors to provide quality clinical placements?

- 📌 Can the ACCHS provide context specific considerations to meet higher education providers requirements?
- 📌 Does the ACCHS have clear expectations of the higher education provider and student/s on placement?

4.1 THE CAPACITY OF ACCHS FOR CLINICAL PLACEMENTS

ACCHS may be keen to host clinical placements but are not always well resourced to do this. If ACCHS are approached by higher education providers or seek out opportunities to host clinical placements, there are critical questions to consider. They relate to clinical supervision, cultural mentoring, benefits of clinical placements, and options to be part of a coordinated approach to clinical placements in ACCHS.

CLINICAL SUPERVISION

Clinical supervisors need to be nurses and/or midwives. They could be Aboriginal and Torres Strait Islander or non-Indigenous staff. The following questions are provided as a guide for ACCHS organisations:

- 📌 Do we have nurses and/or midwives on staff who can provide clinical supervision for nursing and/or midwifery students?
- 📌 If we have suitable people, what training in clinical supervision have they had?
- 📌 If we have suitable people who have not had training, are they willing to undertake clinical supervision training?
- 📌 If they are willing to do clinical supervision training, can the higher education provider assist in how they can access this training?
- 📌 Could we provide clinical supervision options through a collaborative arrangement? For example:

- Does a service get delivered at the ACCHS by external nursing and midwifery staff from a mainstream health service or another ACCHS organisation?
- Could we share supervision with a mainstream health service or another ACCHS organisation?

CULTURAL MENTORS

Cultural mentors are experienced Aboriginal and/or Torres Strait Islander people. They do not need to be nurses and/or midwives, as their focus is not on nursing and midwifery clinical skills:

- 📌 Do we have suitable people on staff to be cultural mentors for Aboriginal and Torres Strait Islander students?
- 📌 Are there options to access cultural mentors who are involved with the ACCHS but are not staff members? If so, how can this be resourced?
- 📌 If we have suitable people, staff or non-staff members, have they had any training in mentoring?
- 📌 If we have suitable people who have not had training, are they willing to undertake mentoring training?
- 📌 If they are willing to do mentoring training, can the higher education provider assist in how they can access this training?³

BENEFITS OF CLINICAL PLACEMENTS

It will be important to identify the benefits of clinical placements to the ACCHS staff, clients and the wider community. Further, it will be very important to explore how to promote these benefits. Here are some possible discussion points:

- 📌 Students gain good exposure to the primary health care environment and a better understanding of a social determinants of health approach.

- 📌 Students strengthen their knowledge and skills in culturally safe health care.
- 📌 Through cultural immersion, students put their theory into practice.
- 📌 If students undertake a project as part of their placement, the focus is determined by and of benefit to the ACCHSs, and would extend on existing service delivery or health resources, e.g. student-run clinics.
- 📌 Aboriginal and Torres Strait Islander students may want to join the Aboriginal and/or Torres Strait Islander workforce in primary health care.
- 📌 The placement would provide an opportunity for Aboriginal and Torres Strait Islander students to give back to their communities.

A COORDINATED APPROACH TO CLINICAL PLACEMENTS

One strategy is for ACCHS to participate in a coordinated approach to negotiating and organising clinical placements in ACCHS across a region or jurisdiction. An existing good practice model is led by the Institute for Urban Indigenous Health in Brisbane (Nelson, Shannon & Carson 2013), who work in partnership with the University of Queensland. They create and support clinical placements in ACCHSs across Brisbane and surrounding areas for a range of both non-Indigenous and Aboriginal and/or Torres Strait Islander health professional students in their final or later years of their course. Please see a description of their approach for more information: <http://www.limenetwork.net.au/wp-content/uploads/2017/10/gpcs-vol2.pdf>.

³ In 'Section 3.3: Cultural support and mentoring in the workplace' there is information about how CATSINaM can assist by training Aboriginal and Torres Strait Islander nurses and midwives or other health workers in mentoring.

4.2 SPECIFIC CONSIDERATIONS FOR HIGHER EDUCATION PROVIDERS

When planning to approach ACCHS about hosting clinical placements, higher education providers need to consider a range of additional matters. First and foremost:

Relationship building is central, not only to the student experience, but also to ensure sustainable, mutually beneficial partnerships between education providers and Aboriginal and Torres Strait Islander community-controlled organisations. (Department of Health 2014b, p.12)

It is not advisable to approach clinical placements in ACCHS as a one-off arrangement. The best outcome for both parties occurs when a relationship is built over time, based on solid foundations about why the ACCHS is interested in being involved and what they hope to gain from as well as offer to a clinical placement program. This is consistent with the existing literature on what contributed to successful clinical placement partnerships between higher education providers and ACCHS (Carriage, Akers & Payne 2017; Department of Health 2014a, 2014b; Hart, Cavanagh & Douglas 2015; McDonald & Browne et al. 2018; Nelson, Shannon & Carson 2013).

There are a range of other specific matters that higher education providers must consider.

LOCATION

There are many Aboriginal and/or Torres Strait Islander health services in metropolitan areas, so it is important to not just focus on ACCHS in rural and remote areas.

According to the 2016 Census outcomes, 35% of Aboriginal and Torres Strait Islander Australians lived in capital city areas, although this varies across jurisdictions. Over half of Aboriginal and/or Torres Strait Islander people in South Australia and Victoria live in the capital city, while the figure is 41% in Western Australia, 36% in Tasmania, 32% in NSW, 29% in Queensland and 21% in the Northern Territory. The ACT is an anomaly at 99.5%.

COSTS TO ACCHS

ACCHS are not well resourced to host clinical placements. It is important to be prepared for a conversation about the costs which may occur as a result of having the students on site and how higher education providers can help meet these costs.

SELECTING STUDENTS

Wherever possible, prioritise Aboriginal and/or Torres Strait Islander students for placements in Aboriginal and/or Torres Strait Islander health contexts. The suitability of all students for placements in ACCHS needs to be assessed. For non-Indigenous students, attention must be paid to their critical reflection skills; specifically, how they recognise and prevent themselves from engaging in any form of racism. The *Aboriginal and Torres Strait Islander Health Curriculum Framework* (Department of Health 2014a) recommends that higher education providers:

Assess student suitability for placements in ACCHSs through initial student application for placement, and through staff assessment of student behaviours and disposition during [the] orientation session. Any concerns from staff at either of these assessment stages must be acted on. (p. 3-31)

NUMBER OF STUDENTS PER PLACEMENT

Identifying whether it is possible to place more than one student in the same ACCHS, provided this is viable for ACCHS, to assist in peer-led self-reflection and debriefing (students do not need to be from the same discipline).

STUDENT CONTRIBUTIONS

Identifying how students can make valuable contributions during their placement, e.g. student-led clinics that offer a service that are not available or limited.

REVIEW AND MONITORING PROCESSES

It is important to agree on a process for monitoring how placements are progressing so that both anticipated and actual concerns can be discussed and addressed promptly, and ACCHS are not managing situations that create avoidable stress or workload burdens for staff and/or stress for students. This includes reviewing ACCHS capacity for how many students they can manage over what timeframes, e.g. the *Aboriginal and Torres Strait Islander Health Curriculum Framework* (Department of Health 2014a) recommends that “placements must be coordinated and well-spaced to ensure health services are not over-burdened” (p. 3-31).

4.3 EXPECTATIONS OF THE HIGHER EDUCATION PROVIDER

ACCHS should have several expectations of the higher education provider. They include that:

- ✎ Higher education providers will meet with ACCHS senior staff to discuss all aspects of the clinical placement program and what support they can offer the ACCHSs in hosting placements.
- ✎ Students have completed curriculum on cultural safety prior to the placements.
- ✎ Students have been assessed as suitable for placements in Aboriginal and Torres Strait Islander health contexts prior to going on placement and being introduced to the ACCHSs.
- ✎ Higher education providers will support placements with a CP Coordinator/Facilitator who can come on-site if required, as well as communicate by phone and email.
- ✎ Higher education providers can assist with providing or supplementing on-site clinical supervision if this is a capacity challenge for the ACCHS.
- ✎ Higher education providers will support and promote the concept of students undertaking a project where the focus is determined by and of benefit to the ACCHSs that can extend their existing service delivery or health resources. This may involve assisting students to prepare for this component of their placement, for example:
 - pre-placement visits to discuss the focus and nature of the project with ACCHS staff, and any local preparation and promotion that is required (e.g. promoting a student-run clinic to existing clients)
 - pre-placement planning and initial design of the service or resource.

4.4 A USEFUL ADDITIONAL CHECKLIST FOR ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICES

The checklist in Section 3.5 is relevant to **both** mainstream and Aboriginal Community Controlled Health services when preparing for Aboriginal and/or Torres Strait Islander nursing and midwifery students.

This checklist focuses on **additional elements** for Aboriginal Community Controlled Health services to consider in deciding on hosting clinical placements for any nursing and midwifery student.

Topic	Questions to address	Status	Action to take
A: The capacity of ACCHSs for clinical placements			
Clinical supervision	Do we have nurses and/or midwives on staff who can provide clinical supervision for nursing and/or midwifery students?	Yes/No	
	If we have suitable people, have they had any training in clinical supervision?	Yes/No	
	If we have suitable people who have not had training, are they willing to undertake clinical supervision training?	Yes/No	
	If they are willing to do clinical supervision training, can the higher education provider assist in accessing this training?	Yes/No	
	Could we help provide clinical supervision options through a collaborative arrangement with a mainstream health service?	Yes/No	
	Could we help provide clinical supervision options through a collaborative arrangement with another Aboriginal Community Controlled Health service?	Yes/No	
Cultural mentors	Do we have suitable people on staff to be cultural mentors for Aboriginal and Torres Strait Islander students?	Yes/No	
	Are there options to access cultural mentors who are involved with the ACCHSs but are not staff members?	Yes/No	
	If we have suitable people, staff or non-staff members, have they had any training in mentoring?	Yes/No	
	If we have suitable people who have not had training, are they willing to undertake mentoring training?	Yes/No	
	If they are willing to do mentoring training, can the higher education provider assist in how they can access this training?	Yes/No	
	Have we contacted CATSINaM to ask about their mentor training and how people could participate in it?	Yes/No	

Topic	Questions to address	Status	Action to take
Benefits of clinical placements	Are there any benefits to hosting clinical placements for the ACCHS staff?	Yes/No	
	Are there any benefits to hosting clinical placements for the ACCHS clients?	Yes/No	
	Are there any benefits to hosting clinical placements for the wider ACCHS community?	Yes/No	
	If there are benefits, have we got a plan for promoting them?	Yes/No	
	Will this promotion plan reach everyone who needs to know about the benefits?	Yes/No	
A coordinated approach to clinical placements	Is there a group or organisation that coordinates clinical placements in our region or jurisdiction who can help us?	Yes/No	
	If there is, can we be included as a placement location?	Yes/No	
	If we can be included, do we know what support they provide?	Yes/No	
B: Expectations of the higher education provider			
Pre-placement planning and preparation	Will the higher education provider meet with our senior staff at our site to discuss the clinical placement program and what support they can offer us if we host placements?	Yes/No	
	If we decide to host a placement, have students completed curriculum on cultural safety prior to starting with us?	Yes/No	
	If we decide to host a placement, have students been assessed as suitable for placements in Aboriginal and Torres Strait health contexts?	Yes/No	
Support from the CP Coordinator	Does the higher education provider have a CP Coordinator who will come on-site to provide support to the student and clinical supervisor (if required), as well as communicate by phone and email?	Yes/No	
	Will the CP Coordinator help us supplement on-site clinical supervision if this becomes a capacity challenge for us?	Yes/No	
Student projects that benefit the ACCHS	Will the higher education provider support and promote the concept of students undertaking a project where the focus is determined by and of benefit to our service and extends existing service delivery or health resources?	Yes/No	
	If they do, will the higher education provider assist students to prepare for this component of their placement, e.g. pre-placement visits, planning and initial design of the service or resource?	Yes/No	

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APPENDICES

APPENDIX A: CATSINaM'S POSITION ON CLINICAL PLACEMENTS

CATSINaM's 2014 Clinical Placements position statement, which was re-endorsed in 2017, outlines their position regarding clinical placements. This guide is designed to be consistent with this position:

- ✦ CATSINaM supports affirmative action by education providers and health industry leaders to recruit and retain Aboriginal and Torres Strait Islander students, registered nurses, enrolled nurses and midwives, and positive clinical placements are key to achieving this goal.
- ✦ CATSINaM believes that under-representation of Aboriginal and Torres Strait Islander people in the health workforce is a contributing factor to the lower rates of Aboriginal and Torres Strait Islander peoples accessing health services comparative to need.
- ✦ CATSINaM supports the view that as quality clinical placements are one of the key determinants in developing competency and professional excellence, Aboriginal and Torres Strait Islander nursing and midwifery students and new graduates should be provided with clinical placement opportunities to gain experience within their communities.
- ✦ CATSINaM is committed to working with education providers and employers in promoting the importance of cultural safety and support in workplaces that offer clinical placements to Aboriginal and Torres Strait Islander nursing and midwifery students.
- ✦ CATSINaM affirms that clinical placements in Aboriginal and Torres Strait Islander communities are best provided through partnerships with education providers, industry leaders and Aboriginal Community Controlled Health Services.
- ✦ CATSINaM supports the view that clinical placements for non-Aboriginal and Torres Strait Islander nursing and midwifery students and new graduates in Aboriginal and Torres Strait Islander communities are mutually beneficial for students, new graduates, and Aboriginal and Torres Strait Islander people.
- ✦ CATSINaM supports the view that all students and new graduates must have achieved at least competency in the cultural safety unit of their respective program as a pre-requisite to commencing their clinical placement at an Aboriginal and Torres Strait Islander specific health service or a health service located in an Aboriginal and/or Torres Strait Islander community. (pp. 1-2)

APPENDIX B: THE DIFFERENCE BETWEEN CULTURAL SAFETY AND CULTURAL AWARENESS TRAINING

Cultural safety training is often an early strategy that organisations undertake and would be very important to do prior to implementing a cadetship or TTP program. As a minimum, this should include the organisational leadership and all involved staff. Preferably, this training should be offered to staff across the organisation but should certainly include all staff who will have a core role in the program.

Organisations do not always understand the differences between cultural safety and cultural awareness, as two different forms of cultural training. While staff should have access to both forms of training, cultural safety training is a priority for helping them understand what is involved in fostering cultural safety in the workplace and in health service delivery.

The following areas should be reflected in cultural safety training:

- 👉 An understanding of one's own culture.
- 👉 An acknowledgement of difference, and a requirement that caregivers are actively mindful and respectful of difference(s).
- 👉 It is informed by the theory of power relations – any attempt to depoliticise cultural safety is to miss the point.
- 👉 An appreciation of the historical context of colonisation, the practices of racism at individual and institutional levels, and their impact on First Nations People's lives and wellbeing – both in the past and the present.
- 👉 Its presence or absence is determined by the experience of the recipient of care – it is not defined by the caregiver. (CATSINaM 2014b, pp. 8-9).

Cultural safety training explores the values and beliefs of the dominant culture in Australia, and the concept of white privilege. It examines why it is important for each of us to understand how white privilege relates to us – as white Australians, Aboriginal and/or Torres Strait Islander Australians, or non-white non-Indigenous Australians. White privilege refers to the “unearned benefits that people gain simply by being born white... which is [an] uncomfortable but critically important conversation” (CATSINaM 2018, p. 14). These conversations help us understand how to create culturally safe health services and workplaces.

Cultural awareness training has a different focus, which is on:

... raising the awareness and knowledge of participants about the experiences of cultures different from their own – in particular, different from the dominant culture. Therefore, cultural awareness training maintains an ‘other’ rather than clear self-focus for participants. It... tends to have an individual/personal rather than systemic focus. Even if racism is named the focus is on individual acts of racial prejudice and racial discrimination. While historical overviews may be provided, the focus is again on the individual impact of colonisation in this country, rather than the inherent embedding of colonising practices in contemporary health and human services institutions. (NACCHO 2011, p. 9)

Cultural awareness is specific to the locations in which health services operate; in particular, the Aboriginal and/or Torres Strait Islander nation(s) on which the service is based, as well as the diversity of other Aboriginal and Torres Strait Islander peoples who may now live and work there