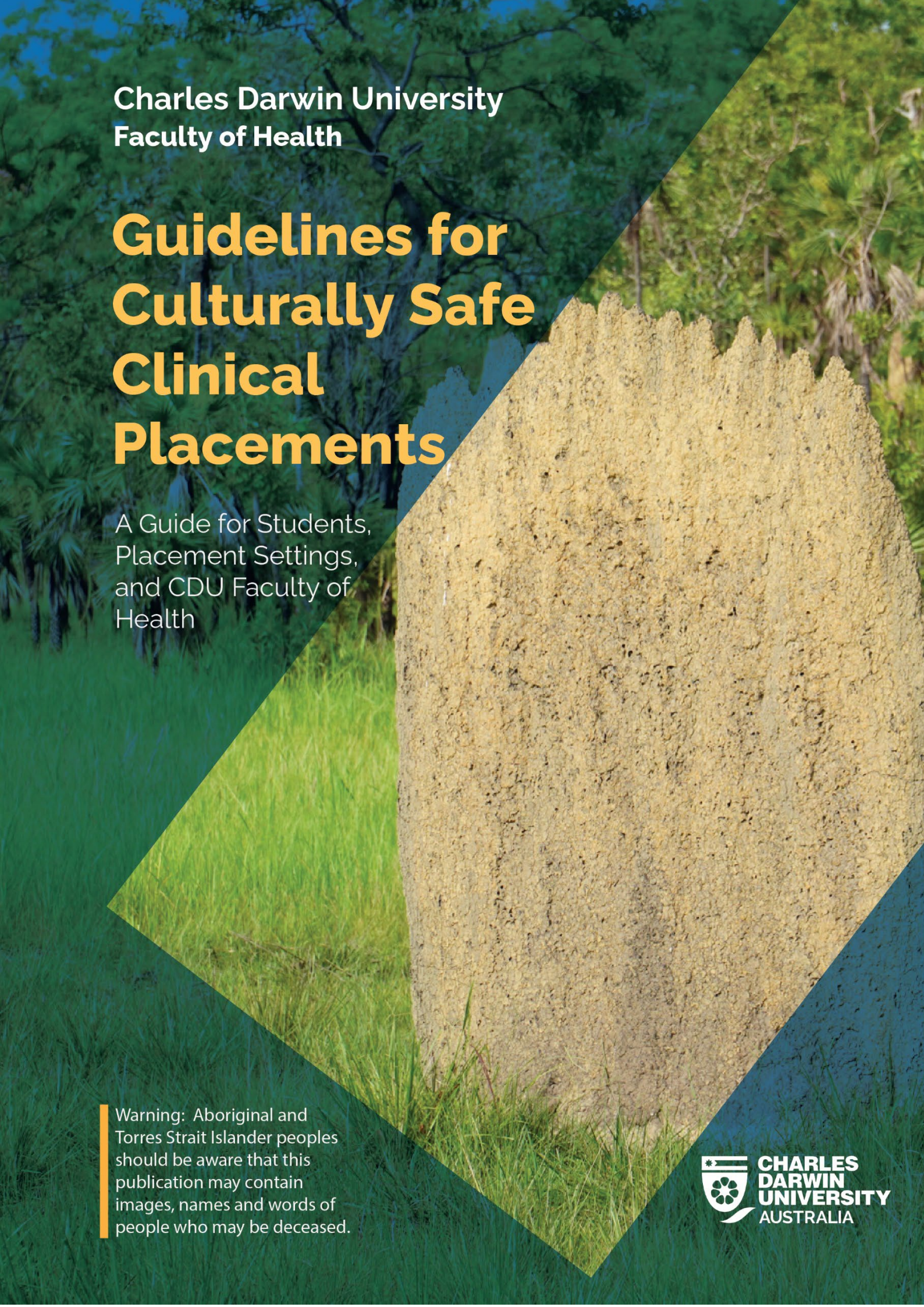
Charles Darwin University
Faculty of Health

Guidelines for Culturally Safe Clinical Placements

A Guide for Students, Placement Settings, and CDU Faculty of Health



Warning: Aboriginal and Torres Strait Islander peoples should be aware that this publication may contain images, names and words of people who may be deceased.

CHARLES DARWIN UNIVERSITY AUSTRALIA

Contents

1. Background and Purpose

This guide was developed for the CDU Faculty of Health (FoH) to establish best practice in relation to culturally safe clinical placements. In addition to providing a set of principles and recommendations, a list of suggested resources is provided to maximise positive and mutually beneficial experiences for students, the FoH and our partner organisations.

The development of this culturally safe clinical placement guide comprised four components:

- Review of some existing clinical placement and cultural safety frameworks
- Literature review of clinical placement guides and other relevant literature
- Interviews with staff, students, and graduates
- Inclusion of case studies to highlight and illustrate key components of a strengths-based approach to culturally safe clinical placements.

1.1 Use of this guide

This guide is to be used in conjunction with the Faculty of Health's Cultural Safety Framework.

It does not replace the clinical placement education and training information that is already available for each discipline but seeks to *supplement* clinical placement guides already in place.

A key challenge in discussing cultural safety is the entrenched assumption that is only applicable when working with First Nations peoples. This was not the intention of the original concept, as Ramsden (2002) clearly established the wider applicability to any health encounter whether differences between individuals are expressed by gender, sexuality, social class, generation, or ethnicity to name but a few. The underpinning tenet of cultural safety is that each person should receive care that considers their unique identities and experiences. *In summary, cultural safety provides a means to examine how people are treated in society and how they are affected by the systemic and structural issues and social determinants of health*.

This guide provides an evidence base for a clinical placement model based on a set of principles that incorporate cultural safety. The approach recommended for this clinical placement guide is to learn, integrate, and then support FoH clinical placements in a respectful and considered manner.

2. About the Faculty of Health, CDU

CDU is the only university headquartered in the NT. It was conceived to support the regional economic, environmental, cultural, and social development of the jurisdiction and maintains its primary focus on the development of the NT workforce. Supporting the delivery of culturally safe primary health care and education is a core function and responsibility of the University. This initiative is aligned to the key goals and KPIs set through the CDU Strategic Plan 2021-2026 and will assist the FoH in supporting the achievement of these goals, specifically the following:

2.1 Principles

- Ensuring our students are at the heart of our decisions
- Connecting and engaging with our stakeholders in meaningful partnerships
- Fostering a culture of inclusion and belonging and valuing our diversity
- Honouring Australian First Nations knowledges and cultures

2.2 Goals

Goal 2: Be the most recognised university for Australian First Nations training, education, and research.

Goal 6: Create a student experience where every student can connect and succeed.

The Faculty of Health at CDU works in strong partnership with local communities, Aboriginal Community Controlled Health Organisations and NT Health. It supports the health workforce across acute and primary health care, as well as in specialist areas of mental health, First Nations health, rural and remote health, aeromedical retrieval, disaster health, nursing and midwifery and allied health professionals (including Physiotherapy, Audiology, Pharmacy, Occupational Therapy, Speech Pathology, Child Protection, Nutrition and Dietetics, Creative Therapies and Paramedicine).

> *Issue for universities include capacity and willingness of staff to implement [changed] curriculum for health students, and there definitely needs to be interdisciplinary and collaboration. Often there are internal frustrations with staff, including passive-resistance to change, broadening their horizons, and taking up the challenge of cultural self-awareness. Universities need to take on board that Indigenous people don't necessarily want to identify, and the organisation or system's job includes building capacity and confidence, employing and supporting Indigenous staff as well as students, integrating cultural lens into curricula, and privileging Indigenous voices*.
>
> (Non-Indigenous academic – personal communication, April 2020)

2.3 Training the health workforce

CDU values development and engagement with all stakeholders, working in partnerships, and taking culturally safe approaches to clinical placements. These are key factors in enabling students to feel comfortable to participate in and complete clinical placements, making them much more likely to go on and work as health professionals. This approach aligns with the standards, goals and values of the University.

[Aligns with: Standards - *Connecting and engaging with CDU stakeholders in meaningful partnerships; *Ensuring CDU students are at the heart of CDU decisions; *Fostering a culture of inclusion and belonging and valuing CDU's diversity; and *Honouring Australian First Nations knowledges and cultures.

Also: Goal 1. Enhance delivery and expand opportunities in regional, rural and remote training and education, part 3. 3. Meeting the health and medical workforce needs of Northern Australia, CDU Strategic Plan 2021-2026)]

3. The Importance of Successful Clinical Placements

The health professions across Australia, but particularly in the NT, experience staff shortages, difficulty in recruitment, lack of locum relief, insufficient/inadequate professional development opportunities, and the overall ageing of the workforce; all of which are exacerbated by geographical remoteness. Diversity and inequities in the Australian health system are also reflected in the health workforce, with Aboriginal Health Practitioners, patient care assistants and aged care workers (often from overseas) being the most marginalised, and the medical profession being the most powerful (Smith, 2016).

One of the key factors in addressing health workforce issues is acknowledging that clinical placements are crucial for all students to transform their theoretical knowledge into practice. Exposure to positive, supported placement experiences in different clinical settings and professions not only enhances a range of practical skills but also provides an opportunity to influence future career pathways. Therefore, it is important to get this process and learning right.

Snapshot: First Nations Health Workforce: Factors Affecting Retention

Several factors impacting retention of First Nations health professionals have been identified. These include the need for a supportive and culturally safe workplace, clarification of roles, responsibilities, and scope of practice. These findings extend to the retention of First Nations students.

The FoH needs to be mindful of supporting First Nations students in culturally safe ways to contribute to the sustainable growth of the health workforce, including through clinical placements and by acknowledging the diversity of First Nations students and their cultures, practices and principles.

3.1 Strong partnerships

Strong partnerships between the students, clinical supervisor, university, and host (placement) organisations are linked to the success of placements.

In many instances, the positive outcomes of the clinical placement have been attributed to successful partnerships, trust, transparency, and open communications.

> *Best practice for clinical placements for students means that they are more likely to work as a health professional in the future and feel better prepared to do so. It is also recognised, at least anecdotally, that a positive clinical placement experience for the host organisation will encourage them to recruit (and retain) a more appropriate and sustainable workforce*
>
> (Williams, 2019).

4. Rationale

Universities have a key role in supporting students to become change agents and critical thinkers, able to negotiate cultural and diversity challenges impacting on their work practice. Critical thinking includes understanding the impact of diverse individual, professional, and organisational cultures on effective communication and culturally safe practice.

> *The challenge for universities is that industry isn't supported or resourced to take on placements. People in the [host] organisations are generally just expected to take on the student and meet the requirements without additional resourcing or training. [Therefore] organising placements needs to include 1. flexible placement arrangements that are open to negotiation; 2. preparation and mentoring for students with an Indigenous staff member, (separate to clinical educator); and 3. where possible have a cohort of students so that they can be together on same journey. Of course, this depends on the capacity of organisation, and will depend on the relationships and partnerships* .
>
> (Aboriginal allied health professional – personal communication, 2020)

One of the challenges for graduates to become change agents is that a large amount of a health professional's work does not consider the assumptions and privilege underlying their practice. Not only do individuals need to be critical thinkers and self-reflective, but so do educational institutions, health service deliverers, and regulation authorities (Cox, 2016)[1]. In acknowledgement, the Nursing and Midwifery Board of Australia has embedded cultural safety in the Code of Conduct for Nursing and the Code of Conduct for Midwifery. The Australian Health Practitioner Regulation Agency (AHPRA) released the 'First Nations Health and Cultural Safety Strategy 2020-2025'. The Strategy "*focuses on achieving patient safety for Aboriginal and Torres Islander peoples as the norm and the inextricably linked elements of clinical and cultural safety.*"[2]

While the NMBA Code of Conduct and the AHPRA strategy focus on First Nations peoples, there are key principles that can be applied more broadly across the Australian population, especially those experiencing disproportionate health inequities.

5. Culturally safe clinical placements

An important part of building future health workforce capacity is to engage students in well-supported placements that provide high levels of satisfaction, not only for students but for the organisations involved. In this context, the word 'satisfaction' has several key elements, foremost among these being high quality placement supervision and mentoring (Smith et al., 2017).

In the university sector, the existing situation for placements of students is often complex and not always clear. Anecdotal evidence suggests that the process the students go through for placement often means that there are gaps in general and a specific lack of culturally safe practice. These gaps mean that challenges or issues are not identified or addressed any systematic way.

In addition to a comprehensive approach to the preparation of the clinical placement, including pre, during, and post debriefing, consideration for expansion of placement options needs to be considered. For example, for students wishing to engage with community organisations, both parties will have to be managed so that the placement is mutually beneficial and not add further stressors onto the student and the organisation.

Snapshot: Interaction with First Nations clients

As many health professionals in Australia are non-Indigenous (Alford, 2015) it is critical to consider the nature of the interaction between First Nations clients (and staff) with non-Indigenous practitioners in health encounters. Health professionals' practice also needs be considered in conjunction with culturally safe practice in organisational and individual contexts. These factors should therefore also be considered for all students on placement.

Additional factors influencing students' experiences of placement (and later employment) include organisational culture, support, and expectations, and individual values, beliefs, and knowledge of Australia's history of colonisation (Wilson et al., 2016). Underpinning these factors are systemic racism and cultural dominance of the Western biomedical model (Smith, 2016).

[1] Cox (2016) presented a strong argument for Australian health professional regulatory bodies and universities to consistently endorse the cultural safety model as an essential philosophical foundation and best practice.
[2] (https://www.ahpra.gov.au/About-AHPRA/Aboriginal-and-Torres-Strait-Islander-Health-Strategy.aspx

5.1 Recommendations for culturally safe clinical placements

1. For CDU staff to influence and support the quality of students' learning and development. It is important to:

- Embed diverse cultural standpoints across all curricula as compulsory content
- Apply diverse cultural lens to all accreditation and professional standards and protocols
- Provide culturally safe learning environments for students
- Ensure culturally safe clinical placements are incorporated in health sciences curricula.

> *Good placement is essential, a deal breaker in fact… and there needs to be a whole, [consistent] process with preparation, support during, and post placement debrief. [Needs to be] allowance for critical reflection…learning how to listen…and working out that you 'know what you don't know'.*
>
> (Aboriginal and non-Indigenous university staff - personal communication Feb 2020)

2. For CDU staff working with students going on placement it is important to:

- Establish relationships with specific organisations - with a mix of community, mainstream, non-government organisations, and Aboriginal Community Controlled Health Organisations and so on
- Understand different cultural and geographic contexts (urban, rural, and remote)
- Undergo mandatory cultural orientation and cultural safety training to support them to be effective and responsive to the needs of students
- Manage culture shock for students by enabling proper preparation for the placement including giving an overview of the organisational or workplace and professional cultures
- Work out best options for placements which suit both the student and their learning needs, as well as the operations and capacity of the host organisation
- Have an ongoing dialogue with students prior to, throughout and after the placement
- Where possible, students (or an appropriate advocate) need to be involved in negotiating, designing, and implementing their placements.

> *Uni staff must do cultural orientation [and] if done properly it is about getting people to think critically, not just being fed local/Indigenous information. People need to learn how to move beyond the tokenistic, surface stuff and think about the history and the context of what is happening today.*
>
> (Regional university staff – personal communication Feb 2020)

3. Students going on placement require:

- Comprehensive support on placement, particularly regarding cultural support, mentoring, and financial support
- Nominated persons/staff who the students are able to debrief with inside and outside of the placement organisation.
- Documented and accessible process for students that are struggling with instances of racism or other forms of discrimination, and/or other concerns
- A process that identifies potential challenges for the student, including financial support (for example sourcing scholarships), assisted housing and ICT support. It has been noted that allied health students often do not have parity in these kinds of support or provision of resources as medical students do and, to a lesser extent, as nursing students do

- Professional and cultural mentorship is crucial to help facilitate navigation of the university and health sectors
- Access to appropriate academic support and placement support
- Academic staff to undergo cultural orientation (at least) or preferably cultural safety training which includes racism and white privilege.

6. Cultural Orientation or Cultural Awareness Programs

First and foremost, FoH staff and students need to be supported to negotiate culturally safe practice as part of a culturally safe organisation. In the beginning and during the initial stage of employment or placement, individuals often essentially unprepared for negotiating culturally safe practice and grapple with a range of responses to unfamiliar situations and different contexts (McGough et. al. 2018).

As previously mentioned at the beginning of this guide, the positioning of cultural safety as cultural awareness about First Nations peoples is problematic for various reasons. This is mainly as this positioning focuses the gaze on a particular cultural group rather than maintaining cultural safety's intended challenge to white dominance and control. However, frameworks developed by First Nations academics and others can provide crucial ways of sharing understandings of First Nations experience, particularly the specific impact of ongoing colonisation on First Nations peoples.

> *"If you get it right for First Nations peoples then you will get it right for the 'others'…[and] what you have done [or doing] is transferrable to other groups."*
>
> (Lee, First Nations Health and Culture Specialist), personal communication, 2023)

Cultural orientation programs focused on cultural 'self-awareness[3]'. This is an important first step on a journey toward individuals understanding that there are cultural differences and how to negotiate these differences and build relationships and trust. Only providing people with information about other cultures can be questionable or at least superficial, unless opportunities and tools to negotiate what to do with this information are also provided. (Williams, 2019; 2020; 2021)

> *What else is there apart from cultural awareness or orientation? Lots of things – how about doing a cultural safety audit for starters! Universities and host organisations need to do a cultural safety check themselves - so the student isn't just sent out willy nilly and left to fend for themselves*.
>
> (Aboriginal university staff member, Feb 2020)

7. What is a cultural safety audit and why would you do it?

The extent to which health professionals demonstrate awareness of the cultural safety, but also perceive themselves to be culturally safe, is not widely understood. There is little in the way of an evidence-based measure of awareness of cultural safety for the health workforce. The current Codes of Conduct for Nurses and for Midwives highlights the significance of cultural safety and outlines specific standards which all nurses and midwives are expected to adopt in their practice when working with First Nations peoples.

[3] Recognition and acceptance of one's own cultural influences upon values, beliefs, and judgments, as well as the influences derived from the professional's work culture.

Fleming, Creedy and West explored an Awareness of Cultural Safety Scale which was found to be a reliable and valid tool for use by midwives in Australia (Fleming et. al. 2019). There is similar work emerging in the tertiary education and ACCHO sectors - *so watch this space*

The development and implementation of a cultural safety audit process provides an opportunity to engage in a form of critical reflection and genuinely engages in the process at an organisational level as opposed to an individual.

Acknowledging that cultural safety embraces a politicised understanding of health, the FoH recognises and recommends the need to develop and apply a diffusion model with cultural safety being taught in every sphere – individual, organisational, and systemically. The FoH, in working with partner organisations that provide clinical placement for students, assesses the capacity of organisations to provide suitable placements, support and mentoring for students as a component of its pre-placement checks.

8. Case Studies with Key Themes:

For students, working in partnership requires academics and placement staff to communicate effectively with the relevant staff at each host organisation. A common challenge for many students can be to figure out where to access support when doing a placement. For example, this is often the case in organisations where there are no or few people from the same cultural background as the student. The following case studies are examples of recent and current practice, and while they don't reflect a broad range of disciplines or cultures, they do highlight common experiences for many students. At CDU each placement unit coordinator is responsible for overseeing student support and supervision, and this should include an understanding, negotiation, and application of culturally safe practice.

Case Study 1: Ms B is an Aboriginal woman, 40 years old, mother of 3, RN and RM

1. How did you choose nursing and midwifery?

I felt a drawn to being a nurse since I was a little girl. I wanted to help and fix people. Relating to my midwifery, I had been working in childcare and didn't want to care for kids anymore and was looking at going overseas. I looked into this and decided I actually wanted to travel around Australia but going to uni and doing my course specifically was very overwhelming. I never been to a university. No one in my family had even finished high school yet alone university. As I wanted to be a nurse and get out of my country town it was my only way out or stay there and get pregnant. I didn't want to end up like my mum. I felt so much pressure from family and was supporting my partner at the time. So, I had to work hard to get my grades and also work to support us both. From a small country town to a big city (in NSW) everything seems so big and busy. I never ate so unhealthily until I moved for uni!

2. Placements

You had to go away to do them, they were all done at the same time back then and everyone wanted to stay local so they could work or be with family/ friends. I had to travel and that was an extra cost. Working and finding your way around another big town. Meeting new staff and people. Every placement you were in a different ward or hospital so you would have to make connections to be comfortable so that made it very trying at times when you're learning new skills and new hospitals and staff.

The cost was another big factor- I didn't have kids then but I had to travel pay for accommodation on top of paying rent back home, cooking and washing all cost money. You never slept well because you were not at home it was emotional time sometimes.

3. Suggestions for students, CDU, and host organisations

- An orientation booklet to the hospital and to the community (if new). Accommodation for students when they must travel.
- Be nice to have continuity with a health service and a preceptor so you have a relationship with them, and they know you and can support you as you develop your skills etc.
- Staff that are welcoming- staff rolling their eyes if they have a student made you feel very unwelcome.

4. Not an isolated experience…

When I was a third-year midwifery student attending a 6-week placement at the start of my final year, I tried to make a connection to the staff and I was speaking about the pressure of university and obtaining a post graduate position. I said that I wasn't sure if I was good enough to be a midwife - 'imposter syndrome'. The midwife turned around and said, "What you worried about, you're black you will get a post grad no matter what". This made me feel like I was a token student that was not get enough to be a midwife, and was just getting passed because I was black. I nearly quit my degree at this placement as I lost all confidence in myself and my knowledge.

Q. *How could this have been handled better, especially so that the student felt supported and culturally safe?*

Case Study 2: Ms J is an Aboriginal woman in her early 30s, RM

1. How you ended up doing your course - what was the incentive or catalyst or inspiration?

I commenced my Bachelor of Midwifery at a SA uni when I was 17 through the Indigenous Admissions pathway, thankfully as I did not at all get an ATAR of 95 in high school required to get into the BMID. My inspiration was that 1. It's amazing that a woman can grow a full human being and 2. I wanted to know why and how I could help my family birth closer to home instead of having to travel 100-500kms away from family and friends to give birth in an unfamiliar city.

2. What was it like going to university in general and doing your course specifically?

Going to university in general was mostly a good experience. However, I was the only Aboriginal student in my class for 3 years and this was isolating. I had supportive lecturers for the most part, a very supportive course coordinator and midwifery unit coordinators. I had an empathetic best friend who was studying the nursing degree and she was the only Aboriginal student in her class for 3 years as well, so we supported each other.

3. What helped and what hindered you doing the course?

My tutor was probably the main support I had a university, and she is a non-Aboriginal midwife. She became my family away from home whilst I was living in Adelaide, and we formed a close bond. The First Nations centre at the uni was helpful and supplied the ITAS tutors. It would have been good to have an allocated First Nations support worker to health students, someone who had a deeper understanding of course requirements, being on call, birth, and placement requirements and all the outside of uni contact we had to do during our degree.

It was hard moving 5 hours away from my family and doing the study, living away from home and Country. Relying only on scholarships to be able to go to uni if I wanted to study full-time.

4. Placements - the good, the bad, the ugly?

Going into placements I was also apprehensive of what racist comments I'd hear that day and if I didn't response to racist or discriminatory comments the day before; that tomorrow I'd have the courage to say something. The courage takes a while to come to the party sometimes.

I enjoyed clinical placements mostly, but wish they'd be in more culturally safe places. I had a good enough support circle around me to be able to debrief with my support circle and just accept that that was those midwives' comments/thoughts and I didn't need to use my energy to change their mind/opinions.

I quickly saw that the hospital can often be a culturally unsafe space, but it gave fuel to the fire to help stop what I was seeing such as: patient power imbalances, racist and rude discriminatory comments at the nurse's desk like "typically Aboriginal this and that". As a young 17–20-year-old person who just moved from country to a big city, it was blood boiling hearing these comments and I'd often end my shift in tears when I'd be driving home and phoning my supports.

5. What helped or might have helped you before, during, and after placement?

An Aboriginal clinical facilitator. This facilitator would've been aware of what I could be surrounded by or exposed to. This facilitator would've asked me straight out if I'd experienced any racism in any shape or form because they have a heightened sense that this takes place in our healthcare settings.

Suggestions for students, CDU, and host organisations?

Creating a First Nations clinical facilitator is vital to support our First Nations students who are undergoing placement. This is a role unique to any other because we (the facilitator and us as a collective as Aboriginal and Torres Strait Islander peoples) have a heightened awareness of the racism and discrimination that can happen around us in our clinical settings. We can try to assist in making these clinical spaces for First Nations students a culturally safe environment for them to thrive and learn in, so they aren't having to jeopardise their own mental health for the sake of needing compulsory clinical hours to complete their degree.

All First Nations students should have priority to request their clinical requirements in a culturally safe environment such as an Aboriginal Community Controlled Health Service, First Nations Aged Care etc. if it can meet the clinical requirements of the placement unit.

Case Study 3: Mr A, early 20s, international student doing OT

1. How you ended up doing your course - what was the incentive, catalyst, or inspiration?

After moving to Australia, I initially pursued a Bachelor of Nursing. My journey into the world of Occupational Therapy (OT) began during my time working as a cleaner at the Royal Adelaide Hospital. Here, I had the opportunity to interact with nurses and eventually meet OTs along with other allied health professionals. Prior to this, I was unfamiliar with the role of OTs. However, after conducting some research, I found the profession to be intriguing. The blend of healthcare and patient-focused rehabilitation resonated with me, leading me to delve deeper into the field.

2. What was it like going to university in general and doing your course specifically?

The transition to university life in Australia was demanding as I arrived just before COVID. Initially, the environment felt somewhat uninteresting, primarily upon my arrival. However, as time progressed, the campus began to feel livelier, especially with the increasing presence of students. The OT course posed

its own challenges, particularly the emphasis on detailed and critical analysis. This rigorous academic approach was both a test of my skills and a valuable learning experience.

3. What helped and what hindered you doing the course?

Throughout my academic journey, I found solace and support in study groups. Collaborating with peers provided a platform for shared learning and mutual encouragement. Additionally, having supportive lecturers played a pivotal role in my academic progress. However, my journey was not without its hurdles. My mental well-being was often compromised due to family issues back home. These personal challenges often posed setbacks in my academic pursuits, making the journey even more challenging.

4. Placements - the good, the bad, the ugly?

My experience with placements has been a mixed bag. While they have been demanding, requiring extensive research and a proactive approach, they have also been instrumental in providing practical insights into the world of OT. The hands-on experience has been invaluable, allowing me to apply theoretical knowledge in real-world settings.

I also got a bit sick of constantly having to say where I was from, why I was here, how long had I been speaking English, and having to counter many of the assumptions and stereotypes about my country. I get that people are curious, but it was tiring.

5. What helped or might have helped you before, during, and after placement?

Before embarking on my placement, I found placement workshops to be particularly beneficial. These sessions equipped me with the necessary skills and knowledge to navigate the complexities of practical work. During the placement, regular feedback from my supervisor was instrumental. This continuous loop of communication ensured that I remained on the right track, rectifying mistakes, and constantly improving. Feedback highlighted areas of improvement and reinforced positive behaviours and practices.

There was one incident during a placement that stands out. There were two South Sudanese nurses who were talking quietly to each other at the desk. One of the other nurses came over and told them off for talking in their own language and included me!

Q. *How could this have been handled better, especially so that the student and the nurses felt supported and culturally safe?*

9. FAQs

1. *What is best practice for supporting all students?*
   Academic and professional staff must not make assumptions (or at least be open to challenge them), know that there are cultural protocols and that they vary, and that they need to be contextualised. This means developing relationships and effective communication skills, amongst other things. It also means considering students' family and other obligations. Students also need to be supported to take ownership of their academic journey and opportunities to seek clarification of direction, having clear goals, and not taking shortcuts.

2. *Do your students need to be in a cohort where possible?*
   Yes. However, the diversity of all students (intra and inter culturally) must also be considered. Part of ensuring a good work placement experience for students is to provide appropriate pre, during, and post preparation and debriefing opportunities.

3. *How do universities ensure that the placements going to be culturally safe?*
   Again, by recognising the diversity of all students particularly First Nations, international, LBGTQIA, and other sections of the Australian population that placements need to occur not only in acute care, urban settings, but also in primary health care and rural and remote locations.

   By ensuring cultural safety at all levels for all students, academics (and support staff), and for the communities.

4. *What support and resources are there for students*?
   All students on placement have access to all of CDU services (counselling team, diversity and inclusion team and so on) as well as placement coordinators and supervisors who schedule regular check-ins.

10. Resources

Cultural Safety Online Education Modules

Information and links to two modules below:

1. Cultural Safety – Principles and Practice

Cultural safety is an interdisciplinary and interprofessional model of practice. The history, contention, criticisms of, and necessity for cultural safety will also be briefly discussed, along with related topics of racism, privilege, discrimination, and power. The principles of cultural safety, including social justice, trust, respect, self-awareness, and self-reflection, will be discussed in relation to forming the basis of and negotiating culturally safe practice. The need for robust partnerships negotiated with diverse groups of people and their respective needs will also be highlighted as a key component of cultural safety.

Cultural Safety – Principles and Practice (Online resource) – **Click me**

2. Culturally Safe Healthcare in Practice

This module builds on Module 1 Cultural Safety Principles and Practice.

Cultural Safety Healthcare in Practice (Online resource) – **Click me**

Useful links

- Australian Indigenous Health Infonet https://healthinfonet.ecu.edu.au/
- Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (2018). *Good Clinical Placements Guide: A guide for universities and health services to create culturally safe clinical*

placements for Aboriginal and Torres Strait Islander Nursing and Midwifery students, CATSINaM, Canberra. Available from https://www.linmen.org.au/wp-content/uploads/2018/10/Clinical-Placements-Guide_final_spreads.pdf

- National Aboriginal Community Controlled Health Organisations (NACCHO) https://www.naccho.org.au/
- Indigenous Allied Health Australia https://iaha.com.au/
- Services for Australian Rural and Remote Allied Health https://sarrah.org.au/

Selection of specific articles on placements FYI:

Askew, D., Lyall, V., Ewen, S., Paul, D., & Wheeler, M. (2017). Understanding practitioner professionalism in Aboriginal and Torres Strait Islander health: Lessons from student and registrar placements at an urban Aboriginal and Torres Strait Islander primary healthcare service. Australian Journal of Primary Health, 23(5), 446-450.

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McBride, L. J., Fitzgerald, C., Costello, C., & Perkins, K. (2018). Allied health pre-entry student clinical placement capacity: can it be sustained?. *Australian Health Review*.

Spiers, M. C., & Harris, M. (2015). Challenges to student transition in allied health undergraduate education in the Australian rural and remote context: a synthesis of barriers and enablers. *Rural and remote health*, *15*(2), 1-17.

Taylor, C., Angel, L., Nyanga, L., & Dickson, C. (2017). The process and challenges of obtaining and sustaining clinical placements for nursing and allied health students. *Journal of clinical nursing*, *26*(19-20), 3099-3110.

NB, this is a small snapshot of some of the relevant literature on placements, and not in any way a comprehensive literature or systematic review.

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