



Policy & Practice Brief

Evaluating the impact of 'Ask the Specialist Plus': a training program for improving cultural safety and communication in hospital-based healthcare.

The Communicate Study Partnership

How do you teach cultural safety to healthcare providers? The urgent call to address racism in healthcare has led institutions to promise cultural safety training. However, the lack of evidence on how to teach cultural safety has been a challenge. *Ask the Specialist Plus* was a collaborative training program piloted at Royal Darwin Hospital. How we designed and delivered the training and what participants thought of the training has now been published.

Study team: the Communicate Study Partnership is an implementation study that aims to improve First Nations peoples' experience of hospitals in the Northern Territory, to improve health outcomes, by exploring barriers and opportunities to support culturally safe practices.

Training

In 2021, *Ask the Specialist Plus*, a training program focused on improving healthcare providers' intercultural communication skills to improve cultural safety, was developed and piloted with two departments (Obstetrics and Gynaecology, and Endocrinology) at Royal Darwin Hospital.

Ask the Specialist Plus is based on the multi-award winning *Ask the Specialist* podcast which answers healthcare providers' questions about working with First Nations patients at Top End hospitals. Participants listened to an episode of the *Ask the Specialist* podcast in their own time, then participated in weekly, one-hour face-to-face discussions over 8 weeks during set teaching times (see below table). Facilitators included First Nations Specialists and a White facilitator.

Teaching Cultural Safety

Ask the Specialist Plus focused on two key components of cultural safety which places the onus for change onto healthcare providers:

1. Staff must engage in critical self-reflection. Critical thinkers are better able to consider the social determinants of health and they can recognise interpersonal and institutional racism and work to change it.
2. Cultural safety focuses on developing a communication style that is effective, respectful and free from bias which manifests as racism. By changing their communication style, healthcare providers can create an environment where power is shared between patient and provider, resulting in a culturally safe clinical consultation.



Week	Topic	Podcast episode
1	Introduction to cultural safety	N/A
2	Get to know your patient	Episode 1
3	Communicating with your patient	Episode 2
4	Communicating with interpreters	Episode 3
5	Patient centred care	Episode 4
6	Informed consent	Episode 5
7	Recognising and addressing racism	Episode 6
8	Perspectives on health and wellbeing	Episode 7

Evaluation

Weekly surveys evaluated teaching domains using five-point Likert scales and free text comments, ranking the quality of training across the following domains: clinical relevance; relevance to Royal Darwin Hospital work; bias and stereotypes challenged; behaviour change inspired by the training; training format; facilitator style; and training duration. Surveys contained space for free text comments. Findings from free text comments were analysed using three of four levels of Kirkpatrick’s training evaluation model: 1) reaction to training; 2) learning; 3) on the job behaviour change.

Key Outcomes

Acknowledgement of racism in healthcare: Staff identified and critically reflected on the Eurocentric beliefs and practices that dominate healthcare in Australia. Staff became aware of the everyday nature of racism, and they learnt about White culture and how they can contribute to anti-racist practice in healthcare.

Fostered critical thinking: Staff were supported to think critically about their professional and personal beliefs that can negatively impact the delivery of culturally safe clinical care. Critical thinking was fostered through group discussions with training facilitators, the Specialists and colleagues.

Importance of diverse facilitators: The diverse team model recognises that racism is a relational issue that requires both the descendants of the colonisers and the colonised to collaborate in its dismantling.

Impact of leadership: Hospitals are known to be resistant to change, hence leaders in attendance who can act as change agents, are vital to the success of implementing unique innovations.

Allocated teaching time: Training embedded in allocated teaching timeslots ensured staff had protected time away from clinical duties, and showed staff that communication and cultural safety training was valued by leaders as much as other clinical teaching.



Findings - Kirkpatrick's Training Evaluation Model

Participant engagement and satisfaction (level 1)

- Attendees reacted positively to the training, with many stating it was an **unfulfilled need**. Quantitative results show 90% of participants agreed or strongly agreed the training was valuable.
- Attendees **enjoyed the format** of listening to a podcast episode which primed attendees for a weekly 1-hour discussion, and these discussions over consecutive weeks were valued in comparison to online training.
- Attendees **appreciated advice and practical tips** from the Specialists who shared real-life examples and differing perspectives.

Key learnings (level 2)

- **Techniques to establish rapport** in the fast-paced hospital environment.
- The importance of **investing time with patients and families to build trust**.
- **Understanding and respecting perspectives on disease causation** and cure that may not align with biomedicine.
- How differences in body language and eye contact are related to cultural norms and should not be misconstrued as rudeness or disengagement.
- **Concepts such as 'weathering'** (the cumulative effect of microaggressions) which can influence an individual's capacity to trust healthcare providers.
- **Bias, White culture in healthcare, interpersonal racism and the power imbalance** between patient and provider.
- The **value of working with Aboriginal Liaison Officers and interpreters**.
- **Practical skills** (such as how to book an interpreter).

Participant behaviour change (level 3)

- **Working with interpreters** - attendees committed to booking interpreters ahead of time when appropriate, and to not use family as interpreters.
- **Making small changes which they believed could have a big impact on patient experience** - such as wearing clothes with Indigenous prints to show they were an "ally", using a map of NT languages as a visual tool to assist with language identification, and learning a few words in the patient's first language to build rapport.
- **Changing some of the standard phrases used** - after the session on "Communicating with interpreters" many said they would replace the phrase "Do you speak English?" with the alternative "What language do you speak at home?".

This brief is based on the following publication:

Kerrigan, V., McGrath, S.Y., Doig, C. et al. Evaluating the impact of 'Ask the Specialist Plus': a training program for improving cultural safety and communication in hospital-based healthcare. BMC Health Serv Res 24, 119 (2024). <https://doi.org/10.1186/s12913-024-10565-4>

For more information, please contact the Communicate Study Partnership team:

Dr Vicki Kerrigan, Senior Research Fellow, vicki.kerrigan@menzies.edu.au
Maddison Sims, Project Coordinator, maddison.sims@menzies.edu.au