

# Foundations of Cultural Safety

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# Karakia Timatanga

Tukua te wairua kia rere ki ngā  
taumata  
Hai ārahi i ā tātou mahi  
Me tā tātou whai i ngā tikanga a  
rātou mā  
Kia mau kia ita  
Kia kore ai e ngaro  
Kia pupuri  
Kia whakamaua  
Kia tina! TINA! Hui e! TĀIKI E!

*Allow one's spirit to exercise its  
potential  
To guide us in our work as well as in  
our pursuit of our ancestral  
traditions  
Take hold and preserve it  
Ensure it is never lost  
Hold fast.  
Secure it.  
Draw together! Affirm!*

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# Introduce yourself

If you feel comfortable sharing, we would love to know a little more about each of you.

In the chat, please:

1. Tell us your name and preferred pronouns
2. Tell us where you are from
3. Tell us your discipline

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# Objectives

**By the end of this session you will be able to:**

Describe cultural safety

Identify some of the enablers and barriers to cultural safety

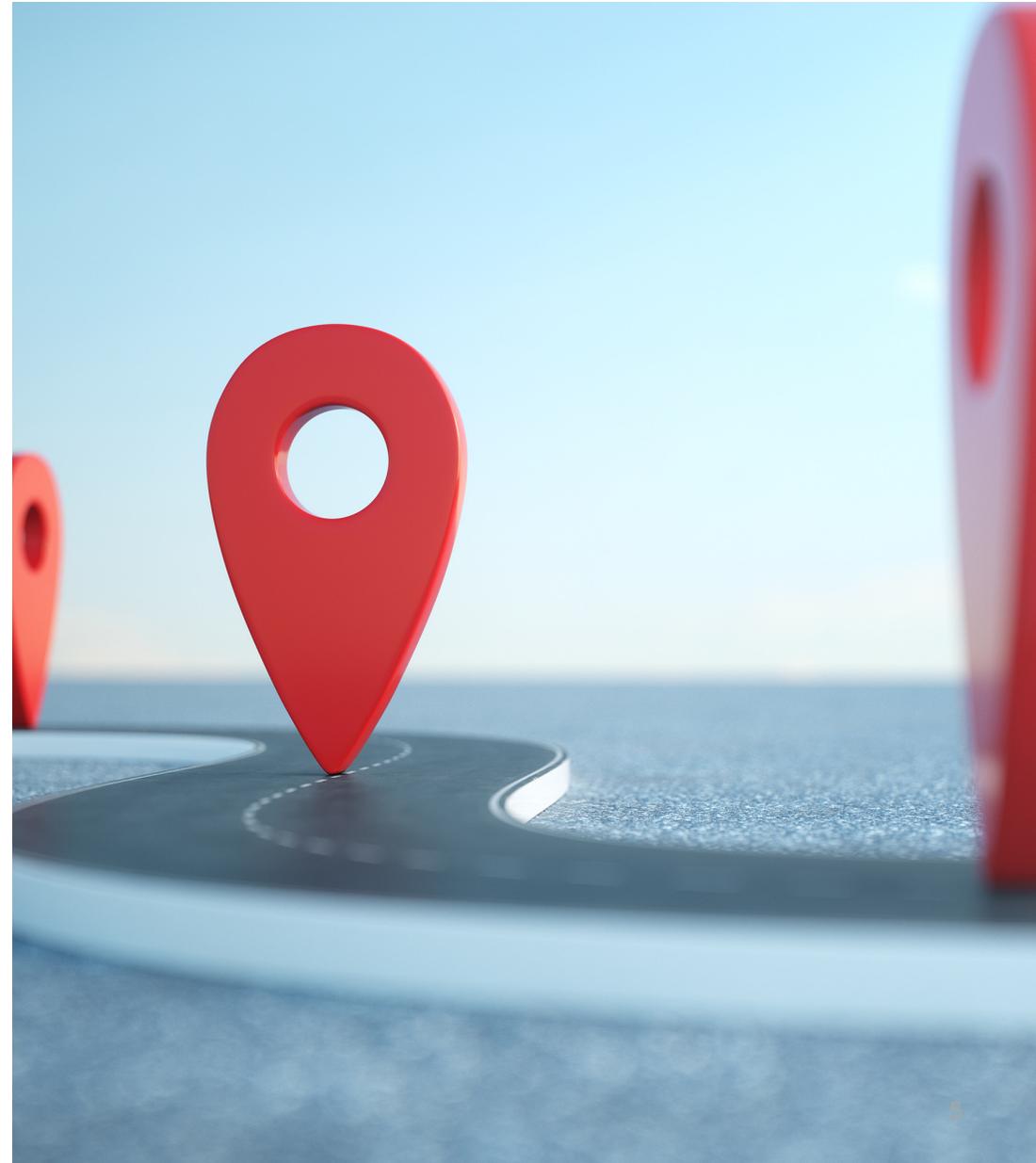
Identify some practical next steps you can take to further enable culturally safe learning environments

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# Plan for the session

## Our roadmap

- Define and compare cultural competence and cultural safety
- Discuss some of the enablers and barriers to creating a culturally safe environment
- Pair activity: Reflect on your own cultural background
- Discussion of next steps to enabling cultural safety in your environment
- Final thoughts



# Defining Cultural competence & Cultural safety

## Definitions from different health professions

### Medical Council - cultural safety

The need for doctors to examine themselves and the potential impact of their own culture on clinical interactions and healthcare service delivery.

The commitment by individual doctors to acknowledge and address any of their own biases, attitudes, assumptions, stereotypes, prejudices, structures and characteristics that may affect the quality of care provided.

The awareness that cultural safety encompasses a critical consciousness where healthcare professionals and healthcare organisations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities.

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# Defining Cultural competence & Cultural safety

## Definitions from different health professions

### Nursing Council - cultural safety

The effective nursing practice of a person or family from another culture and is determined by that person or family. Culture includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability.

The nurse delivering the nursing service will have undertaken a process of reflection on his or her own cultural identity and will recognise the impact that his or her personal culture has on his or her professional practice. Unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and well being of an individual.

# Defining Cultural competence & Cultural safety

## Definitions from the Health Quality & Safety Commission New Zealand

### Cultural safety and cultural competence

Cultural safety is recognising and respecting the cultural identities of others, and safely meeting their needs, expectations and rights, contributing to the achievement of positive health outcomes and experiences.

- Cultural competence is having the attitudes, skills and knowledge to achieve cultural safety
- Hauora Māori (Māori health) competency is a pathway for health care professionals who wish to improve their cultural competency in order to reduce the disparity in health outcomes between Māori and non-Māori.

# **A culturally safe learning environment is enabled when:**

Te Tiriti o Waitangi foundation is acknowledged

Relationship building is a core focus

Self-reflection and self-critique is encouraged

Cultural inclusion and the use of culturally appropriate health frameworks, models, and approaches for Aotearoa (e.g. Hui process, Meihana Model, Te Whare Tapa Whā, Fonofale Model) are role modeled

# **Barriers to creating a culturally safe learning environment**

Making assumptions about students

Shallow and non-transformative approaches

Unwillingness to examine our own unconscious biases

Accepting the status quo in your environment

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# Pair Activity - Whakawhanaungatanga

**With your partner reflect on your cultural background**

Consider the following questions as you introduce yourself and your cultural context:

- Where did you grow up?
- Where are your parents from?
- How do you like to interact with others?
- When people talk to each other in your family how do they take turns?
- What stories do you tell yourself about others' behaviours?

As partner 1 speaks, partner 2 should actively listen, but not interrupt.

When Partner 1 has finished speaking, partner 2 will speak with partner 1 actively listening.

When both partners have had an opportunity to speak, you may choose to ask each other questions to clarify ideas or deepen understanding.

This is not the time to give advice or make judgements.

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# Behaviours for further enabling culturally safe learning environments

1. Ask your students what a culturally safe environment looks like to them
2. Don't place the cultural burden on students
3. Start a reflective journal to track your progress in this lifelong journey
4. Take opportunities to learn more about Māori and Pacific health frameworks
5. Use Te Reo when teaching, even if it is individual kupu
6. Take a multidisciplinary team approach to teaching to role model the effectiveness of diverse groups working together

# Final thoughts

This is a first step in the journey to becoming more self-aware and creating cultural safety for students, colleagues, and patients.



Otago Medical School  
Te Kura Hauora o Otākou

Do you know...  
about the Hauora Māori curriculum  
within the Otago medical degree?

DYK 19

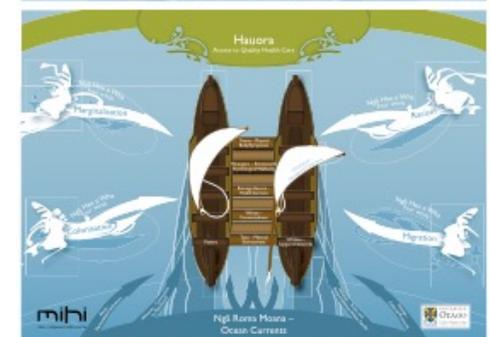
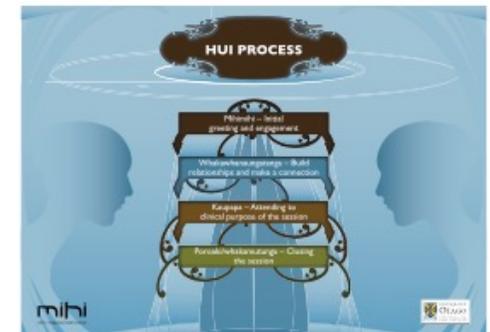
The Otago Medical School formally acknowledges the Treaty of Waitangi through its commitment to ensuring Māori health is integrated throughout the curriculum and has a focus on Māori health gains and addressing current health inequities.  
OMS MB ChB Curriculum Master Plan, Nov 2015

Otago Medical School's **Hauora Māori** curriculum is underpinned by Māori health models such as the Hui Process and Meihana Model. These health models are used in conjunction with consultation models to support students and clinicians as they engage with Māori patients / whānau, to improve the quality of history taking, clinical procedures, diagnosis, and management plans. This DYK briefly outlines the Hauora Māori curriculum at the OMS.

What are the Hui Process and Meihana Model?

**The Hui Process** describes ways to improve the doctor-patient relationship with Māori. It includes mihimihi (initial greeting), whaikawhānaungatanga (making connections), kaupapa (attending to the purpose of the visit), and poroaki / whakamutunga (ending the session) (Lacey et al., 2011).

The **Meihana Model** describes how to use the kaupapa (purpose of the visit) to extend history taking to reach a broader understanding of Māori patients' presentations. It has been specifically designed to be used by both non-Māori and Māori health practitioners (Pitama et al., 2014).



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# References

**COMING SOON DYK 22. About the foundations of cultural safety? (2023)**

DYK 19. About the Hauora Māori curriculum within the Otago medical degree? (2020).

<https://www.otago.ac.nz/oms/otago732536.pdf>

Curtis, E., Jones, R., Tipene-Leach, D. *et al.* Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition. *Int J Equity Health* **18**, 174 (2019).

<https://doi.org/10.1186/s12939-019-1082-3>

Fernando, T. & Bennett, B. (2019). Creating a Culturally Safe Space When Teaching Aboriginal Content in Social Work: A Scoping Review, *Australian Social Work*, 72:1, 47-61, <https://doi.org/10.1080/0312407X.2018.1518467>

Huria, T., Palmer, S., Beckert, L., Lacey, C., & Pitama, S. (2017). Indigenous health: designing a clinical orientation program valued by learners. *BMC Medical Education*, 17(1), 1-8, <https://doi.org/10.1186/s12909-017-1019-8>

Sayal, A., Richardson, L. & Crawford, A. (2021). Six ways to get a grip on teaching medical trainees on the convergence of Indigenous knowledges and biomedicine, within a culturally-safe Indigenous health curriculum. *Canadian Medical Education Journal / Revue canadienne de l'éducation médicale*, 12(2), e88–e93.

<https://doi.org/10.36834/cmej.70340>

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# We would love to hear from you!

We are going to formally evaluate these sessions twice yearly and you will receive an email for this but if you want to send any specific feedback about today's session, please email [eddsu@otago.ac.nz](mailto:eddsu@otago.ac.nz)

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# Karakia Whakamutunga

Unuhia, unuhia  
Unuhia ki te uru tapu nui  
Kia wātea, kia māmā, te ngākau, te  
tinana, te wairua i te ara takatā  
Koia rā e Rongo, whakairia ake ki  
runga  
Kia tina! TINA! Hui e! TĀIKI E!

*Draw on, draw on,  
Draw on the supreme sacredness  
To clear, to free the heart, the body  
and the spirit of mankind  
Rongo, suspended high above us (i.e.  
in 'heaven')  
Draw together! Affirm!*