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| SGV 541 as RGB - 2cm wide at 300dpi1009016 VCP A4 newsletter portrait_Word setup top  Final project report  Clinical Supervision and Support Program |

Cultural safety and awareness   
for clinical supervision –   
the Aboriginal midwifery and nursing project

Submitted by:

The Royal Women’s Hospital

In partnership with:

Cultural educators and university partners

July 2013

Executive summary

Aims and objectives of the project

This project was designed to enhance the education, training and learning experience of Aboriginal students at The Royal Women’s Hospital (hereby referred to as The Women’s) through the provision of culturally safe and high-quality clinical facilitation, supervision and support.

The Cultural Safety and Aboriginal Midwifery and Nursing for Clinical Supervisors project aimed to create new opportunities for Aboriginal and Torres Strait Islander student nurses and midwives to gain specialist expertise in women’s health through The Women’s priority frameworks placement model for Aboriginal students of midwifery and nursing. By nature of the large numbers of students that The Women’s hosts on clinical placements each year The Women’s nurses and midwives all act in a clinical supervisory capacity for students. The focus of our work in this project has been building the Aboriginal and Torres Strait Islander (hereby referred to as Aboriginal) cultural safety capacity of our clinical supervisors and leaders responsible for promoting a positive learning culture at The Women’s. This approach is predicated on Best Practice Clinical Learning Environments (BPCLE) frameworks that underscore the importance of a positive learning environment and the literature which emphasises leadership as the critical element in cross-cultural change.

Aims

* To improve the clinical placement experience of Aboriginal nursing and midwifery students;
* To provide clinical supervision for all learners The Women’s;
* To build maintain and further develop strategic partnerships with Aboriginal Women’s Health Business Unit;

To share learning with other mainstream health providers on ways to support cultural safety during clinical placements.

Objectives

* To enable clinical supervisors to facilitate culturally safe environment to enhance learning experience of Aboriginal students.

To facilitate Cultural Safety Training sessions in the departments and wards hosting Aboriginal students from the Institute of Koorie Education (Deakin University, Geelong) and other Victorian universities, Emergency Centre, Theatre, 5 South and 5 North.

Project activities and methodology

Commencement of the project, January 2012

The first phase of the CSSP project involved forming a project team (CET and AWHBU) with external trainers, building relationships with trainers, developing effective management procedures and constructing a project timeline.

Planning stages

The next phase of the project involved planning clear activities and work required to complete the training for each objective. The work involved a breakdown of the training calendar, resource requirements, data collection requirements defining communication procedures amongst clinical staff, managers, other team members, and the external stakeholders.

Execution of training

The third phase of the process involved implementing the training plans and monitoring project progress, and communicating project status to managers, team members and the other key stakeholders.

Completion

The final phase of the process involved completing the project. Activities included evaluating, conducting final project reports and closing the CSSP contract.

Key outcomes and findings

This has been a very successful project as evidenced by both the numbers of The Women’s clinical supervisors engaging with education and the expanded cohorts of Aboriginal nursing/midwifery students attending The Women’s for clinical placements. All elements of this project have been completed on time, within budget and KPI’s achieved.

Cultural Safety Training has been provided to 834 clinical supervisors at The Women’s within this project. The Cultural Safety Training for clinical supervisors project has supported the undergraduate clinical placements of Aboriginal students from the Institute of Koori Education at Deakin University and Aboriginal student midwives from the Australian Catholic University (ACU) in Melbourne. In addition, the support our Aboriginal students received by enabled clinical supervisors assisted in the recruitment of three Aboriginal cadets (as part of the Department of Health DEEWR Aboriginal nursing and midwifery and cadetship pilot and we are pleased to report two Aboriginal graduates in our Early Graduate Programs for 2012/13).

Conclusions – where to from here, future directions etc.

A business case proposing the development of a dedicated resource to advance our frameworks of support for our Aboriginal nursing and midwifery pre-registration students on placement is currently in train though the Clinical Education Program at The Women’s. This would enable an expansion of the numbers of Aboriginal nursing and midwifery students The Women’s hosts on placement each year.

Background and context

Creating a culturally safe environment for Aboriginal students by enabling clinical supervisors is consistent with The Women’s broader strategic plan to attract, support and retain Aboriginal students and health professionals. The Women’s recognises that culturally competent workplace and clinical supervisors is essential in recruiting, supporting and educating Aboriginal students.

The Women’s has a strong commitment to engaging all employees in Aboriginal culture and it is anticipated that increasing the engagement of The Women’s workforce with supervisory Cultural Safety Training will result in The Women’s being viewed as a ‘student placement ‘employer of choice’ for Aboriginal students and health professionals. An Aboriginal nursing and maternity workforce that is supported by culturally aware work environments is integral to providing culturally competent, evidence-based maternity care for Aboriginal women and babies. Although the Aboriginal health workforce is increasing in Australia, this population continues to be under-represented amongst nurses and midwives. Increasing staff involvement in cultural awareness training would provide invaluable skills and knowledge to the workforce who are involved in clinical supervision of students and who, in time, will be working with an increasing number of Aboriginal staff.

There is a well-documented need to increase opportunities for Aboriginal people in the health workforce across Victoria. “Karreeta Yirramboi Victorian Aboriginal Public Sector Employment and Career Development 2010–2015” is the Victorian Government’s plan to improve public sector employment outcomes for Aboriginal Victorians. This framework aims to achieve 1 per cent Aboriginal employment in the Victorian public sector.[[1]](#footnote-1) Health Workforce Australia (HWA) discusses the need for an increase in Aboriginal health professionals particularly within midwifery and nursing (HWA Aboriginal and Torres Strait Islander Health Workforce Project February 2011). An increased Aboriginal maternity workforce is also supported by the National Maternity Services Plan Action (February 2011).

Another key factor that instigated this project was trying to address experiences of racism and discrimination for Aboriginal and Torres Strait Islander students and staff in the health sector. The Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN),[[2]](#footnote-2) the representative body for Indigenous nurses, describes in its report Getting them and keeping them, the importance of cultural safety to the work in increasing Aboriginal representation in employment. The recent report from the Victorian Equal Opportunity and Human Rights Commission entitled Reporting racism: what you say matters,[[3]](#footnote-3) discusses the prevalence of racism in Victoria, that around one-third of survey respondents (32 per cent) witnessed or experienced racism at work. A VicHealth report found that 97 per cent of Aboriginal people in Victoria, and nearly two-thirds of Victorians from a culturally and linguistically diverse background, had experienced racism in the previous twelve months.[[4]](#footnote-4)

This project utilised a multi-modal (online, study days, in-service sessions, cultural experiences) model of clinical safety education delivery to clinical supervisors. Utilising this multi-model approach The Women’s was able to creatively and cost effectively engage 851 clinical supervisors. The flexibility of this multi-modal approach was instrumental in The Women’s achieving 242 per cent over our target engagement of clinical supervisors.

Aims

* To enhance the education and training experience of Aboriginal women’s learning experience at The Women’s through the provision of culturally safe and high-quality clinical facilitation, supervision and support;
* To improve the clinical placement experience of Aboriginal nursing and midwifery students;

To share learning with other mainstream health providers on ways to support cultural safety during clinical placements.

Objectives

* To enable clinical supervisors to facilitate culturally safe environments to enhance learning experience of Aboriginal students.

To facilitate Cultural Safety Training sessions in the departments hosting Aboriginal students from IKE (Deakin) Emergency Centre, Theatre, 5 South and 5 North and other Victorian universities.

Project activities and methodology

Governance arrangements

* The Cultural Safety and Awareness project commenced in March 2012 and was completed in June 2013.
* The project has been managed by the Clinical Education Program in conjunction with the senior Aboriginal education worker in the Aboriginal Women’s Health Business Unit (AWHBU) at The Women’s. Clinical education and AWBHU co-organised and facilitated all of the training sessions.

The Project has been chaired by our Executive Nurse and midwifery Director with a steering committee with representative from The AWHBU, Human Resources and Strategy and Planning.

Stakeholder engagement and consultation

The AWHBUs and the Aboriginal Advisory Committee as representatives of the Victorian Aboriginal community have been key stakeholders in this project.

Budget

The enhanced project funding has enabled The Women’s to expand the Cultural Safety Training for clinical supervisors. This project has assisted us to reach large numbers of supervisors to provide a culturally safer environment for Aboriginal and Torres Strait Islander learners and move to expand the numbers of clinical placement we provide to Aboriginal pre-registration students.

Timelines

Please see Table 1 (next page) as a summary of key activities and deliverables.

Table 1: Summary of key activities and deliverable

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| Project objective | Project deliverable/target | Activity for the period | Due date |
| Three full-day Cultural Safety Training.  Due to feedback from management on the difficulty of releasing staff for the eight-hour study days it was decided that the Cultural Safety Training should be delivered in shorter thirty-minute to two-and-a-half-hour sessions. Please see below for details of how the cultural safety was delivered. | TOTAL 35 (8 hours)  Seventeen participants attended eight-hour training on 1 May 2012 for Cultural Awareness and Cultural Safety.  Eighteen participants attended eight-hour full training on 24 October 2012 Cultural Safety with AJ Williams Aboriginal Health Associates supporting ATSI staff and students. | Aboriginal Cultural Awareness Session with AJ Williams – Aboriginal and Torres Strait Islander Health. | 30 April 2013 |
| Cultural Safety Training for nursing and midwifery managers. | A total of twenty-four nursing and midwifery managers at The Women’s attended Cultural Safety Training.  Fourteen participants attended the session entitled Supporting Aboriginal learners and cultural safety on 21 February 2012 and 30 March 2012 and ten more participants attended on 17 April 2012. | This training has included a session with an Aboriginal educator on Aboriginal cultural awareness and Aboriginal employment issues. With additional training sessions facilitated by the Aboriginal Women’s Health Business Unit on Aboriginal Cultural Awareness and Aboriginal Health and Wellbeing. | April 2013 |
| Online training ‘A foundation in Aboriginal and Torres Strait Islander cultural competence’ TAFE accredited course run by the Centre for Cultural Competence Australia. | * Forty-five participants | Forty-five licences for this training have been distributed throughout the organisation.  Participants were required by The Women’s to have already completed face-to-face Cultural Safety Training component in order to register for this course. We have utilised this online training in order to assess its effectiveness and to inform future cultural safety education planning and initiatives. | April 2013 |
| Two-hour night duty education. | * Seventeen participants on 9 October 2012 | A night duty training session on Aboriginal women’s health, cultural safety and asking the question with AJ Williams. A second night duty education session was scheduled for 21 August 2012 but was cancelled due to trainer illness. This was rescheduled again, however the trainer was unable to attend. The night duty session did not go ahead; the staff who were interested were offered the online training package were encouraged to attend other face-to-face sessions. | 9 October 2012 |
| Associate nurse unit manager training | * Total of twenty-five participants * Fifteen participants on 21 February 2012 * Ten participants on 21 August 2012 | This training with an Aboriginal educator on Aboriginal cultural awareness and Aboriginal employment issues aimed at associate unit managers and includes a fifteen-minute training session AWHBU on Aboriginal Cultural Awareness and Aboriginal Health and wellbeing. |  |

As of June 2013, training has been delivered to a total of 851 participants and significant hours of cultural competency training have been delivered under this project target. A total of thirty-nine education sessions have now been completed, running in length between thirty minutes and two-and-a-half hours.

The online course has been distributed to forty-five staff members with forty of these participants successfully completing the course. The remaining five are in the final stages of completion. Education has been targeted at staff across all levels from students to graduates to senior nursing and midwifery clinicians and allied health associates. Participant group sizes have ranged between seven participants and seventy participants and we have utilised a variety of trainers and modes of education delivery. Both face-to-face training and self-directed study sessions have proved successful.

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| One-hour cultural competency training AWHBU.  Content has included ‘Asking the question, on identifying patients and for managers of staff, cultural knowledge and safety’, Aboriginal mental health first aid’ Aboriginal women’s health and well-being’, Aboriginal patients and health service delivery, Working with Aboriginal learners and supporting cultural diversity. | * AWBHU and the clinical education team conducted 19 training sessions with a total of 450 participants. * 9 participants x 30 minutes on 10 July 2012. Presented by AWBHU. * 7 participants x 2 hours. Presented by AWHBU and CET – Cultural safety: Building a safer learning environment 16 July 2012. * 23 participants (Green Team 17 May 2012) x 1 hour. Presented by AWHBU Green Team. * 35 participants x 30 minutes on 10 September 2012. Presented by CET and AWHBU Aboriginal and learners and casual clinical support staff. * 28 participated in Graduate Midwifery (4 December 2012) study day – Supporting the new learners and cultural appropriate support, 1 hour. * 20 participants x 30 minutes 7 February 2013. Presented by AWHBU ‘Asking the question’. * 5 participants x 30 minutes 20 February 2013. Presented by AWHBU ‘Working with Aboriginal and Torres Strait Islander people’. * 35 participants x 30 minutes on 7 February 2013. Presented by CET and AWHBU Aboriginal mental health and learners. * 70 participants x 1.5 hours on 21 August 2012. Presented by AJ Williams. * 35 participants x 2 hours on 10 September 2012. Presented by AWHBU and CET (nursing clinical placement). Content: Increasing and supporting Aboriginal colleagues and nurses in health workforce. * 38 participants x 30 minutes on 10 October 2012. Presented by AWHBU and CET. ATSI self-directed learning package – mandatory study day. * 2 participants attended Discrimination and health seminar 5 March 2012 for 2 hours. * 21 participants (nursing graduates / future preceptors) x 1.5 hours on 15 October 2012. Presented by AJ Williams. * 31 participants x 2 hours on 30 October 2012. Presented by Faye Clarke Aboriginal nurse and member of the Congress of Aboriginal Torres Strait Islander Nurses. * 6 participants x 1 hour on 21 November 2012 of training and Clinical reflection regarding supervision of Aboriginal and Torres Strait Islander students. * 5 participants x 1 hour on 12 December 2012 of training and Clinical reflection ‘responding to racism’ and supervision of Aboriginal and Torres Strait Islander students. * 41 participants on 5 February 2013 of graduate nurse and midwifery study day – cultural awareness x 1 hour. * 18 participants x 30 minutes 9 May 2013 of training working with Aboriginal women and support of Aboriginal and Torres Strait Islander students. * 21 participants graduate cultural training day 1 hours 4 December 2012 cultural competency training. * 19 participants x 2 hours on 18 June 2013 presented by CET. Content: Increasing and supporting Aboriginal colleagues and nurses in health workforce. * 20 participants x 2 hours on 25 June 2013 presented by CET. (Nursing clinical placement) Content: Increasing and supporting Aboriginal colleagues and nurses in health workforce. | |  |
| Preceptor Event and Cultural Safety 7/12/2012 | * A total of 42 participants | Cultural Safety and preceptoring 1  hour session | December 2012 |
| Cultural safety and family violence | A total of 53 participants attended:   * 31 participants attended on 10 December 2012 * 9 participants 13 March 2013 * 13 participants 18 June 2013 | Responding to Aboriginal family violence and supporting staff (2 hour training session with Aboriginal Elders) by Aboriginal Family Violence Prevention Legal Service |  |
| Backlight training consultancy – ‘Things aren’t black and white’. | 47 participants x 2.5 hours on 7 May 2012 | Cultural safety | May 2012 |
| Aboriginal birthing practices and cultural safety | 43 participants for 2 hours on 10 July 2012 | Aboriginal women’s birthing practices and health education session with Aboriginal midwife, Arimaya Yates | December 2012 |
| Koorie history Cultural Safety Training | A total of 15 participants:  14 participants for 2.5 hours on 20 December 2012  1 participant attended the session on 10 April 2012 for 2.5 hours | This was an Aboriginal Heritage Walk at the Royal Botanical Gardens with an Elder. The walking tours are cultural and history journey of understanding of Melbourne CBD. | December 2012 |
| Presentation skills and training session: Strategies to inspire and promotes learning in complex environment. | 4 October 2012: 18 participants  This all day training session clinicians and educators, developing skills and knowledge to work with cross-cultural learners and develop appropriate presentation skill.  Presenters included:  Naomi Wolfe, Jim-baa-yer Indigenous Higher Education Unit Academic Coordinator, Pauline Gwatirisa, Centre for Ethnic Health and Margaret Smith, Inspirational Coaching, Presentation Skills | This training session was primarily developed as a way of building future capacity and skills for our Aboriginal workforce.  The education session on presentation skills was not attended by either of the two AWHBU workers due to illness. After consultation with AWHBU, it was decided that this session was continued but not rescheduled and to increase the number of culturally-based training sessions. | May 2013 |

Outputs

* The total number of staff trained in cultural safety was 851;
* This included 45 online cultural competency courses;

In our initial proposal it was decided that due to cultural appropriateness and cultural considerations of providing supervisor training, the content was only delivered by Aboriginal training consultants, the AWHBU and Aboriginal community members and the cultural content remains the property of the presenters and training providers.[[5]](#footnote-5)

Outcomes and impacts

We had planned to educate 351 participants in the original model, yet with flexible education delivery we have now provided education to 851 participants.

Our original proposal outlined our plan to engage 351 participants. Through the successful utilisation of our multi-modal delivery model and by building on the momentum achieved as clinical supervisors increasingly became positively engaged we delivered more than 242 per cent on the original project aim. Through this project we have also built the clinical placement capacity for our Aboriginal students.

An unintentional, yet very positive outcome of this project has been increased recruitment of Aboriginal graduates into our early graduate programs (2012/13). Through engagement of these early graduates we have learned from these graduates that additional clinical and professional support resources throughout the duration of the early graduate program is required to enable successful completion of the early graduate consolidation year. This will enable us to have conversations with key partners and funding bodies in relation to provision of additional supports for Aboriginal graduates in their early graduate transition

The number of cultural training sessions exceeded the expectations of the project and were delivered in a time and cost effective manner.

Table 2: Capacity and quality outcomes

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| Objective | Capacity/quality target | Outcomes |
| This project is enhancing the education and training experiences of Aboriginal students learning at The Women’s through the provision of culturally safe and high-quality clinical facilitation, supervision and support via a multi-modal approach. | In the original CSSP proposal it was said that we would educate 351 participants for the breakdown see prior table. | * 851 participants trained. * We increased the growth in capacity numbers of Aboriginal and Torres Strait Islander students in 2013. * 100 per cent student satisfaction. * 100 per cent satisfaction rate with the university clinical placement coordinators. * There is an additional planned capacity increase for ATSTI students in 2014. * In 2013 The Women’s has two Aboriginal graduates and one has successfully completed in 2013. * Some unintended consequences is that at The Women’s there has been 62.5 per cent increase between 2008/09 and 2011/12, of patients who identify as Aboriginal and Torres Strait Islander. * There has also been a similar increase of 60 per cent in identification of Indigenous women giving birth at The Women’s, from 62 in 2011 to 103 in 2012. * These two factors could be attributed to the work of the AWHBU and their work to create cultural safer health care environment. |

Challenges and risk management strategies

A key challenge to this program of cultural safety for clinical supervisors was working in culturally appropriate and consultative ways with the Aboriginal community (via our AWBHU and the Aboriginal Advisory Committee). It was deemed imperative by the AWBHU that face-to-face training sessions were paramount to creating cultural safe supervisors and therefore all staff who were recruited to the online training course must have completed face-to-face sessions. Additionally, it was very difficult to engage a diverse range of clinical health professionals in eight-hour study days on cultural safety. This is due to the limited resources available for management to cover staff on study leave. A strategic response to this was to plan a series of shorter sessions in our broader education and training calendar and to book sessions well in advance and extended the promotion time.

Table 3: Risk management

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| Objective | Management strategy | Outcomes |
| Full-day training sessions. | It has been very difficult to engage a diverse range of clinical health professionals in eight-hour study days on cultural safety. This is due to the limited resources available for management to cover staff on study leave. | * A series of shorter sessions in our broader education and training calendar were conducted. * To increase numbers of participants, sessions were booked well in advance and we extended promotion time. |
| Koorie Heritage Trust not responding to queries. | There has been personnel change in the Education department at the Koorie Heritage Trust. | * Plan to book the session for in October * Explore other service providers such as the Royal Botanical Gardens Cultural Tours. |
| The project took significantly more time and resources to organise by the project worker and the AWHBU. | In our initial grant application we budgeted (eight days) of project coordination hours to organise the training days.  We estimate that the project coordination has taken 5.5 hours a week which is significantly more than budgeted. | The Women’s were successful in obtaining an increase in funding therefore extending the budget and staffing. |
| Koorie History Cultural Safety Training: Koorie Heritage Trust not responding to queries. | There has been personnel change in the education department at the Koorie Heritage Trust. | We have explored other service providers and have planned an Aboriginal Heritage Walk at the Royal Botanical Gardens. This will be repeated in 2013 should it prove to be successful. We have also provided Cultural Safety Training on traditional Aboriginal Women’s Birthing Practices and Health which has been very successful. |
| Non-attendance at presentation skills workshop. | A full-day presentation skills for AWHBU staff was delivered, however attended in the morning by one of our AWHBU workers and the other AWHBU education and resource worker was unable to attend due to illness. The training day was attended by eighteen non-Aboriginal clinical supervisors. | A full-day was delivered with 8 staff of culturally diverse backgrounds attending however the AWHBU did not attend.  CET was advised by the manager of the AWHBU that due to staffing issues and recruitment round that there would not be an opportunity to run the training again during the period of the grant. |
| Time release from work commitments. | It was very difficult to engage a diverse range of clinical supervisors in eight-hour study days on cultural safety.  Full-day education sessions have provided opportunities for staff to explore their own cultural safety issues and develop a deeper appreciation for Aboriginal health, culture and community issues. | In response to this barrier to participation, CET planned a series of shorter sessions in our broader education and training calendar. Booking well in advance and extended promotion time was a successful strategy. |
| Change of staff in the AWHBU. | The Aboriginal education and resource worker role was vacant for the last four months of the CSSP project. | CET worked closely with the AWHBU manager and provided regular updates to the AWHBU. |
| Reliance on culturally appropriate trainers for Aboriginal cultural training sessions. | Aboriginal educators are often working in other jobs/roles and have significant responsibilities, in the provision of our training. We were required to juggle the trainer’s capacity with our organisational requirements. | CET was flexible with dates and times for training sessions. |

Evaluation

The primary evaluation yardstick for this project was the number of participants engaged with the training/education. As we have stated previously The Women’s exceeded planned participation by more than 242 per cent. This is an impressive result.

At each education/training event for clinical supervisors attendees were provided with an evaluation form (paper or electronic) for completion. This information was collected and collated and informed future clinical supervisor cultural safety education and training events. These responses were confidential and CET does not have permission to release these however the following themes were taken into consideration.

Themes and responses to evaluation of our cultural awareness sessions

1. Requests for more background information on Aboriginal issues

* AWHBU provided a summary of Aboriginal health statistics in Victoria;
* CET provided print outs of reports, maps and health statistics for staff to read following the sessions;

CET uploaded ATSI-specific information on our intranet.

2. Questions as to why is there a focus on Aboriginal employment at RWH

CET and AWHBU provided an introduction which covered background information and reasons The Women’s were facilitating increased Aboriginal Cultural Safety Training. Discussing the discrimination experienced by Aboriginal students and staff (racism) and CET and AWHBU would discuss poorer health outcomes and disadvantage experienced by Aboriginal people.

3. Requests for creative and interactive sessions

The interactive session received excellent feedback CET organised specific speakers on Aboriginal Birthing practices

4. Requests for Information about the AWHBU

* A large number of staff indicated not knowing the AWBHU;

AWHBU were always in attendance at trainings and the Aboriginal staff would introduce themselves.

Below are some of the most useful things that our clinical supervisors found from participating in the training:

* All the topics were informative;
* Time to ask any questions regarding Aboriginal culture to gain a better understanding;
* I am aware of the needs of the Aboriginal community;
* The ability to comment sincerely and honestly without feeling guilty, as sometimes ‘it is politically incorrect’ and be heard and listened to;
* The opportunity to ask any question about Aboriginal people and having explained to me that someone doesn’t have to look Aboriginal for them to identify themselves as being Aboriginal (as naive as that is);

I now feel more experienced in Aboriginal health and incorporating it into my practice.

Importantly, we also surveyed our Aboriginal students and our partner university providing these students after the completion of their clinical placement at The Women’s. The feedback from the students of their time at The Women’s was overwhelmingly positive and that their clinical placement time at The Women’s was very supportive of their learning needs. The following statements were unanimously agreed that:

* All reported feeling supported by the clinical staff with whom they were buddied;
* All reported feeling a sense of satisfaction after their shifts;

All participants agreed or strongly clinical placement was interesting.

In a final note one student stated that she had ‘nothing but positive things to say! My placement was fantastic!’

Based on evaluation outcomes:

* Indigenous support units at universities are seeking out The Women’s for clinical placement experience.
* A commitment to providing an individualised learning for ATSI students with considerations of cultural safety.
* One of the difficulties that needs to be overcome is the need to build internal capacity of organisations is important to consider, and how to work with the Aboriginal support units.

Future directions and sustainability

Next steps

Since the initial HWA funding there have been two Aboriginal employment initiatives at The Women’s that have been funded; these are the Victorian Aboriginal Nursing and Midwifery Cadetship Pilot and the Aboriginal Graduate Supernumerary Program. These two programs have provided the foundation for actioning the findings from this report.

We have committed to hosting Aboriginal and Torres Strait Islander student placements in 2014.

The Women’s is exploring the use of alternative online Aboriginal cultural training courses.

Conclusion

Tertiary hospitals have an important role in educating clinical supervisors in cultural safety. Through our clinical supervision cultural safety project and our Aboriginal and Torres Strait Islander nursing and midwifery workforce project, The Women’s has been exploring opportunities to improve the support we provide to Aboriginal students of nursing and midwifery and increase our Aboriginal workforce. The use of multi-modal education has been successful in educating a broad range of clinical supervisors especially those whose shift pattern makes engagement with traditional face-to-face education more challenging. We believe that policy and program support for identified Aboriginal graduate positions, coordination of employment opportunities and Cultural Safety Training and leadership development in hospitals will significantly boost the numbers of Aboriginal health professionals.

1. <http://www.dpcd.vic.gov.au/__data/assets/pdf_file/0004/49981/KarreetaYirramboi.pdf> accessed January 2012. [↑](#footnote-ref-1)
2. CATSIN was founded to formally represent Indigenous nurses. CATSIN works for Recognition of the unique contributions and commitment of Indigenous nurses in the area of health. The acknowledgment of cultural expertise/knowledge that Indigenous nurses contribute to the health industry and nursing profession and the promotion and implementation of Indigenous nurse employment strategies, with particular attention given to culturally safe interview and selection procedures. [↑](#footnote-ref-2)
3. Reporting racism: what you say matters. Victorian Equal Opportunity and Human Rights Commission 2012 http://www.humanrightscommission.vic.gov.au/media/k2/attachments/Reporting\_Racism\_Web\_low\_res.pdf accessed June 2013. [↑](#footnote-ref-3)
4. Victorian Health Promotion Foundation, Mental health impacts of racial discrimination in Victorian Aboriginal Communities – Experiences of racism survey: a summary (2012) 2. [↑](#footnote-ref-4)
5. http://ccca.com.au/ Centre for Cultural Competence Australia (CCCA) [↑](#footnote-ref-5)