

# Culturally Responsive Care and Hepatitis B: Developing a culturally safe educational course for clinicians

## Authors:

Woodcroft R<sup>1</sup> and Jaworski A<sup>1</sup>

<sup>1</sup> Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM)

**Background:** Chronic hepatitis B (CHB) prevalence in people born overseas is nearly five times that of the Australian-born population (1). The National Hepatitis B strategy states “Culturally appropriate and sensitive...services tailored for CALD populations are essential in helping to lessen the impact of CHB and [reducing] transmission” (2). ASHM’s 2019 survey of s100 HBV Prescribers found nearly 30% identified management of CALD patients as a future learning need. Currently no systemic approach to providing cross-cultural care training exists, and person-centered models may not fully equip practitioners to respond to complex cultural needs if patients are unable to articulate these in consultations (3).

**Approach:** In 2020 ASHM developed a *Culturally Responsive Care and Hepatitis B* course that aims to increase understanding of disease trajectories and bio-psycho-social considerations pertinent to CALD populations. This course, piloted in two states, is based on a hypothetical panel-style format to showcase diverse strategies for providing culturally responsive and trauma-informed healthcare from the perspective of clinicians, community services and patients.

**Analysis/Argument:** Surveys were distributed at course completion to all participants. 27 participants provided complete survey responses (73% response rate). Questions explored the extent to which learning outcomes were met, participant satisfaction with course delivery and any benefits to clinical practice identified.

**Outcome/Results:** 96% of participants reported their learning needs were mostly or entirely met (n=26) and 81% stated that the session(s) were relevant to clinical practice (n=22). Qualitative comments highlighted that messages about adapting communication styles to CALD patients (including greater interpreter use) and holistic approaches considering multiple and intersecting influences on patient management were particularly salient for participants.

**Conclusions/Applications:** Results demonstrated the benefit of engaging lived experience speakers and community organisations in a panel format to offer varied perspectives. Participants reported positive clinical change, better understanding of CALD populations and a desire for additional professional development.

**Disclosure of Interest Statement:** *This course was funded by the Western Australian and Queensland Departments of Health.*

## References

MacLachlan JH, Stewart S, Cowie BC. Viral Hepatitis Mapping Project: National Report 2020 [Internet]. Darlinghurst, NSW, Australia: Australasian Society for HIV, Viral Hepatitis, and Sexual Health Medicine (ASHM), 2020 [cited 2021 Nov 23]. Available from; <https://www.ashm.org.au/programs/Viral-Hepatitis-Mapping-Project/>

Australian Government Department of Health. Third National Hepatitis B Strategy: 2018-2022 [Internet]. Canberra, ACT: Commonwealth of Australia; 2018 [cited 2021

Apr 21]. Available from:

[www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-bbvs-1//\\$File/Hep-B-Third-Nat-Strategy-2018-22.pdf](http://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-bbvs-1//$File/Hep-B-Third-Nat-Strategy-2018-22.pdf).

Watt K, Abbott P, Reath J. Cultural competency training of GP Registrars-exploring the views of GP Supervisors. *International journal for equity in health*. 2015;14(1):89