La Trobe University | Billabongs Not Silos | Beyond Symbolism

CULTURAL SAFETY REFLECTION GUIDE

Critical Reflection as Professional Learning for Health Professionals

Djaa Djuwima Gallery | Dja Dja Wurrung Country | June – September 2026

How to use this guide

This guide has three movements, one for each stage of your experience: Before you enter the exhibition, During your walk, and After you leave. Each stage draws on the five cultural safety principles described by Best (2021) in Yatdjuligin: Aboriginal and Torres Strait Islander Nursing and Midwifery Care, and is informed by the AHPRA/National Scheme definition of cultural safety and the Shared Code of Conduct for registered health practitioners.

Write/think freely. Only rules are OPEN HEART & OPEN MIND.

1 BEFORE THE EXHIBITION — Grounding Yourself

Cultural safety and critical self-reflection

Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

AHPRA/National Scheme Definition of Cultural Safety

Before you enter, take a few minutes alone. This is not about getting ready — it is about arriving as yourself.

Reflecting on Self

- What is my cultural identity? How has it shaped who I am?
- What biases, assumptions or stereotypes might I carry into clinical encounters with Aboriginal and Torres Strait Islander patients and where did they come from?
- What are my personal definitions of health and illness? How might these influence the care I provide?

Connecting to Your Practice Context

- Think of a clinical interaction or area of practice that involves Aboriginal and Torres Strait Islander patients or communities. What knowledge and resources do you draw on? Who created them?
- In what ways does your own cultural background influence what you emphasise, or leave out, in clinical encounters?

Set an intention

As you enter the exhibition, I am curious about:

2 DURING THE EXHIBITION — Walking and Witnessing

Move through the exhibition slowly. At points during your walk, pause at an artwork or object and respond to the prompts below. Choose the works that draw you in or challenge you.

PAUSE — Stop at a work that draws you in

- What do you notice first? What do you know about the artist, the Country, the story?
- This work carries knowledge. Whose voice or perspective is present here? What does it tell you about social, emotional and cultural wellbeing: health in its fullest sense?
- Cultural safety asks us to actively listen and acknowledge that everybody's story is important. What would it mean to bring that quality of attention into a clinical encounter?

PAUSE — An organisation's written reflection on its cultural object

- Read the organisation's written reflection. Do you find it convincing? What makes a reflection on cultural custodianship feel genuine rather than performative?
- What would the equivalent reflection look like for your health service or team — naming a practice or protocol and examining your relationship to it honestly?
- What is one question this reflection raises that you want to carry into your own practice?

A word to carry with you

'Beyond Symbolism exists because symbolic presence alone is not enough.' As you walk, what would it mean for your own practice to move beyond symbolic acknowledgement of Aboriginal and Torres Strait Islander peoples, histories and cultures toward the ongoing critical reflection that the AHPRA Shared Code of Conduct requires?

3 AFTER THE EXHIBITION — Integrating and Acting

Action in your practice and health service

- What stayed with you from the exhibition? Name a specific work, artist, story or question that you keep returning to.
- At what moment, if any, did you feel most aware of your own positionality — your cultural identity, assumptions, or gaps in knowledge? What brought that awareness?

- The exhibition asks: ‘How are commitments to First Nations peoples activated in practice, beyond display?’ How would you answer that question in relation to your clinical practice or your health service?

Clinical Practice Audit — Applied Reflection

The five cultural safety principles are not a checklist. They are a tool for integrity-driven reflection in practice.

Name one clinical interaction, protocol or resource from your practice that engages with Aboriginal and Torres Strait Islander patients, families or communities.

Now apply the five cultural safety principles (Best, 2021):

REFLECT ON YOUR OWN PRACTICE — Whose definitions of health shaped this interaction or resource? What biases or assumptions might you have carried into it?

MINIMISE POWER DIFFERENTIALS — How was power distributed? What would actively shifting that balance toward the patient and their family have looked like?

ENGAGE IN DISCOURSE — Was there genuine two-way exchange? Did you slow down, actively listen, and make space for the patient’s own understanding and preferred ways of doing things?

UNDERTAKE DECOLONISATION — Did this interaction or resource acknowledge the impacts of colonisation? Did it make space for First Nations ways of knowing and healing?

DO NOT DIMINISH, DEMEAN OR DISEMPOWER — Reflect on your language, non-verbal communication and documentation. Could any of it have been experienced as disempowering — even unintentionally?

Commitment to Action

As a result of this experience, I will review, change or build on the following in my practice:

One question I will bring to my team, supervisor or health service leadership:

One way I will continue my own critical self-reflection practice:

A note on this process

Critical self-reflection is not a one-time event. The AHPRA/National Scheme definition of cultural safety describes it as an ongoing practice and the Shared Code of Conduct for registered health practitioners makes clear that cultural safety is a professional obligation, not an optional extra. This guide can be returned to; brought into a team meeting or supervision, used as part of a community of practice, or revisited when reviewing clinical protocols and resources. The exhibition will change; so will you.

Cultural safety work belongs to all health professionals. Aboriginal and Torres Strait Islander colleagues should not be expected to carry the burden of educating others or improving workplace cultural safety on everyone else's behalf.

This professional learning was developed as part of the Billabongs Not Silos initiative. La Trobe University School of Education | Rural Health School | Office of Indigenous Strategy and Engagement | Djaa Djuwima Gallery, City of Greater Bendigo.

Draws on Best, O. (2021). In O. Best & B. Fredericks (Eds.), Yatdjuligin: Aboriginal and Torres Strait Islander Nursing and Midwifery Care (3rd ed.). Cambridge University Press; and the AHPRA/National Scheme Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025 and Shared Code of Conduct (2022).