

# Navigating Two Worlds: Developing a Learning Map to Visualise the Knowledge and Skills Required for Culturally Informed Shared Decision-Making with Aboriginal People in New South Wales Australia

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## Article Info

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### Keywords

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## Abstract

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*Finding Your Way* is a shared decision-making resource created with and for Aboriginal People in New South Wales, Australia, in 2021. It is the only culturally adapted shared decision-making resource for Aboriginal People in Australia and one of few examples developed with First Nations people internationally. A two-round modified e-Delphi approach, incorporating yarning techniques, was used to gather expert opinions and reach a consensus on the capabilities (knowledge and skills) required to effectively use *Finding Your Way* and engage in shared decision-making with Aboriginal People. A set of 29 predefined capabilities were gleaned from the research evidence and a yarning session, forming the basis of the e-Delphi process. In total, 138 panel members completed Round 1 of the e-Delphi process between January 19, 2023 and January 27, 2023, and 113 completed Round 2 between February 9, 2023 and February 20, 2023. The panel member retention rate was 82% across the two e-Delphi rounds, and the consensus threshold was 75% *strongly agree* for each capability. Consensus was reached for 10 capabilities, and a learning map was developed to reflect Aboriginal ways of valuing, being, knowing and doing as represented in the *8 Aboriginal Ways of Learning: Aboriginal Pedagogy* framework (New South Wales Department of Education, n. d.). Cultural imagery was used to create the learning map to present the foundational knowledge and skills required to use *Finding Your Way* in a symbolic and non-linear way. The results signal the importance of navigating two worlds—working through Aboriginal knowledge and processes to generate cultural responsiveness and safety at the intersection of traditional cultural knowledge and the Western paradigm of shared decision-making.

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## Glossary

Aboriginal People—the original inhabitants of the state of New South Wales (NSW), Australia.

## Introduction

Shared decision-making (SDM) is a process where consumers (a broad term for people accessing healthcare) and healthcare providers make informed and preference-based health decisions together. It bridges person-centred care and evidence-based practice (Hoffmann et al., 2014; Légaré et al., 2018; Tracy et al., 2022). Common components of SDM include creating choice awareness, eliciting consumer preference (e.g., concerns and values), tailoring information, describing treatment or care options and deliberation, making a decision, and determining the next steps. SDM is particularly useful and applicable when there is more than one treatment or care option available or when the consumer may value the benefits and harms differently (Bomhof-Roordink et al., 2019). SDM is a core component of the Australian National Standards for Quality and Safety in Healthcare (Australian Commission on Safety and Quality in Health Care, 2020) and is a well-known term at the highest policy level within the Australian Government's *National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes* (Closing the Gap) strategy (Lowitja Institute, 2022). Closing the Gap is a formal commitment from the Australian Government to address ongoing health and life expectancy gaps between Indigenous and non-Indigenous people. However, across the lifespan, Aboriginal and Torres Strait Islander people—First Nations people of Australia—continue to experience disadvantages and inequalities in health, including reduced access to healthcare, poor health outcomes and reduced life expectancy comparatively (Lowitja Institute, 2022; Vos et al., 2009). The term Aboriginal People is respectfully used throughout the paper to recognise the original inhabitants of the state of New South Wales (NSW), Australia.

The *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023* (National Indigenous Australians Agency [NIAA], 2017) in Australia outlines the importance of self-determination, partnerships in healthcare and greater access to collaborative trauma-informed care (NIAA, 2017). The framework provides

a multidimensional social and emotional well-being (SEWB) concept grounded within a collectivist perspective of “self” that is inseparable from and embedded within family and community. Connected to self are seven overlapping domains of well-being: country; spirit, spirituality, and ancestors; body; mind and emotions; family and kinship; community and culture. These seven domains are surrounded by the influencing factors of the social, political, and historical determinants of health, as shown in Figure 1 (Gee et al., 2014).

**Figure 1**

*Social and Emotional Well-Being*



*Note: From National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023, (Department of the Prime Minister and Cabinet, 2017), p. 6). Copyright Gee, Dudgeon, Schultz, Hart and Kelly, 2013. Reprinted with permission.*

The SDM process within healthcare has strong synergies with the SEWB concept. In 2021, a resource called *Finding Your Way* was developed in collaboration with Aboriginal health workers and community members living and working on the traditional lands of Eora, Wilyakali, Gandangara, Wiradjuri, Bundjalung, Darug and Yuin in NSW, as a culturally informed model for SDM with Aboriginal People, as shown in Figure 2 (Dimopoulos-Bick et al., 2023). *Finding Your Way* was developed using the *8 Ways Aboriginal Pedagogy* (Western New South Wales Regional Aboriginal Education Team [WNSWRAET], 2016; Webster et al., 2022) and was published online (<https://aci.health.nsw.gov.au/shared-decision-making>). Findings from a feasibility study suggested that *Finding Your Way* was highly acceptable and culturally safe. Despite the promising findings, users indicated that training was required to support the implementation of *Finding Your Way* into clinical practice (Dimopoulos-Bick et al., 2023).

**Figure 2**

*Finding Your Way*



Note: From *Yarning to Make Health Decisions Together: A Shared Decision Making Model for Mob*, (n. d.), NSW Agency for Clinical Innovation, NSW Government. (<https://aci.health.nsw.gov.au/shared-decision-making>). Artwork by Belinda Coe, Galari Creative.

Multiple studies identify a range of knowledge and skills required for healthcare providers to practice SDM (e.g., relational and risk communication) and strategies to effectively build capability (e.g., multiple face-to-face workshops, in situ training, mentoring and online components (Coates & Clerke, 2020). Identifying the foundational knowledge and skills required for healthcare providers to effectively use *Finding Your Way* and designing a training program that can be scaled up and implemented in various clinical settings could improve the uptake of SDM into clinical practice.

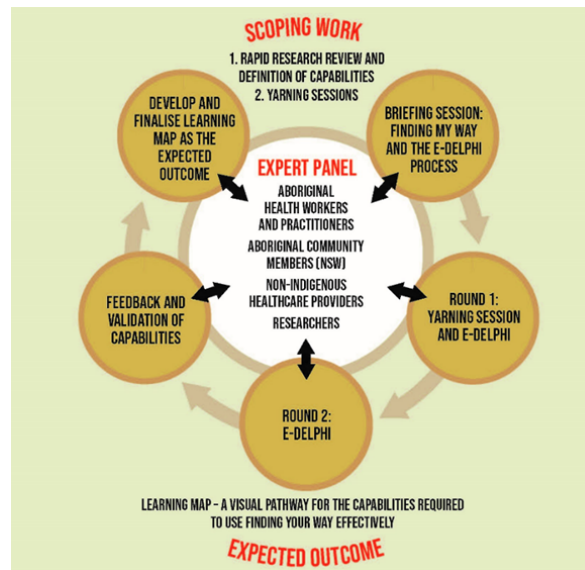
Our paper aims to describe the process used to identify and reach a consensus on the foundational capabilities (knowledge and skills) required for healthcare providers to effectively use *Finding Your Way* and describe the use of Aboriginal ways of knowing, being, and doing to develop capability training and resources for SDM.

## Methods

A two-round modified e-Delphi approach, incorporating yarning techniques, was used to gather expert opinions and reach a consensus on the foundational capabilities required to effectively use *Finding Your Way* (Barrett & Heale, 2020; Dale et al., 2021). The Delphi technique uses a series of questionnaire rounds to gather expert opinion from a panel of experts and to reach a consensus (Powell, 2003). Yarning is a technique anchored in a conversational process that involves sharing stories and developing knowledge (Walker et al., 2014). The modified e-Delphi approach is outlined in Figure 3. Similar methods have been used in Indigenous research (Stearne et al., 2022; Dale et al., 2021) and SDM research (Hernández-Leal et al., 2022; Kiernan et al., 2023). An e-Delphi approach allowed a range of people to participate despite their geographical spread and professional, community or personal obligations (Dale et al., 2021).

**Figure 3**

*Modified e-Delphi Approach—Developing the First-Round Capabilities for the e-Delphi Process*



A rapid scoping review of the published research (see Appendix 1 for the search strategy) and a 60-minute virtual yarning session (Microsoft Teams, 1.6.00.28557) were conducted to predefine the capabilities for the e-Delphi process. The yarning session was undertaken with five community partners involved in developing *Finding Your Way* in 2021. The first-round capabilities were defined as specific statements to reflect what a healthcare provider would be expected to demonstrate if using *Finding Your Way* effectively and, subsequently, what would form the basis of a training program to pilot in NSW. The capabilities were identified from the individual healthcare provider's perspective and framed using content verb, context, and clarity. The capabilities were aligned with the revised Bloom's taxonomy—remembering, understanding, and applying levels (Anderson et al., 2001).

### Establishing an Expert Panel for the e-Delphi Process

Members for the expert panel were recruited through convenience and snowball sampling methods; convenience in the sense that invitations to participate were sent to various professional networks, and snowball where professional contacts were prompted to forward the invitation to their networks. The invitation to join the e-Delphi expert panel was open from November 21, 2022 to December 23, 2022. Participants opted into the panel by expressing their interest after receiving the invitation and self-determining whether they met the definition of an expert. Prospective panel members received a detailed participant information sheet. An optional 60-minute briefing session was held during the recruitment process on December 14, 2022. All panel members involved in the e-Delphi process went into a prize draw for one of 10 *Finding Your Way* swag bags.

### Definition of expert for the e-Delphi process

Participants self-determined whether they met the following criteria:

- an Aboriginal community member in NSW OR

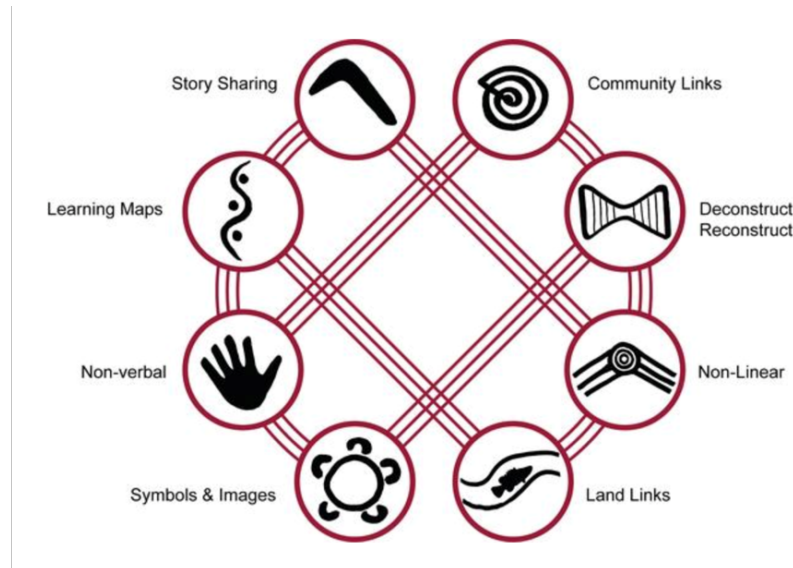
- any Aboriginal health worker, Aboriginal health practitioner or Aboriginal healthcare worker in NSW OR
- a non-Indigenous healthcare provider working in the NSW health system including Aboriginal community-controlled services, general practice, primary health networks OR
- a researcher with awareness of shared decision-making OR
- knowledge of *Finding Your Way* OR
- a track record in implementing SDM OR
- knowledge and experience working with Aboriginal People or communities OR
- experience in training and development

### e-Delphi Process

The e-Delphi process included a two-round questionnaire to gather expert opinions from the panel and to reach a consensus on the capabilities required to use *Finding Your Way* (Barrett & Heale, 2020; Dale et al., 2021). The panel members independently rated the importance of each predefined capability in each round using a five-point Likert scale with the anchors: 1 = *strongly disagree*; 2 = *disagree*; 3 = *neither agree nor disagree*; 4 = *agree*; 5 = *strongly agree*. The strength and extent of agreement for each capability was indicated by the median of the groups ratings and 75% *strongly agree* consensus. Yarning was used in Round 1 of the e-Delphi process to create cultural safety, and it was optional for panel members to join the session and discuss each of the capabilities before completing the questionnaire. The e-Delphi questionnaires were administered using Microsoft Forms (Microsoft, Version 1.1.6) and initiated via email. Reminder emails were sent manually to non-responders. Capabilities that reached a consensus in Round 1 were not rated again in Round 2, and only panel members who completed Round 1 were invited to complete the Round 2 questionnaire. A summary of the responses from the Round 1 questionnaire was sent to panel members via email to help with decision-making in Round 2 of the e-Delphi process. Panel members could also provide comments and suggestions about the capabilities in both rounds using free text boxes. Qualitative content analysis was used to analyse these comments and suggestions.

### Cultural protocols

The *8 Aboriginal Ways of Learning Aboriginal Pedagogy (8Ways)* is a knowledge-sharing framework that is expressed as interconnected pedagogies as shown in Figure 4 (NSW Department of Education and Training [DET], n. d.). It is based on a philosophy of relational responsibility where people and relationships are the priority (WNSWRAET, 2016; Webster et al., 2022). The 8Ways framework was used in the study design and delivery.

**Figure 4***8 Aboriginal Ways of Learning*

*Note: From New South Wales Department of Education. (n. d.). 8 Aboriginal Ways of Learning: Aboriginal Pedagogy, 8Ways, Public Domain. (8ways.online/about). Reproduced with permission.*

## Ethics approval

The Aboriginal Health and Medical Research Council of New South Wales (AHMRC) provided ethical approval for the study in November 2022 (AHMRC2020/22). Participation was voluntary, and panel members were required to opt in and could withdraw at any stage. Prospective panel members received a detailed participant information sheet as part of the consent process. Data was securely stored following data management policies, research-specific practices, and standards.

## Relationship

### Collaboration with Indigenous Communities

An Aboriginal governance group was formed in December 2022 to provide oversight of the study and broader project, including design, data collection methods, analysis and interpretation, and publication of findings. The group ensured the study and project aligned with the values and priorities of Aboriginal communities across NSW. The group included eight members from Worimi Guri, Kuku Yalanji, Wiradjuri, Ngarigo and Darkinjung traditional lands in Australia, and met bimonthly. Five researchers involved in the study are Indigenous from Bundjalung, Worimi Guri, Wiradjuri and Kamilaroi traditional lands in NSW. The three non-Indigenous researchers are privy to the ancient and traditional yarning process and the respect and sharing of traditional ways of knowing, being and doing. The study adhered to cultural protocols, emphasising relational responsibility, and was aligned with the AHMRC ethical guidelines to ensure integrity and cultural safety.

## Results

### e-Delphi process

A set of 29 predefined capabilities for the e-Delphi process were identified from 29 studies and one yarning session with community partners previously involved in developing *Finding Your Way* in 2021. In total, 221 prospective panel members expressed their interest in joining the e-Delphi expert panel, and 47 attended the briefing session on December 14, 2022. In total, 138 panel members completed Round 1 of the e-Delphi between January 19, 2023 and January 27, 2023, and 113 completed Round 2 between February 9, 2023 and February 20, 2023. Panel member retention rate was 82% across the two e-Delphi rounds. The composition of expertise for the e-Delphi panel is outlined in Table 1. In total, 89 of the 113 panellists (79%) were from NSW. The other 24 panel members were from other states or territories in Australia, and three were from another country. Of the 113 panel members who completed both rounds of the e-Delphi, 83 (73%) identified as Aboriginal or Torres Strait Islander. In total, 14 of the 113 panel members (12%) identified as having an awareness of SDM and/or a track record in implementing SDM.

**Table 1**

*Composition of Panel Members Identified Through the Expression of Interest Process who Completed Both Rounds of the E-Delphi Process*

Role	Number and percentage of panel members
Aboriginal community member in NSW	5 (4%)
Aboriginal health worker, Aboriginal health practitioner or Aboriginal healthcare worker in NSW	46 (41%)
Non-Indigenous healthcare provider working in the NSW health system including Aboriginal community-controlled services, general practice, primary health networks	12 (11%)
Researcher	17 (15%)
Other (e.g., educators and trainers, managers, and Aboriginal health workers outside of NSW)	33 (29%)

**Round 1.** In Round 1, consensus was reached for one capability of the e-Delphi questionnaire (76% *strongly agree*, 85 of 113 panel members):

- Explain that ‘shared decision making’ involves yarning between consumers/families and their healthcare team work together to make health decisions. It brings together what is important to the person and their family with the benefits, and risks of different healthcare options for better quality healthcare.

Eighty-three points of feedback (across 23 of the capabilities) were provided by the 15 panel members. A balance of positive and constructive feedback was provided through the free-text responses. One Aboriginal health worker commented positively: “This provides self-determination and is a very empowering process.” A non-Indigenous educator and trainer made these positive comments:

I think the idea of this model, the way it has been developed, the beautiful artwork and presentation, and the care with which you are moving forward are great. I think it’s vital to develop such shared decision-making in the ways you outline, and I am very admiring of the work you have done so far.

Constructive feedback included this comment from an Aboriginal researcher:

I think some of the capabilities can be nested under others. For example . . . Explain that *Finding Your Way* aims to empower and involve Aboriginal people in their health-care decisions, thereby being a strong connecting point to greater self-determination for Aboriginal People. The non-linear nature of that is not as important.

One Aboriginal health worker asked:

Is there an opportunity to provide an introduction or explanation of the range of scope provided by this tool? e.g., depending on the situation and wishes/needs of the person (patient) and their significant others?

**Round 2.** Based on the feedback from Round 1, four additional capabilities were added to the Round 2 e-Delphi questionnaire. As a result, there were 32 predefined capabilities in Round 2 and a further five capabilities reached consensus:

- Explain that there is a choice and invite the Aboriginal person to participate in the decision.
- Ask the Aboriginal person how involved they would like to be in making the health decision and if anyone else needs to be included in the yarn.
- Demonstrate culturally responsive and preference-sensitive communication skills, including rapport building (e.g., finding common ground and learning about the person), language (e.g., avoiding using too much medical terminology), reflective listening (e.g., asking open-ended questions and sharing back key points) and non-verbal communication (e.g., using silence).
- Develop knowledge of service providers in your community to support holistic and multidisciplinary referral and support as part of the shared decision-making process when using *Finding Your Way*.
- Understand the complexity of decision-making and that the process may occur over time rather than within one appointment

A balance of positive and constructive feedback was also provided through the free-text responses in Round 2. One Aboriginal health worker commented:

Having used this tool successfully when connecting with people and their families during the pandemic, I feel that this is a fantastic way to assist clinicians in their better understanding of how it works for mob. Those who understand will see the benefits of becoming familiar with the tool.

Another said:

I believe story telling is so very important as I am a storyteller and when I start to have a yarn, I pick up the frustration from the health person who wants me to hurry up, time constraints in meetings limits the story behind the decisions or questions. Well done with this resource.

These positive comments were shared by an Aboriginal community member who said, “I believe this model of care should be incorporated into ALL health care training and not only Aboriginal professionals.”

A non-Indigenous researcher offered this constructive feedback:

I don't quite understand why 'health literacy' is tagged onto the end of one of the capabilities that describes involvement in healthcare decisions as health literacy is about much more than that. Could consider taking that term off the end as I don't see why it is necessary?

An Aboriginal healthcare worker-nurse also asked: “If coming from a community that has an Aboriginal, Torres Strait Islander and Australian South Sea Islander population, how do you deliver this information to be inclusive of all three cultures?”

Following Round 2 of the e-Delphi an additional three capabilities were close to consensus (over 70% *strongly agree*):

- Explain how clinical yarning can support shared decision-making when applying *Finding Your Way* (71%, 80 of 113 panel members)
- Identify which aspects of *Finding Your Way* are important to the Aboriginal person for this decision and explore further (73%, 82 of 113 panel members)
- Explain that *Finding Your Way* aims to empower and involve Aboriginal People in their healthcare decisions to support greater self-determination, so they hold, share and control their story, songline and journey (73%, 82 of 113 panel members).

A secondary analysis of the Round 2 e-Delphi ratings was completed with separate cohorts from the expert group—those who identified as Aboriginal and those who did not—to provide insight regarding similarities and contrasts in responses between Aboriginal and non-Indigenous panel members. The secondary analysis identified one additional capability that reached a consensus for panel members who identified as Aboriginal or Torres Strait Islander:

- Explain that the guiding principles of social and emotional well-being will be used to promote culturally safe, holistic shared decisions (95%, 79 of 83).

The four additional capabilities from Round 2 were discussed with the Aboriginal governance group. The group advised that all four capabilities should be included and considered key to effectively using *Finding Your Way*. The final set of 10 capabilities is outlined in Table 2. The capabilities were also mapped to the evidence base to ascertain the unique Aboriginal-specific capabilities and those universal for SDM.

**Table 2**

*Final Set of Capabilities Mapped to the Evidence-Base*

Capability	Aboriginal-specific capabilities for SDM	Universal capabilities for SDM
Explain that “shared decision-making” involves yarning between consumers/families and their healthcare team work together to make health decisions. It brings together what is important to the person and their family with the benefits, and risks of different healthcare options for better quality healthcare.		X
Explain that there is a choice and invite the Aboriginal person to participate in the decision		X
Ask the Aboriginal person how involved they would like to be in making the health decision and if anyone else needs to be included in the yarn		X
Demonstrate culturally responsive and preference-sensitive communication skills, including rapport building (e.g., finding common ground and learning about the person), language (e.g., avoiding using too much medical terminology), reflective listening (e.g., asking open-ended questions and sharing back key points) and non-verbal communication (e.g., using silence)		X
Develop knowledge of service providers in your community to support holistic and multidisciplinary referral and support as part of the shared decision-making process when using <i>Finding Your Way</i>	X	
Understand the complexity of decision-making and that the process may occur over time rather than within one appointment		X

Explain how clinical yarning can support shared decision-making when applying <i>Finding Your Way</i>	X
Identify which aspects of <i>Finding Your Way</i> are important to the Aboriginal person for this decision and explore further	X
Explain that <i>Finding Your Way</i> aims to empower and involve Aboriginal People in their healthcare decisions to support greater self-determination, so they hold, share, and control their story, songline and journey	X
Explain that the guiding principles of social and emotional well-being will be used to promote culturally safe, holistic shared decisions	X

**Figure 5**

*A Learning Map for Finding Your Way and Shared Decision-Making with Aboriginal People*




*Note: From Yarning to Make Health Decisions Together: A Shared Decision Making Model for Mob, (n. d.), NSW Agency for Clinical Innovation, NSW Government. (<https://aci.health.nsw.gov.au/shared-decision-making>). Artwork by Belinda Coe, Galari Creative.*

## Creating a Learning Map with the Capabilities Identified from the e-Delphi Process

A learning map was developed to map and visualise processes and picture pathways of knowledge and skills for a pilot training program in NSW. Learning maps reflect Aboriginal ways of knowing, being, and doing integrating cultural narratives, and traditional symbols. Learning maps are reflective of rich Indigenous understanding of the interconnected nature of knowledge (WNSWRAET, 2016; Webster et al., 2022). The learning map we developed visualises the capabilities for using Finding Your Way and provides a mechanism for tracking learning and skills acquisition, as shown in Figure 5. A circle represents each capability, and cultural imagery carefully and purposefully conveys the content and story, which is nested in each capability, as shown in Table 3. Symbols and images are used to help to communicate the concepts and contents. The map is intentionally non-linear to reflect different learning paths and preferences. It is a dynamic tool for the learner, evolving with their learning journey, providing a living representation of their educational experience. The learning map, non-linear approach and use of symbols and images are interconnected pedagogies of the 8 Ways (WNSWRAET, 2016; Webster et al., 2022).

**Table 3**

*An Example of how the Capabilities in the Learning Map Convey the Content and Story*

Image of the capability	Capability	Written description of the art
	<p>Demonstrate culturally responsive and preference-sensitive communication skills, including rapport building (e.g., finding common ground and learning about the person), language (e.g., avoiding using too much medical terminology), reflective listening (e.g., asking open-ended questions and sharing back key points) and non-verbal communication (e.g., using silence)</p>	<p>The images show a doctor/healthcare provider speaking with a patient that depicts a relaxed environment, as well as having a casual conversation that builds rapport. Cups of tea, the patient speaking and healthcare professional listening, shows the patient telling their story through the speech bubbles. It also shows family, sport/hobbies, work and health images</p>

## Discussion

A two-round modified e-Delphi approach, incorporating yarning techniques, was used to gather expert opinions and reach a consensus on the foundational capabilities required to use *Finding Your Way* and effectively engage in SDM with Aboriginal People. In total, 113 panel members completed

both rounds of the e-Delphi process, and a consensus was reached for 10 capabilities; five of these are Aboriginal-specific capabilities for SDM, and the others are universal and well-documented in the literature (Coates & Clerke, 2020; Diouf et al., 2016; Müller et al., 2019).

Efforts to systematically implement SDM with the general population are considerable in Australia and internationally (Bravo et al., 2022; Tracy et al., 2022). However, there are very few culturally adapted resources to support SDM, particularly among Aboriginal People (Jull et al., 2015). A culturally adapted version of the *Ottawa Personal Decision Guide* (OPDG) was developed with First Nations, Métis and Inuit people in Canada (Jull et al., 2015) and a study was conducted to explore health decision-making experiences of Aboriginal women by identifying decision needs, supports, and barriers (Jull et al., 2015). To our knowledge, our study is the first to explore the specific knowledge and skills required to effectively engage in SDM with Australian Aboriginal People.

Training healthcare providers is often considered a key intervention to support the implementation of SDM and to address knowledge and skill gaps (Diouf et al., 2016; Müller et al., 2019). International opinion suggests two primary skills are required to implement SDM at the point of care: relational competencies and risk communication competencies (Légaré et al., 2013). Further, a systematic review identified 49 studies evaluating 36 unique training programs for healthcare providers in tertiary and primary care settings (Coates & Clerke, 2020). Most training programs provided an overview of SDM theories, and the content focused on key competencies such as the characteristics and effects of SDM, investigating consumer understanding and expectations, and using the steps involved in SDM. Training included single and multiple face-to-face workshops, in situ training, mentoring and online components. Strategies to build capability included lectures, case studies, role plays, group discussions and didactic materials (Coates & Clerke, 2020; Diouf et al., 2016).

Our study builds on the current evidence by providing a consensus on the capabilities required to engage in SDM with Aboriginal People. It provides a nuanced understanding of Aboriginal-specific SDM capabilities which has been achieved by grounding their development in Aboriginal processes and knowledge using the 8Ways and SEWB (Dudgeon et al., 2022; Team, 2012b). These capabilities emphasise the importance of cultural connections for Aboriginal People, including the external factors that impact health and well-being in the social, political, and historical determinants of health (Dudgeon et al., 2022; Marmot, 2011; Verbunt et al., 2021).

The knowledge and skills identified through the e-Delphi process and the learning map will form the basis of a pilot training program in NSW to support implementation of *Finding Your Way* into clinical practice. The training program will likely include self and group-paced learning, an interactive face-to-face masterclass or blended model delivery (including presentations, discussions, and roleplays), and a community of practice. The capabilities identified in our study are considered foundational, and other jurisdictions can use the knowledge and skills and the associated learning map to help guide design of local learning plans, training resources or educational activities for healthcare providers. This is reflected on the learning map by tracks leading off the map to intentionally symbolise that other maps can be connected in the future (e.g., a map for more advanced SDM skills development or consumer-facing training). The use of visual images encourages all types of learners to be included, and this is also important to ensure place-based positioning and context can be addressed in scale and spread (WNSWRAET, 2016).

Another strength of our study is the use of Aboriginal art to connect SDM to culture and the introduction of this artwork into clinical and academic spaces. Visual arts are a traditional healing tool for Aboriginal Peoples connecting cultural knowledge and experience in healing, well-being and health (Cameron, 2012). The use of Aboriginal art at the core *Finding Your Way* and the capability learning map explains and teaches SDM concepts through cultural knowledge and understanding to bridge Aboriginal and Western knowledge and approaches.

## Limitations

Our study has several limitations. The targeted review of research evidence was based on a simplified review method and may not be exhaustive. Although capabilities were predefined for Round 1 of the e-Delphi process, important capabilities may have been overlooked as part of this. The e-Delphi process also has some limitations. The expert panel was recruited using convenience and snowballing methods (professional networks and the informal “Koori grapevine” communication network), and users were required to be digitally connected to complete the e-Delphi rounds. The sample was self-selected and there may be bias on the part of the panel members. As part of the recruitment process the panel members opted in based on their own self-assessment against the definition of “expert”. Only two Delphi rounds were completed, and this decision was made to reduce participant burden. Panel member retention rate was 82% across the two-e Delphi rounds—and we only prompted non-responders via email.

## Conclusion

*Finding Your Way* is one of the first culturally adapted SDM resources for Aboriginal People in Australia, and one of few examples developed internationally with First Nations People. The two-round modified e-Delphi approach, incorporating yarning techniques, identified Aboriginal-specific capabilities for shared decision-making as well as known universal capabilities to use *Finding Your Way* in partnership with Aboriginal People. A learning map—one of the interconnected pedagogies of the 8Ways—has been developed to visualise the learning process using cultural imagery to convey the content and story of each capability carefully and purposefully. The results signal the importance of navigating two worlds—working through Aboriginal ways of knowing, being, and doing to generate cultural responsiveness and safety at the intersection of traditional cultural knowledge and the Western paradigm of SDM.

## Declaration of Competing Interest

The authors declare the following financial interests/personal relationships which may be considered as potential competing interest: Lyndal Trevena reports a relationship with the NSW Agency for Clinical Innovation that includes consultancy or advisory. Belinda Co reports a relationship with the NSW Agency for Clinical Innovation that includes consultancy or advisory.

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- Craig Biles, Community Member, Dubbo, NSW
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## Appendices

### Appendix 1

*Search strategy for the rapid scoping review of research on SDM capabilities*

<b>Question</b>	What are the key capabilities (awareness, knowledge, skills) required for healthcare providers to engage effectively in shared decision-making in healthcare?
<b>PICO (population, intervention/exposure, comparison, outcome)</b>	<ul style="list-style-type: none"> <li>• population: healthcare providers</li> <li>• intervention/exposure: shared decision making, not general decision-making or informed decision-making only, or supportive decision-making</li> <li>• comparison: n/a</li> <li>• outcomes: capability, skills, awareness, knowledge</li> </ul>
<b>Search terms</b>	("health personnel"[MeSH Terms] AND (("shared"[Title] AND "Decision Making"[Title]) OR "Decision Making"[MeSH Major Topic] OR "patient participation"[MeSH Terms]) AND ("capabilit*" [Title/Abstract] OR "competence"[Title/Abstract] OR "awareness"[Title] OR "knowledge"[Title] OR "skill*" [Title] OR "training"[Title] OR "education"[Title]) AND 2012/01/01:3000/12/31[Date - Publication]) AND ((humans[Filter]) AND (English[Filter]))
<b>Databases</b>	PubMed (560 hits on 24 August 2022)
<b>Inclusion criteria</b>	<ul style="list-style-type: none"> <li>• studies published between 2012–2022</li> <li>• study types including review studies with systematic search strategy and methods; interventional/quasi-experimental/evaluative studies presenting quantitative or qualitative data; observational studies with quantitative or qualitative assessment of outcomes with/without a comparison group; descriptive studies</li> <li>• grey literature such as training programs</li> </ul>
<b>Exclusion criteria</b>	<ul style="list-style-type: none"> <li>• not in English</li> <li>• published prior to 2012</li> <li>• studies not specific to shared decision making, and about general decision making, or informed decision-making only, or supportive decision-making</li> <li>• letters, comments, editorials, study protocols, conference abstracts</li> <li>• studies that do not meet PICO criteria</li> </ul>