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Culturally Safe Didactic Dialogue Circles: Student and Cultural Community Leader Engagement

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Cultural community leaders (CCLs) are often gatekeepers between nursing students and communities of color, including immigrants and refugees. Trust is important to achieving sustainable relationships with communities of color who have suffered historical trauma. CCLs and nursing students alike need to feel emotionally and psychologically safe when interacting. Graduate faculty conducting community-engaged research, who also teach the Advanced Topics Independent Study course to PhD nursing students, used culturally safe didactic dialogue circles (DDC) to support safe learning while concurrently maintaining sustainable research relationships (i.e., with an Asian-based community health organization and an immigrant and refugee community service organization in a metropolitan area). DDC is a structured dialogue process that provides a safe space for intentional dialogue involving difficult and painful topics (Pranis, 2014). A culturally safe communication space is achieved when stakeholders (i.e., CCLs, nursing students, and faculty) trust and openly share thoughts and experiences about difficult and painful topics, consider the needs and values of all parties, and feel empowered to define and determine when they are in a safe space. Popular education tenets inform this work. Tenets include: using ones' head, heart, and body; colearning with trust; allowing equal sharing of experiences between stakeholders; recognizing that knowledge acquired through life experience is as important as knowledge acquired through formal education; taking ownership for learning; and using artistic teaching, such as reflecting through storytelling (Wiggins, 2012). DDC goals facilitate building trust, learning in a safe space about one another's story and needs, reflecting, and walking alongside one another through difficulties.

The following DDC process was adapted from Pranis (2014) to meet a need to create a safe space for nursing students and CCLs to engage in research. An essential first step was preparing students to meet with CCLs. To prepare, students were assigned to read about principles of community-engaged research and then discuss these principles with faculty, including colearning, empowerment, equity of stakeholders, building on resources, community needs, contributing to community and science, and sustainability (Israel, Eng, Schulz, & Parker, 2012). Assigned readings also included cultural safety topics (i.e., knowing self, recognizing implicit bias) and examples of successful community-academic collaborations where trust was established (Israel et al., 2012). Discussions provided a

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foundation for community engagement regarding colearning and relationship building. The second step included constructing the DDC between stakeholders. Work by Pranis (2014, pp. 6–10) was adapted to nursing education and used as a guide. A face-to-face meeting was scheduled with faculty, students, and CCLs (program managers, department directors, and volunteer older immigrants). In the third step, stakeholders met. Faculty began with an opening ceremony, remarking on each parties' demonstrated commitment to working toward health equity for communities of color (e.g., students traveling a long distance to attend the DDC), CCLs making the time to attend, and faculty's focused time and effort (i.e., on interconnectedness). In the fourth step, faculty introduced an acceptable symbolic centerpiece, such as nodding or bowing, followed by speaking and listening from the heart. Guidelines regarding behavioral expectations conducive to speaking truth were mutually adopted by stakeholders. Engaging in speaking and listening whether in English or in another language (i.e., with interpreter) was expected. Faculty were the keepers of the DDC. They guided questioning (topic suggestions), supported and protected a respectful learning atmosphere, and monitored the quality of the communication space. Relevant real-life topics were discussed using a cultural lens. The lens included community-engaged research processes and concepts of being Asian, immigrant, having historical trauma of war and physical and mental torture, being low-income, experiencing language and institutional barriers, having to adapt, and building new lives. Questions about organizational roles, values, lived experiences, trust, and how to safely gain entrance into communities of color were encouraged. This was followed by reviewing the community's needs, research priorities, and the nature of the collaboration. Faculty had a closing ceremony as the fifth and final step by affirming interconnectedness, and the collaborative atmosphere and acknowledging the efforts of all individuals participating in the DDC.

Faculty using DDC observed quality communications between students and CCLs. Students' written reflections revealed depth of understanding. CCLs, students, and faculty reported a culturally safe communication space existed. Using DDC may facilitate culturally safe colearning and comfortable dialogue so research collaborations that include students can be maintained, and students can grow in their knowledge of community and community-engaged research processes.

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