

# **SWAT 201: Evaluation of cultural competency in a South African cluster randomised trial**

## **Objective of this SWAT**

To evaluate and compare tools for the measurement of cultural competency and patient and public involvement in the context of a complex randomised trial conducted in an African setting.

Study area: Retention, Generalisability, Recruitment

Sample type: Patients, Healthcare Professionals

Estimated funding level needed: The project was funded by UK Medical Research Council (MRC) Trials Methodology Research Partnership (grant reference MR/S014357/1) and ATODRU, South African Medical Research Council.

## **Background**

Failure to consider relevant cultural, ethnic and diversity parameters (and the intersection between these parameters) during the planning of a clinical trial, the development of its protocol and its conduct may negatively impact recruitment, intervention development and delivery, and participant adherence and retention. This might reduce the overall internal validity of the trial. This Study Within A Trial (SWAT) aimed to evaluate the utility and comparability between the 9-item Gibbs Framework to measure cultural competency and the GRIPP-2(Short Form (SF)) 5-point checklist to assess patient and public involvement in the context of the Project MIND trial (PACTR201610001825403), which was a complex cluster randomised trial conducted in an African setting.[1]

## **Interventions and comparators**

Intervention 1: 9-item Gibbs Framework to measure cultural competency.

Intervention 2: GRIPP-2(SF) 5-point checklist to assess patient and public involvement.

Index Type: Method of target population inclusion

## **Method for allocating to intervention or comparator**

Single group study

## **Outcome measures**

Primary: Utility of the tools

Secondary:

## **Analysis plans**

Evaluation of the utility and comparability between the 9-item Gibbs Framework to measure cultural competency and the GRIPP-2(SF) 5-point checklist to assess patient and public involvement. We retrospectively applied the 2007 Gibbs framework and the GRIPP-2(SF) checklist to source and procedural data arising from the Project Mind trial.

## **Possible problems in implementing this SWAT**

The SWAT is complete.[2]

## **References**

1. Myers B, Lombard CJ, Lund C, Joska JA, Levitt N, Naledi T, Petersen Williams P, van der Westhuizen C, Cuijpers P, Stein DJ, Sorsdahl KR. Comparing dedicated and designated approaches to integrating task-shared psychological interventions into chronic disease care in South Africa: a three-arm, cluster randomised, multicentre, open-label trial. *Lancet* 2022;400:1321-33. doi: 10.1016/S0140-6736(22)01641-5.
2. Siegfried NL, Hopewell S, Erasmus-Claassen LA, Myers B. Evaluation of cultural competency in a South African cluster randomised controlled trial: lessons learned for trial reporting standards. *Trials* 2022;23:918. doi: 10.1186/s13063-022-06767-y.

## **Publications or presentations of this SWAT design**

Siegfried NL, Hopewell S, Erasmus-Claassen LA, Myers B. Evaluation of cultural competency in a South African cluster randomised controlled trial: lessons learned for trial reporting standards. *Trials* 2022;23:918. doi: 10.1186/s13063-022-06767-y

Erasmus-Claassen LA, Hopewell S, Myers B, Siegfried NL. Cultural Competency: An evaluation of secondary data analysis from a South African cluster randomised controlled trial and the implications for trial reporting standards (poster). The Global Health Network Conference 2022, University of Cape Town, South Africa, 24-25 November 2022.

**Examples of the implementation of this SWAT**

Siegfried NL, Hopewell S, Erasmus-Claassen LA, Myers B. Evaluation of cultural competency in a South African cluster randomised controlled trial: lessons learned for trial reporting standards. *Trials* 2022;23:918. doi: 10.1186/s13063-022-06767-y

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