

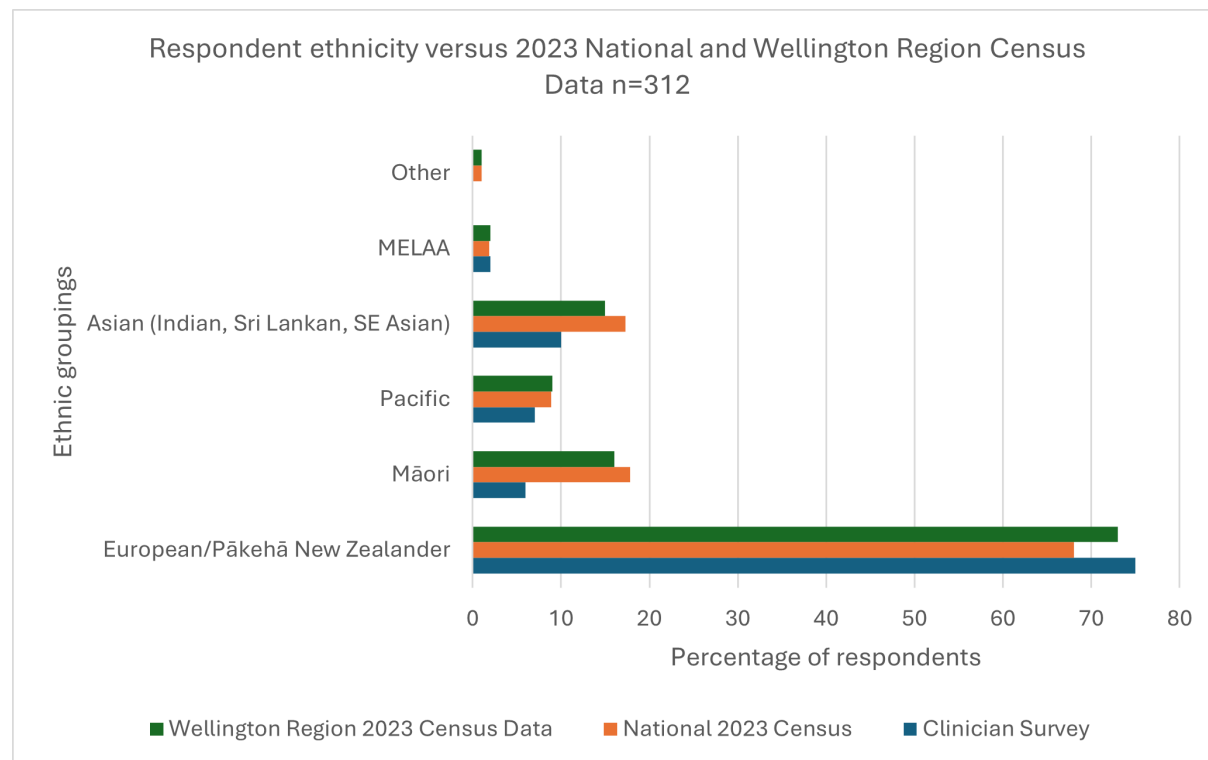
Table 1: Clinical disciplines of respondents.

	Allied health professional n(%)	Doctor n(%)	Nurse n(%)	Midwife n(%)	Scientific and technical professional n(%)
Number of respondents n=312	59(19)	49(16)	186(59)	15(5)	3(1)

Table 2: Survey respondents age distribution and years of experience in healthcare.

Years of experience in healthcare	Age in years							Total years experience
	20–25	26–30	31–35	36–40	41–45	46–50	51+	
0–1 year	63	14	7	3		1	1	89
1–2 years	4	1	1		1			7
2–5 years	11	10	4			1		26
5–10 years	1	9	13	4	2		5	34
>10 years			9	27	28	20	72	156
Total	79	34	34	34	31	22	78	312

Figure 1: Ethnic breakdown of respondents.



Note: Total response ethnic groups have been used (where everyone is included in every ethnic group they identify with) so percentages add to more than 100%.

Figure 2: Reported current level of comfort and confidence explaining medical or care-related information in a way that is understandable to people and whānau in their care, by years of experience in healthcare.

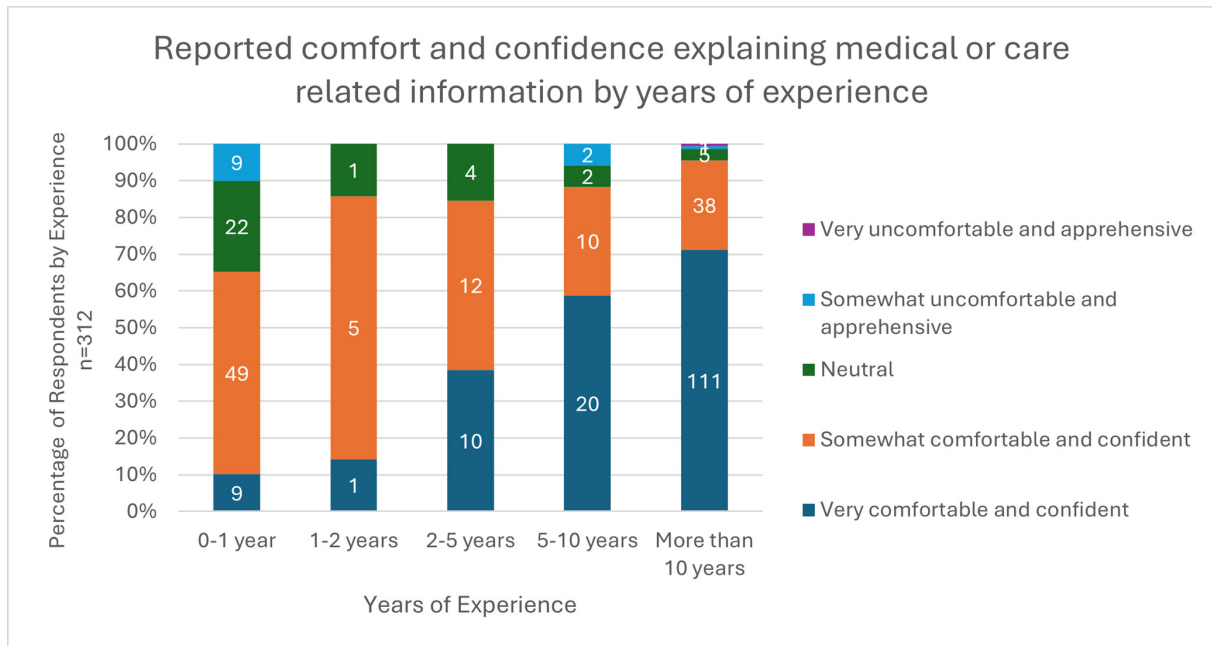


Figure 3: Specific undergraduate training in communication skills to support person- and whānau-centred care (PWCC) by years of experience.

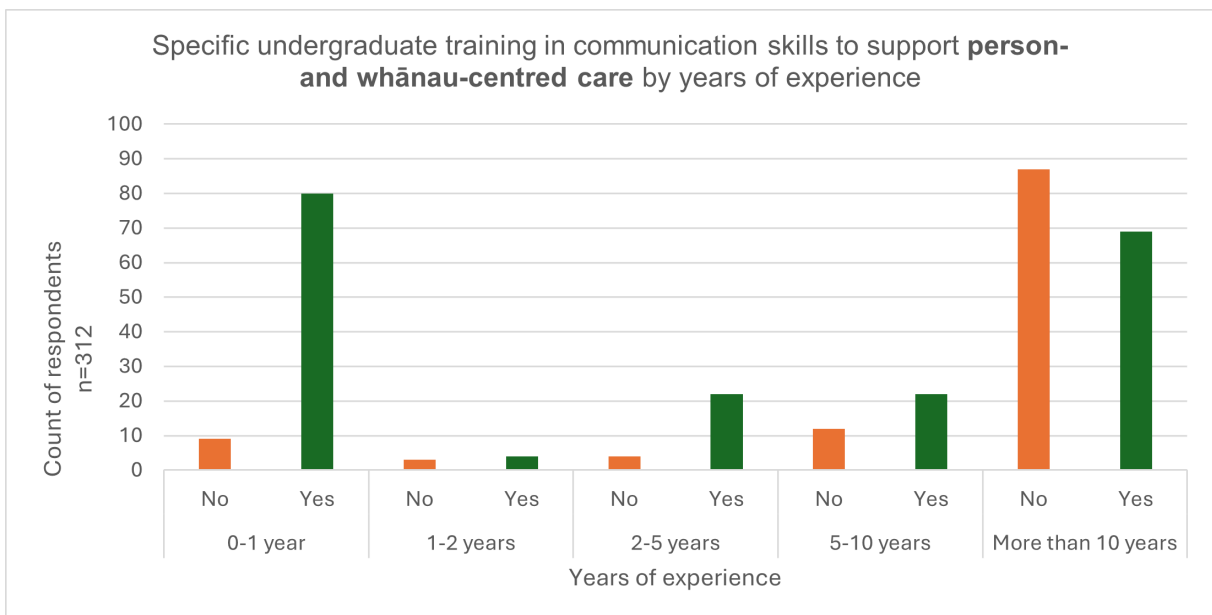


Figure 4: Specific undergraduate training in communication skills to support shared decision-making by years of experience.

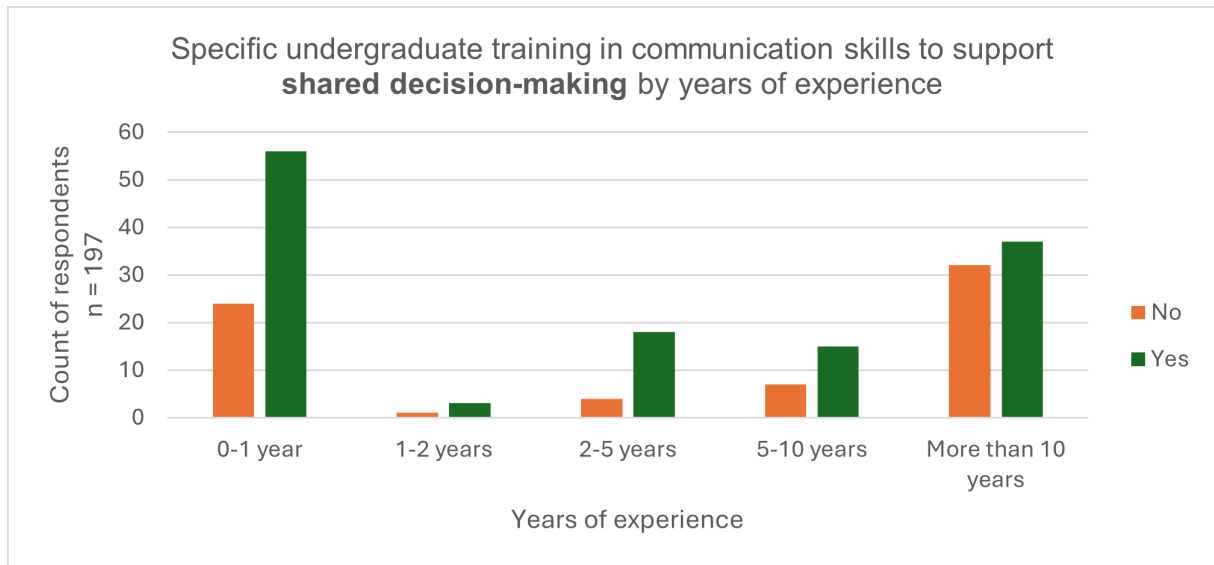


Figure 5: Ease of access to communication skills training when it is available.



Figure 6: Opportunity to observe person- and whānau-centred care communication in the workplace.

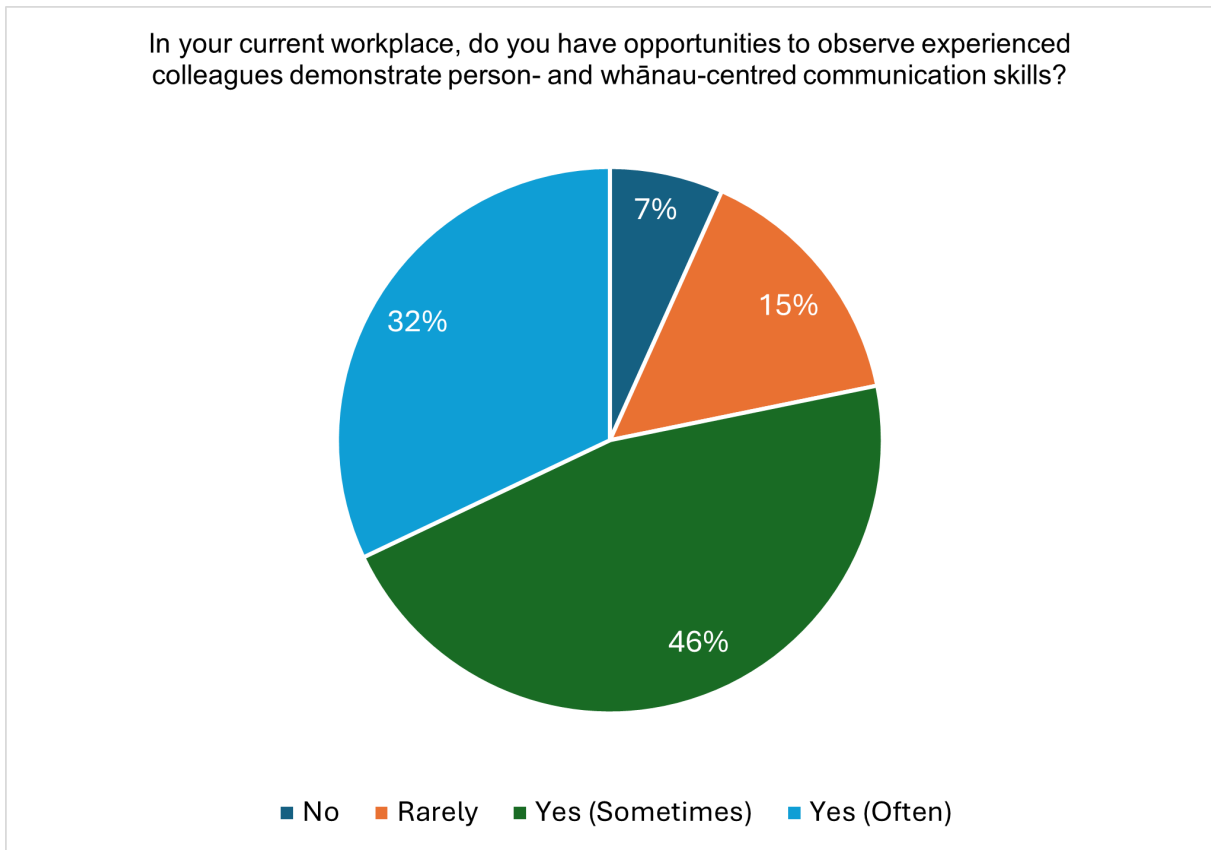


Figure 7: Receiving feedback on person- and whānau-centred care (PWCC) skills in the workplace.

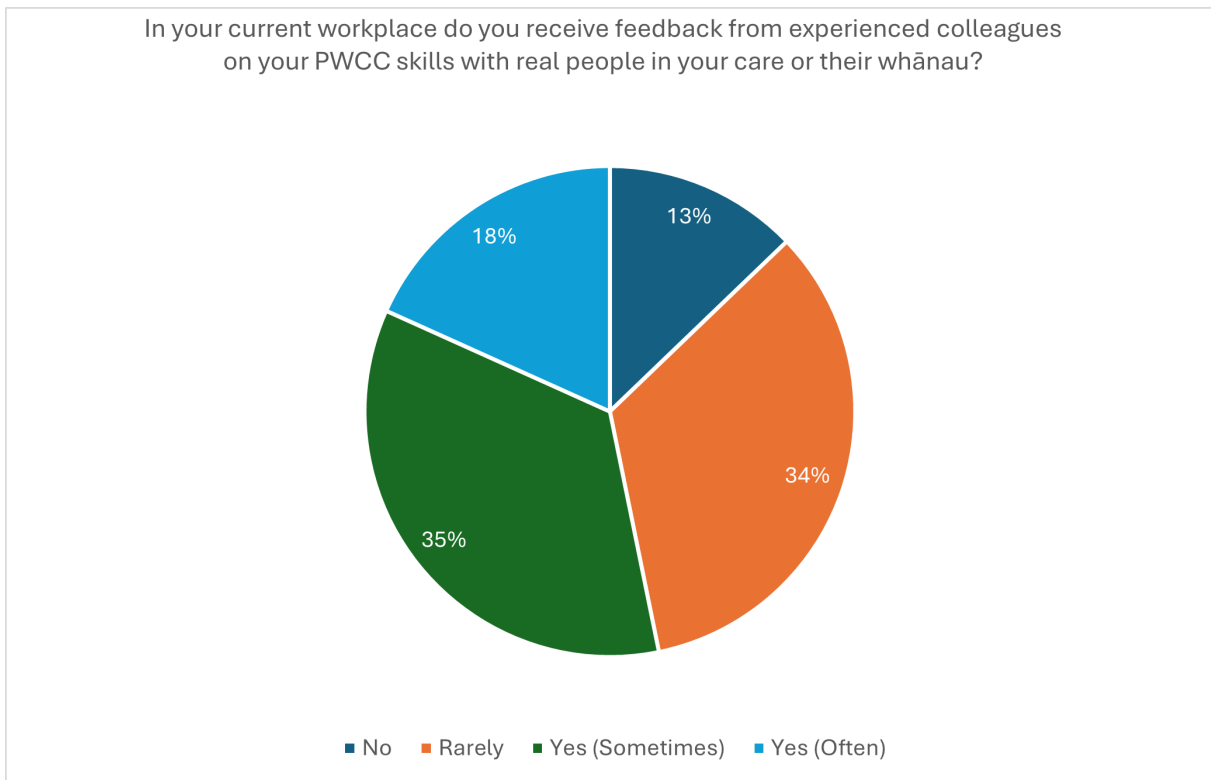


Figure 8: Openness to using an interactive artificial intelligence (AI) tool.

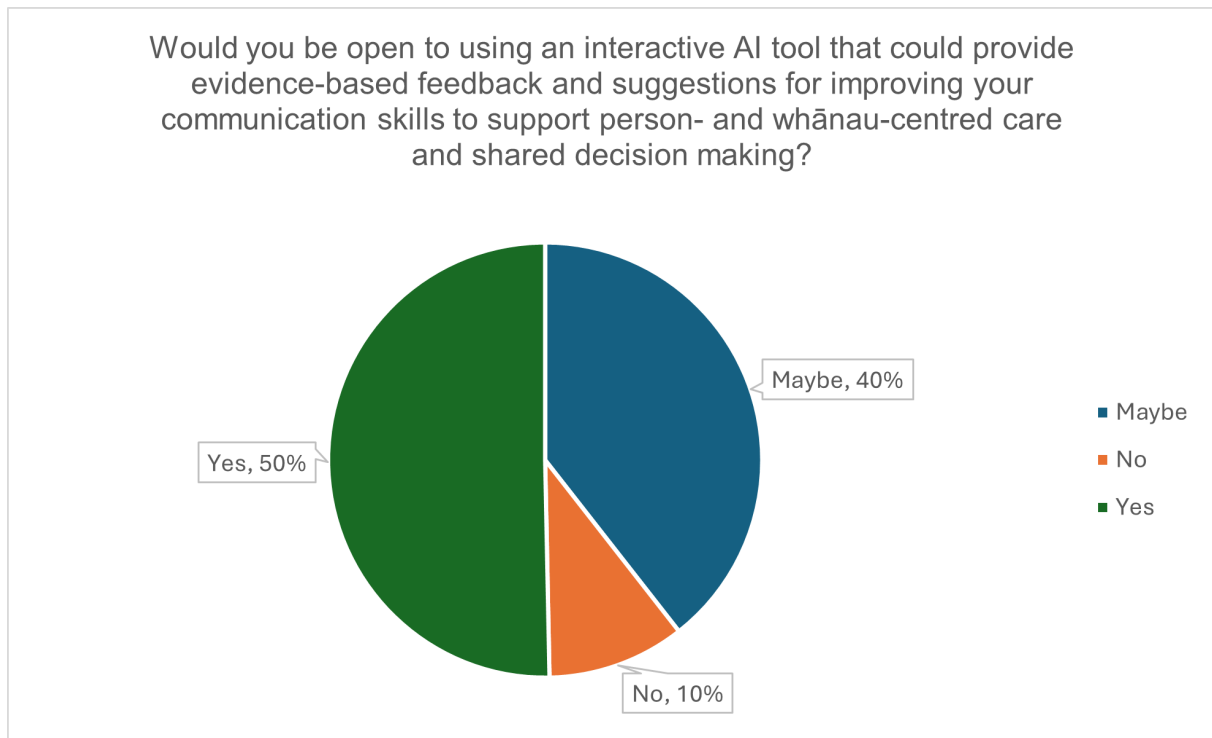


Table 3: Survey respondents reported concerns regarding an artificial intelligence (AI) teaching and feedback tool.

Humanity and authenticity	Privacy and data security + IT	Accuracy and reliability	Effectiveness and engagement	Ethical considerations
<ul style="list-style-type: none"> • Lack of human experience—each person and interaction is unique • Artificiality of AI feedback—not personalised • Inability to capture non-verbal cues • Lack of empathy and understanding of human nuances 	<ul style="list-style-type: none"> • Security and privacy of data collection, analysis and usage • Risks to confidentiality • Lack of IT skills to use the tool • IT systems • Being audited—“Big Brother” 	<ul style="list-style-type: none"> • Inaccurate information—validity • Lack of cultural sensitivity • Loss of subtleties and nuances 	<ul style="list-style-type: none"> • Less engaging or impactful • Lack of real-world context—too prescribed • Preference for in-person training • Concerns about effectiveness of AI-based feedback 	<ul style="list-style-type: none"> • Bias • Indigenous perspectives on person-centred care not led by Indigenous • Impact on the planet • Perpetuating and reinforcing stereotypes • Lack of New Zealand centric focus