

The background of the slide is a photograph of a sunset over the ocean. The sky is a deep blue with wispy white clouds. The sun is low on the horizon, creating a bright, colorful glow that transitions from yellow to orange to red, and then to a vibrant rainbow spectrum. The water in the foreground is dark blue with gentle ripples.

Aboriginal and Torres Strait
Islander Companion
Document - RACP
Professional Qualities
Curriculum

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Background

- RACP has shown leadership with regard to its role in reducing health disparities amongst Aboriginal and Torres Strait Islander peoples
- RACP Aboriginal and Torres Strait Islander Health Committee joined with Australian Indigenous Doctors' Association to commission a document that would link the new PQC with Aboriginal and Torres Strait Islander medical education in order to contribute to building a culturally competent health workforce

Principles

1. The acknowledgement of Aboriginal and Torres Strait Islander peoples as *first peoples* and the recognition of Aboriginal and Torres Strait Islander peoples' rights as Indigenous people.
2. The importance of *human rights* for Aboriginal and Torres Strait Islander peoples' advancement.
3. The recognition and privileging of *Aboriginal and Torres Strait Islander worldviews* in relation to health and wellbeing.
4. The necessity for *partnerships* with Aboriginal and Torres Strait Islander communities in teaching, learning and research regarding health and wellbeing.
5. The need for *vertical and horizontal integration* of Aboriginal and Torres Strait Islander curricula within the RACP training programs.

Process

- Audit of PQC
 - All focus areas and learning objectives reviewed through an Aboriginal and Torres Strait Islander lens
- Each focus area had central ideas, teaching and learning methods, required readings and suggested assessment (appendix) with regard to Aboriginal and Torres Strait Islander peoples' health and well being
- Glossary of terms and resources section
- Flexible documents in relation to the context of both trainee and supervisor
- Feedback and endorsement through RACP Aboriginal and Torres Strait Islander Health Committee

Workshop Task

- Reflective about your experiences
- Take note
 - Particular cases you have been involved in
 - Certain cultural aspects you have not understood (partially or entirely)
 - Any organisational or systems factors that you have found to hinder your learning
 - Concerns you may have regarding your competency in Aboriginal and Torres Strait Islander health

Focus Area - Communication

- Fundamental for practitioners to deliver quality health care
- Extensive miscommunication
 - (un)informed consent
 - Lack understanding regarding treatment and medications
 - Add to barriers to access
- No “one size fits all approach” rather several thematic issues to consider
 - Use of narrative
 - Holistic view of health
 - Decision making processes
 - Family and kinship networks
 - Language, including body language
 - Building trust

Focus Area - Quality and Safety

- Cultural safety critical to clinical governance
- Analyse risk
 - Patient factors - present in crisis with multiple co-morbidities +/- language barriers
 - Staff factors - lack of knowledge and inexperience can lead to incorrect diagnosis or mismanagement
 - Team factors - communication between team members, understanding of team members roles and the composition of the team
 - Organisational factors - policies and procedures that ensure discriminatory free environments and seek genuine partnerships with Aboriginal people
 - Community factors - national and state policy frameworks
 - Including the Cultural Respect Framework - knowledge and awareness; skilled practice; strong community and consumer relationships; equity of outcomes.

Focus Area - Teaching and Learning

- Lifelong learning skills and being open to new ideas and different ways of thinking and learning
- BEWARE of the impact of passive teaching through role modeling
- Importance of video recording as a teaching method with private, constructive feedback
- Need for evidence base to inform practice
 - Need for appropriate research methodologies and community driven research priorities

Cultural Competence

- A set of integrated attitudes, knowledge and skills that enable a health care professional or organization to care effectively for patients from diverse cultures, groups and communities
- Foundation is recognising own values, beliefs and assumptions and appreciating how they shape clinical practice
- Ability to obtain history, interpret history and develop management plan (recognition of multiple determinants of Indigenous health)
 - Bringing Them Home Report
 - Involvement of Ngangkari (traditional healers)

Focus Area - Ethics

- Understand cultural bias of medical ethics
 - Confidentiality and a collective decision making process
- Guidance from Aboriginal or Torres Strait Islander health professionals
- NHMRC Values and Ethics: Guidelines for ethical conduct in Aboriginal and Torres Strait Islander health research
 - Reciprocity; Respect; Equality; Responsibility; Survival and Protection; Spirit and Integrity
 - Aboriginal Health Research Ethics Committees

Focus Area - Clinical Decision-Making and Management

- Spectrum of diseases
 - Uncommon - strongyloidiasis
 - Common - chronic disease
 - Social and Emotional Well-being - trauma, grief and loss
- Assumptions and stereotypes can influence diagnostic reasoning
- Need to translate western biomedical concepts into an Indigenous worldview (and the reverse) in order to facilitate understanding
- Important to consider Aboriginal and/or Torres Strait Islander health professionals and their leadership styles

Focus Area - Health Advocacy

- Essential for medical practitioners to act as agents of social change
 - Close the Gap Campaign
- Occurs on an individual, organisational and systems level
 - Housing, appropriate service delivery or reorientation of resources
- Often involves media and the discourse may be tarnished
- “Stages of talking”
 - Being talked about; talked at; talked for; talked with and allowing to talk for ourselves

Focus Area - Broader Context of Health

- Multiple determinants of Indigenous health
 - Spiritual - connection to Country and knowledge
 - Cultural - ceremony and language
 - Social - kinship and centrality of family
 - Psychological - identity and sense of belonging
 - Physical - risk factors
- Important to care for one's self in challenging environment

Case Study *[Permission has been granted by the family for this story to be used for teaching purposes only]*

- 19 y.o Aboriginal woman (Mary) from Top End NT admitted to FMC in Adelaide with ongoing cardiac failure secondary to severe mitral regurgitation (rheumatic heart disease)
- Accompanied to Adelaide by her Aunt (Shirley) and her new baby girl (Karly ~3 months old in good health)
- Long and complicated admission with several admissions to ICU before and after cardiac surgery
- Throughout all this Aunty Shirley visits Mary nearly everyday and brings Karly with her so they can bond as mother and daughter
- The Aboriginal Liaison Officers (ALO) at FMC are actively involved in supporting Mary, Aunty Shirley and Karly during their time in Adelaide and FMC

Aunty Shirley gets sick.....

- Aunty Shirley attends the hospital with Karly to visit Mary but before she goes to the ward where Mary is now in a stable condition she calls in to see the ALO team
- The team immediately notice that she is quite unwell with rapid breathing, fever and sweats, they are very concerned and liaise with Emergency Department to get her assessed
- Karly is with Aunty Shirley or one the ALO during this time
- Aunty Shirley is assessed as having flu and is advised to rest, maintain fluids and treat her symptoms as required, she does not need hospitalisation
- The issue arises of who will look after Karly?

Difference of opinions

- The ED Registrar feels that Aunty Shirley is too sick to care for Karly at the moment and decides to admit Karly to the hospital as a social admission and to continue being able to bond with her mother.
- The Paediatric Registrar disagrees with this approach and refuses to admit Karly and calls Child Protection Services (CPS) instead.
- Aunty Shirley is frantic, she is unwell and being shown many papers and being asked to sign them, she wants to wait until one of the ALO can be with her and explain what's happening
- When the ALO they are shocked to find that CPS have been called, they are also angry and upset that the initial agreed plan has changed

What now?

- The ALO try to find another solution that enables Aunty Shirley to recover and Karly to be with her Mum in lieu of foster care
- They liaise directly with the ward that Mary is on and ask if Karly can simply stay with her mother using portable cot and supplies from paediatrics, the ward agrees to this
- Karly is brought up to the ward by the ALO and placed besides Mary's bed who is overjoyed to have her baby with her.
- In the meantime the ward has changed nursing shifts, it is getting late in the day

Another problem!

- With the change in staff another difference of opinion arises - unless Mary can fully take care of her baby, Karly cannot stay on the ward.
- Mary is still very weak and not able to lift Karly without assistance, she becomes very distressed and cries out "you can't take my Baby, she's my Baby"
- The ALO and the nurse also become upset, the ALO has now been at work for 12 hours and is tired and frustrated (the ALO was a member of the Stolen Generations)
- They try to figure out a way forward, they find out the nursing staff availability and patient load, after much discussion the ward agrees to allow Karly to stay overnight as they have access to an extra staff member for the night
- Everyone agrees that the rest will be worked out in the morning.....

Points to consider

- Learning not blaming
- Stolen Generations
 - Human rights approach
 - Reparations framework (BTH Report)
 - Acknowledgement and apology
 - Non-repetition
 - Restitution
 - Rehabilitation
 - Compensation
- Continuity of care
- Communication
- Cultural brokerage
- Team approach



Questions/Comments/Experiences