

Summary

Roundtable: Education to implement culturally responsive clinical practice

27 November 2019

Themes

- Resources should be multidisciplinary
 - Cut across clinical settings
 - Facilitate blended education
 - Emphasis on transferability of knowledge
- Resources should be based on and facilitate team-based care and team-based learning
- Resources should be widely accessible
 - Free and shared
 - Downloadable
 - Incorporate considerations for users in rural, regional and remote areas
- Resources should be interactive and flexible
 - Able to be used in different ways
 - Theoretical foundation to facilitate and inform face-to-face, practical and experiential learning
- Content should reflect a broad conceptualisation of health
- Content should reflect diversity within diversity to avoid homogenisation
 - Illustrate diverse patient needs and sensitivities, especially within cultures, religions, ethnicities, etc.
- Why: highlight importance of cultural responsiveness training—use as a carrot, not as a stick
 - Cultural responsiveness saves lives
 - Cultural responsiveness eases suffering
 - Reduction of medico-legal risk

Challenges

- Accessibility
 - Able to be shared to and accessed by different institutions, colleges and associations
 - Able to be accessed in rural, regional and remote contexts (considerations around bandwidth; may apply in urban settings as well)
- Accreditation
 - To give the resource authority (increase uptake)
- Broad audience spectrum
 - Diversity of audience needs may challenge ability to develop a truly multidisciplinary, interprofessional resource

- Integration
 - Must not reinvent the wheel
 - How to integrate the resource into 'already crowded' education programs
 - Need to identify synergies
- Ensuring quality engagement
 - Recognition of the gap between teaching and learning
 - Tendency to 'click through' in e-learning
 - Hurdle requirements (without disincentivising)
- Socialisation and cultural change
 - Unconscious bias
 - Danger of transitioning away from cultural-responsiveness training and intent once within the clinical environment
- Diversity in education
 - Recognition that many health professionals and teachers lack diversity
 - Unconscious bias and reflexivity
 - Encourage diversity in health professionals and teachers
 - Actively incorporate diverse health professionals and teachers in resource content
- A culturally responsive practitioner does not guarantee delivery of a positive, culturally responsive patient experience
 - Role of administrative and non-clinical staff
- Anticipate and address sub-optimal experiences
 - Tendency to extrapolate sub-optimal experiences
 - Emphasise that sub-optimal experiences are not the norm
- Understanding points of language weakness that exacerbate communication barriers
 - Pain in childbirth
 - Ageing, aged care and dementia
 - End-of-life care
- Communication and medico-legal risk
 - Securing adequate patient consent
- Attitudinal change, especially among senior management
 - Recognition that culturally responsive care requires a shift in focus to quality of patient engagement rather than quantity (i.e. patient turnover)

Priority and content areas

- Stigma, unconscious bias and reflexivity
- Trauma-informed care
- Person-centred care
- Communication and interpreter engagement
- Understanding the unique complexities and considerations of migrant and especially of refugee experiences
- Contextual understanding of multicultural Australia
- Maternity and childcare
 - In high demand, including among grandparents and other supplementary/alternative carers

- Adolescence and cultural transition
- Mental health
- Aged care, dementia and end-of-life care
- Sexual health and reproductive health
- Respecting and incorporating diverse beliefs and practices around health into patient care
 - Complementary and alternative medicines
 - Traditional and/or spiritual beliefs and practices

Modalities, skills and resources

- Videos
- Interactive content
 - Including tools for self-assessment and tracking progress
- Case studies and narratives
- Continuing professional development accreditation and points
- Skills:
 - Curious and kind
 - Curious questioning
- Facilitator manual
- Opportunities for immersion, practical experience and blended education
- Exposure to patients from migrant and refugee backgrounds with lived experience

Other considerations

- Codes of conduct
 - Many disciplines have cultural responsiveness standards embedded in their codes of conduct, but these may not be incorporated into practice
 - Make code of conduct expectations overt
 - Relying on/using/linking to a code of conduct from an authoritative regulatory body provides a firm and credible foundation for education resources and uptake



Provisional List of Participants
Roundtable: Education to Implement Culturally Responsive Clinical Practice

27 November 2019

Old Parliament House
 Private Dining Room 2
 18 King George Terrace, Parkes ACT 2600

Facilitating

Rhonda Garad	Monash Centre for Health Research and Implementation
Tracy Robinson	Monash Centre for Health Research and Implementation

In attendance

Kym Jenkins	Chair, Migrant and Refugee Health Partnership Royal Australian and New Zealand College of Psychiatrists
Carla Wilshire	Deputy Chair, Migrant and Refugee Health Partnership Migration Council Australia
Shamsa Abdullahi	Australian College of Midwives
Kath Baird	Australian Nursing and Midwifery Accreditation Council
Jacqueline Boyle	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
Veronica Casey	Nursing and Midwifery Board of Australia
Alison Coelho	Centre for Culture, Ethnicity and Health
Tania Dufty	Australian College of Nursing
Claire Hewat	Allied Health Professions Australia
Jenny Johnson	Australian College of Rural and Remote Medicine
Vase Jovanoska	Royal Australian and New Zealand College of Obstetricians and Gynaecologists

Margaret Kay	Royal Australian College of General Practitioners
Erwin Loh	Royal Australasian College of Medical Administrators
Penelope Marshall	Ramsay Health Care
Michal Morris	inTouch Multicultural Centre Against Family Violence
Astrid Perry	Settlement Services International
Christine Phillips	Royal Australian College of General Practitioners
Karen Strickland	Council of Deans of Nursing and Midwifery
Anousha Yazdabadi	Australasian College of Dermatologists

Secretariat

Morgan Alexander	Migrant and Refugee Health Partnership
Iona Roy	Migration Council Australia