Does your GPR know what Cultural Mentoring is?

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Survey Aims

• To gain further information about the support needs of General Practice Registrars (GPRs) in relation to working with Aboriginal and Torres Strait Islander peoples
• To identify GPR’s cultural mentoring needs
• To assess GPRs understanding of cultural competency
Methodology

- ANU ethics approval
- Literature review
- Online survey
- Qualitative interviews
Demographics of Respondents

• Respondents were 90% Australian and 10% international graduates. Those Australian graduates were from various medical schools across Australia.
Demographics of Respondents (Cont’d)
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29% of the respondents had undertaken a GP training term in an AMS. 20% of the respondents had undertaken a clinical placement at an AMS as a medical student. Student clinical placements were noted as:

- 1 month but also 1 month at Alice Spring Hospital
- 2 x 6 weeks and then another 6 week placement
- 2 weeks per year over 4 years (JFSS)
- 1 month full time and 1 month of weekly GP clinics
- 1 day
- total of 8 weeks
Where have you received education about Indigenous health? (can select more than one response)

- Student
- GP Registrar
GPRs understanding of the term ‘culturally competent’

- Knowledge and understanding of different cultures. Examples of responses:
  - To have a knowledge about the other cultures.
  - Having a concept that there are different ways of thinking and a familiarity with significant aspects (is religious ideas, any particular behavioral differences that might be sensitive) of a group of people when treating them.
  - Understanding about the impact of culture on a person's life and their health views.
  - Never heard the term, I assume that you mean enough knowledge about a culture to provide appropriate health care.
GPRs understanding of the term ‘culturally competent’ (Cont’d)

• Communication and knowledge of needs:
  – Being aware of cultural differences of different communities and using that information to be able to conduct consultations in an appropriate manner so as to improve compliance and establish rapport.
  – To understand and deal with their different cultural requirements.
  – Understanding the approach to care and issues specific to a patient based on their cultural background.
  – Understanding of and sensitive to specific needs of a cultural group.
Cultural Education Support

• Of the (18) responses received to this question one third of those indicated that having an Aboriginal Health Worker/Aboriginal Liaison Officer would provide cultural support to better meet their needs of working with Aboriginal patients,
Cultural Education Support (Cont’d)

• Understanding Aboriginal culture (6/16 responses) Typical responses were:
  – Better understanding of family unit and role of elders.
  – Understanding their sense of community and family.
  – It was a while ago so I don't remember the content well but remember an excellent presentation from an Aboriginal GP registrar giving stories of cultural hiccoughs and patient experiences.
Cultural Education Support (Cont’d)

• Understanding Aboriginal history – (5/16)

Examples of responses:

– *Understanding impact of history.*
– *Understanding their plight through the past few decades.*
– *Gained a greater understanding of the issues surrounding the stolen generation.*
Cultural Education Support (Cont’d)

• Understanding health services and clinical problems (4/16). Examples included:
  – Awareness of chronic disease in Aboriginal populations.
  – Made me more aware of local Indigenous health services available and understanding groups that may be of benefit: mens group, etc.
  – Highlighted unusual demands made by some Aboriginal people in terms of what they expect out of their healthcare providers.
Other Indigenous Cultural Education

• Seven (7) respondents indicated they had undertaken additional Indigenous cultural education. When asked whether this was as a medical student, GPR or other a greater number responded with (5) as medical students, (25) as GPR and two as other.

• 82% of registrars felt that they were competent in working with Aboriginal patients.
Teaching and learning that had been helpful

What teaching and learning has been helpful to you for your interaction with Aboriginal patients in any setting? (tick more than one)

- Medical School
- Regional Workshops
- Cultural Mentoring
- Support from Supervisor
- Individual study
- Support from clinical teachers
- Support from other health professionals
- Aboriginal people
- Aiding
- Other
Clinical education support needs

- Of the 60% who answered the responses followed two main themes – more experience with Aboriginal patients and health services, and more specifically targeted ‘information’ about health problems
Cultural Mentoring

• Only a small number (3) respondents indicated they had any experience of ‘cultural mentoring’ and the same number knew someone who had received cultural mentoring
Cultural Mentoring (Cont’d)

• When asked the majority of GPRs (64%) responded it would assist them if they had a Cultural Mentor.

• The small number of respondents who indicated that it would not assist them to have a Cultural Mentor had either not seen an Aboriginal patient or were unsure of the role of a Cultural Mentor.
Diverse range of responses and understanding of the CM role

- Probably it is good
- Must be helpful
- Provide guidance where required
- To point out the differences between different cultures
- Maybe a Mentor who would help you understand the cultural aspect of Aboriginal people
Diverse range of responses and understanding of the CM role (Cont’d)

• Those who understood the role of a Cultural Mentor:
  
  – *To help educate non-Aboriginal people about cultural aspects pertaining to health and wellbeing. Also, to be a resource for any questions/difficult situations we might have.*
  
  – *To help the person being mentored to better understand the culture and needs of the people they are serving*
Major Findings

• Common theme - respecting the culture and meeting the needs of that culture.

• Relationship with feeling competent and having seen Aboriginal patients

• Challenge – barrier of men’s and women’s business

• Experience and knowledge of Cultural Mentoring
Major Findings (Cont’d)

• Majority of respondents ‘unsure’ of what clinical education support would be of benefit.

• GP registrars who had worked or are currently working in Aboriginal health found the experience both challenging and rewarding.
Thank you