Working cross-culturally and in partnership

IAHA Conference Workshop

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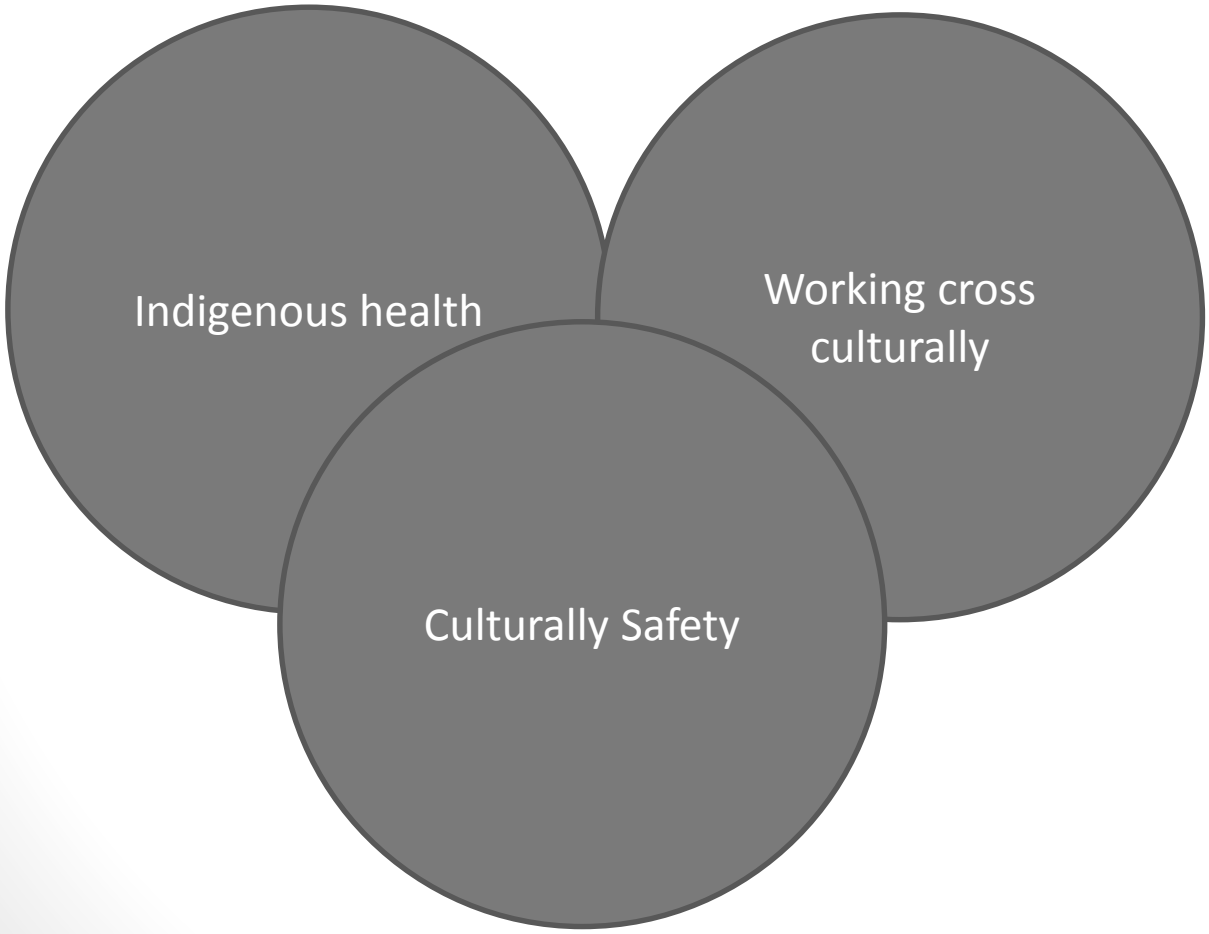
Where do we start?

- 11am -1230pm
- Introduction - Setting the scene
- Workshop aim and outcomes
- Break into small groups for the Working in Partnership scenarios:
- Lunch


Indigenous health
Working cross culturally
Culturally Safety

Aim

To equip participants with an understanding of skills and knowledge required to work effectively as health professionals in cross-cultural contexts.

Objectives

- Explore challenges and enablers in working across various health settings in diverse cultural contexts
- Consider cultural safety in the context of cross-cultural relationships and settings
- Reflect on how health professionals work in partnership in cross-cultural health settings
- Develop ways forward and actions for putting theory into practice and addressing the current gap in the health workforce.

Assessing the workplace for cultural safety

- In groups develop & work through one story each
  - What constitutes good, culturally safe practice? List key features
  - Identify the challenges and the enablers (focus on enablers)
  - Come up with some kind of action plan to manage the situation;
  - Ask the question – how can these ‘good practices’ be embedded in our own work practice?
  - Think of one thing to add to the tool kit (take away) e.g. mentors – keeping them alive and not burnt out
- Back to whole group
  - Each group reports back
  - Discussion
  - ‘Little things big things grow’ tool kit
- Wrap up

Group work

In groups:

1. Develop and describe your own scenario
2. List key features and key points
3. Identify the challenges and the enablers (focus on enablers)
4. Come up with some kind of action plan to manage the situation;
5. Ask the question – how can these ‘good practices’ be embedded in our own work practice?
6. Think of one thing to add to the tool kit (take away) e.g. mentors – keeping them alive and not burnt out

Scenario 1

- An experienced non-Indigenous educator and health professional (RW) was asked by the director of a rural campus of a medical school and university department of remote health to facilitate a 2-3hr session on working cross-culturally (from a non-Indigenous perspective) for a few medical students prior to embarking on their rural placement. This was agreed to and a date set for early in the New Year. An outline of the proposed session was sent to the director.
- The educator rang an Indigenous colleague (KS) from the same rural school to discuss working together on the session and to see how it fitted with her cultural orientation program running the week before. Turned out at that KS hadn't been told that RW was coming let alone what RW would be doing. KS is a local Aboriginal woman from the area and has been progressively excluded by the director from much of the meaningful work and team decision making. RW and KS discussed the situation and negotiated how one session would complement the other. They also made arrangements to catch up even though KS would be on annual leave.
- Fast forward to the week before the session: RW had been on a couple of week's annual leave and came back to an email that had a flyer about the session. It had been expanded into a full day workshop on 'cultural awareness' and opened up to the local hospital staff. This had not been intended, negotiated or agreed to. On the flyer was a picture of the controversial book 'Why Warriors Lie Down and Die'. RW was ropeable to say the least. She phoned the director and had a robust discussion about the situation and stressed that this was NOT a cultural awareness program and that needed to be made very clear otherwise it would not proceed. RW did a bit of damage control and spoke with other local Aboriginal people to inform them of what was happening. She also tried to find an appropriate Aboriginal colleague to work with but it was too short notice.
- The workshop went ahead and was quite successful.

Scenario 2

Story of Mr R:

- A few years ago, as part of a three-week remote health orientation program for nurses, RW co-facilitated a two-day workshop on working cross-culturally. The workshop was in addition to the health department's standard 'cultural awareness' program delivered by one or two Aboriginal facilitators. There was the usual mixed bunch of participants – ranging from 'newbies' to 'cynical old hands' with varying degrees of clinical as well as cultural competence. Mr R was young man fresh off the plane from Tasmania and was heading out to a remote community in Arnhemland with his wife and young child. During the introduction, he stated that he had (not knowingly) "met an Aboriginal person, but he was feeling fairly confident clinically and wasn't afraid of asking questions". About a third of the way into exploring culture as part of the first session on engaging in effective and respectful communication with Indigenous peoples in regards to the delivery of health services, Mr R signalled that he wished to speak and said that "no offence, but this cultural safety stuff is bullshit and I can't see what it has to do with my job". RW commended him on feeling comfortable enough to speak his mind and then the group proceeded to have quite a robust discussion. All good.
- Eighteen months later, Mr R turns up at a workshop on chronic conditions where RW was also facilitating some sessions. He sought her out at the first break, thanked her, and told her that he had been thinking about what she said in the previous workshop and that now it was making sense. This got RW thinking and wondering what it was that was the catalyst for those 'light bulb' moments and how educators (and others) can create more opportunities.