PaRROT

Pathways to Rural and Remote Orientation and Training

a Primary Health Care approach to Chronic Disease

Orientation

Participant Manual

Part 3—Multicultural / Team

Name _____

Community _____

Site _____

Position _____

Date Completed _____

PaRROT Orientation Handbook
Part 3

Table of Contents

Click on the relevant section for an immediate link

Welcome

Welcome to the Orientation Module of the Pathways to Rural and Remote Orientation and Training (PaRROT) program. This program is available as an e-learning program through www.health.qld.gov.au/parrot or as a workshop delivery mode. This handbook – which is the third of four, can be used as a guide for the e-learning program, or as a record for the workshop delivery program.

Documents associated with this program can also be accessed and completed electronically.

PaRROT Pathways to Rural and Remote Orientation and Training

a Primary Health Care approach to Chronic Disease

Orientation

Unit 9

Looking After Yourself

Session 1

Working in remote and rural practice can be both challenging and rewarding. So being able to look after your self is an important skill. This includes being able to recognise when you are feeling stressed or anxious and having strategies to cope with what can be a challenging role. [1, 2].

The Council of Remote Area Nurses Australia inc. has developed some valuable resources that will help with self care. They include Avoiding Burnout [3]and Surviving Traumatic Stress[4]. These resources will be referred to in this unit, and can be downloaded and kept for further information.

Self care is an essential part of our professional and personal lives. Everyone needs adequate rest, nutrition, exercise, love, relationships, etc. to maintain good health. At different times of our life, we will all experience some level of stress and the reasons we get stressed are many and varied. There are a number of reasons that could contribute to stress including professional, home life and personality [5]

This unit will look at some the challenges you will experience in rural and remote areas and some strategies you could adopt to help deal with them.

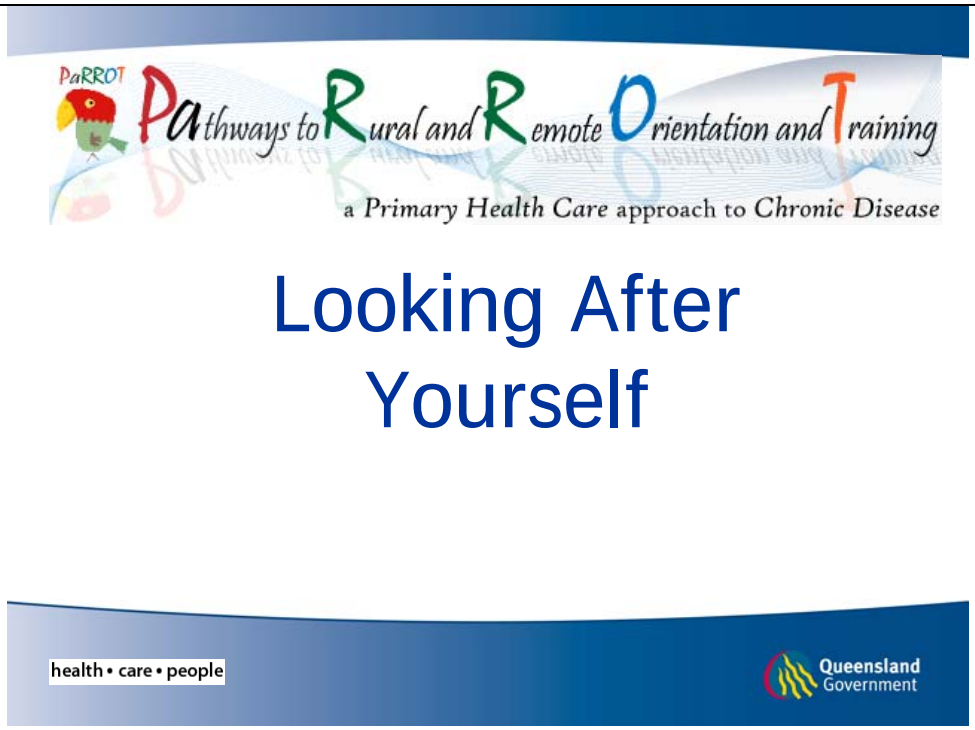
Both the Rural and Remote Nurses online training program and the SARRAH program for Allied Health have excellent units on looking after your self which I would highly recommend you access. The Allied Health program can be found at http://www.sarrahtraining.com.au/site/index.cfm?display=143712

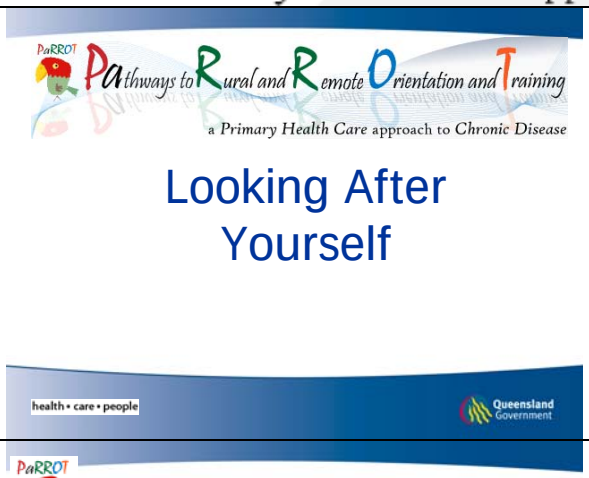
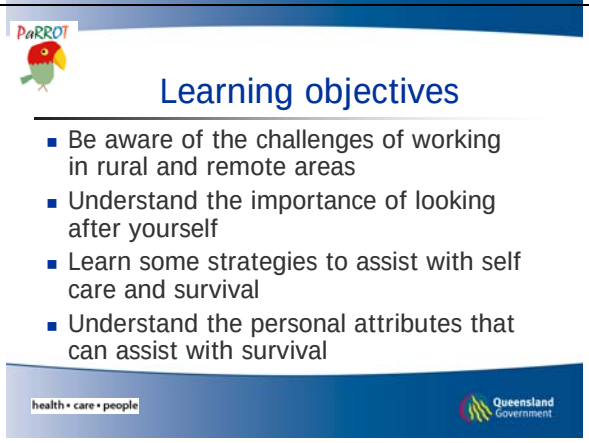
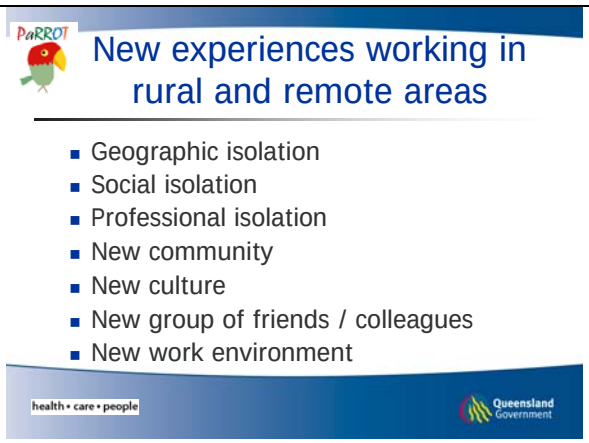
And the Nursing program at http://cdes.learning.medeserv.com.au/portal/index_qldhealth_cdp.cfm

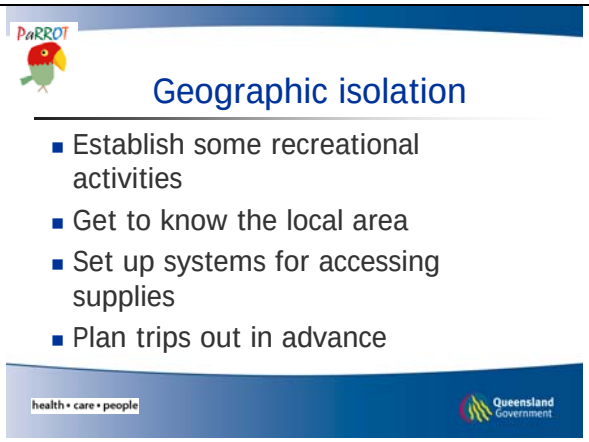
Bibliography

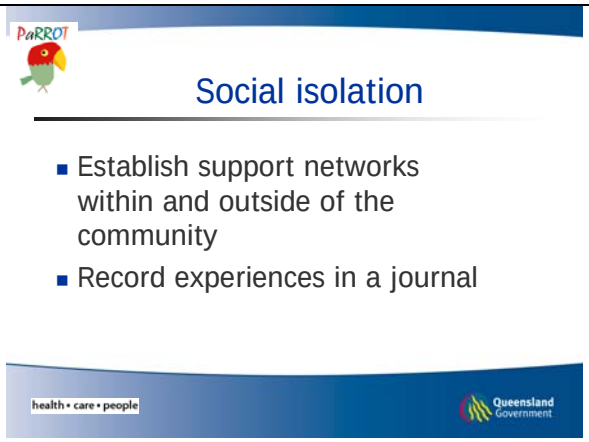
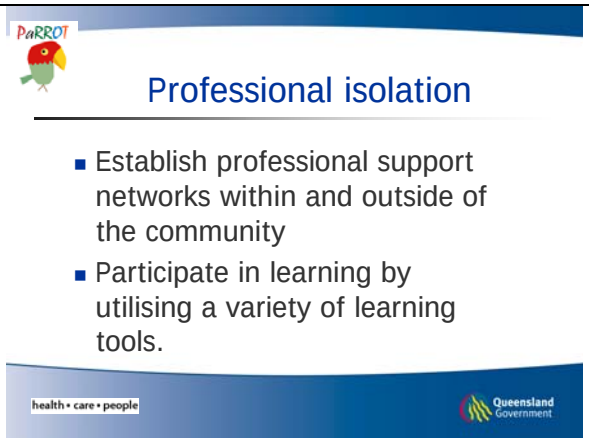
1. S-A-R-R-A-H Services for Australian Rural and Remote Health. *Rural and Remote Transition Toolkit*. 2009 [cited 2009 27/08/2009]; Available from: http://www.sarrahtraining.com.au/site/index.cfm.
2. Smith J, *Australia's Rural and Remote Health: a social justice perspective*. 2nd ed, ed. S. J. 2007, Croydon: Tertiary Press.
3. Council of Remote Area Nurses of Australia Incorporated, *Avoiding Burn-Out in Remote Areas Surviving the Day to Day Hassles*. 2000, Alice Springs: Council of Remote Area Nurses of Australia Incorporated.
4. Council of Remote Area Nurses of Australia Incorporated, *Surviving Traumatic Stress*. 2 ed. 1999, Alice Springs: Council of Remote Area Nurses of Australia Incorporated
5. Office of the Chief Nursing Officer. MedEServ. *From Burbs to the Bush. Orientation for Rural and Remote Nurses*. 2009 [cited 2009 26/08/2009]; Available from: http://www.health.qld.gov.au/cpic/default.asp.

Presentation

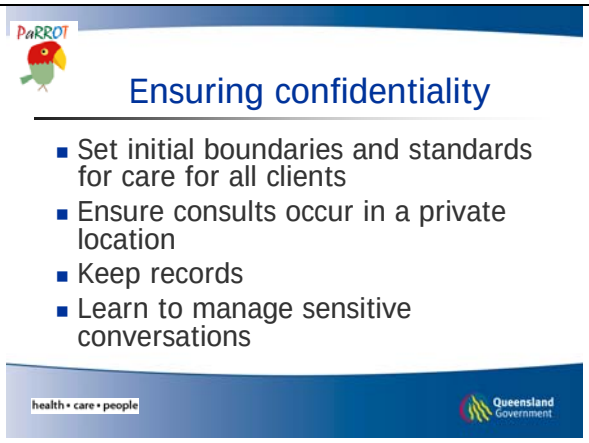


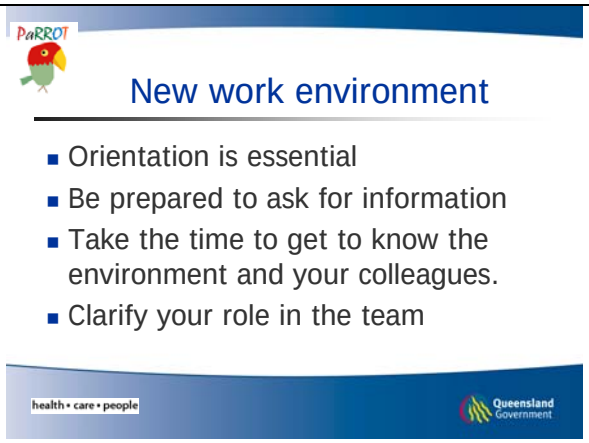
Slide 1 **Looking After Yourself**		Notes:
Slide 2 **Learning objectives**		Notes: The learning objectives of this unit are to: Be aware of the challenges of working in rural and remote areas Understand the importance of looking after yourself Learn some strategies to assist with self care and survival Understand the personal attributes that can assist with survival
Slide 3 **New experiences working in rural and remote areas**		Notes: There are many benefits as well as many challenges when you go to work in a rural and remote area. Geographic isolation is one of the greatest challenges. Not only does it take time to get to the location, there is likely to be limited transport to and from the community, and the roads may not be in the best condition. Many communities are cut off for periods time in the wet season, which adds to the problems of accessing them. Supplies of fresh food are often limited and costs can be high. Social isolation is often the result of geographic isolation. Because of distance, families and friends find it hard to visit the community. Professional isolation is another concern, particularly for single profession posts. The absence of peers to share concerns and

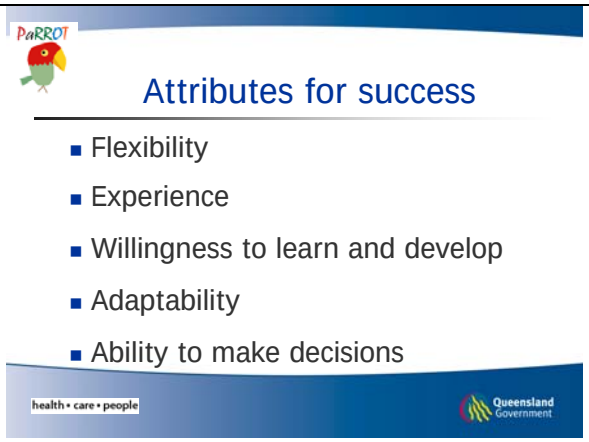
		ideas with can be very difficult for some and can add to increased stress levels after a period of time. Coming to a new community with a new culture can also be challenging. It takes time to find your feet in any new environment but when the environment is alien to you, it is even more challenging. Part of coming to a new community includes the need to establish a new group of friends and colleagues. In the smaller communities this can be especially challenging as you may find yourself befriending people you perhaps wouldn't in a larger community. Often your friends and work colleagues are the same people, so it is important to ensure you have boundaries around each relationship as it can be difficult to separate professional and personal relationships. Familiarising yourself with a new work environment as well as a different way of doing work can also be challenging.
Slide 4 **Geographic isolation**		Notes: While there may be challenges when working in rural and remote locations, there are also many strategies you could adopt to meet these challenges. For geographic isolation you could: Be involved in recreational activity for example. Having access to a vehicle or boat is a great way to overcome geographic isolation – it allows to you to explore the area on your days off and gives you freedom to travel to and from the community. The experience of exploring the area can be very rewarding as there are many beautiful rural and remote areas in the state. Set up systems for accessing supplies. This includes finding

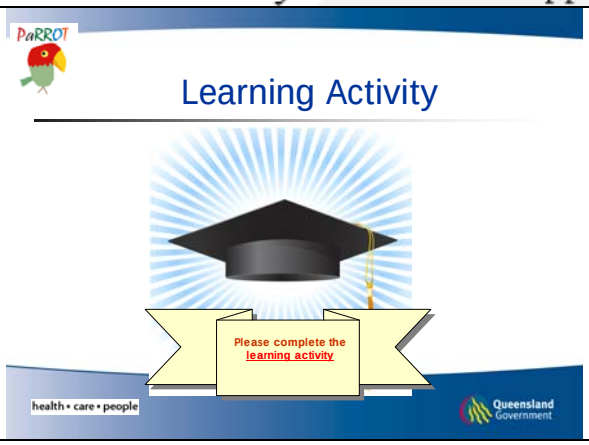
		out how people get supplies and opening accounts with suppliers outside of the community. The costs of shipping supplies in may be outweighed by the variety accessible and the cheaper prices of goods. Try to plan a few trips out of the community a year. Find opportunities where you can leave the community and plan the trip in advance so you can be backfilled. Take advantage of your paid leave time and ensure you understand the importance of taking regular time out.
Slide 5 **Social isolation**		Notes: For social isolation you could: Establish support networks which includes making friends in the community, being aware of social activities that are happening and join in – things like cultural days, school fetes, races, local celebrations and smaller gatherings are not only fun, but can be really interesting. Maintaining links with family and friends is also important this could include keeping in touch regularly through various media including phone calls, email, social pages and web pages. Recording experiences in a journal is another possibility and has the added benefit of keeping a record you could use to reflect back on if you leave the community.
Slide 6 **Professional isolation**		Notes: Ways to manage professional isolation include: Establishing professional support networks including joining a peer group of other rural and remote health professions which allows for debriefing and sharing ideas and formalising a relationship with a professional mentor or establishing informal community and cultural mentors. Joining professional support organisations such as CRANA or profession specific organisations

		is also worth considering. Participating in learning including the use of videoconferencing and Telehealth, online learning, attending workshops and conferences and reading professional literature including journals and updates where possible allows you to maintain currency and acquire new knowledge. Ensuring time is allocated for learning should be discussed with line managers with the utilisation of performance review processes providing valuable support for planning professional development
Slide 7 **New community and culture**		Notes: Surviving in a new community and culture requires Taking time to learn about the community and culture. This can be invaluable but requires patience and is worthwhile in the long term. Finding and utilising a local mentor who can assist in identifying and meeting community leaders is also valuable. The local mentor can also teach you about the community, culture and provide support if needed.
Slide 8 **New friends / colleagues**		Notes: Developing relationships with people in the community is a good way of learning about community, this could include be involved in social gatherings, joining local interest groups and attending social events in the community. It is possible that personal and professional relationships will overlap, so maintaining professional and personal boundaries is important.

Slide 9 **Separating personal and professional roles**		Notes: Living in a small community may mean the boundary between professional and personal lives can become blurred – your neighbours and friends may also be your clients or your health professional. Dealing with them on these two levels provides unique challenges in the rural and remote setting. Strategies for dealing with this potential blurring includes: Developing clear boundaries and communicating this to the community and your colleagues early on. Being aware of situations where confidentiality could be breached. Following the code of conduct and professional codes of ethics are good ways of ensuring professional conduct is maintained. Being a member of a small community may mean your professional and personal behaviour will be observed. Ensure you respect the community and yourself as your actions could become a topic of conversation within the community.
Slide 10 **Ensuring confidentiality**		Notes: Setting standards for care for all clients is important. Treat all clients professionally, regardless of your relationship with them. This includes setting initial boundaries as part of the consultation by reassuring people of your need to maintain professional ethics. Consultations should always occur in a private location – avoid being drawn into discussions about peoples health outside of the clinic environment unless it is appropriate to do so (eg. A community outreach program). Maintain a consistently high standard of record keeping by ensuring you document each consultation concisely,

		professionally and legally so there is no misunderstanding about the interaction. Learn to manage sensitive conversations about people's health. Developing skills that allow you to discuss, without offending will be invaluable in the small community.
Slide 11 **New work environment**		Notes: Be firm about having enough time for orientation. There is always a risk in small communities of hitting the ground running, so being as prepared as possible helps. Do not be prepared to accept a minimal introduction – negotiate times and be clear about your need to understand the environment before you start. Be prepared to ask for information. No one expects you to be the expert and you do not need to pretend that you are. Take the time to get to know the environment and your colleagues Clarify your role and the role of other team members as soon as you can. This can be through a formal process or an informal discussion. Do not assume that roles are automatically assigned to specific professions and determine areas of expertise including your own as soon as possible.
Slide 12 **Attributes for success**		Notes: There are a number of attributes that will impact on your success in rural and remote communities. They include Being sensitive to the needs of the client including using good listening skills, being empathetic and compassionate Having good contextual knowledge and interpersonal skills including knowledge of social situations, conflict resolution as well as developed counselling skills An ability to conduct yourself professionally including applying

		theory to practice and using knowledge to deal with new or unusual circumstances Personal attributes including respect, appropriate action and dress and Accountability for your own action, understanding your limitations and being aware of yours and clients' rights
Slide 13 **Attributes for success**		Notes: People who ultimately succeed in rural and remote areas tend to display specific characteristics they include Flexibility and an ability to think laterally Having and utilising previous experience A willingness to learn and develop in the area without fear of looking silly Ability to adapt to a wide range of situations and to be able to deal effectively with the situations and An ability to make sound decisions based on judgement, skills and knowledge
Slide 14 **Attributes for success**		Notes: Success is also more likely if you are able to prioritise tasks and manage time effectively and efficiently A good team player who does their fair share of work and is able to recognise and acknowledge expertise in others is more likely to succeed in the rural and remote setting.

Slide 15 **Learning Activity**		Notes:

Learning Activity – Participants

Information for participant

This activity can be conducted in pairs, small groups or as a large group brainstorming. Answer the questions first, and then discuss your answers either with partners, a small group or the full group as requested by your facilitator. Please record their answers on their activity sheet, then copy, scan and email it to **parrot@health.qld.gov.au** or fax it to 4033 3040 and keep a copy for your records.

Quiz Settings

Property	Setting
Total Number of Questions	3
Total Number of Questions to Ask	All

Questions

1. The following coping strategies are useful if you are to look after yourself. List in order what you do well down to what needs some work.

Choice	Order
Maintain a healthy lifestyle - diet, exercise, sleep	
Maintain a balanced lifestyle - work, rest, play	
Manage your time and set realistic personal goals	
Take regular periods of rest and relaxation	
Accept the support of others and form support networks	
Accept/seek help as needed	
Maintain interests/hobbies outside of work	
Maintain a sense of humour	
Get away regularly.	

2. What is your highest ranking strategy, and what are you doing to maintain this?

3. Now identify the area you have ranked the lowest in. What are strategies you could use to ensure you are looking after yourself in this area?

Session 2

Looking after yourself is a very important particularly if you are working in rural and remote areas.

Rural and remote health practice can be very rewarding but it can also be very challenging. Staff turn over is high, particularly in remote areas with difficulties achieving work life balance contributing to this [1, 2]. Therefore health professionals need to be active in self care to ensure they do not become overwhelmed by their role.

There are a number of strategies that health professionals can adapt including identifying their normal coping strategies, making a concerted effort to ensure work life balance, identifying professional and personal support networks and taking time out to care for them selves.

The excellent CRANAplus documents and web sites will provide more information.

Avoiding Burnout [3] and

Surviving Traumatic Stress [4]

Queensland Health Employee Assistance Scheme (EAS)
http://www.health.qld.gov.au/nonconsumer_complaint/docs/EASbrochure.pdf

Bush Support Services Phone: 1800 805 391 http://bss.crana.org.au/

Bibliography

1. Battye KM. McTaggert K, *Development of a model for sustainable delivery of outreach allied health services to remote north-west Queensland, Australia*, in *Rural and Remote 3 (online)*. 2003.

2. Humphreys John S. Jones Michael P. Jones Judith A and Mara Paul R, *Workforce retention in rural and remote Australia: determining the factors that influence length of practice.* Medical Journal Australia, 2002. **176**.

3. Council of Remote Area Nurses of Australia Incorporated, *Avoiding Burn-Out in Remote Areas Surviving the Day to Day Hassles*. 2000, Alice Springs: Council of Remote Area Nurses of Australia Incorporated.

4. Council of Remote Area Nurses of Australia Incorporated, *Surviving Traumatic Stress*. 2 ed. 1999, Alice Springs: Council of Remote Area Nurses of Australia Incorporated

Quick Quiz 1

Question

1. What would be some of the challenges working in rural and remote areas for you?

Feedback: Potential challenges include:

Geographic isolation
Social isolation
Professional isolation
New community
New culture
New group of friends / colleagues
New work environment

Quick Quiz 2

Questions

1. What do you think are the benefits of working in rural and remote areas?

Feedback:
There are many benefits to working in rural and remote areas. They include learning about a new community and different types of health services, being able to extend your practice and working as part of a small multidisciplinary team.

Quick Quiz 3

Property	Setting
Total Number of Questions	1

Question

1. Rank in order of priority the things you would do to ensure you look after yourself

Choice	Ranking
Maintain a healthy lifestyle - diet, exercise, sleep	
Maintain a balanced lifestyle - work, rest, play	
Manage your time and set realistic personal goals	
Take regular periods of rest and relaxation	
Accept the support of others and form support networks	
Accept/seek help as needed	
Maintain interests/hobbies outside of work	
Maintain a sense of humour	
Get away regularly.	

Feedback:

Thank you. It is important to try to include all these strategies to ensure you are looking after yourself. But being aware of them is a good first step.

Quick Quizzes – Participant

Information for participants

This activity can be conducted in pairs, small groups or as a large group brainstorming. Answer the questions first, and then discuss your answers either with partners, a small group or the full group as requested by your facilitator. Please record their answers on their activity sheet, then copy, scan and email it to parrot@health.qld.gov.au or fax it to 4033 3040 and keep a copy for your records.

Questions

1. **What would be some of the challenges working in rural and remote areas for you?**

2. **What do you think are the benefits of working in rural and remote areas?**

Bibliography

S-A-R-R-A-H Services for Australian Rural and Remote Health. *Rural and Remote Transition Toolkit*. 2009 [cited 2009 27/08/2009]; Available from: http://www.sarrahtraining.com.au/site/index.cfm.

Smith J, *Australia's Rural and Remote Health: a social justice perspective*. 2nd ed, ed. S. J. 2007, Croydon: Tertiary Press.

Council of Remote Area Nurses of Australia Incorporated, *Avoiding Burn-Out in Remote Areas Surviving the Day to Day Hassles*. 2000, Alice Springs: Council of Remote Area Nurses of Australia Incorporated.

Council of Remote Area Nurses of Australia Incorporated, *Surviving Traumatic Stress*. 2 ed. 1999, Alice Springs: Council of Remote Area Nurses of Australia Incorporated

Office of the Chief Nursing Officer. MedEServ. *From Burbs to the Bush. Orientation for Rural and Remote Nurses*. 2009 [cited 2009 26/08/2009]; Available from: http://www.health.qld.gov.au/cpic/default.asp.

Battye KM. McTaggert K, *Development of a model for sustainable delivery of outreach allied health services to remote north-west Queensland, Australia*, in *Rural and Remote 3 (online)*. 2003.

Humphreys John S. Jones Michael P. Jones Judith A and Mara Paul R, *Workforce retention in rural and remote Australia: determining the factors that influence length of practice.* Medical Journal Australia, 2002. **176**.

Council of Remote Area Nurses of Australia Incorporated, *Avoiding Burn-Out in Remote Areas Surviving the Day to Day Hassles*. 2000, Alice Springs: Council of Remote Area Nurses of Australia Incorporated.

Council of Remote Area Nurses of Australia Incorporated, *Surviving Traumatic Stress*. 2 ed. 1999, Alice Springs: Council of Remote Area Nurses of Australia Incorporated

PaRROT Pathways to Rural and Remote Orientation and Training

a Primary Health Care approach to Chronic Disease

Orientation

Unit 10

Team Work

Session 1

In this unit we will be looking at what is required for effective team work in the primary health care setting.

Working effectively as a primary health care team is essential. This requires each team member to not only understand and respect the roles of the other team members, but to be clear about who does what when dealing with clients.

The process of establishing and working together as a team can be challenging in areas where there is a high turn over of staff and the team needs to continually respond each time a member leaves or joins the team. Understanding the concept and importance of multidisciplinary practice can assist in ensuring an effective functioning team is established.

Effective teams practice collaboratively. This requires mutual respect and acknowledgement of each profession's role, scope of practice and unique contribution to health outcomes. Professional training, registration and codes of conduct provide information on clinical roles and responsibilities, which are also supported by legislation and job descriptions.

There are also defined levels of accountability with an acceptance that joint clinical decision-making is an integral component of collaborative practice. The best health outcomes are achieved when well prepared health professionals work in collaboration and partnership in both the practice and educational setting.

A well functioning team is essential to deliver effective primary health care services in rural and remote communities. It is important to understand the roles each team member plays, and to acknowledge that individual roles within the rural and remote team primary health care team often have more similarities than differences and depend on factors such as professional qualification, endorsements, gender, relationships with the community, clinical and knowledge based skills, experience, time in the community and so on [1-3]

This unit defines what is required for effective team practice. There are two learning activities for this unit. Activity one identifies the considerations for developing multidisciplinary teams, and Activity Two looks at developing a team matrix – this will be quite challenging and may need to be done once you have settled into your new environment.

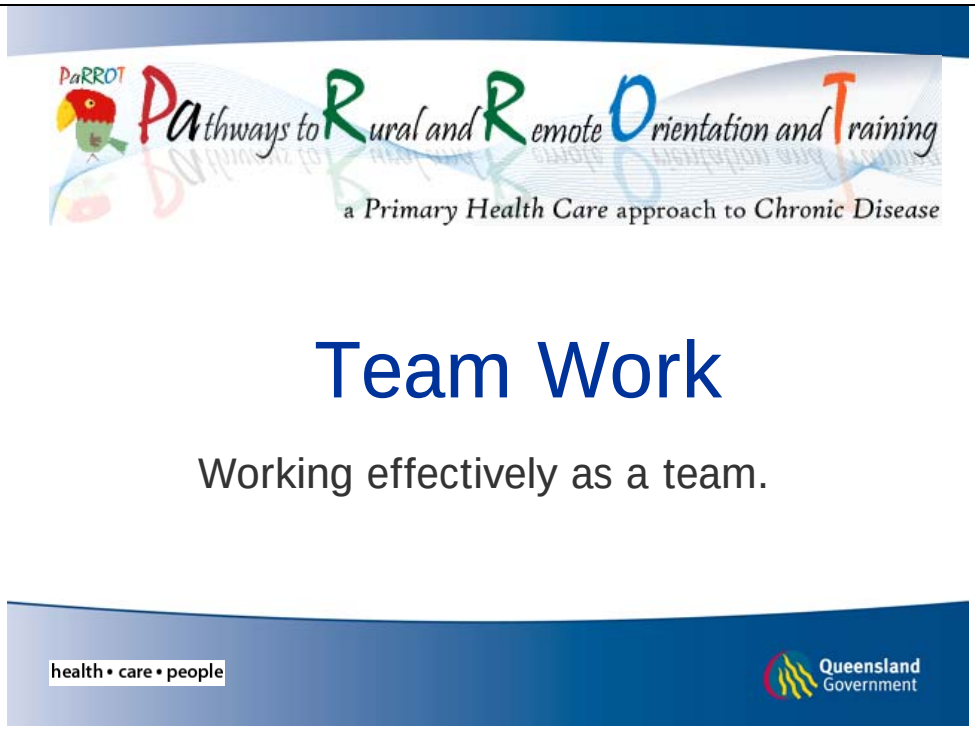
Bibliography

1. Smith J, *Australia's Rural and Remote Health: a social justice perspective*. 2nd ed, ed. S. J. 2007, Croydon: Tertiary Press.

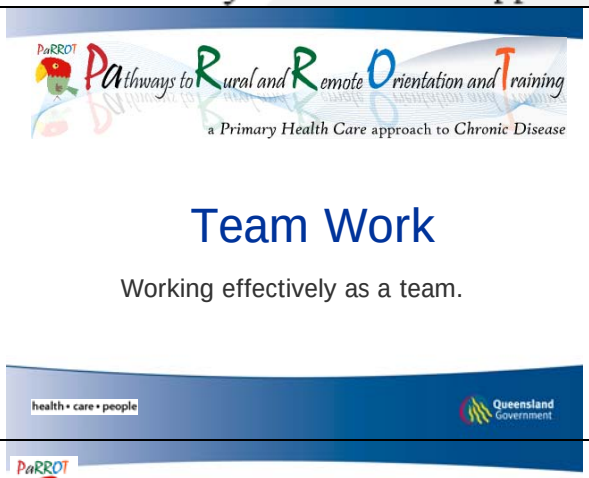
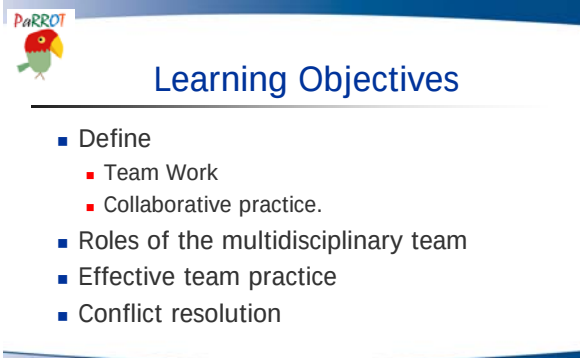
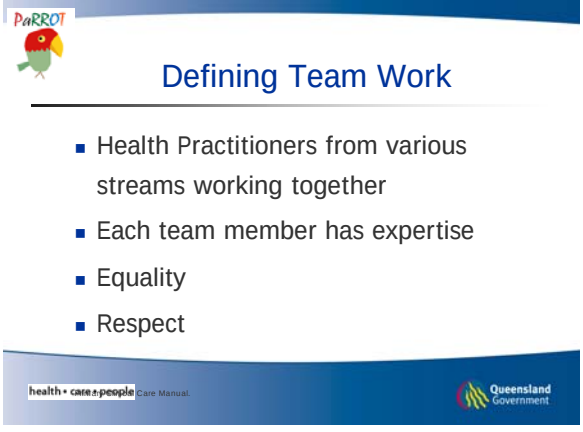
2. NT Health, *Bush Book*, NT Health.

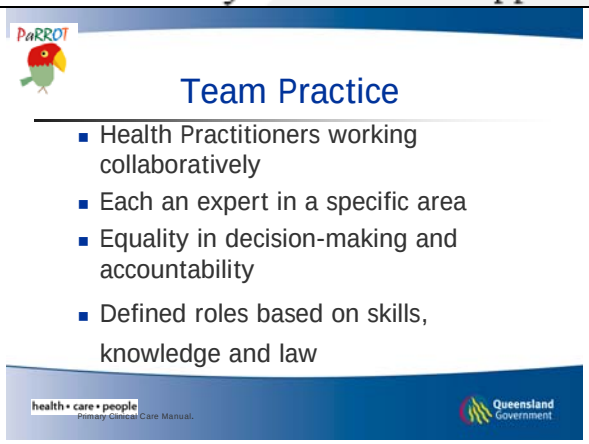
3. Queensland Health. Royal Flying Doctor Service, *Primary Clinical Care Manual*. 5 ed, ed. W.D.-N.A.H. Service. 2007, Cairns: Workforce Directorate - Northern Area Health Service.

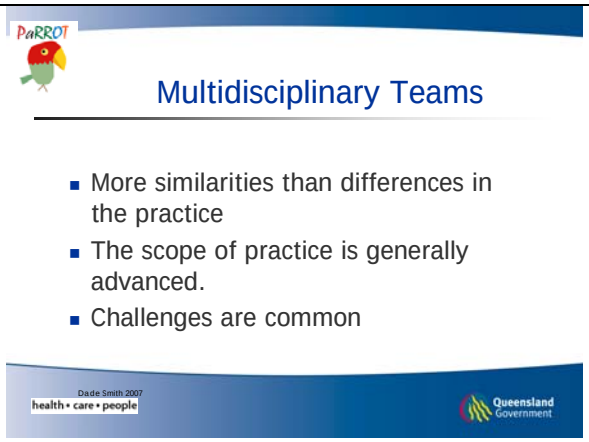
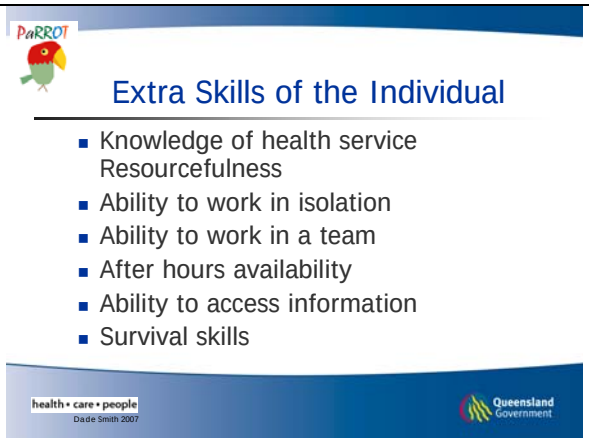
Presentation



Presentation Details:
Slides: 15

Slide 1 **Team Work**		Notes:
Slide 2 **Learning Objectives**		Notes: The learning objectives of this unit are to be able to define what team work and collaborative practice are. To understand the roles within the multidisciplinary health team, define effective team practice and to be introduced to conflict resolution.
Slide 3 **Defining Team Work**		Notes: Team Work is defined as practice where Health Practitioners from various streams work together collaboratively. Each team member is an expert in a specific area and there is equality in decision-making and accountability An effective team functions best when team members show respect for each others roles and responsibilities

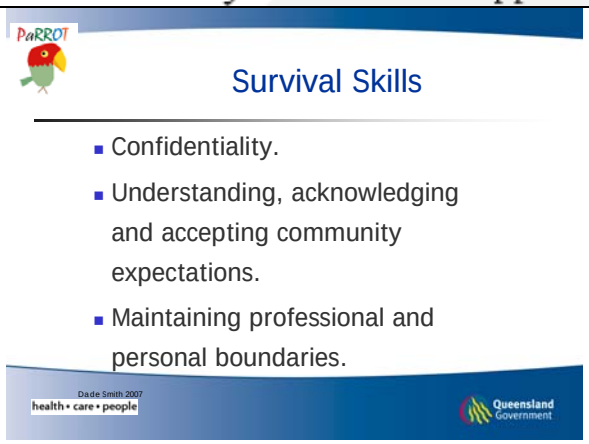
Slide 4 **Team Practice**		Notes: Effective team practice occurs when Health Practitioners work collaboratively together. Each team member is an expert in a specific area but there is equality in decision-making and accountability. The practitioner who takes the lead in the clients care takes on the role of client care manager, but utilises the rest of the team in decision making, particularly in areas the primary carer does not have expertise in. There is an expectation of mutual respect and understanding of roles and responsibilities which are supported by professional scope of practice and legislation The role of each practitioner should be defined, and although there is equity in decision making, professional training and boundaries of practice as well as cultural standing and knowledge defines the role of each team member based on their levels of skill and knowledge and legislation which dictates what each profession can or cannot do.
Slide 5 **Roles and Responsibilities**		Notes: Roles and responsibilities of team members depends on many factors including A clearly defined position description Their gender as this will impact on what services they are able to deliver and to whom. Their range of skills, knowledge, expertise and experience in the clinical area as well as within the

		team, and their relationship with the community which is dependent on their length of time in the community, their acceptance by the community, their appropriateness as perceived by the community and community preference
Slide 6 **Multidisciplinary Teams**		Notes: Members of the multidisciplinary team have more similarities than differences in the practice of other team members in rural and remote areas. The greatest difference is the actual clinical role and associated skills and knowledge associated with the role. The scope of practice, legislation, professional codes of ethics and registration all dictate the parameters of a person's role. The scope of practice is generally advanced and challenges around resourcing and the need to adopt a variety of roles is common.
Slide 7 **Extra Skills of the Individual**		Notes: For an effective functioning team each member of the team requires a set of extra skills to function in a rural and remote setting including: Working knowledge of the health service structure as each area will have its own, slightly different approach to health service delivery Resourcefulness in their approach to their practice

		as resources and infrastructure isn't as readily available in many primary health care settings. The ability to work successfully in a team but also to work in isolation – away from professional peers and at times other members of the team In rural and remote settings staff may be placed on call after hours, it is important to understand and accept the need for this. Members of the team also need to be able to access information from a wide range, and to think laterally in the use of this information. Survival skills are probably the most important requirement – this is discussed in detail in other sections of this training program.
Slide 8 **Team work skills required**		Notes: The most important skills required by members of a team include open communication and mutual respect. This also includes understanding each other's role and function and acknowledging and utilising the expertise of other team members who need to be prepared to provide and seek assistance and advice from others. Rural and remote workers need to be aware that here is a high probability that they will socialise with some of the same people they work with and this could result in conflict with their professional relationships.

Slide 9 **Individual Skills required**		Notes: In order to work effectively in rural and remote areas, health professionals will require advanced clinical skills and a flexible approach to service delivery. They need to be able to deal with emergencies and to function as a leader in some situations. They also require an understanding of population health and an ability to work within a Primary Health Care framework which is important in rural Australia and essential in remote Australia. Health professionals also need to understand and work with multicultural groups and have skills in cross cultural communication. They need to access appropriate training and information from their organisation as well as from members of the community in which they are working.

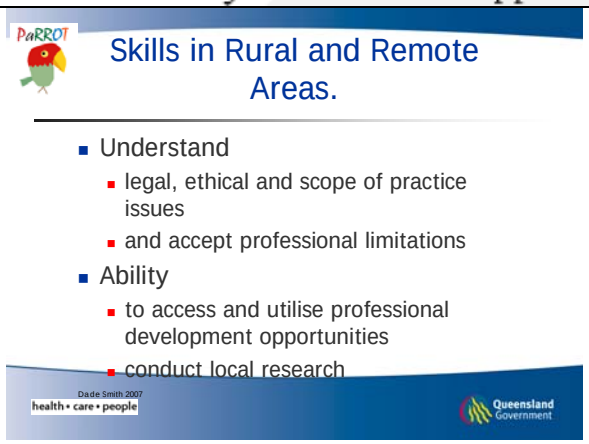
Slide 10
Survival Skills

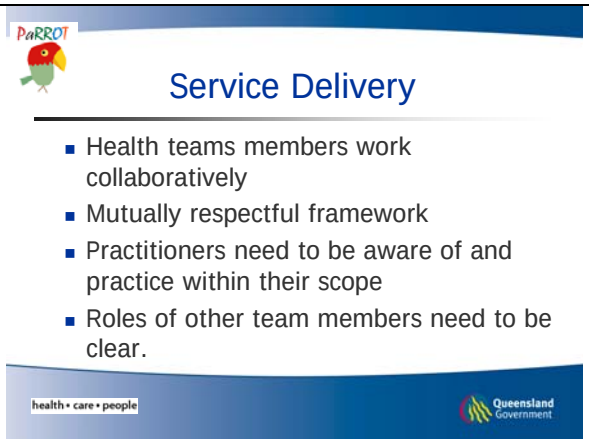
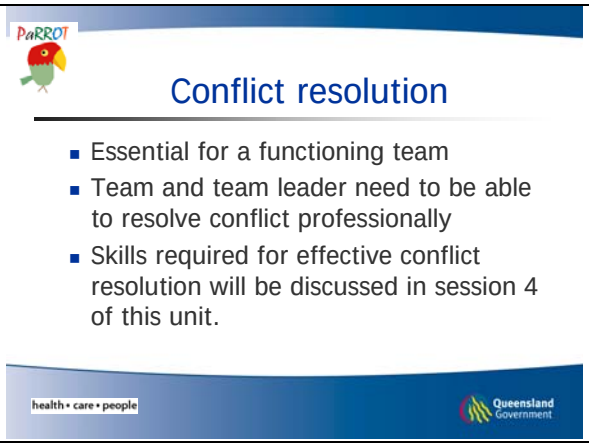


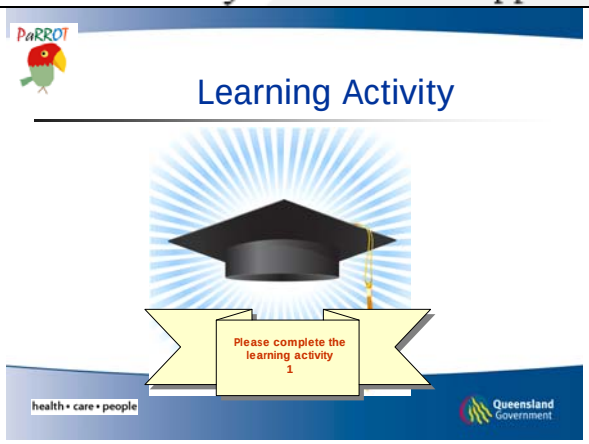
Notes:
In order to survive in a small community as a member of a health team, a person needs to be aware of and work within the code of conduct and professional ethics – this includes respecting the privacy of other team members and adhering to strict criteria to ensure the privacy of clients who are members of a small, close community, where people often know everyone's business.

Health team members will be scrutinised in both their professional and personal life and need to accept that actions taken by them may become the topic of conversation in the community. The community will often have high expectations of a health professional's knowledge and skills, and may not understand the importance of working within professional scopes of practice.

The community may also expect the health professional to be available at all times and may not understand their need for a life away from work, so the health professional must ensure they maintain their professional and personal boundaries and are confident in their ability to ask the community to respect this as well.

Slide 11 **Skills in Rural and Remote Areas.**		Notes: In addition, health professionals working in rural and remote areas need to understand legal, ethical and scope of practice issues and accept professional and personal limitations. They need ability to access and utilise professional development opportunities and conduct local research including needs analysis and program development before delivering services. The Nurses rural and remote orientation package and the SARRAH orientation program provide more information on these skills.
Slide 12 **Roles & Responsibilities**		Notes: In order to ensure optimal health outcomes all team members have a responsibility to support the prevention, early detection and management of chronic disease and incorporate communication and information sharing with health partners, including clients, other service providers and other health organisations. They also need to utilise resources to successfully implement, manage and monitor and evaluate chronic disease care and participate in the change management process. There is an expectation that team members will support and mentor others and be respectful of client and health partners ensuring they maintain professional integrity and diligence and work

		economically and efficiently.
Slide 13 **Service Delivery**		Notes: Effective Health teams are those Which work collaboratively in a mutually respectful framework Where each practitioner is aware of and practices within their scope and Where the roles of other team members are clear. An effective way of ensuring this is mapping roles and responsibilities using the matrix in the second activity for this unit.
Slide 14 **Conflict resolution**		Notes: Conflict resolution is an essential part of a functioning team. It requires the team and the team leader to understand to importance of being able to resolve conflict professionally and effectively. Skills required for conflict resolution will be discusses in session 4 of this unit.

Slide 15 **Learning Activity**		Notes: Please proceed to the first learning activity for this unit. There is also a second activity called the Team Matrix, which will require you to talk to other team members and determine roles and responsibilities in certain program areas. This activity may be a bit difficult to complete if you are new to the team so we recommend you revisit it in a few months, when you feel more established.

Learning Activity

Information for Participants

This activity will be conducted as a small or large group discussion. Please record the group discussion on this page and keep the original for your records. Your facilitator will copy, scan and email it to parrot@health.qld.gov.au or fax it to 4033 3040.

Questions

1. **Please match the conflict resolution confrontation style with its associated behaviour** *(put matching number in column next to correct choice)*

	Confrontation style		Correct choice
1	Competition		Team members may be agree with the popular choice but are not assertive, as they want to please the team
2	Collaboration		Team members avoid discussing the issue as it is uncomfortable. The problem is not confronted.
3	Compromise		Team members confront problems and work together to find the best solution
4	Accommodation		Team members compete for the best solution. They confront each other and not the problem
5	Avoidance		Team members agree to give up something to ensure there is an outcome.

Session 2

Effective rural and Remote practice relies on the multidisciplinary team approach with most members of the team carrying an extended clinical role [1, 2]. The roles may also vary depending on a number factors including gender, length of time in the community, relationships with the community and so on [3].

Remote communities often have a small highly mobile population with a prevalence of chronic disease and general poorer health status. They may experience extreme climatic conditions, be isolated geographically, physically and socially and have limited political clout. Often in these communities there is a high turnover of health professionals, with each new person needing to be educated about the community and the community having to get used to a different person with a different approach. This constant movement of staff, also means the team has to constantly re-establish itself including developing new relationships and reorganising each members place in the team.

Rural practice is slightly different. There is a multidisciplinary team approach led by a GP practice with team members also having an extended clinical role. The population is usually small but settled and health status better than remote but not as good as urban. Rural communities are not generally as isolated as remote communities. The health work force is more settled with a number of them long term community members. This means the team is more settled and relationships do not have to be constantly reformed.

Completing a team matrix is an effective way of defining the roles of the team members in certain situations. A completed matrix could clarify things for individual team members, and may even be used as a team activity for planning purposes. If you are interested in attempting a team matrix, please go to learning activity 2 in this unit.

Whatever the approach, however, it is an important process and all attempts should be made to identify roles and responsibilities of team members. This will decrease confusion about roles, increase productivity of the health team and reduce the potential for duplication and gaps in service delivery.

More discipline specific information can be found at
http://www.sarrahtraining.com.au/site/index.cfm for allied health practitioners and for nurses
http://cdes.learning.medeserv.com.au/portal/index_qldhealth_cdp.cfm

Bibliography

1. NT Health. *Bush Book*. Retrieved 29/3/09, from http://www.health.nt.gov.au/Health_Promotion/Bush_Book/index.aspx

2. Queensland Health. Royal Flying Doctor Service, *Primary Clinical Care Manual*. 5 ed, ed. W.D.-N.A.H. Service. 2007, Cairns: Workforce Directorate - Northern Area Health Service.

3. Smith J, *Australia's Rural and Remote Health: a social justice perspective*. 2nd ed, ed. S. J. 2007, Croydon: Tertiary Press.

4. NT Health, *Bush Book*, NT Health.

Learning Activity 02

Information for Participants

This activity will be conducted as a small or large team discussion. Please record the outcomes on page 2 of this document and keep the original for your records. Your facilitator will copy, scan and email it to parrot@health.qld.gov.au or fax it to 4033 3040.

The following matrix is an example of one that could be developed in the primary health care setting for a skin health program. Have a look at the completed matrix and think about how it could work in your setting.

Roles	Prevention	Early Detection	Management: Acute Event	Management: Continuity of Care
All clinical staff	Document accurately in medical record and on Ferret Apply best practice guidelines			
Health Centre Manager	Clearly articulate and support staff in roles and procedures Implement operational plans Enable staff to attend training and professional development			
Administration Officer	Record management Medicare documentation			
Allied health practitioner	Population health strategies – Level of infection or complications Social marketing Targeted promotion Community education Health promotion strategies and activities Environmental risk factors Advocate healthy lifestyles	Observe skin at each interaction with client	Brief Intervention Education Treat within scope of practice	Social Marketing Targeted promotion Community education Community response
Health Worker		Observe skin at each interaction with client Health checks	Brief intervention Education Treat within scope of practice	
Nurse				
Medical Officer			Brief intervention Education Prescribe treatment	
Patient, family and community		Daily skin check	Present for treatment Comply with treatment	Self management Preventative practices

Now it is your turn. Using the following framework, work with your team to develop and submit a role matrix for hearing health in children.

Roles	Prevention	Early Detection	Management: Acute Event	Management: Continuity of Care
All clinical staff				
Health Centre Manager				
Administration Officer				
Allied health practitioner				
Health Worker				
Nurse				
Medical Officer				
Patient, family and community				

Session 3

Effective Team Key Traits

Defining effective team practice has been researched extensively for many years. As a result of this research, a number of common factors have been found. Temme [1] lists 10 important factors for effective teams:

1. **Trust** between team members and the team leader - includes open communication and a preparedness to follow through on promised action.
2. **Empowerment** of all team members - includes shared responsibility in decision making and an ability to influence outcomes.
3. **Authentic participation** - team members can speak out without fear of reprisals.
4. **Ability to manage conflict** – requires open and honest communication with the ultimate aim being a "win-win" situation.
5. Basic **communication skills -** the sender and the receiver get the same message using clarification, feedback and questioning.
6. **Delegation of tasks** - allows team members to take equal responsibility and to influence outcomes.
7. Willingness to **embrace innovation, creativity and risk taking** - relies on open communication, authentic participation and willingness to make mistakes and learn from them.
8. **Leadership** - from the team leader and within the team. A good team leader will have a good understanding of the team members' strengths and interests, and should allow them to take the lead in situations they have expertise or an interest in.
9. Independent **decision making -** open and fair decision making process, with all interested parties given equal opportunity to contribute.
10. A **balance of personalities -** brings a variety of perspectives and strengths to the team. It is important to for the team leader to understand and utilise the personality balance.

An example of an effective rural or remote multidisciplinary team is one in which all the above elements are present. The health professionals within the team would have a clear understanding of the roles, responsibilities, strengths, weaknesses and interests of other team members. This can be achieved by the team meeting regularly and having open, honest and equal communication.

Regular meetings may be a challenge with the high turnover of workers and the workload in rural and remote areas however has been prioritised and managed in many sites. Having a strong, effective and stable team leader alleviates some of these problems.

There is potential for conflict within most teams, but this is not necessarily a bad thing; session 4 of this unit will look at conflict resolution which is an essential requirement for effective team functioning.

Bibliography

1. Temme Jim, *Team Power*. 1996, Mission, Kansas: SkillPath Publications.

Quiz - Participant

Information for Participants

You will be allowed 10 to 15 minutes to complete this quiz. Information on the questions can be found in the session notes and presentation story board. Your facilitator will advise if you do the quiz individually or in pairs. Once the quiz has been completed, you will be given an answer sheet to self mark.

Your facilitator will scan and email the answer sheets to parrot@health.qld.gov.au or copy and fax to 40333040. You can choose to keep a copy for yourself and give the original to the participants for their records.

Property	Setting
Passing Score	60% or 23/38
Total Number of Questions	4
Total Number of Questions to Ask	All

Questions

1. Please select 3 components of effective team practice *(Multiple Response 9 points)*

Correct	Choice
	Open communication
	Avoiding conflict
	Mutual respect
	Telling others what to do
	Utilising the expertise in others
	Working in silos

2. Which of the following are challenges for effective team practice? *(Multiple Response 9 points)*

Correct	Choice
	Practitioners working in silos
	Inequality in decision making
	Respect and understanding of each others roles
	Lack of clarity about roles
	Good understanding of scopes of practice

3. Match the factor for effective team practice with its associated definition *(10 points) (Match by putting the correct numbers against the corresponding choice)*

	Correct		Choice
1	Trust		Ability speak out without fear of reprisals
2	Empowerment		Aim for the win-win solution
3	Authentic participation		Brings a variety of perspectives
4	Conflict management		Equal responsibility and influence outcomes
5	Communication skills		Follow through on promises
6	Delegation		Giving and receipt of the same message
7	Innovation		Open and fair decision-making
8	Leadership		Shared responsibility for outcomes
9	Independent decision making		Take the lead in areas of expertise
10	Personality balance		Think creatively and take some risks

4. List 5 roles and responsibilities of team members for effective provision of chronic disease care? *(10 points)*

Session 4

Conflict resolution

Conflict is a normal element of functioning teams, and is not always bad. If there is conflict, it means team members are sharing ideas but they may not be agreeing with each other. Contrary to popular belief, disagreement is healthy, so long as there is a way to resolve it.

Conflict resolution requires the team to confront the differences with the intent of reaching an outcome that is acceptable to the team. The resolution process relies on open honest communication and a willingness to listen. Not all team members may agree with the outcome, but if the process is open and transparent, and a decision has been made fairly, the team should be able to move on from the conflict with no lasting issues. This involves reaching a consensus that everyone can live with.

Temme [1] defines conflict as
An expressed struggle between two parties who perceive incompatible goals
Tension between people who are different, or
Difference between expectations and reality

And identifies five conflict resolution styles (see table below) that may be adopted. Not all styles, however, will have a positive outcome.

Style	Behaviour	Outcome
Avoidance	Team members avoid discussing the issue as it is uncomfortable. The problem is not confronted and they hope the conflict will just go away.	**LOSE-LOSE -** there is no attempt to solve the problem so it escalates until it becomes a serious issue.
Competition	Team members compete for the best solution. They confront each other and not the problem.	**WIN-LOSE -** one person wins and another loses. The players are often aggressive and uncooperative and try to push through their ideas rather than listen to another's.
Accommodation	Team members may be accommodating but are not assertive, as they want to please the team.	**LOSE-WIN -** the non-assertive team member does not take advantage of the opportunity to contribute even if they disagree. This could result in them becoming disempowered.
Style	**Behaviour**	**Outcome**
Collaboration	Team members confront problems and collaborate to find the best	**WIN-WIN** – team members are cooperative and assertive. They

	solution. Ideas are encouraged and listened to.	listen to ideas of others and take responsibility for their own ideas.
Compromise	Team members confront problems, and although they may not be able to collaboratively make a decision, they agree to give something up to achieve a compromise	**WIN-WIN** – team members cooperate and are assertive in determining solutions, but are prepared to consider other options.

Good conflict resolution processes will result in a **WIN-WIN** outcome, so teams are encouraged to adopt either a collaborative approach or work towards a compromise.

Temme [1] lists the following as practical ways of resolving team conflict:

1. **Listen and don't interrupt -** try to understand another's point of view. Interrupting a person when they are speaking indicates you are not listening, nor respecting their point of view.

2. **Accept a person's right to disagree** - respect that they have different opinions. Don't compete and try to prove you are right and they are wrong.

3. **State your opinions -** directly but calmly. Concentrate on communicating clearly and concisely, make your point and then listen to the other's point of view. Be assertive and not aggressive – assertion states a view point and aggression forces the view point.

4. **Start conversations with an open mind** – listen to the ideas of others and be prepared to consider them in the process of forming an opinion.

5. **Don't compete and try to win all the time** – understand that others also want their ideas heard and considered. Work towards collaboration or compromise rather than victory.

6. **Focus on the present not on the past** – it is not uncommon for past mistakes to be brought up during conflict. Statements like "we tried that before" or "it didn't work last time" should not be used as a weapon against present ideas. Situations and players could well have changed, and this time the idea might just work.

7. **Raise the level of discussion** – focus on what you can agree on, not what you are disagreeing on. Keep the outcome in mind during the discussion.

8. **Solve the problem in a rational and objective way** – identify the real problem and seek out the facts contributing to the conflict rather than dealing with the manifestations of the conflict.

9. **Take a break** especially if the conflict is escalating or an impasse has been reached. This allows the players to deal with negative emotions that may be surfacing and to consider other perspectives before returning to the discussion.
10. **Enjoy the rewards of reaching agreement –** this means the team has matured and the team members are cooperating and not competing. The team is now in a position to move towards positive outcomes.

http://www.crnhq.org/pages.php?pID=12#skill_1 is an excellent site with if you want more information on conflict resolution.

Being a member of an effective health team can be a very rewarding experience, particularly when you work in the unique challenges of rural and remote health. As a team member you have a responsibility to contribute to the functioning of the team and need to be aware of what is required to ensure a team works well and is able to resolve issues in a mature, positive way.

Each team member brings with them experiences, knowledge and skills and it is important that these are acknowledged and embraced by the rest of the team. This will lay the foundation for a very positive and rewarding experience as a member of a rural and remote multidisciplinary health team.

Bibliography

Temme Jim, *Team Power*. 1996, Mission, Kansas: SkillPath Publications.

NT Health. *Bush Book*. Retrieved 29/3/09, from http://www.health.nt.gov.au/Health_Promotion/Bush_Book/index.aspx

Queensland Health. Royal Flying Doctor Service, *Primary Clinical Care Manual*. 5 ed, ed. W.D.-N.A.H. Service. 2007, Cairns: Workforce Directorate - Northern Area Health Service.

Smith J, *Australia's Rural and Remote Health: a social justice perspective*. 2nd ed, ed. S. J. 2007, Croydon: Tertiary Press.

PaRROT Pathways to Rural and Remote Orientation and Training

a Primary Health Care approach to Chronic Disease

Orientation

Unit 11

Multicultural Health

Session 1

Queensland is a culturally diverse state – in 2001 17.1% of Queenslanders were born overseas and 7% spoke a language other than English at home and 30,440 spoke English either not well or not at all (Australian Bureau of Statistics, 2006; Queensland Health, 2008).

These numbers reinforce why it is important for health service providers to be both culturally aware in their practice and to familiarise themselves with processes regarding both the delivery of services to multicultural communities and working within multicultural teams. The cultural capabilities framework provides a good basis for what is required to ensure we practice in a culturally safe way.

Individuals have a wide range of experiences, behaviours, beliefs and attitudes to health, health care and illness. Their perceptions of health, illness, symptoms, disease and treatment may also very widely and is influenced by their history, cultural and social background and beliefs (Queensland Health, 2008). In order to ensure health professionals are delivering safe, effective and appropriate care, they need to understand that there is wide cultural diversity that it is essential the care is culturally appropriate and they understand the processes they must follow to ensure they provide the best standards of care possible.

This unit will look at the factors impacting on multicultural health care, including cultural factors that may influence the health outcomes of clients and their families. It will provide an opportunity to reflect on how you work in a cross cultural team environment. It will discuss the importance of being able to communicate effectively with clients from cultural backgrounds other than your own and how to use the interpreter service provided by Queensland Health.

Module layout/structure

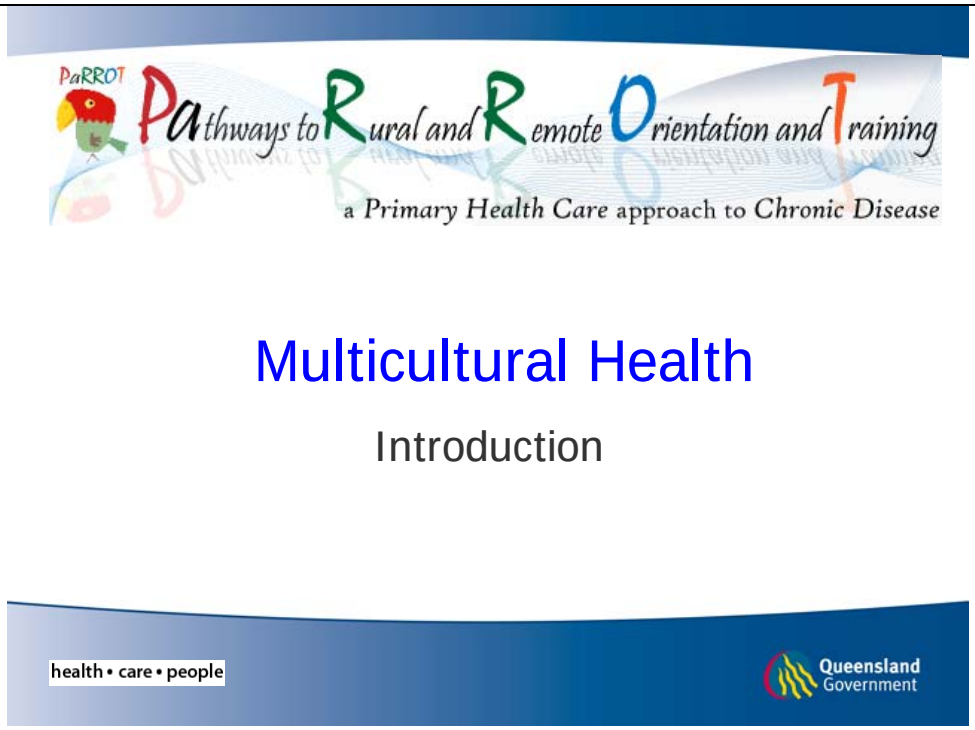
As you work your way through this module you will be asked to completed activities and complete some self reflection exercises. You will also find information about further resources and training on cross cultural capabilities.

Bibliography

Australian Bureau of Statistics. (2006). *Queensland - Culturally and Linguistically Diverse Population Profile 2006*. Retrieved. from http://www.health.qld.gov.au/multicultural/health_workers/hsdcald_profiles/Qld_CALD.pdf.

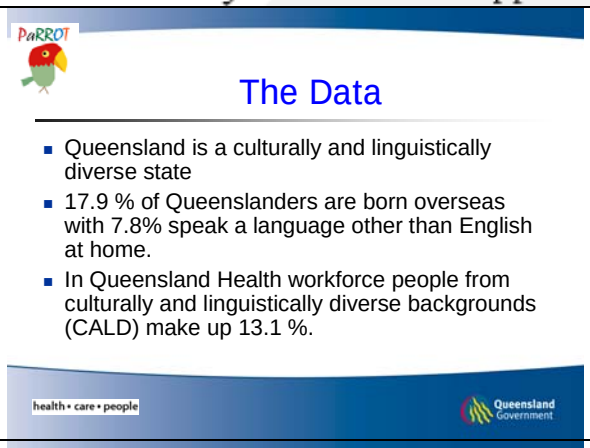
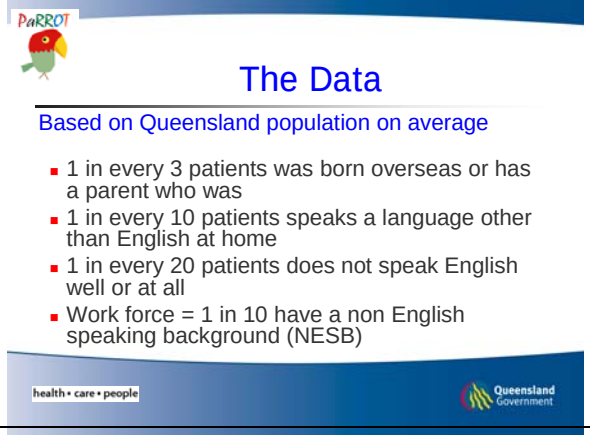
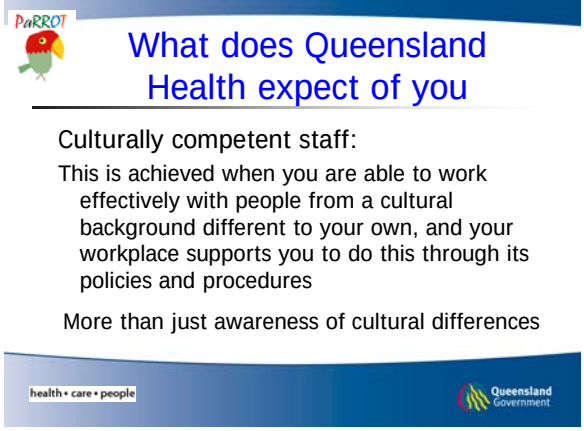
Queensland Health. (2008). *Multicultural Clinical Support Resource*. Retrieved 15/9/09. from http://qheps.health.qld.gov.au/multicultural/.

Presentation – MCH01



Presentation Details:

Slide 1 **Multicultural Health**		Notes: This presentation is the first of 4 in this unit. It introduces multicultural health and reinforces the multicultural nature of our work place.
Slide 2 **Learning Objective**		Notes: The learning objective for this presentation is increased awareness of the size and demographics of the multicultural community in Queensland.
Slide 3 **Introduction**		Notes: Understanding the impacts of culture on health is important if we are to deliver effective care to our growing multicultural community in Queensland. Queensland has a large multicultural population, which means not only do we provide care to clients from other cultures, we also work alongside workers who have diverse cultural backgrounds. Let's start by looking at the multicultural community in Queensland

Slide 4 **The Data**		Notes: The last Queensland census data is from 2006 – this data supports the fact that Queensland has a large percentage of the population who require health care professionals to be aware of cultural and liguistic diversity, and practice in a culturally safe way.
Slide 5 **The Data**		Notes: Based on Queensland population data, multicultural diversity is complex and we need to communicate effectively with our multicultural colleagues and clients.
Slide 6 **What does Queensland Health expect of you**		Notes: Culturally competent staff: This is achieved when you are able to work effectively with people from a cultural background different to your own, and your workplace supports you to do this through its policies and procedures More than just awareness of cultural differences. Adapted from the definition of Cross et al (1989) Towards a Culturally Competent System of Care: A Monograph on Effective Services for Minority Children Who are Severely Emotionally Disturbed.

Slide 7

Five Cross Cultural Capabilities

Notes:

Multicultural Services has defined through Evidence Based Practice and Literature Reviews that there are five Cross Cultural Capabilities that must be met in order for us to become Culturally capable in our work.

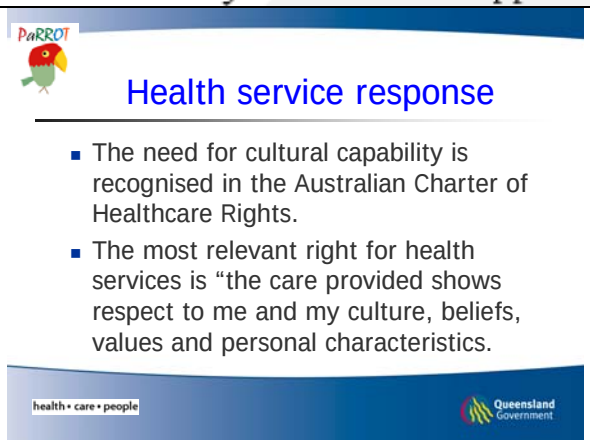
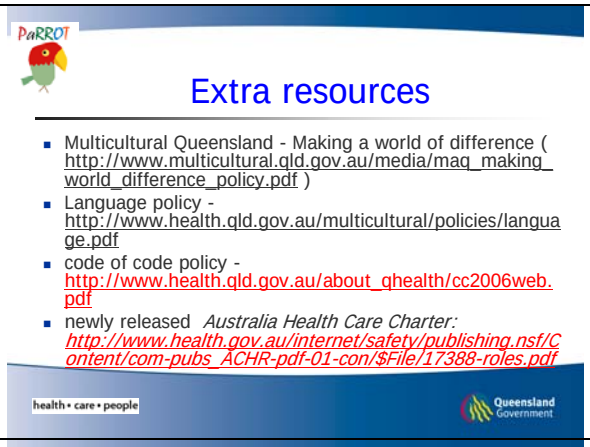
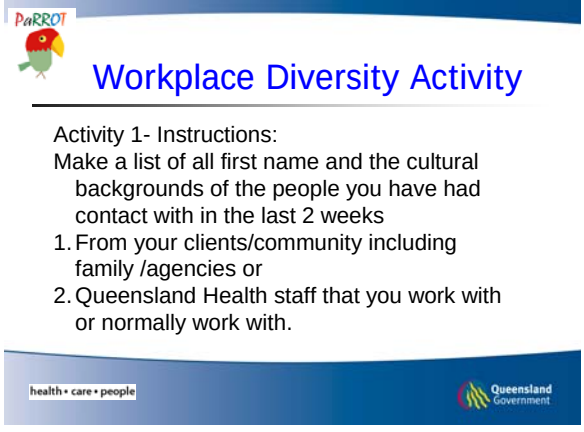
So what does it mean to be culturally capable? …It means that you will have certain knowledge and skills in these 5 key areas:

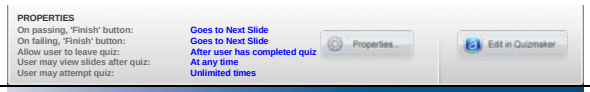
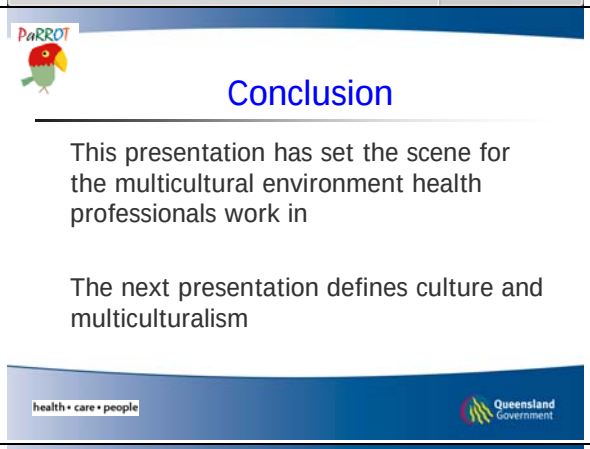
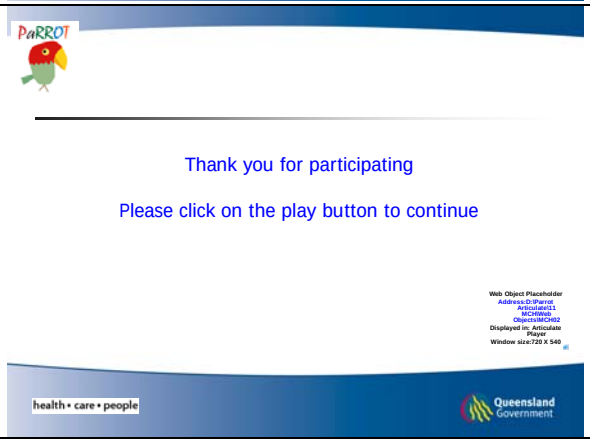
In a nutshell:

1. SELF REFLECTION: We need to understand our own culture and our own beliefs, values, biases and preferences before we can understand others.
2. CULTURAL UNDERSTANDING: We need to have an awareness of cultural differences so that we can respond appropriately. We need to understand that different behaviours may be influenced by culture.
3. CONTEXT: We need to know that there are competing socio-economic and other factors that interplay with each culture and that circumstances vary according to the context of the situation.
4. COMMUNICATION: We need to be sensitive to language barriers and how we communicate. We need to know when to use an interpreter and how to access/book Interpreters.
5. COLLABORATION: We need to have the skills and ability to build trust and rapport with those from CALD backgrounds and know when to use networking opportunities or engage communities for consultative or referral purposes.

Further training is offered on these capabilities – please

		check the multicultural health website on QHEPS for upcoming training opportunities.
Slide 8 **Health Service Response**		Notes: The current and increasing level of cultural diversity in the Queensland population means the health services provided by Queensland Health needs to be culturally appropriate, responsive and safe. Cross cultural capabilities refers to a range of skills, knowledge and behaviours that Queensland Health expects in its workforce to enable and support the delivery of culturally safe services that meet the needs and expectations of culturally and linguistically diverse (CALD) client groups. Queensland Health workforce is also increasingly culturally diverse including our overseas and locally trained and experienced multicultural health professionals. This means that we need to know how to work with, and across, diverse cultures as part of increasingly culturally and linguistically diverse teams. For example effective cross cultural communication is a major contributing factor in patient safety and team effectiveness and is the responsibility of all Queensland health staff. Multiculturalism is no longer a 'minority' issue but a whole of population concern and needs to be substantially integrated in all our work practices.

Slide 9 **Health service response**		Notes: The need for cultural capability is also recognised in the recently released Australian Charter of Healthcare Rights. One of the three guiding principles of the Charter is as follows: "Australia is a society made up of people with different cultures and ways of life, and the Charter acknowledges and respects these differences". Australia Health Care Charter While each of the rights listed in the Charter are relevant to this principle, perhaps the most relevant is the right that "The care provided shows respect to me and my culture, beliefs, values and personal characteristics". Australia Health Care Charter
Slide 10 **Extra resources**		Notes: Extra information and resources pertinent to multicultural health care can be found on these sites.
Slide 11 **Workplace Diversity Activity**		Notes: In rural and remote areas, we as health professionals will be working with a range of diverse clients and providing services. In many cases we are working in a community with a different culture to our own. To ensure our practices and behaviours are appropriate we need to gain the cross cultural skills, knowledge and behaviours required.

Slide 12 **Your reflection**		Notes: This activity looks at the diversity in your own workplace. It asks you to think about the names and cultures of people you have come in contact with in the past couple of weeks. Please complete the activity before you move on to the next slide.
Slide 13 **Conclusion**		Notes: This presentation has provided some introductory information on the multicultural nature of our work. The next presentation will define culture and multiculturalism which will lay the foundation for our understanding of the need to be aware of the impact that culture has on health and health service delivery.
Slide 14 **Thank you for participating** **Please click on the play button to continue**		Notes:

Part 1 – Workplace Diversity Learning Activity

Information for Participants

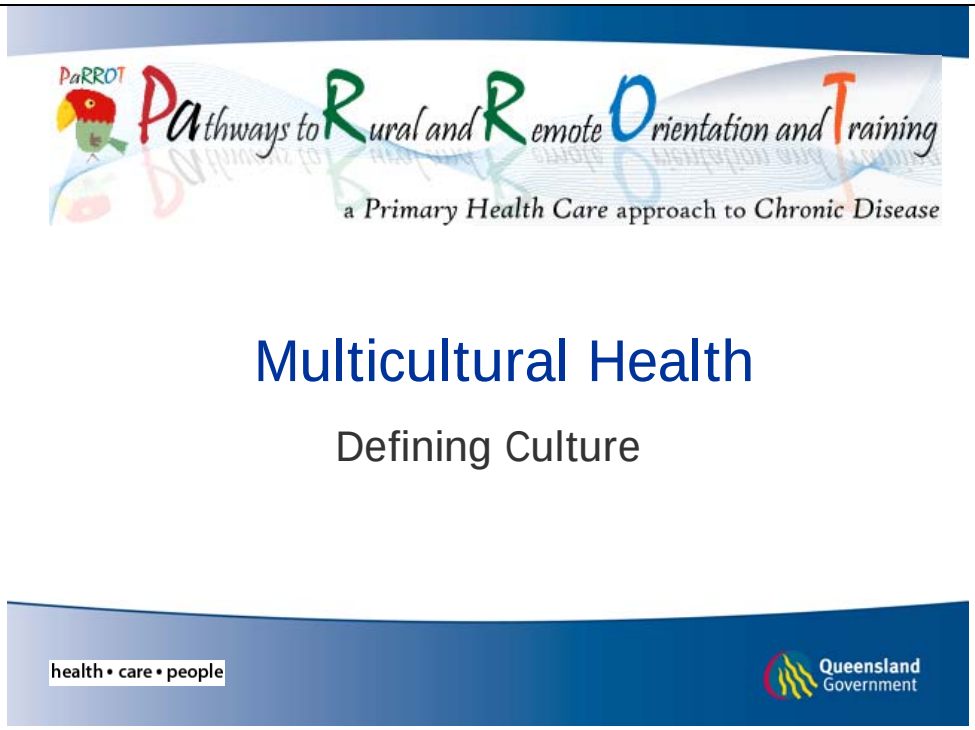
This activity will be conducted as a small or large team discussion. Please record the outcomes on this document and keep the original for your records. Your facilitator will copy, scan and email it to parrot@health.qld.gov.au or fax it to 4033 3040.

Question

Make a list of the first name and the cultural backgrounds of 10 people you have had contact with in the last 2 weeks. Include in the list your clients/community including family /agencies and Queensland Health staff that you work with or normally work with.

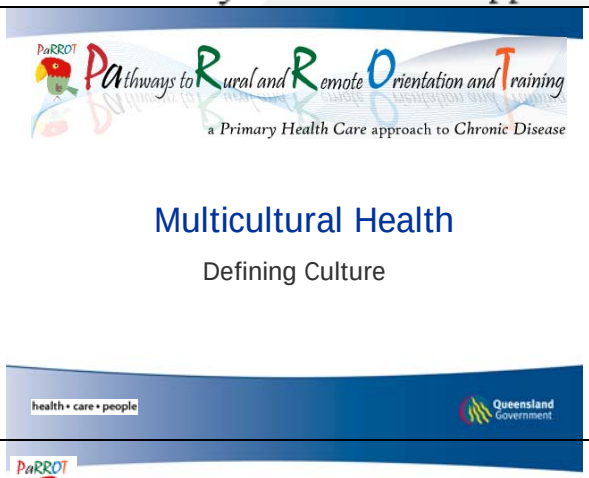
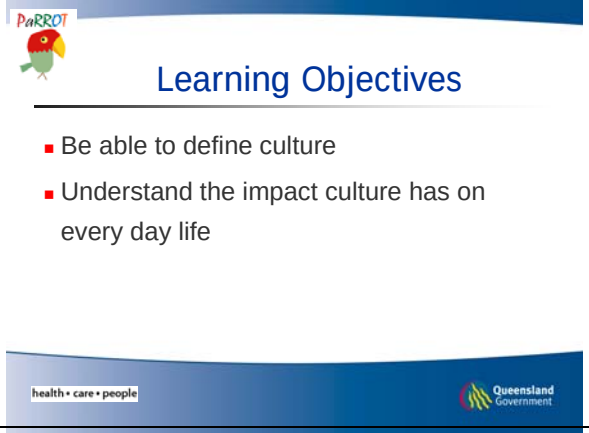
Name	Culture

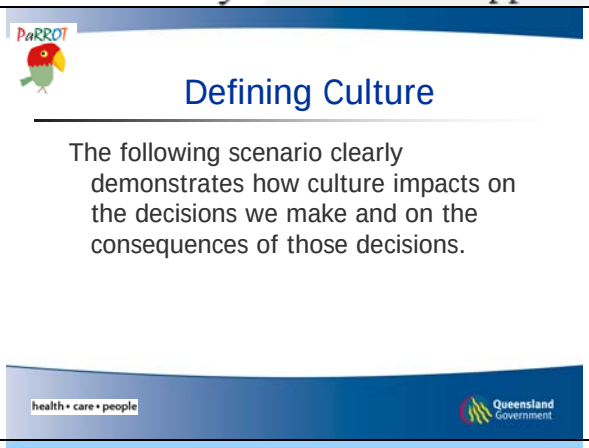
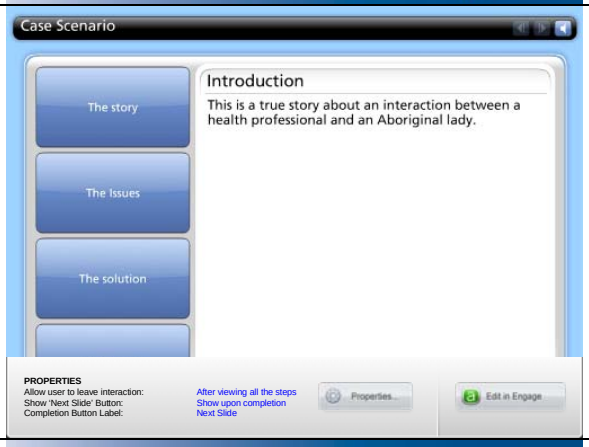
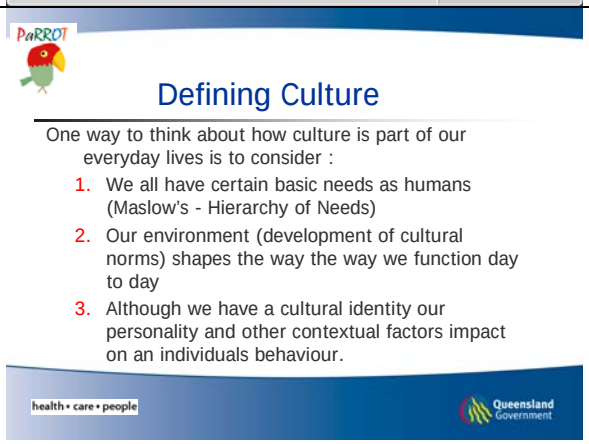
Presentation – MCH02

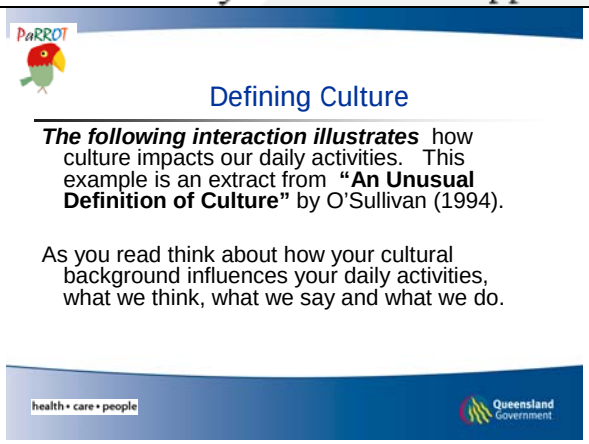
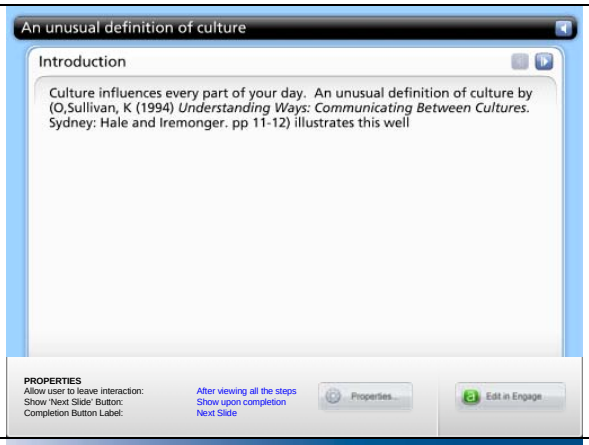
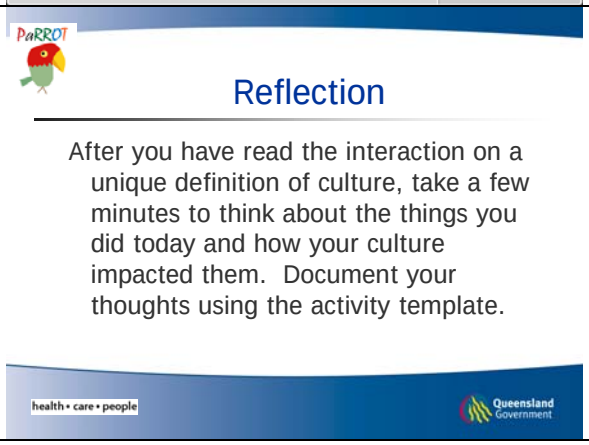


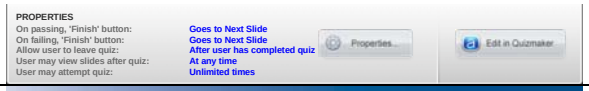
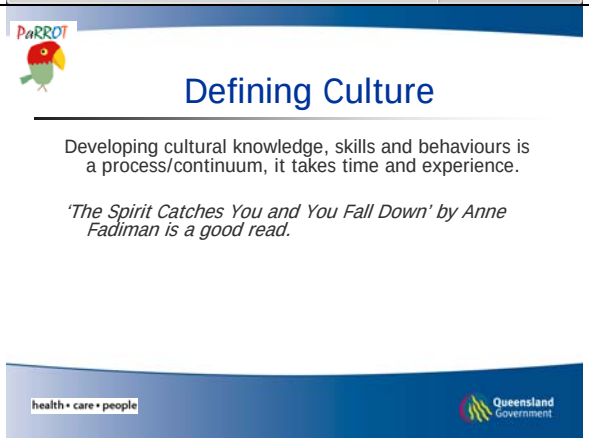
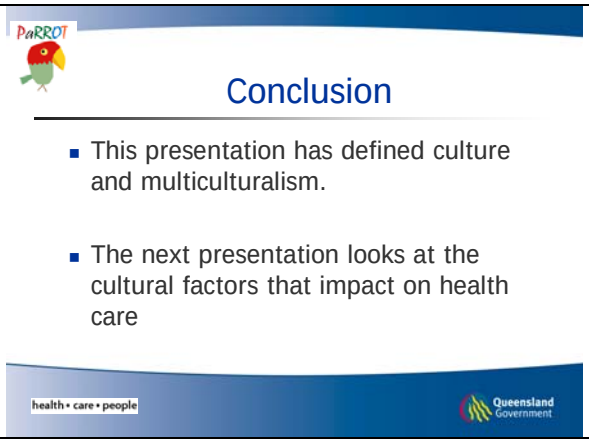
Presentation Details:
Slides: 12

Presenter Details:

Slide 1 **Multicultural Health**		Notes: This is the second in the 4 series presentations on multicultural health and will help us to better understand the multicultural environment by defining culture and reinforcing how culture impacts on everything we think, say and do.
Slide 2 **Learning Objectives**		Notes: The learning objectives of this presentation are to be able to define culture and to understand the impact culture has on every day life.
Slide 3 **Defining Culture**		Notes: Culture is the learned pattern of beliefs, values, attitudes and behaviours that are shared within a particular group, population or society. Everyone has a culture that is dynamic and ever changing. Culture influences everything a person says, does, thinks and believes and it cannot be separated from their everyday life. Although culture means certain groups of people will live by and respond to cultural norms, everyone is an individual and is unique.

Slide 4 **Defining Culture**		Notes: The following scenario demonstrates how culture impact on the decisions we make and the consequences of those decisions. The lady referred to in this scenario was unable to access health care, not because it wasn't available but because the health care provided was inappropriate for her.
Slide 5 **Case Scenario**		Notes: Please take a few minute to read through this scenario and think about what you would have done in the same situation.
Slide 6 **Defining Culture**		Notes: Culture can be considered on three levels. One level 1 it is clear that humans have certain basic needs that should be met to ensure we are fulfilled as individuals. Our environment which is shaped by the development of cultural norms impacts on how we respond to the hierarchy of needs and our individuality further defines how we, as a unique person meets these needs. The unique individual we present to society is a response to the hierarchy of needs which is influenced by the dictates of our culture and our personality.

Slide 7 **Defining Culture**		Notes: "We all have a tendency to take things for granted and assume that our standards are normal and universal. Avoiding taking things for granted – stepping outside you behaviour and seeing that your behaviour is determined by your specific culture – is the base requirement for successful intercultural communication". (O'Sullivan 1994 Pp9). The unique definition of culture clearly illustrates this.
Slide 8 **An unusual definition of culture**		Notes: This definition of culture clearly demonstrates how it impacts on everything we and those around us say, think and do. Read through this definition and take a minute to reflect on what it means to you as a health professional and member of a community.
Slide 9 **Reflection**		Notes: After you have read the interaction on a unique definition of culture, take a few minutes to think about the things you did today and how your culture impacted them. Document your thoughts using the activity template

Slide 10 **Defining Culture Reflection**		Notes: Use this interactive template to record your reflection based on the unusual definition of culture.
Slide 11 **Defining Culture**		Notes: Developing cultural knowledge, skills and behaviours is a process/continuum, it takes time and experience to become confident in this area. 'The Spirit Catches You and You Fall Down' by Anne Fadiman is a good read. Although set in America it is very pertinent and follows a story of a Hmong child and her families health experiences. It highlights the importance of a multicultural health focus and of inclusive patient care that respects the diversity of each client.
Slide 12 **Conclusion**		Notes: This presentation has defined culture and multiculturalism and reminded us that everything we say, think and do is influenced by our culture and that of those we are interacting with.

Case Scenario

Introduction

This is a true story about an interaction between a health professional and an Afghani Muslim woman.

The story

Aiysha is an Afghani Muslim woman who is visiting a remote Primary Health Centre. Aiysha has been to the clinic before on two occasions with a sore right elbow. While in the clinic the female nurse talks to Aiysha and after some discussion Aiysha told the nurse about a concern she has with vaginal bleeding that has lasted for two days. Aiysha's last normal menstrual cycle was 7 weeks ago. Aiysha asked the nurse what she should do about it. The nurse advised her it was difficult to say, as she was not in a position to assess, and that Aiysha should see one of the doctors. Aiysha responded that the only doctor she has seen at the Health Centre was a male and because of her religious and cultural beliefs she didn't feel comfortable discussing her private health matters with a male doctor. The nurse advised that Aiysha should see the visiting RFDS female doctor who is due in the clinic that afternoon.

The Issues

1. Aiysha has had a PV bleeding for 2 days
2. She has not sought assistance as the problem was of a personal nature and the only medical officer she has seen at the Health Centre was a male
3. The medical problem could be life threatening, so Aiysha needs to see a female Medical Officer as soon as possible.

The solution

The nurse was very concerned as the problem being described by Aiysha could be potentially life threatening. The nurse convinced Aiysha she should return to see the visiting RFDS female doctor who will be providing a clinic that afternoon.

Aiysha saw the female Medical Officer who immediately suspected a miscarriage. The female Medical Officer referred Aiysha and she was flown out immediately. Aiysha was diagnosed with a missed abortion and required a dilatation and curettage.

The learning

Aiysha recovered safely. The nurse had worked in the primary health centre for some time and had a good understanding of the impacts that cultural and religious beliefs have on health. She understood that Aiysha was a practicing Muslim and modesty was of great importance to her. As a result of this she was able to find an immediate solution by thinking laterally and Aiysha received the care she needed.

The outcome could have been very different if Aiysha had spoken with a nurse who was not aware of the cultural and religious impacts on accessing and providing health care.

Given the resources at your work facility, what could you have done?

Part 2 – Reflection Activity

Information for participants

Your facilitator will ask to you look at a section of the 'unusual definition of health' and to discuss in a group or with a partner how culture impacted on what you do in a single day. Please record your discussion on this document and hand it in to your facilitator who will copy, scan and email it to parrot@health.qld.gov.au or fax it to 4033 3040 and keep a copy for your records.

What have you done today and how has your culture impacted them? This could include what you had for breakfast, what you did before you went to work and how your culture impacted on what you did at work and how you did it. Document your thoughts using the template.

Feedback:
This activity helps to put into perspective how culture impacts on an individual and others they come in contact with in every day life.

Part 2 – Interaction

An unusual definition of culture

Information for participant

Separate this definition into the parts under the blue heading. Divide the group into 5 smaller groups (working in pairs is fine). Ask each group to read their part of the definition then document how their culture impacted on what they do on a normal day. Bring the group back together and discuss. Please copy, scan and email what has been documented to parrot@health.qld.gov.au or fax it to 4033 3040 and keep a copy for your records.

Introduction

Culture influences every part of your day. An unusual definition of culture by (O'Sullivan, K (1994) *Understanding Ways: Communicating between Cultures*. Sydney: Hale and Iremonger. pp 11-12) illustrates this well

At home

Culture influences who made your breakfast, whether you live at home with your parents or not, how you greeted your spouse/family members when you left for work, whether you prayed this morning.....

At work

.... how you feel about your job, how other people regard your job, what items you have on and near your desk or in your office, how you greeted your co-workers when you arrived at work this morning, how you call your superiors, peers and subordinates, the first thing you said when seeing your boss today, ...

At work

..... how you answer the telephone, how you ask to speak to someone on the telephone, how you behave in meetings, your posture when the boss walks past, the kinds of things you are trying to show about yourself in meetings (I have good ideas, I'm very supportive, I'm really paying attention etc), the way you write your memos, the way you write business letters,

At work

…… what you think about women (men) working in your field, how you relate to co-workers who are younger/older than you, how you make suggestions to other workers, how you criticise the work of others, how you apologise, which things you fell you should apologise for and which ones not, when you feel it is appropriate to interrupt somebody and how you do it, how you explain absence or lateness .....

In the community

.....how you get other people to help you, when you feel it is appropriate to admit that you are wrong and how you do it, what you think about things you read in the newspaper, what you chat about with people, how you act when you meet people for the first time, what you do to persuade someone, how you regard the quality of your work and the quality of others work, what you believe is polite behaviour, how you fell, your concept of happiness, the way you express anger, what you think will happen to you when you die, who you will marry, how many children you (are planning to) have, how you console people, how you .....

Conclusion

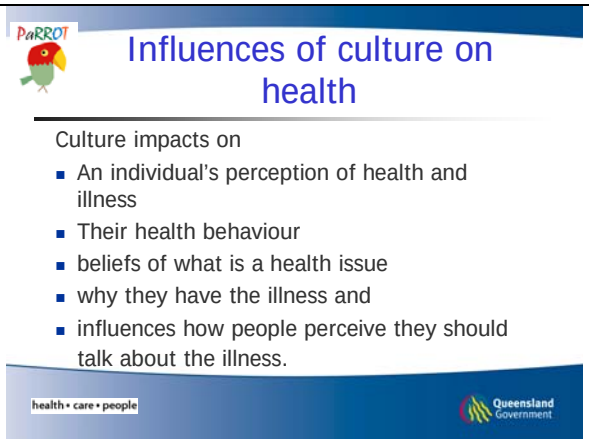
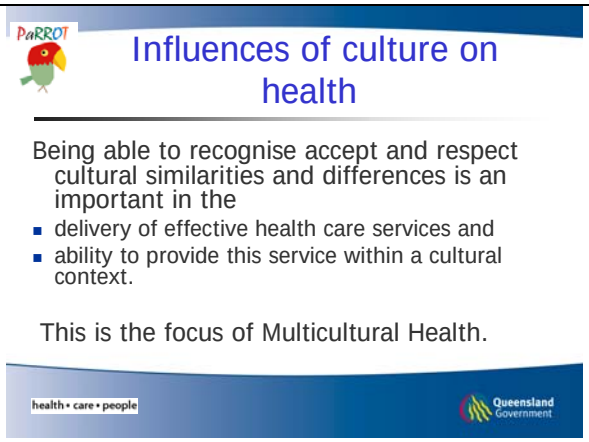
The everyday situations played out in this definition are applicable to all of us and we all do these things automatically and unconsciously.

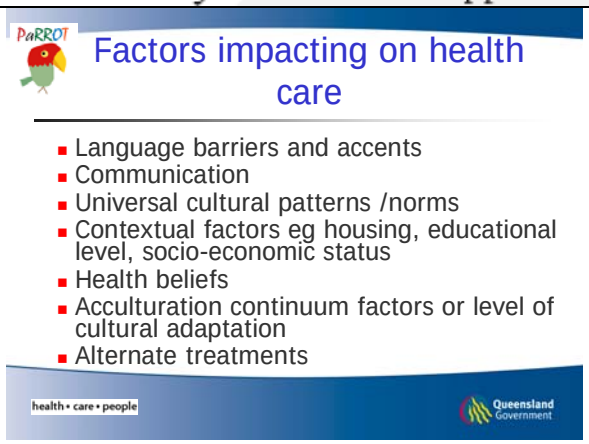
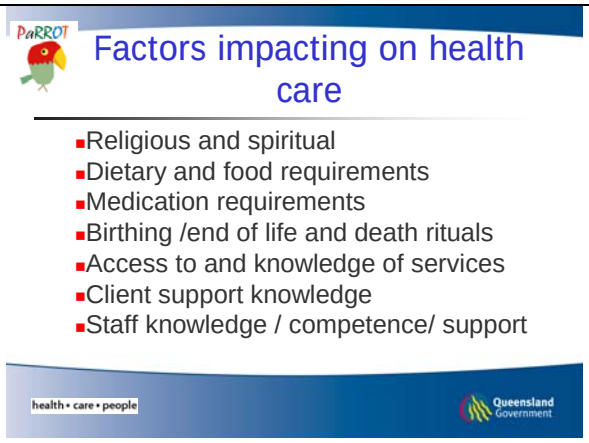
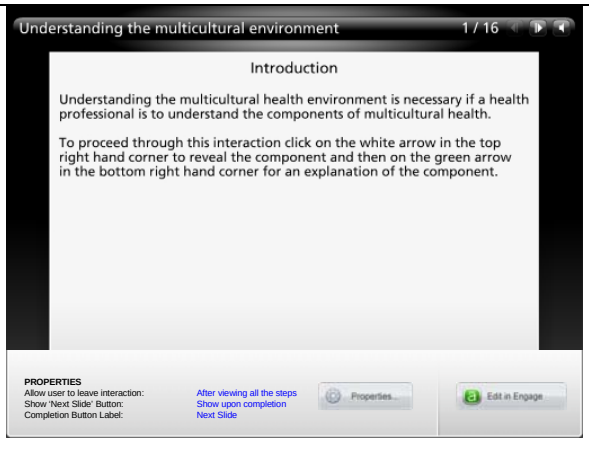
Presentation – MCH03

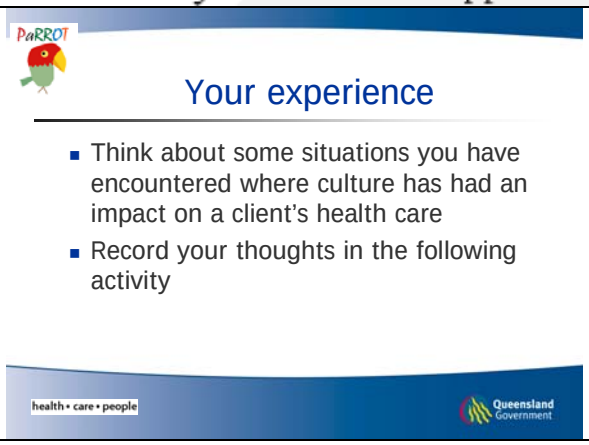
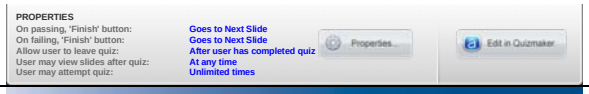
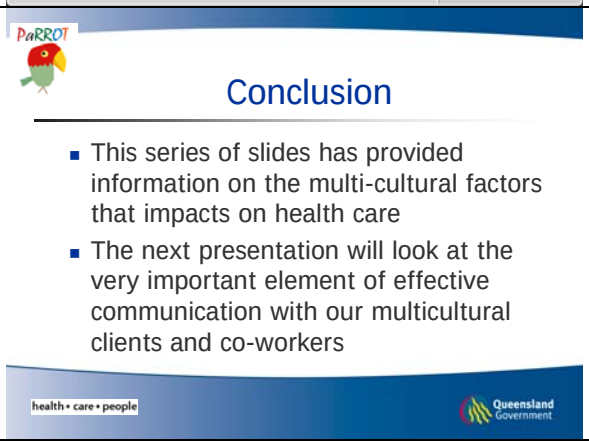
Presentation Details:
Slides: 12

Presenter Details:

Slide 1 **Multicultural Health**	PaRROT Pathways to Rural and Remote Orientation and Training a Primary Health Care approach to Chronic Disease Multicultural Health Influences of Culture on Health health • care • people Queensland Government	Notes: The first two presentations in this unit have looked at the multicultural nature of our community and defined culture and multiculturalism. This presentation brings this information together and looks at the influences of culture on health.
Slide 2 **Learning Objectives**	PaRROT Learning Objectives ▪ Understand the influences of culture on health ▪ Understand factors impacting on Multicultural Health Care health • care • people Queensland Government	Notes: The learning objectives of this presentation are to understand the influences of culture on health and the factors impacting on multicultural health.
Slide 3 **A Definition**	PaRROT A Definition "Multicultural health is the phrase used to reflect the need to provide health care services in a sensitive, knowledgeable and non-judgemental manner with respect for people's health beliefs and practices when they are different than your own". Ritter and Hoffman (2010) page 5 health • care • people Queensland Government	Notes: Multicultural health is the phrase used to reflect the need to provide health care services in a sensitive, knowledgeable and non-judgemental manner with respect for people's health beliefs and practices when they are different than your own
Slide 4 **Influences of culture on health**	PaRROT Influences of culture on health Health in general is influenced by ▪ The environment ▪ Your genetics ▪ Socioeconomic and ▪ Social and cultural factors Everyone has a cultural background. Culture defines what we think, what we say and what we do.  health • care • people Queensland Government	Notes: Health in general is influenced by the environment, your genetics and socioeconomic, social and cultural factors. Everyone has a cultural background. Culture defines what we think, what we say and what we do. This includes our own beliefs, values, philosophies. Our stories, myths, languages and

		traditions and our lifestyles, behaviour, language, dress and so on.
Slide 5 **Influences of culture on health**		Notes: Culture impacts on an individuals perception of health and illness, their health behaviour, beliefs of what is a health issue, why they have the illness and influences how people perceive they should talk about the illness. This will impact on what people consider is appropriate treatment for them and their keenness to carry out their treatment plan.
Slide 6 **Influences of culture on health**		Notes: Therefore being able to recognise, accept and respect cultural similarities and differences is an important factor in the delivery of effective health care services and the ability to provide this service within a cultural context. Which is what Multicultural Health is all about.

Slide 7 **Factors impacting on health care**		Notes: There are a number of factors which impact on health care they include Language barriers and accents Communication Universal cultural patterns /norms Contextual factors eg housing, educational level, socio-economic status Health beliefs Acculturation continuum factors or level of cultural adaptation and Alternate treatments
Slide 8 **Factors impacting on health care**		Notes: Other factors impacting on health care include: Religious and spiritual Dietary and food requirements Medication requirements Birthing /end of life and death rituals Access to and knowledge of services Client support knowledge and Staff knowledge / competence/ support. These factors are further defined in the following interaction
Slide 9 **Understanding the multicultural environment**		Notes: This interaction defines the 15 factors identified in the previous 2 slides. To proceed through the interaction you need to click on the arrow key in the top right hand corner to bring up the factor and the green arrow in the bottom right hand corner will define the factor and provide information on how health professionals can respond.

Slide 10 **Your experience**		Notes: Now that you have identified and defined the factors impacting on health care, think about some situations you have encountered where culture has had an impact on a client's health care and record your thoughts in the following activity.
Slide 11 **Reflection - Issues impacting on health care**		Notes: Use this template to record your thoughts for the cultural factors interaction.
Slide 12 **Conclusion**		Notes: This session has provided information on the multi-cultural factors that impacts on health care. The next presentation will look at effective communication with our multicultural clients and co-workers.

Part 3– Flip Chart – learning activity

Information for facilitators

This activity requires a flip chart which you are able to put together with the down loads for this unit. It should be conducted as a large group discussion. The facilitator shows the environmental component, and the participants comment on what it means when communicating with multi-cultural clients. The definition on the back of the flipchart is intended as a prompt should the discussion stall.

Introduction

Understanding the multicultural health environment is necessary if a health professional is to understand the components of multicultural health.

Language and accents

Language barriers require the health professional to identify the need for an interpreter (Qld Health policy) and to set processes in place for managing communication barriers.

Communication

Understand differing communication styles as well as the influences of your own style may have on interpreting messages. It also requires a mutual understanding of verbal and non verbal communication factors.

Cultural background

We know that culture is dynamic and ever changing; however there are some general and widely held 'universal' cultural beliefs that have been documented overtime and have remained static to the present day. *Click here to read more about differing world views*

Cultural background includes the universal cultural patterns /norms of an individual, group or society. Be aware of the importance of culture and recognise that people's behaviours are strongly influenced by culture for example their beliefs, values, world views.

Context

Culture is not the only aspect you need to consider. There may be contextual factors involved such as education type, employment status, age, gender or social and economic factors. Individuals from refugee backgrounds can have additional health care needs due to their personal experiences with wars or other disasters.

Individuals from refugee backgrounds can have additional health care needs due to their personal experiences with wars or other disasters.

The 'Refugee' experience is quite different from other migrants. For example, they have arrived in our country as a result of factors beyond their control in their homeland. They arrive from war-torn countries or political/civil unrest and cannot return due to fear for their personal or family safety.

They may have a:

- Severe lack of social support networks and therefore may have additional pressures e.g. Refugees from the horn of Africa countries often have large families and if they are a single parent will face competing work/family challenges such as when children are sick or collecting them from school, etc.
- Maybe they never learned to drive a car and are heavily reliant on public transport
- May have a fear of authority figures such as yourself as a 'Manager' and person in power
- Whereas migrants choose to come here, most likely chose to come to Australia under the 'skilled visa' category for a range of reasons such as better life for themselves or their children, etc.

So we need to take all these other factors into consideration.

It is important to consider the range of factors that influence behaviour. We have to consider contextual factors in order to better understand the situation of an individual client or population group.

Health beliefs

Culture largely determines how a person views and explains the world. The way they explain the world then guides how they explain health and illness. For example, people in some cultures view everything in the world as being made up of fundamental elements (fire, earth, ether, water and air) and illnesses are seen as an imbalance of these elements in the body. Therefore it is believed that health is achieved through the re-balancing of the body elements.

Health professionals understand their client's health issues by identifying how the person understands their health issue - causes and treatments as well as identify any personal or cultural perceptions that may impact of interfere with diagnosis or treatment.

Acculturation

Acculturation is the term given to describe the process of adopting the cultural traits or social patterns of another group. Understanding where an individual consumer sits on this acculturation continuum can help predict their familiarity, and likely effective use of, mainstream services.

Alternate treatments

Alternate treatment exists in different cultures. It is important for health professionals to develop an environment of trust, confidence and respect with patients and clients where they feel comfortable disclosing any information in relation to alternate health benefits and treatments.

Identifying alternate treatments including any specific practices or natural or alternative treatment the person may be taking and the impact of these practices on your intervention needs to be considered.

Spirituality

Religious and spiritual practices needs to be considered or observed including prayer, fasting, space, ablutions, birth and death rituals. For example: the practice of modesty - acceptable covering and nudity could also come under religious affiliation.

Diet

Identify any specific food requirements, beliefs or practices or obstacles in relation to food and how that may impact on care. It is also important to understand how access to food including cost and location will impact

Medication

Health professionals should understand medication requirements including any beliefs that may impact on medication use. The health professional needs to be able consider offering alternate medication. Medication may also link with dietary requirements and timing of food.

Birthing and Death

Identify any practices in regard to birthing, death and initiation that may be required. Knowledge of the role of family and decision making is particularly important to know before hand.

Access

Identify clients' knowledge about the service and their care and factors that may make it difficult for clients to attend clinics or appointments

Client support

Identify supports including other people or organisations that may assist with care or be able to provide support.

Staff knowledge

As a Health professional it is our role to understand and be able to communication with our clients. We can not know everything about every culture, therefore it is our responsibility to be informed and work as a team to share knowledge that will enable us to deliver quality health services

Staff competence requires organisations and individual practitioners to be aware of training needs and access them as required. This includes levels of knowledge and seeking extra support if unsure.

Part 3 – Reflection – learning activity

Information for participants

This activity will be conducted as a small or large group discussion. After the flip chart activity is complete, you will be asked to answer the following questions independently. Once this has been done, you will be asked to feedback to the group. Please hand in your copy which will be scanned and sent to **parrot@health.qld.gov.au** or fax it to 4033 3040 and keep a copy for your records.

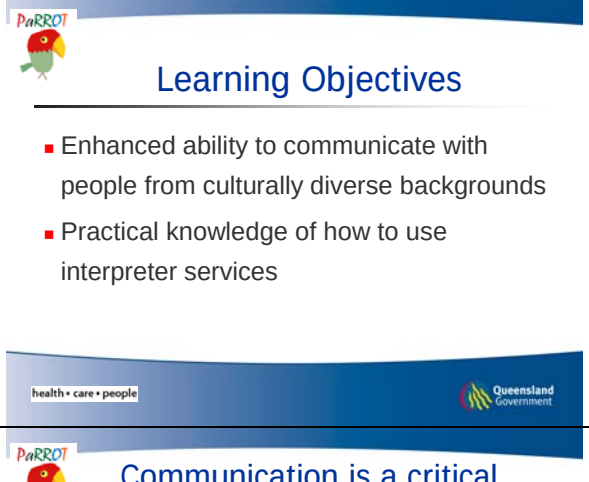
1. **Think about situation where culture had an influence on the provision of health care for a client. Briefly document your story.**

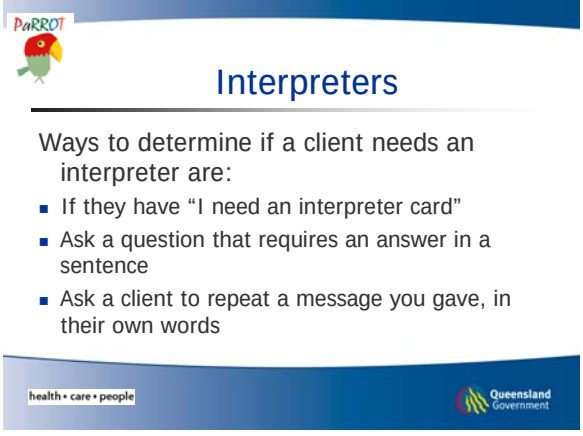
2. **What multicultural health issues has your story identified?**

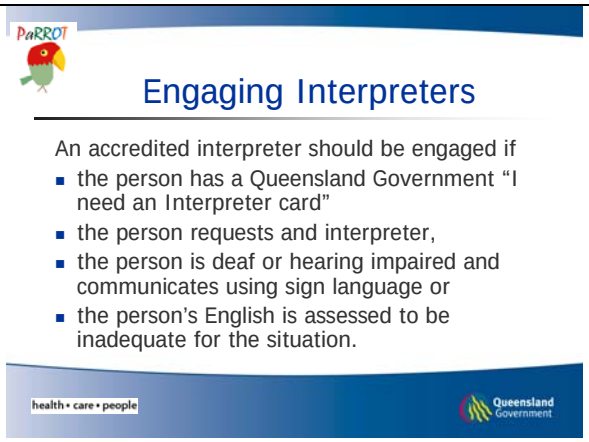
3. How did you respond to the issues?

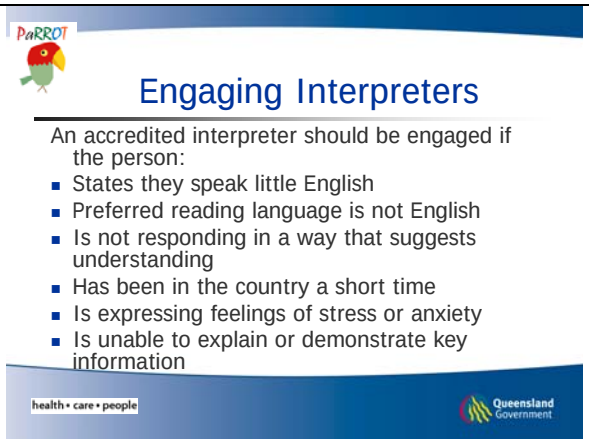
4. What have you learnt about multi cultural health care from this situation?

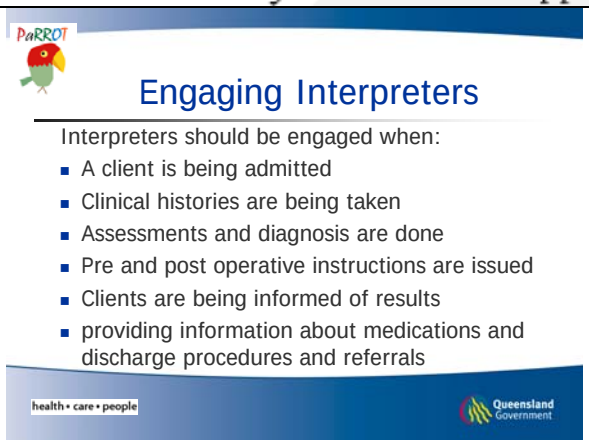
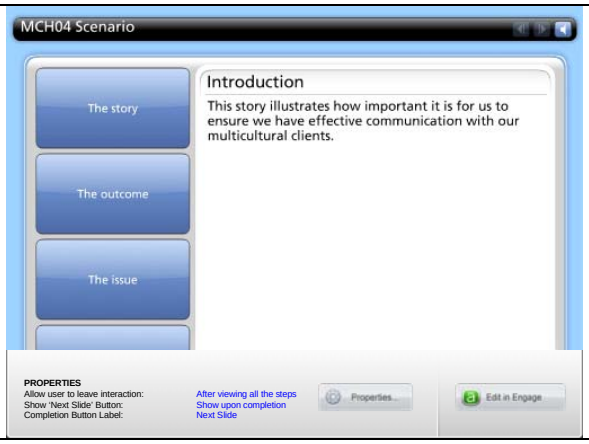
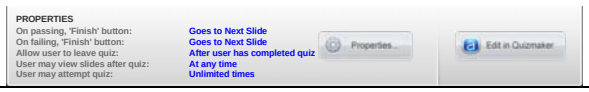
Presentation – MCH04

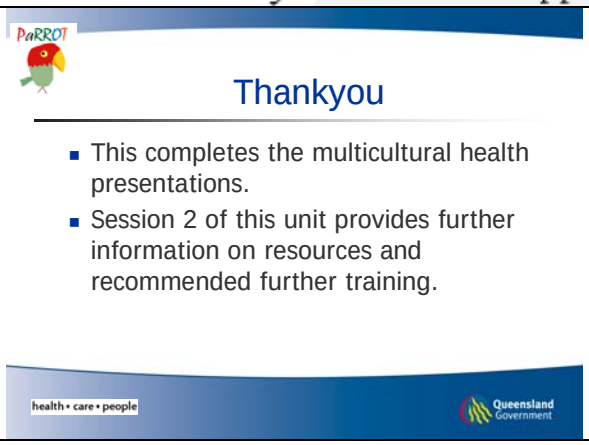
Slide 1 **Multicultural Health**		Notes: This final presentation for the multicultural unit looks at communication and the interpreter service provided by Queensland Health.
Slide 2 **Learning Objectives**		Notes: The learning objectives for this unit are an enhanced ability to communicate with people from culturally diverse backgrounds and practical knowledge of how to use interpreter services
Slide 3 **Communication is a critical factor**		Notes: As primary health professionals we spend over 70% of our time in interpersonal situations, one to ones, meetings, e-mails, phone or other conversations. As discussed earlier “getting it right” means that we need to be able to understand our clients as unique individuals and understand the meaning and impact of culture in their lives. It is widely acknowledge that communication is a critical factor in patient safe care and developing working relations within a work team. For effective cross cultural communication we need to be able to overcome cultural and linguistic barriers to achieve a shared understanding and to convey information. We need to be able to appreciate cultural diversity of our communities.

Slide 4 **Communication**		Notes: This interaction provides information on factors we need to consider when communicating with our multicultural clients. Click on each button to bring up information on the factors.
Slide 5 **Interpreter Services**		Notes: Queensland Health provides accredited interpreters, at no cost to the patient, to assist you with the communication process. The interpreter is used to convey the meaning of the spoken message between the client and the health professional and visa versa.
Slide 6 **Interpreters**		Notes: Some clients may have a Queensland Government 'I need an Interpreter card'. However, if there is any doubt, here are some simple tests to help you make your decision: ■ ask a question that requires the person to answer in a sentence. Avoid questions that can be answered with a 'yes' or a 'no' or a familiar question such as 'Where do you live?' ■ ask the person to repeat a message that you have just given in his/her own words.

		Remember – the interpreter is there to enable you to manage your communication process and to assist you in meeting your patient safety and duty of care obligations. A Spanish-speaking man with low-English proficiency in Oregon tried to tell his GP that a piece of metal from a metal gun had struck his left eye. The doctor did not access an interpreter and incorrectly thought a piece of wood hit the man's eye. After significant deterioration of the man's vision, he attended an emergency department where an X-ray found a metal foreign object in the eye. Subsequently, surgery was performed but could not correct the irreparable damage caused to his vision. The man was awarded $350,000. (Carbone, Gorrie, Oliver, cited in Bird, 2008)
Slide 7 **Engaging Interpreters**		Notes: An accredited interpreter is a person who is trained and has and is accredited to provide the service. Clients' family, friends or other people of the same cultural background should not be used if they are not accredited. An accredited interpreter should be engaged if • the client has a Queensland Government "I need an Interpreter card" • the client requests an interpreter, • The client is Deaf or hearing impaired and communicates using sign language -lip reading is very difficult. Only 30-40% of the spoken word is recognisable through lip reading. If the patient uses sign language, engage an accredited sign language interpreter. DO NOT rely on lip reading or • the client's English is assessed to be inadequate for the situation.

Slide 8 **Engaging Interpreters**		Notes: An accredited interpreter should also be engaged if the person's: • preferred reading language is not English – this may indicate they have a limited English vocabulary however they may also be able to read English as they have been exposed to it in higher levels of education but may not be able to speak it as well. • has be in the country for a short time – not necessarily indicative of poor levels of English but still needs to be considered • Has a normally high level of understanding but is finding it harder to understand in times of stress • unable to explain or demonstrate key information – a way of testing this is to ask the person to summarise what has been said. If they are unable to do this then it may indicate poor levels of proficiency

Slide 9 **Engaging Interpreters**		Notes: Some specific health care events where interpreters should be engaged include: • admission/intake, interviews to establish clinical histories, • assessments, diagnosis and development of treatment plans, • discussions seeking consent for surgery, invasive procedures, investigation, treatment and research, • pre-operative and post operative instructions, informing people of results of investigations and procedures, • providing information about medications, discharge procedures and referrals
Slide 10 **MCH04 Scenario**		Notes: This story illustrates how important it is for us to ensure we are effectively communicating with our clients.
Slide 11 **MCH04 reflection**		Notes: Use this template to record you reflection

Slide 12 **Thankyou**		Notes: Thank you - this completes the multicultural health presentations. Session 2 of this unit provides further information on resources and recommended further training.

Part 4 – Communication – learning activity

Information for facilitators

This activity can be conducted as a small group discussion. Divide the group into 4 or 8 smaller groups (depending on numbers). Give each group a piece of butcher's paper with each of the components that have to be considered when communicating with multicultural clients and co-workers. Ask each group to jot down their thoughts. When completed, bring the group back together and have each group present their work. Use this document as a prompt.

Communication

Introduction

It is imperative that health professionals are able to overcome cultural and linguistic barriers to achieve a shared understanding and to convey information when communicating with our multicultural clients and co-workers

This interaction provides information on things we need to consider when communicating

Respect beliefs

Be aware of the importance of culture and recognise that individual's behaviour is strongly influenced by culture e.g. their beliefs, values, world views.

Be aware that religion can also have an enormous influence on behaviour. It is important to recognise that within each religion that people may differ in how closely they adhere to their faith, knowledge of religious beliefs and practices.

Multicultural Health - Culture influences peoples perceptions of health and illness and how committed they are to their treatment plan.

People's health behaviours are influenced by their beliefs of what is a health issue, why they have the illness and how people perceive they should talk about the illness. This will impact on what people consider is appropriate treatment to restore their health.

Language barriers

To avoid misunderstanding and adherence to your "duty of care" it is vital that you determine if you require the services of an interpreter.

Don't assume English proficiency

Don't make assumptions about a person's level of understanding

Verbal skills are not always an indicator of literacy

Contextual factors

Culture is not the only aspect you need to consider. There may be contextual factors involved such as education type, employment status, age, gender or social and economic factors.

Acculturation

Acculturation is the term given to describe the process of adopting the cultural traits or social patterns of another group. Understanding where an individual consumer sits on this acculturation continuum can help predict their familiarity, and likely effective use of, mainstream services.

Communication Style

Consider the following when communicating

- Speed and tempo
- Understanding of your own culture (including norms and biases) and how this impacts on your service delivery for (CALD and non- CALD) patients and colleagues and the organisation.
- Complexity of language e.g.. terminology and acronyms
- Vary or adapt your communication style to suit context or client
- Work-related pressures can impact on communication style.

Verbal communication

How you address people i.e. formal v's informal or forms of address differs across cultures

How direct or indirect your communication is (for example. Chit chat is important before getting down to business in some cultures). Maybe considered rude not to enquire about family. Don't bring up the topic directly, allude to it. What is direct and open communication for a person from one culture may appear arrogant and rude to someone from a different culture

Avoid figurative language i.e. See you later. Hang on. Take a seat

Patients may find asking WHY may be rude and may say 'yes' because it is easier

Australians say please and thank you a lot. We say sorry for small things that may sound insincere to people from some other cultures. Be aware of misinterpreting a lack of these 'please or thanks you' as being rude.

Australians use a lot of humour and joking as part of everyday language.

Non-verbal communication

Be sensitive to body language and take cues from it

Sometimes a person's demeanour will give clues to comprehension

Be mindful that the same body language may express different messages in different cultures: e.g. not maintaining eye contact may be a sign of respect, smiling may be a sign of apprehension

Take cues from people to achieve mutual understanding

Tolerance of silence
Physical distance between speakers is cultural different.

Utilise visual aids if appropriate, some cultures respond better to visual rather than written cues.

Part 4 – Case Scenario – learning activity

Information for participants

This activity can be conducted as a small or large group discussion. Please read the story and answer the reflection question, then feed back to the group.

This story illustrates how important it is for us to ensure we have effective communication with our multicultural clients.

The story

A middle aged Sudanese man went to his local GP as he was not feeling well. After some tests he was diagnosed with Hepatitis B. He was given a referral letter to a specialist, but because he had no understanding about what Hepatitis B was, he continued his life as normal and never attended the specialist appointment. Six months later his brother took him to the hospital with severe hepatic symptoms, following examination he was advised he only had two weeks to live.

The outcome

The man died a week later without seeing his wife and children who were planning to come from Sudan.

The issue

The issues began when this man visited his GP. He had no understanding about his diagnosis, was not clear on the changes he needed to make to his lifestyle, did not understand the importance of following up with the specialist and was not aware that medication could make a difference.

When he was advised of his prognosis once he presented to hospital, neither he nor his brother understood what was happening, they still had no understanding about his illness and were very angry he had become so sick although his condition could have been treated well before this stage.

Reflection

This story could have been so different if this man's case was treated differently.
Take the time to reflect on how you might have managed this if you were the GP or the hospital staff.

Document your thoughts in the following activity.

Part 4 – Reflection – learning activity

Information for participants

This activity can be conducted as a small or large group discussion. Please read the story, answer the reflection question then feed back to the group.

1. If you were the GP or hospital staff, how would you have dealt with this man when he first presented?

2. What do you consider are the links between culture, responsive communication and patient safety in your role as a health practitioner?

Bibliography

Ritter. L, & Hoffman. N, (2010) Multicultural Health. Jones and Bartlett publishers Sudbury pages 5 -59

O'Sullivan, K (1994) Understanding Ways: Communicating Between Cultures. Sydney: Hale and Iremonger.Pp.11-12)

Carbone EJ. Gorrie JJ, Oliver R cited in Bird, Sarah "Lost Without Translation." *Australian Family Physician*. Vol. 37, No. 12, December 2008

College of Nurses of Ontario. Practice Guidelines: Culturally Sensitive Care. Practice Guideline; 2008 05/08. Report http://www.cno.org/docs/prac/41040_CulturallySens.pdf

Examples of Health Beliefs:

- Culture largely determines how a person views and explains the world. The way they explain the world then guides how they explain health and illness. For example, people in some cultures view everything in the world as being made up of fundamental elements (fire, earth, ether, water and air) and illnesses are seen as an imbalance of these elements in the body. Therefore it is believed that health is achieved through the re-balancing of the body elements.

- In cultures where the body is seen as an embodiment of the mind you may treat someone physically for a mental health issue and vice versa e.g. – depression may be experienced and understood by the sufferer through physical symptoms only.

- In some cultures the concept of preventative health – to have check-ups to maintain health does not exist.

- Different cultures have different views on what constitutes "disability" and what that means to the individual, family and their place in the community. In some cultures shame and loss of face are attached to particular disabilities.

- Rehabilitation as a concept does not exist in some cultures, and the idea of maximising a person's independence and self-reliance may not be a sought-after quality in a person within an extended family structure – it may be seen as a failing of the family to look after that person.

- Some cultures view illness in terms of an imbalance of "hot" and "cold" within the body, and view foods as possessing "hot" and "cold" properties also – foods may be consumed based on how they are viewed in relation to the illness in order to regain a balance in the body.

- In some instances, a person may seek out medical care from traditional health practitioners rather than bio-medical (Western) practitioners if they believe it will be a more effective treatment. In other instances a person may seek out help from both types of practitioners. It is important that these choices of the individual are respected, and that open lines of communication are established to create an environment whereby the person can feel comfortable in identifying to staff that they may also be seeking, or have sought out treatment from a traditional practitioner.

Example and Explanation of Refugee and Migrant:

Individuals from refugee backgrounds can have additional health care needs due to their personal experiences with wars or other disasters.

The 'Refugee' experience is quite different from other migrants. For example, they have arrived in our country as a result of factors beyond their control in their homeland. They arrive from war-torn countries or political/civil unrest and cannot return due to fear for their personal or family safety.

They may have a:

- **Severe lack of social support** networks and therefore may have additional pressures e.g. Refugees from the horn of Africa countries often have large families and if they are a single parent will face **competing work/family** challenges such as when children are sick or collecting them from school, etc.
- Maybe they **never learned to drive a car** and are heavily reliant on public transport
- May have a **fear of authority** figures such as yourself as a 'Manager' and person in power
-

Whereas **migrants choose** to come here, most likely chose to come to Australia under the 'skilled visa' category for a range of reasons such as better life for themselves or their children, etc.

So we need to take all these other factors into consideration.

It is important to consider the range of factors that influence behaviour. We have to consider contextual factors in order to better understand the situation of an individual client or population group.

PaRROT Pathways to Rural and Remote Orientation and Training

a Primary Health Care approach to Chronic Disease

Orientation

Unit 12

Working with Aboriginal & Torres Strait Islanders

Session 1

Working in rural and remote and primary health care settings will, in many cases involve working with, or in, the more than 500 different Aboriginal and Torres Strait Islander communities in Australia. Each community and group has unique characteristics, rules and customs that health professionals need to bear in mind when working in the community.

Before venturing into Aboriginal and Torres Strait Islander communities it is essential that Queensland cultural awareness training, including the COOL program, http://qheps.health.qld.gov.au/twmba/html/Support_Services/training_online.htm has been completed and you are working towards cultural competent practice.

There is no list of rules or practices that will teach health professionals how to work effectively with Aboriginal and Torres Strait Islander Australians but being aware of the 11 general protocols outlined in *Australia's Rural and Remote Health: A social justice perspective* (Smith, 2007) will assist you to work effectively in these communities [1]. The presentation for this unit will provide details on these protocols.

It is also important to remember that the protocols provide a general perspective only and that each community will have its own list. Finding and utilising a local community member as a mentor prior to going to the community, and while working in the community, is an effective way of ensuring you are aware of and practising in accordance with community expectation.

The Indigenous health info net at http://www.healthinfonet.ecu.edu.au/ and "Closing the Gap" site at http://www.atsip.qld.gov.au/government/programs-initiatives/closing-gap/ provide information that is important for anyone planning on, or already working in an Aboriginal or Torres Strait Islander community.

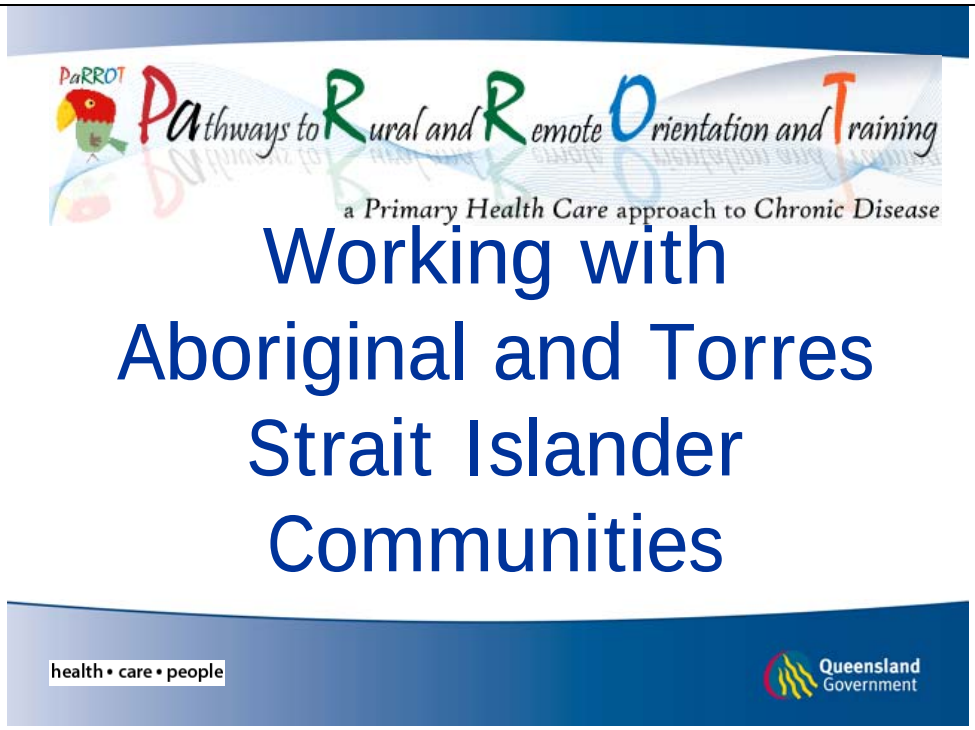
The Cultural Respect Framework (link to pdf), Cultural Capabilities document (link to pdf) and Minamir document (link to pdf) also provide essential information.

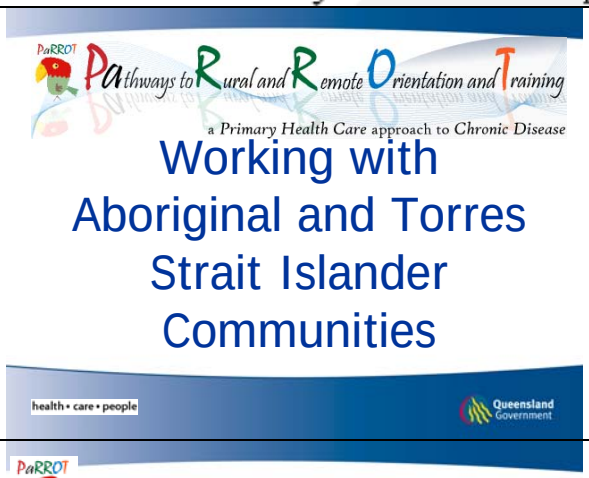
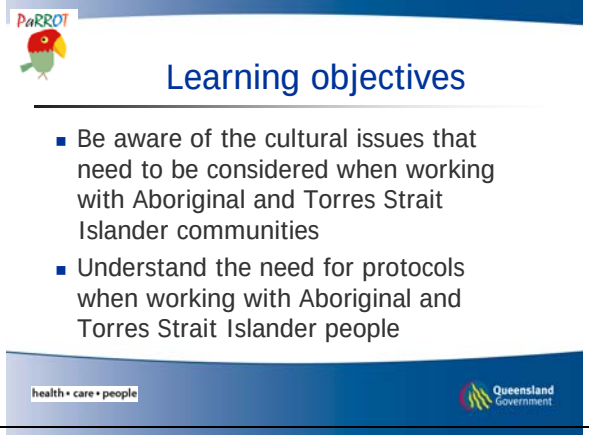
This unit will look at the principles for working effectively with Aboriginal or Torres Strait Islander communities.

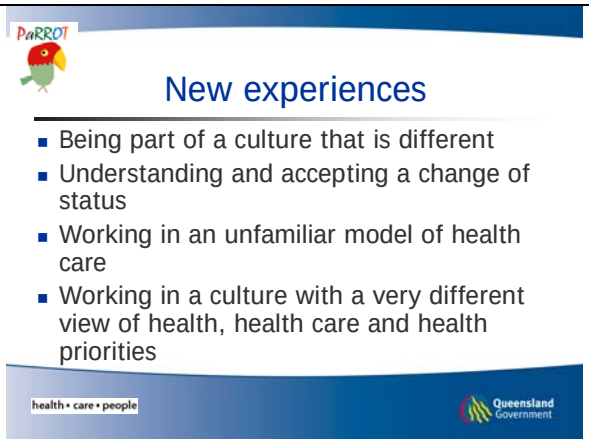
Bibliography

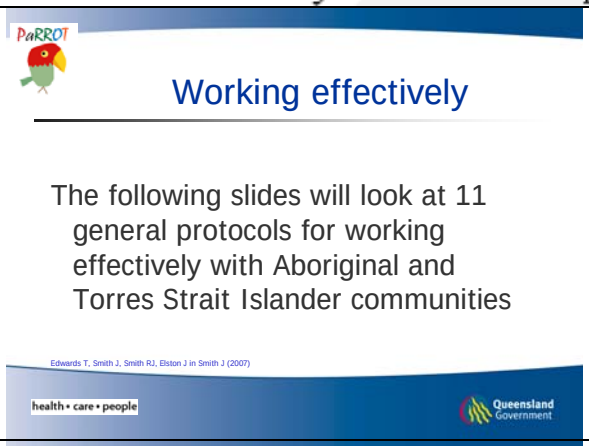
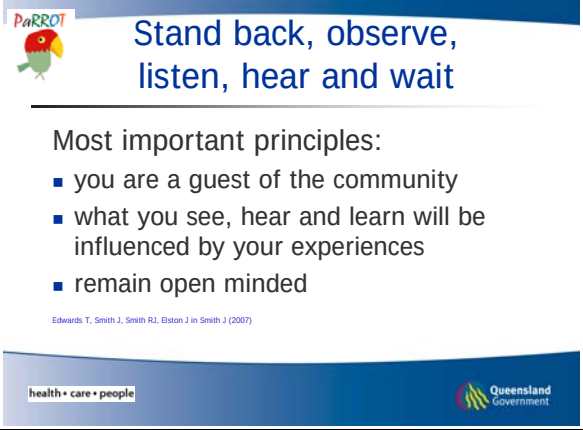
1. Smith J, *Australia's Rural and Remote Health: a social justice perspective*. 2nd ed, ed. S. J. 2007, Croydon: Tertiary Press.

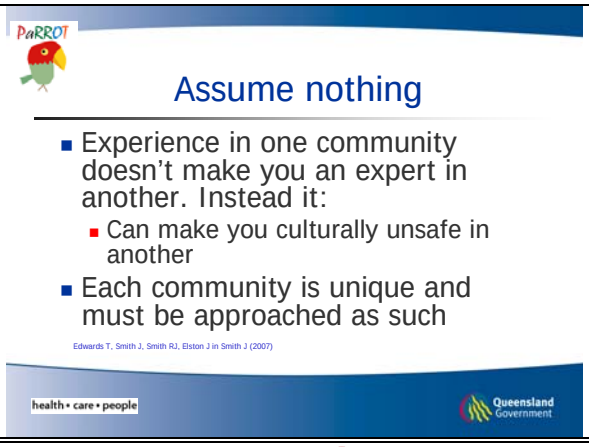
Presentation

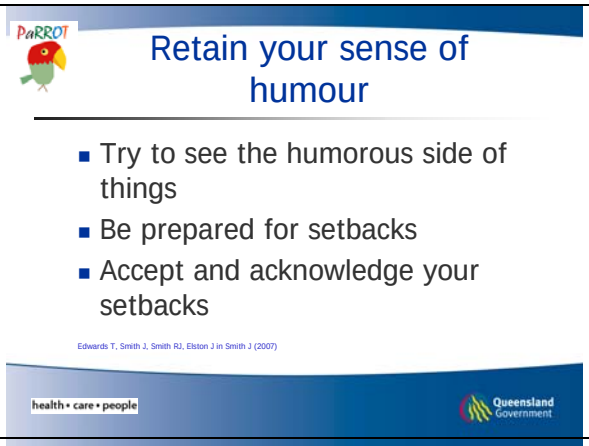
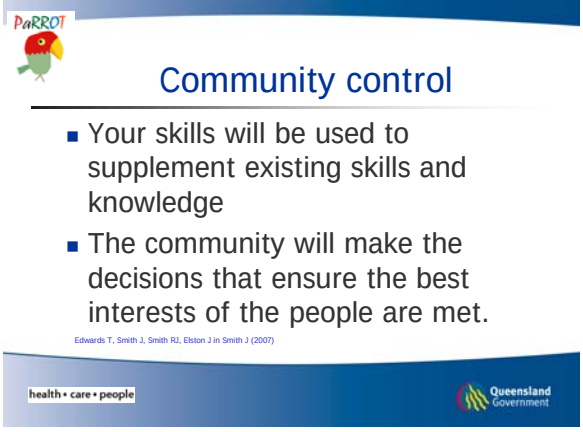


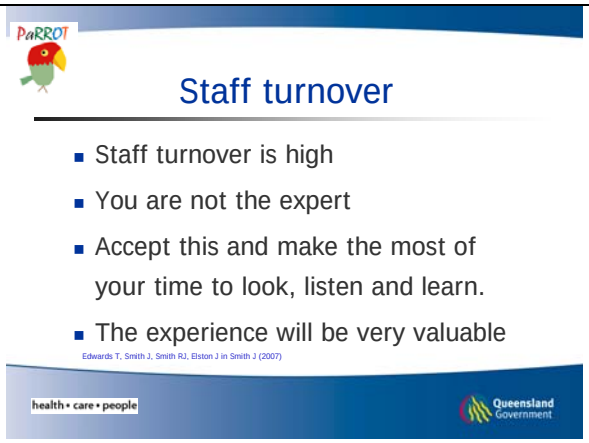
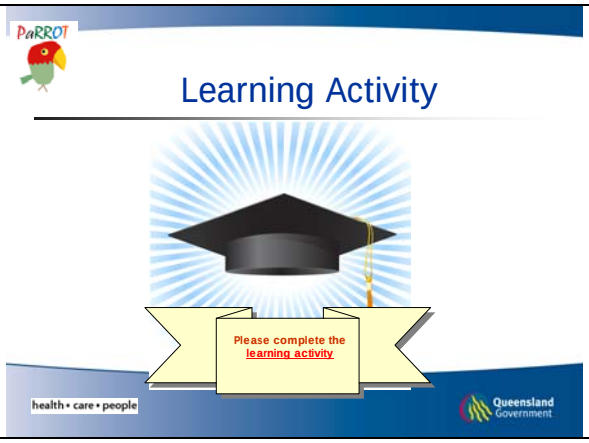
Slide 1 **Working with Aboriginal and Torres Strait Islander Communities**		Notes:
Slide 2 **Learning objectives**		Notes:
Slide 3 **New experiences**		Notes: There are many new experiences associated with working with Aboriginal and Torres Strait Islander communities. It provides an opportunity to: Learn about Aboriginal and Torres Strait Islander culture. This includes the importance of kin and spirituality which will give some insight into why Aboriginal and Torres Strait Islander health needs to be approached very differently to non-Aboriginal and Torres Strait Islander health. Learn about Aboriginal and Torres Strait Islander health and how Aboriginal and Torres Strait Islander people understand and manage their own health. This includes accepting the use of traditional beliefs about the causes of ill health, traditional healing and the limits to the effectiveness of "western" medicine. See other perspectives on health including the link between history, land and health status and the belief that healthy environments mean healthy minds and bodies

		Experience different models of health care including community control health services, comprehensive primary health care and the holistic population approach to health.
Slide 4 **New experiences**		Notes: Working with Aboriginal and Torres Strait Islander communities for some also includes new experiences like: Being part of a culture that is different including language, customs, beliefs and rules. Understanding and accepting a change of status – for many this means becoming part of the minority culture for the first time in their life. Working in an unfamiliar model of health care can be very challenging for health professionals who have trained and worked within an episodic, acute model of care, with very clear hierarchical and reporting systems. Health services in Aboriginal and Torres Strait Islander communities are usually comprehensive primary health care models, with a population rather than individual focus of care. See other perspectives on health including Life death Life cycle, Working in a culture with a very different beliefs and views on health, health care and health priorities, traditional healing, the role of the health professional, the role of the family and community and the reasons to access health services can be very confronting for us all.

Slide 5 **Working effectively**		Notes:
Slide 6 **Stand back, observe, listen, hear and wait**		Notes: This is probably the most important principle and will be the key to your success or failure in an Aboriginal or Torres Strait Islander community. You are a guest of this community, so you must be prepared to stand back, listen, hear and wait. Your interpretation on what you see and hear, will be influenced by your own history, culture, values an beliefs – be aware of this and remain open minded.
Slide 7 **Get to know the local community**		Notes: Learn the name of the traditional owners, the elders and key Aboriginal and Torres Strait Islander organisations that work within the community. Attempt to understand the role they play and the appropriate way to communicate with them. Identify the key people, including who to approach in particular situations, and the appropriate way to approach them. Show an interest in finding out about the history and language. Accept and appreciate information as it is offered to you and do not be judgemental. Appreciate your position as a guest and do not assume anything. If you maintain an open mind, you will learn.

Slide 8 **Find a Mentor**		Notes: A local mentor is an invaluable way of getting to know the community. This person needs to be a local cultural expert you can get advice and guidance from. It could an Aboriginal or Torres Strait Islander Health Worker or a community member – it is up to you and the worker. It is important, however, to make contact with a local expert prior to your arrival in the community, if possible, so rapport is established early. A mentor will be able to provide insights into the community and will assist you in dealing with issues you are unfamiliar with. Acknowledge their expertise and be prepared to learn from them. They will support you in your practice and help you understand when things go wrong. Be prepared to accept their advice and seek their guidance when required and reflect on what you learn.
Slide 9 **Be open-minded**		Notes: Being open minded includes making an effort to understand and learn. This will show the community you are really interested and will result in community members being open and honest in return. Be careful not judge what you hear or comment on social and cultural beliefs, norms or mores. Be patient - information will come to you. If you push the issue you may push the community away so let the community take the lead.
Slide 10 **Assume nothing**		Notes: Assume nothing - Experience working in one Aboriginal and Torres Strait Islander community doesn't make you an expert about all Aboriginal and Torres Strait Islander communities. In fact it can result in culturally unsafe practice as your assumptions may stop you from looking, listening and learning. Remember each community is unique and must be approached as such. Being in the community is a

		learning experience in itself.
Slide 11 **Be aware of racist behaviour**		Notes: We need to be aware of how our culture, values and beliefs may impact on our behaviour and ensure we are mindful of this. Our behaviour may also be influenced by peers, media, fear, or ignorance. Sometimes we stereotype or engage in paternalistic or patronising behaviour, for example assuming a higher level of knowledge or skill than the people we are working with. Telling racist jokes and name calling, even in jest, can be also interpreted as racist and hurtful.
Slide 12 **Retain your sense of humour**		Notes: Try to see the humorous side of things and be prepared to laugh. We all make mistakes and in a cross cultural community this is inevitable. Be prepared for this and accept it for what it is.
Slide 13 **Community control**		Notes: The reality of health professionals going into Aboriginal and Torres Strait Islander communities means you, Like many before you, have come to work in the community with knowledge and a set of skills that will supplement the knowledge and skills already in the community. The community has the power to make decisions and conversely not support your decisions if they feel they are not in the best interests of the community.

Slide 14 **Staff turnover**		Notes: Other realities of Aboriginal and Torres Strait Islander Health services includes: Staff turnover is high. Many have come before you and more will come when you leave. Each time a new health professional arrives they need to be educated by the community – this can be frustrating and very tiring for the community and the workers on the ground who have all been there before. They don't know how receptive you will be, and they need to start again on the path of forming a relationship with another health professional Being a visitor means you will never be the expert in community or cultural matters or Aboriginal and Torres Strait Islander health. However, the experience will be invaluable and if you go in with an open mind, it will also be very rewarding.
Slide 15 **Learning Activity**		Notes:

Learning Activity – Participant

Information for Participants

This activity will be conducted as a large group activity which will be led by your facilitator. Please submit a copy of this to your facilitator who will scan and email it to **parrot@health.qld.gov.au** or fax it to 4033 3040 and keep a copy for your records.

Questions

Quiz Settings

Property	Setting
Total Number of Questions	1

Question

1. Please read the following case scenario and answer the question below.

Amy is a very experienced 35 year old health professional, with high level skills and experience in primary health care settings in rural and metropolitan areas. She has just commenced work in a Torres Strait Islander community after a year of working as a locum and visiting service provider in Aboriginal communities in Western Australia, the Northern Territory and Cape York in Queensland. She has enjoyed the experience so now wants something more permanent. She has completed cultural awareness training in the Northern Territory and is aware of the health issues for Aboriginal and Torres Strait Islander people.
Now that she has arrived in the community what steps should she take to ensure the best outcomes for her and the community?

Action	Yes/No
Meet with the health centre manager and Health Worker team	
Identify a mentor as soon as practical	
Look, listen and learn how the service is managed and how it is run	
Ask what the health team perceives her role to be and how she can best fulfill it	
Learn about the community including the elders and contact people	
Look, listen and learn as much as she can about the community	
Ask what the community perceives her role to be and how she can best fulfill it	
Learn about community perceptions about health and health services	

Session 2

The last two units have looked at a number of cultural issues you need to be aware of when working in rural and remote and primary health care services in Queensland. The first unit looked at the importance of culturally safe practice and multicultural health care and this unit has looked at the principles of working effectively with Aboriginal and Torres Strait Islander communities.

Completing these units is only the first step to working effectively with people from all cultures. Each community and group will be very different, so you must be prepared to sit back, look, listen and learn before you proceed. Being aware of your own cultural practice, customs and beliefs and its potential impact on your dealings with people from different cultural groups is invaluable, so take time to reflect on this.

Another important skill for health professionals working with Aboriginal and Torres Strait Islander communities is to understand the steps required to become involved in, develop, implement and run programs or services in a community eg nutrition, physical activity or family health programs. All communities will have effective programs running, but there may be capacity to build on or add programs if the community supports this.

If a practitioner identifies an opportunity to enhance existing or develop new programs they will need to involve their local mentor first, to ensure they follow community protocol, as each community will have their own process and expectations. However, as a general rule, the following needs to be considered;

- Does the community support the concept
- Which community member or group needs to be involved in the program development, implementation and delivery and
- What is the process to ensure full community engagement

An example of a process recently followed in a Cape York Community is:

The PCYC needed to make plans for community programs this year. They set up a community meeting and invitations were sent out to a variety of organisations. The council was advised and flyers were placed around community to let people know about the meeting which involved input from PCYC , health, education and community members. The spokesperson from PCYC asked community to identify any concerns they had for the young people in the community.

Once the concerns were identified by the community, the PCYC spokesperson discussed programs that they had been looking at initiating and asked how those projects might help address the concerns of the community and should they be considered.

The organisations, council and people from community identified those they supported and how they could support, implement and maintain them. Some of the projects included a

breakfast club for school kids to address truancy, a coffee/book club to address social isolation and poor literacy rates a cultural dance group to encourage culture, exercise and link different culture groups together.

These programs would then be further developed and implemented with full community involvement and would continue to involve the community in implementation, provision, decision making, evaluating and so on.

From this example you can see that not only has the organisation involved other organisations in the community but has held meetings and workshops that involve the entire community. This reinforces the need for true collaborative practice and community led decision making.

Please note this is for a specific community and is not necessarily the same process that would be followed in another, similar community.

The final section of this unit is a case scenario – this will give you an opportunity to think about steps you might take in order to enhance, develop, implement or run a program in an Aboriginal or Torres Strait Islander community.

More information or working with Aboriginal and Torres Strait Islander communities, multicultural health and cultural safety can be found at;

The Indigenous health info net at http://www.healthinfonet.ecu.edu.au/

"Closing the Gap" site at http://www.atsip.qld.gov.au/government/programs-initiatives/closing-gap/

The Cultural Respect Framework
Cultural Capabilities document
Minamir document

Quiz – Participants

Information for Participants

Please complete the following quiz individually or in pairs. The scores for each question are indicated in the question. Information for your answers can be found in the session notes and or the presentation story board which are included in your participant package. Once the quiz has been completed, your facilitator will provide and answer sheet for you to self mark. The quiz should take 10 to 15 minutes to complete.

Your facilitator will scan and email the answer sheets to parrot@health.qld.gov.au or copy and fax to 40333040. They may keep a copy for themselves for their records and give the original copy to you for your records.

Quiz Settings

Property	Setting
Passing Score	60% or 12/20
Total Number of Questions	4
Total Number of Questions to Ask	All

Questions

1. What are some of the possible new experiences for a health professional working with Aboriginal and Torres Strait Islander communities? *(Essay Question, 12 points)*

2. What steps will you take to get to know the local community? *(5 points)*

Choice	Action
	Stand back, observe, listen, hear and wait.
	Get to know the local community
	Find a mentor as soon as possible
	Take the time to learn about the community
	Be open minded and assume nothing
	All of the above

3. A visiting specialist health team has been given a mandate to develop and implement an education, screening and treatment program for a specific health issue in a community. What is the first step that should they take to implement this program? *(2 points)*

Choice	Action
X	Talk to a community leader
	Call a community meeting
	Talk to the staff at the clinic
	Start providing the program
	Talk to the manager of the clinic

4. The community leader has agreed the program could be beneficial for the community. What would the next two steps include? *(4 points)*

Choice	Action
☐	Call a community meeting with the assistance of a community mentor
☐	Talk to the health team about implementing the program
☐	Identify the priorities of the community within the program parameters
☐	Implement the program
☐	Bring resources into the community

Bibliography

Smith J. (2007). *Australia's Rural and Remote Health: a social justice perspective* (2nd ed.). Croydon: Tertiary Press.

PaRROT

Pathways to Rural and Remote Orientation and Training

a Primary Health Care approach to Chronic Disease

Orientation

Unit 13

Patient Safety

Session 1

Health services in Queensland provide care to more than 50,000 people every day, with Queensland Health alone providing care to over 37,000 people [1]. For the overwhelming majority of patients, this care is delivered safely and effectively, however, things occasionally can go wrong.

Adverse events cause physical and emotional harm to patients, their families and affected staff. This also generates a significant social and financial burden. It has been estimated that the direct costs associated with managing adverse patient events in Australia is $2 billion per annum.[2]

Despite this, however, health workers are still reluctant to report incidents perhaps due to a fear of recrimination, the perception that there has been minimal harm or a lack of knowledge of the systems that allow this reporting. This lack of communication can lead to delays in responses to the incident which may result in greater harm than has already been done.

Patient harm or near misses must be reported. The goal of clinical incident management is to prevent patient harm. It is an essential component of quality patient care and is achieved by having processes that:

1. Identify and treat hazards before they lead to patient harm (pro-active);
2. Identify when patients are harmed and promptly intervene to minimise the harm caused to the patient as a result of the incident (reactive);
3. Ensure that lessons learned from reported clinical incidents are applied by taking preventative actions designed to minimise the risk of similar incidents occuring in the future, ensuring continuous healthcare improvement.

A 'clinical incident' is any event of circumstance which has actually or could potentially lead to unintended and/or unncesessary mental or physical harm to a patient of a health service facility. Clinical Incidents include adverse events (harm caused) and near misses (no harm caused). All clinical incidents should be reported promptly

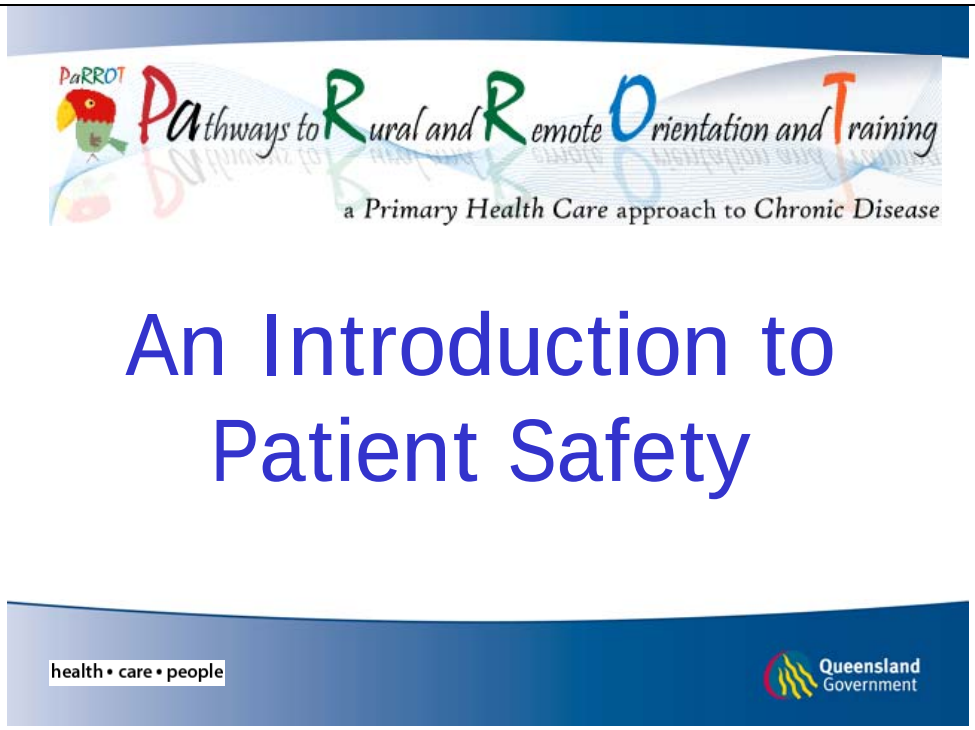
The reporting of incidents, including near misses, is essential, as it allows for the analysis of the factors leading to the incident occurring and lays the foundation for learning which can result in system changes which in turn will minimise the chance of an incident recurrence and the associated harm that could be done. [3]

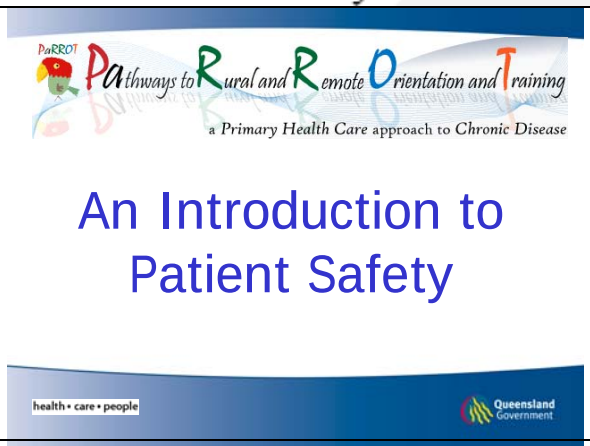
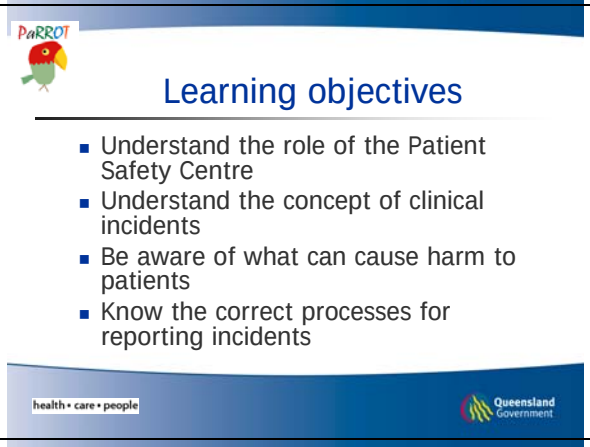
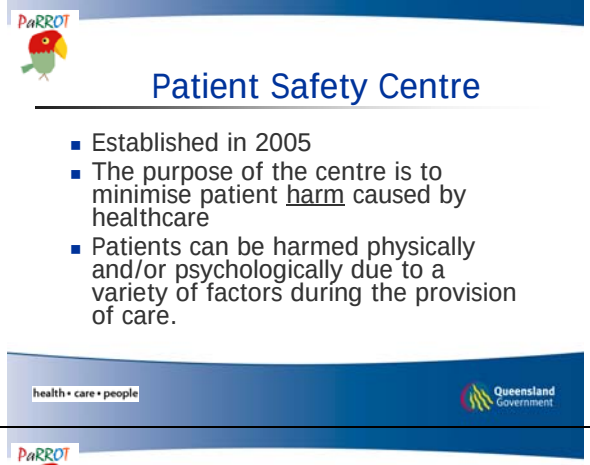
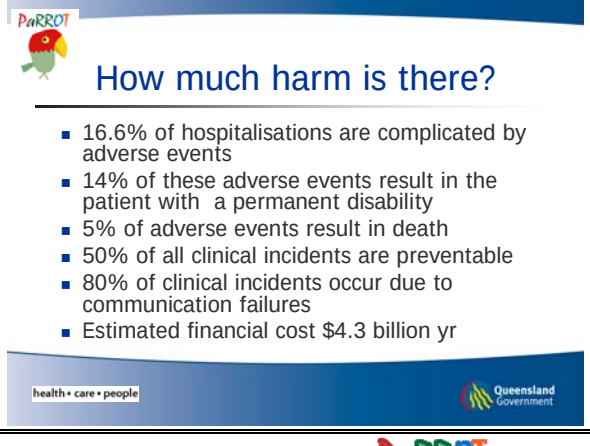
This unit reinforces the need for all health staff to report incidents or near misses and explores the role of the Patient Safety Unit which follows up reported incidents and develops strategies to prevent recurrence.

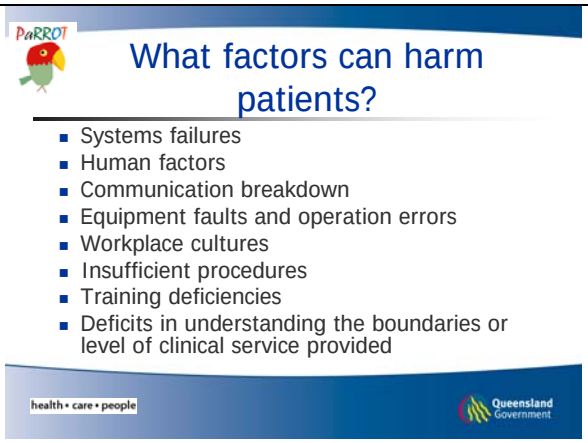
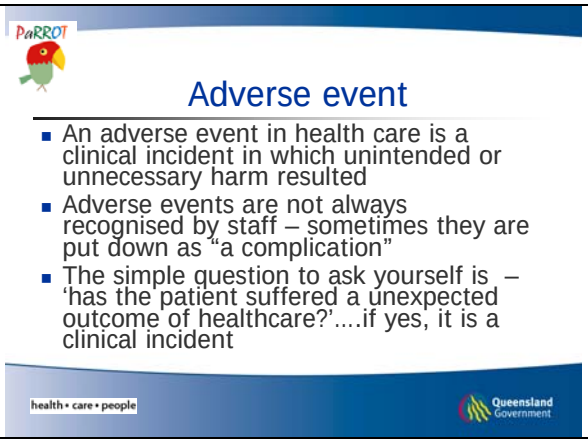
Bibliography

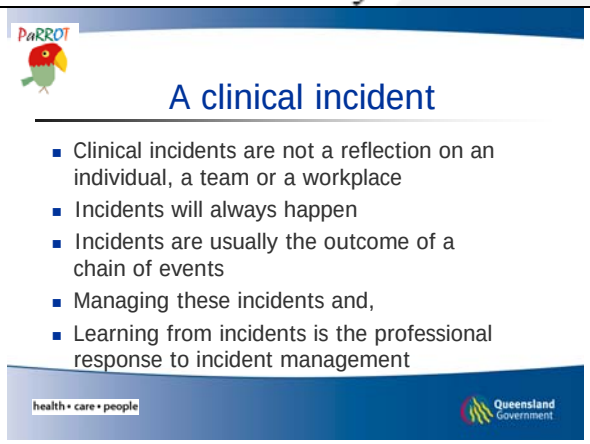
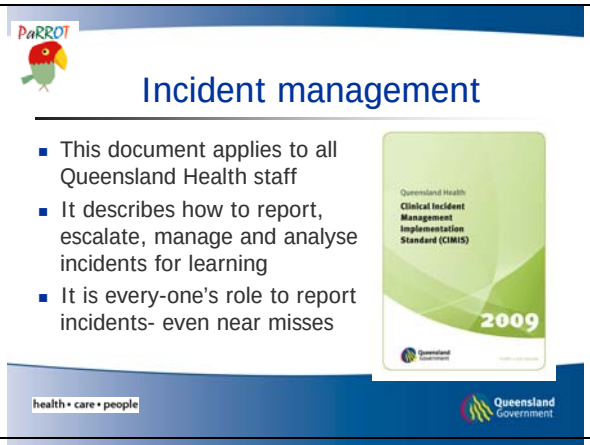
1. Queensland Health, *From Learning to Action - Actions to improve patient safety in Queensland Health 2006/7*. 2007, Queensland Health: Brisbane.
2. J Wakefield, *Patient Safety: From Learning to Action. First Queensland Health Report on Clinical Incidents and Sentinel Events*. 2007, Queensland Health: Brisbane.
3. Chayboyer W and Blake S, *Information sharing, knowledge transfer and patient safety.* British Association of Critical Care Nurses, 2008. **13**.

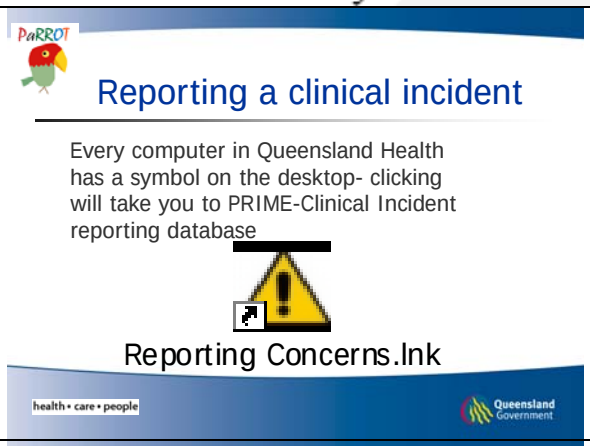
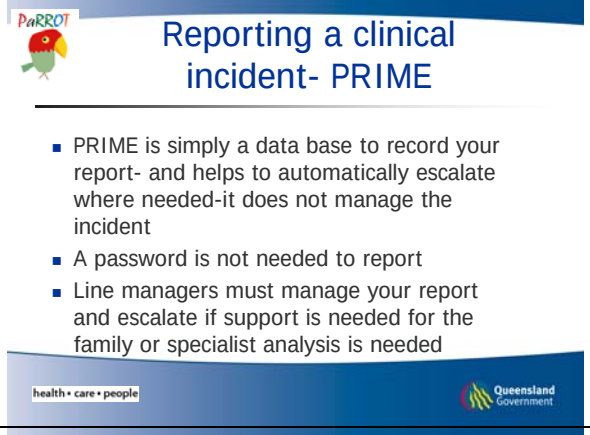
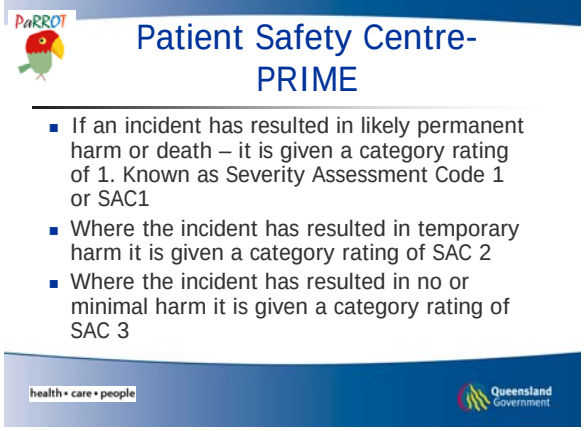
Presentation

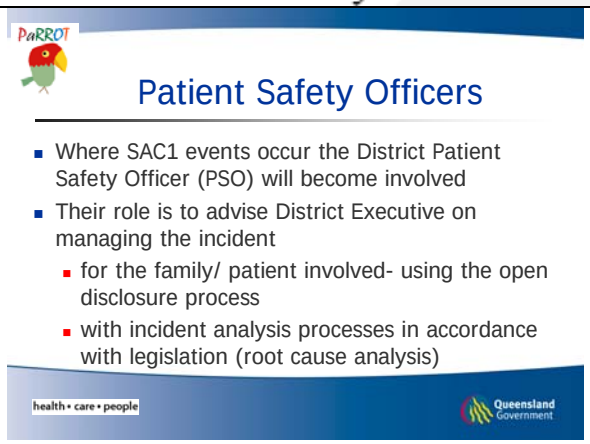
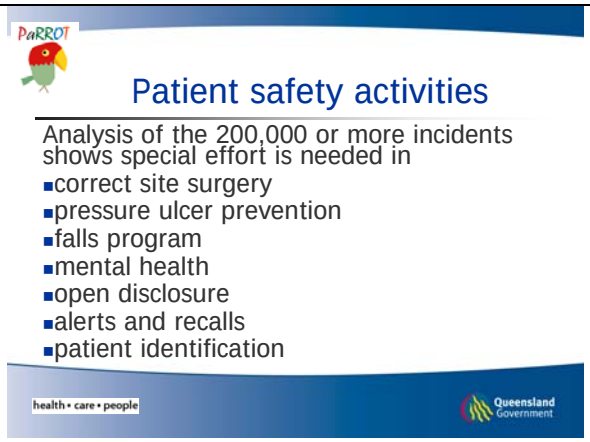


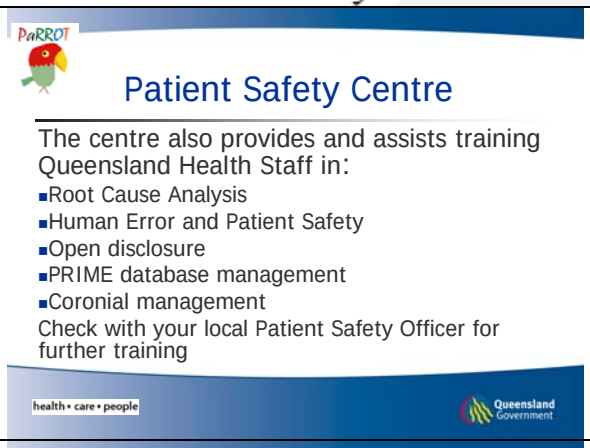
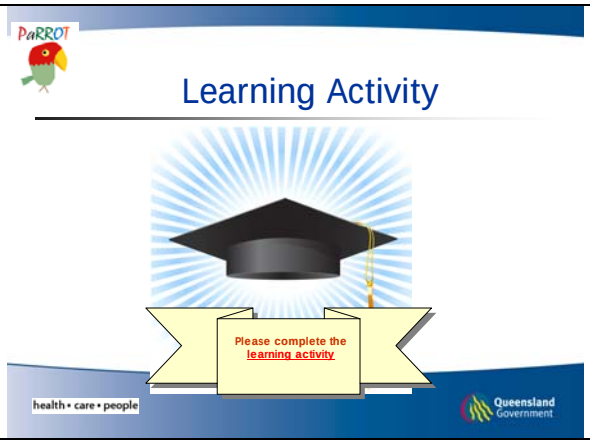
Slide 1		Notes:
Slide 2 **Learning objectives**		Notes:
Slide 3 **Patient Safety Centre**		Notes:
Slide 4 **Slide 4**		Notes: The Quality in Australian Health Care Study by Wilson et al in 1995 suggests the following figures demonstrate the amount of harm caused by clinical incidents. :Reference: Quality in Australian Health Care Study. These figures are similar to those of other studies worldwide- The Australian Health Care System is not alone. US figures estimate 98000 deaths per year. Equivalent to " three jumbo jet crashes

		every 2 days" Reference: Kohn L.T et al ,'To err is Human: Building a safer Health Care system'. Institute of Medicine. Washington, D.C.: National Academy Press;2000 Leape L. 'Error in medicine.JAMA.1994;272(23): 1851-1857.
Slide 5 **What factors can harm patients?**		Notes: Some of the factors that contribute to incidents include: • Poorly designed or outdated systems • Human factors including human error and fatigue including cognitive errors, causal reasoning, heuristics, and biases which are part of just being human. The challenge is to design our systems to remove these from interfering with providing safe care. • Communication breakdown between health care providers and teams • Equipment faults and operation errors • Workplace cultures that have developed shortcuts and workarounds • Insufficient procedures to describe how a task should be undertaken • Training deficiencies for the tasks being undertaken • Deficits in understanding the boundaries or level of clinical service provided by clinicians, a ward or a facility compared to the risk level of the patient
Slide 6 **Adverse event**		Notes: A clinical incident is an incident that occurred to a patient. Other incidents involving staff or visitors are workplace health and safety incidents.

Slide 7 **A clinical incident**		Notes: Often the initial reaction to an incident is to "blame". As we develop though a more intelligent approach is needed to understand why an incident occurred. Clinical incidents are not a reflection on an individual, or a team or a workplace that something "bad" has happened. Incidents will always happen. Almost every time an incident happens it is because a chain of events led to the cause- not because a particular individual "did something bad". These people can feel like a second victim Managing these incidents and, Learning from incidents is the professional response to incident management
Slide 8 **Incident management**		Notes: This standard is available on the patient safety centre website and should be available in your ward or work area. Check with your line manager to see if it is available.
Slide 9 **Reporting a clinical incident**		Notes:

Slide 10 **Reporting a clinical incident**		Notes: Check your desktop- see if the icon is there – open it and have a quick look at the options available.
Slide 11 **Slide 11**		Notes: Reports can be generated from PRIME to understand trends in incidents. Your line manager can generate reports or ask for reports from the patient safety centre or the patient safety officer in your district.
Slide 12 **Patient Safety Centre- PRIME**		Notes: SAC1 incidents require a special analysis known as a root cause analysis. This is a technique where an independent team commissioned by a senior executive examines what happened- why it happened and makes recommendations. SAC 2 incidents are escalated to District Executive with analysis using the Human Error and Patient Safety incident analysis tool. SAC 3 incidents are escalated to the unit manager with an aggregate review. SAC 2 and SAC 3 incidents

Slide 13 **Patient Safety Officers**		Notes: Open disclosure is a process that involves senior executives and senior clinical leaders meeting with the patient or family. Open disclosure is not something undertaken by staff working at the front line. Specially trained senior executives and senior clinicians exist in each district. The training focuses on listening to the patient, acknowledging the incident occurred, accepting responsibility for managing what has occurred, apologising for the effect upon the patient and demonstrating what will be done to prevent such incidents in future. This is a job for senior staff. Legislation exists (Health Services Act (Qld) part 4B) to describe how root cause analysis is to be conducted and to protect root cause analysis teams and those people providing information to root cause analysis teams. This is to enable staff to speak freely and help find out the real reasons why an incident occurred. That way we can fix the real reasons why an incident occurred. Root cause analysis only focuses on the systems – not individuals.
Slide 14 **Patient safety activities**		Notes: In the over 200,000 incidents recorded we have learnt that special efforts are needed in • Correct site surgery • Pressure ulcer prevention • Falls program • Mental health • Open disclosure • Alerts and recalls • Patient identification Other initiatives exist in the patient safety centre including informed consent and coronial management. A full list is available on the website.

Slide 15 **Patient Safety Centre**		Notes:
Slide 16 **You are patient safety**		Notes: Please report clinical incidents early. Reporting helps Queensland Health respond to these incidents professionally That way we help affected families and staff and improve our systems to prevent further harm or reoccurrence. This will result in safer health services in Queensland. For more information go to the sites on the slide. You can contact your district Patient Safety Officer or find them through the intranet site at: http://qheps.health.qld.gov.au/patientsafety/
Slide 17 **Learning Activity**		Notes:

Learning Activity - Participant

Information for Participants

This activity will be conducted as a large group activity which will be led by your facilitator. Please submit a copy of this to your facilitator who will scan and email it to **parrot@health.qld.gov.au** or fax it to 4033 3040 and keep a copy for your records.

Questions

1. **Which of the following services are patient safety centre - refer to Patient Safety website.**

Correct	Choice
☐	Clinical handover
☐	Coronal management
☐	Disciplinary action
☐	3 Cs
☐	Incident management
☐	Placing blame
☐	Mental health safety and quality
☐	Open disclosure
☐	Teaching workplace health and safety skills
☐	Issuing fines for negligence

2. **The following are the principles of open disclosure which address the interest of consumers, health care professionals, managers, organisation and other stake holders. Please match the principle to its correct definition.**

Principle	Definition
Openness and timeliness of communication	Expression of regret for any harm that resulted from an adverse event.
Acknowledgment	Expect to be fully informed of the facts surrounding an adverse event.
Expression of regret	All adverse events acknowledged as soon as practicable.
Patient reasonable expectation	Analyses of adverse events and system improvement recommendations.
Staff support	Investigation and analyses to determine what can be done to prevent recurrence.
Integrated risk management and systems improvement	Recognition and reporting of adverse events supported through open disclosure.
Good governance	Policies and procedures supporting all parties' privacy and confidentiality.
Confidentiality	Information provided as soon as possible.

Session 2

This session has provided information on patient safety and reminds you that it is up to you to ensure that safe practice is provided.

It also reminds you to report clinical incidents early which:

- Ensures Queensland Health response
- Helps affected families and staff
- Helps with system improvement and minimises further harm or reoccurrence

For further information you can contact your district Patient Safety Officer or find information at the following patient safety sites:

http://qheps.health.qld.gov.au/patientsafety/ [1, 2]

http://www.health.qld.gov.au/patientsafety/default.asp(Queensland Health, 2009b

Online training is also provided on line through the CDES educational portal which can be found at
http://cdes.learning.medeserv.com.au/portal/index_qldhealth_cdp.cfm [3]

Bibliography

1. Queensland Health Electronic Publishing Service. *Patient Safety Intranet Site*. 2009 [cited 2009 15/9/09]; Available from: http://qheps.health.qld.gov.au/patientsafety/.

2. Queensland Health. *Patient Safety internet site*. 2009 [cited 2009 15/9/2009]; Available from: http://www.health.qld.gov.au/patientsafety/default.asp.

3. Queensland Health. *Clinical Development Education Service*. 2009 [cited 2009 15/09/09]; Available from: http://cdes.learning.medeserv.com.au/portal/index_qldhealth_cdp.cfm.

Quiz - Participants

Information for Participants

Please complete the following quiz individually or in pairs. The scores for each question are indicated in the question. Information for your answers can be found in the session notes and or the presentation story board which are included in your participant package. Once the quiz has been completed, your facilitator will provide and answer sheet for you to self mark. The quiz should take 10 to 15 minutes to complete.

Your facilitator will scan and email the answer sheets to parrot@health.qld.gov.au or copy and fax to 40333040. They may keep a copy for themselves for their records and give the original copy to you for your records.

Property	Setting
Passing Score	80% or 24/30
Display Point Value	Yes
Total Number of Questions	5
Total Number of Questions to Ask	All

Questions

1. The Queensland Health Patient Safety Centre (PSC) was formed to take a lead role in planning, implementing, managing and evaluating patient safety initiatives and programs as part of the broader system to prevent and address patient harm. The purpose and role of the centre includes: (please select the correct responses)
(Multiple Response Question, 10 points 2 per correct answer)

Correct	Choice
	To minimise patient harm caused by healthcare
	Investigate clinical incidents
	Identify who is to blame for a clinical incident
	Develop and implement strategies in response to findings
	Implement disciplinary measures if harm has been caused
	Recommend disciplinary measures if harm has been caused
	Respond to clinical incidents
	All of the above
	None of the above

2. A clinical incident is an incident which always results in unintended or unnecessary harm. *(True/False Question, 1 point)*

Correct	Choice
	True
	False

3. Which of the following factors can cause harm to patients?
(Multiple Response Question, 8 points)

Correct	Choice
	Systems failures
	Human factors
	Communication breakdown
	Equipment faults and operation errors
	Workplace cultures
	Insufficient procedures
	Training deficiencies
	Deficits in understanding clinical service boundaries

4. A client coming into your centre tells you she almost slipped coming up the ramp. Is this a clinical incident? What processes would you now follow to ensure it is recorded and the problem is corrected?

(Short Answer question, 10 points)

5. An adverse event in health care is a clinical incident in which unintended or unnecessary harm resulted.

(True/False Question, 1 point)

Correct	Choice
	True
	False

Bibliography

Chayboyer W and Blake S. (2008). Information sharing, knowledge transfer and patient safety. *British Association of Critical Care Nurses, 13*.

J Wakefield. (2007). *Patient Safety: From Learning to Action. First Queensland Health Report on Clinical Incidents and Sentinel Events*. Brisbane: Queensland Health.

Queensland Health. (2007). *From Learning to Action - Actions to improve patient safety in Queensland Health 2006/7*. Brisbane: Queensland Health.

Queensland Health. (2009a). Clinical Development Education Service. Retrieved 15/09/09, 2009, from http://cdes.learning.medeserv.com.au/portal/index_qldhealth_cdp.cfm

Queensland Health. (2009b). Patient Safety internet site. Retrieved 15/9/2009, 2009, from http://www.health.qld.gov.au/patientsafety/default.asp

Queensland Health Electronic Publishing Service. (2009). Patient Safety Intranet Site. Retrieved 15/9/09, 2009, from http://qheps.health.qld.gov.au/patientsafety/