This podcast is a panel discussion on the topic of indigenous communication in the healthcare setting. Effective communication with Aboriginal and Torres Strait Islander people is essential for culturally safe, holistic, and appropriate healthcare delivery. Jessica Johanssen, Thomas Henry and Talila Milroy are three Aboriginal junior doctors working and training across Australia who discuss how to introduce yourself and set up your interview with an Indigenous patient, Indigenous concepts of health and wellbeing and important components of health education and management.

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**Interviewer:** Jules Willcocks

**Panelists:** Talila Milroy, Thomas Henry, Jessica Johannsen

### About Dr Jules Willcocks

Jules Willcocks is an Emergency Medicine Physician consultant and the Director of Prevocational Education and Training at Gosford Hospital.

His interest is in bringing out the best in people principally through mentoring and coaching. He firmly believes that wellbeing is a crucial part of this and that you cannot look after someone to the best of your abilities if you yourself are not well.

He trained as an executive coach and has a particular interest in financial wellness for doctors.

He is married with two boys, which is why he's not living a degenerate life in Las Vegas and loves playing poker and fine single malt Islay whisky.

### About Dr Jessica Johannsen

Jessica Johannsen (Ah Chee) Arrente/Yankunytjatjara woman from Alice Springs. Originally grew up in Alice Springs, went to boarding school in Sydney, completing University in Adelaide. I am currently a Resident Medical Officer in Alice Springs Hospital and I am going into GP training 2021.

### About Dr Talila Milroy

Talila Milroy is a Yindjibarndi and Palyku woman from Western Australia and a current General Practice Registrar and Academic Registrar with the RACGP and University of Western Australia. Previously she completed her resident and intern years at Royal Prince Alfred Hospital, New South Wales. Talila has a Bachelor degree in Medicine and Surgery from the University of Sydney in addition to a Bachelor of Science in which she majored in Psychology. Talila has three children and was the only Indigenous graduate
in the class of 2016 in the Sydney Medical Program. During her undergraduate years Talila worked in the Faculty of Economics and Business at Sydney University, The Garvan Institute and Moreton Consulting. Talila is passionate about Indigenous social justice, healthcare education, and research.

About Dr Thomas Henry

Tom Henry is a proud Aboriginal man from Wiradjuri country in Western NSW. Tom grew up in the regional town of Mudgee “nest in the hills” and completed a Bachelor of Physiotherapy at the University of Newcastle (Hons.) in 2012. After working as a Physio for a year Tom went back to University and completed a Bachelor of Medicine in 2018. During his health training Tom worked as a tutor in Aboriginal health and continues to have a deep passion for health promotion in this area. He is currently an RMO on the Central Coast of NSW and is aiming to train in Emergency Medicine.

Indigenous Health – Communication and Connection

With Dr Jules Willcocks, Emergency Physician and Director of Prevocational Training at Gosford Hospital, Dr Talila Milroy, General Practice Registrar and Academic Registrar with the RACGP and University of Western Australia, Dr Thomas Henry, RMO on the Central Coast, NSW, and Dr Jessica Johannsen, RMO at Alice Springs Hospital, Australia

Introductions

Jess: These introductions highlight the importance of initial introductions with Indigenous patients. At the root of Indigenous culture is the ability to share knowledge through story-telling and yarning in a conversational way to talk about important topics and life lessons. It is always important to identify who you are with and where you come from to form an initial rapport with an Indigenous patient. This identity forms part of an Indigenous patient’s sense of belonging and strength and listening to their story is the first step in forming a therapeutic relationship.

Cultural and historical impacts on communication with Indigenous people

Talila: For Aboriginal and Torres Strait Islander Australians, good health is more than just the absence of disease or illness; it is a holistic concept that includes physical, social, emotional, cultural, spiritual and ecological wellbeing. It is important to remember that Indigenous people think about these factors in the context of both the individual and the community. This concept of health emphasises the connectedness between these factors and recognises the impact that social and cultural determinants have on health.

Talila: These concepts of health were disrupted completely by colonisation and the repeated historical mistreatment of indigenous peoples has had pervading and ongoing impact on health status and social determinants of health today. Historically, Aboriginal
people have been subject to discriminatory and damaging policies that have caused a mistrust of the health system, perceived sense of a lack of control and disempowerment and perceptions of doctors and hospital staff as authority figures. These are just some factors contributing to the barriers in health care delivery.

**Jules: Before you engage with an Indigenous patient, what are some things you should already know and be prepared for?**

**Jess:** It’s important to:
- set aside a good amount of time for the consultation
- know the patient’s past medical conditions and medications they are taking
- be prepared to take a detailed social history and gauge their health literacy

**Jess:** Don’t make any assumptions about a patient’s culture and background as Indigenous people form a varying and diverse group. Appreciate the range of experiences Indigenous people have and the ways they experience their identity and culture. Be good people, treat people with respect and kindness and treat people as individuals while recognising and remembering the past intergenerational traumas and history.

**Jess:** Do some research before going into the interview including past medical history, medications and co-morbidities and previous presentations and whether these are recurrent.

Identify whether the patient speaks English as a second language. This will reduce the burden on the patient to relay this information and reduce the amount of fatigue they experience in the interview. It allows you to identify the crux of the reason they have presented and their priorities in the healthcare exchange. It is important to determine their level of health literacy and allow you to give information and management in an appropriate way.

**Jess:** Before the interview remember to have empathy and compassion before entering the interview. Realise the individual and historical experiences they have had with healthcare settings. It is important to realise that patients who may feel out of place in the healthcare setting in their own communities may be prominent and respected elders who have a wealth of knowledge and community responsibility. You may identify certain personal interests, the patient allows a line of connection and communication that allows you to make the consultation more conversational, allows yarning, and allows progression into a more clinical yarn and exploration of the medical concerns.

**Jules: What are some ways in which your consultation and interview can make the patient feel secure, allow you to build rapport, and effectively get the information you need?**

**Jess:** Storytelling, yarning and listening are of central importance along with non-verbal cues/body language. This is very important for patients who do not have English as their first language and makes the consultation more informal with a greater sense of
connection with less confrontation. A comforting touch to the shoulder or sitting on the end of the bed can help a patient feel more secure and break down some barriers.

Talila: Be comfortable with silence which can be a powerful form of communication. These silences can be more comfortable if you as the doctor do not feel rushed and seem to have the time to spend with them.

Jess: Consider privacy and cultural issues such as community members being present, gender roles and sensitive topics when setting up the interview. If discussing private or sensitive information, ensure you are in a quiet and private location. Identify whether the topic or presentation may be a men's or women's business topic and find the appropriate doctor who can discuss that. Be aware that in small towns and communities that other family and community members may be present in the space you are consulting and know the patient so ensure the confidentiality and privacy of your consultation is maintained so the person’s place in their community is not compromised.

Jess: Make use of family members appropriately with the patient’s consent and remember to access the expertise of your hospital’s Aboriginal Liaison Officers – ask them questions and expand your knowledge of things that you don't understand.

Talila: Practice the principles of shared decision making and management planning. Find out what their priorities are and have the ability to compromise to help suit this. Find out the patient’s goals and agenda and use the detailed social, cultural and spiritual information to inform the decisions and management going forward. Think about the cultural framework in which this person presents and how can these factors impact on your management going forward.

Jules: What are the main things you have learnt about communicating with Indigenous patients?

Jess: Time is the most important thing, allow time for a longer initial consultation and help build that therapeutic relationship, you may not get all of the information required in the first consult. Going back for more information if required, shows that you are interested and invested in their health. Allow time for pauses and silences when required. Find out the patient’s expectations of the consultation and address their priorities.

Tom: Never make assumptions, you never know if a patient is or is not Aboriginal or Torres Strait Islander. You do not know how involved they are and how connected they are to their community. These are things you need to explore in the consult and take the opportunity to make the consultation to be a positive healthcare experience. This is helped if you tailor it to the individual and maintain respect and kindness throughout.

Talila: Remember the diversity of Indigenous people. Not only are there many language groups and communities nationally but even within these communities there is diversity.

Each individual patient you see is an individual and not a statistic and it is important to treat them with dignity and respect but also to consider them as a whole person with individual needs and concerns.
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