

*Providing culturally appropriate palliative care  
to Aboriginal and Torres Strait Islander peoples*

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# **A Facilitator's Guide**


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**to the Resource Kit**



Prepared for the Australian Government Department of Health and Ageing  
by Training Design, Wodonga Institute of TAFE





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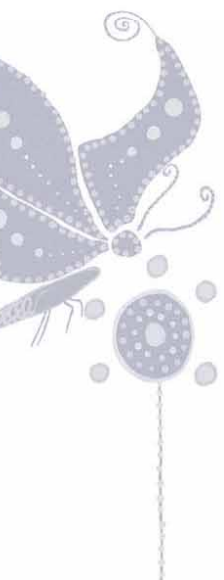


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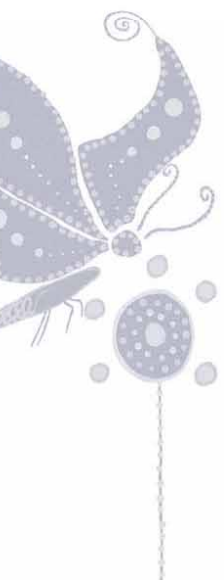




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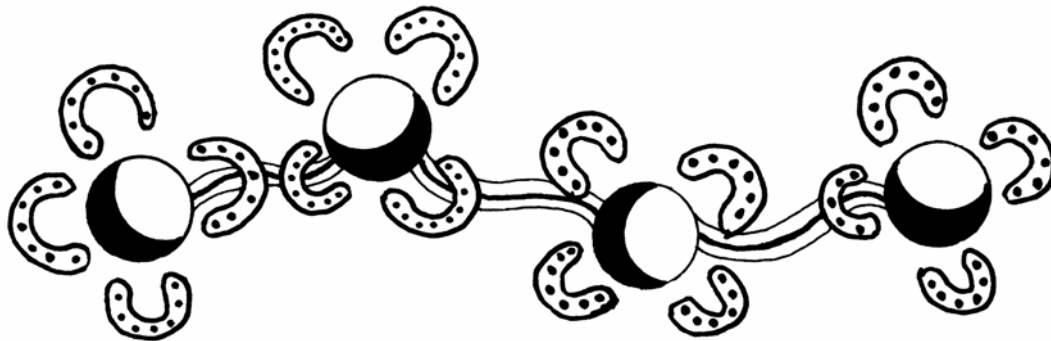


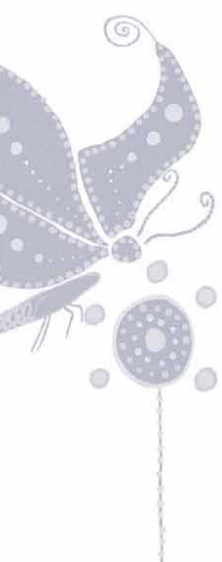


# Section 1



## Overview







# 1 Overview .....

## Introduction

This Facilitator's Guide is for palliative care professionals or educators. It is a companion to the Resource Kit *Providing culturally appropriate palliative care to Aboriginal and Torres Strait Islander peoples*.

The Guide aims to assist facilitators deliver successful training sessions for people working with Aboriginal and Torres Strait Islander palliative care patients, their families and communities.

Training or professional development opportunities are most effective when they engage the participants. Consequently activities based on an understanding of participants' backgrounds, acknowledgement of their experience and abilities, and an awareness of their capacity to accept new concepts and information is fundamental to success.

This Guide is designed to support training and/or workshop sessions and includes information for workplace professional development or more formal training activities conducted outside the immediate work environment. Additionally it could be used to conduct workshops or information sessions with members of a palliative care team.

Information about various ways training sessions and/or workshops can be facilitated is included. The Guide offers flexibility to enable facilitators to customise their delivery to a variety of groups and session lengths.



The Guide contains:

- an overview of key points from the Practice Principles and the Resource Kit
- general hints on facilitating professional development activities
- packaging options for different audiences and session lengths
- PowerPoint presentations, including speaker's notes and suggested discussion activities, that can be customised and repackaged depending on audience needs and time
- learning activities
- case studies
- a resource list.

The training session options are designed to address the needs of three target audiences:

- health care professionals and others involved in the provision of palliative care and who are undertaking professional development activities
- health workers undertaking the training as a course, either accredited (including assessment) or non-accredited but where the training is more substantial than a short professional development activity
- palliative care volunteers and auxiliary workers.

# The Resource Kit

## Background

Funded by the Australian Government Department of Health and Ageing as part of the National Palliative Care Program, the Resource Kit was developed by Wodonga Institute of TAFE, Mercy Health Service (Albury) and Mungabareena Aboriginal Corporation.

It was developed in response to research indicating that palliative care needed to be more culturally appropriate to meet the needs of Aboriginal and Torres Strait Islander patients, their families and communities. The Resource Kit builds on research conducted by Kate Sullivan and Associates<sup>1</sup> which surveyed palliative care providers throughout Australia and undertook consultation in Aboriginal and Torres Strait Islander communities. The Resource Kit comprises:

- a set of **Practice Principles** with supporting strategies designed to assist organisations and individual practitioners examine their practices and implement culturally appropriate care policies, procedures and approaches
- a **Resource** that provides further information on cultural issues which are important for many Aboriginal and Torres Strait Islander people. It also looks at ways palliative care organisations and individuals can support the choices of Aboriginal and Torres Strait Islander patients, and provide culturally appropriate support to families and communities
- an academic **Discussion Paper** that focuses on the experiences and beliefs underpinning Aboriginal and Torres Strait Islander people's perspective on grief and loss. It also addresses the basic principles of intercultural communication and issues around implementing these in Australia
- a **Course** designed to support the implementation of the Practice Principles. Through the course, palliative care providers examine their practice within the context of cultural safety for Aboriginal and Torres Strait Islander palliative care patients, their families and communities. At the time of writing, the course is undergoing accreditation. You should be able to get further information on its status from a Registered Training Organisation in your area.

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1 Sullivan and Associates 2002, Scoping study into Indigenous Palliative Care – Interim Report, Unpublished report, Australian Government Department of health and Aging, Canberra.



## **The Practice Principles**

The Practice Principles, which were developed through extensive consultation with palliative care providers and Aboriginal and Torres Strait Islander peoples and their organisations, acknowledge that each palliative care patient has unique cultural requirements that influence the care provided.

The Practice Principles aim to assist palliative care services and personnel to meet the cultural needs of Aboriginal and Torres Strait Islander patients, their families and communities. Examples of possible organisational and personal strategies are offered as starting points for developing strategies appropriate for specific locations and people.

The key themes of the Principles are:

- valuing difference
- avoiding assumptions
- communication.

## **The Resource**

The Resource has been developed to support the implementation of the Practice Principles and to support training. It is designed to be used as an introduction to cultural factors which impact on the provision of palliative care to Aboriginal and Torres Strait Islander peoples.

The overview of issues in the Resource should be supported by information obtained from local Aboriginal and Torres Strait Islander communities.

## **The Discussion Paper**

This academic Discussion Paper was developed in response to the need to better understand the unique experiences and beliefs around death and dying held by Aboriginal and Torres Strait Islander peoples. The Paper provides an overview of existing literature relating to Aboriginal and Torres Strait Islander peoples perspectives and issues around death and dying.

It aims to provide an understanding of:

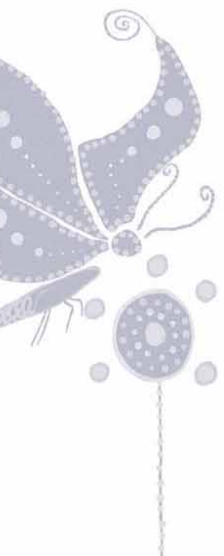
- the experiences and general beliefs about death and loss of Aboriginal and Torres Strait Islander peoples
- the intercultural communication challenges that palliative care service providers face with these unique experiences and beliefs, in particular outlining an approach to engaging with social and cultural diversity in health care settings.

The Discussion Paper identifies key themes in the literature. These themes include:

- historical responses of Aboriginal and Torres Strait Islander communities (accommodation, incorporation and rejection)
- centrality of place
- kin and family
- continuity of life
- the relationship of spirit, soul, place and time
- frequency of experience of death
- sensitivity of the topic of death
- diversity of post-death rituals.

A summary of statistics relating to patterns of death of Aboriginal and Torres Strait Islander peoples in contemporary Australia is included in the Discussion Paper.



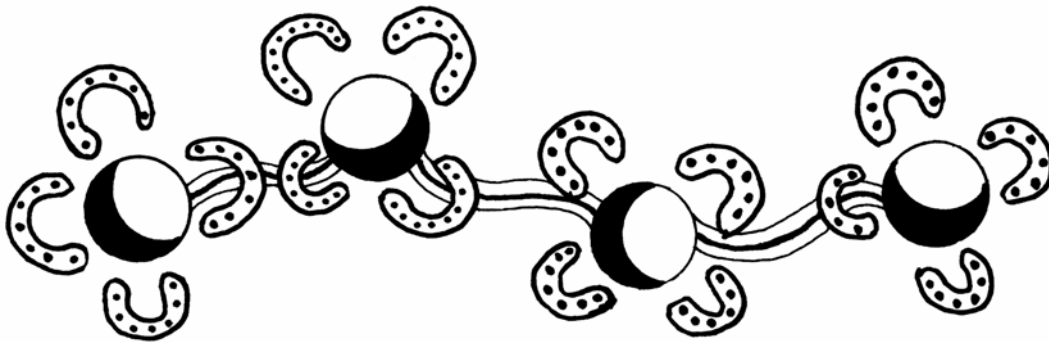


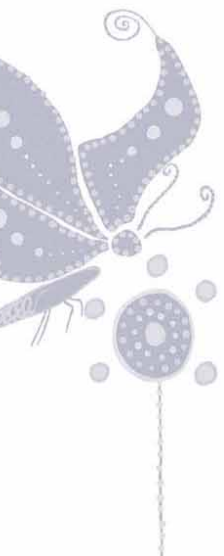


## Section 2



# Facilitating professional development activities







## 2 Facilitating professional development activities .....

### 2.1 What does a facilitator do?

A facilitator is a guide.

Your role as a facilitator is to assist participants to learn, to gain from each other's experience and to gather new information. Each session you facilitate will have goals and objectives to be met within a set period of time. Your job is to help participants progress toward those goals and objectives.

Effective facilitators are:

- objective
- informed
- well-prepared
- able to be good listeners
- focused on the outcomes
- accepting of differing ways people participate
- aware of adult learning styles and able to use them appropriately
- able to build on the knowledge and experience of participants
- enthusiastic about the topic and the activities
- conscious of group dynamics
- open to questions
- flexible.

Encouraging participation, providing opportunities for sharing of information and experience and carefully choosing when to intervene are components of effective facilitation.



## 2.2 What do you need to know about the way adults learn?

The most effective adult learning experiences revolve around ‘seeing’, ‘hearing’, ‘talking’ and ‘doing’.

Adults generally have a preferred learning style. For example, you may learn best by ‘doing’. This may mean that role plays and other experiential activities will be the more effective methods for you to obtain and retain new knowledge and skills. Other styles of learning will reinforce the experiential learning. Listening and reflecting on information, for example, an interview, seeing examples in a DVD or video and sharing experiences in a discussion group, will all contribute to the participant’s ability to retain and apply new knowledge and skills.

Effective facilitation involves utilising a variety of learning experiences to ensure that a range of learning styles are addressed. For example, you may have attended training sessions or lectures where you:

- discussed a case study in a small group
- participated in a class debate, or watched a video or DVD
- listened to a presentation.

Ideally, this session would have enabled the participants to have shared experiences relevant to the session topic, identified patterns in the shared experiences and developed a plan for future action. This type of session requires active participation by the facilitator and the participants. Its design is based on providing a variety of learning opportunities for a group of adults.

When planning your training sessions consider the various learning styles of adults and build your plan to meet these. Obviously, the length of the session you are facilitating will affect the opportunity to move participants through an effective adult learning experience. A 15 minute information session provides little opportunity for utilising a range of activities, whereas longer sessions are ideal.

As a facilitator, you will best assist participants' learning by:

- recognising their experience
- identifying their needs and expectations
- ensuring the relevance of information
- using a variety of methods to introduce and reinforce information
- providing opportunities to share information and experience
- providing feedback
- encouraging active participation.

Keep in mind that the people attending your sessions are called 'participants' so provide them with opportunities to participate.

## **2.3 How can you assist learning?**

### **Presentations**

Presentations are useful for:

- introducing new information
- giving an overview
- getting information across quickly
- summarising information
- providing detailed information
- working with large groups
- introducing concepts.

As the communication is generally one-way, it is useful to follow a presentation with an activity that involves the participants and reinforces the information provided in the presentation.





### Tip ...

In the sessions you will be conducting you may wish to include participants' questions and discussions during your presentation. Alternatively, if the presentation is brief, you may prefer to request participants to wait until you have finished before asking questions or discussing the information.

## Group discussions and debates

Small group discussions give participants an opportunity to discuss experiences, share knowledge and clarify ideas, for example, you may request a group to discuss ideas for 'developing strategies for an organisation to improve the provision of culturally appropriate palliative care'. They also promote participants' responsibility for achieving the objectives for the session.

People who are reluctant to participate in a larger group may feel more at ease communicating in a smaller group. Small groups also allow discussion to develop to a deeper level than may occur in a large group setting. It may be helpful to assign roles to some members of the group, for example, reporter (to report back to the larger group), tracker (to help keep the discussion on track).



### Tip ...

Group composition can be determined by the facilitator or the participants. You may wish to allocate participants to specific groups and to decide minimum and maximum numbers for each group. Two easy methods for arranging groups are:

- 1 group participants who are sitting together
- 2 group participants according to an allocated number, for example, 1, 2, 3, around room and then all No. 1 participants work together.

Group sizes can vary from two upward. Be careful when planning groups of more than six, as there may be difficulty reaching decisions or determining useful outcomes. More time needs to be allowed for larger group discussions.

## Brainstorms

If you want to stimulate ideas and encourage thinking ‘outside the box’, brainstorming is an activity to consider. Ask the group to provide ideas about a topic, for example, ‘individual work strategies’, that could promote culturally appropriate palliative care. List all responses where the participants can view them. Reinforce the rule that every idea is accepted; discussion happens afterwards. When you have completed the list, work with the participants to categorise and discuss the ideas. It may be possible to form small groups to develop the ideas further and report back to the larger group.

Ensure a brainstorm is a positive activity and that an idea is never dismissed. All ideas act as springboards for other ideas.

## Case studies, scenarios and stories

Case studies can be based in fact or they can be fiction. Generally, they offer a story about an event or situation close to one the participants are likely to experience. The case studies provided in this Guide are real, based on the recollections and experiences of people working with Aboriginal and Torres Strait Islander patients, their families and communities.

Case studies provide an opportunity for participants to analyse a situation, consider alternative actions and develop strategies to deal with an event or issue. From this point participants can extrapolate from their learning to their workplaces.



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### Tip ...

When developing case studies or using stories involving Aboriginal or Torres Strait Islander peoples it is important to seek and acknowledge permission.

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## Role plays

Role plays require participants to 'act out' scenarios. They can provide alternative means of addressing situations and are useful tools when you want to practise skills (for example, communicating in a culturally appropriate way with an Aboriginal and Torres Strait Islander patient).

Be aware that some participants may find role playing confronting and may not wish to participate. It is important to emphasise that a role play is a simulation, that it is an opportunity to consider alternative actions and possible scenarios. At the completion of each role play ask the players to discuss how they felt about the role they enacted.



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### Tip ...

It is useful to have some participants as 'observers', providing comment about the characters in the roles. Character names, not the participants' real names, should be used.

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## 'Chalk and talk'

While we more commonly use whiteboards and markers these days, the principles of their use are the same:

- use what you write up to illustrate or reinforce the points you make while you speak
- make it clear to participants if they need to copy what you are writing up (some will do it automatically because that was what they were expected to do at school)
- avoid spending too much time with your back to the group while you are using the whiteboard. This is easier if you write up words or phrases rather than whole sentences
- simple diagrams are an effective way to present information on a whiteboard
- monitor the amount of time you spend in a session using the whiteboard. There are limited opportunities for participation when you use this technique and your group may become disengaged from the activity.

## **Video and DVD**

Videos and DVDs (including material you use from television broadcasts) can provide valuable supporting material for a learning session. However, they need to be carefully selected and previewed before you use them. The title alone is rarely a good indication of the relevance of the material.

Make sure participants are clear on what you want them to look for while they are watching a video or DVD. This will increase their level of engagement with the activity.

Avoid having your group watch a video for an extended period without interruption. Break a longer video up with questions or activities. Remember that many busy adults routinely fall asleep watching television at home and you risk that happening if the video is too long.

## **Games**

Games can be used in a number of ways in a training session. You will all be familiar with the 'icebreaker' games that can be used to set the mood and tone with a new group.

Because games are a form of experiential learning participants who are less comfortable with words or abstract ideas often find them very engaging.

Games can also be a very effective way to get complex messages across to a group of learners – particularly in areas such as cross-cultural communication. For a game to have the maximum effectiveness you need to be very well prepared. Be sure that you have all the props you need, that there is enough time in the session and that your group is ready and willing to participate wholeheartedly in the activity.

## **Interviews and presentations by experts**

Bringing in guest speakers with expert knowledge to make presentations or to be 'interviewed' by the group can give you access to information on topics that are well beyond your own range of knowledge or experience. Make sure that both the speaker and the group are well briefed on the purpose of the presentation so that it is of the most value.



## 2.4 How do groups work?

Groups vary. Some will work well from the first greeting, and some will take more time to adjust to each other and the tasks at hand. The groups you will be facilitating for this project may have relationships that go beyond the training session you are conducting or participants may be meeting for the first time. As the facilitator your role will include working with the different groups that form in each session.

Groups develop over time. The time required varies. The sample sessions included in this guide are short so the stages of group formation will, by necessity, be shortened. In essence, you will need to relatively quickly establish the goals and objectives of the expectation of group and the limits to the group achievements from the training session.

You can help achieve a functioning group for your session by:

- letting participants know early in the session the aims and objectives
- establishing simple rules for communication in the session, for example, one person speaking at a time
- starting and ending on time
- recognising the value of diverse opinions in a group
- allowing sufficient time for everyone to speak
- giving participants your session plan
- using a range of facilitation tools, ranging from passive (presentation) to active (discussions).



## 2.5 How can you manage difficult or challenging behaviours?

Occasionally you may have a participant who is difficult or exhibits challenging behaviour during your training session. It is useful to recognise some of the behavioural indicators and to have considered your possible responses prior to being faced with them.

### Talkative participant

This participant may have good intentions and a wealth of experience but if they dominate the session other participants may opt out.

#### Facilitation strategy

- Acknowledge their input ('Thanks for that thought, John. Helen, what do you think?').
- Interrupt carefully with a question to the group (Mary, I'd like to put that idea up for discussion. Has anyone else had this happen?).
- Avoid eye contact with the talkative person.
- Suggest you discuss the issue in more detail during a break or following the session.
- Don't debate or argue the point.

### Reluctant participant

#### Facilitation strategy

- Prior to the session try to determine if any participants are likely to be reluctant (the session organiser may be able to advise you).
- If people have been required to attend the session, rather than choosing to do so, note this during your opening comments and acknowledge that some participants may have other priorities for their time, but that the group will gain from their input.
- When you are creating small groups try to get a mix of enthusiastic, positive participants with less enthusiastic ones.
- Give a specific role to a participant who appears reluctant, for example recording group discussion.



## **Argumentative participant**

### **Facilitation Strategy**

- Stay calm.
- Seek other participants' comments.
- Look for the positives and acknowledge them.
- Focus on your objectives and plan to achieve them.
- Don't debate.
- Don't question responses or interventions.

## **Participant providing excessive or unrelated information**

### **Facilitation strategy**

- Acknowledge the information and refocus on the topic.
- Draw other participants into the discussion.
- Provide opportunity for more equal participation, for example, comments from around the room.

## **Participant making discriminatory statements**

### **Facilitation strategy**

- Emphasise that the comment belongs to the individual participant, not the group.
- Provide examples of positive experiences and request other participants' input.
- Recognise the effect discriminatory comments may have on other participants.

It isn't possible to predict the combinations of behaviours you may experience during a training session; however, it is worthwhile to reflect before the session on how you might deal with some difficult behaviours. You are the best person to decide which behaviours will be most difficult for you to deal with and you are the best person to make the decisions about how to deal with the particular behaviour at the time. Some forethought is your best preparation.

## 2.6 What will help a session to run smoothly?

Having the right equipment on hand and being confident using it, will make a vast difference to the ease of running a session. This equipment may include:

- Whiteboard, whiteboard markers and eraser.
- Data projector or overhead projector.
- TV with video or DVD player.
- Computer.
- Butchers' paper and pens, masking tape or alternative for fixing paper to walls.
- Posters.
- Pamphlets.
- Copies of the Resource Kit *Providing culturally appropriate care to Aboriginal and Torres Strait Islander peoples* and other relevant resources.

It is also worth taking a bit of time before the session to:

- check the room to make sure that equipment and presentation aids will work in that area, for example, is there a screen or wall to project on to? Where are the power points? Do you need an extension cord? Can butchers' paper be fixed to the walls? Is there enough space to use butchers' paper?
- familiarize yourself with facilities such as toilets and catering
- check the layout of the room, for example, is there sufficient space for small groups to work comfortably? Do you need to rearrange the layout to suit your purpose?
- choose a layout for the room that will best meet the needs of your group, for example, tables or no tables, U-shaped seating, circular or semi-circular seating, scattered seating for small group work.



## 2.7 Shared presentations

Think about sharing the facilitation of the session or part of the session. There are several reasons you may wish to invite another facilitator or presenter to the training session. A palliative care specialist, Aboriginal Health Worker or member of the local Aboriginal and Torres Strait Islander community may provide additional insight to the session. Other reasons could include:

- there is value in diversity
- you are not confident presenting on a particular topic
- a subject matter expert would add value to your training session.

If you are sharing the facilitation of a session it is a good idea to clarify roles and topics. Before the session begins talk to the other presenter/s to ensure everyone is clear about their roles and the objectives of the session.

## **2.8 Maximising your success as a facilitator**

### **Advertise the session**

- Provide information regarding session times, location and registration of interest well ahead of the proposed date.
- Place posters or flyers on notice boards and in newsletters.
- Email or telephone potential participants.

### **Ensure your information is relevant and correct**

- Check dates and statistics.
- Check local information and resources.
- Talk about what you know.
- Think about guest speakers for content you are not familiar with or are uncomfortable presenting.

### **Establish the goals and objectives for each session**

- Determine what you want the participants to learn.
- Decide on the activities you want the participants to complete.
- Work to a timeframe for each part of the session.
- Determine what you want the participants to leave the session with, for example, action plan, personal strategies for the workplace.

### **Know your audience**

- Number attending.
- Characteristics, for example, age, sex, ethnicity.
- Consider the participants' experience in providing palliative care to Aboriginal and Torres Strait Islander patients.
- Estimate the level of interest in attending the session.
- Consider whether participants work together or are from various organisations.



## **Know the location**

- How big is the room? Is it a small seminar room or a large boardroom?
- Is the location accessible for people with disabilities?
- What are the possible seating arrangements?
- Is the location noisy?
- What media equipment is available? Does it work?

## **Communicate well**

- Maintain eye contact with the participants.
- Be aware of how the content is affecting the participants.
- Use language that is familiar and acceptable to the participants.
- Be aware of body language.
- Be conversational.
- Move around but don't pace.

## **Be prepared for equipment failure**

- Keep a copy of your materials nearby.
- Consider alternative presentation styles.

## **Evaluate each session**

- Seek feedback from the participants.
- Review your facilitation.

## **Manage breaks**

- Advise participants at the commencement of the session when the breaks will be and keep to these times as much as possible.
- Use small breaks to maintain participants' attention.
- Use small breaks to change the pace of the session.



## 2.9 Review and evaluation

### Self review

It is a normal part of facilitation to review your work. A quick analysis of the group's responses to information and activities and a review of your performance is part of effective facilitation. To assess whether you are meeting the goals and objectives of the session, ask yourself questions such as:

- Was the group's response to the information or activity positive?
- Did the activity meet the goal I had established?
- How could I improve on participation from some people?
- Should I change the pace for the next activity?

It is also important to take time to reflect on the session when it is finished. Review each component. Consider those parts that worked well and those that were less successful. Analyse why some were successful and others not and establish some strategies for your next session.

### Evaluation by the participants

Providing participants with an opportunity to give feedback on training sessions will help you determine whether the goals and objectives you set for the session have been met. It will also help you improve future performance. Evaluation will be most effective if you choose a method of evaluation that suits the type of session you will be conducting.

### Timing

Handing out an evaluation sheet and asking people to complete it as soon as the session finishes and to return it before they leave is very common. It can provide you with very useful information, particularly about how the session was conducted, the venue, timing, etc. Consider anonymous feedback if you think participants may be reluctant to give an honest appraisal if they are required to identify themselves.



If you want to get an idea of how lasting the impact of the training has been, you may wish to contact a sample of participants at a later time to discuss some aspects of the session (for example, how implementation of strategies for culturally appropriate palliative care for Aboriginal and Torres Strait Islander peoples is progressing in their organisation). If you are considering this, advise people ahead of time and provide them with the opportunity not to participate if they prefer.

## **Evaluation techniques**

Evaluation can be simple or complex. Choose an evaluation technique that will give you relevant information about your session. Some examples of evaluation techniques are:

- group feedback – by asking a group to plan a workplace activity that uses the material you have covered in the session and describe it to the whole group you can check the effectiveness of the session
- content based individual feedback – ask each participant to summarise (verbally or in writing) the key points they will take away from the session
- individual feedback sheets – see Resources 4.2 for examples.

## **Using the information**

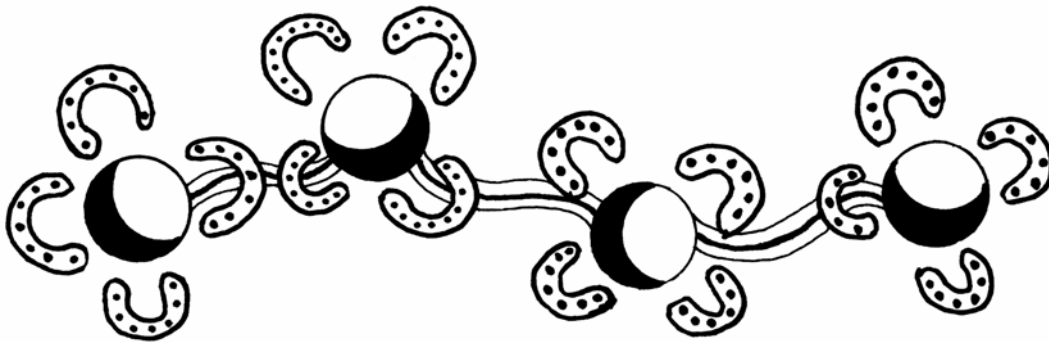
Review your evaluations as objectively as possible. ‘The majority rules’ is a good approach. While you must consider all feedback, there may be some comments that vary significantly from the main. Usually it is the majority view that is more accurate, so use it as a focus for future planning.

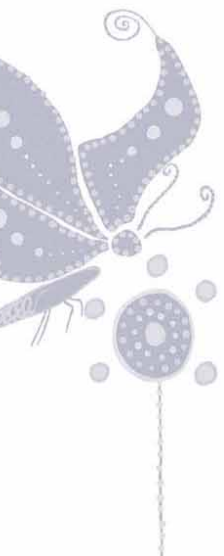


## Section 3



# Sample session plans





## 3 Sample session plans .....

### Awareness-raising session – 15 minute session

#### What are the aims for this session?

This is a brief session designed to:

- introduce the concept of culturally appropriate palliative care for Aboriginal and Torres Strait Islander peoples
- advance the consideration and development of strategies to provide culturally appropriate palliative care for Aboriginal and Torres Strait Islander peoples
- briefly outline current activity in your state or territory or local area.

#### Who is the likely audience?

Your group could include:

- participants with mainstream health backgrounds
- participants with little experience of palliative care or health service provision.
- participants with limited knowledge of Aboriginal and Torres Strait Islander culture and/or Aboriginal and Torres Strait Islander health issues.

Examples:

- palliative care providers
- allied health workers
- community groups and organisations
- boards or committees
- administrative staff
- volunteers
- health professionals.



## What equipment or presentation aids might be useful?

The equipment and presentation aids used will depend on the location of the session. They may include:

- copies of the Resource Kit
- computer, data projector, overhead projector and relevant PowerPoint slides
- posters
- pamphlets.



### Tip ...

Time and audience are important considerations when planning session activities. A short session of 15 minutes doesn't usually allow time for a range of activities. Participants may feel more comfortable with a formal presentation with time for discussion and questions towards the end.

## Sample session plan – 15 minute session

Time	Content	Activity	Aids
2 min	Introduction and overview	Facilitator	PowerPoint slide 1
3 min	Explanation of culturally appropriate palliative care	Facilitator or Guest presenter	
2 min	Overview of the project and Resource Kit	Facilitator	PowerPoint slides 2 to 10
3 min	State or territory approach and activity to date	Facilitator or state or territory Project Officer	PowerPoint slides 11 to 12
2 min	Proposed action or assistance requested Questions	Facilitator Participants	
3 min	Questions and conclusion	Facilitator Participants	

## **Professional development programs – 1, 2, 3 and 4 hour sessions**

### **What are the aims for these sessions?**

These sessions aim to:

- introduce the concept of culturally appropriate palliative care for Aboriginal and Torres Strait Islander peoples
- advance the consideration and development of strategies to provide culturally appropriate palliative care for Aboriginal and Torres Strait Islander peoples
- inform participants of activity in their state or territory and local area
- provide an opportunity for participants to develop local strategies for their workplace.

### **Who is the likely audience?**

Your group could include:

- participants with limited experience caring for Aboriginal and Torres Strait palliative care patients, their families and communities
- participants with limited knowledge of Aboriginal and Torres Strait Islander cultures and/or health issues
- Aboriginal Health Workers, Aboriginal Liaison Officers
- mainstream health workers.

Examples:

- palliative care providers, for example, nurses, doctors
- allied health workers, for example, occupational therapists, physiotherapists
- health professionals
- administrative staff
- volunteers.



## What equipment or presentation aids might be useful?

The equipment and presentation aids used will depend on the location of the session and the activities chosen. They may include:

- copies of the Resource Kit
- computer and data projector or overhead projector
- posters
- pamphlets
- whiteboard, markers and eraser.

## Sample session plan – 1 hour session

Time	Content	Activity	Aids
3 min	Introduction – meet and greet	Facilitator	PowerPoint slide 1
3 min	Overview of the Practice Principles	Facilitator	PowerPoint slides 8 to 10
4 min	Explanation of culturally appropriate palliative care	Facilitator or guest presenter	
5 min	Activity to date in this state or territory	Facilitator	
20 min	Developing local strategies	Small groups	PowerPoint slides 14 to 18 Activity sheet 1 Whiteboard for small group or butchers' paper or blank overhead projector slides OR Member of group to report from notes
20 min	Consolidate proposed actions or strategies	Whole group	Whiteboard for small group or butchers' paper or blank overhead projector slides OR Member of group to report from notes
5 min	Conclusion and evaluation	Facilitator	



## Sample session plan – 2 hour session

Time	Content	Activity	Aids
5 min	Introduction – meet and greet	Facilitator	PowerPoint slide 1
10 min	Overview of Aboriginal and Torres Strait Islander people's: – health issues – access to palliative care services issues	1. Whole group input 2. Summary by Facilitator	PowerPoint slides 20 to 23 Whiteboard
25 min	Overview of concept of culturally appropriate palliative care	1. Input from whole group – a meaning for ‘culturally appropriate’ palliative care 2. Summary by Facilitator 3. Small groups – is it needed locally? Why? 4. Feedback to whole group	White board Activity sheet 1
10 min	The Resource Kit and the Practice Principles	Facilitator	PowerPoint slides 2 to 10
20 min	Your local community's history and issues	Guest presenter, for example, someone from your local Aboriginal or Torres Strait Islander community, Aboriginal Health Worker	
5 min	Existing local strategies	Whole group	White board
20 min	Developing local strategies	Small groups	Whiteboard for small group or butchers' paper or blank overhead projector slides OR Member of group to report from notes



<b>Time</b>	<b>Content</b>	<b>Activity</b>	<b>Aids</b>
15 min	Consolidate proposed actions or strategies	Whole group	Whiteboard for small group or butchers' paper or blank overhead projector slides  OR  Member of group to report from notes
10 min	Conclusion and evaluation	Facilitator	



## Sample session plan – 3 hour session

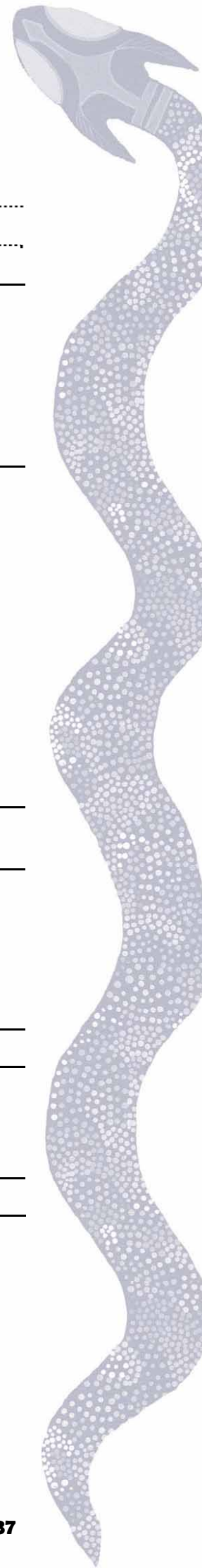
Time	Content	Activity	Aids
5 min	Introductions – meet and greet	Facilitator	PowerPoint slide 1
10 min	Overview of Aboriginal and Torres Strait Islander people's: – health issues – access to palliative care services issues	1. Whole group input 2. Summary by Facilitator	PowerPoint slides 20 to 24 Whiteboard
25 min	Overview of concept of culturally appropriate palliative care	1. Input from whole group – a meaning for ‘culturally appropriate’ palliative care 2. Summary by Facilitator 3. Small groups – is it needed locally? Why? 4. Feedback to whole group	Whiteboard
10 min	The Resource Kit and the Practice Principles	Facilitator	PowerPoint slides 2 to 10
20 min	Your local community's history and issues	Guest presenter, for example, someone from your local Aboriginal or Torres Strait Islander community, Aboriginal Health Worker	
10 min	Break		
40 min	Case study (choose a case study that reflects a number of local issues)	Small groups then debrief as large group	Case study
5 min	Existing local strategies	Whole group	Whiteboard



<b>Time</b>	<b>Content</b>	<b>Activity</b>	<b>Aids</b>
20 min	Developing local strategies: <ul style="list-style-type: none"><li>- organisational</li><li>- individual</li></ul>	Small groups	Whiteboard for small group or butchers' paper or blank overhead projector slides  OR Member of group to report from notes
15 min	Consolidate proposed actions or strategies	Whole group	Whiteboard for small group or butchers' paper or blank overhead projector slides  OR Member of group to report from notes
10 min	Conclusion and evaluation	Facilitator	

## Sample session plan – 4 hour session

Time	Content	Activity	Aids
5 min	Introduction	Facilitator	PowerPoint slide 1
20 min	Overview of Aboriginal and Torres Strait Islander people's: <ul style="list-style-type: none"> <li>- health issues</li> <li>- access to palliative care services issues</li> </ul>	<ol style="list-style-type: none"> <li>1. Whole group input</li> <li>2. Summary by Facilitator</li> </ol>	PowerPoint slides 20 to 24 Whiteboard
25 min	Overview of concept of culturally appropriate palliative care	<ol style="list-style-type: none"> <li>1. Input from whole group – a meaning for ‘culturally appropriate’ palliative care</li> <li>2. Summary by Facilitator</li> <li>3. Small groups – is it needed locally? Why?</li> <li>4. Feedback to whole group</li> </ol>	Whiteboard Case study
10 min	The Resource Kit and the Practice Principles	Facilitator	PowerPoint slides 2 to 10
40 min	Your local community – Aboriginal and Torres Strait Islander peoples history and issues	Guest presenter from your local Aboriginal or Torres Strait Islander Community, Aboriginal Health Worker	
15 min	Break		
30 min	Case study (choose a case study that reflects a number of local issues)	Small groups then debrief as large group	Case study
15 min	Existing local services	Whole group	Whiteboard

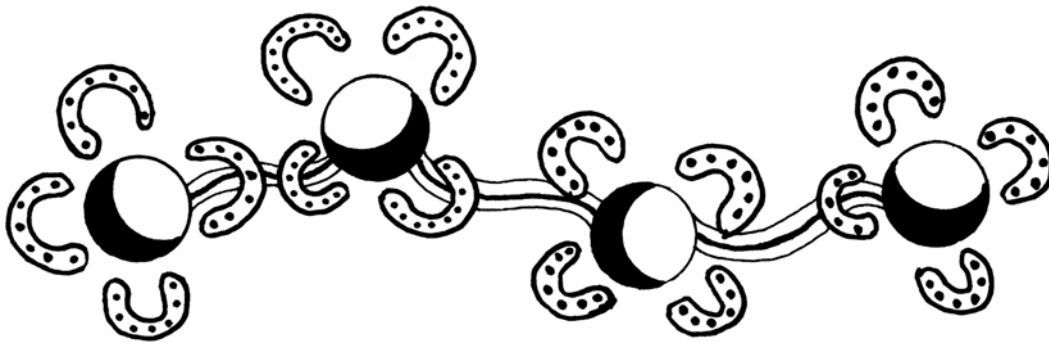


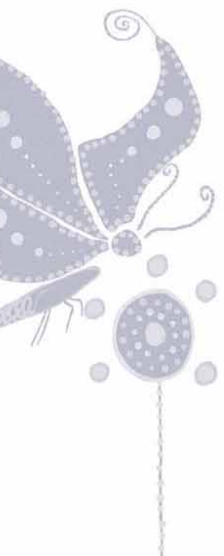
<b>Time</b>	<b>Content</b>	<b>Activity</b>	<b>Aids</b>
40 min	<p>Developing organisational and individual strategies:</p> <ol style="list-style-type: none"> <li>1. brainstorm – whole group</li> <li>2. small groups – case study and/or Practice Principle activity sheets.</li> </ol> <p>Use the case study as a prompt for the group discussion. As above, choose one that has local resonance. Different groups could use different case studies.</p>	Small groups	<p>Activity sheets, for example, the practice principles</p> <p>Whiteboard for small group</p> <p>OR</p> <p>Butchers' paper or blank overhead projector slides</p> <p>OR</p> <p>Member of group to report from notes</p>
30 min	<p>Consolidate proposed actions or strategies. Include discussion of:</p> <ul style="list-style-type: none"> <li>– barriers to implementation</li> <li>– who has responsibility for implementation</li> <li>– timeframes for implementation</li> <li>– where to gain assistance</li> </ul>	Whole group	<p>Whiteboard for small group or butchers' paper or blank overhead projector slides</p> <p>OR</p> <p>Member of group to report from notes</p>
10 min	Conclusion and evaluation	Facilitator	Evaluation sheets

# Section 4



# Resources







## 4 Resources .....

### 4.1 PowerPoint slides

A collection of PowerPoint slides with notes is included with this guide. You can use the slides as a starting point for developing your own presentation.

The slides include:

- summaries, for example, contents of the Resource Kit
- information, for example, statistics
- discussion starters, for example, quotes
- lists, for example, suggested strategies.

Which slides and which information you include will depend on your audience. Select those slides you wish to include in the training session and adapt the notes as needed. Alternatively develop a presentation specifically for your session.

Before the session decide whether participants will receive copies of the PowerPoint slides as a handout. Sometimes handing out copies prior to the session can be distracting as participants read ahead and this may affect the impact of some of the information you will be presenting. On the other hand, providing copies ahead of the session allows participants to make notes as the session progresses.



## 4.2 Activities

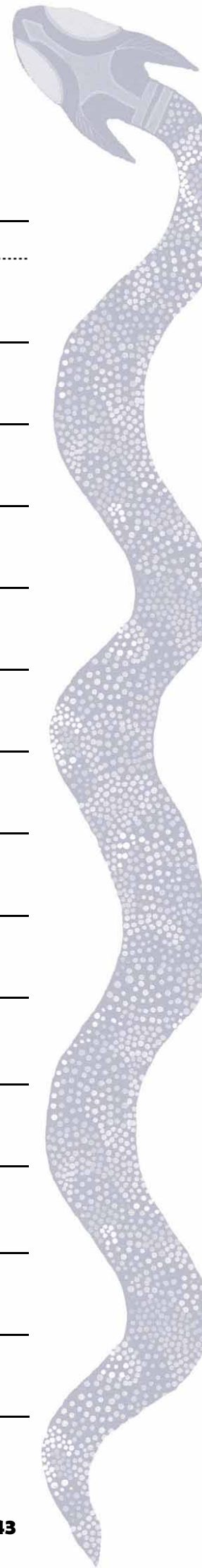
The following section contains examples of activities that are suitable for use in the longer professional development sessions. Most are focussed around promoting the behaviours and attitudes espoused in the Practice Principles.

Activity Sheet 1 allows participants to create a list of the names and contact details of local services likely to be relevant to Aboriginal and Torres Strait Islander peoples. You can either ask participants to gather the information (as a group or individually) and then use it as a discussion starter about the range of available services and any issues that arise in accessing them, or use it as a follow-up activity which will allow participants to extend their networks.

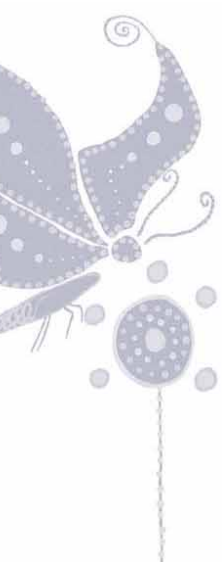
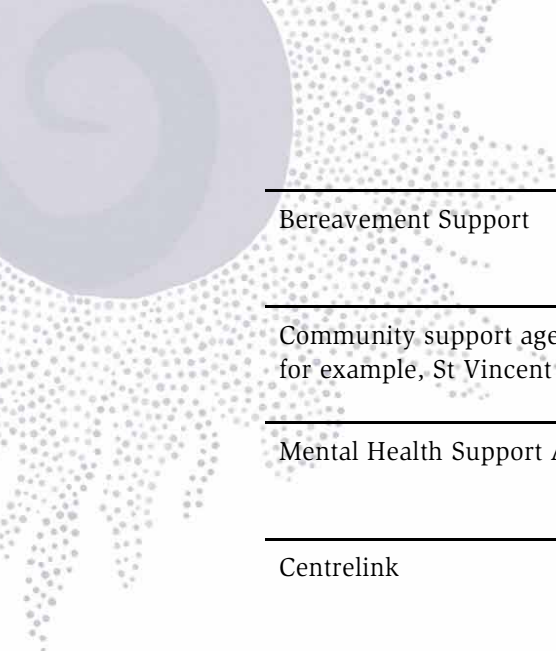
The remaining sheets encourage people to develop a list of strategies for applying the Practice Principles at an organisational and personal level.

**LOCAL SERVICES**  
for Aboriginal and Torres Strait Islander Palliative care patients

Service name	Address	Phone
Palliative Care Service		
Aboriginal Health Workers		
Community Nurses		
Aboriginal Medical Service or Health Centre		
Aboriginal Community Organisations		
Home and Community Care Services		
Emergency Housing		
Community Transport		
Ministers of Religion		
Household goods for example, fridges, storage cabinets		
Meals on Wheels		
Equipment for example, wheelchairs, mechanised beds		
Travel assistance		
Funeral Assistance		



Bereavement Support		
Community support agencies, for example, St Vincent de Paul		
Mental Health Support Agencies		
Centrelink		



## **Practice Principle 1**

Include Aboriginal and Torres Strait Islander organisations and/or personnel in the planning, provision and monitoring of palliative care to ensure culturally relevant requirements are addressed and preferences of the patient and/or their family are considered.

### **Organisational strategies**

### **Personal strategies**



## **Practice Principle 2**

Communicate with the patient and their family and community in a sensitive way that values cultural difference.

### **Organisational strategies**

### **Personal strategies**



## **Practice Principle 3**

Provide training to all personnel to enable the provision of culturally appropriate palliative care to Aboriginal and Torres Strait Islander peoples.

### **Organisational strategies**

### **Personal strategies**



## 4.3 Case studies

The following case studies can be used in some of the longer professional development sessions. You are free to make multiple copies of the case studies for use in training sessions. Other case studies are available in the Resource Kit or you may have examples that could be developed into case studies.

## Fishing

**'If you were going fishing you would go to the locals and ask where the best fishing spots were, what was the best bait to use, etc. Everybody knows you have to get local knowledge if you're going to get any fish. You wouldn't expect to hook a fish off the coast of Tasmania with bait you need to use in northern Queensland rivers! It's the same with Aboriginal and Torres Strait Islands cultures. You have to ask the locals!'**

(Aboriginal social worker)

- 1 How would you assess your organisation's knowledge of local Aboriginal and Torres Strait Islander culture? Consider formal and informal.
- 2 How is this knowledge shared or extended?
- 3 What suggestions would you make to improve the current situation?
- 4 Who would be responsible for implementing your suggestions?
- 5 How would you assess your knowledge of local Aboriginal and Torres Strait Islander culture?
- 6 How did you gain this knowledge?
- 7 How could you improve your knowledge?



## Culture and diversity

**'Aboriginal culture is diverse and rich. Some of us are contemporary and professional people; others are living more traditional lives. But underneath, the core values are the same across the nation – from one group to another to another. These values include family and kinship, sharing and the love of the land. They are shared values even though our cultures are different.'**

(Aboriginal Elder, central regional Victoria)

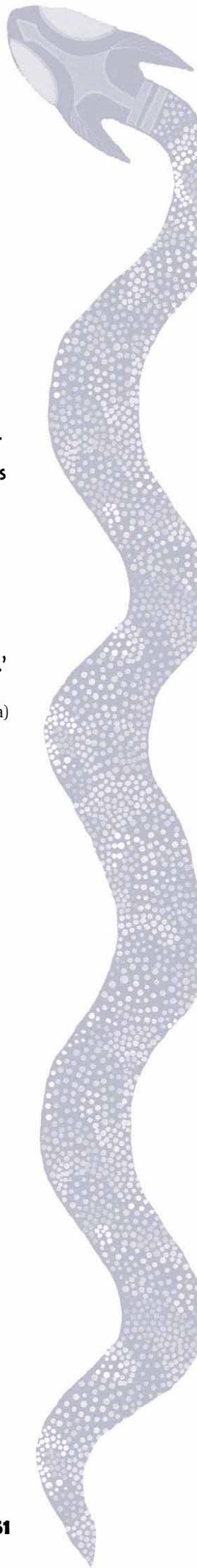
- 1 How would you assess your palliative care service's performance in providing culturally appropriate care to Aboriginal and Torres Strait Islander people?
  - a No patients have identified as Aboriginal and Torres Strait Islander
  - b Poor
  - c Good
  - d Very good
- 2 Provide at least one suggestion for improving your organisation's performance in this area.
- 3 List the position titles responsible for undertaking implementation of this action.

## Embedded and entwined

**‘Culture is embedded in the heart, mind and spirit of Aboriginal peoples. It calls to the soul from the depth of the earth, the universe and the life-force of nature in all its forms. Culture is intrinsically entwined and interwoven into the patterns of Aboriginal spirituality, being part and parcel of the same. It has sprung from the life-force at the time of creation and has taken form according to the natural laws as laid down by our spiritual forefathers. These laws engender natural balance, harmony and respect for humanity, the land and all living things. They form the underpinning values that join diverse nations of Aboriginal people together as one. Culture has provided us with a rich tapestry of cultural practices, ceremonies, song, art and dance. These nurture the spirit and ensure that the physical, mental and spiritual well-being of humanity and all living things are preserved through time and join in the chorus of the universal song. Our culture is a living culture, ever evolving, and encompasses the past, present and future.’**

(Aboriginal Elder, central regional Victoria)

- 1 What impact could this view of Aboriginal culture have on the services your organisation provides?
- 2 Specifically, what areas of service provision require revision?
- 3 What changes need to be made? When? How?



## Priorities

'Families under financial strain may place more importance on having one meal a day than buying pillows, medication and other essential items for quality-of-life needs.'

(Aboriginal Health Worker, regional or rural area)

- 1 What services does your organisation have in place to identify the needs of and to assist Aboriginal and Torres Strait Islander palliative care patients?
- 2 Are these services effective?
- 3 Who coordinates them?
- 4 How is patient, family or community access to the services determined?



## Urbanisation

**'Not all urban Indigenous Australians have lost their culture. Many individuals and communities have fought to retain their culture and values and have succeeded in varying degrees. In terms of palliative care provision, each person will have a unique set of cultural needs. Urban Indigenous Australians may have a mixture of Indigenous Australian and mainstream Australian cultural needs.'**

(Indigenous Australian Elders, Victoria)

- 1 Do you believe your organisation or service can cater well to the needs of urbanised Aboriginal and Torres Strait Islander palliative care patients?
- 2 Outline the strengths of your service or organisation in this area.
- 3 Outline the weaknesses.
- 4 Provide recommendations for action.



## Traditions

'A (mainstream health care professional) may think that a person lying in the dirt under a tree in the bush is not being cared for by the family, or the family not attending to dressing (or) pressure area care are not caring. Indigenous people have a traditional cultural way of care for their relatives with a terminal illness which has been practised for thousands of years and (is) still strongly practised in the rural remote areas today.'

(Rural Aboriginal Health Worker)

- 1 Does your service adequately consider the cultural needs of Aboriginal and Torres Strait Islander patients?
- 2 Provide examples of good practice either in your organisation or in others.

## Systems and time

'Regularly client and family are told by staff in hospital they are being transported home. Client and family assume that it is tomorrow and when it takes more than a few days they can become very upset or angry. ... (service) can take up to a week or more waiting and client may die waiting or deteriorate (too) markedly to enjoy much time and quality of life at home in the community. The staff have not told them of how the system works, for example, when on ... (service) they go on a waiting list for a ... (transport) travelling to their community and if no ... (transports) are going to their community they will have to wait longer.'

(Aboriginal Health Worker, rural or remote area)

- 1 Outline some strategies for ensuring Aboriginal and Torres Strait Islander palliative care patients, their families and communities can be informed of the systems existing for palliative care patients.
- 2 Discuss the advantages of the strategies.
- 3 Discuss difficulties in implementation and methods to overcome the difficulties.



## Questioning the system

'A lady at the terminal stage of cancer had progressed to a semi-conscious state whilst waiting for her family to arrive from the community 900km away. The delay was because the rivers were up (wet season) and there was a delay in accessing a bus.

When the family arrived they were upset because of the lady's status and because she couldn't communicate with them. I was there at the time and the person was very restless when the family were at the bedside. The nurse walked in and made an assessment that the person was in pain and required more morphine. I informed nurse that I did not think her restlessness was due to pain. I spoke to the family as my assessment of the situation was that she was trying to communicate with her family. The family thought the same as I.

We discussed getting the dosage of morphine reduced to see if that would allow acknowledged communication between the family and the person with pain still being controlled at an acceptable level for the person. I informed the treating doctor of the family's decision and the dosage was reduced. The person sat up, ate a small meal, was able to speak and share stories with family and died the next day.

Indigenous people do not feel comfortable about saying how they feel or questioning the system and require a person to help inform and advocate in certain situations.<sup>1</sup>

(Hospital-based Aboriginal Health Worker, rural or remote area)

- 1 What is your opinion of the Aboriginal Health Worker's actions?
- 2 Does your service adequately consider the cultural needs of Aboriginal and Torres Strait Islander palliative care patients and their families?
- 3 What suggestions would you make to improve the service?

## Country

**'A person from a remote community who was at end-stage and not able to be successfully treated wished to return to her community to die. The doctor and the appropriate family members had a meeting. After hearing the information the family decided that the doctor would give some treatment so that she had a chance of getting to her country.**

**After a few days the doctor thought she was responding well and there may be a chance that if she was transported by air straight away she would maybe get home or might die over country in the plane. The issue was who was going to pay for repatriation as she was only eligible for the waiting list and that would take too long as she could die while she was waiting.**

**The person was awake, but her spiritual strength and hope of getting home was decreasing every day.**

**Palliative care gave the correct information to the family and organised another family meeting with the doctor straight away. The doctor told the family the right story and the family could make an informed decision based on the full information and options available.**

**We were able to sort out payment for immediate repatriation as a special circumstance request. There was portable equipment to support her treatment and the doctor agreed to accompany the person home because the local services didn't have the expertise to look after her.**

**She got home. She had some treatment and lived for another two hours. Her wish to return home to her country, see her family and more importantly see her father was granted.'**

(Hospital-based Aboriginal Health Worker, rural or remote area)

- 1 What does 'country' mean to you?
- 2 What might 'country' mean for Aboriginal and Torres Strait Islander peoples?
- 3 How would you determine whether an Aboriginal or Torres Strait Islander patient wanted to go home to country?
- 4 Does your service cater for the needs of patients who wish to return to country? How?



## Grief

'A lady from a remote area died in a (capital city) hospital. The family members had come to (the city) to be with her. The Aboriginal staff from the Aboriginal Medical Service told the ward staff when she was near death that they should remove solid, moveable objects from the room before she died. They ignored the advice. When she died, the waiting relatives began wailing and started hitting themselves with all sorts of dangerous objects that were in the room. The staff had not listened, had not removed the objects and had not found a better room for the lady where the family could be with her safely.'

(Aboriginal Health Worker, Sullivan 2003)

- 1 What issues are raised by this series of events for hospital staff?
- 2 What are the issues for management?
- 3 How would the information and advice offered by the staff from the Aboriginal Medical Service be treated in your organisation?



## 4.4 Evaluation samples

Three evaluation forms are included as examples. You may make copies of them for use in training sessions.



## **Evaluation A – Providing culturally appropriate palliative care to Aboriginal and Torres Strait Islander patients, their families and communities**

Date: .....

Please mark the response that best matches your view.

### **1 The facilitator organised the information effectively.**

Strongly agree      Agree      Neutral      Disagree      Strongly disagree

Comments: .....  
.....  
.....

### **2 The facilitator managed the group well.**

Strongly agree      Agree      Neutral      Disagree      Strongly disagree

Comments: .....  
.....  
.....

### **3 Audio-visuals were appropriate and contributed to the session.**

Strongly agree      Agree      Neutral      Disagree      Strongly disagree

Comments: .....  
.....  
.....



**4 Case studies (or other materials) were appropriate and contributed to the session.**

Strongly agree      Agree      Neutral      Disagree      Strongly disagree

Comments: .....  
.....  
.....

**5 The strategies developed today can be applied to my work.**

Strongly agree      Agree      Neutral      Disagree      Strongly disagree

Comments: .....  
.....  
.....

**6 Would you be interested in attending a follow up session on this topic?**

If yes, specify the areas that you would like to see included in the session.

.....  
.....  
.....  
.....

**7 Would you be interested in providing more feedback about this session?**

If yes, please provide your name and contact number.

.....  
.....  
.....  
.....

## **Evaluation B – Providing culturally appropriate palliative care to Aboriginal and Torres Strait Islander patients, their families and communities**

Date: .....

Name (optional): .....

**1 The objectives for today’s session were:** (facilitator to complete)

.....  
.....  
.....  
.....

**2 Were the objectives met?** (please circle)

YES      NO

**3 What suggestions would you make for improving the session?**

.....  
.....  
.....  
.....

**4 What was the most useful or important information you gained today?**

.....  
.....  
.....  
.....

**5** Which parts of the session were most useful for you? Why?

.....

.....

.....

.....

**6** Which parts of the session were least useful? Why?

.....

.....

.....

.....



## **Evaluation C – Providing culturally appropriate palliative care to Aboriginal and Torres Strait Islander patients, their families and communities**

Please circle three (3) to five (5) descriptions that best indicate today's session for you.

Too long

Too short

Relevant to my work

Irrelevant to my work

New

Old news

Well organised

Poorly organised

Good information

Poor information

Challenging

Useful

Interesting

Boring

Well presented

Badly presented

Good opportunity to participate

Insufficient opportunity to participate