

Survey and Interview Guide for GP registrars.

Survey for GP registrars:

1. Which category includes your age?

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+

2. What is your gender?

- Male
- Female
- Other

3. Which category best describes the number of years you are post-graduate from medical school?

- 1-4
- 5-7
- 8-10
- 11-15
- 16-20
- 21-25
- > 25

4. Which of the following categories best describes your general practice position?

- Intern or resident
- AGPT registrar
- Non-AGPT registrar
- Non-VR General practitioner
- Vocationally registered general practitioner

4a. What college are you training with or hold fellowship with?

- RACGP
- ACRRM
- Both
- Don't know
- Not applicable

4b. What is your current stage of GP training?

- Hospital / Core generalist
- First year GP training
- Second year GP training
- Advanced skill training

4c. What university did you complete your medical degree through?

James Cook University
 Griffith University
 University of Queensland
 Bond University
 Other Australian University: _____
 Overseas University: _____
 Prefer not to say

4d. My medical degree was:

Undergraduate
 Post-graduate – Yes, progress to 4e

4e. What was your undergraduate degree: _____

4f. What is the nature of your current main practice? (Choose all that apply).

Hospital based
 General practice based
 Aboriginal Health or Medical Service
 Other

4g. What is the postcode of your current main workplace? _____

5. How long have you lived in Australia?

0- 5 years

 6-10 years
 11-15 years
 >15 years
 All of my life

6. During your practicing career, approximately how much time have you worked in a setting with mostly Aboriginal and Torres Strait Islander patients?

Nil
 <6 months
 7-12 months
 1-3 years
 4-6 years
 7-10 years
 11-15 years
 16-20 years
 21-25 years
 > 25 years

Questionnaire for GP registrars:

Item	Item definition
CST*Q1	I think my beliefs and attitudes are influenced by my culture.
CSTQ2	A GPs' own cultural beliefs influence their health care decisions.

CSTQ3	Time in the GP curriculum devoted to the promotion of * self-awareness and well-being is time well spent.
CSTQ4	A GPs' ability to communicate with patients is as important as their ability to solve clinical problems.
CSTQ5	The presence of more than two family members in a GP consultation is disruptive to staff and should be limited or restricted.
CSTQ6	The quality of patient care could possibly be compromised if a GP is oblivious to the family's cultural attributes and values.
CSTQ7	As a GP if I needed more information about a person's culture to provide a service, I would feel comfortable asking the person or one of their family members.
CSTQ8	Aboriginal and Torres Strait Islander people, due to the own cultural beliefs and values, have the poorest health status in Australia.
CSTQ9	Aboriginal and Torres Strait Islander people, should be responsible for improving their own health.
CSTQ10	The Western medical model is sufficient in meeting the health needs of all people including Aboriginal and Torres Strait Islander peoples.
CSTQ11	All Australians need to understand Aboriginal and Torres Strait Islander history and culture.
CSTQ12	Aboriginal and Torres Strait Islander people should not have to change their culture just to fit in.
CSTQ13	We practice equity in the provision of healthcare by treating Aboriginal and Torres Strait Islander people the same as all other patients.
CSTQ14	I need to think beyond the individual when considering Aboriginal and Torres Strait Islander health issues.
CSTQ15	I have a social responsibility to work for changes in Aboriginal and Torres Strait Islander health.
W*1	History does not impact on Aboriginal and Torres Strait Islander health.
W2	Understanding Aboriginal and Torres Strait Islander peoples' history will inform my practice as a GP.
W3	Understanding Aboriginal and Torres Strait Islander peoples' social practices will not apply to my practice.
W4	I find it difficult to understand the beliefs of different cultural groups.
W5	Evidence from research can help me in my practice in Aboriginal and Torres Strait Islander peoples' health.
W6	Aboriginal and Torres Strait Islander peoples receive unnecessary special treatment from government.

CST* – selected questions from Ryder et al (1) measure of attitude change.

W* – selected questions from West et al (2) cultural capability measurement tool.

(Modifications to original surveys:

Throughout the survey the term:

- health professional is replaced with GP throughout the survey.
- Aboriginal people is broadened to Aboriginal and Torres Strait Islander people
- patient is used instead of client

CSTQ3 - *the word student is deleted

CSTQ5 – “GP consultation” used instead of “hospitalised patient’s room”. “Prohibited” replace with “limited or restricted”.

CSTQ9 – Modified from “should take more individual responsibility” to “should be responsible”

W6 – Unnecessary added)

Interview Guide GP registrars exploring what is distinctive to consultations with Aboriginal and Torres Strait Islander patients

Note: If registrars have not commenced GP training or have not consulted any Aboriginal and Torres Strait Islander patients the wording in brackets may be substituted.

To start this interview, could you please tell me why do you think Aboriginal and Torres Strait Islander patients choose (would choose) to see you as their doctor?

Can you describe Aboriginal and Torres Strait Islander patients for me please?

Prompt: Tell me about your Aboriginal and Torres Strait Islander patients. What are they like? Do you feel they are different to your non-Indigenous patients?

What are the most important things you do (could do) to make Aboriginal and Torres Strait Islander patients feel culturally safe when you are consulting?

What is (would be) your communication strategy in consultations with Aboriginal and Torres Strait Islander patients?

Probe: How do you start your consultation with Aboriginal and Torres Strait Islander patients?

How do you (would you) describe your consultation approach to Aboriginal and Torres Strait Islander patients?

Do you (would you) use a particular model of consultations?

Do you modify this model in any way for Aboriginal and Torres Strait Islander patients?

Is this different to your approach with patients who do not identify as Aboriginal and Torres Strait Islander?

How do you provide emotional support for your Aboriginal and Torres Strait Islander patients?

Can you describe a time when you feel a patient may have felt culturally unsafe when you were consulting?

Can you describe any occasions when you felt uncomfortable with your Aboriginal and Torres

Strait Islander patients?

What does a culturally safe GP consultation look like to you?

How do you demonstrate respect for your Aboriginal and Torres Strait Islander patients?

On a scale of 1-5, how important are the following when consulting with Aboriginal and

Torres Strait Islander patients:

The inclusion of spirituality

Including family, elders, or significant others

The use of silence

Eye contact

Your knowledge of Australia pre-colonisation

Your knowledge of the experiences of Aboriginal and Torres Strait Islander people after colonisation

Your medical/clinical knowledge and skills

Learning and using some traditional language

On a scale of 1-5, how important is:

Your culture to you and your identity

Connection to land

What tips/tricks/words of wisdom would you like to give to medical students to improve the way they consult with Aboriginal and Torres Strait Islander patients?

Do you have anything else you want to add?

References:

1. Ryder C, MacKean T, Ullah S, Burton H, Halls H, McDermott D, et al. Development and validation of a questionnaire to measure attitude change in health professionals after completion of an Aboriginal health and cultural safety training programme. *Australian Journal of Indigenous Education*. 2019;48(1):24-38.
2. West R, Mills K, Rowland D, Creedy DK. Validation of the first peoples cultural capability measurement tool with undergraduate health students: a descriptive cohort study. *Nurse Educ Today*. 2018;64:166-71.