

Supplementary Table 1 – Table of content of the PowerPoint presentation of the training

Introduction to Aboriginal and Torres Strait Islander Cultural Practice Program and Clinical Yarning in Pain Management

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Supplementary Table 2 (S2) – Vignettes of pain case scenarios, still images



Supplementary Table 3 (S3) – Learners’ Workbook

QIMR Berghofer
Medical Research Institute

INTRODUCTION TO CULTURAL CAPABILITY AND CLINICAL YARNING IN PAIN MANAGEMENT

PARTICIPANT WORKBOOK

Making Tracks
Artwork produced for Queensland Health by Glimbaa

Queensland Health-Making Tracks: This artwork represents Aboriginal and Torres Strait Islander cultures in Queensland. It speaks of the importance of traditional and cultural sensitivities, how these are communicated in the modern day health systems and how health professionals can best provide health services for Indigenous people through best practice.

The central circular motif represents Health in Queensland, and the meeting place where people come to trade knowledge about best health practices and procedures.

The pathways leading both in and out of this central motif represent people travelling from different professions, different communities and different country, and the importance of everyone contributing equally to this journey. A journey of change and growth for a brighter, healthier and happier future for all Indigenous people.

The surrounding markings and motifs represent the important network of people from these communities, their connection to each other, and how they work together to empower Indigenous Queenslanders to have long, healthy, productive lives.

Development: This training package was developed by QIMR Berghofer Medical Research Institute in partnership with Queensland Health and the Aboriginal and Torres Strait Islander Cultural Capability Team; The University of Western Australia and the Western Australia Centre for Rural Health; The University of Queensland; and The Queensland University of Technology.

QIMR Berghofer Medical Research Institute

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QUT

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Training development team: Mr Gregory Pratt, Mrs Julie Rogers, Mr Jermaine Isua, Dr Christina Bernardes, Dr Ivan Lin, Dr Matthew Bryant and Mr Corey Jones

Graphic design and layout: Annette Vandermaat

Vignette Production: Ignition Films

Actors: Sean Dow, Roxanne McDonald, Lena Lee, Charles Passi, Colin Smith and Life Charlton.

Special thanks to the Persistent Pain Clinicians at Queensland Health and the patients who have participated in the Clinical Yarning Study

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management

The developers/presenters acknowledge the Traditional Custodians of the land on which this workshop is taking place.
We pay our respects to Elders past, present and future.
We respectfully acknowledge the significant contributions of the Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Team to the development of this training package.

MODULE 1

WELCOME, INTRODUCTIONS AND OVERVIEW



Welcome and introduction

Thank you for participating in an Introduction to Cultural Capability and Clinical Yarning for pain management. By participating you are demonstrating willingness to provide better care for Aboriginal and Torres Strait Islander patients living with persistent pain (although we expect information to be useful to other patients).

Culturally capable care and the ability to communicate effectively with all patients, is at the heart of safe, efficient and high quality health care. In particular, developing skills to communicate more effectively with Aboriginal and Torres Strait Islander patients is especially important because:

- Communication can be more complex when clinicians and patients have different cultural backgrounds.
- Aboriginal and Torres Strait Islander peoples experience a high burden of pain and most likely, poorer pain-related health outcomes.
- Poor communication is one of the most prominent barriers for Aboriginal and Torres Strait Islander patients accessing health care. Improving communication is something that you can change!

Developing communication skills, like technical skills (e.g. taking blood pressure or performing surgery) requires practice, feedback, reflection and repetition. In contrast to what many think, the ability to communicate effectively is not always an inherent ability. Communication skills are often not taught comprehensively in health practitioner education. This program is one step to improving your skills.

We encourage you to continue to develop your communication skills after participating in this workshop through reflection, practice, peer review, or undertaking additional learning activities.

Aim

The aim of Cultural Capability and Clinical Yarning for pain management is to provide you with cultural knowledge, and the skills and tools to communicate more effectively with Aboriginal and Torres Strait Islander patients living with pain.

Before you Start

This workshop includes an Introduction to Aboriginal and Torres Strait Islander Cultural Capability and Clinical Yarning. An introduction to Aboriginal and Torres Strait Islander Cultural Capability provides the foundation information to understand Aboriginal and Torres Strait Islander health, recognize how your cultural perspective influences interactions with Aboriginal and Torres Strait Islander patients, and appreciate the experiences of Aboriginal and Torres Strait Islander peoples when accessing health care. Cultural capability is underpinned by cultural competency, cultural safety and cultural respect.



Clinical Yarning translates Cultural Capability into tools and skills for communicating with Aboriginal and Torres Strait Islander patients in pain management.

What you are going to learn

By the end of this workshop you will gain an understanding of:

- Aboriginal and Torres Strait Islander cultures, including the distinctions and diversity within each culture.
- Aboriginal and Torres Strait Islander perspectives of health in relation to key elements of culture.
- Aboriginal and Torres Strait Islander lifestyle and health related beliefs and practices.
- Traditional Aboriginal and Torres Strait Islander culture, practice, values and lifestyle which sustained health and wellbeing prior to colonization.
- How colonisation has contributed significantly to the social determinants of Aboriginal and Torres Strait Islander health and the current health gap.
- The health status of Aboriginal and Torres Strait Island Queenslanders since colonization.
- Why effective communication is critical for successful pain management amongst Aboriginal and Torres Strait Islander Australians.
- Communication barriers between Aboriginal and Torres Strait Islander Australians living with pain and health care practitioners.
- The Clinical Yarning framework and identify Clinical Yarning skills used in pain management.
- Demonstrating skills for the social, diagnostic and management yarns as applied to pain management.

Structure

Modules 1-6 (5.5 hours) includes a mix of presentation and interactive learning activities.

Module 7 (2 hours) involves communication practice with a simulation patient.

This Workbook

This workbook includes activities which will be completed during the workshop, some key information, fact sheets, and a list of useful resources and references.

Clinical Yarning Queensland

By Brooke Sutton



My name is Brooke Sutton I am 14 years old and I am a contemporary Indigenous artist from the Kalkadohn people from the Mount Isa area in Queensland. This painting is called "Clinical Yarning Queensland".

In this painting the large community symbol in the centre represents QIMR Berghofer Medical Research Institute With the larger U Symbols (people) representing the health professionals, male and female who provide support for those with Chronic pain represented by the smaller U Symbols in the centre.

On the lower left hand side of the painting, the hand print and ear represents communication- listening and understanding the pain that the patient feels. With the circle in the bottom right corner symbolising yarning, talking about the pain and having two way conversations, the health professional and the patient work together to find the best way to manage the pain.

The three large red circles running through the middle of the painting represent the 3 main types of physical pain of the body, Acute pain, Chronic Pain and Breakthrough Pain and the people who it affects. The spirit in the top right corner symbolises spiritual, emotional and psychological pain, the body and spirit must be in balance. "One cannot be well without the other".

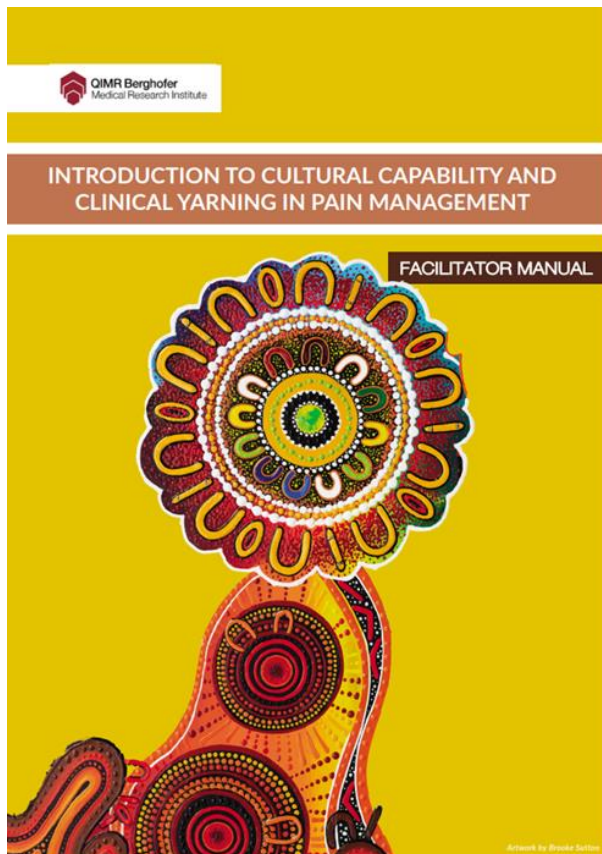
The 3 black sections of the painting which contain the medicine, bones, health symbols and native bush medicines represents both ancient and modern healing remedies and techniques. The bees represent a healthy environment and the butterflies represent change, with the greenery symbolising the rainforest. The water holes and blue colouring represents the rivers and coasts, with the brown, yellow and orange mountains representing the desert and the rugged landscape. These different environments make up our beautiful country Australia and the many locations near and far that patients originate from.

The 3 handprints in the top left corner represent Aboriginal, Torres Strait Islander people and non Indigenous Australians, as well as cross cultural communication and respect between cultures. The green handprint, Diari and green and white lines represents Torres Strait Islander people, the red and yellow handprint and the red boomerangs within the orange lines representing Aboriginal people, with the blue handprint and blue lines within the orange lines represents non Indigenous Australians.

The footprints which walk throughout the painting symbolises the patients and their journeys in managing their pain, after they have worked with the Health Care Professionals at QIMR Berghofer Medical Research Institute.



Supplementary Table 4 (S4) – Facilitator’s Manual



**Queensland Health
Aboriginal and Torres Strait
Islander Cultural Practice
Program**

**Clinical Yarning Project
2020**

Preparing for the Program

Follow cultural protocols.

- Identify and acknowledge the Traditional Custodians of the land on which the Program is being delivered. Wherever possible and practicable, it is recommended that Traditional Custodians be invited to perform the Welcome to Country.
- In the event that you are unable to identify or engage with Traditional Custodians, e.g. circumstances where multiple groups identifying as Traditional Custodians, the recommended Acknowledgement of Traditional Custodians (facilitator can adapt and personalise), at a minimum the following should be prepared:
"I would like to respectfully acknowledge the Traditional Custodians of the land on which we are meeting today, and I pay respect to Elders both past and present." (Allow a respectful pause).
- Elders or Traditional Custodians may seek remuneration for doing the Welcome to Country or Acknowledgement of Traditional Custodians. Be sure to follow local policy and procedures in relation to payment.
- If no administration process has been established, consider establishing a process for long term engagement of Traditional Custodians and Elders.
- If you would like to provide gifts or donations please ensure that you adhere to government policy. http://qheps.health.qld.gov.au/financenetwork/financial_policy/web_pages/gifts_pol.htm
- Identify the participants. This will enable you to further adapt the content. This could include:
 - state-wide or local health service focus
 - greater or lesser clinical component
 - targeted clinical component e.g. cardiology
 - increased introductory information for international graduates
 - greater or lesser emphasis on external partnerships (may be more relevant for senior clinicians and managers).
- If a participant has identified as being of Aboriginal and/or Torres Strait Islander origin, it is recommended that the facilitator meet with, or speak to, the participant prior to the training to discuss:
 - the content of the Program, in particular the sensitive/emotional aspects.
 - what their expectations or potential barriers to learning may be (if any).
 - if there are concerns regarding training being delivered by a co-facilitator who is not of Aboriginal or Torres Strait Islander origin.
 - if barriers or concerns have been identified, what is the best way to address/resolve.

- If the participant would like to be utilised during the training e.g. assist with sharing cultural and professional knowledge and experience.
- Book a room that is large enough for the group, with facilities to play multi-media, and the ability for participants to break into groups (e.g. to work on tables or on the floor).
- Ensure you know where the fire exits, fire extinguishers and other facilities are located within the room / building where the training is being held. Be aware of emergency alarms.
- Organise (as relevant) morning tea, lunch and afternoon tea, water, tea and coffee. Ensure all dietary needs of participants have been met when ordering food - confirm two days prior. It is strongly recommended that food choices are nutritious.
- Have a back-up plan (e.g. another facilitator) in case of any emergency or unexpected event.
- Dress smartly – consider wearing the "Making Tracks" shirt.
- If required have your watch or small digital clock near to keep track of time – do not look behind for a clock on a wall, looks unprofessional.
- Arrive at least 30 mins early to prepare room and set up multi-media, etc.

Delivering the Program

Key facilitation skills

- Maintain a steady pace.
- Keep discussion on track.
- Be enthusiastic, positive and supportive of participants' efforts and ideas.
- Be alert to potentially distracting situations.
- Acknowledge everyone's point of view.
- Use participants' names as often as possible.
- Share something of yourself to begin a trusted exchange of ideas (life or work experience).
- Use body language to encourage participation, positive nods, smiles, eye contact, etc to show that you're interested in others' ideas.
- Create small discussion groups to overcome any reluctance to share ideas or concerns.
- Learn and apply techniques to encourage learners to contribute confidently.
- Create discussion between yourself and participants.
- Share personal experiences to build rapport and trust.
- Provide opportunities for participants to evaluate their own learning throughout the session.
- Create experiential learning activities (such as group activities and presentations).

Co-facilitation

Co-facilitation is a great way to share the responsibility of conducting the Program. Having a co-facilitator adds diverse skills, life and work experience and ideas, and can increase the Program's effectiveness.

Important things to remember when co-facilitating:

- Make sure that both facilitators are clear about their roles.
- Be aware of each other's respective strengths and weaknesses and work with each other.
- Take time for debriefing after completing the Program.

Program Checklist

Prepare for Program

Review registration forms to know your audience and check pre-requisites met	
Venue/room booked	
Equipment booked – if required	
Catering organised - if required	
Traditional Owners or Elders for Welcome to Country organised (if needed)	

Prepare resources

Language map/ posters / artwork / artefacts for display	
Multimedia: laptop, projector, DVD player and leads, CD player and music	
Attendance sheet	
Consent forms and camera (if taking photos)	
Name tags for participants	
Facilitator guide including notebook to jot down requests for follow up, etc	
Dilly bag, PowerPoint presentation and evaluation form(one per participant)	
Copies of: <ul style="list-style-type: none"> • Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010-2033 • Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033 • Aboriginal and Torres Strait Islander Patient Care Guidelines • Aboriginal and Torres Strait Islander Adolescent Sexual Health Guideline 	

<ul style="list-style-type: none"> • Sad News, Sorry Business: Guidelines for caring for Aboriginal and Torres Strait Islander people through death and dying • 'Are you of Aboriginal and Torres Strait Islander origin' brochures 	
Activities: <ul style="list-style-type: none"> • Historical eras posters • Applying the CCF Principles 	

Prepare room

Display signage to assist with directions e.g. outside lift, outside door	
Set up registration table with: <ul style="list-style-type: none"> • name tags • attendance sheet • consent form (if required) • Dilly Bag • PowerPoint presentation • Evaluation form 	
Prepare the room so that participants can see the presentations, and engage in conversation and activities: tables sitting maximum of 6 people	
Set up table with additional resources for participants to look at or take away	
Display posters / photos / artefacts	
Ensure all multi-media is operating	
Have music playing and welcome slideshow presentation running	
Prepare water, cups, antibacterial dispenser and tissues	
Butchers paper and pens on each table	

As participants arrive

Establish a safe environment and a positive atmosphere to minimise anxiety levels	
Greet and introduce yourself to each participant	

Welcome, introductions and program overview

Session Objective/s:

- To welcome the participants and make them feel comfortable.
- To provide:
 - program overview and an introduction to Aboriginal and Torres Strait Islander people and demographics
 - clear Objective for the A&TISICPP
 - enhanced understanding of population demographics and distinctions between Aboriginal and Torres Strait Islander peoples.

Acknowledgement/ Warming/ Introductions

Speaker notes

- Welcome to the Aboriginal and Torres Strait Islander Cultural Practice Program, developed by the Cultural Capability Team of Queensland Health.
- Before we begin I would like to acknowledge the Traditional Custodians of the Land upon which this workshop is taking place. I pay my respects to Elders past, present and future.
- Before starting any significant meeting or event within Queensland Health we give an Acknowledgement of Traditional Custodians or a Welcome to Country.
- The preference is a Welcome to Country which must be performed by a traditional custodian of the land. If a traditional custodian is not present to perform a Welcome to Country, an Acknowledgement of Country can be delivered by an Indigenous or non-Indigenous person.
- Welcome to Country and Acknowledgement of Country, promote awareness of and respect for Indigenous cultures. It is a cultural practice that has been handed down for thousands of years.

Today's Journey

Resources:

- Refer to a copy of the Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010-2033

Supplementary Table 5 (S5) – Health professionals satisfaction with the Clinical Yarning training

Item	N	Strongly Disagree		Disagree		Undecided		Agree		Strongly Agree		Agree and Strongly Agree	
		n	%	n	%	n	%	n	%	n	%	n	%
Objectives were met	51	-	-	-	-	1	2	26	51	24	47	50	98
Issues were dealt with	51	-	-	-	-	-	-	26	51	25	49	51	100
Course length was	51	-	-	-	-	3	6	29	57	19	37	48	94
The method was well	51	-	-	-	-	-	-	22	43	29	57	51	100
Method enabled active on in the training	51	-	-	-	-	-	-	18	35	33	65	51	100
Training enabled sharing ial experiences	50	-	-	-	-	2	4	26	52	22	44	48	96
Training was realist and	51	-	-	-	-	2	4	21	41	28	55	49	96
Training context was well he training process	51	-	-	-	-	-	-	30	59	21	41	51	100
Training received is my job	50	-	-	-	-	2	4	23	46	25	50	48	96
Training received is personal development	51	-	-	-	-	2	4	17	33	32	63	49	96
Training merits overall	51	-	-	-	-	-	-	20	39	31	61	51	100
I would recommend this o others	51	-	-	1	2	-	-	15	29	35	69	50	98

Supplementary Table 6 (S6) – Quotes to illustrate the themes identified through the open question ‘*what did you find most useful*’ about the training

Quote	Theme
<p>Understanding background of cultures and history exercise and representation of land seeing torn up. ID 1015</p> <p>Education provided on different country, knowing that there are differences in cultural practices. ID 3018</p> <p>Cultural practice session in AM-activities within this session were insightful as clinician and being able to connect with some feelings that Aboriginal and Torres Strait Islanders would feel. ID 3020</p> <p>The task where we created our ‘country’ and then it was destroyed really hit home for me personally. When putting this into context with Indigenous people’s history it almost brought me to tears and my ‘country’ was a piece of paper and I worked on it for 15 minutes! ID 3040</p> <p>I never realised that institutions such as a hospital could feel threatening instead of safe, for people whose family had historically been separated by government representatives ID 1038</p>	<p>Sharing of historical and cultural knowledge</p>
<p>Interactive aspect throughout the entire day increased engagement and learning. I enjoyed learning as a group. ID 3044</p> <p>The opportunity to role play and the doctors/patients and listening to their feedback and interpretations of verbal/non-verbal cues. ID 1011</p> <p>The interactive sessions were very helpful to contextualize information provided during training. The role play was helpful in practicing skills. ID 3042</p> <p>The video presentations depicting the differences between a good interaction and a not so good interaction. Consumer based feedback on terms and metaphors that are recognized. ID 3043</p> <p>Having the actors to practice and give feedback was a rare and appreciated opportunity. ID 1040</p>	<p>Interactive simulation of case scenarios with feedback provided by the Aboriginal and Torres Strait Islander simulation patients</p>
<p>Opening statements when communicating with first nations people - the social yarn to build rapport. ID 2030</p> <p>A framework to use particularly in the diagnostic and management approach to communicate. ID 3002</p> <p>Learning about reciprocity importance learning examples of a social opening statement(s) with ATSI patients. ID 1029</p> <p>The concept of social yarning. ID 3004</p> <p>This was the most interesting and informative training I have been to especially seeing I didn’t know just how important it was. It has totally changed how I look at communication with Aboriginal or Torres Strait Islander persons ID 1038</p>	<p>The framework and communication content</p>
<p>I found that the course was very useful because we could discuss and relate the content specifically to our field of persistent pain ID 1023</p>	<p>Pain specific scenarios and having</p>

The course facilitators were experienced, gave good responses to Q's, and facilitated good discussion. ID 3042

**experienced
facilitators**

The scenario-based practice. ID 3043

Supplementary Table 7 (S7) – Evaluation Form

Study ID: Today's date: / /

**- Yarning about Pain Study -
 'Clinical Yarning' Training Evaluation Form**

Section 1. Recruitment details

- Study site**
 - Site 1 - Metropolitan
 - Site 2 - Regional
 - Site 3 - Metropolitan
- What is your profession/area of work?**
 - Pain specialist
 - Registrar
 - Clinical Nurse
 - Physiotherapist
 - Psychologist
 - Pharmacist
 - Aboriginal health worker
 - Other, please specify: _____
- What is your age (in years)?** _____
- What is your sex?**
 - Male
 - Female
 - Other
- Do you identify as Aboriginal or Torres Strait Islander?**
 - Aboriginal
 - Torres Strait Islander
 - Both
 - Neither
- Have you had previous cultural training?**
 - No
 - Yes

If yes, please describe: _____

Section 2. Communication skills and cultural awareness

1. Please circle the rating that best represent your communication skills and knowledge while working with Aboriginal and/or Torres Strait Islander people with pain:

Items	Very low	Low	Moderate	High	Very high
2. How would you rate the importance of communication training for clinicians when working with Aboriginal and/or Torres Strait Islander patients <u>before</u> the training.	1	2	3	4	5
3. How would you rate the importance of communication training for clinicians when working with Aboriginal and/or Torres Strait Islander patients <u>after</u> the training.	1	2	3	4	5
3. How would you rate your knowledge of how to effectively communicate with Aboriginal and/or Torres Strait Islander patients <u>before</u> the training.	1	2	3	4	5
4. How would you rate your knowledge of how to effectively communicate with Aboriginal and/or Torres Strait Islander patients <u>after</u> the training.	1	2	3	4	5
5. How would you rate your ability to communicate with Aboriginal and/or Torres Strait Islander patients <u>before</u> the training.	1	2	3	4	5
6. How would you rate your ability to communicate with Aboriginal and/or Torres Strait Islander patients <u>after</u> the training.	1	2	3	4	5
7. How would you rate your confidence to communicate with Aboriginal and/or Torres Strait Islander patients <u>before</u> the training.	1	2	3	4	5
8. How would you rate your confidence to communicate with Aboriginal and/or Torres Strait Islander patients <u>after</u> the training.	1	2	3	4	5

Section 3. Satisfaction with training

1. Please rate your agreement with the following:

Items	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1. In my opinion the planned objectives were met	1	2	3	4	5
2. The issues were dealt with in as much in depth as at the length of the course allowed	1	2	3	4	5
3. The length of the course was adequate for the objectives and content	1	2	3	4	5
4. The method used was well suited to the objectives and content	1	2	3	4	5
5. The method used enabled us to take an active part in training	1	2	3	4	5
6. The training enabled me to share professional experiences with colleagues	1	2	3	4	5
7. The training was realistic and practical	1	2	3	4	5

Items	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
9. The training content was well suited to the training process	1	2	3	4	5
10. The training received is useful for my specific job	1	2	3	4	5
10. The training received is useful for my personal development	1	2	3	4	5
11. The training merits a good overall rating	1	2	3	4	5
12. I would recommend this program to others	1	2	3	4	5

2. What did you find most useful?

3. How could the program be improved?

Thank you for completing this form!