

Online supplementary file #1: Interview protocols

Introduction

My name is xx. Thank you for agreeing to take part in this interview. The project I am involved in is looking at Improving the cultural appropriateness of care in general practice and primary health services for Aboriginal people living in the city. May I confirm that you have read and understood the project information given to you, and you have given your consent to be part of this interview, and for the interview to be audio-recorded?

[If necessary, go through project information and consent form again. Otherwise proceed to one of sections A to D. End with section E]

A. Site Leaders (about 45mins)

1. Please describe your experience working with the Toolkit to implement cultural respect practices and activities in the last 6 months. What works well and what are the challenges?
2. How has your practice/service changed its environment to be more culturally appropriate in the last 6 months? What activities/initiatives has it engaged in to be more welcoming for Aboriginal patients?
3. How have the staff members in your practice/service changed their service and clinical care to be more culturally appropriate in the last 6 months? What Aboriginal cultural awareness training or activities have they engaged in?
4. How have your own attitude, understanding and skills changed in the area of culturally appropriate service delivery for Aboriginal people in the last 6 months?
5. In your opinion, has the Toolkit been a useful instrument to implement cultural respect in your practice/service and staff? (Yes – describe; No – explain) Is it feasible and implementable over long-term? Do you have any suggestions for improvement?
6. In your opinion, has the Cluster been able to work well? What are the facilitators and barriers to working in partnership?

B. Practice Staff (about 30mins)

1. Please describe your experience in the practice/service while your Site Leader is using the Toolkit to implement cultural respect practices and activities in the last 6 months.
2. How have your own attitudes, understanding, skills and practices changed in the area of cultural appropriateness for Aboriginal people in the last 6 months?
3. In your opinion, has the Toolkit been a useful instrument to implement cultural respect in your practice/service and staff? (Yes – describe; No – explain) Do you have any suggestions for improvement?

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C. Patients (about 30mins by phone)

1. How long have you been a patient at this practice? What makes you choose to come to this practice?
2. Have you noticed any change in the practice or its staff or the way things are done in the last 6 months that has made it more pleasant, more comfortable or more acceptable for you? Please explain. (If things have in fact become less pleasant, less comfortable or less acceptable for you, please describe fully.)
3. Do you like these changes in the practice/service and the staff? Why?
4. What other changes can be made to this practice that would make it more pleasant or acceptable to you?
5. Will you continue to attend this practice/service? Why?

D. Cluster members other than Site Leaders (about 45mins)

1. Please describe your role/involvement within the Cluster and your experience working in the Cluster partnership in the last 6 months? What works well and what are the challenges?
2. How has the pilot site benefitted from your involvement?
3. How have your own service/organisation benefitted from this partnership?
4. How have your own attitude, understanding and skills changed in the last 6 months as a result of your involvement?
5. In your opinion, has the Cluster been able to work well? What are the facilitators and barriers to working in partnership?
6. In your opinion, has the Toolkit been a useful instrument for the pilot site? (Yes – describe; No – explain) Is it feasible and implementable over long-term? Do you have any suggestions for improvement?

E. Last Question for all participants

Are there any other comments you would like to make?

Thank you for your time!

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Online supplementary file #2: extracts from WoTWoD interviews

Quotes categorised by research questions and by participants

Cultural respect and competence of practice and staff

By Cultural mentors

- *“What worked well is actually going along with a project officer who knows the practice, who already has a rapport with the practice staff. From our point of view, being welcomed and with the enthusiasm of practices, that has been really good. No ice breaking or door knocking, “Excuse me - We’re Aboriginal...”*

Cultural Mentor (female, manager of Local Aboriginal Health Service)

- *They (practice staff) were very, very willing to listen to us and to look at how they could improve their practices (to address Aboriginal people’s needs), and I felt that all of them were prepared to make changes. All of them took on board suggestions we made, and all of them were very, very willing to learn how to engage more Aboriginal people in their practices or encourage them to identify themselves.*

Cultural Mentor (female, manager of Local Aboriginal Health Service)

- *I think what works well is that the one on one mentoring with the GP; being able to go into the – or the practice manager being able to go in and talk – talk to them in a non-confrontational way, just a conversation over the desk.*

Cultural Mentor (female RN at Local Aboriginal Health Service)

- *The program was beneficial for us (LALC mentors) as well. It was interesting to learn about how other general practices handled Aboriginal patients. For our health workers it was learning process.*

Cultural Mentor (female, manager of Local Aboriginal Health Service)

By Practice staff

- *Now we know what more of their (Aboriginal patients) entitlements, which we didn’t know before... so that they actually can benefit from it as well, and we know a little more about their culture and, I think, they do appreciate the efforts that we are putting(in) for them.*

GP (male) in practice with 24,287 active patients and 6 FTE GPs

- *“The program helped me see where the weaknesses were that we really weren’t Aboriginal friendly. It also helped me to know what to do about it. To be honest we didn’t know how to approach becoming an Aboriginal friendly practice.”*

Practice Manager (female) of a practice with 5758 active patients and 5FTE GPs)

- *The workshop and looking at some of the materials that we’re provided, for example the toolkit, made us think what we needed to done at our practice. We identified two priorities - we needed register for Indigenous PIP and also start using the Closing the Gap initiative for our Aboriginal patients. and we are now registered for PIP and Closing the Gap.*

GP (female) in practice with 762 active patients and 1 FTE GP

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- *The information that was given to our surgery on the mentor visit was very useful and we were able to implement the Toolkit very successfully.*

GP (female) in practice with 1874 active patients and 3 FTE GP

- *I think it's a good initiative. It may – it brings the awareness into the practice and it gives us some resource material and it made us aware of things, which at least I was not aware of. So overall it has been at least a good educational thing for us.*

Practice Manager (male) in practice with 8750 active patients and 3 FTE GPs

1. Identification of Aboriginal patients

By practice staff

- *In the past the main problem was identifying the Aboriginal people. Now, the front desk has been identifying them in a very sensitive manner as suggested by the mentors. The Aboriginal people coming now feel that we have interested in serving them better and they themselves feel more comfortable identifying themselves.*

GP (female) in a practice with 8750 active patients and 3 FTE GPs

- *..... what we are doing now is that this on our patient registration form, we ask for self-identification for ethnic background, including Aboriginal and Torres Strait Islander, and we're routinely entering that information into medical director.*

GP (female) in practice with 762 active patients and 1 FTE GP

- *It is difficult to ask people about their ethnicity at the front desk. Two factors are involved here: some may react and make comment like "who the hell are you?" You're just a worker. But if they go to see the doctor, people tend to open up more. The other factor could be - people are standing at the front reception desk and it's very open. They don't feel comfortable.*

Receptionist (female) in practice with 762 active patients and 1 FTE GP

- *I think awareness is the key factor here. We have increased our ability to make the public aware by displaying more brochures at the entry to the medical centre and right throughout the medical centre and identifying them through our new patient registration forms.*

Practice Manager in a general practice with 24,287 active patients and 6 FTE GPs

- *Definitely the signage and the flag worked very well. The challenge still is and continues to be how to get the existing Aboriginal patients to identify.*

Practice Manager (female) of a practice with 5758 active patients and 5FTE GPs)

- *We've skilled up the front desk to identify (Aboriginal patients) and to make a note on their files - whether they are an existing or a new patient, so we go through and we're correcting the notes and we basically also trained up the nurse on Aboriginal issues.*

GP (female) in practice with 8750 active patients and 3 FTE GPs

- *We have got a patient - she used to come regularly. Not regularly, occasionally now. She used to be a staff member. And she saw the posters and – which weren't there before that, and she was quite impressed with all that.*

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Receptionist (female) in practice with 762 active patients and 1 FTE GP

By patients

- *The problem of identification is a constant struggle for me because my father was Aboriginal, my mother was Anglo. I have to give identification papers like dog-tags and that's really confronting. There are many Aboriginal people like me out there. So, appearance could be misleading.*

(ID:CRPT02) Patient (male, mid 50s) in practice with 1874 active patients and 3 FTE GPs

- *If there's some Aboriginal art you just feel comfortable. You feel closer to the place and the people working there. The paintings have meaning – they aren't just dots.*

(ID: CRPT01) Patient (male, late 50s) in practice with 1874 active patients and 3 FTE GPs

- *They have got a little Aboriginal and Torres Strait Islander flag and they've also got a few brochures up, not only in the waiting room but in the corridors as well, just asking have you identified as Aboriginal. This is encouraging for us.*

(ID: CRPT05) – Patient (male, late 50s in practice with 5758 active patients and 5FTE GPs)

- *I've noticed that the practice has become friendly over the past few months. They have made available more information on different conditions which are common among Aboriginal and Torres Strait people. There is always something up there interesting to read so you're not bored.*

(ID: CRPT07) – Patient (female, late 40s) in practice with 8750 active patients and 3 FTE GPs

- *To be perfectly honest, I don't think it (changes in the waiting area) will have much impact because among Aboriginal people most of it (practice selection) is done through word of mouth or through family groups.*

(ID: CRPT05) – Patient (male, late 50s in practice with 5758 active patients and 5FTE GPs)

- *There are more Indigenous posters around the practice. And there's now a sign that says if you are Indigenous please let our staff know. But also the doctors have been quite helpful with the Close the Gap program... I have been to a few other practices as well but they are not that aware. Whereas at this practice they've been really good really helpful and supportive.*

(ID: CRPT05) – Patient (male, late 50s in practice with 5758 active patients and 5FTE GPs)

2. Culturally and culturally appropriate care

- *... she is a brilliant doctor and she's very, very proactive in a lot of things. But I think the knowledge base on the services available to Indigenous people, I think is very, very limited. But, she's a brilliant doctor though.*

(ID: CRPT02) Patient (male, mid 50s) in practice with 1874 active patients and 3 FTE GPs

- *It is quite a contrast. Some 35 years back when I was a child I was an abused child sexually and verbally and physically. I approached the doctor up there to seek help and - it was actually Dr X then. He just said take the pills and get on with it...Aboriginal people are crap - get over it. So, from that day on I hardly mentioned my Aboriginality and now I at the same practice I talked to Dr Y who is taking part in this program and she listened and tried her best to organise the best possible care for me which is amazing.*

(ID: CRPT08) Patient (female, aged 60s, in practice with 15953 active pts and 5 FTE GPs)

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3. Utility of the WoTWoD Program and Toolkit

- *I think what really worked well was the information about the Medicare especially the Closing the Gap prescription option. That was an incentive that most mainstream practices, definitely this one, was not aware of and I think since knowing that has greatly improved our care for Aboriginal patients because many of them are very very needy.*

GP (female) in practice with 1874 active patients and 3 FTE GP

- *Yes, yes – I find it (the toolkit) very useful and always use it. That’s why it’s sitting on my desk. I use for myself, for my registrars and other colleagues who need it in the practice.*

GP (female) in practice of 15,953 active patients and 5 FTE GPs.

- *I agree – the relevant MBS item numbers are listed in the toolkit, but the detail about them is not there, and then the reference to PIP is there, and again more information needed. There are some case studies. I don’t know if the case studies made a huge difference or impact on me. I didn’t read it word for word but there were some useful stuff in it .*

GP (female) in practice with 762 active patients and 1 FTE GP

- *Making the toolkit available online, I think, would be an excellent idea. I can put in on the desktop of each computer, and in the doctors’ rooms into the Medical Director.*

Practice Manager in a general practice with 24,287 active patients and 6 FTE GPs