

A report on cultural competence training provided for two PHOs

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ABSTRACT

This report compares the outcomes of a training programme in cultural competence in two primary health organisations (PHOs): one a mainstream organisation, the other a Maori-led community-focussed organisation.

There was greater uptake and higher rates of completion by providers in the Maori-led community-focussed PHO, which may reflect the perception of relevance of the programme given that this PHO has a high proportion of Maori, Pacific or disadvantaged enrolees.

The training programme

Mauri Ora Associates designed the training programme '*Towards Cultural Competency*' to enhance the delivery of health services to Maori patients, by supporting the development of a culturally competent workforce.

Key objectives of the programme were:

- To provide attendees with a comprehensive understanding of the

Maori worldview and the needs, values and beliefs that underpin Maori culture and societal constructs.

- To provide accurate knowledge that encompasses the historical and current impact of colonisation on Tangata Whenua and their health and an appropriate analysis of health outcomes for Maori.
- To provide staff with tools for communication and interaction with Maori whanau, hapu, iwi that are prerequisites for implementing the Treaty of Waitangi principles of partnership, participation and active protection.
- To provide knowledge that enables staff to actively participate in the change that is required to deliver a quality and culturally safe service to Maori patients.

The training programme was 20 hours in total, consisting of a three hour seminar, eight hours of self-directed study, eight hours of Internet-based interactive tutorial and up to an hour of assessment tasks. A final component of the programme involved a

medical audit of smoking status or diabetes care comparing ethnic groups within each practice to demonstrate improved performance. This component has not yet been evaluated.

As Mauri Ora Associates is a registered provider for the Royal New Zealand College of General Practitioners (RNZCGP), attendees were credited with CME points.

The seminar

The three hour seminar component was delivered by Maori health professionals with training in clinical teaching. One hundred and twenty-four health providers attended a seminar from the mainstream PHO, and 25 from the Maori-led community-focussed PHO. Feedback on the seminar evaluation forms was overwhelmingly positive from both PHOs. Some comments were: '*Totally not what I expected, but thoroughly enjoyed*', '*Relevant in a non-threatening way*', '*lots of thoughts consolidated*'. Some attendees expressed an interest in further cultural competence training for cultures other than Maori that are represented in their patient populations.



Kathleena Smith (Ngati Raukawa, Ngati Ranginui) graduated from the University of Auckland in 2005 with Bachelors degrees in Law and Arts, majoring in Maori Studies. She has worked for ACC in the Treatment Injury and Patient Safety Unit (formerly Medical Misadventure), and is now a Project Co-ordinator for Mauri Ora Associates.



Carol Jansen (Ngati Raukawa) has extensive experience within the IT industry, in both government departments and international companies. She is currently a Project Officer for Mauri Ora Associates, with particular interest in e-learning projects.

Table 1. Comparative data

	Mainstream provider Total = 124		Maori-led community focussed provider Total = 25	
Users who logged on at least once	60	48%	17	68%
Users who completed the CD course and percentage of total	38	31%	12	48%
Users who completed the CD course percentage of those that logged in		63%		71%
Overall average assessment (all 5 tests)		79%		92%

The e-learning CD

Each attendee was given an e-learning CD at the conclusion of the seminar. These CDs required personal logons and passwords for each person, and had a life of eight weeks during which the health provider was to complete the tasks and five assessments loaded on the CD. Each PHO received weekly feedback showing the number of users that had logged in, the number of tests completed, the number of users who had completed the CD and the length of time till expiry of the CD. To provide this feedback, the course database was monitored daily, showing all information, including, for example, a user log that recorded all attempted logins by that user.

Table 1 shows that a greater proportion of participants from the Maori-led community-focussed PHO attempted to log into the CD course

on at least one occasion. Of that group, a greater proportion of the community focussed PHO completed the course, with an overall assessment 13% higher than that achieved by providers from the mainstream PHO. As providers of this course, Mauri Ora Associates did not follow up with those providers who chose not to attempt or complete the e-learning aspect. However, this information was provided to the respective PHOs for inquiry at their discretion.

Summary

The seminar component of the training programme was positively received by most participants, and rated as useful. All those that completed the e-learning component scored relatively high marks (on average), within the eight week period at times of their choosing. Although the programme

provided key information for primary care clinicians and knowledge that could be used in their everyday activities, the extent to which this has been incorporated into clinical practice has not been assessed. Providers in the Maori-led community-focussed PHO were more likely to begin the programme, complete the programme and achieved higher overall assessments. This may reflect the focus of their clinical workload with greater proportions of disadvantaged populations enrolled in that PHO.

Competing interests

All the authors are employed by Mauri Ora Associates. This report is based on the experiences of Mauri Ora Associates in providing the 'Towards Cultural Competence' training programme to two primary health organisations.

Additional information is available from Mauri Ora Associates www.mauriora.co.nz

The future of primary care in the US

'Without our focused efforts, the task of ensuring that primary care is whole-person oriented, integrated, and grounded in sustained partnerships will grow more difficult in the United States, where the health care system is becoming increasingly complex, practices are increasingly strained for time and resources, and the population has ready access to a bewildering array of information promising their desired health outcomes. I believe that three elements are essential to securing the future of primary care in the face of these challenges: adapting the current functioning of primary care teams so that they become visible, meaningful, and valued from the patient's perspective; formalizing primary care partnerships; and integrating care in the face of formidable barriers.'

Safran DG. Defining the Future of Primary Care: What Can We Learn from Patients? *Ann Intern Med.* 2003;138:248-255.