



The Coolamon Study

Understanding Burns in Aboriginal and Torres Strait Islander Children



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What informs care? *Descriptions by multidisciplinary teams about burns care for Aboriginal and Torres Strait Islander children and families*

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...what we know

1. Burns require multidisciplinary and high quality care for best outcomes^{1,2}
2. Quality care for Aboriginal and Torres Strait Islander children means culturally competent healthcare systems and culturally safe experiences^{3,4,5}
3. Normative approach to healthcare in Australia is the Western biomedical model based on scientific evidence⁵
4. Consequences of biomedical model are evident in disparities relating to acceptability and appropriateness of healthcare^{6,7}
5. Shortcomings exist in burns injury models of care related to their development and content concerning quality and cultural safety⁸

...moving forward

Little is known about *how* multidisciplinary teams provide burns care that meets the needs of Aboriginal and Torres Strait Islander children and families or what informs their care.

Aim - what informs burns care for Aboriginal and Torres Strait Islander children and families

Methodology - interface research

Methods - interviews with 76 burns clinicians in six sites

Data Analysis - thematic content analysis overlaid by a decolonising lens and examination in an ecological framework

...what we found

thematic content analysis

- evidence
- resources and resourcing
- individual clinician decision making processes
- ideas, values and beliefs

colonisation and imbalances in power relations inform all aspects of care

...what we found

the nature of evidence

“...as soon as the results are in if it shows a significant benefit whichever intervention you’re looking at then we put it into place straight away so it becomes part of the way we do things. It just becomes clinical practice and translated into clinical practice immediately.”

(medical)

...what we found

resources and resourcing

“Our cultural awareness training really lets staff down because it only addresses the first part of the cultural continuum of going towards...delivering a culturally safe service. So we only get the awareness part and I feel sorry for the staff because the staff really want to do the right thing but because there’s no resources around....”

(Aboriginal health practitioner)

...what we found

decision making processes

“...ultimately because of the way our infrastructure is then the surgeon is the team leader, that may change in the fullness of time but right here right now that’s it...”
(medical)

“I will support a decision that may not be the one I’ve made but I recognise that it’s made for the good reasons around and if [senior burns nurse] made that decision ... I think it’s really important, you can’t put people in positions with decision making and then pull the rug from underneath them...”
(medical)

...what we found

ideas, values and beliefs


“I don’t always know whether somebody is an Islander or Aboriginal because a large percentage of our families are olive skinned and sometimes I’m not sure what nationality they are...”

(allied health)

“I don’t treat any of my patients differently so whether you’re Aboriginal, African, Muslim, whatever, you’re one of the same for me...”

(nurse)

...where to from here

- Good things are happening
 - Sustained commitment and devotion
 - Compartmentalised care
 - Challenging concepts
 - Addressing uncomfortable issues
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...practice implications

Cultural Safety Principles	Data from this study	Recommendations
Reflexivity	Care embedded in assumptions and beliefs	Facilitated case studies with Indigenous knowledges
Regardful care	Care privileges biomedical model over cultural ways	Increase in resourced A/ILO positions
Dialogue	Limited communication strategies outside of unit	Documenting partnerships with other stakeholders
Power imbalances	Hierarchal teams	Systematic inclusion of AHPs in burns teams
Decolonisation	Uncritical translation of scientific evidence into practice	Incorporation of cultural evidence in the care

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Thank you