‘Having the Hard Conversations’ Video Resources

Learning Outcomes and Discussion Questions/Objectives

01 Challenges

Learning Outcomes:
Develop an understanding of the social determinants of Indigenous Health.
Acceptance of the cognitive dissonance associated with decolonising minds/practice.
Develop an understanding of racism, whiteness and racialised practice.

Discussion Questions:
What does Barry Lavallee mean when he says; ‘Indigenous health, by its very nature is political, must be political.”?
What are the challenges?
How do the speakers respond to the challenges?
Why do you think the speakers talk of resistance to this type of curriculum?

Discussion Objectives:
• How power works/othering/marginalisation/mainstreaming
• Unlearning/resistance/decolonising language and practice
• Relevance to practice
• Deficit discourse/strength based
• Exclusionary nature of a purely bio-medical approach
• Emotive responses
• Traducing the dichotomy/implementing human rights/Indigenous rights-based approaches
• Indirect methodology to address privilege/whiteness/racism

02 Cultural Safety

Learning Outcomes:
Participants develop an understanding that the focus of Cultural Safety in Indigenous health is about the practitioners positioning rather than a clinical lens on the client.

Discussion Questions:
Why do you think Chris Carriage says; “Cultural Safety is a journey”? 
How are Cultural Safety and Cultural Humility distinct from Cultural Competence or Cultural Awareness?
What does Rhys Jones mean when he says; “Every clinical interaction is a cross-cultural interaction”?

Discussion Objectives:
• Shifting the lens/positioning/critical thinking/critical practice
• ...the trajectory of oppression...
• Articulating unearned privilege
• Hearing alternate stories
• What is cultural humility?
• The journey from ill-informed to Culturally Safe

03 Power Imbalance

Learning Outcomes:
Develop an understanding of structural inequity.
Develop an appreciation of racism as a tool of power.
Students will be able to connect historical and contemporary power imbalances with culturally un-safe practice.
Discussion Questions:
Discuss Barry Lavallee’s equation; “Stereotypes + power = racism”.
What do the speakers mean when they use words such as ‘invisible’ to describe power imbalances?
How do you see yourself “being an agent of change”?
David Sjoberg speaks of “…unpacking power imbalances…” Why is this important?

Discussion Objectives:
- Equity - Equality ... justice/sameness
- Inherent nature of power
- Foucault - Knowledge – Power - Truth
- The four Genocides ‘Dispersal’/Epistemicide/Linguicide/Cultural genocide
- The invisibility of the ‘dominant hegemony’ - unpacking ‘normal’ the way it is/status quo
- Silence as a decolonising practice/ Dadirri/Deep Listening

04 Self-Reflection
Learning Outcomes:
Apply the principle to decolonise behaviour/practice.
Develop an appreciation of the importance of ‘shifting the lens’ in Indigenous health.
To see self-reflection as an integral part of culturally safe professional practice.

Discussion Questions:
Why is it important to be a critical thinker who self-reflects?
Dr Melanie Tervalon says; “when I walk into any place...I’m not just walking in there alone...”. What does she mean?
“To understand what I am bringing...to help with and what may be absent”. How might you approach this in your practice, position, research?
Dr Rhys Jones says “Self-reflection is not enough if we only reflect from our own frame of reference...”. What does he mean by a ‘social process’?

Discussion Objectives:
- Critical thinking/practice
- What do you bring – ancestry-privilege-power-mainstream ideals
- What is a racialised understanding
- Transformative unlearning
- White fragility
- Expand your frame of reference

05 Listening
Learning Outcomes:
Gain an appreciation of colonial discursive practice and its impacts.
Develop an understanding of ‘Deep listening’ and culturally safe communication.
Develop strategies for decolonising practice through changing how we listen.

Discussion Questions:
Discuss/explore Dr Melanie Tervalon’s comments on the ratio of who speaks and who listens in health professional/client interactions.
Identify the historical pattern of ‘not being heard’ - which remains a reality for many Indigenous Australians.
What then are the implications for practice?
What is ‘Deep listening’?

Discussion Objectives:
- Impervious nature of authority/power
- Historical and contemporary patterns of ignoring Indigenous voices
- Room for learning/cultural humility
- How to set ‘your agenda’ aside and still provide culturally safe and clinically sound care
- Story - listening to and telling of