




Clinical yarning

By Dr Karen Nicholls

Clinical yarning is a form of conversation within the consultation setting that reorients communication within the biomedical context. Clinical yarning is patient-centered and aligns with Aboriginal and Torres Strait Islander communication preferences. As successful communication is essential to providing high quality health care, clinical yarning is a core additional tool for the GP and registrar toolbox.

<p>TEACHING AND LEARNING AREAS</p> 	<ul style="list-style-type: none"> • Clinical yarning consists of three components: <ol style="list-style-type: none"> 1. Social yarn (builds trust and rapport, redistributes power in the patient-clinician relationship, finds common ground) 2. Diagnostic yarn (allows the patient to tell their “story” in their own words with the clinician reframing with their biomedical knowledge) 3. Management yarn (the clinician shares the provisional diagnosis and through the process of shared decision making, there is consensus on the management approach to be taken) • Other communication techniques such as use of silence, body language, metaphors, story telling • Shared-decision making – through use of the Finding Your Way Shared decision-making tool, collaborate with the patient on management of health conditions
<p>PRE- SESSION ACTIVITIES</p>	<ul style="list-style-type: none"> • Read the article 'Yarn with me: applying clinical yarning to improve clinician–patient communication in Aboriginal health care
<p>TEACHING TIPS AND TRAPS</p> 	<ul style="list-style-type: none"> • Cultural safety requires critical reflection of one's own knowledge, skills and attitudes. But it is not for practitioner to determine whether practice is culturally safe - it is determined by Aboriginal and Torres Strait Islander people, families and communities • An understanding of cultural safety, cultural determinants of health and strength-based approaches is important for effective clinical yarning • Some knowledge of the community in which the clinician practices is helpful for the social yarn. • Two-way sharing may be required to establish rapport and trust, and to determine what level of comfort the clinician has with sharing information • Be aware of non-verbal communication
<p>RESOURCES</p> 	<p>Read</p> <ul style="list-style-type: none"> • 2022 AJGP article Assessing health literacy of Aboriginal and Torres Strait Islander peoples presenting to general practice • Review the Australian Indigenous Health Infonet for more information and studies relating to clinical yarning
<p>FOLLOW UP & EXTENSION ACTIVITIES</p>	<ul style="list-style-type: none"> • Undertake the WA Centre for Rural Health Clinical Yarning website learning module • Assist your registrar to reflect on the use of clinical yarning with their patient interactions