Developing an enhanced Aboriginal health curricula for medical student engagement

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Introduction

Flinders University School of Medicine delivers a four-year Doctor of Medicine program across South Australia and the Northern Territory. Since its establishment as a Graduate Entry Medical Program in 1996, the program has followed a Problem Based Learning pedagogy. This approach allows students to clinically analyse a patient case to achieve core learning outcomes, with limited guidance and facilitation from tutors. Student learning is then supported through lectures and practical sessions.

Aboriginal health has predominantly been treated as non-core material in the medical curriculum, an 'add on' that is not considered critical to achieving key clinically orientated learning outcomes in medicine. This is despite the Medical Deans Australia and New Zealand's endorsement of the Committee of Deans of Australian Medical Schools (CDAMS) Indigenous Health Curriculum Framework that provides guidelines on how to deliver Indigenous health into core medical education (Phillips 2004).

To date, Aboriginal health has been delivered at Flinders University through the occasional lecture, elective, and Problem Based Learning cases with limited student engagement. Problem Based Learning tutors have been known to spend little time on the Aboriginal health component, in part due to the course's strong focus on Western medical sciences, but also due to the tutors' own discomfort with Aboriginal health content (staff and students personal communication and informal self-reporting). Even though the Australian Medical Council's (2012) Accreditation Standards stipulate that Aboriginal people should be employed to work on the development and management of all Australian universities' medical programs, staffing for teaching Aboriginal health continues to be under-resourced.

For these reasons a project was conceived to develop a robust curriculum and pedagogical approach for integrating Aboriginal health into the core medical curriculum, with a focus on the principles of cultural safety.

Aims and Objectives

Over the years, Student Evaluation of Teaching surveys have demonstrated that large numbers of past students have a clear lack of understanding as to the rationale for, and importance of, learning about Aboriginal health. This is particularly evident with the content around history, society and culture, and understanding how these are relevant to their future medical practice.

Written feedback from students has varied from positive to negative and often contradicted the core learning in this area (Table 1). Rasmussen (2001) suggests such feedback demonstrates a student cohorts' own uncertainty with the topic material, which can be related to the pedagogical approaches utilised.

For some medical students, educational content relating to Aboriginal health and cultural safety training is challenging in nature, as it often requires them to confront deep-seated assumptions and stereotypes they have held for years. Other students report feeling 'guilty', 'blamed' or 'assumed to be racist' when the material is presented to them (Ryder et al. 2011; Ryder & Burton 2012; Ryder et al. 2013). Macdonald (2002) has demonstrated that when students feel confronted and personally challenged in their learning, a supportive learning process is necessary for them to unpack and work through their own emotional response to the material. As a result, Rasmussen (2001) and Phillips (2004) suggest that Aboriginal health pedagogical approaches relying primarily on lecture-based formats can be a significant barrier to learning in this area, as these environments do not allow students to explore and challenge their assumption base to the same extent that tutorials with peers do.

Table 1: Student feedback – 2010 half-day Cultural Safety Workshop: Year 1 students' first introduction session to Aboriginal health in the medical program

Positive feedback	Constructive feedback
Concept of Aboriginal people and their life and recent history was valuable.	Lots of white people have had different abusive lives but no recognition is given to them.
It wasn't just 'throwing facts' at the audience, I thought about Indigenous health in a way I haven't expected! Very moving, especially the video!	Information about other 'less' appealing aspects of Aboriginal society instead of portraying Indigenous people as having no say in what happens to them, just victims of white people.
Panel was fantastic – great speakers and I felt privileged to hear their personal experiences and views.	A lack of non-Aboriginal cultural issues, e.g. what about Muslim/Asian patients?
Practical considerations in working with Aboriginal patients!	Need more PRACTICAL examples of PATIENT good vs bad.

This project aimed to develop a new curriculum and pedagogical approach for teaching Aboriginal health in the Flinders University Doctor of Medicine course. Its objectives were to:

- increase medical students' engagement with and understanding of Aboriginal health
- increase medical students' understanding of the relevance of Aboriginal health to their future practice
- situate Aboriginal health as core curriculum within the Medical School
- update the pedagogical approach to teaching Aboriginal health within the Doctor of Medicine.

Approach

The project was managed by the Indigenous health lecturer (Project Manager) responsible for Aboriginal health in the Doctor of Medicine program, through the Adelaide Poche Centre for Indigenous Health and Well-Being. The Australian Medical Council Accreditation Standards and CDAMS Indigenous Health Curriculum Framework were used to inform the development of the new curriculum and pedagogical approach, which includes both a focus on social accountability and on the Aboriginal communities with whom Flinders University engages (Arrernte, Boandik, Bungarla, Gunditjmara, Jawoyn, Kaurna, Larrakia, Nauo, Ngarrindjeri, Peramangk, Ramindjeri, Wurundjeri, Yolgnu).

In order to embed Aboriginal health in the curriculum, both the first and second year Health Professions and Society topics in the medical program required redesign. This necessitated collaboration and negotiation with key stakeholders in ethics, law, public health, statistics, epidemiology, research methods and pharmacology to make room in the curriculum for Aboriginal health. These collaborations led to an enhanced Health Professions and Society curriculum that integrated complementary learning themes. The Flinders University School of Medicine's Medical Course Committee approved the inclusion of five tutorials and one workshop in first year, and four lectures in second year, all focusing on Aboriginal health and cultural safety. This increased the teaching time of Aboriginal health in the curriculum from 10 hours to 21 hours, of which 15 hours were newly created content.

Before designing the lectures, tutorials and first-year workshop, the Australian Medical Council Accreditation Standards and CDAMS Indigenous Health Curriculum Framework were thoroughly reviewed. In addition, past feedback from the Flinders University Indigenous Reference Groups (Darwin, Alice Springs and Adelaide) was considered to establish a foundation for a curriculum that met the needs of local Aboriginal communities as well as satisfying national standards. Adelaide Poche Centre staff workshops were then held to develop learning objectives, assessment, pre-tutorial work, and tutorial pedagogical approaches to align with accreditation requirements and community needs.

Table 2: Indigenous Health in Year 1 and Year 2

Session	Title	Content
1: Year 1	Cultural Safety Seminar	Students examine various definitions of health and are introduced to cultural safety and patient-centred care in Aboriginal health.
2: Year 1	Introduction & Context of Indigenous Health	Students explore the definition of Aboriginal health in context of their future practice, with a strong focus on Aboriginal identity and correct terminology.
3: Year 1	Policies Past & Present	Students review past Australian government policies and their continued impact on Aboriginal health today, along with their own individual emotional reactions.
4: Year 1	Indigenous Health Models	Students consider holistic health and critically analyse implications from competing health theories including their own definition of health.

Table 2 cont...

Session	Title	Content
5: Year 1	Racism and Indigenous Health	Students examine different forms of racism in health practice and identify strength-based approaches to targeting such racism in the health workplace.
6: Year 1	Communication in Indigenous Settings	Students explore resilience, reciprocity and ownership, recognise strength and capacity, and explain their roles working in Indigenous health spaces.
7: Year 2	Aboriginal Health in Mainstream Settings	Students examine Aboriginal health in mainstream health settings, considering services available and the role of Aboriginal Health Workers.
8: Year 2	Aboriginal Community Controlled Health Organisations	Students explore Aboriginal Community Controlled Health Organisations, consider how they differentiate from other Aboriginal health services and examine the importance of capacity and resilience in these settings.
9: Year 2	Cultural Safety	Students examine specific cultural safety tools used in the health setting for their future health practice.
10: Year 2	Reflection of Practice	Utilising teaching sessions from first and second year students consider the importance of reflection for their future practice.

An important element of the curriculum has been the introduction of pre-tutorial vignettes into the Health Professions and Society curriculum, providing a different approach to learning about Aboriginal health. The vignettes consist of a short, recorded interview in which the questions were designed to underpin the learning objectives and tutorial work. Vignette participants included a range of non-Indigenous health professionals and academics, along with Aboriginal health professionals, academics and senior community representatives from Aboriginal communities across Flinders University's sites.

Each vignette started with two main questions:

- So tell me a little bit about yourself, what do you do?
- What culture or cultures to you identify with?

Other questions relate specifically to the topic being taught, for example, holistic health practice:

- How do you define holistic health practice?
- What role do health professionals play in holistic health planning?

All interviewees were approached by the Project Manager to participate in the vignettes. Those who were willing to be included were provided with the interview questions before the recording and asked to sign a release form allowing the Adelaide Poche Centre to use their vignette through the Flinders University online learning environment. All vignette recordings, editing and publishing were conducted by the Project Manager.

While the vignettes are not currently linked to Problem Based Learning cases, it is intended that they will be linked in the future as part of the Doctor of Medicine curriculum.

Results

The pilot Aboriginal health curriculum was first run in 2013 with 100% of the student body participating in the Student Evaluation of Teaching survey at their last tutorial. Students were asked to comment on what components of the curriculum best helped them to learn and how their learning could be better supported.

Table 3: Student Evaluation of Teaching feedback from 100% of Year 1 medical student body, 2013

Positive feedback	Constructive feedback
Applying history to current events and patients.	The pre-tutorial work was too long.
I found engaging with and listening to real-life Aboriginal stories and health scenarios was the best part of this course for me.	I felt reflections were a waste of time, as did many other people. We could have been taught some real-life strategies and protocols in how to deal appropriately with Aboriginal patients.
The case studies really helped build clinical experience.	I would've preferred a little less reflecting and a bit more how-to when dealing with Aboriginal patients.
Real-life scenarios/case studies.	
Open discussions with peers in tutorials.	

The surveys provided important feedback to enhance the curriculum for 2014. The feedback clearly showed that students most enjoyed those clinical case studies developed from real-life scenarios that Adelaide Poche Centre staff and their families had experienced. The case studies connected to the learning objectives and built on the pre-tutorial vignette material. Modifications following the evaluations included altering tutorial session activities, and changing the assessment task to a major reflective piece and weekly online multiple-choice questions strongly linked to pre-tutorial material.

Student Evaluation of Teaching surveys were conducted again in 2014 with an 88% completion rate. Of these students, 94% agreed they had developed/enhanced their understanding of Aboriginal perspectives and knowledge. This was supported by improved student assessment performance that year. Table 4 shows Student Evaluation of Teaching feedback utilising the same questions as in 2013.

Table 4: Student Evaluation of Teaching feedback from 94% of Year 1 medical student body, 2014

Positive feedback	Constructive feedback
The Aboriginal tutorials were the most valuable part of the course, engaging me in the topic and allowing me to consider issues from different perspectives. It really helped me understand some of the issues and relevance to my future practice.	Sometimes there was too much reading to do beforehand… a lot of tasks to complete during the tutorials, and not enough time to do them.
The group activities and the videos helped me understand about the problems involving race, and the disadvantages Indigenous Australian people have when it comes to health care.	I honestly believe that students would gain more from spending a week in an Indigenous community.
I found the Aboriginal health tutorials the most beneficial, especially as we got first-hand perspective and stories.	
The tutorials were the aspect that most assisted my learning. Mostly, the pre-readings were thought provoking and generated much (useful) discussion within our tutorial group. I found that the assignment was a useful way to tie the information together, despite being difficult to get under the word limit with all the things I wanted to talk about!	

In 2014 the Adelaide Poche Centre obtained ethics approval from the Flinders University Social and Behavioural Research Ethics Committee (project number 6038) for validation of a Cultural Safety and Indigenous Health questionnaire. This questionnaire is in the process of being published, and in 2016 will be utilised to evaluate student engagement and the curriculum further, along with staff evaluation of teaching.

Discussion

Successes

Student Evaluation of Teaching surveys from the 2014 Aboriginal health component demonstrated improved student engagement and satisfaction with teaching methodologies and content from previous years. The modifications for the 2014 curriculum were led by an Aboriginal academic and supported by other senior Aboriginal academics in the Adelaide Poche Centre. All of the staff involved had full carriage and ownership of the curriculum development process, and were able to demonstrate quality and consistent leadership. An effort was made to recruit Aboriginal tutors for 2014, which enhanced the cultural learning, as well as medical practitioners with experience in Aboriginal health.

Time was scheduled each week for tutors to meet as a team before and after teaching to discuss the aims of the tutorials and to debrief. This enabled staff to consider and discuss the positive aspects of the tutorials as well as any concerns they had. Feedback from tutors following the introduction of the new curriculum in 2013 highlighted their frustration with many of the students who did not complete the required pre-tutorial work and were, therefore, unprepared for the tutorials. This often resulted in the students being disengaged with the weekly learning themes, and meant they didn't work through the difficult or challenging aspects of the learning. Changes to the 2014 curriculum were made to improve the likelihood of students preparing for the tutorial. Weekly multiple-choice questions were introduced and the pre-tutorial material was closely linked to the assessment task. This resulted in improved student preparedness.

The teaching team also focused on creating culturally safe learning spaces, and on including more interactive classroom activities such as the use of the vignettes and more real-life medical case studies. In 2014 tutors reported that students engaged in more in-depth class discussions, and demonstrated a greater understanding of topic content and learning outcomes. This was supported by improved student performance in assessment that year.

Challenges

In 2013 the two main challenges were to improve the student cohort's knowledge base and to address a reluctance to learn about Aboriginal health that was resulting in a lack of engagement and self-reflection. In 2014, despite a lot of positive feedback, some students still had differing expectations of what they needed to learn in this area. Some, for example, held the view that a 'real-life, tourist' experience was sufficient for them to work in the area of Aboriginal health. While such experiences may be interesting, they should happen after students have been able to undertake their own self-examination, understand their own power and privilege, and been given the opportunity to practise before being provided with the chance to work in Aboriginal communities, families and patients (Wilson et al. 2014).

Further, a small proportion of students do not feel Aboriginal health is relevant to their learning experience. Some hold the view that a simple dos and don'ts list, or a checklist, is sufficient for gaining an understanding of how to treat Aboriginal patients:

> *Why are we learning this topic?* (2013 Student feedback)

> *I would like to have been given more practical tips – a list of dos and don'ts would have been helpful* (2013 Student feedback).

In the majority of cases, it is these students who feel most confronted when reflecting on their own cultural bias and 'invisible' privilege (Wilson 2014).

Furthermore, a whole-of-School approach, including clinical champions who model and advocate for culturally safe patient interactions with Aboriginal clients, is important to improving student engagement (Phillips 2004). As such, teaching staff in the School of Medicine may also need to be involved in an Aboriginal health educational sessions and to undergo their own journey of transformative unlearning. All too often, students can find themselves in situations where their medical education around cultural values and providing patient empathy is undermined by the actions of teachers in the clinical environment (Branch 2010).

In order to continue to improve the teaching and learning of Aboriginal health in medicine, the authors recommend that the following activities be undertaken within the School of Medicine across both campuses:

- Training of School of Medicine staff in cultural safety by Poche (Adelaide and Alice Springs) staff and Indigenous Transition Pathways staff
- Better integration of Aboriginal health with Problem Based Learning cases
- Training Problem Based Learning tutors in Aboriginal health and cultural safety
- Recruitment and training of more appropriate tutors in Aboriginal health
- Reviewing and updating of Aboriginal health curriculum across each year and site on an annual basis to ensure consistency and up-to-date information
- Support for further evaluation – particularly peer evaluation of teaching and evaluated questionnaire use.

Conclusion

This project resulted in the development of an alternative pedagogical method for engaging students in Aboriginal health education, a method that could also be transferred across a number of health areas. With its focus on Aboriginal-led and developed curriculum, principles of cultural safety, highly qualified tutors, and innovative, interactive teaching methodologies and content the learning outcomes of students were found to improve. However, as different cohorts require slight modifications to curriculum to keep them engaged, yearly and ongoing evaluation of the Aboriginal health component of the curriculum is necessary to ensure student interest, course relevance and adequate staffing requirements.

A willingness to take student feedback seriously, and to review, modify and adapt the curriculum, has been critical to increased levels of student engagement. In addition, creating culturally safe environments in which sensitive and complex issues can be addressed has been an essential component of the learning experience.

This curriculum has introduced a new approach to the teaching of Aboriginal health to medical students at Flinders University. It will continue to evolve each year through strong evaluation and continuous improvement processes. Supported by high-level leadership and commitment, this project can contribute to the ongoing and effective teaching of Aboriginal health.

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