

# Developing a cultural immersion approach to teaching Aboriginal and Torres Strait Islander health and culture

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## Introduction

For more than a decade, medical schools in Australia have had defined standards and guidelines to follow in implementing their Aboriginal and Torres Strait Islander health curriculum. However, like many other medical schools, Bond University struggled to implement these professional standards and guidelines into its curriculum (Phillips 2004; AMC 2012; RACGP 2011).

In 2011, Bond commenced the renewal of its Bachelor of Medicine and Bachelor of Surgery (MBBS) curriculum and developed an innovative Aboriginal and Torres Strait Islander health program that is now fully integrated into the first three years of the undergraduate medical program. The First Year program focuses on 'building awareness' (Smith 2013), and the Second Year on 'respecting difference', with students undertaking three one-week cases that are identified as Aboriginal or Torres Strait Islander focused (Smith 2013). Third Year looks at 'building resilience', and contains a significant component of social and emotional wellbeing content and a challenging discussion about racism (Smith 2013). The role of Aboriginal Community Controlled Health Services is included to enable students to understand different models of care and services offered.

This case study focuses on using cultural immersion as part of the First Year of this integrated Aboriginal and Torres Strait Islander health curriculum.

## Aims and Objectives

The overall aim of the program was to enable Bond medical students to provide culturally appropriate care to Aboriginal and Torres Strait Islander peoples and thereby contribute to improving their health status.

The learning objectives of the cultural immersion program were drawn from the Committee of Deans of Australian Medical Schools (CDAMS) Indigenous Health Framework (Phillips 2004). They include having an understanding of Aboriginal and Torres Strait Islander history as a continuum from pre-contact to the present and its relevance to current day health outcomes; and on students realising and acknowledging, through self-reflection, their own attitudes, beliefs and cultural values and the implications of these on providing culturally appropriate health care.

## Approach

As a first step to developing the new curriculum, the Indigenous Health Team reviewed the available literature to identify what had worked well elsewhere. We found that cultural immersion was identified as a plausible and well-defined initiative for introducing cultural awareness training to medical students (MDANZ & AIDA 2012). Therefore, we decided to use immersion as our method for delivering Aboriginal and Torres Strait Islander health content early in the program.

The next step was to consult with the right people. In 2011 we established a high-level, multi-cultural Indigenous health group (n= nine), which comprised two Aboriginal doctors, an Aboriginal Elder and educator, a non-Indigenous doctor who works in an Aboriginal Medical Service (all external with fractional academic appointments), as well as five non-Indigenous academic staff – two senior educationalists, a clinical ethicist, an anthropologist and a research psychologist. The group met on a regular basis, both face-to-face and via teleconference, to discuss the design and development of the immersion program.

We mapped the learning objectives against the Australian Medical Council Accreditation Standards (AMC 2012), the Royal Australian College of General Practitioners (RACGP 2011) and the CDAMS Indigenous Health Framework (Phillips 2004) to determine the Aboriginal and Torres Strait Islander educational content to be taught; and then developed our teaching and learning approaches to meet the standards set by the profession. Our implementation plan was guided by seven principles upon which to base our activities:

1. Commence the program early
2. Teach international perspectives first
3. Conduct the program in safe interactive environment
4. Teach confronting issues later in the program to avoid interpersonal barriers to difficult topics, i.e. racism
5. Undertake the compulsory cultural immersion offsite
6. Make the program innovative and fun using methods that engage and inspire the learner rather than disempower
7. Continually evaluate and publish the work.

We then developed the immersion materials, which included educational resources, a step-by-step facilitator guide, a program and information about facilitators, as well as undertaking significant administrative processes – organising buses, consent forms, finding a site and lodging arrangements for 110 people, insurance, risk management, food and so on.

In November 2012 we conducted a pilot cultural immersion activity after approximately six months of preparation. We took the whole cohort (n=93) of First Year medical students on an overnight cultural immersion activity to a camping location at Springbrook in the Gold Coast hinterland. This was scheduled early in the semester, some 21 weeks after their course enrolment.

So what did we teach? Prior to the immersion we introduced students to cultural issues from an international perspective, to avoid any preconceptions and biases about Aboriginal and Torres

Strait Islander Australians. This was done through two prerequisite lectures: 'What is culture?', from an international perspective, and 'Social determinants of Aboriginal and Torres Strait Islander health', using a storytelling approach.

We briefed the students and the facilitators the week prior to the immersion. Students then travelled on two buses to Springbrook and were divided into four smaller groups of approximately 24 people. The immersion consisted of multiple 50-minute cultural education sessions (eight in 2012; nine in 2013 and in 2014) conducted by Indigenous and non-Indigenous facilitators (n=14). Table 1 describes the sessions and a brief description of the activity.

**Table 1: Session titles and descriptors**

<b>Session (50 minutes each)</b>	<b>Description of the session</b>
Culture and identity	Students draw their culture on butcher's paper – their cultural beliefs, values, traditions – and discuss their drawing with the group.
Storytelling	An Aboriginal woman tells her own personal story that raises many historical issues, e.g. poverty, the stolen generation, racism, oppressive history.
History maps	Using history maps (Education Queensland [n.d.]) students, in groups of three, examine the historical pictorial messages. They then present the historical account to the whole group and discuss.
Torres Strait Islander session	A Torres Strait Islander facilitator describes the history of the Torres Strait while two women weave during the storytelling. Students then have an opportunity to weave and ask questions.
Join the dots	Students are given a postcard with a dot painting and health promotion message on it, upon which to write the story of the postcard, and send it to someone. The whole group discusses the painting message. It is based on the Karulbo resource (Karulbo – Gold Coast Aboriginal and Torres Strait Islander Partnership Advisory Council [2012]).
Culture and community survival	Students bring their drawing from the previous day and categorise their culture into one of three categories – concrete, behavioural and symbolic – using sticky notes. These are placed on the wall in order of priority. The facilitator then removes one of the categories and discusses how it felt to lose this part of their culture, and relates it to Indigenous history.
Talking circle evaluation	Based on the Canadian model, the students sit in a circle and take it in turns to speak. They do this by passing a stick around and talking, only when they have the stick, about what they learnt, what was good, what wasn't, and what they learnt about themselves during the immersion. Other students can't speak when the person holding the stick is talking.
Evening session	This is a relaxed fun session that we have undertaken in two different ways. The first was a cultural festival evening in 2012–13. The second, in 2014, was run by BUSHFIRE Bond's rural health club and included a games night with multiple activities and a trophy for the winners.
Written evaluation	Students completed the written evaluation form about all aspects of the immersion.

All activities were conducted in small groups and included an interactive activity, discussion, reflection and feedback.

We used a variety of educational methods such as history maps (Education Queensland [n.d.]), the Canadian talking circle, and having the students draw and then discuss their own culture in an effort to assess the impact their own cultural beliefs and traditions have on another's culture.

A comprehensive evaluation process was undertaken. This included a confidential talking circle evaluation, and a paper-based evaluation form with a ranking of statements of agreement, using a five-point Likert scale, based on the learning outcomes (Smith 2014a). Following refinements, the cultural immersion was repeated in 2013 with 95 students and again in 2014 with 94 students. Ethics approval was gained through Bond University Ethics Committee in 2012.

Assessment of the learning outcomes involves a compulsory assignment, whereby students are required to draw a concept map, which graphically makes the links between the history of Aboriginal and Torres Strait Islander Australia with the resulting health outcomes. The students then write a 500-word explanatory statement and reflection. This is proving to be a powerful process as it enables students to personally link their own thoughts and emotional reactions to the history of Aboriginal and Torres Strait Islander Australia with their own cultural and personal experiences.

In 2013, as a result of student feedback, a lecture was added the day following the immersion that applies the links between Aboriginal and Torres Strait Islander history and health outcomes, as an appropriate clinical end cap to the event.

## Results

The response rate to the evaluation was 96.8% (n=271, pooled cohorts 2012–2014). Data from the pooled cohort evaluation forms were entered separately into SPSS analytics software and three reports were written to the Faculty with recommendations for improvement. Descriptive statistics were reported alongside themed qualitative data.

Students overwhelmingly reported a very positive experience, and identified the greatest strength of the immersion as being the facilitators. This group consisted of the initial development team of nine, as well as three Torres Strait Islander facilitators, three Aboriginal dancers and the Bond Indigenous Support Officer who told her own personal story, which had the most significant reported impact on the students.

Students (n=271, pooled cohort 2012–14) strongly agreed that the workshop was well organised (M=4.23); that the facilitators contributed very positively to their experience (M=4.33); and that they were very satisfied overall with the activity (M=4.23). They also agreed that the preparation materials provided them with sufficient information about the workshop (M=3.87). As a result, students felt they met the workshop's overall objectives and stated they could describe the influence of culture on perspectives, attitudes, assumptions, beliefs and behaviours (M=4.25); that they could identify their own cultural values and reflect on the related implications for health care (M=4.18); and that they could identify their own emotional reactions to the history (M=4.26). Students agreed that they now felt more confident with Aboriginal and Torres Strait Islander peoples (M=4.15) and could explain the connection between history and health outcomes (M=3.92).

In the evaluation of the individual sessions the students (n=271) strongly agreed that the Storytelling session enabled them to understand first-hand the impact that the history of Aboriginal Australia has on health outcomes (M=4.71).

*Hearing the first-hand experiences and interactive nature of activities, it was all really engaging and made issues at hand more real and tangible.*

*Having Aboriginal and Torres Strait Islander people able to personally tell us what's important to them and what has shaped their lives – we can learn history and health care in lectures, but it's invaluable for them to share their culture with us.*

The 'best thing' identified by 57.5% of students about the immersion was overwhelmingly (n=104) the 'Storytelling' session, followed by bonding with the cohort, the Torres Strait Islander session and learning more about culture. Some described it as a life changing experience.

*Before I came here I thought I could find all this information in a book or on the web, but having experienced what I have the past two days is something that will stay with me for the rest of my life.*

The item identified as needing most improvement was the food (n=77), followed by the accommodation (n=55).

## Discussion

### Successes

The cultural immersion activity provides a platform upon which students can learn about Aboriginal and Torres Strait Islander health issues in a safe and culturally appropriate environment, and through fun and innovative activities. In many cases it has given students a hunger for more, with several third year students reporting that the immersion sparked in them a keen interest to work in this important area.

The immersion is now a standard, fully integrated and compulsory part of the MBBS program (Smith 2013). This was achieved through having strong leadership, a dedicated team and support from the Faculty – providing a solid platform from which to base the program.

The features that make this immersion such a success are:

1. Strong leadership and support from the Faculty and School Deans throughout
2. The diverse cross-cultural team who work closely and collaboratively on all aspects together
3. That this is a normal part of the normal curriculum – it is compulsory, it is assessed, it comes from the normal budget, it is not something extra that can be cut in times of budgetary restraint
4. Educating all academic and administrative staff about why it is important and what we do, so that they can become our supporters and champions
5. Having a set of implementation principles upon which to base it.

As well as the positive student feedback, another positive outcome of the ongoing program has been the 0.6FTE employment of an Aboriginal doctor as the Aboriginal and Torres Strait Islander discipline lead, in early 2015. And in 2014 the team won both the Faculty and the Vice Chancellors

Awards for Teaching Excellence for this work. In 2015 we are establishing remote Indigenous community placements for final year students where they can apply the knowledge and skills they have gained throughout the program.

## Challenges

The main challenges related to organising the teaching and administration team, who lived in various parts of the nation and worked on fractional appointments. The administration and logistics required in getting 100 people in one place at one time and making it work was at times challenging.

An additional challenge was that students found some of the content difficult and confronting.

*The self and community survival session really effectively gave me more a personal perspective on a loss of culture by using Indigenous cultures as a vehicle to also learn about the cultures of other members of the cohort; identifying what's important about my culture and reflecting about what would happen if something is taken away... it was really powerful (Student, 2014).*

## Conclusion

We believe that undertaking cultural immersion so early in a program is proving to be extremely successful in providing the platform for students to learn more about Aboriginal and Torres Strait Islander health. However, it is only one part of an overall three-year program at Bond based on the standards and guidelines of the profession. It is now time to consolidate and build upon this important work, which will hopefully enable Bond medical students to work towards improving the health status of Aboriginal and Torres Strait Islander peoples by providing culturally appropriate care.

We are also in the process of publishing our evidence-based work (Smith et al. 2015; Smith 2013a; Smith et al. 2013; Smith 2014 & 2014a; Springer & Murphy 2013), and have made videos, developed workshops, written nine one-week Indigenous cases, delivered lectures, and provided opportunities for students to discuss these issues in safe learning environments. We are also sharing our learning with others in the field, with one representative attending the 2014 cultural immersion with the aim of implementing a similar initiative in their own institution.

The Indigenous Health Group is also undertaking a five-year longitudinal study to measure the impact of these cultural awareness activities on students, as there is currently little documented evidence about the impact of such activities (Sopoaga et al. 2012). Initial results indicate an attitudinal shift in, and improved cognitive links between, the immersion activity and the students' comprehension of the social determinants of health.

## References

Australian Medical Council (AMC) 2013, *Standards for Assessment and Accreditation of Primary Medical Programs by the Australian Medical Council 2012*. Available at: <http://www.amc.org.au/accreditation/primary-medical-education>.

Royal Australian College of General Practitioners (RACGP) 2011, *RACGP Curriculum for Australian General Practice 2011, Aboriginal and Torres Strait Islander Health*, RACGP, Melbourne.

Education Queensland [n.d.], *History Maps*, Education Queensland, Brisbane.

Karulbo – Gold Coast Aboriginal and Torres Strait Islander Partnership Advisory Council [2012], *Resource Guidebook: Making it easier for all to work respectfully with Aboriginal and Torres Strait Islander communities*, Krurungal Aboriginal and Torres Strait Islander Corporation for Welfare, Resource and Housing, Gold Coast Health and Kalwun Health Service, Gold Coast, Qld.

Medical Deans Australia and New Zealand (MDANZ) and Australian Indigenous Doctors' Association (AIDA) 2012, *A Review of the Implementation of the Indigenous Health Curriculum Framework and the Healthy Futures Report within Australian Medical Schools*, MDANZ and AIDA, Parkes, ACT.

Phillips, G. 2004, *CDAMS Indigenous Health Curriculum Framework*, VicHealth Koori Health Research and Community Development Unit, The University of Melbourne, Melbourne.

Sopoaga, F., Dockeerty, C. J., Adams, J. D., Anderson, L. 2012, 'Training medical students in Pacific health through an immersion programme in New Zealand', *Journal of the New Zealand Medical Association*, vol. 125, no. 1349, pp. 37–45.

Springer, S. & Murphy, B. 2013, 'Cultural Immersion: What impact does it have in an undergraduate medical program?', paper presented to 5th Biennial LIME Connection Conference, LIME Network, Darwin, 26–28 August.

Smith, J. D. 2013, *Pilot Cultural Immersion Activity – An evaluation report*, Faculty of Health Sciences and Medicine, Bond University, Gold Coast, Qld.

Smith, J. D. 2013a, 'Cultural immersion: What impact does it have on undergraduate medical students?', paper presented to CRANaplus National Conference – From Cradle to Grave, Challenges Facing Remote Service Provision across the Life Span Continuum, CRANaplus, Darwin, 25–28 September.

Smith, J. D. 2014, 'Using cultural immersion in a first year undergraduate medical program in Australia', paper presented to ANZAPHE Conference, Australian and New Zealand Association for Health Professional Educators (ANZAPHE), Griffith University, Gold Coast, Qld, 7–10 July.

Smith, J. D. 2014a, 'Determining the right balance of Indigenous health education in an undergraduate medical program in Australia – How did we do it?', paper presented to ANZAPHE Conference, ANZAPHE, Griffith University, Gold Coast, Qld, 7–10 July.

Smith, J. D., Springer, S., Martin, M., Murphy, B., Wolfe, C., Togno, J., Bramstedt, K. & Sargeant, S. 2013, 'Cultural immersion – What impact does it have?', poster presentation at National Rural Health Conference, National Rural Health Alliance, Adelaide, 7–10 April.

Smith, J. D., Wolfe, C. L., Springer, S., Martin, M., Togno, J., Bramstedt, K. A., Sargeant, S. & Murphy, B. 2015, 'Using cultural immersion as the platform for teaching Aboriginal and Torres Strait Islander health in an undergraduate medical curriculum', *Rural Remote Health*, vol. 3, February.

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