

OnCountry4Health: Yorta Yorta Elders lead tomorrow's doctors

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Introduction

The Yorta Yorta OnCountry4Health Program for students in the Doctor of Medicine Course at the University of Melbourne is a joint initiative developed collaboratively between Yorta Yorta Elders, Traditional Custodians and the Melbourne Medical School. This four day, Indigenous-led educational experience for selected Second, Third and Final Year medical students provides an opportunity to hear from Elders and Traditional Custodians about the culture and history of the Yorta Yorta people, how their health has been affected by colonisation and their responses to addressing health needs.

At the University of Melbourne in 2009, transition planning from a Bachelor of Medicine, Bachelor of Surgery (MBBS) undergraduate course to a Doctor of Medicine graduate course was underway. Since 2007 the Australian Medical Council Accreditation Standards have specifically required every medical program in Australia and New Zealand to provide comprehensive coverage of Indigenous health, which includes studies of the history, culture and health of the Indigenous peoples of Australia or New Zealand (AMC 2012). At the time of transition planning, in the MBBS course, these were taught using didactic methods in class room spaces, or in case studies that often saw Indigenous people in a negative light due to the severity of their health issues.

We were also discovering through course feedback that Indigenous health presented a challenge for many students in our existing course, and that the content required deeper thinking and learning in order for them to appreciate Indigenous views and circumstances. Holbrook et al. (2007) note that among students preferring didactic lectures, 'scholarly critical appraisal prove(s) difficult to conceptualise and challenging to accomplish'. Bruce (1994) found that students have to '...attain significant shifts in understanding in order to conceive (their work) as a tool for demonstrating their grasp of theory'.

In addition, Transformative Learning Theory (Mezirow 1997) asserts that individuals must critically reflect on life events in order to change their beliefs or behaviours. Comments from our students indicated widespread disengagement, for example, 'we don't see how history still affects health today' and 'we don't have time for extra reading' (student feedback).

Therefore, the Melbourne Medical School felt a fresh approach was required to address challenges in the teaching and learning of Indigenous health, which led to the establishment of OnCountry4Health.

Aims and Objectives

Our aims and objectives were ambitious! OnCountry4Health aims to increase student engagement with Indigenous health teaching by providing students with an opportunity to hear and see how Indigenous people and organisations are solving health related issues, and to meet Indigenous people while on their lands.

Objectives of the program were that students:

1. Understand the nature and extent of Indigenous occupation and connections with the ancestral lands, past and present
2. Demonstrate an ability to work more effectively with Indigenous communities
3. Be able to articulate a more informed view of Indigenous history culture and health related issues in regional Australia
4. Recognise and respect the Elders as the experts in Indigenous Knowledge.

These four objectives link very closely to the Australian Medical Council's recommendation 3.4 that graduates

... understand and describe the factors that contribute to the health and wellbeing of Aboriginal and Torres Strait Islander peoples, including history, spirituality and relationship to land, diversity of cultures and communities, epidemiology, social and political determinants of health and health experiences. Demonstrate effective and culturally competent communication and care for Aboriginal and Torres Strait Islander peoples. (AMC 2012)

Approach

To begin development of OnCountry4Health, a review of the curriculum was undertaken according to the principles outlined in the CDAMS Indigenous Health Curriculum Framework (Phillips 2004), and applicable graduate attributes chosen with a further brief to seek out engaging pedagogies.

The major gap uncovered in our review of the existing curriculum was around enabling student learning to understand their own worldview, and then being able to use that lens to analyse the health inequities present in many contemporary Australian Indigenous communities. Relating historical events and policies involving loss of cultures, languages, land and spirituality to present-day poor social and emotional wellbeing and life expectancy is complex and demanding of students. If not undertaken carefully, there is a high risk of disengagement and hostility. Many medical schools have sought to counteract this by successfully bringing the wisdom of Indigenous Elders to students, and thereby reasserting their traditional role as 'knowledge keepers' and teachers (for examples of this, see abstracts from LIME Connection IV Auckland 2011 and LIME Good Practice Case Studies 2013).

To this end, we engaged directly with Uncle Wayne Atkinson, Yorta Yorta Elder and accomplished academic, who had been running On Country Learning on his ancestral lands for decades. Together in 2011–12, we adapted the existing program for medical students and incorporated new learning objectives into a subject which became OnCountry4Health 2013 (Atkinson 2013). The resulting program was a transformative experience with traditional Indigenous storytelling meeting transformative (Mezirow 1997) and experiential learning theory (Kolb 1984).

Students had to apply for the limited places available in the program by answering questions about their motivation and prior engagement with communities. This was important because self-awareness around one's own culture and an openness to learn are essential pre-requisites for demanding learning such as this. It was especially important that all our medical students would be mindful of each other – including our Indigenous student participants who may have come from other communities with different cultures and experiences and should not be expected by fellow students to be 'expert'.

Community members had commented in the consultation process that lack of sensitivity on the part of past students during cultural training sessions was painful and caused harm (especially while stories of trauma were being recounted). Because of this, it was important to choose students who demonstrated respectful attitudes. It was also not possible to take the entire cohort of medical students for logistical reasons.

Selected students were required to attend a two-hour pre-course briefing involving cultural protocols (the Protocol of Welcome to Country versus Acknowledgment). This was delivered jointly by Elders and Melbourne Medical School staff, and included questions regarding the pre-course readings (on history, culture, policies and self-determination), as well as an essential health and safety briefing and completion of the risk forms. This briefing also enabled students to ask questions in a culturally safe space.

The course was residential for four days on Yorta Yorta Lands, which included the Barmah–Millewa Forest National Park historical sites where important events for Yorta Yorta Nations took place before and after colonisation (see Atkinson 2013).

Once on site on Yorta Yorta land, students organised themselves into small groups for their accommodation and then three larger groups for the preparation and cooking of an evening meal for the entire group. This student-driven activity was supported by a limited budget to give them a practical experience of the economics, logistics and skills of nourishing large family groups, which is a daily reality for many community members.

The students then met the leaders of the larger Indigenous organisations in the area – Rumbalara Health Service and Rumbalara Football and Netball Club – which provide learning, employment, sports, healing and health services. In 2014 a further medical placement with Yenbena and Viney Morgan Aboriginal Medical Service were added to the experience. There were also separate activities for men and women on one day of the program.

On the last day of the course the students presented their reflections to Elders and Community leaders either individually or in groups, according to student preference. This was an essential component to give the Elders oral feedback and express respect. They also completed a pre-course and post-course attitudinal survey (Paul, Carr & Milroy 2006), which included a qualitative and quantitative survey to gather the students' opinions and assess their engagement with the program.

In the first year of the program, video footage was taken, including student views for educational and community feedback purposes. In keeping with the principles of Indigenous research, there was follow-up with the Elders and Community leaders asking for their feedback and reporting back to them about the outcomes of the student evaluations. These findings are summarised below.

Results

By the conclusion of the four-day program, students were expected to have developed the following attributes, as measured in the comprehensive evaluation:

- An understanding of Indigenous Australians including their history, cultural development and the impact of colonisation on ongoing health disparities (addressed via site visits, film and discussion, Days 1 and 2)
- The ability to respect community values, including an appreciation of a diversity of backgrounds and cultural values*
- An understanding of and respect for the rights of patients including patient choice, dignity and privacy*
- An understanding of the principles of continuity and coordination of health care*
- The ability to learn from patients, health professionals and the community in a broad range of settings.

(* Addressed via visits to Aboriginal Community Controlled Organisations, discussions with community members and patients, stories and reflection on Days 3 and 4).

Students were given hardcopy evaluation forms to fill in while instructors were out of the room. Feedback from the formal evaluation of programs by students in 2013 and 2014 was outstanding.

Table 1: Feedback from formal evaluation of programs by students, 2013 and 2014

Question: This (experience) covered the core content (learning outcomes) rating out of 5 (1 = disagree strongly, 5 = agree strongly)			
2013	Rating (mean)	2014	Rating (mean)
Minimum 23 responses		Minimum 21 responses Excluding Day 3 split	
Day 2 – Morning Visit Historical pre-colonisation sites	4.6	Day 1 – Morning Visit Historical pre-colonisation sites Yenbena Training Organisation	4.4
Day 2 – Afternoon Visit Important post-colonisation event sites	4.2	Day 2 – Afternoon Visit Important post-colonisation event sites	4.4
Day 2 – Evening Discussion Film ‘Lousy Little Sixpence’	4.6	Day 2 – Evening Discussion Film ‘Lousy Little Sixpence’	4.6
Day 3 – Morning Tour of Rumbalara Health Service	4.6	Day 3 Women: Yarning day with women at Viney Morgan Health Service Men: Further views of the community with Elders	W:4.3
Day 3 – Afternoon Panel and Discussion: Mr Leon Saunders and Mr Lee Joachim Aboriginal stories of health, management of environment	4.6	Day 4 Tour of Rumbalara Health Service and discussion with Mr Leon Saunders (Community Officer)	M 4.0

Table 1 cont...

Question: This (experience) covered the core content (learning outcomes) rating out of 5 (1 = disagree strongly, 5 = agree strongly)			
Day 4 – Morning Feedback to Elders Student presentations	4.2	Day 4 Feedback to Elders Student presentations	4.6
Day 4 – Afternoon Rumbalara Football and Netball Club – watched games and learned about health promotion	3.9	Day 4 Rumbalara Football and Netball Club – learned about health promotion	4.5

The students readily identified the importance of going on Country to participate in innovative learning from the Elders and Traditional Custodians. All respondents who answered the question (N=23/30) reported they would recommend this experience to other students.

Student comments regarding their experience and why others would benefit from doing the course included the following direct quotes:

Eye opening, very helpful, enlightening.

On Country is the best environment for cultural learning, speaking to Elders and particularly the time spent at Rumbalara.

More informative than any other experience so far for increasing understanding of Indigenous health – better than lectures which can be misunderstood.

Most effective way of learning about culture and can foster personal interest in the subjects discussed.

Provides an essential perspective and context for Indigenous health and future roles as a health care professional.

Before the program I had a superficial understanding about Aboriginal culture.

The course... touches your humanity and... grows your heart.

Students also made suggestions for improvement such as:

Content on Day 1 and 2 was more difficult to relate to.

More time [needed] in Rumbalara Health Service.

Readings should have been given earlier and should have been more selective [as] not enough time to read them all.

One of the 2014 students wrote a challenging reflective piece on the experience, and posted it on the Outlook University of Melbourne Rural Health Club website (Wood-Sit 2014).

Evaluation of the 2015 OnCountry4Health is currently being undertaken, which will result in around 96 students having completed the evaluation in total.

Discussion

Successes

Through the qualitative and quantitative evaluation results, there is good evidence that the program achieved its immediate objectives of supporting students to:

- understand Indigenous occupation and connections with ancestral lands;
- demonstrate an ability to work more effectively with Indigenous communities;
- be able to articulate a more informed view of Indigenous history, culture and health-related issues in regional Australia; and
- recognise and respect the Elders as the experts in Indigenous knowledge.

There is a need for longer term follow-up to see if the students' commitment to good practice in Indigenous health is evidenced by further engagement in relevant electives and scholarly selectives and practices in the workplace. The final more elusive aim relates to having a positive impact on Indigenous health, which would require complex longitudinal tracking.

Indigenous leadership has been supported through the engagement with local Yorta Yorta community members, who have expressed their willingness and excitement at the prospect of training their future doctors. Our Elders and community leaders would like to see a longer term student involvement with the community as further evidence of the students' commitment, leading ultimately to a better experience of health services and equality of health outcomes for Indigenous people. This could happen, for example, through volunteering at sports training. Community members have also expressed interest in mentoring students educationally before they commit to work in the community, post-graduation. However, resources such as employment of Indigenous community liaison staff must be in place to support this respectful exchange.

Challenges

Challenges included limited time to engage students, who are widely spread through nine different clinical schools. This was addressed in part by the enthusiasm and commitment of participants in the course, particularly the Indigenous students, whose proud identification enriched the program and helped to develop significant student engagement in a short time.

The logistics of taking students away from the standard curriculum and their 300 peers in the Medical School was an unexpected difficulty. It involved a variable degree of buy-in from their clinical supervisors in different placements, even though the supervisors had agreed to the students' participation.

Taking students to a somewhat uncomfortable place emotionally, due to their own perceived lack of knowledge in the area, and presenting a different world view to highly accomplished non-Indigenous learners, requires a lot of experience and a careful balance of information and activities. Trying to build trust, while engaging in a critical discourse on the actions of many of the students' colonial predecessors was a balancing act. This was largely successful due to prior supportive conversations with, and learning from, other leaders in Indigenous medical education (for example, at LIME Connection 2011, 2013) and, most importantly, the vast experience of our Indigenous Community leaders.

Basic facilities were available to students, with limited phone and Internet access while On Country, which provoked anxiety in some.

The pilot status of the programs meant that we experienced late notice of funding approval and, therefore, there was some delay in consulting with the Aboriginal Community Organisations.

A challenge to sustain the initiative will be working out how to bring this experiential learning to the other 300 or more medical students enrolled annually at the University. Our Yorta Yorta Elders and Traditional Custodians suggested that we engage with other Elders in other communities. After taking this advice we are now fortunate to have Elders from more communities engaged in developing new programs that aim to provide transformative experiences of Indigenous Knowledges. These include at Bunjilaka Melbourne Museum, and on the land occupied by the Melbourne Medical School through 'Billibellary's Walk', which all of our Year 1 class undertook in 2014 (353 students) and 2015 (360 students). This Aboriginal walk around the University's Parkville campus provides the students with a cultural interpretation of the landscape of the Wurundjeri people's connection to Country.

The final outcome of this program would be to have an impact on the outcomes for Indigenous patients, to close the gap between their health outcomes and those of non-Indigenous peoples. To improve health we need at least State-wide statistics to be able to demonstrate possible effects. This would first involve bringing this Indigenous learning to many more medical and health sciences students training in Victoria. Our own students suggested that all University of Melbourne health science students should do the course, which would be logistically very challenging. Several thought that students in Arts, Social Work, Law and Engineering would also find the course relevant, reflecting their appreciation of the inter-sectoral collaboration required to influence health outcomes.

Conclusion

We have learnt that there is no substitute for On Country Learning to build respect, trust and 'two-way thinking.' We acknowledge that the Elders and Traditional Custodians have a long tradition of sharing unique and complex knowledge in many contexts and that some medical schools have taken this further, for example, by having Elders in Residence as part of their programs and advising at governance level within the medical schools. This will be an avenue to pursue further in the coming years.

OnCountry4Health adds to the increasing body of knowledge supporting Indigenous knowledge and on Country learning as a critical component in the training of doctors to address Indigenous health inequity. In so doing, it moves the curriculum towards increasing social accountability (Boellen & Wollard 2009).

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Documenting the process and completing the evaluation was essential to ensure ongoing sustainability and Faculty support.

References

Australian Medical Council Limited (AMC Ltd) 2012, *Standards for Assessment and Accreditation of Primary Medical Programs by the Australian Medical Council 2012*, AMC Ltd, Kingston, ACT.

Atkinson, W. 2013, 'OnCountry Learning Site: Yorta Yorta Forest-Wetlands'. Available at: <https://waynera.wordpress.com/profile-dr-wayne-atkinson-yorta-yorta/oncountry-health-2013/>.

Boellen, C. & Wollard, B. 2009, 'Social accountability and accreditation: A new frontier for educational institutions', *Medical Education*, vol. 43, pp. 887–94

Bruce, C. S. 1994, 'Research students' early experiences of the dissertation literature review', *Studies in Higher Education*, vol. 19, no. 2, pp. 217–29.

Holbrook, A., Bourke, S., Fairbairn, H. & Lovat, T. 2007, 'Examiner comment on the literature review in PhD theses', *Studies in Higher Education*, vol. 32, no. 3, pp. 337–56.

Kolb, D. A. 1984, *Experiential Learning: Experience as the source of learning and development*, Prentice Hall, Englewood Cliffs, NJ.

LIME Network 2011, 'LIME Connection IV Auckland 2011 Conference program and report'. Available at: <http://www.limenetwork.net.au/content/conference-program-and-report-2011>.

LIME Network 2013, *LIME Good Practice Case Studies Volume Two*, The University of Melbourne, Melbourne.

Mezirow, J. 1997, 'A critical theory of adult learning and education', *Adult Education Quarterly*, vol. 32, no. 1, pp. 3–24.

Wood-Sit, G. 2014, 'OnCountry4Health: A reflection', Outlook Rural Health Club Website. Accessed 12 May 2015 at: <http://outlookruralhealthclub.org.au/oncountry4health-a-reflection/>.

Paul, D., Carr, S. & Milroy, H. M. 2006, 'Making a difference: The early impact of an Aboriginal health undergraduate medical curriculum', *Medical Journal of Australia*, vol. 184, no. 10, pp. 522–5.

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

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