THELIMENETWORK
Leaders in Indigenous Medical Education

LIME GOOD PRACTICE CASE STUDIES

VOLUME ONE

2012

Australian Government
Department of Health and Ageing

© The University of Melbourne, 2012

First published January, 2012

ISBN 987 0 7340 4748 9

This work is copyright. It may be reproduced in whole or in part for study or training purposes, subject to an acknowledgment of the source and no commercial use or sale. Reproduction for other purposes or by other organisations requires the written permission of the copyright holder(s).

Additional copies of this publication can be obtained from:

Leaders in Indigenous Medical Education (LIME) Network
Faculty of Medicine, Dentistry and Health Sciences
Level 2, 161 Barry Street
The University of Melbourne
Victoria 3010 Australia

T: +61 3 8344 9160
E: lime-network@unimelb.edu.au
W: www.limenetwork.net.au

Author: Leaders in Indigenous Medical Education Network

Managing editor: Cristina Lochert

Artwork: Michelle Smith & Kevin Murray

Design and printing: Inprint Design

For citation: Leaders in Indigenous Medical Education Network, *LIME Good Practice Case Studies Volume One, 2012*, *Onemda* VicHealth Koori Health Unit, The University of Melbourne.

Definition: In this document, we use the term ‘Indigenous’ to refer to the Aboriginal and Torres Strait Islander peoples of Australia and Māori in Aotearoa/New Zealand. The terms ‘Aboriginal’, ‘Aboriginal and Torres Strait Islander peoples’ and ‘Indigenous’ are used interchangeably with reference to the Australian context. The term ‘Māori’ and ‘Indigenous’ are used interchangeably with reference to the Aotearoa/New Zealand context.

FOREWORD

As Chair of the Indigenous Health Sub-Committee of Deans, Medical Deans Australia and New Zealand Inc., I am delighted to present the Leaders in Indigenous Medical Education (LIME) *Good Practice Case Studies* publication to you.

The LIME Network was formally established in 2005; in 2007 it became a Medical Deans Australia and New Zealand Inc. project, funded by the Australian Government Department of Health and Ageing. Over that period, the Network has grown steadily to its current 700-strong membership. Its members comprise medical educators, Indigenous health academics, clinicians and Indigenous students, all committed to improving the health status of Indigenous peoples in Australia and Aotearoa/New Zealand.

During this time, I have watched LIME develop its inclusive networks and go from strength to strength. Of particular note is that, in May 2011, the LIME Network was awarded the University of Melbourne's inaugural Rio Tinto award for Excellence and Innovation in Indigenous Higher Education, which demonstrates its standing within the field of both Indigenous medical education and Indigenous education more broadly. The LIME biennial conference, LIME Connection, is a flagship event of the project, providing an opportunity for medical educators and students from around the world to present their work and to participate in important networking opportunities. We all look forward to catching up with colleagues, developing vital links and making new friendships at each LIME Connection.

While it is important to hear about innovative work in Indigenous medical education at the conference, it is equally important that this work is documented. A *Good Practice Case Studies* publication is an ideal way in which the excellent work of LIME Network members can be acknowledged, while also providing inspiration and practice models for others to follow suit and adapt to their own needs, without having to reinvent the wheel.

Sadly, much more work is needed before we see equitable health outcomes for Indigenous peoples in Australia and Aotearoa/New Zealand. With its bi-national presence, the LIME Network project is well placed to work with all medical schools to develop curricula, as well as recruitment, retention and support strategies for Indigenous students, all of which will contribute in the coming years to a narrowing of the health outcomes gap.

The pool of Indigenous health academics is small, yet as demonstrated in this booklet, a remarkably impressive range of work is being undertaken. The collegiality of those working in this field and their willingness to share their work is to be commended, as it is vital that this good work is shared. Publications such as this one will help build the expertise and skills of Indigenous health academics everywhere and in turn, grow the field of Indigenous medical education.

It is gratifying to read about excellent work taking place on both sides of the Tasman Sea with regard to innovative community engagement, curriculum design and teaching strategies. Additionally, the range of Indigenous recruitment programs being undertaken by LIME Network members provides a strong foundation for growing the Indigenous health workforce in years to come.

Whilst medical schools will adopt differing approaches to their Indigenous health initiatives, I hope this publication will provide an exemplar to assist schools to continuously improve in the area of Indigenous health and ultimately to improve the health outcomes of all Indigenous Australians and New Zealanders. I commend the *LIME Good Practice Case Studies* publication to you.

Professor Alison Jones
Chair, Indigenous Health Sub-Committee of Deans
Medical Deans Australia and New Zealand Inc.

TABLE OF CONTENTS

Foreword iii

Acknowledgments vii

Introduction 1

About LIME 3

Good Practice Case Studies 5

THEME 1: RECRUITMENT AND RETENTION 5

All or nothing? The value of a complete package – Creating the idea that a health career is an achievable goal, by Dr David Paul 5

Aspire Realise Achieve, by Dr Louise Alldridge and Ms Teleah Lindenberg 8

Tū Kahika Program, by Ms Zoe Bristowe 12

All or nothing? The value of a complete package – Indigenous recruitment and retention, by Dr David Paul 16

THEME 2: COMMUNITY ENGAGEMENT 19

The Community Responsiveness & Engagement through Streamed Clinical Education and Training (CRESCENT) Project, by Ms Shawana Andrews 19

THEME 3: CURRICULUM DESIGN 23

Hauora Māori Day, by Ms Suzanne Pitama 23

Managing a diverse student discomfort with an Indigenous health curriculum, by Professor Dennis McDermott and Mr Dave Sjoberg 26

All or nothing? The value of a complete package – A horizontally and vertically integrated Aboriginal health curriculum, by Dr David Paul 29

Te Ara: A graduate profile in Māori health, by Dr Rhys Jones 32

TABLE OF CONTENTS

THEME 4: TEACHING AND LEARNING 36

ReALTiME for Aboriginal Health, by Professor Evelyne de Leeuw and Mr Gerard Finnigan 36

Hauora Māori – Introduction to Clinical Immersed Learning, by Ms Tania Huria 39

'Talking with Indigenous patients'– A workshop using Aboriginal and Torres Strait Islander simulated patients for cultural competency education for 1st year medical students, by Dr Jane MacLeod 42

'Cultural Training: Communicating with Indigenous Patients' tutorial, by Professor Lisa Jackson Pulver 46

Appendix – Good Practice Case Study Assessment Process 50

Acronyms and Abbreviations 51

Glossary 52

ACKNOWLEDGMENTS

The LIME Network staff acknowledge the many people who have contributed to the development of this publication. We thank the LIME Reference Group for its vision, strategic leadership and ongoing commitment to this project. Of particular note is the LIME Good Practice Case Studies Review Committee, the members of which provided expert peer review of all submissions and also generously provided guidance and advice on all aspects of the publication. We are grateful to all the Indigenous health medical educators who submitted case studies which showcase the excellent work that is taking place in the recruitment and retention of Indigenous medical students, Indigenous health curriculum design, teaching and learning and community engagement. This publication would not have been possible without the hard work and dedication of the following people. We thank them.

Good Practice Case Studies Review Committee members:
Dr David Paul, The University of Western Australia
Dr Jane MacLeod, Griffith University
Mr Gerard Finnigan, Deakin University
Dr Maree Toombs, The University of Queensland

LIME Network staff:
Dr Shaun Ewen
Ms Margo Collins
Ms Odette Mazel
Ms Caitlin Ryan
Ms Erin Nicholls
Ms Alice Wilkin

INTRODUCTION

With such a strong and diverse range of programs and initiatives being undertaken at medical schools on both sides of the Tasman in relation to Indigenous medical education, in 2010 the Leaders in Indigenous Medical Education (LIME) Network Reference Group embarked on a project to document the good work being undertaken in the field. The outcome is this *Good Practice Case Studies* booklet, the first in a series of publications which will share this work with a wide audience. It is hoped that this initiative will assist both established and newer medical schools to learn from, and be inspired by, each other and together develop the field of Indigenous medical education.

The LIME Network Reference Group is made up of representatives from the 21 medical schools across Australia and Aotearoa/New Zealand. It meets bi-annually to share information and ideas, provide mutual support and devise strategies to develop and strengthen the field of Indigenous medical education. In doing so, the Reference Group seeks to support members to develop robust Indigenous health curricula to ensure all medical students graduate with knowledge and expertise in Indigenous health, and to develop ways in which to grow the Indigenous medical workforce.

As a relatively young field, it is important that Indigenous medical education grows its evidence base through research and programs within medical schools that are sustained over time and are assessed and evaluated regularly to ensure good practice. To this end, LIME was pleased to contribute to the field via the world's first special edition journal devoted in its entirety to Indigenous medical education with the Australian and New Zealand Association for Health Professional Educators (ANZAHPE) Focus on Health Professional Education journal, which was co-published by the LIME Network Project in July 2011. Similarly, it is hoped this *Good Practice Case Studies* booklet will further contribute to the growing evidence-based body of work in Indigenous medical education.

In 2007, the Australian Medical Council (AMC) guidelines were amended to include an explicit focus on Indigenous health in medical curricula. Medical schools have worked hard to introduce a range of strategies, initiatives and programs to meet the AMC standards, with outstanding results. However, it has often been individual Indigenous health 'champions' who have devised and driven these initiatives within the context of other preexisting teaching and research responsibilities.

This publication is the first of a series. The inaugural edition showcases programs at medical schools in Australia and Aotearoa/New Zealand, most of which are long-standing and have proven viable and successful over time. Others are newer initiatives, which demonstrate innovation and originality. See the Appendix for information on the assessment process. It is envisioned that further editions will be developed periodically over the coming years, to showcase the many initiatives that are currently in their infancy, but with time will develop into robust, sustainable, evidence-based programs.

The booklet brings together good practice initiatives in Indigenous medical education that are currently taking place in Australia and Aotearoa/New Zealand, in the key areas of recruitment and retention, curriculum design, teaching and learning and community engagement. Our wish is to

celebrate the many successes in this field and we hope that this publication will provide the impetus for medical schools across Australia and Aotearoa/New Zealand to develop new programs and strategies in Indigenous medical education inspired by those that have proven successful elsewhere.

By acknowledging and supporting the work of the many Indigenous health 'champions', we hope this publication contributes to increased numbers of Indigenous medical students, strengthened Indigenous health curricula and contributes to improved health outcomes for Indigenous peoples in Australia and Aotearoa/New Zealand.

We are proud of this publication and hope you find it engaging and inspiring.

ABOUT LIME

The Leaders in Indigenous Medical Education (LIME) Network is a Medical Deans Australia and New Zealand Inc. (Medical Deans) project, hosted by the *Onemda* VicHealth Koori Health Unit within the Melbourne School of Population Health at the University of Melbourne, Australia.

The LIME Network recognises and promotes the primacy of Indigenous leadership and knowledge. The project's governance model includes a strong, representative Steering Committee and Reference Group. Both groups consist of a range of participants, including medical educators, specialists in Indigenous health, policy makers and community members concerned with the improvement of health outcomes for Indigenous people.

The Network forms part of the broader Medical Deans 'Closing the Gap' program that supports the Australian Government's commitment to close the life expectancy gap between Indigenous and non-Indigenous Australians and to provide health equality.

The LIME Network project maintains a bi-national presence that encourages and supports collaboration within and between medical schools in Australia and Aotearoa/New Zealand. This collaboration then furthers the development, delivery and evaluation of Indigenous health content in medical education. The project also seeks to build linkages between varied health disciplines, and to provide quality review, professional development, capacity-building and advocacy opportunities for network members.

The LIME Network is a dynamic network dedicated to ensuring:

- quality and effectiveness of teaching and learning of Indigenous health in medical education and curricula, and
- best practice in the recruitment and retention of Indigenous medical students.

The Network and its predecessor projects have achieved significant outcomes including:

- the development, trial and subsequent implementation of the Critical Reflection Tool (CRT), an internal quality review tool designed to assist medical schools to implement, monitor and sustain the nationally agreed Indigenous Health Curriculum Framework and to adopt initiatives related to Indigenous student recruitment, retention and support
- the facilitation of regional meetings to consolidate relationships between universities, local Indigenous communities and Aboriginal Community Controlled Health Organisations
- the facilitation of the biennial LIME Connection conference
- the development and ongoing enhancement of the LIME Network website
- the facilitation of bi-annual Reference Group meetings to provide advice and support in implementing project initiatives and yearly Steering Committee meetings to set strategic and policy directions.

- the tri-annual publication of the LIME Network Newsletter to share stories of success and positive initiatives in the area of Indigenous health, and
- initiating collaborations and partnerships with other Indigenous health networks.

Background

The LIME Network began through many years of informal collaboration between Indigenous and non-Indigenous medical educators concerned with curriculum development and teaching initiatives contributing to Indigenous medical education, as well as barriers to the recruitment and retention of Indigenous students into medical degrees. These informal networks met over time through such forums as the Indigenous Medical Conference held in Salamander Bay, New South Wales in 1997, Australian Indigenous Doctors' Association (AIDA) gatherings since the formation of the Association in 1998, and the Committee of Deans of Australian Medical Schools' (CDAMS) working groups and workshops since 1999.

The formal beginning of the Network can be seen through the CDAMS Indigenous Health Curriculum Development Project, in which an audit of existing Indigenous health content in medical curricula was undertaken in consultation with medical educators, Indigenous health specialists, AIDA, medical colleges, student bodies, and other organisations in 2002. The findings were used to inform the development of the Indigenous Health Curriculum Framework (IHCF), the purpose of which was to provide medical schools with a set of guidelines for success in developing and delivering Indigenous health content in core medical education. Importantly, following its publication in 2004, the IHCF became the only curriculum framework to be endorsed by all medical schools in Australia and Aotearoa/New Zealand, and in 2006, the Framework was adopted by the Australian Medical Council and incorporated into its standards for medical school accreditation from 2007.

A growing network of medical educators from Australia and Aotearoa/New Zealand, most of whom contributed to the CDAMS Indigenous Health Curriculum Development Project, and who had a commitment to the delivery of quality Indigenous health content within medical curricula, came together at the inaugural LIME Connection in Fremantle, Western Australia in 2005. An outcome of the conference was the formal establishment of the LIME Network.

In 2007, the Australian Government Department of Health and Ageing agreed to an initial year's funding for LIME as a project of Medical Deans. Subsequently further funding for the LIME project as a stand-alone project was secured for a further four years, as part of the broader Medical Deans 'Closing the Gap' program.

THEME: RECRUITMENT AND RETENTION

All or nothing? The value of a complete package – Creating the idea that a health career is an achievable goal

Dr David Paul, The University of Western Australia, Australia

Introduction

At the University of Western Australia (UWA), the Faculty of Medicine, Dentistry and Health Sciences, via its Centre for Aboriginal Medical and Dental Health (CAMDH), in collaboration with the School of Indigenous Studies, has implemented a comprehensive recruitment strategy for Aboriginal and Torres Strait Islander students interested in a health career. A particularly successful component of the recruitment strategy has been the Health Careers Workshop (HCW).

Why was this project/program initiated?

The need to address the very low number of Aboriginal and Torres Strait Islander health professionals has been a priority of CAMDH since its establishment in 1996. A key issue has been how to best address the poor secondary school experience and lack of encouragement that a health career was an achievable goal for prospective students. Whilst alternative learning opportunities and entry pathways are a necessity in this context, working with school students so that they are able to be better prepared for university entry whilst they are still at school is an essential coexisting step. As a consequence CAMDH and the School of Indigenous Studies run a comprehensive schools program.

Aims and objectives

CAMDH was established with three main interests: increasing the number of Aboriginal and Torres Strait Islander people in the health workforce; ensuring that all graduating practitioners are better informed and skilled so that they can work in a culturally safer manner; and, facilitating inclusive research in the area of Aboriginal and Torres Strait Islander health.

Approach to achieve aims and objectives

CAMDH and the School of Indigenous Studies at the University of Western Australia have been running Health Careers Workshops to support the recruitment of Aboriginal and Torres Strait Islander students into Medicine, Dentistry, Health Science and Science degrees. The Health Careers Workshops have been running since 1995 and are aimed at secondary school students from Year 9 through to Year 11, with the majority being in Year 10.

Since the program's inception, there has been a total of 354 students from rural, remote and urban secondary schools from across the state attending the HCW. The HCW is run over a one-week period during the winter school holidays and students are housed in college/university accommodation. The students are exposed to various aspects of a university environment with a particular emphasis on health and science activities. This includes visits to a range of disciplines including the Dental school, the Anatomy laboratory and Podiatry. The HCW provides students with interactive sessions in which they can perform mock dental procedures, plaster casts, suturing and play with the robotic equipment used for surgical procedures. A careers night is organised and students get to meet with current university enrolled students from a variety of disciplines and attend motivational sessions with past Aboriginal and Torres Strait Islander graduates from Medicine, Dentistry and other Health and Science courses. University staff facilitate these sessions, along with currently enrolled Aboriginal and Torres Strait Islander students who act as camp supervisors and mentors.

Challenges

Recruiting, retaining and successfully graduating Aboriginal and Torres Strait Islander medical and other health practitioners has been a key strategy to help to address the representational inequity within the health workforce. The high success in student retention and successful completion has been made possible by the comprehensive approach that has been implemented, grown and maintained over many years.

Successes

The HCW has been a particularly successful strategy that is helping to address the shortage of Aboriginal and Torres Strait Islander doctors and other health professionals. Of the 354 students who have attended the HCW, 36% have entered a university course, 15% have entered a health-based course, and a total of 46 students have entered Medicine, Dentistry or a Health Sciences course at UWA. In other words, 65% of the 71 Aboriginal and Torres Strait Islander students who have entered a health professional course at UWA attended the Health Careers Workshop!

What are the impacts?

The most obvious impacts of the comprehensive approach to recruitment, retention and a meaningful learning experience has been the significant increase in the number of Aboriginal and Torres Strait Islander students successfully entering and completing the health career course of their choice at UWA.

How has the project developed Indigenous leadership?

CAMDH is Indigenous led and the programs are developed and implemented by a team of Indigenous health academics. CAMDH provides the opportunity for graduates to engage in and inform the academic realm and seeks to further build the capacity of the health and academic sectors.

The initiatives that CAMDH has successfully implemented have been recognised nationally and internationally via the:

- inaugural LIMElight award for Leading Innovation in Indigenous Student Recruitment, Support and Graduation, 2007
- Premier's Award for Excellence in Public Sector Management – People and Communities: Education and Skills Development, 2005.

Program sustainability

The decision of the University to move to a solely postgraduate professional degree structure has meant that CAMDH has had to reconsider its recruitment pathway strategies. The schools program remains an essential strategy that will assist in enabling Aboriginal and Torres Strait Islander students to enter university studies. We will have to wait and see what the impact of moving to postgraduate health professional degrees will have in terms of the ability of Aboriginal and Torres Strait Islander students to access those courses.

For further information, contact:

Dr David Paul
Centre for Aboriginal Medical and Dental Health
The University of Western Australia
E: david.paulATuwa.edu.au

THE UNIVERSITY OF WESTERN AUSTRALIA
Achieve International Excellence

THEME: RECRUITMENT AND RETENTION

Aspire Realise Achieve

Dr Louise Alldridge and Ms Teleah Lindenberg, Griffith University, Australia

Introduction

The full name of this project is 'Developing close relationships with local schools to increase the aspiration and confidence of Indigenous students to pursue careers in Medicine and Dentistry. Aspire Realise Achieve'. It aims to inspire local Indigenous students to consider careers in Medicine and Dentistry by bringing together Indigenous community leaders, local schools and Australian Indigenous Doctors' Association (AIDA)/Indigenous Dentists' Association of Australia (IDAA) to seed and nurture aspirations of young Indigenous people and their families.

The main objectives are to:

- establish networks and role models
- raise aspirations and confidence in Indigenous secondary school students
- raise educational outcomes for Indigenous secondary school students
- increase the uptake of Indigenous students to the Medicine and Dentistry programs.

Project Leaders:

- Dr Louise Alldridge (Senior Lecturer in Medical Education. Academic Lead in Selection and Equity, Griffith University School of Medicine)
- Mr Graham Dillon (Senior Elder in Residence, Gold Coast)
- Ms Suzanne Wilkinson (Student Equity Services)
- Mr Graham Coghill (GUMURRII Student Support Unit)
- Prof Ratilal Lalloo (Professor of Rural, Remote and Indigenous Oral Heath, Griffith University School of Dentistry and Oral Health)
- Dr Jane Evans (Senior Lecturer, Griffith University School of Dentistry and Oral Health).

Project Stakeholders:

- Education Queensland (Project Funders)
- Gold Coast, Logan, Beaudesert and Redlands state schools
- Community representatives: Uncle Graham Dillon, Senior Elder of the Kombumerri people

- GUMMURRII Student Support Unit
- Griffith University Medical Students and Dental Students Associations
- Student services (Student Equity Services)
- Aboriginal and Torres Strait Islander students
- External Relations, Griffith University
- AIDA
- IDAA
- HOPE4HEALTH
- Rural, remote and Indigenous oral health clinical placements.

Why was this project/program initiated?

This project was initiated due to the low participation of Indigenous students at Griffith University Schools of Medicine and Dentistry and Oral Health along with the consequential lack of Indigenous doctors and dentists in Australia. Griffith University has graduated one Indigenous doctor and currently has one Indigenous medical student. Records show there are currently 153 Indigenous doctors and 161 Indigenous medical students in Australia. This data is valid as at October 2010. Source: Medical Deans Australia and New Zealand Inc., 2010.

Aims and objectives

- To establish links with state schools in the Gold Coast, Logan, Beaudesert and Redland areas that have significant cohorts of Indigenous students, through outreach activities.
- To consult with Elders, Education Queensland, parents/carers, AIDA/IDAA and students in order to 'sow the seed' of realistic aspirations to encourage Indigenous people to consider a career in Medicine and Dentistry.
- To establish a bi-annual activities day for local Indigenous pupils and their families.
- To establish a significant presence of Indigenous medical and dentistry students along with the GUMMURRI student support unit at our official Open Day and careers markets.
- To contribute to the creation of educational opportunities for the local Kombumerri people in the spirit of their (generous) Deed of Agreement with Griffith University relating to the Smith Street lands – southern precinct, Gold Coast campus.
- Long-term goal: Improved Indigenous health and wellbeing through increased participation in Medicine and Dentistry.

Approach to achieve aims and objectives

The main strategy involves the employment of an Indigenous Outreach Officer to make contact and build relationships with schools, Indigenous students, their families and community members. In addition, we hold activities days in the Centre for Medicine and Oral Health, attend careers

markets and take part in National Aborigines and Islanders Day Observance Committee (NAIDOC) celebrations. We have identified realistic role models within the Schools of Medicine and Dentistry and Oral Health.

Challenges

The main and most important challenge is to achieve sustainability, which naturally requires continued long term funding. It is also important to ensure that addressing our social responsibility remains a priority for the University and Education Queensland. Both Griffith University and Education Queensland have strategic priorities in relation to improved educational outcomes for Indigenous students.

Further challenges involve developing strategies for engaging with 'busy' school staff and schedules to ensure access to Indigenous students and devising ways of monitoring outcomes.

Successes

Over 40 local secondary schools have been visited so far – reaching over 250 individual school students.

Critical contact has been made with over 80 school teachers, principals, guidance officers, Indigenous workers and community Elders. Close associations have now been established with 11 community groups including: Deadly Solutions, General Practice Gold Coast, Kalwun Health and Black and Deadly.

Three on-campus activities days have been held with 13 local schools participating. These days focussed on hands-on engagement and University demystification, where the students dressed up in scrubs (with masks, hats, and shoe covers) and then did a circuit of activities including baby 'resus', plastering arms, an anatomy quiz with anatomy models, dental activities with phantom heads and a simulated shark attack with 'sim man' with lots of fake blood. This is all topped off with a barbeque at our Indigenous support service.

In addition four Indigenous careers expos have been attended, each with at least 3000 Indigenous school pupils taking part. We also took part in local NAIDOC celebrations. We have recently secured top up funding of AUD $15,000 from Education Queensland which funds the Indigenous Outreach Worker and the activities day.

What are the impacts?

We have received several testimonials from schools which have stated with enthusiasm that the activities and visits have had a positive impact on their students within the project and broadly back in the school classroom.

> From Indigenous Support Coordinators commenting on the Activities Day:
>
> *The students received so much information that will guide them in making decisions for their immediate schooling as well as their future.*

A fun and informative day that left a lasting memory with our students, opening their minds…

And, from a Year 10 pupil, Beenleigh State High School:

I never thought about being a doctor. I never thought I was smart enough. Now I do…

We are currently tracking some student participants and hope to continue this onto higher education. The purpose of the tracking is to determine whether students' school work improves following the activities day and also whether they go on to university. The project also has an impact on all the members of staff and students that take part. The Griffith Graduate Attributes include ensuring our graduates are 'Socially responsible and engaged with their communities' and have 'Awareness and respect for the values and knowledges of Australian Aboriginal and Torres Strait Islander First Peoples'. This project contributes to developing these attributes.

Due to the nature of targeting students early, the true success will not be evident for around three to six years when we would hope to see an increase in participation of Indigenous students in Medicine and Dentistry programs at Griffith University.

How has the project developed Indigenous leadership?

The project promotes and supports increased Indigenous leadership in academic achievement and eventually in Medicine and Dentistry. The project was developed in close association with Uncle Graham Dillon (Senior Elder in Residence), GUMURRII Student Support Unit and consulting with the Indigenous community. We continuously seek direction from Uncle Graham Dillon and GUMURRII. The project also employs an Indigenous Outreach Officer.

Program sustainability

We have recently gained further top up funding for this particular project from Education Queensland, however this pilot has inspired the Griffith University Health Group to invest in a similar project scaled up to cover the University's Health Group more broadly. The project leader and Indigenous Outreach Officer will be key participants in a working group to develop this proposal.

For further information, contact:

Dr Louise Alldridge
School of Medicine
Griffith University
E: l.alldridgeATgriffith.edu.au

THEME: RECRUITMENT AND RETENTION

Tū Kahika Program

Ms Zoe Bristowe, University of Otago, Aotearoa/New Zealand

Introduction

The University of Otago's Tū Kahika program supports young Māori students interested in a career in health through the University of Otago's Foundation Year (pre-undergraduate) Health Sciences course. The program is targeted at Māori secondary school students and provides funded places for up to 25 students who have completed their Year 13 of study. The program was launched mid 2009 with the aim of increasing Māori student recruitment, retention and achievement in health sciences to increase the Māori health workforce in Aotearoa/New Zealand.

Tū Kahika provides students the opportunity to build their knowledge of the core sciences in a tertiary setting, become familiar with life on campus and adjust to the requirements of university study by providing students with wrap-around academic, cultural, pastoral and financial support (both on and off the campus) throughout the duration of their studies.

Tū Kahika is overseen by the Māori Health Workforce Development Unit (MHWDU), which sits within the Division of Health Sciences at the University of Otago. MHWDU staff work collaboratively with key internal staff across the University (Foundation Studies, Te Huka Mātauraka (Māori Centre), Residential College Wardens, Office of Māori Development, Accommodation Office and School's Liaison) all of whom are integral in ensuring the successful delivery of Tū Kahika and wrap-around support for Tū Kahika students.

Why was this project/program initiated?

Māori are under-represented in both tertiary health study and the health workforce in Aotearoa/New Zealand. The culturally responsive Tū Kahika program was developed to provide Māori students with targeted support to equip them with the necessary skills to progress from secondary school, through Foundation Year and into further tertiary study in health.

Aims and objectives

The overarching goal of the MHWDU is to increase the Māori health workforce in Aotearoa/New Zealand. Tū Kahika aims to contribute to health workforce development by increasing the number and preparedness of Māori students entering into and successfully graduating from the competitive professional tertiary programs such as Medicine, Dentistry, Pharmacy, Physiotherapy and Medical Laboratory Science.

Specific aims of the Tū Kahika program are:

- To recruit up to 25 Māori secondary school students each year into Tū Kahika
- To enhance students' first year experience by supporting their pathway from secondary school, through Foundation Year and into further study in health
- To increase the number of Māori students choosing health professions as a career
- To assist student learning of core sciences, maths, academic English, university processes and increase preparedness of students for further tertiary study
- To identify effective strategies to increase Māori student recruitment, retention and achievement in health sciences
- To provide culturally responsive, individualised wrap-around support for students and whakawhanaungatanga (forming meaningful relationships) amongst students and staff to increase the retention rate of Māori students at the University of Otago.

Approach to achieve aims and objectives

Our approach to achieve the program aims and objectives are quite 'simple' yet effective. Informed by Māori philosophies and values, we recognise the importance of building and maintaining relationships with the students and the effectiveness of collaboration between staff across the campus.

- Whakawhanaungatanga is one of our core practices, that is, we form meaningful relationships with the students at the individual level and 'know' our students. This is done formally and informally through setting tailored learning plans for the students, regular group activities and ongoing staff contact. Meals together, and the fact the students are housed in one of two residential colleges maintains a strong sense of whanaungatanga within the group.
- High expectations: Each Tū Kahika student is interviewed with his/her whānau (family) prior to selection (in their home region) and program staff members have high expectations of the students and make these known to students and whānau. The interview process also establishes a relationship with student's whānau and assists with the ongoing support for the student.
- Dedicated support: Tū Kahika students are supported by a Kaiārahi (guide/mentor) who assists the students with their transition from home, through Foundation Year and beyond. The Kaiārahi works closely alongside the Academic Dean and is one of the key contacts for the students.
- Recruitment: MHWDU staff has strong networks internally and externally to the university that enables recruitment of students into the program through a variety of sources and mediums.
- Collaboration: Collaboration with key staff from across the campus is integral to the successful delivery of Tū Kahika and the high level of support and guidance students receive. Students are known as individuals and have a strong network of staff to assist them with various aspects of their transition through university.

Challenges

Perhaps the most significant challenge for us is how to provide the students who are educationally disadvantaged (lower decile school, no University Entrance, limited exposure to maths and science, extremely limited knowledge about tertiary study) the necessary skills to progress through their studies in the short time allocated (24 teaching weeks). We strongly feel it is the collaborative way that the program is delivered, the targeted support and the students' support of one another that enables most of the students to progress through their studies by scaffolding alongside other students and taking advantage of the added academic and pastoral support provided to them.

Successes

The Tū Kahika program is currently in the second year of delivery, so whilst results are positive, further research is needed to measure success against all key indicators. To date Tū Kahika has evidenced a number of successes in terms of Māori student recruitment, retention and achievement in health sciences alongside positive outcomes for students. The program is evaluated using both quantitative and qualitative research including longitudinal tracking of student progress and outcomes, and student and staff satisfaction of program delivery and implementation.

What are the impacts?

Research shows a high level of student and staff satisfaction, particularly the support and opportunities provided. 'It [Tū Kahika]...gives us a sense of belonging because they're [program staff] acknowledging who you are and what you're doing.' Of significant impact has been the student's desire to continue to pursue a career in health with 89% (n=33) of the two Tū Kahika cohorts currently studying towards a health qualification. Furthermore the program has provided 'second chance' learning opportunities for students who entered Foundation Year without University Entrance that are now either progressing through further university study with a chance of gaining entry into a professional program or, near completion of gaining University Entrance via Foundation Year. There is also evidence to suggest Tū Kahika enhances students' preparedness and confidence for further health related tertiary study into professional programs. Student evaluations have highlighted the wrap-around support students receive as perhaps the most critical success factor of the Tū Kahika program.

How has the project developed Indigenous leadership?

Tū Kahika is part of the newly developed MHWDU. Associate Professor Joanne Baxter is the Associate Dean Māori Health Sciences and Director of the MHWDU; Dr Baxter is of Ngai Tahu and Ngāti Apa ki te Rā Tō iwi and directly contributes to the strategic direction of Māori development within the Division of Health Sciences. Zoe Bristowe (MIndS) Ngā Puhi, Ngāti Pōrou has a key role in program management and implementation and in the development and implementation of the recruitment, support and evaluation aspects of the program. The growth of successful projects within the MHWDU pertaining to Māori student recruitment, retention and achievement in Health Sciences has seen the expansion of the MHWDU and an increased level of Indigenous leadership and positive outcomes for Māori students at the University of Otago.

Program sustainability

The development and implementation of Tū Kahika has involved funding support primarily from the Ministry of Health and the Tertiary Education Commission alongside the support from the University of Otago and Foundation Studies. Currently planning is underway to secure future funding of this initiative.

For further information, contact:

Ms Zoe Bristowe
Tū Kahika
University of Otago
E: zoe.bristoweATotago.ac.nz

THEME: RECRUITMENT AND RETENTION

All or nothing? The value of a complete package – Indigenous recruitment and retention

Dr David Paul, The University of Western Australia, Australia

Introduction

At the University of Western Australia (UWA), the Faculty of Medicine, Dentistry and Health Sciences, via its Centre for Aboriginal Medical and Dental Health (CAMDH), has implemented a comprehensive Indigenous health strategy, one component of which is aimed at the recruitment and retention of Aboriginal and Torres Strait Islander students into the medical course.

Why was this project/program initiated?

Before CAMDH was established in 1996, there were only four Aboriginal and Torres Strait Islander students studying medicine at UWA and there only had been two earlier medical graduates, one in 1983 and the other in 1985. CAMDH staff recognised that there needed to be effective strategies implemented that would both increase the number of Aboriginal and Torres Strait Islander students entering into the medical course, and ensure students were adequately supported to successfully graduate.

Aims and objectives

CAMDH was established with three main interests: increasing the number of Aboriginal and Torres Strait Islander people in the health workforce; ensuring that all graduating practitioners are better informed and skilled so that they can work in a culturally safer manner; and, facilitating inclusive research in the area of Aboriginal and Torres Strait Islander health.

Approach to achieve aims and objectives

Recruiting, retaining and successfully graduating Aboriginal and Torres Strait Islander medical practitioners has been a key strategy to help to address the representational inequity within the health workforce. The high success in student retention and successful completion has been made possible by the preparatory pathways that students undergo to ensure that they have adequate background knowledge to succeed in the medical course. For example, the preparatory pathways are tailored to each student's particular needs and prior experience. They include utilising Open Learning orientation programs (full time bridging programs run by the School of Indigenous Studies), Pre-Medicine/Pre-Dentistry program (summer school), and enrolling in a Bachelor of Health

Science or Bachelor of Science for one or two years. In addition there is an extensive secondary schools program run in collaboration with the School of Indigenous Studies that encourages school students to consider university study and professional courses leading to a health career. This program involves school visits and three intensive careers camps at Year 8, 10 and 12, one of which is specifically focused on health careers.

Challenges

Only nine of the 71 Aboriginal and Torres Strait Islander students who entered medicine since the establishment of CAMDH had successfully completed the Tertiary Entrance Examination (renamed the Western Australian Certificate of Education in 2010) at the end of Year 12 and, of them, only four gained a place in Medicine via mainstream entry pathways. This highlights the importance of having comprehensive ways in which to support Indigenous students to prepare for entry into medical school, in addition to alternative entry options for Aboriginal and Torres Strait Islander students.

Another challenge has been to ensure students are adequately supported once they start medical school. Once students enter Medicine, CAMDH staff members provide substantial support for academic, material and personal issues. This comprehensive support is supplemented with efforts by staff from the School of Indigenous Studies.

Successes

In 2011 there were 26 Aboriginal and Torres Strait Islander students studying Medicine at UWA. There have been 21 medical graduates, along with one dental graduate, another two students studying Dentistry and 12 studying Health Science.

We have found that the strong collaboration between CAMDH and the School of Indigenous Studies, including being co-located, means that students have a much larger cohort of staff members to access for support. In addition, having a central location where all the Aboriginal programs are based on campus means that medical students are in close contact with all the other Aboriginal students on campus, which helps to ensure a more culturally secure and supportive environment for students. Integral to the successes achieved by CAMDH is the close collaboration and partnership with the School of Indigenous Studies at UWA.

What are the impacts?

The significant increase in student numbers enrolled in Medicine and the increase in graduates is one thing. Of equal importance is the excellent retention rates that CAMDH has been able to achieve for the students who have entered Medicine. In the 16 years since CAMDH was established there have been 71 Aboriginal and Torres Strait Islander students enter the medical program. 21 students have graduated, 26 students are currently enrolled, nine transferred to alternative study (Health Science), six transferred to other medical schools, four are on leave for family and other reasons and six students have left study. In other words, CAMDH has been able to achieve over 91% retention rates in the tertiary health sector for Aboriginal and Torres Strait Islander students entering the medical program.

How has the project developed Indigenous leadership?

The initiatives that CAMDH has successfully implemented have been recognised nationally and internationally via the:

- Inaugural LIMElight award for Leading Innovation in Indigenous Student Recruitment, Support and Graduation, 2007
- Premier's Award for Excellence in Public Sector Management – People and Communities: Education and Skills Development, 2005.

Program sustainability

The university's decision to move to a solely postgraduate professional degree structure has meant that CAMDH has had to reconsider its recruitment pathway strategies. As a part of this, guaranteed entry into Medicine from first year undergraduate entry has been approved for Aboriginal and Torres Strait Islander students. Alternative entry requirements have also been approved and CAMDH staff members are in the process of developing an Advanced Diploma program for students who do not have a Bachelors degree but have some relevant prior education and experience.

For further information, contact:

Dr David Paul
Centre for Aboriginal Medical and Dental Health
The University of Western Australia
E: david.paulATuwa.edu.au

THEME: COMMUNITY ENGAGEMENT

The Community Responsiveness & Engagement through Streamed Clinical Education and Training (CRESCENT) project

Ms Shawana Andrews, The University of Melbourne, Australia

Introduction

The Faculty of Medicine, Dentistry and Health Sciences at The University of Melbourne is developing a new community-based clinical education and training model for health science students, to complement its current hospital-based model. The Community Responsiveness & Engagement through Streamed Clinical Education and Training (CRESCENT) project seeks to develop an innovative approach to clinical education that better links students with the communities in which they learn and to whom they will provide services. This model is reliant on engaging existing health services, including Indigenous health services, in the Northern and Western suburbs of Melbourne, Victoria, to contribute to and participate in community-based clinical education. The CRESCENT Aboriginal Community Engagement Project is a component of this broader program, which undertook a service and mapping consultation with Indigenous health service providers in the region.

Why was this project/program initiated?

The CRESCENT project envisions that:

> *the health needs of people in Melbourne's Northern and Western suburbs are met by a diverse, well-trained workforce that understands and responds to the community it serves, and is equipped to work in the health system of the future.*

In 2008, the Council of Australian Governments (COAG) agreed to a National Partnership Agreement (NPA) on Closing the Gap in Indigenous Health Outcomes. The NPA Implementation Plan[1] states:

> *The limited availability of a culturally competent workforce to provide health care to Aboriginal and Torres Strait Islander people is the single biggest risk to achievement of the objectives of the reforms under the NPA.* (p.6)

1 Commonwealth Government of Australia (n.d.), National Partnership Agreement on Closing the Gap in Indigenous health Outcomes: Implementation Plan. Accessed on 2 November 2011 at <http://www.health.gov.au/internet/main/publishing.nsf/Content/closinggap-tacklingchronicdisease>.

Therefore, identifying the best ways in which to develop Indigenous health teaching and learning within a community-based model in Melbourne's Northern and Western suburbs, was considered an important element of the model.

Aims and objectives

The Aboriginal Community Engagement project began in March 2010 and aims to engage with Aboriginal services and organisations in the region, and those mainstream organisations that service a significant number of Aboriginal people, with the following objectives:

- to develop a planned and inter-professional approach to student placements in Aboriginal health
- to provide opportunities for students to experience an Aboriginal health clinical environment after appropriate cultural awareness training
- to develop a best-practice model of engagement for health science students in Aboriginal health services
- to inform and reform the faculty's curricula with regard to community clinical placements in Aboriginal health.

Approach to achieve aims and objectives

We wanted to identify relevant services, organisations and groups, so we undertook a mapping exercise. This was followed by an initial consultation; we hit the road between April and July 2010 and met with six Aboriginal organisations, four hospital-based Aboriginal Liaison Officer/support programs for Aboriginal patients, three community health centres, two city councils, two University Indigenous Student Units, one Aboriginal Reference group and a welfare service.

Challenges

The outcomes of the community consultations highlighted the uncertainties and complexities that will need to be addressed and overcome, particularly in considering the expectations placed on resource-poor Aboriginal organisations and services to contribute to the clinical training of students.

What is clear from this consultation is that one model of clinical training won't fit all, nor will a successful model in one year necessarily suit the same service the following year. Flexibility, coordination and ongoing communication between the University and the organisations are paramount.

The process of moving from mapping to agreement among stakeholders highlighted the challenges faced by Aboriginal organisations to be able to commit to providing clinical training due to funding issues, infrastructure limitations and time-poor or limited number of clinicians. Through this process we were able to negotiate a 3-year student placement agreement with three Aboriginal organisations through a successful application for a federal clinical training infrastructure grant led by the Department of General Practice. This has secured a number of clinical training placements in Aboriginal health for both medical and social science students.

As there are numerous Aboriginal organisations that are unable to make an ongoing commitment but which are able to provide placements occasionally or opportunistically, the recommendation from the consultation that provided for an Aboriginal Clinical Training and Engagement Officer, beyond the life of the current project, is being progressed. Such a position allows for the maintenance of ongoing relationships between the University and relevant Aboriginal organisations, which will maximise the opportunities available to students within these services.

Successes

The recommendations that were developed by the Aboriginal community throughout this consultation reflect a general recognition that preparing a future health workforce to contribute to Aboriginal health and wellbeing whilst they are students, is beneficial. The community consultations resulted in the identification of seven main considerations and issues associated with clinical training in an Aboriginal community setting, including twelve recommendations.

What are the impacts?

The outcomes of the consultations highlighted many challenges, but also demonstrated the great potential within the Aboriginal community primary health care sector for interdisciplinary clinical training for health students from a small but highly-skilled Aboriginal health workforce. The consultations also highlighted and acknowledged the importance of the role of the Aboriginal health sector in contributing to the education of a culturally competent future health workforce.

How has the project developed Indigenous leadership?

The position of Project Officer – CRESCENT Aboriginal Engagement Project, was identified for Indigenous applicants only, which created an opportunity to develop the skills of the appointed Project Officer. By having Indigenous community members and organisations central to the process, their expertise, knowledge and recommendations will inform the entire project. The mapping exercise has ensured that the University works in partnership with the Indigenous community. Recommendations include ensuring that there is 'appropriate comprehensive training for staff involved in supervising students' and that a mechanism is set up 'that facilitates community input to the development of the clinical training curricula'. These recommendations ensure that Indigenous leadership is embedded in the model.

Program sustainability

By undertaking a comprehensive mapping and consultation process with the Aboriginal community, we envisage that we can develop a clinical placement program for Health Science students that takes into account the needs of the health services, Aboriginal community and the University. The consultation process identified sustainability as one key area for consideration. It was clear throughout the consultation that any model of clinical training for health students in the Aboriginal community would require a great degree of coordination and ongoing building and maintenance of relationships between the University and the relevant organisations. As the community-oriented clinical training model develops and evolves so, too, will the partnerships between the University and the community.

Through this project it has been recognised that not all medical and allied health students will have the opportunity to undertake a clinical placement in an Aboriginal organisation, therefore highlighting the importance of an integrated Aboriginal curriculum across courses.

For further information, contact:

Ms Shawana Andrews
Onemda VicHealth Koori Health Unit, Centre for Health and Society
The University of Melbourne
E: shawanaaATunimelb.edu.au

THEME: CURRICULUM DESIGN

Hauora Māori Day

Ms Suzanne Pitama, University of Otago, Aotearoa/New Zealand

Introduction

The Hauora Māori Day is a day when Māori community members are invited to attend a student-led clinic by University of Otago medical students on a Marae. The day provides an opportunity for the students to demonstrate their Māori cultural competencies and clinical skills, by engaging the patients and delivering a screening service. Students are supported by clinicians, consultants and senior doctors who take a hands-off approach and are there to oversee the students, stepping in only if complications arise.

This project started off as a curriculum initiative from within our Māori/Indigenous Health Institute teaching unit. However, within a short span of time, we realised that it would need to involve our whole clinical school and health community to make it work. Therefore it became a partnership between our unit, the course convenors within the University of Otago, the District Health Board, tribal authorities and primary care organisations within our local community.

Why was this project/program initiated?

Student feedback about the Hauora Māori vertical module (Indigenous health teaching), although overwhelming positive, consistently indicated that students felt they were not 'exposed' to enough Indigenous patients/community and that they needed to further 'tune' their skills in working alongside the Indigenous population. The project was also utilised as an opportunity to provide free screening services to our local Māori communities, who had contributed to our medical curriculum over the past seven years, by allowing medical students to interview them as part of their summative case study requirements. Therefore it was decided to pilot the Hauora Māori Day in March 2010, where the Indigenous health curriculum had already been allocated a full day for teaching.

Aims and objectives

There were two main aims:

- to utilise student-led clinics as a vehicle for teaching Indigenous health. This included the expectation that students would be able to demonstrate the learning outcomes from the Indigenous health course, and
- to provide our local Māori community with free screening opportunities.

However, other objectives were also met:

- bringing together the medical school to focus on Indigenous health, and
- providing an opportunity to have ourselves, the students, our university colleagues and the Māori community work on a joint project.

Approach to achieve aims and objectives

- Work alongside the local Marae to logistically work through how the day would work.
- Design and development of 18 clinical stations that would be hosted on the day.
- Organisation of appropriate equipment required for the day.
- Training of students/staff on cultural protocols required for the day.
- Training of students by staff on clinical protocols required for the day.
- Meetings with community health boards and primary care organisations so that referrals of those identified as at risk on the day were referred back into the appropriate primary or secondary care services.
- Design and development of evaluation to be undertaken of the day (measuring outcomes).
- Design and development of marketing for the day to recruit the Māori community, including media releases.
- Working alongside Māori Health Workers and providers, who were assisting in the recruitment of participants for the day.
- Gaining sponsorship for the day to assist with running costs.

Challenges

The biggest challenge was the logistics of pulling the day off. This was overcome by a passionate team, and great administrative support. Ensuring staff members were upskilled on cultural protocols, and that clinical stations were inclusive of cultural protocols had to be well thought through, and required each station to identify how this would work.

A second challenge was that we had not budgeted for this event (as budgets have to be submitted the year prior and we only decided to do this in January – and it was hosted in March!). Therefore sponsorship was required to cover the purchase of many extra resources that we needed.

Successes

- The students provided feedback that it was the best clinical experience of their medical training. The students reported feeling that it made the Indigenous health learning objectives 'come to life.' They felt they could change the health environment for Māori with the skills they had learnt over their medical course.
- The Marae was positive about hosting the experience, and felt it was a great collaborative project between the University and the Marae. They have offered to host it again.

- More than 38 clinical staff gave up their time to support this initiative and act as clinical supervisors for the day.
- Between 10am and 2pm, 255 Māori community members participated in the day.
- Adequate sponsorship was found.
- There was extensive media coverage for the day.
- There was a commitment by the University to continue this initiative each year.

What are the impacts?

Students were nervous before they started, but by the end of the day many described it as the best clinical experience they had at medical school, which was a really nice compliment. Also, the students wrote a letter to the Dean, expressing how successful they thought the day was, and asked that it be embedded as a permanent event within the school calendar.

The Māori community has also asked that the day be repeated. Māori Health Workers and providers were so impressed with the success of the day that they agreed to assist further in the recruitment in 2011.

How has the project developed Indigenous leadership?

As an Indigenous teaching team, we had a vision/dream but weren't sure if we could pull it off. Would people turn up? Would our students demonstrate appropriate Hauora Māori competencies? Would our University colleagues see value in it and allow the students to demonstrate their skills in engaging with Māori patients?

As a team, we experienced stress, grief and then a feeling of absolute joy…then exhaustion. It allowed us to be part of our community in a way we had not previously experienced, and assisted us to role model to the students our part, not just in the medical school, but in our Indigenous community.

Program sustainability

As a teaching team, we are now organising the next screening clinic, with more staff involvement and even more ambitious ideas for what can be screened on the day. The day is now owned by the University as a whole, and everyone is contributing to its success. We are holding the next day on a Saturday, to see whether a weekend session is more popular with community members.

For further information, contact:

Ms Suzanne Pitama
Māori/Indigenous Health Institute
University of Otago
E: suzanne.pitamaATotago.ac.nz

THEME: CURRICULUM DESIGN

Managing a diverse student discomfort with an Indigenous health curriculum

Professor Dennis McDermott and Mr Dave Sjoberg, Flinders University, Australia

Introduction

Indigenous health staff members run two, half day Cultural Safety Workshops (CSW) in the first year of our medical course at Flinders University. The CSW are part of the Health Professions and Society stream.

Why was this project/program initiated?

Evaluations of our Indigenous health teaching within Medicine, Nursing, Allied Health and professional development contexts – over an 8-year period – showed that there is a spectrum of responses to Indigenous health teaching. Some students/participants were accepting and keen, while at the other end of the spectrum, some students were hostile and rejecting. We also found that inappropriate racialised comments were often made by students during Indigenous health teaching sessions, with teaching staff not feeling equipped to manage those occurrences. We decided to redevelop a cultural awareness day into Cultural Safety Workshops – separated by a month and augmented by mandatory reading responses – with the view to addressing these issues.

Aims and objectives

Our overarching aim is to create a cultural shift in the entire Faculty, to create an environment where both Indigenous students and staff feel culturally safe. The aim of the workshop is to provide a forum to unpack preconceived ideas, stereotypes and myths about Aboriginal and Torres Strait Islander peoples, in particular with regard to culture and health determinants. We hope this workshop then provides a strong foundation for subsequent teaching and learning in Indigenous health throughout the course, where racialised comments are deconstructed and Indigenous students are not expected to be experts in all things Indigenous.

Approach to achieve aims and objectives

Students come along to the workshop expecting to hear stories and learn something about Indigenous Australians. However, we have developed an approach whereby the gaze is redirected to an exploration of one's own position in the discussion of cultural identity and power balance/imbalance. The workshops are designed to engage with student resistance, by requiring students to

interrogate their resistance and confront it. Such challenging content means that teaching staff have to be skilled in managing student disquiet. We have had, therefore, to develop teaching strategies that encompass this. Workshop facilitators have a mentor, with whom they can review challenges that arose in previous workshops and devise ways in which to facilitate difficult material in a more effective manner.

Challenges

A particular resistance to these workshops arises from some students, who tend to categorise non-biomedical components of the curriculum as simply 'filler' and 'irrelevant'. This is within a context where some students also do not appreciate the necessity of an Indigenous Entry Stream, despite being seemingly accepting of other alternative entry criteria such as that for rural students.

Successes

Despite the spectrum of varying response by students, the workshops have been powerful, and we have seen shifts in students' perceptions over time, especially noticeable after they have an opportunity to apply what they learn in the workshops. For example, at the end of a semester, one student stated:

> *I thought it was rubbish at the time, but I now realise it's changed the way I'll be operating as a parent, with friends and family, and the way I'll practice as a clinician.*

The workshops have also been the catalyst for the creation of two student groups; a 'Health and Human Rights Group' and a 'Cultural Safety Group'.

What are the impacts?

In acknowledging the existence of a spectrum of student response to Indigenous health teaching, we have developed strategies to work with resistance, rather than try to eradicate it. This has resulted in a robust teaching model that includes both Indigenous and non-Indigenous staff involvement in the workshops. We have found this model teases out the discussion from different perspectives in the same educational space. We therefore deliberately structure our speaker panels to include both Indigenous and non-Indigenous speakers. Some students have reported that adding non-Indigenous presenters allowed them to be more open, and to ask questions without fear of being inadvertently offensive.

Each year between 130–150 students participate in the workshop. Student evaluation is conducted annually, but to date student attitudinal change has not been measured. A small grant has just been won by the team so in 2012 we will explore the extent of attitudinal change that does occur as a result of participating in this workshop.

How has the project developed Indigenous leadership?

Indigenous leadership is integral to the success of this workshop, both in its development and its delivery. By inviting Aboriginal and Torres Strait Islander guests to talk with the students, as members of a panel, students get to break down their preconceived ideas and stereotypes. Following the

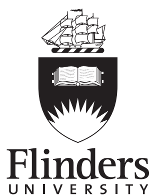
workshops, one student commented that, 'I never knew there were Indigenous doctors until today'. Such experiences give Indigenous people a voice to tell their own story and experiences, so they can participate in teaching the Indigenous health curriculum.

Program sustainability

Because of its challenging nature, both for students and teaching staff, the workshop is constantly being revised and changes made to improve it, taking both student and staff feedback into account. With a move to a Doctor of Medicine program pending, we are aware that new challenges may arise – advanced studies/Indigenous health research streams may require further criticality of students, who yet bring varying degrees of prior exposure to critical thinking. We are developing strategies to proactively engage with diversity through a tailored pacing of curriculum, and team innovation in pedagogy, to build both a culturally-safe teaching and Faculty environment.

For further information, contact:

Professor Dennis McDermott
Poche Centre for Indigenous Health and Well-Being, Adelaide
Flinders University
E: dennis.mcdermottATflinders.edu.au



THEME: CURRICULUM DESIGN

All or nothing? The value of a complete package – A horizontally and vertically integrated Aboriginal health curriculum

Dr David Paul, The University of Western Australia, Australia

Introduction

At the University of Western Australia (UWA), the Faculty of Medicine, Dentistry and Health Sciences, via its Centre for Aboriginal Medical and Dental Health (CAMDH), has implemented a comprehensive Indigenous health strategy. One important element of the overall strategy is the implementation of a horizontally and vertically integrated Aboriginal health curriculum for all medical students.

Why was this project/program initiated?

CAMDH was established in 1996 with three main interests: increasing the number of Aboriginal and Torres Strait Islander people in the health workforce; ensuring that graduating practitioners are better informed and skilled so that they can work in a culturally safer manner; and, facilitating inclusive research in the area of Aboriginal and Torres Strait Islander health.

Aims and objectives

CAMDH has aimed to take strategic steps to build a health workforce that is better equipped to address the health of Aboriginal and Torres Strait Islander peoples. Providing solid teaching and learning opportunities for all graduates will mean that the future workforce will have more inclusive attitudes and the skills and knowledge to ensure culturally safe health care is available for Aboriginal and Torres Strait Islander peoples.

Approach to achieve aims and objectives

This curriculum utilises a stepwise learning pathway guided by graduate and year level outcomes, and has been fully evaluated, using an evaluation tool designed specifically for the purpose by CAMDH staff. The core curriculum content has been integrated into mainstream units.

Challenges

Initial implementation was relatively easy. CAMDH staff built on existing relationships to gradually introduce content using a partnership approach. A particular challenge has been being able to manage a changing environment. For example a change in unit coordinators can mean renegotiating past agreements and revisiting previously agreed approaches. Having a presence in multiple units across multiple years requires CAMDH staff to be vigilant to ensure that content is not lost or changed without consultation. An additional challenge has been managing a relatively large teaching load across a six-year course whilst at the same time rolling out a similar teaching program into other health disciplines.

Successes

Of particular note is the comprehensive nature of the Indigenous health curriculum that has been implemented, sustained and expanded. Currently, there are over 55 hours of core teaching and learning within the course. Students who choose a range of options offered within the course could undertake over 250 hours of teaching and learning in Indigenous health and graduate with formal recognition of this Indigenous health specialisation within their medical course. So far five students have completed the specialisation and a further 18 are currently enrolled.

Building partnerships with academics across the medical course has enabled a larger group of academics within the school to see Indigenous health as core business of the school as well as enhancing their knowledge, skills and capacity in Indigenous health. The experience gained in developing and implementing the Indigenous health curriculum in Medicine has been translated into other disciplines including Nursing, Podiatry, Health Science and Dentistry.

What are the impacts?

The program has been evaluated and the findings have been published, demonstrating a significant improvement in the preparedness of final year students to work with Indigenous peoples as a consequence of the curricular changes. Over the years CAMDH staff members have freely shared their experience, strategies and knowledge with staff in other medical schools who are working towards implementing their own Indigenous health curricula. CAMDH staff members have been closely involved in the development of the Committee of Deans of Australian Medical Schools' Indigenous Health Curriculum Framework, the Leaders in Indigenous Medical Educations' Critical Reflection Tool and the new Periodic Service Review tool that is currently being developed.

A strength of the approach by CAMDH has been the interest by staff to ascertain the impact of their teaching via the development and implementation of an appropriate evaluation tool. This has demonstrated the significant impact the curriculum has had on student perceptions of their preparedness to practice in Indigenous health. The evaluation tool has been adopted by a number of schools nationally and internationally for their own evaluation processes.

How has the project developed Indigenous leadership?

CAMDH is Indigenous led and the majority of staff members are Indigenous. One of the strategies of CAMDH has been to contribute to building the Indigenous academic health workforce. To this end it has employed recent Indigenous health graduates to provide them with the opportunity to experience academic life. This has led to some pursuing academic careers. The work of CAMDH was recognised in 2009 with the LIMElight award for Leading Innovation in Curriculum Implementation.

Program sustainability

The University's decision to shift from an undergraduate to postgraduate program for professional degrees provides the opportunity to review and enhance the current Indigenous health curriculum. This means that under the new structure we will be able to implement an even more integrated Indigenous health curriculum that is more easily managed by existing staff. We will be aiming for greater control over stand alone teaching as well as including some of the previously integrated approach.

For further information, contact:

Dr David Paul
Centre for Aboriginal Medical and Dental Health
The University of Western Australia
E: david.paulATuwa.edu.au

THE UNIVERSITY OF
WESTERN AUSTRALIA
Achieve International Excellence

THEME: CURRICULUM DESIGN

Te Ara: A graduate profile in Māori health

Dr Rhys Jones, The University of Auckland, Aotearoa/New Zealand

Introduction

It is important that all undergraduate health professional education programs in Aotearoa/New Zealand contribute to improving Māori health and promote equitable outcomes for patients, communities, and populations (Bacal, Jansen & Smith 2006).

Why was this project/program initiated?

Our experience at The University of Auckland was that while all undergraduate health professional education programs included teaching in Māori health, there was significant variation in the educational goals, curriculum models, time dedicated to the subject, content, teaching approaches and methods of assessment. The incorporation of Māori health teaching and learning also tended to be opportunistic rather than systematically planned and coordinated. As a result, our concern was that graduates may have been inadequately prepared to meet the challenge of addressing Māori health. We therefore developed a common graduate profile in Hauora Māori (Māori health) for undergraduate health professional programs at The University of Auckland, which includes seven core learning outcomes and an associated curriculum framework.

Aims and objectives

The overarching aim of Te Ara was to improve Māori health and contribute to reducing inequalities in health and health care in Aotearoa/New Zealand. In developing the multi-program Hauora Māori graduate profile, we hoped to identify common health graduate outcomes, develop a curriculum framework and review current Māori health curricula, to ensure alignment between course content and expected outcomes.

Approach to achieve aims and objectives

This initiative was underpinned by the notion that there is a core set of attributes required of all health professionals, irrespective of their professional or occupational group. The approach to developing the graduate profile was informed by a number of guiding principles. These included the need to work collaboratively with program leaders and stakeholders, to acknowledge and build on existing work, to take an evidence-based approach and to incorporate flexibility to allow for the specific needs of individual programs. We met with academic directors of the respective

programs in the process of developing the graduate profile. A literature review was conducted to inform the development of the graduate profile, which was drafted by senior Māori health academics. This was used as the basis for consultation with other staff, external stakeholders and experts from Indigenous health and related fields. As a result of the feedback, project leaders worked with academic directors of the respective programs to ensure that the learning outcomes were appropriate and achievable, and made minor modifications to the graduate profile accordingly. The graduate attributes are as follows:

In respect to Hauora Māori, graduates of the Faculty of Medicine and Health Sciences will be able to:

- engage appropriately in interactions with Māori individuals, whānau (families) and communities
- explain the historic, demographic, socioeconomic, and policy influences on health status
- explain how ethnic inequalities in health are created and maintained and how they may be reduced and eliminated
- identify approaches to reducing and eliminating inequalities including actively challenging racism
- explain the influence of one's own culture and that of the health system on patient and population health outcomes
- engage in a continuous process of reflection on one's practice and actively participate in self-audit in respect of the Treaty of Waitangi
- identify and address professional development needs as a basis for life-long learning about Māori health.

Curriculum mapping is being undertaken program by program, as each program differs in terms of its existing Māori health curriculum. (Note: there are some interprofessional learning activities, such as Māori Health Week, that constitute 'common ground'.) Integration will occur to a much greater degree when we have completed the mapping exercise and move to curriculum redesign to align with the graduate learning outcomes specified in Te Ara. At this point, we will consider how experience from existing teaching/learning/ assessment in one or more programs can be used to 'fill gaps' in other programs and also how new activities and resources can be developed and shared across programs.

Challenges

We identified a number of challenges that need to be overcome to create an educational environment that is conducive to effective Māori health learning. Firstly, an important aspect of this curricular change process is collective responsibility. Historically, the Faculty's schools have relied upon Māori health academic staff to be champions, advisors and negotiators, and to design and deliver the bulk of Māori health teaching. Successful implementation of Te Ara will require Faculty leadership and shared responsibility. However there is evidence that many staff members currently feel inadequately prepared to teach and assess in the area of Māori health. Given the need for a Faculty-wide approach, building the capacity and capability of staff members poses a significant challenge.

Assessment of the Hauora Māori domain is another important challenge. Considerable work is required to align assessment with learning outcomes and to develop a comprehensive assessment framework. This is a particular challenge for clinical components of the programs, where a variety of assessments are required to enhance reliability and validity.

Successes

We expect this shared approach to have two major benefits. Firstly, it enables the Faculty to articulate a unified vision for Māori health. This is important not only in communicating the philosophy and expected educational outcomes externally, but also in promoting alignment of teaching and learning within the Faculty. The second major benefit of establishing a core graduate profile relates to enhancing interprofessional education opportunities, with the potential to develop and deliver common educational activities and resources for use across multiple programs. This is particularly important given the limited Māori health teaching and learning capacity in the Faculty. It can also promote sharing of best practice in teaching, learning, assessment and evaluation across programs.

What are the impacts?

Expected impacts of this approach include more transparent, comprehensive and evidence-based curricula, greater opportunities for interprofessional learning and potential for sharing of insights and knowledge across programs. Te Ara is currently being used to guide the mapping of existing curricula as the basis for a more systematic approach to Māori health teaching, learning and assessment. The project aims to position Māori health as central to the business of health professional schools and Faculty, and not just the domain of those few who champion Indigenous health.

How has the project developed Indigenous leadership?

Māori academics with expertise in medical education have undertaken project leadership in the development of Te Ara. Along with other stakeholders, the expertise of other Indigenous academics has been sought to provide invaluable feedback and advice throughout the project. Faculty-wide engagement in Te Ara provides the opportunity for Indigenous leadership to be developed, acknowledged and valued by the Faculty at large. There is also an important link with Educating for Equity, an international collaborative research project, which will inform the curriculum development phase. Te Ara can therefore be seen as both drawing on and contributing to international expertise and leadership in Indigenous health education.

Program sustainability

Following mapping of existing curricula with respect to Te Ara, steps will be taken to align Māori health teaching, learning and assessment within each program. Given the challenges identified above, innovative approaches will be required to achieve these objectives. This is not something that can be realised by Māori health academics alone, and a critical ingredient for success will be the degree of commitment at the Faculty level and across educational programs. Meaningful engagement with this aspect of the curriculum is required to ensure that all elements of the

educational environment contribute positively to achievement of the learning outcomes specified in Te Ara. Sustainability of this initiative is critically dependent on ownership by the respective programs, together with allocation of appropriate resources to make it happen. We are heartened by the goodwill and enthusiasm for this project already evident across the Faculty, and look forward to this being translated into action and genuine advances in teaching, learning and assessment.

For further information, contact:

Dr Rhys Jones
Faculty of Medical and Health Sciences
The University of Auckland
E: rg.jonesATauckland.ac.nz

THE UNIVERSITY OF AUCKLAND
FACULTY OF MEDICAL AND HEALTH SCIENCES

References

Bacal, K., Jansen, P. & Smith, K. 2006, 'Developing cultural competency in accordance with the Health Practitioners Competence Assurance Act', *New Zealand Family Physician*, vol. 33, no. 5, pp. 305–09.

THEME: TEACHING AND LEARNING

ReALTiME for Aboriginal Health

Professor Evelyne de Leeuw and Mr Gerard Finnigan, Deakin University, Australia

Introduction

ReALTiME is the abbreviated name given to the teaching and learning approach called Reflective Asynchronous Learning 'Teachnologies' in Medical Education. It provides 3rd and 4th year medical students with the knowledge and skills training to treat and care for Aboriginal patients with cultural awareness, understanding and respect. The approach was designed by the staff from the 'Doctors, Peoples, Cultures and Institutions' theme at Deakin University Medical School, with technical assistance from the Deakin Knowledge Media Division.

Why was this project/program initiated?

Typically in 3rd and 4th year the responsibility for guiding and supporting student learning in Aboriginal and community health falls to clinical supervisors in hospitals, who are not always best placed or experienced enough to guide this learning. Similarly, most medical students at Deakin University undertake their 3rd and 4th year clinical rotations at great distance from the University, typically between 100–300kms away.

To overcome these challenges, ReALTiME was created and implemented to deliver a comprehensive learning package and assessment program. The content was informed by work with the local Aboriginal community and delivered with the wisdom and knowledge of Aboriginal Elders and Aboriginal Health Workers. The design enables students to progressively study the program at the time most convenient and clinically aligned with their experiences throughout 18 months of their two-year rotation, irrespective of where their student clinical placement exists.

Aims and objectives

- To deliver an education and assessment program that engages 3rd and 4th year medical students on Aboriginal health at an expert and scholarly level.
- To deliver the experience, knowledge and expertise of Aboriginal Elders and Aboriginal Health Workers to all students irrespective of the location of their clinical rotation.
- To provide flexibility for students to undertake the study when best aligned with clinical experience with Aboriginal patients.

- To provide deeper understanding and second order learning opportunities for students to appreciate essential dimensions of Aboriginal health and practice.
- To teach students the skill of dynamic reflective practice to improve their understanding, approach and clinical skills in managing Aboriginal people. (Reflection-In-Action, Reflection-On-Action and Reflection-For-Action).
- Provide repetition of reflective practice tasks to improve the skill and build confidence.

Approach to achieve aims and objectives

ReALTiME Learning Packages were created for an on-line format and consist of a suite of streamed structured video conversations ('Learning Packages') with Aboriginal Elders and health practitioners. The 30–50 minute conversations are delivered in a number of 3–7 minute clips. During the streaming of the clips key learning messages appear in a side panel and each clip is concluded with literature readings (pdf format) and access to internet resources. The total conversation ends with a downloadable 'prompts list'. Students apply the list to a case, issue, or event which they will describe and reflect on (guided by a Reflection Manual) using WikiMedia technology. This allows for constant and dynamic updates and feedback. There are three different Aboriginal health learning packages:

- The Aboriginal Hospital Liaison Officer
- Didari: Narrative Medicine (Aboriginal diabetes)
- Indigenous Men's Health (not available in 2010).

All students are required to work through every package and apply the material to real life clinical examples from their placement. Students must submit a 1000 word reflection for each package that applies the prompts, supports contentions with peer-reviewed literature and other sources and answers the question, 'what will I do next time to improve the way I care for or manage an Aboriginal person?' These submissions are part of the student's formal assessment and are graded.

Challenges

There were (and remain) some human resource challenges, in particular, if the program attempts to provide continuous student feedback on the development and progress of their reflective writing pieces. We have dealt with that through student expectation management. Another challenge was that, although there is a belief that all students are 'Gen Y' (and fully Twitter and Facebook connected), in fact many students feel overwhelmed with information and communications technology and needed encouragement to engage. We dealt with this through briefing sessions (face-to-face, on-line, and through audio and video recording). The final challenge was that many students appeared unable to engage, either intellectually or emotionally, with the task of reflection. We dealt with this by introducing reflective practice and action in Years 1 and 2 and across the curriculum, supported by a hands-on practical guidance manual.

Successes

In the first cohort completing the program in 2010, all 109 students successfully applied the skills and >80% identified ways to improve the medical management of Aboriginal people in their clinical

settings. Of the 131 students commencing in the second cohort of 2011, 87 students have completed the packages and all (100%) have identified or implemented personal actions to improve their communication, care and demonstration of cultural respect for, or on the next occasion, of treating an Aboriginal patient.

From a qualitative perspective, the feedback from the first cohort of students was overwhelmingly positive and included comments that the program contributed to their emotional and intellectual growth and they feel they would be better doctors.

What are the impacts?

While a formal evaluation of the first cohort of students is currently underway, preliminary analysis shows the program is successful at enabling students to identify ways of personally improving their communication and care of Aboriginal patients. However initial reviews of responses from those students who have completed the program from the second cohort (n=87) suggest the program shifts students to think beyond their individual practice. Over 30% of these students have individually committed to actively working within their clinical environment to either advocate and/or educate others across the health system for more culturally appropriate responses to Aboriginal people. Similarly 63% sought to actively engage with and consult Aboriginal health professionals, not only to improve the care of their patients, but out of a desire to gain greater insight and understanding themselves.

How has the project developed Indigenous leadership?

This program did not specifically aim to develop Indigenous leadership. The Aboriginal Elders and health professionals who developed the learning packages are highly regarded and respected as leaders throughout the community and sector.

Program sustainability

There is a funding commitment by Deakin University to sustain ReALTiME. We would like to partner with out-of-state stakeholders and agencies to strengthen that element of our approach.

For further information, contact:

Mr Gerard Finnigan or Professor Evelyne de Leeuw
School of Medicine
Deakin University
E: g.finniganATdeakin.edu.au or evelyne.deleeuwATdeakin.edu.au

THEME: TEACHING AND LEARNING

Hauora Māori – Introduction to Clinical Immersed Learning

Ms Tania Huria, University of Otago, Aotearoa/New Zealand

Introduction

The Hauora Māori (Māori health) Introduction to Clinical Immersed Learning block is a curriculum initiative that involves the Māori/Indigenous Health Institute (MIHI), University of Otago, Christchurch and the Māori community of Onuku Marae at Akaroa, Banks Peninsula. The program has been running for seven years now and we run this initiative every year in the first two weeks of the 4th year clinical program. The immersion program involves students being introduced to a traditional Māori environment, including staying two nights on the Marae.

The students have Hauora Māori teaching within their pre-clinical years, which provides a contextual platform to introduce clinical frameworks of working with Māori patients and whānau (family). The aim of this immersed learning block is to introduce students to the Hauora Māori clinical models of the Hui Process (a model of patient engagement) and the Meihana Model (a clinical history taking model). Both models have been aligned with the Calgary-Cambridge model which is taught in other areas of the medical curriculum. Students get to participate in lectures, group work, and simulated patient scenarios with the local Māori community of Onuku, over the course of the three days.

Why was this project/program initiated?

At its inception there was minimal Hauora Māori teaching in our medical course. We envisaged that the Hauora Māori Introduction to Clinical Immersed Learning block would be the most appropriate and successful way to introduce concepts of Māori health status and health disparities to the undergraduate medical students.

Aims and objectives

The course content has changed in a multitude of ways, however the core concepts remain the same. The block is still seen as the most effective way of introducing students to concepts of Māori health. However now with Hauora Māori curriculum involvement in pre-clinical years, it has allowed us to concentrate on the development of student skills when working clinically with Māori patients and whānau. Therefore we have been able to place a stronger focus on introducing the students to the Hui process and the Meihana model, as well as giving them the opportunity to practice with simulated patients.

Our aim is to ensure that all of the medical graduates have a solid foundation to develop their skills when working with Māori patients and whānau, and therefore providing a health service that can begin to address current health disparities.

Approach to achieve aims and objectives

MIHI is constantly working towards providing the students with the most clinically relevant experience with regard to their skills in Hauora Māori. We utilise a wide range of colleagues, for example, Māori Health Workers, Māori community/patients, non-Māori colleagues and past students to provide us with feedback.

Challenges

We've found that most of the challenges in relation to this initiative are based in the preexisting personal influences, beliefs and biases of the students and our colleagues about Hauora Māori. We find however these biases are diminished once the students experience the immersion program.

Successes

This immersion program has been rated by the students as the best experience in the introductory fortnight of their 4th year clinical program for the past four years (see below).

What are the impacts?

The block is evaluated by the students through the University's evaluation process. This evaluation process allows our program to be measured against other curriculum areas and the block is always evaluated highly by the students. The evaluation process is administered from the University of Otago's Higher Education Development Centre, which initiates questionnaires. The questions are administered with a 1–5 scale, 1 being very useful and 5 being useless. The following table outlines the introductory fortnight's course comparison median scores from 2008–2011.

Year/Description	Day with the Doctor	Shift with a Nurse	Noho Marae	Response Rate % (actual responses)
2008 Median Score	1.2	1.5	1.1	88% (70)
2009 Median Score	1.2	1.2	1.1	78% (66)
2010 Median Score	1.3	1.4	1.2	53% (46)
2011 Median Score	1.2	1.2	1.1	64% (54)

We also use assessment to provide a gauge on student Hauora Māori learning. The assessment of Hauora Māori is vertically integrated, and at the end of this first learning block students are assessed by a multiple choice exam. The exam includes all aspects of the learning experience including

the Hui process and the Meihana model. Student's attitudes towards the experience and their engagement with the learning are also documented on the students' Professional Attitudes report. This initial assessment provides a baseline of where the students are in their understanding of Hauora Māori, and allows our team to structure support accordingly for the next phase of the Hauora Māori curriculum and in interviewing Māori patients and/or whānau.

How has the project developed Indigenous leadership?

We have found that this initiative is a great place to introduce past students and appropriately trained Hauora Māori clinicians to working in Indigenous medical education. Each year at least one Māori clinician, who has identified having an interest in Indigenous medical education, is invited to support the team at the Marae.

The block also supports our current staff members to take on more responsibility and for the last three years the block course has been led by the 4th year Hauora Māori convenor.

Program sustainability

Vertical integration of Hauora Māori at all levels of the medical curriculum is crucial in the sustainability of Hauora Māori. This involves all areas of medical education having the appropriate understanding of the importance of Hauora Māori medical education in addressing health inequalities. This is done by producing competent health professionals who will work effectively with Māori patients and whānau. The Hauora Māori Introduction to Clinical Immersed Learning block is an introductory step that is vital in establishing a solid foundation on which to build the Hauora Māori curriculum.

For further information, contact:

Ms Tania Huria
Māori/Indigenous Health Institute
Otago University, Christchurch
E: Tania.huriaATotago.ac.nz

THEME: TEACHING AND LEARNING

‘Talking with Indigenous patients’ – A workshop using Aboriginal and Torres Strait Islander simulated patients for cultural competency education for 1st year medical students

Dr Jane MacLeod, Griffith University, Australia

Introduction

Indigenous health is a core curriculum requirement for medical schools in Australia (Mackean et al. 2007: 544–6). Griffith University School of Medicine is a relatively young medical school. Because of this, it has had a number of priorities in terms of curriculum development and implementation, of which Indigenous health is one. The workload for the School in developing an excellent overall medical curriculum has meant that other areas of the curriculum took precedence. However, the Dean has recently announced that Indigenous health curriculum enhancement is a major priority for the School in 2012.

Engagement with Elders, community members and health care providers is important to the School and it is dedicated to making the time and commitment to develop a collaborative and respectful relationship with Griffith Council of Elders and Indigenous Community Engagement, Policy and Partnership (ICEPP). Clinical placements in Indigenous health and student engagement and interaction with ‘real’ Aboriginal and Torres Strait Islander patients is important and the School has met with Elders and is collaborating with health care providers to facilitate this for 2012.

‘Talking with Indigenous patients’ is a workshop using Aboriginal and Torres Strait Islander actors as simulated patients for 1st year medical students. The workshop is part of a cultural competency program in the ‘Doctor and the Patient’ theme. Griffith University School of Medicine and Aboriginal Centre for Performing Arts (ACPA) collaborated to provide this learning opportunity for 1st year medical students. Staff and students at ACPA have provided direction and have consulted with Elders and the board of ACPA.

Clinton Schultz, a Kamilaro man, psychologist, leader in cultural competence education and now Lecturer in Griffith University School of Public Health and PhD candidate, has provided support and direction and will provide a leading role in future workshops. The workshop was run in 2010 and 2011 and will be continued as part of more comprehensive Indigenous health and cultural competency education from 2012.

Why was this project/program initiated?

Aboriginal and Torres Strait Islander people bear the burden of social, economic and health inequality in Australia. Effective patient-doctor communication has been shown to improve health care and health outcomes (Rider & Keefer 2006: 624–9). Communication training is a core component of education at Griffith University School of Medicine through the 'Doctor and the Patient' theme.

First year medical students undergo cultural competency training as part of this theme, which is described as an important means of establishing a culturally competent health workforce (Rapp 2006: 705). Simulated patients are frequently used to facilitate effective cross-cultural communication skills teaching (Cleland 2009). Using simulated patients, the program 'Talking with Indigenous patients' provides students with important education into communicating effectively with Aboriginal and Torres Strait Islander patients. Theme lead, Associate Professor Gary Rogers, is passionate about cultural competency and effective teaching and learning and introduced the workshop in 2010.

Aims and objectives

- To provide 1st year medical students with a cultural competence and communication learning opportunity relevant to Aboriginal and Torres Strait Islander patients.
- To provide students with the opportunity to learn to communicate effectively with Aboriginal and Torres Strait Islander patients through a set of patient scenarios and feedback from facilitators and from the simulated patients.
- To provide a safe environment for students to rehearse cultural competence skills without harm to themselves or Aboriginal and Torres Strait Islander people.
- To avoid perpetuation of negative stereotypes of Aboriginal and Torres Strait Islander people and reinforce an empathic approach to patient care.

Future aims

- Indigenous leadership of the workshop 'Talking with Indigenous patients'.
- Ongoing collaboration between Griffith University School of Medicine and ACPA.
- Ongoing opportunities for student and graduate actors from ACPA to gain both employment and the opportunity to shape our future doctors.

Approach to achieve aims and objectives

A Professional Communication and History Program was introduced into Year 1 of the curriculum into the 'Doctor and the Patient' theme in 2010. The workshop, developed to provide a learning opportunity about cultural competence as it applies to Indigenous Australian patients, was created to be part of this program. The program and workshop were facilitated again in 2011.

Opportunities to learn effective doctor-patient communication are provided through the entire 4 years of the medical degree. Culture is an important context to health and the health care of patients and impacts on communication between patients and doctors. The early placement of the

cultural competence unit and workshop 'Talking with Indigenous patients' will form a foundation for ongoing student learning in effective patient-doctor communication, cultural awareness, cultural competence, communicating effectively with Aboriginal and Torres Strait Islander patients, and providing culturally safe health care.

Staff collaborated with ACPA to develop patient scenarios that demonstrate the heterogeneity of Aboriginal and Torres Strait Islander people and that avoid perpetuation of negative stereotypes of Aboriginal and Torres Strait Islander patients. University and ACPA staff were sensitive to the potential of case scenarios resembling an actor's own life experience and hence potentially causing harm. ACPA staff and student liaison officer considered this when recruiting actors and provided actors with support. Feedback and input from actors into the patient scenarios was sought. Actors were given education into their role as simulated patients and into providing feedback to students.

First year students participated in the workshop in small groups facilitated by a tutor. Students took turns to play the role of doctor in the patient scenarios. Students were encouraged to reflect on their own performance and were provided feedback from the tutor, their peers and the simulated patients.

Challenges

Collaboration between University and ACPA staff and actors was most effectively carried out face to face. A respectful relationship and commitment to ongoing collaboration between the School of Medicine and ACPA has been fostered by regular discussion in the lead up to the workshop and opportunity for discussion about challenges and suggestions following the workshop.

Successes

Feedback from students and simulated patients in 2010 was very positive and both felt the workshop was important and effective. Actors felt the experience was empowering and felt safe culturally and free from racism and stereotyping. They felt working with Griffith University School of Medicine was a positive experience.

Quantitative and qualitative research is currently being carried out on student satisfaction with the 2011 workshop and the impact of the workshop on students' attitudes, knowledge and skills and simulated patients' views of the importance of the workshop.

What are the impacts?

Results of quantitative and qualitative research into the impact of the workshop 'Talking with Indigenous patients' were presented at LIME Connection IV in Auckland, Aotearoa/New Zealand, in November 2011, and will be disseminated later in 2012.

How has the project developed Indigenous leadership?

The workshop 'Talking with Indigenous patients' could not have occurred without the collaboration with ACPA or the contribution of Clinton Schultz.

Clinton has since been employed as Lecturer at Griffith University School of Public Health and has confirmed his commitment to ongoing curriculum development and implementation and teaching for the School of Medicine. Clinton will take over leadership of the workshop.

Program sustainability

There are a number of areas for improvement of this workshop. Clinton is passionate about including a teaching session prior to the workshop that considers the historical and political context of cultural competence as it applies to Aboriginal and Torres Strait Islander patients.

The sustainability of this workshop requires an ongoing commitment by the School of Medicine towards producing culturally competent doctors and doctors who can provide culturally safe health care to Aboriginal and Torres Strait Islander patients. As a stand-alone program, simulated patient experience is not ideal. In 2013, the simulated patient communication workshop will follow a cultural competency developed and facilitated by Elders, community and health care and other service providers alongside School academics. All 1st year students will also have a placement with a health or service organisation that cares effectively with Aboriginal and Torres Strait Islander people.

Associate Professor Gary Rogers, 'Doctor and the Patient' theme lead, is committed to providing students with effective learning in communication skills and cultural competence. Griffith University staff, particularly Dr Kwong Chan, Ginny Symons, Clinton Schultz and Dr Jane MacLeod, are passionate about and committed to providing students with learning opportunities related to cultural competence and Indigenous health and collaborating with ACPA.

For further information, contact:

Dr Jane MacLeod
School of Medicine
Griffith University
E: jane.macleodATgriffith.edu.au

References

Cleland, J., Abe, K. & Rethans, J. 2009, 'The use of simulated patients in medical education', *Medical Teacher*, vol. 31, pp. 477–86.

Mackean, T., Mokak, R., Carmichael, A., Philips, G., Prideaux, D. & Walters, T. 2007, 'Reform in Australian Medical Schools: A collaborative approach to realising Indigenous health potential', *Medical Journal of Australia*, vol. 186, pp. 544–6.

Rapp, D. 2006, 'Integrating cultural competency into undergraduate medical curriculum', *Medical Education*, vol. 40, no. 7, pp. 704–10.

Rider, C. A. & Keefer, C. H. 2006, 'Communication skills competencies: Definitions and a teaching toolbox', *Medical Education*, vol. 40, no. 7, pp. 624–9.

THEME: TEACHING AND LEARNING

'Cultural Training: Communicating with Indigenous Patients' tutorial

Professor Lisa Jackson Pulver, The University of New South Wales, Australia

Introduction

Since 2003, Indigenous health education to medical students at The University of New South Wales (UNSW) has been integrated throughout the undergraduate program. One approach to this has been through two-hour tutorials. One such tutorial is entitled 'Cultural Training: Communicating with Indigenous Patients', which aims to cover cultural competency and safety; i.e., to identify factors limiting the effectiveness of communication between doctors and patients from Indigenous communities, and identify strategies to improve communication. This integration is an ongoing process. In 2011, modules delivered concurrently during one two-hour face to face tutorial to approximately 250 students were updated and are described in this case study.

Muru Marri Indigenous Health Unit is responsible for supporting Faculty staff in ensuring any teaching in Aboriginal health conforms to best practice models; the Unit is involved in regular reviews of course content, working closely with relevant course convenors.

This program is a collaborative effort between Muru Marri, the School of Public Health and Community Medicine and the Faculty of Medicine.

Why was this project/program initiated?

This tutorial previously revolved around three written case scenarios, which had become dated and hence had limited impact on student learning. Also, they were conducted in part through spontaneous, unscripted roleplay and relied on the skill and experience of scenario presenters to engage as 'actors' on the day. To address this educational gap, teaching staff recognised an opportunity to re-design the content and mode of delivery of this tutorial in 2011.

Aims and objectives

The aims and objectives of this project included the following:

- to improve student learning and engagement on the topic of cultural competency and safety
- to create a resource that ensured the scenarios were delivered consistently and sustainably
- to follow a broad consultative approach for re-designing the educational content

- utilise current technology to re-design and deliver the educational content
- build on existing partnerships for educational collaboration.

Approach to achieve aims and objectives

Over a nine-week period, a collaborative team evolved to include Aboriginal team members (community representatives, medical students, health workers, academic staff, video producers) and non-Aboriginal (doctors, academic staff, IT support). Team members wrote and filmed two clinical vignettes depicting 'real-life' complex interactions between health care workers and their Aboriginal clients, communicating openly and respectfully. These formed triggers for guided, in-depth discussion between students and a diverse team including an Aboriginal medical student or health worker, academic staff and doctors, with each sharing their personal insights on this topic. Students are also able to access the trigger videos after the session through a password protected website.

Challenges

Challenges which arose during this project – and our responses – included:

- Technological aspects of the project. The filming of the project was achieved using a domestic digital video camera owned by a team member. The editing and uploading of videos to UNSW TV – an online digital media management system – required specialist expertise. We were fortunate in finding support for these tasks within the Faculty and at UNSW TV
- Limited timeframe. Delays were caused by addressing technological issues and minor logistical issues, such as finding time for filming that accommodated all involved. This required careful planning and negotiation between team members
- Limited financial resources. Given limited university funding, almost all the work involved in this project was performed 'in-house', with the goodwill of team members. Appropriate remuneration was given to external 'actors' for their contributions.

Successes

The project was completed on time and under budget. Limited formative evaluation data have been collected, with a comprehensive evaluation yet to take place.

- A 'Critical Incident Questionnaire' based on Brookfield (1995) was distributed at the end of two tutorials, in April and October 2011, where the two redesigned modules were run. Responses were analysed for common themes
- The course convenor reflected on the modules' implementation with respect to relevance to graduate capabilities, perceived engagement with topic and facilitators, and overall effectiveness in conveying 'real world' experience using practical examples
- Oral feedback was received from other team members involved in this project

What are the impacts?

Responses from 24 out of 28 (86%) medical students were received in April and 52 out of 59 (88%) in October 2011. Their responses were positive overall. The responses indicated that identified limitations of the previous format are being addressed and that the aims and objectives of the project are being met. For example, the majority of respondents found the Aboriginal facilitators' anecdotes most engaging, affirming and helpful, with numerous pleasantly surprised at the innovative format of the tutorial. Several highlighted the exceptional value of the contributions by an Aboriginal facilitator who was also a medical student, as well as the candour of the Aboriginal facilitators in general, particularly their insights into how to 'connect with Indigenous peoples'. Information on culture, gender, language and issues such as the Stolen Generations was also appreciated, with a substantial proportion indicating their surprise at the mistrust and suspicion towards the medical profession conveyed in one of the vignettes. Other respondents affirmed the relevance of the modules as reflecting their own experiences whilst on placement. The students generally appreciated the opportunity to ask questions, whilst a handful indicated their surprise that Aboriginal people were delivering the tutorial!

Reflections by the course convenor included that the modules brought to life the issues of appropriate communication with Aboriginal clients and that the deliberate content of each of the modules' audio visual elements ensures that students consistently witness identical scenarios – which are also entertaining – hence overcoming the previously identified issue of variability due to individual performances. Following from that, the starting point for class discussion is the same each time the tutorial is delivered. Facilitators are also able to more accurately time the sessions as the vignettes are a set length and downloading the audiovisual material from UNSW TV directly to the classroom facilitates ease of use. One facilitator from Muru Marri who had experienced the tutorial several times prior to, and then with, the filmed vignettes commented:

> *There's really no comparison. The filmed vignettes are far superior in their capacity to engage students in wanting to learn about effective communication with Aboriginal people. They do this through modeling the use of positive, strengths-based communication approaches, the fact that 'mistakes' can often lead to deeper understanding if they are acknowledged and discussed, that humour and openness helps bring people closer and, simply, the need to be yourself, to listen and to see your patient as a whole person.*

Team members involved in this project provided positive qualitative feedback concerning the development process and the end result.

How has the project developed Indigenous leadership?

Team members in Muru Marri led and drove this project at every stage of the process, including opportunities to lead different aspects of the project based on their areas of interest and expertise. The filming of the vignettes was directed by an Aboriginal team member and effective participation by Aboriginal members of the 'cast' occurred through their contribution to the draft shooting script, decisions about how best to film each vignette, and participating in the delivery of the tutorial.

Program sustainability

- This updated tutorial will continue to be delivered to UNSW medical students 4–5 times a year over the coming year.
- Our team is considering using the clinical vignettes developed for this project in other educational and health care settings.

For further information, contact:

Professor Lisa Jackson Pulver
Muru Marri Indigenous Health Unit
The University of New South Wales
E: lisa.jackson-pulverATunsw.edu.au

APPENDIX – GOOD PRACTICE CASE STUDY ASSESSMENT PROCESS

The LIME Secretariat sought Expressions of Interest from members of the LIME Reference Group to form a peer review committee to assess good practice case study submissions under the categories of recruitment and retention, curriculum design, teaching and learning and community engagement.

The review committee assessed the case studies according to whether the project met its objectives, was evidence based, had developed Indigenous leadership, was sustainable and the degree to which it was transferrable to other settings. Committee members abstained from reviewing any case studies that they considered posed a conflict of interest.

The committee formally met twice. The first meeting was to determine which submissions best met the criteria and would therefore be the most suitable for the inaugural edition of the *Good Practice Case Studies* booklet. It identified case studies that were accepted without revision and also identified case studies that required some revision. The second meeting was to review case studies that had been resubmitted incorporating feedback from the committee, and to determine the final selection of case studies for the first edition of the *Good Practice Case Studies* booklet.

ACRONYMS AND ABBREVIATIONS

ACPA	Aboriginal Centre for Performing Arts
AIDA	Australian Indigenous Doctors' Association
AMC	Australian Medical Council
AMS	Aboriginal Medical Service
ANZAHPE	Australian and New Zealand Association for Health Professional Educators
CAMDH	Centre for Aboriginal Medical and Dental Health, The University of Western Australia
CDAMS	Committee of Deans of Australian Medical Schools
COAG	Council of Australian Governments
CRESCENT	Community Responsiveness of Engagement through Streamed Clinical Education and Training, The University of Melbourne
CRT	Critical Reflection Tool
CSW	Cultural Safety Workshops
GP	General Practitioner
HCW	Health Careers Workshop
ICEPP	Indigenous Community Engagement, Policy and Partnership
IDAA	Indigenous Dentists' Association of Australia
IHCF	Indigenous Health Curriculum Framework
LIME	Leaders in Indigenous Medical Education
MHWDU	Māori Health Workforce Development Unit
MIHI	Māori/Indigenous Health Institute
NAIDOC	National Aborigines and Islanders Day Observance Committee
NPA	National Partnership Agreement
UNSW	The University of New South Wales
UWA	The University of Western Australia

GLOSSARY

Term	Definition
Aboriginal and Torres Strait Islanders	Original inhabitants of Australia and its nearby islands
Aboriginal Health Worker	Aboriginal or Torres Strait Islander person employed to provide health services or health programs directly to Aboriginal and Torres Strait Islander people
Aboriginal Liaison Officer	Hospital employees who ensure Aboriginal and Torres Strait Islander people have equitable access to mainstream health care services and who increase the cultural awareness and sensitivity of health care services to the distinct needs of Aboriginal and Torres Strait Islander families
Aotearoa	Traditional Māori name for the North Island of New Zealand. Today it is more commonly used to mean the whole of New Zealand
Clinical school	Usually located within a teaching hospital, it coordinates the clinical training for medical students in the latter years of their course
Closing the Gap	A Council of Australian Governments' program introduced in 2008 to improve the lives of Indigenous Australians, and in particular provide a better future for Indigenous children
District Health Board	District Health Boards are responsible for providing, or funding the provision of, health and disability services in the 20 districts in Aotearoa/New Zealand
Elder	A moral and spiritual leader of Aboriginal and Torres Strait Islander communities in Australia. They are also the teachers, who pass knowledge on to the next generation
Hauora Māori	Māori Health
Kaiārahi	Māori for guide/mentor
Indigenous	In this document, we use the term 'Indigenous' to refer to the Aboriginal and Torres Strait Islander peoples of Australia and Māori in Aotearoa/New Zealand. The terms 'Aboriginal', 'Aboriginal and Torres Strait Islander peoples' and 'Indigenous' are used interchangeably with reference to the Australian context. The term 'Māori' and 'Indigenous' are used interchangeably with reference to the Aotearoa/New Zealand context

Māori	Original inhabitants of Aotearoa/New Zealand
Māori Health Worker	Māori person employed to provide health services or health programs directly to Māori people
Marae	A communal building complex for Māori to gather, including the marae atea (area of engagement in front of the meeting house), whare hui/nui (meeting house) and whare kai (dining room). Affiliation of Māori to a specific Marae is based on ancestral tribal links
NAIDOC	A week of activities, celebrating Aboriginal and Torres Strait Islander cultures, held annually in the first full week of July
Primary care	Health services by providers who act as the principal point of consultation for patients within a health care system
Secondary care	Services provided by medical specialists who generally do not have first contact with patients
Stolen Generations	Children of Aboriginal and Torres Strait Islander descent who were removed from their families by Australian Federal and State government agencies and church missions. These removals, conducted under legislation enacted by Federal and State parliaments, took place during the period 1869–1969, although some removals occurred in the 1970s
Tertiary Education Commission	Responsible for funding tertiary education in Aotearoa/New Zealand
Treaty of Waitangi	Foundation document of Aotearoa/New Zealand signed on 6 February 1840 by British Crown representatives and Māori chiefs from the North Island of Aotearoa/New Zealand
Uncle	Aboriginal and Torres Strait Islander term of address for older male, to whom the speaker may or may not be related
University Entrance	Minimum requirement to be accepted into a Aotearoa/New Zealand university
Whakawhanaungatanga	Māori for forming meaningful relationships
Whānau	Māori for family/support systems
Year 12	Final year of secondary school in Australia
Year 13	Final year of secondary school in Aotearoa/New Zealand

Leaders in Indigenous Medical Education Network
Faculty of Medicine, Dentistry and Health Sciences
Level 2, 161 Barry Street
The University of Melbourne
Victoria 3010 Australia

T: +61 3 8344 9160
E: lime-network@unimelb.edu.au
W: www.limenetwork.net.au

THELIMENETWORK