

# IMMERSION AS A PEDAGOGICAL APPROACH TO INDIGENOUS HEALTH CURRICULUM

## An immersive model of learning in Aboriginal Community Control Services for MBBS students

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### Introduction

The Western Sydney University (Western) Indigenous Health Attachment (IHA) commenced in 2011 following the release of a commissioned report (Morgan & Woolford 2009). This paper details the activities developed in response to that report by Western's School of Medicine to prepare medical students for attachments in Aboriginal and Torres Strait Islander health service environments, and to ensure an effective and meaningful experience for both students and the Aboriginal services and communities they serve.

Western's School of Medicine is dedicated to serving the interests of those who have had poor access to high-quality health care, and to improving the health and quality of life of those living in the Greater Western Sydney community and beyond. As Greater Western Sydney has a large Indigenous population, an important part of the School's vision is to play an active role in addressing the health inequities experienced by the local Aboriginal communities through developing a workforce that is equipped to work effectively with those communities.

The IHA was developed to provide an opportunity for every final year medical student to better understand the medical, social and cultural aspects of Aboriginal health. To achieve this, the program places students in an urban, rural or remote Aboriginal Medical Service (AMS) to facilitate a practical health care experience in a culturally safe environment. It also provides a unique opportunity for the students to observe the complex roles of Aboriginal health professionals, to see multidisciplinary health care in action, and to understand the importance of community control in health care delivery and associated services (Goodall 2012).

### Method/Approach

The IHA program is part of the final fifth year curriculum at Western and is compulsory for the entire student cohort (including both domestic and international students). It links to the School of Medicine's rural program by means of Commonwealth reporting parameters. Students participate in a half-day lecture prior to commencing the IHA. This lecture prepares them for their placement by focusing on issues related to travelling and living in rural locations (if relevant); cultural safety and other protocols; Indigenous health statistics; and the structure and function of AMSs. Students are allocated to an AMS in pairs and spend five weeks immersed in the organisation and its community. During this time, they must complete five weeks of reflective journals, a 360-degree assessment, and a project that benefits the organisation.

Each AMS operates the IHA differently, with an orientation provided on arrival by a cultural mentor who orients students into the community, organisational structure and local cultural protocols. Students are supervised by AMS Practice Managers who organise timetables and student projects. Students' placement in GP clinics are scheduled for the minimum amount of time to ensure they have a rounded experience at the health service, one which takes into account the holistic health care approach.

Due to the large number of students in each cohort, and the small number of available places in metropolitan AMSs (Nelson, Shannon & Carson 2013), placements are primarily located in rural and remote areas of New South Wales (NSW). Students who undertake 12-month placements in rural clinical schools complete their IHA with services in the regional towns of Lismore and Bathurst. In total the School attaches students to 22 AMSs across NSW.

The aims and objectives of the IHA program are set out for the students as follows:

- To understand how to work effectively with Aboriginal people
- To understand the concept of Aboriginal community control and self-determination
- To comprehend the range of services offered in an Aboriginal Community Controlled Health Service and how it connects in delivering health care to Aboriginal people and community.

The School has been conducting an annual evaluation of the program with representatives of the AMS partners since 2012. In 2014 the Indigenous Programs Officer and the Rural Program Manager at the School of Medicine included a student survey in the evaluation of the program, the results of which are described in the next section.

## Results/Outcomes

### Student evaluation

The purpose of the student survey was to gain an insight into the students' experiences of living and working in an Aboriginal community, as well as the benefits and/or challenges for the AMS. The online survey included 30 questions with answers recorded using a Likert scale. Questions were grouped under 'Preparation and arrival/orientation', 'Clinical experience' and 'Reflections on the IHA', and aligned to the following objectives:

- To track students' connection between theory and reality
- To draw out students' awareness of the influence of social determinants on health
- To demonstrate students' awareness of the importance of community involvement
- To understand the students' appreciation of the complexity of the roles of Aboriginal Health Workers and other health professionals in AMSs
- To track factors contributing to the students' development as doctors.

The Attachment has seven teaching sessions throughout the year and can involve between 10 to 20 students per teaching session. Over the course of 2014 a total of 93 (72%) students out of 128 responded to the surveys.

## Preparation and arrival/orientation

Students reported that they are generally apprehensive when they first go out into the community as many have had little exposure to any Aboriginal health setting. Some students in rural or remote locations may still be living at home and are anxious about living without family members nearby. The results indicated that a structured welcome and orientation by staff at the AMS is a major contributor to making students feel comfortable, with 93 per cent feeling that this had helped them to overcome their anxiety and assisted with fears about offending people, their safety in the town and their role within the service.

## Clinical experience

Students reported having exposure to a wide range of clinical problems (54%) at the AMS, and that this expanded their understanding of the social determinants of health (92%) and the historical impact of colonisation on Aboriginal people (77%). Students felt well supported by the AMS staff and 81 per cent said that their understanding of Aboriginal health improved, while 79 per cent said that working with Aboriginal people contributed to their development as a doctor. Fifty-four per cent of students believed that their interactions with Aboriginal people during the Attachment challenged their pre-conceived perspectives and assumptions, and 79 per cent felt more confident communicating with Aboriginal people by the end of their placement.

## Reflections on the Indigenous Health Attachment

Students were asked if the IHA was challenging for them personally. Responses were mixed, with 40 per cent saying that it wasn't challenging and 37 per cent saying they were unsure. Sixty-four per cent reported that their understanding of Aboriginal culture had been changed by their experiences during the Attachment, and 74 per cent thought it had been very worthwhile. When the focus shifted to workforce intentions, less than half of the respondents (48%) indicated they would consider working in an AMS, approximately 36 per cent were unsure and 16 per cent said that they would be interested in returning to an AMS once they graduated.

Qualitative data collected from the 2014 evaluation suggested that placements could be improved by some attention being given to their structure, particularly as at times there were low patient numbers in the clinics and idle time could be better utilised. Some commented that they wanted more time on community projects.

Students reported that the most rewarding aspect of the IHA was the opportunity to be involved in the community. Specific examples of this included: attending community events (including funerals); speaking with Aboriginal people about their personal stories and family histories; being welcomed formally and informally by the community; and being immersed in Aboriginal culture. As one student wrote in the evaluation survey:

*Experiencing first-hand the things we hear about regarding rural and Aboriginal health, spending time with people in the community and getting to know them; I very much enjoyed yarning. And AMSs indeed are a good place for students: staff are friendly, welcoming and acknowledging students' needs and willing to help in students' learning. (IHA student evaluation survey)*

## Aboriginal Medical Services community partners evaluation

AMS community partners have been evaluating the program since 2012 but this paper analyses only the responses to the 2014 survey. The survey was distributed online to those AMS staff responsible for supervising students, with a total of 17 staff participating from a possible 22 AMSs. There was a total of seven questions focusing on relationship building, roles and responsibilities, and concerns about the program.

Of the AMS community partners who undertook the survey, a total of 15 (88%) indicated that they had developed good relationships with the students at their service. Nine (53%) stated that they had no concerns with their role and responsibilities as a supervisor, while eight (47%) indicated some concern. When partners were asked if they had any concerns with regard to the IHA, 20 per cent identified the amount of time needed to supervise students, 40 per cent stated the time it took to coordinate placements and 53 per cent the amount of human and physical resources required of the organisation. Fourteen participants indicated that being part of the IHA provided an opportunity to influence the training of future health professionals and 10 stated that the benefits of working with students outweighed any additional workload.

Since 2012, the School of Medicine has invited AMS Community Partners to the University for an end-of-year workshop, which is designed to further develop the IHA, ensure content is up to date and provide a space for the partners to network and discuss the program. It is also used as a forum to build the capacity of AMS staff to develop skills in supervising, teaching and working with students. The relationship developed over the past five years with the Chief Executive Officers, Practice Managers and staff of the AMSs is evidenced by their regular attendance at these workshops and their participation in the IHA each year.

## Discussion

Since the commencement of the IHA in 2011, the program has seen a total of 527 (2015) final year medical students attend a five-week placement in one of 22 Aboriginal Medical Services across NSW. It provides a unique opportunity for students to spend a significant time in an Aboriginal health setting, prepares our graduates to work with Aboriginal patients within hospitals and community settings, and opens up possibilities for students to consider a career in Aboriginal health and/or in rural or remote communities.

The students can, however, find the placement challenging as it can be a very different experience from other clinical attachments and may take them out of their comfort zone. Some respond positively to this experience, while others take some time to understand the benefits and broader learnings (Ross et al. 2013).

While the formal evaluation by students did not commence until the fourth iteration of the program, AMS community partners have been evaluating the IHA since 2012. These earlier evaluations by the partners, although not reported here, have provided valuable insights into the ways in which the relationship between the Medical School and the AMSs could be improved and developed. This includes details on the training needs of community partners and students' preparedness for working in the community, both of which have been actioned over the years.

Although AMS supervisor comments are mostly positive regarding their experience with students, there are some areas of concern. The issues highlighted include the time commitment needed for student supervision, the coordination of placements, and the human and physical resources required during the placement. This indicates that the School of Medicine needs to take these issues into consideration and work with the AMSs on ways to resolve them in future programs. The University does encourage back-to-base contact for both students and supervisors, and values supervisors' regular feedback and suggestions as to how the IHA can be improved.

The relationship between the School of Medicine and the AMS community partners is based on reciprocity and capacity building, with the School providing student placement agreements that outline the roles and responsibility of the School, the student and the service provider. The relationship goes beyond student placements, however, with university academics working in clinics; collaboration on infrastructure grant submission processes; a part-time research officer placed in one AMS; and collaborative input into the development of the IHA program. Financial contributions have also been provided to the AMSs in the form of reimbursement for accommodation refurbishments, office equipment to enable students to complete research tasks, and clinical equipment. Funding of the IHAs (student travel and accommodation) comes from the Rural Clinical Training Scheme budget in line with achieving Parameter 6 (previously Parameter 7) under the scheme.

The IHA program could be further improved by the employment of a full-time Indigenous academic, but despite active long-term recruitment efforts this position is yet to be filled. There is also a need for more lectures on Aboriginal health earlier in the curriculum to better prepare students for their placement. Continuing evaluation of the program will enable the documenting of best practice engagement to ensure benefits for students and organisations.

## Conclusion

The IHA program has made a significant contribution to the medical students' learning experience at Western Sydney University, and has been beneficial in engaging the AMSs to contribute to the development of the future medical workforce. It provides the opportunity for students to better understand the social, historical and economic factors that have impacted on Aboriginal peoples' health and the ways in which appropriate health care can be provided to effect change. The 2014 student surveys demonstrate that their placements have led them to a better understanding of the holistic nature of Aboriginal patient care through immersion and experiencing Aboriginal health in a community setting. This conclusion is also reflected in the annual evaluation from the AMS community partners.

The most significant achievement, however, is that the IHA is an Aboriginal-led and engaged program developed over the past five years in close collaboration with the community partners. It is unique for a university to have such close connections to the staff of AMSs, using both formal and informal processes, and the program is supported by the Dean and driven by a team of staff from the Rural Clinical School and the Aboriginal and Torres Strait Islander Programs. Data will continue to be collected from both students and AMSs, and used alongside long-term tracking of alumni in 2016 to generate evidence as to the benefits of the IHA and to inform its improvement.

## Acknowledgments

We acknowledge and thank the Aboriginal Medical Services, our community partners. Without the dedication of their staff time, resources and belief in the Indigenous Health Attachment program, it would not be possible to give students a comprehensive immersion in an Aboriginal Community Controlled Health Service for the five-week duration of the course.

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