Keynote Presentation: Externalising a complicated situation – Teaching racism in an Indigenous curriculum: A case study

Ms Tania Huria, Dr Cameron Lacey, Dr Maia Melbourne-Wilcox and Associate Professor Suzanne Pitama, University of Otago, Aotearoa/New Zealand

Introduction

Research undertaken by Harris et al. (2006; 2006a; 2012) and Paradies, Harris & Anderson (2008) has provided evidence of the effects of bias and racism on the health outcomes of the Indigenous peoples of Aotearoa/New Zealand and Australia (see also van Ryn 2016 in reference to the United States). However, little has been written on the design, development and implementation of medical curricula that includes the study of the impact of bias and racism on Indigenous patients, families and communities.

At the Otago Medical School, the content for Years 1–3 of the Indigenous health (Hauora Māori) curriculum uses specific socio-political content to present Indigenous health status, disparities and maintenance of inequities through a decolonised perspective. As a result, students later allocated to one of the three Otago clinical schools for Years 4–6 have already been presented with two specific Indigenous health models – the Hui Process and the Meihana Model (Lacey et al. 2010; Pitama, Huria & Lacey 2014). The purpose of this paper is to document how teaching about the impacts of bias and racism on health has been delivered and assessed at the Otago Medical School (Christchurch campus).

Making a difference

Throughout the development of the curriculum at the Christchurch campus, the Indigenous health teaching team identified the need for students to understand and address the issues of bias and racism and their impact on clinical practice. Figure 1 (below) consolidates the key findings from curriculum evaluations and reviews over the past nine years, and highlights the components required to include the impacts of bias and racism within an Indigenous health curriculum. The components included:

- clear identification of the kaupapa (agenda/topic – in this case bias and racism)
- Indigenous leadership
- a social accountability framework with the ability to inform the curriculum and future development
- faculty support and appropriate resourcing.

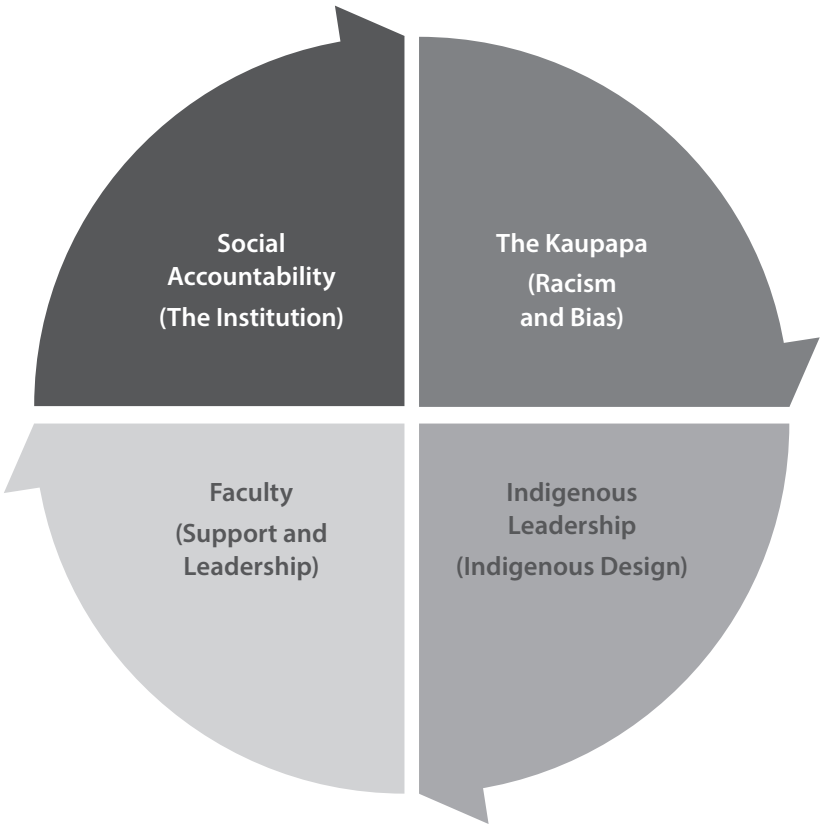

Figure 1: Implementing an Indigenous curriculum that includes and assesses bias and racism

The kaupapa

In this case study the 'kaupapa' refers to including the effects of bias and racism on health within the curriculum. Table 1 (see page 15) highlights the multiple points in the curriculum where this was taught. The acceptability and quality of the learning experiences of those recipients and deliverers of the curriculum were determined through extensive formal and dynamic evaluation processes. Every year between 2007 and 2015 approximately 280 students completed the Hauora Māori course. Annual formal student evaluations of the curriculum (anonymised) were completed by the Higher Education Learning Department at the University of Otago, Dunedin. The evaluation was administered during scheduled teaching time over Years 4–6.

Simultaneously, students were offered opportunities, individually and within a group, to provide verbal and/or written feedback to convenors and student education representatives. The evaluation findings reflected that there was a high acceptability among students of including content about bias and racism within the Indigenous health curriculum. As the quote on the next page demonstrates, this inclusion enabled students to clarify their perspectives and challenged their past views regarding Māori health.

Understanding the Māori viewpoint on healthcare and disparities in healthcare – I had always saw it as Māori wanting more, not wanting equal. (S1, 2008)

Students reported the learning methods used in the Indigenous health curriculum that oriented them to the Hui Process and Meihana Model also enabled them to develop confidence in exploring the effects of bias and racism. They reported that they could see the applicability to good clinical practice and had actively applied it in interviews with Māori patients. Students expressed their intention to continue to utilise the Hui Process and Meihana Model in their current and future practice.

Learning how to apply the Meihana model to the Calgary–Cambridge model – I feel far better equipped now to work with Māori patients. (S36, 2010)

I really enjoyed learning the Hui process with respect to engaging future patients and establishing relationships in a clinical setting. (S20, 2012)

Supporting the kaupapa

The Indigenous health teaching team reported that the Hui Process and Meihana Model increased students' engagement in the course content, and that discussions about bias and racism were noted as integrated within the students' clinical enquiry. The Hauora Māori team further described students' increased fluency in deconstructing and articulating the impact of bias and racism on Māori patient outcomes.

In 2015, medical students at the Christchurch campus were invited to be participants in a short video for the LIME Connection Conference, in which they were asked for a detailed account of their experience of being taught about bias and racism and the impact of this on their practice. Seven students took part in the video, all of whom expressed surprise – both at the amount of bias and racism that Māori patients disclosed and that they were prepared to share their experiences with them. Students reflected that inquiring about bias and racism with Māori patients was initially disconcerting, but that the patients' responses were thought provoking.

It does seem a bit uncomfortable in the beginning when you first ask a patient about racism, however once you have done it once it is amazing the amount of information you can gather from your patient. (S3, 2014)

Through learning sessions, students did take opportunities to seek clarification on the process and protocols involved in the exploration of bias and racism with a Māori patient. They identified the need to be able to increase the frequency of simulated patient settings so as to build confidence and competence prior to 'actual' patient contact. Student feedback at the end of the academic year consistently reported that bias and racism become easier to explore with practise, as does the students' ability to articulate their potential and/or actual impact as a determinant of health status and health outcome. That said, there is a need to undertake further research on including the study of bias and racism in the Hauora Māori curriculum, such as sampling graduate/postgraduate students, interviewing a greater number of patients, and undertaking detailed interviews with respondents to explore the findings using dialogue.

Indigenous leadership – Indigenous by design

The development of the Hui Process (Lacey 2010) and the Meihana Model (Pitama, Huria & Lacey 2014) was driven by the need for students to have an Indigenous guide to support meaningful clinical conversations. Both concepts have been explicitly aligned with the Otago Medical School's standard teaching model for clinical interviewing (the Calgary–Cambridge framework) (Kurtz 2003), and include specific components that prompt/encourage students to identify and/or enquire about bias and racism with Māori patients and/or their family/support networks.

Table 1 describes the contact points and learning methods at the Otago Medical School, Christchurch campus. The contact points focus on discussing or demonstrating competency in assessing the impact of bias and/or racism on Māori patients' health and wellbeing.

Table 1: Hui-ā-Rohe attendees, 2014

Session (time allocation)	Description of the session
Introductory lecture – Why Study Māori Health? (2 hours)	This is the first Hauora Māori lecture in the Advanced Learning in Medicine program in Year 4. The lecture is delivered in a situated learning environment on the marae (communal or sacred place). It provides social context regarding colonisation and introduces students to the impacts of bias and racism on the health and wellbeing of Māori.
Introductory Team Based Learning (2 hours)	This session is also completed in the marae environment and students are allocated dimensions of the Hui Process and Meihana Model to study, with relevant readings to answer specific questions. The student groups are required to explore institutional, interpersonal and internalised racism and how it might impact on health outcomes.
Advanced Team Based Learning (4 hours)	These sessions in Years 4 and 5 require students to provide a 360-degree perspective of a Māori patient case including relevant epidemiological profiles and consideration of bias and racism. Students are required to identify effective management strategies that address the presenting complaint as well as any issues pertaining to bias and racism (including institutional).
Lecture and Simulated Patient Sessions (8 hours)	These sessions are taught in the medical school environment during Years 4–6. In all sessions students are required to work through a patient case and develop enquiry questions related to the Meihana Model. This includes enquiring about bias and racism with a patient in a safe simulated environment where students can seek support from teaching staff and peers.
Hauora Māori Patient Cases – Summative Assessments	It is expected in Years 4–6 that students will complete three patient cases (two written and two oral). Students are graded using a marking schedule that clearly outlines that they must explore patient experiences of bias and racism.
Hauora Māori Objective Structured Clinical Examinations – Summative Assessment	Students complete Hauora Māori Objective Structured Clinical Examinations (OSCE) in Year 5 across all three clinical schools of the Otago Medical School. Within this high-stakes OSCE, students are expected to explore patient experiences of bias and racism in the health environment.

Faculty – What type of support is required?

In response to evidence of the impact of institutional and interpersonal health care practices (such as racial bias) on sustaining health inequities (Harris 2006a; Crengle et al. 2005), cultural competence curricula have emerged and become mandated within undergraduate and postgraduate health education in Aotearoa/New Zealand and Australia. National accrediting bodies now require medical schools to include Indigenous health as core curriculum content. The Indigenous health curriculum described in this case study has been formalised by Otago Medical School's ratification of the Hauora Māori learning outcomes. Alongside the graduate learning outcomes, the Otago Medical School requires all Year 5 students to complete a high-stakes OSCE in which students have to demonstrate competency in inquiring about bias and racism with Māori patients.

Support at a faculty level translates to Indigenous representation on all relevant faculty committees, and providing appropriate resources (time, budget and staff) to enable the successful implementation of a program similar to this case study.

Social accountability – How do we know that what we are teaching students about bias and racism in health is ok for the whānau[2]?

Each year a patient audit is undertaken by the Christchurch campus to ensure the curricula had addressed the needs of the local community, and to form the platform for the social accountability model. The audit randomly selects patients who have consented to be interviewed by a Christchurch campus student, and involves eight specific questions about this interaction via telephone. Ten patients from each clinical year (Years 4–6) are contacted (n=30 patients per year). Overall, patients report the interviews are a positive experience for them, and that they are comfortable about being asked of their past experiences of bias and racism.

> *At first I thought it was a bit of an odd question, but then as I began talking I realised that I did have some experiences that had affected me and it was good to be able to talk with the student about that.* P1 (2014)

> *It really made me think and I am glad that we discussed my experiences.* P2 (2014)

The social accountability framework is positioned by the Indigenous health teaching team as a key component of the Hauora Māori curriculum. As such, the team identified that it influenced the design, development, implementation and evaluation of how bias and racism were included in the curriculum.

Conclusion

This case study contributes to the evidence of teaching about bias and racism within medical education by identifying four key areas that are seen as crucial to ensuring students have an understanding of the impact of bias and racism on Indigenous patients' health and wellbeing.

2 Whānau is the Māori term for family, support structure or community. In this case study whānau has been used to describe the local community that the students have contact with.

Preliminary evaluation of the Christchurch campus Indigenous health curriculum has reported both student and patient acceptability and satisfaction of including the study of bias and racism in the curriculum.

The challenge for the faculty is that Indigenous medical educators must be supported to be able to lead and design bold curriculum that enables students and practitioners to identify and address the impacts of bias and racism on Indigenous patients' health outcomes.

References

Crengle, S., Lay Yee, R., Davis, P. & Pearson, J. 2005, *A Comparison of Māori and non-Māori Patient Visits to Doctors: The National Primary Medical Care Survey (NatMedCa): 2001/02*, Report 6, Ministry of Health, Wellington.

Harris, R., Tobias, M., Jeffreys, M., Waldegrave, K., Karlsen, S. & Nazroo, J. 2006, 'Racism and health: The relationship between experience of racial discrimination and health in New Zealand', *Social Science & Medicine*, vol. 63, no. 6, pp. 1428–41.

Harris, R., Tobias, M., Jeffreys, M., Waldegrave, K., Karlsen, S. & Nazroo, J. 2006a, 'Effects of self-reported racial discrimination and deprivation on Māori health and inequalities in New Zealand: Cross-sectional study', *The Lancet,* vol. 367, no. 9527, pp. 2005–09.

Harris, R., Cormack, D., Tobias, M., Yeh, L. C., Talamaivao, N., Minster, J. & Timutimu, R. 2012, 'The pervasive effects of racism: Experiences of racial discrimination in New Zealand over time and associations with multiple health domains', *Social Science & Medicine*, vol. 74, no. 3, pp. 408–15.

Kurtz, S., Silverman, J., Benson J. & Draper, J. 2003, 'Marrying content and process in clinical method teaching: Enhancing the Calgary–Cambridge guides', *Academic Medicine*, vol. 78, no. 8, pp. 802–09.

Lacey, C., Huria, T., Beckert, L., Gilles, M. & Pitama, S. 2011, 'The Hui Process: A framework to enhance the doctor–patient relationship with Māori', *The New Zealand Medical Journal (Online)*, vol. 124, no. 1347.

Paradies, Y., Harris, R. & Anderson, I. 2008, *The Impact of Racism on Indigenous Health in Australia and Aotearoa: Towards a Research Agenda*, Cooperative Research Centre for Aboriginal Health, Darwin, p. 38.

Pitama, S., Huria, T. & Lacey, C. 2014, 'Improving Māori health through clinical assessment: Waikare o te Waka o Meihana', *The New Zealand Medical Journal (Online)*, vol. 127, no. 1393.

van Ryn, M. 2016, 'Unintended bias in health care', *Minnesota Medicine*, March/April:40–6.

For further information, contact:

Ms Tania Huria

Māori Indigenous Health Institute

University of Otago

E: tania.huria@otago.ac.nz