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

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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 Kamilaroi 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.

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References


