

Bond University  
Research Repository



## Integrating Aboriginal and Torres Strait Islander health across an undergraduate medical curriculum in Australia

Smith, Janie Dade; Springer, Shannon

*Published in:*  
Australian Journal of Clinical Education

Published: 01/01/2016

*Document Version:*  
Publisher's PDF, also known as Version of record

[Link to publication in Bond University research repository.](#)

*Recommended citation(APA):*  
Smith, J. D., & Springer, S. (2016). Integrating Aboriginal and Torres Strait Islander health across an undergraduate medical curriculum in Australia. *Australian Journal of Clinical Education*, 1(5), [5].  
<https://ajce.scholasticahq.com/article/5089>

### General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

For more information, or if you believe that this document breaches copyright, please contact the Bond University research repository coordinator.

2016

## Integrating Aboriginal and Torres Strait Islander Health Across an Undergraduate Medical Curriculum in Australia

Janie D. Smith

*Bond University*, [janie\\_smith@bond.edu.au](mailto:janie_smith@bond.edu.au)

Shannon A. Springer

*Bond University*, [sspringe@bond.edu.au](mailto:sspringe@bond.edu.au)

Follow this and additional works at: <http://epublications.bond.edu.au/ajce>

Part of the [Medicine and Health Sciences Commons](#)

This work is licensed under a [Creative Commons Attribution-Noncommercial-No Derivative Works 4.0 License](#).

---

### Recommended Citation

Smith, Janie D. and Springer, Shannon A. (2016) "Integrating Aboriginal and Torres Strait Islander Health Across an Undergraduate Medical Curriculum in Australia," *Australian Journal of Clinical Education*: Vol. 1 , Article 5.

Available at: <http://epublications.bond.edu.au/ajce/vol1/iss1/5>

This Article is brought to you by the Interdisciplinary at [ePublications@bond](mailto:ePublications@bond). It has been accepted for inclusion in Australian Journal of Clinical Education by an authorized administrator of [ePublications@bond](mailto:ePublications@bond). For more information, please contact [Bond University's Repository Coordinator](#).

---

# Integrating Aboriginal and Torres Strait Islander Health Across an Undergraduate Medical Curriculum in Australia

## **Cover Page Footnote**

Faculty of Health Sciences and Medicine, Bond University, Gold Coast

**Integrating Aboriginal and Torres Strait Islander health across an undergraduate medical curriculum in Australia**

## **Abstract**

### **Introduction**

Many Australian university medical schools have struggled over the past decade to implement the professional standards and guidelines in Aboriginal and Torres Strait Islander health into their already crowded curricula. Bond University was no exception – with good intent but mixed results. In 2012 Bond renewed its medical program curricula and developed an innovative Aboriginal and Torres Strait Islander health education program, which is experiencing great success.

### **Methodology**

The methodology included: establishing an Aboriginal and Torres Strait Islander health group (n=9); undertaking an extensive mapping process of the learning outcomes (n=63) from the standards and guidelines set by the profession; fleshing out the content which was allocated to years, semesters, and cases; developing an innovative implementation process based on a set of principles, and using structured program evaluation and a 5 year longitudinal study to measure the impact.

### **Results**

Bond are now in their fifth year of implementing the Aboriginal and Torres Strait Islander health education with an innovative program that includes cultural immersion in the first year, problem based learning through identified cases, innovative processes for teaching difficult issues such as racism, as well as a structured assessment processes.

### **Conclusion**

Aboriginal and Torres Strait Islander health is a well-integrated and accepted part of the normal medical curriculum and assessment process. Employing the right people, undertaking the extensive mapping process, having a documented implementation plan that all staff and students understood and accepted, based on the standards and guidelines of the profession, supported by strong leadership was critical for success.

## 1. Introduction

Working in Aboriginal and Torres Strait Islander health can be both rewarding and challenging for health professionals as they assist people through their often complex, emotional, physical and community issues (Smith 2016). To be able to do so in an effective way requires all health professionals to have a good understanding of Indigenous culture, history, the social determinants and how these impact on the current Indigenous health status (Australian Government 2015a).

In the past decade, there has been significant progress in addressing the educational needs of Australian health professionals in the important area of Aboriginal and Torres Strait Islander health. Several initiatives have been undertaken to identify the core requirements for medical students to ensure they are both aware and confident in dealing with Aboriginal and Torres Strait Islander Australians. The Australian Medical Council identified a number of learning outcomes to be met as part of the accreditation process for all Australian medical schools (AMC 2013). The Committee of Deans of Australian Medical Schools (CDAMS), in association with the Australian Indigenous Doctors Association (AIDA), developed an Aboriginal and Torres Strait Islander Health Curriculum Framework (CDAMS 2004), which provides medical schools with a set of guidelines for developing and delivering Aboriginal and Torres Strait Islander health content in core medical education. Various medical colleges have also developed requirements for medical students in Aboriginal and Torres Strait Islander health, such as the Royal Australian College of General Practitioners (RACGP 2011).

Whilst these initiatives have existed for some time now, many Australian medical schools struggled to fully integrate Aboriginal and Torres Strait Islander health education sufficiently into their already crowded curriculum, and varying degrees of success were reported (Australian Indigenous Doctors Association 2012). Bond University, a private university located on the Gold Coast of Australia, was no exception – with good intent but mixed results.

In 2012 Bond University Medical School commenced a renewal of its undergraduate MBBS curriculum, which is an accelerated program of 3 semesters per annum for 4.8 years. In 2016 they also changed from MBBS to an MD. Part of the renewal process was to examine what Aboriginal and Torres Strait Islander health was being taught across the curriculum and how to better meet the standards and guidelines defined by the profession, as well as the needs of the community. This paper outlines the processes undertaken to renew, implement and assess Aboriginal and Torres Strait Islander health in Bond's MBBS curriculum.

## 2. Methodology

The methodology was based on an extensive mapping and implementation process that included the following steps:

1. Establishing an Aboriginal and Torres Strait Islander health group (n=9) who were representative of the Aboriginal and Torres Strait Islander and academic community.
2. Identifying what standards and guidelines needed to be met from the AMC, CDAMS and RACGP; as well as undertaking a literature review to identify other universities approaches.
3. Identifying what Aboriginal and Torres Strait Islander health content existed in the 2011 curriculum to ensure it was not lost.
4. Mapping the core learning outcomes (n=63) from the AMC, CDAMS and RACGP for medical students, identifying any duplication and producing an overall map (n=30). Then categorising them: under nine content headings; the specific content from each learning outcome; and what year, what semester and how in the curriculum it would be achieved.
5. Identifying and writing eight Aboriginal and Torres Strait Islander problem based learning cases or those requiring significant Aboriginal and Torres Strait Islander content.
6. Developing an implementation plan, activities and assessment to be undertaken across the first three (non-clinical) years of the curriculum

7. Determining the underpinning principles for implementation and innovations to support them.
8. Undertaking a comprehensive evaluation process of initiatives undertaken.
9. Undertaking a longitudinal study to measure the impact that Aboriginal and Torres Strait Islander health education has on undergraduate medical students during the entire MBBS program.

### **3. Results - What have we done?**

#### *A. Staffing*

A critical issue in undertaking this process was to employ the right staff to ensure it what we did was credible within the Aboriginal and Torres Strait Islander community and in line with recommendations from the AIDA (AIDA 2012); as well as meeting the university and the professions standards. In 2011 Bond employed two Aboriginal doctors, an Aboriginal cultural educator and a general practitioner who works in an Aboriginal Medical Service into Assistant or Associate Professor level positions; as well as utilising the skills of five existing academic staff – an ethicist, two educationalists, and two psychologists. A variety of local Aboriginal or Torres Strait Islander educators were also employed for certain components of the program. This mix proved to be the strength of the program. The Indigenous health group met face to face several times each year to develop and implement the program, as well as via email and teleconference.

#### *B. Mapping process*

The mapping process was extensive. We wanted to ensure we were covering all of the standards and the learning outcomes from the AMC, CDAMS and RACGP for medical students as well as contextualising to the local community needs. During this process, we identified many areas of duplication or dual intent. Therefore, to make the process manageable we undertook a three part process that resulted in reducing the learning outcomes from 63 to 30 overall. We then produced an overall map that categorised each learning outcome under nine content headings. The content headings were:

1. History
2. Diversity and culture
3. Social determinants of health
4. Communication
5. Clinical presentations / treatment / disease
6. Multidisciplinary team
7. Prevention / health promotion
8. Population health / epidemiology / systems
9. Health care services /primary health care / community control / models.

Each learning outcome and content was then mapped to the appropriate year and semester where it would be undertaken and the identified methods and activities in which they might be taught. We then had the basis for an implementation plan; and as the program is largely problem based learning, cases were identified and developed. Something that emerged from our discussions as part of this process was a list of underpinning principles for implementation.

#### *C. Implementation Principles:*

1. Aboriginal and Torres Strait Islander health is a normal part of the medical curriculum
2. Aboriginal and Torres Strait Islander health is integrated throughout the entire problem based learning curriculum through the use of innovative activities, specific cases, immersion and assessment
3. International cultural perspectives are taught first to avoid any perceived bias and perceptions about Aboriginal and Torres Strait Islander peoples

4. Students explore and discover the issues in a safe and positive small group environment, rather than confrontation of the issues
5. The right balance of content is provided so that students are interested but not overloaded
6. A compulsory cultural immersion is undertaken early – 1<sup>st</sup> year, using structured educational activities
7. Assessment techniques incorporate self-reflection
8. More confronting issues are presented later in the program such as racism – 3<sup>rd</sup> year
9. A variety of techniques and strategies that apply the information to health status and the role of the doctor are used
10. A combination of Indigenous and non-Indigenous academics develop and present all of the materials
11. Comprehensive evaluation is undertaken throughout to establish what works, what doesn't and to improve the program
12. The impact of cross cultural education is measured through a 5 year validated longitudinal study
13. All Faculty staff are educated along the way through positive presentations about outcomes.
14. Make learning fun.

#### *D. The program*

In determining the program, we needed to consider the following issues for full integration. The final two years of the medical program are clinical; therefore, the Aboriginal and Torres Strait Islander health content is largely integrated into the first three years, with opportunities for appropriate clinical placements in the final two years. The curriculum is a problem based learning curriculum with 12 cases per semester for the first five semesters, therefore we wrote new cases or integrated the content within existing cases. The third year is largely a transitional year into the medical disciplines, using new cases and the virtual hospital.

Based on these 'givens' the following approach was articulated. The first year content in Aboriginal or Torres Strait Islander health would focus on 'building awareness' largely through the use of immersion and three Aboriginal or Torres Strait Islander identified cases. The second year would focus on 'respecting difference', where students undertake three one week Aboriginal or Torres Strait Islander identified cases. Third year would focus on 'building resilience' through social and emotional wellbeing, how to respond to racism, the role of Aboriginal Community Controlled Health Services and different models of care and services. See figure #.

One unique aspect of the implementation of Aboriginal or Torres Strait Islander health curriculum was the use of cultural immersion in the first year of the program. The Australian Indigenous Doctors Association, in their review of the implementation of Aboriginal and Torres Strait Islander Health Curriculum Framework, clearly identified cultural immersion as one of the most effective implementation initiatives for introducing cultural awareness training to medical students (Australian Indigenous Doctors Association 2012). Therefore, we decided to use immersion as our initial method, based on the implementation principles.

In November 2012 we conducted a pilot of the cultural immersion activity after approximately 6 months of preparation. We took 93 first year medical students on a 1.5 day overnight cultural immersion activity to a camping location at Springbrook in the Gold Coast hinterland. The immersion consists of nine one hour educational sessions conducted by Indigenous and non-Indigenous facilitators (n=14). It was extremely well evaluated by the students and is now a usual part of the first year medical program curriculum (Smith 2013).

*Before I came here I thought I could find all this information in a book or on the web, but having experienced what I have the past two days is something that will stay with me for the rest of my life (student 2016).*



Full details and outcomes are reported elsewhere (Janie Dade Smith, Shannon Springer et al. 2015, Smith JD, Wolfe C et al. 2015).

One interesting aspect of this process that requires special mention was the significant cultural diversity of the Bond student cohorts. While it is a requirement that all Bond medical students be Australian citizens, many were first generation Australians who represented over 20 different cultural groups from the 2012 group of 95 students. This diversity adds richness to these preliminary sessions, as many students had been confronted with many of these issues before in their own cultural context.

**Figure 1.**  
*Matrix of the program over the first 3 years*

| <b>Year 1</b>                                       | <b>Building awareness</b>  |  |
|---|--|--|
| <b>Aboriginal and Torres Strait Islander Cases</b>  | <b>Specific core lectures / activities</b>   | <b>Assessment</b>  |
| Semester 1 Week 6, Foetal Alcohol spectrum disorder | What is culture – International perspectives?<br>The social determinants of Aboriginal and Torres Strait Islander health   | Multiple Choice Questions (MCQ)<br>Short Answer Questions (SAQ)      |
| Semester 2 Week 7, Sleep apnoea                     | Living in remote communities – Torres Strait<br>Applying the history to health<br><b>Cultural immersion</b> – 9 x one hr sessions – small groups off campus <ul style="list-style-type: none"> <li>• Welcome to country</li> <li>• Draw your culture</li> <li>• History maps (Education Queensland year not known)</li> <li>• Join the dots (Gold Coast Aboriginal and Torres Strait Islander Partnership Advisory Council 2012)</li> <li>• Storytelling</li> <li>• Culture and identity</li> <li>• Torres Strait Islander history and weaving</li> <li>• Community survival</li> <li>• Talking circle evaluation</li> </ul> | MCQs + SAQ<br><br>Concept map and reflection assignment              |
| Semester 2 Week 5, Post MI                          | Health promotion in Aboriginal and Torres Strait Islander settings<br>Aboriginal and Torres Strait Islander Health status  | MCQs   |
| <b>Year 2</b>                                       | <b>Respecting difference</b>   |  |
| Semester 3 Week 7, School learning difficulties     | Multidisciplinary case conference<br>Roles of extended Indigenous families<br>Stolen generation  | Case conference makes use of reflection and question session<br>MCQs |
| Semester 3 Week 11, Valvular disease                | Remote Transfer from Mt Isa to city<br>Role Aboriginal and Torres Strait Islander health workers/liaison officers – film   | MCQs + SAQs  |

|   |   |   |
|---|---|---|
| Semester 4 Week 9<br>Chronic renal failure – remote | Transplant issues for remote Indigenous Australians<br>Remote dialysis  | MCQs + SAQs   |
| <b>Year 3</b>                                       | <b>Building resilience</b>  |   |
| Semester 8 Week 7<br>Social and emotional wellbeing | Identifying as Aboriginal<br>How people are identified in the system.<br>Where people seek care and at what points – ACCHO, ED, GP.<br>Community controlled health services | Literature review on remote Indigenous health or diabetes |
| Semester 8 Week 7<br>Racism – building resilience   | I'm not racist but....Racism – What is the response of the doctor and the institution<br>Resilience, stereotypes.   | Workshop, reflection<br>Video OSCE – racism               |
| <b>Year 4 &amp; 5</b>                               | <b>Application to practice – placements</b>   | <b>Clinical exams</b>                                     |

### *E. Assessment*

Assessment drives learning (Joughin 2010). Therefore based on the implementation principle, that this was a normal part of the normal medical curriculum, we also made Aboriginal and Torres Strait Islander health a normal part of the assessment process. The main things we wanted to assess were knowledge and attitudes, which are historically very difficult to assess cross-culturally. We therefore decided to use some innovative techniques. In the first year we wanted to know if the students could make links between the impact that the history of Aboriginal and Torres Strait Islander Australia had on the health outcomes. Student assessment was therefore to develop a concept map that made the links between history and health, and to write a short 500 word discussion and a personal reflection about how they felt about the history and health outcomes. This proved to be a very useful process and many students stated that they had no idea about the history prior to undertaking the immersion. Each year also offers opportunities for mixing with Indigenous peoples at forums and workshops followed by readings and opportunities for reflection. All years also use the usual medical program examination process of multiple choice questions and short answer questions to assess knowledge.

### *F. Evaluation*

A critical part of this process was to learn what went well and what didn't so that we could improve the following year. We therefore used the usual weekly written student evaluation processes as well as specific evaluation of the cultural immersion. Overall the evaluation feedback was extremely positive and most recommended changes were implemented. In 2017 we changed the venue for the cultural immersion to include the increased intake and better meet the accommodation needs of students. We will also conduct the cultural immersion program for three of our graduate allied health programs for the first time, which is as a result of feedback about the effectiveness of the immersion.

While there have been a considerable number of cultural awareness programs conducted at various institutions over the past decade, there is little published data on what has been the impact of these programs and whether have they changed behaviours and attitudes in particular. Therefore we decided in the beginning part of the program that we should commence a longitudinal study over five years to measure the impact of these cultural awareness activities and it is proving that these educational activities are having a long term impact on student attitudes (S Sargeant, JD Smith et al. 2016).

### *G. What were the challenges?*

One of the greatest challenges for all universities is choosing appropriate facilitators. Little contact had been made with the local Aboriginal and Torres Strait Islander community prior to these activities and we were very fortunate to have excellent Aboriginal doctors, cultural

educators and liaison officers to draw upon. However, they were all employed on a part time basis and didn't live in the area, so distance communication and occasional face to face meetings were utilised, with central coordination from those on campus. By 2017 all facilitators were based on the Gold Coast apart from one Aboriginal doctor.

Another challenge was ensuring that academic and administrative staff understood the importance of Aboriginal and Torres Strait Islander health being taught, and that it was done so in a culturally appropriate way. We did this by keeping staff informed through presentations at staff meetings, involving them in the process, and making sure it was seen as a normal part of the overall curriculum, which was supported by strong leadership from Dean level. These factors were critical for our success.

In 2015 we also developed our first Indigenous medical student scholarships with two Aboriginal students commencing in 2016; as well as remote placements in Aboriginal and Torres Strait Islander communities in north Queensland.

#### **4. Conclusion**

We have learnt much over the past five years in the development, integration and implementation of the Aboriginal and Torres Strait Islander curriculum at Bond; and we have won three awards for our work including the prestigious Australian Teaching Excellence Award for student learning. The program is well integrated and accepted as part of the usual part of the overall curriculum and assessment process. Undertaking the extensive mapping process and having a documented implementation plan that everyone understood and accepted, based on the standards and guidelines of the profession was critical for success. This process has also seen anecdotal evidence of students having an increased interest in working in Aboriginal and Torres Strait Islander health services as a result of the program, the remote placement in final year.

## References

AIDA (2012). *Buidling Indigenous medical academic leaders*. Canberra, Australian Indigenous Doctors Association.

AMC (2013) "Standards for assessment and accreditation of primary medical programs by the Australian Medical Council 2012."

Australian Government (2015a). *Closing the Gap Prime Minister's Report 2015* Canberra, Australian Government.

Australian Indigenous Doctors Association (2012). *A review of the implementation of the Indigenous Health Curriculum Framework and the Healthy Futures Report within Australian medical schools*. Parkes ACT, Medical Deans Australia and New Zealand and the Australian Indigenous Doctors Association.

CDAMS (2004). *CDAMS Indigenous Health Curriculum Framework*. Melbourne, Committee of Deans of Australian Medical Schools.

Education Queensland (year not known). *History maps*. Education Queensland, Brisbane.  
Gold Coast Aboriginal and Torres Strait Islander Partnership Advisory Council (2012). *Karulbo: All together strong and deadly community partnerships. Resource guidebook, making it easier to work respectfully with Aboriginal and Torres Strait Islander communities*. Coolangatta, Gold Coast, Krurungal - Aboriginal and Torres Strait Islander Corporation for Welfare.

Janie Dade Smith, Shannon Springer, John Togno, Mary Martin, Bradley Murphy and C. Wolfe (2015). "Cultural immersion as an approach to teaching Aboriginal and Torres Strait Islander health and culture." *Good Practice Case Studies, Leaders in Indigenous Medical Education (LIME) Network, Melbourne* 3.

Joughin, G. (2010). "The hidden curriculum revisited: a critical review of research into the influence of summative assessment on learning." *Assessment and evaluation in higher education* 35(3): 335-345.

RACGP (2011). *RACGP curriculum for Australian general practice 2011, Aboriginal and Torres Strait Islander Health*. Melbourne, Royal Australian College of General Practitioners.

S Sargeant, JD Smith and S. Springer (2016). "Enhancing cultural awareness education for undergraduate medical students: Initial findings from a unique cultural immersion activity." *Australasian Medical Journal* 9(7).

Smith, J. D. (2013). *Pilot cultural immersion activity - An evaluation report*. Gold Coast, Faculty of Health Sciences and Medicine, Bond University.

Smith, J. D. (2016). *Australia's rural, remote and Indigneous health*. Chatswood, Elsevier

Smith JD, Wolfe C, Springer S, Martin M, Togno J, Sargeant S, Bramstead K and M. B (2015). "Using cultural immersion as part of teaching Aboriginal and Torres Strait Islander health in an undergraduate medical curriculum." *Rural and Remote Health* 2015(3).