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INDIGENOUS FOOTPRINTS *on* HEALTH CURRICULUM

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■ Abstract

There are numerous aspects to becoming an effective, culturally competent health practitioner, among these is the need to “become knowledgeable about the historical and sociopolitical backgrounds of clients” (Bemak et al., 2003, p. 26). It has been established that culturally sensitive empathy has the potential to contribute greatly to the healing process when working across cultures. It is therefore essential for an effective and productive client-healer relationship. Indeed it is said that “empathy bridges the gap” between practitioner and client (David & Erickson, 1990). This paper explores a model to develop cultural competence within health related courses.

■ Rationale

The development of effective health care delivery to Australian Aboriginal people is currently one of the underpinning strategies to improve Aboriginal health outcomes. The need for health professionals to become better informed about Aboriginal issues has been recognised and acknowledged in key government reports. A well-trained health workforce will help to secure and sustain health improvements for Aboriginal communities.

It is acknowledged that practitioners working with Australian Aboriginal people need a diverse range of skills in the delivery of cross-cultural care and in the prevention of chronic illness. Such learning is likely to be more effective if it is integrated within the structure of existing curricula rather than provided as a learning add-on. This approach underpins the Aboriginal health curriculum project at the University of Tasmania (UTAS).

There are numerous aspects to becoming an effective, culturally empathetic practitioner, among which is the need to “become knowledgeable about the historical and sociopolitical backgrounds of clients” (Bemak et al., 2003, p. 26). Culturally sensitive empathy has the “potential to contribute greatly to the healing process when working across cultures” (David & Erickson, 1990, p. 212). It is essential for an effective and productive client-healer relationship. It is said that “empathy bridges the gap” between practitioner and client (David & Erickson, 1990, p. 213). The starting point to actively engage in the process of reconciliation between Aboriginal people and non-Aboriginal Australians is through developing an understanding of our history from an Aboriginal point of view. Aboriginal voices have been significantly ignored in the last 200 years.

A lack of understanding of significant events in our history has contributed to ignorance of issues, such as land and sea rights, that affect all of us today. It is important to present a balanced view of significant events in our society’s development (Burridge, 1999).

■ A cultural competency approach at UTAS

This approach aims to move students from cultural awareness to cultural competence (skills to work effectively, based on knowledge and understanding). It includes knowledge and understanding of Aboriginal

culture: pre-history, historical and contemporary experience; cultural reflection on personal values and attitudes and those of the profession; and development of culturally appropriate skills and strategies. The main principles underlying the development of cultural competency are: to interact and communicate effectively with Indigenous Australians and to respect and value cultural differences and diversity. Cultural competency builds on the following attributes: awareness, knowledge, understanding, sensitivity, interaction, proficiency and skill. Some examples of cultural competency include:

- Respecting and acknowledging Indigenous cultural values.
- Knowing when to suspend cultural paradigms.
- Understanding diversity and how this applies to Indigenous communities throughout Australia.

The cultural competency journey at UTAS involves each of the following:

cultural awareness – general understanding of Indigenous culture, society and history;

cultural safety – focuses on cultural sensitivity and equitable power balance;

cultural security – the legitimacy of cultural rights, values and expectations of Indigenous Australians (acknowledging and incorporating cultural difference through education, engagement and communication); and

cultural respect – recognition and respect of inherent rights and traditions of Indigenous Australians which incorporates a holistic approach involving partnership, capacity building and accountability.

There are three stages in the development process. First, **attitudes** where students explore their own values, power and privilege, and examine the health profession in Indigenous contexts. Second, **knowledge and understanding** in which students develop knowledge and understanding of Indigenous

cultures and histories as well as relevant state, national and international legislation and obligations. Third, **skills**, builds on the first two components with knowledge of culture, values and skills for the respective profession.

At UTAS we have been exploring this possible model or framework for growing cultural competence, through a project called “Indigenous Footprints on Health Science Knowledges” (as part of a UTAS Teaching and Learning Grant). The program aims to build cultural competence through knowledge and understanding of Aboriginal culture including historical and contemporary experiences, reflection on personal values and attitudes and those of the profession and development of culturally appropriate skills and strategies. Delivery is mixed mode and primarily online to meet the needs of both internal and distance students. There are four components to the program culminating in the production of a portfolio demonstrating Indigenous cultural understandings. Completion of the four components will demonstrate cultural understandings with students receiving a Certificate. The program is based on a graduated model moving students from cultural awareness to competence over the duration of their degree.

This program is required to address the deficit in knowledge and understanding Australian Indigenous histories, societies and cultures by all Faculty of Health Science students. It is an interprofessional educational model aimed at building cultural understandings and primary health care knowledges. The program model is being trialled and tested by nursing and interprofessional health students in preparation for use more broadly for all UTAS students, in order to address the requirement for the development of cultural understandings as a generic graduate attribute.

■ Context

Table 1 illustrates the issues health professionals need to become better informed about to improve health outcomes for Indigenous Australians.

Table 1. Issues health professionals need to be informed about to improve health outcomes for Indigenous Australian communities.

Cultural Competency	Primary Health Care	UTAS Framework
Builds on attributes of:	Practice model is based on:	Recommends completion of the four stages:
Knowledge	The determinants of health	Awareness
Understanding		
Sensitivity		
Interaction Sensitivity	Social capital and community development	Integration
Knowledge and understanding, proficiency and skill	Australian and international contexts	Foundation
Proficiency and skill		Consolidation

■ Outcomes

It is anticipated that this program will deliver culturally competent UTAS graduates who can: interact and communicate effectively with Indigenous Australians; respect and value cultural differences and diversity; and meet the pre-requisite for employment in health and education positions,

particularly medicine, nursing, and psychology as endorsed by the respective professional bodies (CDAMS Indigenous Health Curriculum Framework, Congress of Aboriginal and Torres Strait Islander Nurses, and the Australian Psychological Society, endorsed the curriculum guidelines for the inclusion of Indigenous content in undergraduate psychology courses in 2007). The program has four

Table 2. Graduated model to move students from cultural awareness to competence over the duration of their degree.

Components	Year	Key Learning Activity	Portfolio
Student survey	First and final year	Pre and post awareness component	
Awareness (recommended core component to all)	In first year of degree	Come Walk with Us or Online Unit	Online discussions Reflective writing
Foundational (recommended for all)	In first or second year of degree	Aboriginal studies unit or Nursing foundation unit (under development for trial in 2009)	Unit completion
Integration	Ongoing throughout degree	Curriculum to include Indigenous content and assessment	Work samples Assessment and progression
Consolidation	In final year of degree	Aboriginal studies units Health or Special Topic or Research Project	Work samples Research project

Table 3. Current progress to date in implementing the program at UTAS.

What	When	How	Who	Assessment
Awareness	First year of degree	Come Walk with Us or Online unit	<ul style="list-style-type: none"> • Medicine • Pharmacy (fourth year Pharmacy students are required to participate in cultural awareness training prior to placement in Indigenous environments) • Nursing • Human Life Science 	<ul style="list-style-type: none"> • Reflective writing • Exam SAQ
Foundational	First or second year of degree	Aboriginal studies unit		
Integration	Ongoing throughout degree	Curriculum to include Indigenous content and assessment	<ul style="list-style-type: none"> • Medicine first and second years • Pharmacy (Development of Primary Health Care module including an Indigenous element) • Nursing • Human Life Science 	<ul style="list-style-type: none"> • Exam SAQ • Case task • Presentations • Exam SAQ
Consolidation	In final year of degree	Special topic – Aboriginal studies or Aboriginal studies health unit or Research project	<ul style="list-style-type: none"> • Third year Nursing • Third year Human Life Science • Fourth year Pharmacy • Fifth year Medicine 	E.g., <ul style="list-style-type: none"> • Scholarship and completion of Indigenous specific project • Research literature review

components: **awareness, foundation, integration and consolidation**. The awareness component is suitable for all Schools, however, individual Schools will need to deliver discipline-specific content for the integration component (e.g., in Medicine, Nursing, Pharmacy and Human Life Sciences). During 2009 we have been working on the foundation component for Nursing which will be trialled in second semester in preparation for delivery in 2010. Considerable progress has been made in Medicine with significant integration of Indigenous content throughout the teaching program.

■ Program overview

Stage 1: Awareness

This stage prepares students with an introduction to historical and contemporary Indigenous issues over a semester. There are self-directed and facilitator-led learning activities. For the pilot there are two groups:

- Nursing students via distance.
- Inter-professional health students (from Medicine, Pharmacy, Human Life Science, Social Work or Psychology) using distance and two recall session pre and post.

Time Frame: notionally 12 hours required to complete the awareness stage.

Stage 2: Foundation

This stage aims to build student knowledge of Australia's Indigenous people in past and present contexts. There are a number of options, one of which is to undertake an existing Aboriginal studies unit: Historical Indigenous Australia (HAB103) or Contemporary Indigenous Australia (HAB102) which

are currently delivered to internal and external students over two semesters. Alternatively, students may participate in the specific Health foundation unit which will be available for online delivery in 2010 with a facilitator to assist with discussions, reflection and activities. Students may be in a discipline specific group or in an interprofessional group of 30 participants (from Medicine, Pharmacy, Human Life Science, Social Work or Psychology).

Time Frame: notionally one semester to complete the foundation stage, but could be completed over two semesters.

Stage 3: Integration

This stage requires the inclusion of Indigenous content in all undergraduate courses. Schools will need to develop and deliver discipline-specific content for integration within current courses. Pharmacy is working on suitable elements for inclusion in the first and second years. Medicine has had the opportunity to significantly reshape the content with a more structured approach as outlined in Table 5. A previous Teaching and Learning Grant enabled the development of a web-based Theme Bank, which provides lecturers with access to appropriate resources, including the Lime Network (2008) which outlines the curriculum framework, subject areas and appropriate content to learn and teach about the health of Aboriginal and Torres Strait Islander peoples.

Delivery Strategy: each School is to include Indigenous content across each year of the undergraduate course, which will be assessed annually. This may include lectures, workshops, seminars, placements and project work.

Table 4. The proposed timeframe for implementation within health related degrees at UTAS.

	Nursing	Interprofessional Education	Key activities
2008 Semester 2	First year	30 participants	<ul style="list-style-type: none"> • Survey • Online Awareness component
2009	Second year	A number of groups	<ul style="list-style-type: none"> • Online Foundation
2010	Third year		<ul style="list-style-type: none"> • Consolidation – specialisation project
			Integration elements to be included in all years: ✓ Pharmacy ✓ Medicine Nursing Human Life Science Psychology Social Work

✓ On track

Time Frame: designated time needs to be allocated each semester to ensure appropriate sequencing of teaching and learning, e.g., a minimum of one session per semester.

Stage 4: Consolidation

Students will have the opportunity to consolidate knowledge and understanding through further study, research and professional experience. This can be through completion of a research or work place project in their respective discipline within an Indigenous context or undertaking an Aboriginal studies unit, e.g., Indigenous Health (HAB313), Education (HAB347) or Special Topic (HAB301).

Delivery Strategy: via research or work placement.


Time Frame: Should be integral to the core curriculum of each school, e.g., in final year of the specific degree.

■ **It's time to take action**

New research by the National Centre for Vocational Education Research (NCVER) says employers are increasingly likely to favour workers who can interact with people of different cultures. The NCVER Managing Director Tom Karmel says the research highlights the positive experience of Vocational Education and Training (VET) graduates with cross-cultural training as well as employers' support for it: "The increasing cultural diversity of the Australian population and workforce means that the ability to work across cultures is becoming a necessity for many workers," (quoted in Bean, 2008, p. 3).

This national study confirmed the value of cross-cultural training in developing the cultural competence needed by employees to work effectively with culturally diverse co-workers and customers. VET graduates, training providers and employers agreed on the importance of cultural competence. The majority of graduates indicated they would recommend it to

Table 5. Indigenous Footprints on a Medical Pathway prepared by Clair Andersen (Riawunna Centre) and Alison Miles (School of Medicine) for the LIME Connection, Australian Medical Council, Erebus International.

Curriculum Development	Support Programs for Indigenous Students	Partnerships
<p>Stand alone</p> <ul style="list-style-type: none"> • Cultural competency workshop • Introductory lectures • Field trips • Career pathways • Discussion forums • Film reviews • Community placement program 	<ul style="list-style-type: none"> • 1st year draft network program • 2nd year draft interstate support program • 3rd year under development • 4th year under development – Securing funding • 5th year under development – Securing funding • Scholarship programs • Placement programs 	<ul style="list-style-type: none"> • Riawunna Centre • Faculty of Health Science • Aboriginal Health Service • Victoria Health Koori Unit • Royal Australian College of General Practitioners
<p>Integration</p> <ul style="list-style-type: none"> • Holistic model of health and health determinants • Diversity and dignity • Comprehensive primary health care • Rural health • Population health • Stigma and discrimination • Rural weeks • Health promotion • Youth health 		<p>Educational Frameworks</p> <ul style="list-style-type: none"> • CDAMS Indigenous Health Curriculum Framework <p>Public lecture series</p> <ul style="list-style-type: none"> • Guest speakers <p>Assessment</p> <ul style="list-style-type: none"> • Formative • Summative • Reflective Pieces • Portfolio
<p>Breaking down barriers and nurturing change</p>		
<p>I learnt more about the experiences, history and plight of Australian Aboriginals (sic) from this 4-hour workshop than from 4 years of living in Northern Australia. I now feel I have a totally different and more realistic understanding of, and empathy for, the challenges faced by the Aboriginal people today, and how events in the past have paved the way for these challenges. The workshop was powerful, enjoyable and very moving and is a must for all University staff and students, and all members of the Tasmanian community in general. Thank you (CWWU, 2007).</p>		

others and believe that it should be mandatory for all employees in customer contact (Bean, 2008). With demand for cultural competence predicted to increase, there is an urgent need for an expansion of cross-cultural training within the university sector.

The following key questions require considered attention: How has your university addressed cultural competency as a student or graduate attribute? What plans does your university have to ensure cultural competency is included as a student/graduate attribute? How do we develop and implement a cultural competency framework across a university?

Perhaps the UTAS model and framework of "Indigenous Footprints on Health Science Knowledges" will provide some motivation. This framework focuses on cultural awareness, safety, security and respect through delivery of the following key components; awareness, foundation, integration and consolidation to progressively engage, challenge and develop the undergraduate throughout their respective degree. Building Indigenous cultural competency within university courses will enhance graduate understanding and application in other global cultural contexts and we will succeed in producing aware graduates who can be effective agents of change.

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■ About the author

Clair Andersen, guest co-editor of this supplementary edition, has Yanyuwa and Gunggalida clan connections in the Gulf country of Northern Australia. She began her education in the Northern Territory before continuing schooling in Tasmania, where she completed high school and a Bachelor of Education at the University of Tasmania. Currently, Clair is Director of the Riawunna Centre at the University of Tasmania and her research interests are in improving education and training pathways for Aboriginal and Torres Strait Islander students, and the development of appropriate learning resources.