Case Studies: Innovations in Aboriginal and Torres Strait Islander health curriculum implementation

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An Australian Government Initiative

Disclaimer

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Introduction

About the Aboriginal and Torres Strait Islander Health Curriculum Framework Project

Enhancing the cultural capabilities of the health professional workforce to better care for Aboriginal and Torres Strait Islander patients is a critical step in improving the health of Aboriginal and Torres Strait Islander people.

Health professionals need to be both clinically and culturally competent to genuinely affect positive outcomes. This is true for the whole population but is particularly important for Aboriginal and Torres Strait Islander peoples whose health outcomes are unacceptably poor. Ensuring all health professionals develop cultural capability before graduating from higher education is one way of improving the delivery of healthcare for Aboriginal and Torres Strait Islander peoples.

It is recognised that a necessary step to guide and assist Higher Education Providers (HEP) in developing the cultural capabilities of health graduates is a national Aboriginal and Torres Strait Islander Health Curriculum Framework. The introduction of a Framework across higher education has the potential to encourage consistency in outcomes, while providing a benchmark of the minimum level of cultural capabilities required to work effectively with Aboriginal and Torres Strait Islander peoples.

Health Workforce Australia (HWA), with the assistance of Curtin University, have undertaken the Implementing an Aboriginal and Torres Strait Islander Health Curriculum project to develop a national Framework to support HEP to improve the knowledge and capabilities of health professionals to work more effectively with Aboriginal and Torres Strait Islander people and their communities. It will also provide health graduates with the skills to contribute to transforming health service organisations to be more inclusive and culturally safe.

Statement of Purpose

Case studies examining examples of good practice in higher education were undertaken to inform and support the development of the Aboriginal and Torres Strait Islander Health Curriculum Framework (the Framework). Each case study considered different perspectives in developing the Framework, providing stakeholders with an informative resource to review and improve current approaches to implementation.

Miles & Huberman (1994) define a 'case' as a bounded context, in which a phenomenon or experience, occurs[1]. The case study approach is a frequently used method for looking at a particular experience that can, in turn, illustrate more general (and potentially informative)

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[1] Miles, MB & Huberman, AM 1994, *Qualitative Data Analysis*, Second Edition, Sage Publications, Thousand Oaks.

principles. While a case may be identified as 'bounded', there is also widespread recognition that it cannot be separate from its context, and examining this context is often key to understanding the case being studied.[23] As Yin (2009) highlights, a case study provides an example of real people in real situations.[4] Presenting this case study resource provides real world examples of key elements to consider when implementing an Aboriginal and Torres Strait Islander Health Curriculum Framework.

Methods

The categories identified to select case studies were:

- innovation in curriculum design;
- community engagement and partnerships;
- clinical placements; simulation programs;
- regulatory approaches and professional standards; and
- large-scale curriculum delivery.

The Project Advisory Group chose these categories as key areas for consideration in the development of the Framework.

Potential cases emerged during National Consultation Workshops and were subsequently discussed at Project Advisory Group meetings. Discussions led to consensus of the purposeful selection of five case study sites, where key individuals were identified and invited to participate in the case study interview process.

Following an introductory email and participant acceptance, face to face (where possible) and telephone/skype interviews were conducted with participants to explore their perceptions and experiences. Broad lines of enquiry included:

- History, aims and objectives of their program
- Design and implementation, including resources required and partnerships involved
- Impacts of the program for staff, students, and the broader university context
- Successes and enablers
- Sustaining the program
- Transferability of the program to other contexts

These lines of enquiry were used non-prescriptively, to allow conversations to flow and participants to share information they felt was important during their interview. Where possible,

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[2] Cohen L, Manion L, & Morrison K, 2011, *Research Methods in Education*: 7th Edition, Routledge, USA & Canada.
[3] Verschuren, P, 2003, Case Study as a research strategy: some ambiguities and opportunities, *International Journal of Social Research Methodology*, 6:2, 121-139.
[4] Yin, RK, 2009, *Case Study Research: Design and Methods*, Sage Publications, Thousand Oaks.

interview data was supplemented by additional information sources such as university websites, publications about the program, reports and promotional material.

Case studies are reported in a descriptive format. Italics are used in the different case studies to identify direct quotes/statements from participants. As interviews with participants where informal, conversational and at times held in groups, quotes are not attributed to individually identified participants.

Findings indicated similar themes emerging between case studies despite their different approaches to implementing an Aboriginal and Torres Strait Islander health curriculum. Critical success factors across the studies included senior leadership's commitment to the process that also facilitated a whole of university approach to the issue. This often began with 'champions' whose vision initially drove the process but ultimately aimed to facilitate a more systemic engagement so implementing Aboriginal and Torres Strait Islander health curriculum became sustainable; establishing and building ongoing strong relationships with local Aboriginal and Torres Strait Islander communities was key and building their leadership capacity by including community members in the design and delivery of curriculum in this area. A key finding was the importance of the local context – moving away from a 'one-size-fits-all' to more flexible, innovative and culturally appropriate ways of implementing curricula that valued Aboriginal and Torres Strait Islander knowledge and practice. Ongoing and adequate resources for training and support for Aboriginal and Torres Strait Islander and non-Indigenous staff, and community members, delivering Aboriginal and Torres Strait Islander health curriculum were also highlighted. Table 1 identifies more specifically similarities and differences between case studies, enabling factors of success and transferability across contexts. Note: use of Indigenous or Aboriginal and Torres Strait Islander terms in each case study reflects the use of relative terminology in documentation of the institution.

Table 2.Summary of Case Study Findings

	Innovation in Curriculum Design **Charles Stuart University (CSU)**	Community Engagement **University of Newcastle (UoN)**	Clinical Placements **Institute of Urban Indigenous Health ((IUIH) and University of Queensland (UQ)**	Simulation **Flinders University (FU)**	Large student cohorts **Curtin University (CU**
Successes	• Indigenous Cultural Competence Pedagogical Framework implemented across the University – compulsory Aboriginal and Torres Strait Islander content for all students in all units. • Increase in numbers of Aboriginal and Torres Strait Islander staff and students and participation across the university.	• High number of Aboriginal and Torres Strait Islander staff and students • High student retention rates • Wollotuka Institute culturally accredited by World Indigenous Nations Higher Education Consortium (WINHEC)	• Significant increase in clinical placements for students in community controlled health services (CCHS) • Students are more appropriately matched to placements • More services are now delivered at CCHSs	• Mandatory 2nd year medical student participation in simulation program (Flinders) with positive evaluation. Simulation lab also set up on Darwin campus. • Cultural Orientation programs for medical students held in Alice Springs • Capacity strengthening for Aboriginal and Torres Strait Islander leaders within unit • Capacity strengthening for Aboriginal community members involved in the program • Improved retention of Aboriginal and Torres Strait Islander students • Adapting programs to local context	• Partnerships within the University • Educational outcomes for students • Unit co-ordination model • 2013 University Teaching Excellence Award for Programs that Enhance Learning • Increased Aboriginal and Torres Strait Islander leadership within the University as staff skills are developed • Positive student evaluations of unit • Intercultural Teaching and Learning Leadership development program for staff teaching in the unit

Contributing factors	• Whole-of–University approach • Cultural Competence training for all staff • Leadership, support and commitment from executive management • Indigenous Education Strategy • Indigenous Board of Studies to review all Aboriginal and Torres Strait Islander content across the university • Indigenous Cultural Competency is a Graduate Learning Outcome. • Significant University investment in resources and programs and incentives across the University. • Partnerships within and external to the university • Partnerships with Aboriginal and Torres Strait Islander Communities	• Strong community support and engagement • Whole-of-University approach • Support and respect from executive management • RAP • Clear pathways and strong support for Aboriginal and Torres Strait Islander staff and students • Elders in Residence Program • Strategic Plan includes incorporating Indigenous across all university programs • Cross-cultural training available for all staff	• Clinical placement coordinator position funded by UQ and located at IUIH • High level of IUIH flexibility to accommodate needs of HEPs and CCHSs • IUIH is also a CCHS • IUIH runs orientation sessions for students before they begin their placements and provides support during placements. • Strong relationships between IUIH & CCHSs • IUIH minimises bureaucratic and administrative processes for CCHSs • Changing accreditation requirements mean that more clinical placements are required.	• Engagement with Aboriginal Torres Strait Islander communities • Aboriginal community members as actors who play patients in case studies • Aboriginal and Torres Strait Islander input onto unit content • Partnerships within and external to the university. • Development of key educational resources • High level of relevance of case studies to professional practice • Acknowledgement of importance of local context	• Strong leadership from Faculty Executive • Unit jointly coordinated by Aboriginal and Torres Strait Islander and non-Indigenous staff. • Large numbers of Aboriginal and Torres Strait Islander teaching staff involved in developing the unit. • Embedding intercultural competency as a graduate attribute • RAP • Investment of financial resources
Scalability (suggestions / transferability)	• Resources and leadership to support changes across university are essential • Requires a collaborative approach to sharing resources	• Resources and leadership to support changes across university are essential • Requires active community participation in governance	• Resources and commitment to support \programs from participating universities are essential • Other funding sources may be necessary	• Resources and commitment to support \programs from participating universities are essential • One-size-fits all approach won't work. Material must be adapted to local context.	• Resources and commitment to support \programs from participating universities are essential • Partnerships across University

Innovation in Curriculum Design

Charles Sturt University

This case study will focus on Charles Sturt University (CSU) and will address the 'innovation in curriculum design' category that informed the implementation of their Aboriginal and Torres Strait Islander Health Curriculum.

Context

CSU is a regional university with relatively large numbers of students from Aboriginal and Torres Strait Islander and low socio-economic status (SES) backgrounds. Its mission is to open up pathways for all students to participate in higher education. CSU has 38,000 students enrolled in its regional NSW and Victoria campuses, as well as at international campuses in Canada and China. Students coming to CSU are often the first in their family to go to university, are mature (24+), have a family, and work and study part-time. Distance education is a common form of study at CSU.

Background to the Indigenous Education Strategy

In 2004, CSU undertook a review of Aboriginal and Torres Strait Islander education, as Aboriginal and Torres Strait Islander student retention was a major concern. This led to the development of the Indigenous[5] Education Strategy (IES) in 2008 led by Associate Professor Wendy Nolan. The strategy was set up in response to the need to 'Close the Gap' in disparities between Aboriginal and Torres Strait Islander and non-Indigenous Australians, and to respond to recommendations from various reports including the Bradley Review,[6] the Aboriginal Deaths in Custody Report[7] and more recently the Behrendt report,[8] specifically around training professionals. The CSU initiative identified the need for graduates to have more understanding of Aboriginal and Torres Strait Islander issues and more knowledge and skills to work appropriately (i.e. in a culturally competent way) with Aboriginal and Torres Strait Islander people to improve their health outcomes. The IES conceptualises Aboriginal and Torres Strait Islander cultural competence as both knowledge and practice over a life-long journey, underpinned by principles of social justice and reconciliation. CSU sees universities as agents of change, and one of the aims of the IES initiative was to ensure that graduates were ready to work in culturally competent ways as professionals.

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[5] The term 'Indigenous' is formally used by CSU to name this strategy

[6] Bradley D, Noonan P, Nugent H & Scales B 2008, *Review of Australian higher education, Final Report*, Department of Education, Employment and Workplace Relations, Canberra

[7] Royal Commission into Aboriginal Deaths in Custody (RCIADIC) 1991, *Royal Commission into Aboriginal Deaths in Custody National Report: Overview and Recommendations* (Commissioner Elliott Johnson), Australian Government Publishing Service, Canberra

[8] Behrendt, L Larkin, S Griew, R & Kelly, P 2012, *Review of Higher education Access and outcomes for Aboriginal and Torres Strait Islander people: Final Report,* Aboriginal and Torres Strait Islander Higher Education Advisory Council.

A key driver of the IES was developing a strong, evidence based rationale for its design and implementation. This included identifying why CSU needed an IES, what types of graduates CSU wanted to produce, and sharing the responsibility to ensure all staff at the university are culturally competent and all students who graduate from CSU have the capacity to work in a culturally competent way. Key aspects of the strategy have subsequently informed the Universities Australia National Best Practice Framework in Indigenous Cultural Competency in Australian Universities (2011).[9]

Key components of the Indigenous Education Strategy

The IES mandates a whole of institution approach (top down/bottom up) to Indigenous Cultural Competence (ICC) that includes all staff from the Vice Chancellors (VC) to academics, students, gardeners and cooking staff.[10] This whole of university approach (which was also recommended in the Behrendt Report) involved establishing new governance structures across the university. The Indigenous Education Strategy Coordinating Group (IESCG) oversees the development, coordination and evaluation of the IEG. The group comprises the Chair (Director of the Centre for Indigenous Studies (CIS), Deputy Vice-Chancellors – Academic, Research and Administration, Director Indigenous Student Services, Representatives of Deans, Heads of School, Director of Human Resources, an Indigenous Academic Staff member appointed by the VC and Aboriginal and Torres Strait Islander general staff members also appointed by the VC. The commitment and support of senior leadership for embedding the IES in a policy framework is a key enabler for its success.

CSU established an Indigenous Board of Studies (IBS) answerable to the university Academic Senate. The IBS approves and reviews all Aboriginal and Torres Strait Islander content in the university. The strategy also created an Indigenous Curriculum and Pedagogy Coordinator (ICPC) who works in the Division of Student Learning and is separate from the Centre for Indigenous Studies (CIS) but collaborates closely with them.

The CIS[11] undertook core teaching of Indigenous foundational knowledges and built capacity in Indigenous academics, while the Division of Student Learning worked on building capacity with other academic staff - over 400 staff across the institution have been trained in ICC. There was also a commitment to an underlying philosophy to respect and value the local Wiradjuri people – and this is evident in the vision statement of the ongoing strategies of the university.

In the last 7 years $11-12 million has been allocated to Aboriginal and Torres Strait Islander initiatives at CSU including revitalising Wiradjuri language and culture. Developing resources

[9] Universities Australia 2011, *National Best Practice Framework for Indigenous cultural competency in Australian universities.* Department of Education, Employment and Workplace Relations (DEEWR), Canberra, ACT
[10] http://www.csu.edu.au/division/landt/indigenous-curriculum/cultural-competence/pedagogy-framework
[11] http://www.csu.edu.au/faculty/educat/cfis

around Aboriginal and Torres Strait Islander education and cultural competence is cyclically allocated in the universities budget (currently $1.33 million annually).

Indigenous Cultural Competence Pedagogical Framework

It is compulsory that all students undertake Aboriginal and Torres Strait Islander studies as part of their degree. The ICC pedagogical framework 'provides a systematic and systemic approach' to incorporating Aboriginal and Torres Strait Islander Australian content into CSU undergraduate programs and to building student cross-cultural competencies. This framework identifies three essential components to develop cultural competence:

- Knowledge and understanding of Aboriginal and Torres Strait Islander history and contemporary issues
- Attitudes – with strong attention to critical self-reflection
- Skills – including discipline specific workplace skills and competencies[12]

Time and resources have been required to design, develop and include ICC in every unit. More recent developments include identifying Graduate Learning Outcomes (GLOs) and support staff to meet overall IES expectations. This has involved a phased process of design assisted by members from the local Aboriginal and Torres Strait Islander community. GLOs that all students are expected to meet include:

- Academic literacy and numeracy
- Digital competence (high proportion of distance education students)
- Ethical practice
- Global citizen
- Indigenous Cultural Competency
- Professional practice
- Sustainability

Students who become increasingly receptive and sensitive to cultural differences can open the door to culturally competent practice. Students are required to demonstrate how they apply their knowledge and understanding, attitudes and skills to practice – and this is assessed as part of their course. The articulation of ICC within the GLO is not to say students will be culturally competent when they graduate, but that students will graduate with a foundation on which to build cultural competence.

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[12] *Incorporating Indigenous Australian Content into Undergraduate Awards at CSU: A Guide to Requirements and Process*

Regulation of ICC Framework

As ICC is part of the fabric of the university, implementation is regulated through a range of governance mechanisms including the Academic Senate, to ensure timelines and accountability to expectations are met. An Indigenous Academic Fellow (IAF) position was also set up in each faculty to do a PhD (80% research and 20% administration with financial support where needed), and currently each faculty has at least one IAF. This growth in numbers has also increased CSU's Aboriginal and Torres Strait Islander PhD capacity.

A core requirement that the pedagogical framework is being appropriately implemented is that students have undertaken one and a half to two Indigenous subjects by the end of their degree and student outcomes are assessed. 'Hybrid Indigenous Australian Studies' combine Indigenous Australian Studies and discipline specific Indigenous Australian Studies as a way of including Aboriginal and Torres Strait Islander content into crowded disciplinary-specific programs. Some academics are now incorporating Aboriginal and Torres Strait Islander issues into their subjects even though this is not mandatory, signalling increasing acceptance by staff of ICC in student learning.

Enhancing staff capabilities

While the IES and the corresponding ICC initiative were seen as a huge opportunity to develop Aboriginal and Torres Strait Islander cultural competence, many Aboriginal and Torres Strait Islander and non-Indigenous staff were initially fearful to step outside their comfort zone and engage in discussions around the IES and implementing curricula. To address this, training is offered to staff within a pedagogical framework and includes developing staff knowledge of Aboriginal and Torres Strait Islander issues and concepts of power and privilege, as well as identifying specific disciplines that have, in the past, colluded in disempowering Aboriginal and Torres Strait Islander peoples.

ICC training is offered as a daylong program, part of which includes participants developing an operational plan to translate what they have learnt to practice in the classroom. Academics are required to demonstrate and report on ICC, highlighting CSU's commitment to ICC as core university business and 'everyone's responsibility'. Over the last 3-4 years, 400 staff have undertaken ICC training, including the Executive Council of the university and others in key leadership roles. CSU aims to have compulsory training for all staff in ICC implemented in university policy by 2015.

Culturally competent teaching and learning resources are embedded in foundational and other subjects with Aboriginal and Torres Strait Islander content to support staff teaching ICC. CSU is also involved in 'smart learning' course design software and there is collaboration across the university to train staff in using the software - an approach that builds knowledge and grows staff capacity across all levels of the university. Despite some staff resistance to this initiative, others engage and gain a deeper understanding of ICC implementation. A resource developed with

Wiradjuri Elders has assisted academics who teach Aboriginal and Torres Strait Islander issues in disciplinary specific subjects. This resource, the exposure to the IES and in particular the ICC Pedagogical Framework, is taught in the Graduate Certificate in Learning and Teaching in Higher Education that is compulsory for all probationary academics.

Impact of the ICC Framework

The implementation of the ICC framework, under the broader scaffolding of the IES, has resulted in Aboriginal and Torres Strait Islander staff feeling increasingly empowered and well supported where their presence, knowledges and cultures are overtly valued by the university. The outcome of this commitment from the whole university has led to an increase in Aboriginal and Torres Strait staff numbers.

For some non-Indigenous staff, the implementation of ICC content and pedagogy has been 'very challenging', with a key issue being fear amongst non-Indigenous staff that they will do or say 'the wrong thing' when teaching Aboriginal and Torres Strait Islander content. Alongside ICC training for staff, the CIS offers support and resources to assist non-Indigenous academics in the ICC endeavour, with connecting to local community members a key strategy. For other non-Indigenous staff, teaching in this area has been 'life-changing', with many staff now including ICC in their disciplinary subjects on their own initiative.

While all students understand ICC is compulsory at CSU, there continues to be some resistance in pockets of teaching and learning as students engage with the initiative. The greatest resistance is experienced in hybrid programs, where disciplinary and Aboriginal and Torres Strait Islander content are taught together. CSU's policy states that students are required to meet learning outcomes and pass the Indigenous Studies aspect of the course alongside discipline specific material, which is assessed through essays and exams. The interlinking of these components to assessable learning outcomes has sometimes resulted in resistance from some students.

Preliminary data indicates huge shifts in student knowledge and appreciation of the ICC strategy. In terms of the broader IES, evaluating attitudinal shifts since implementing the strategy is difficult with no initial benchmarks against which to measure change. However formal evaluations of Aboriginal and Torres Strait Islander students' experience shows that their experience is improving and anecdotal evidence identifies positive changes that impact with how they interact with the university. Current trends suggest numbers of Aboriginal and Torres Strait Islander students are above parity and access and participation of these students is growing within the university. Increasing Aboriginal and Torres Strait Islander student and staff participation has impacted positively non-Indigenous student ICC, with students having more opportunities to interact, engage, and learn alongside their Aboriginal and Torres Strait Islander peers.

Quality Improvement is ongoing as the ICC initiative evolves, with the IES facilitating this process. The evolving nature of implementing these strategies can be seen in how university language is changing, for example, from 'student support' (passive) to 'student engagement, participation and resilience' (agency).

Successes and Partnerships

CSU has wholeheartedly committed to the IES, driving it from a whole of institution perspective. A major success has been the commitment of university leadership to this initiative by providing adequate resources for implementing the IES. The strategy is not just about the curriculum but about a whole of university approach to address ICC across key domains of governance, teaching and learning, human resources, community engagement and research. CSU understands that a whole of university of approach is needed to effectively build ICC in students.

A key enabler of success in this process has been establishing and building relationships within and outside the university especially with Aboriginal and Torres Strait Islander communities. CSU serves a relatively large Aboriginal and Torres Strait Islander population and links to the local communities are integral to the success of the initiative. CSU works with local Wiradjuri Elders, visits various communities and takes staff on cultural immersion programs. The Vice-Chancellors and executive staff have attended these programs, which are becoming increasingly popular. People often come back changed and committed to 'making a difference'. One academic worked with colleagues in their discipline to increase their knowledge of Aboriginal and Torres Strait Islander issues and cultural competence, an initiative that is now embedded in their disciplinary curriculum. The IES is also considering initiating cultural immersion programs for students, which will provide a powerful pedagogical approach to ICC development. These initiatives have strengthened partnerships with various Aboriginal and Torres Strait Islander communities, have built capacity and have been mutually beneficial.

Building partnerships both within and external to CSU is not only about capacity building but also about sustainability and encouraging other academics to 'take on the challenge' and become a champion of Aboriginal and Torres Strait Islander education in their discipline. One innovative incentive is to double-fund schools for teaching Aboriginal and Torres Strait Islander material– for every $1 they bring in they get paid $1. As CIS teaches Indigenous studies (not discipline specific) and the school gets paid for CIS teaching, disciplinary partnerships with CIS can increase material to build on the pedagogy.

CSU has built partnerships with:

- Aboriginal communities and the Wiradjuri Council of Elders
- 'Future Moves' - partnerships with schools who are linked to local industry; CSU visits primary schools to raise aspirations and discuss higher education opportunities
- Health professional organisations e.g. Services for Australian Rural and Remote Allied Health SARRAH - open doors for Aboriginal and Torres Strait Islander students to engage with health professionals. Currently very low numbers of Aboriginal and Torres Strait Islander students graduate in allied health professions and CSU wants to 'turn this around'.
- Technical and Further Education (TAFE) sector (30% students enrol from this sector – suggesting the importance of pathways)
- International partnerships have also been built with indigenous peoples in Canada, US and New Zealand as an opportunity to learn and improve in the area of ICC.
- Other universities in terms of sharing resources (e.g. University of Western Australia to present 'Courageous Conversations about Race').

Challenges and strategies to address them

One of the biggest challenges in the ICC framework operating under the broader IES has been breaking down student and staff resistance -including covert and overt racism- and building a commitment to work collaboratively. Academics contend with overcrowded programs, are often overworked, stressed and coping with ongoing changes. While these challenges are not systemic, they do speak to competing demands academics are required to manage that intersect with IES expectations to engage in the ICC process, collaborate and work with a curricula that, by its very nature, can evoke discomfort in challenging and often emotionally draining classroom (and teaching) environments.

Strategies within CSU to deal with resistance have included inviting people to vent their concerns and for others to listen and seek to understand in the spirit of creating a safe and inclusive space rather than reinforcing stereotypes and judgements. Everyone has their story that influences their beliefs and assumptions. Ensuring that people feel heard and not judged can be life changing and can open up the space for dialogue - both within the classroom and between staff in forums and meetings. CSU is also developing a partnership with The University of Western Australia to implement Courageous Conversations about Race, a program that can help in dealing with pockets of resistance particularly by exploring concepts of power, whiteness, privilege and racism.[13] Performance management is another strategy where all levels of the university are responsible to create an environment where staff feel (culturally) safe and willing to engage in open dialogue. This includes moving beyond the rhetoric to practice as demonstrated by meeting Key Performance Indicators.

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[13] http://www.hr.uwa.edu.au/development/workshops/equity/race

Maintaining momentum and sustainability

The IES is core business for the university, embedded in policy and translated to practice where academics, staff and students are held accountable for progress in this area (e.g. performance review, key performance indicators, student assessment). Interest and commitment to the IES is maintained over time through gradually building capacity in staff. Aboriginal and Torres Strait Islander curricula appears in all undergraduate courses and is accepted by students as part of what they do – so the IES and associated ICC is the rule rather than the exception. This is underpinned by a commitment to social justice, with ongoing rich conversations across the university occurring about ICC that has included people from non-English speaking backgrounds.

The sustainability of the IES is demonstrated by its design and process of implementation (that is, top-down and bottom-up), involving governance at all levels and committed leadership at the highest level (i.e. VC). While initial funding was required to design and implement the IES, in some areas (such as CIS) the strategy is embedded in core business, is committed to graduate learning outcomes and to developing software and interactive online training. This multi-pronged approach ensures sustainability rests not just with the commitment and passion of a small number of champions. ICC is part of the fabric of the university; built into governance, Job Description Forms, milestones, expectations and accountability with an acceptance that 'this is what you signed up for'.

The integrity of the IES is assured given that it is embedded in the university policy framework, in strategies and plans at university level, at faculty level and at school level throughout the university.

Adaptability and Transferability of CSU strategy

While the IES and ICC model can theoretically be transferred to other universities and sectors (eg TAFE), it takes effort and commitment from senior leadership and initial funding and resources to establish it. The principles of the IES and ICC informed the guiding principles articulated in the Universities Australia National Best Practice Framework for Developing Indigenous Cultural Competency (2011). These principles were reflected in the domains of University Governance, Human Resources, Teaching and Learning, Research, and Community Engagement. Recognition by Universities Australia of CSU's exemplary strategies for developing cultural competency across these domains highlights the potency and transferability of the lessons learnt by CSU to other contexts.

The CSU ICC initiative has established protocols, training and resource development that can be shared and transferred across settings. This speaks to the notion of collaborating and sharing resources to build capacity - rather than withholding knowledge within a culture of competition with other universities. An ICC pedagogy website has been developed by CSU, with access to

resources freely available to other HEP.[14] An online management system is currently being developed alongside discussions with Wiradjuri elders about their participation in the initiative.

By offering a framework to embed ICC in university core business, the quality and integrity of the IES is maintained as well as the accountability for translating knowledge to practice (such as through the establishment of the Indigenous Board of Studies). CSU recognises, however, that what is now needed is an outcomes focused approach to develop consistent national standards for health professionals to work with Aboriginal and Torres Strait Islander peoples.

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[14] http://www.csu.edu.au/division/landt/indigenous-curriculum/home

Community Engagement and Partnerships

The Wollotuka Institute

This case study will focus on the Wollotuka Institute (WI) within the University of Newcastle (UoN) to address the 'community engagement and partnerships' category, informing the Aboriginal and Torres Strait Islander Health Curriculum Framework. The term 'Indigenous' is used throughout the UoN and WI website and referred publications and as such, this case study will also use these terms.

Context

The UoN in New South Wales was established in 1965 in response to community demand. In 2014 it had over 37,000 students and offered more than 85 undergraduate programs through five faculties (Business and Law, Education and Arts, Engineering and Built Environment, Health and Medicine and Science and Technology).[15] One of UoN's core values is equity and social justice to:

> provide opportunities for people with ability, regardless of their background and experiences... [and to] lead in providing education for Indigenous Australians.[16]

Indigenous collaboration is listed as a key area of strength on the university's website, and was prioritised throughout its 2013 annual report and in its 2013 – 2015 Strategic Plan. Key strategy 2.2 in the UoN's Education plan is to:

> [e]mbed Indigenous knowledges into programs across the University resulting in the awareness of Indigenous knowledges and a strong commitment to social justice in our graduates[17]

This commitment is reflected in Indigenous staff and student numbers. In 2013 UoN enrolled 859 Indigenous students, reportedly 'almost double the sector average', with more than a 20% increase in the last few years.[18] UoN leads the sector in employment of Indigenous staff and has a 'Whole-Of-University' approach to Indigenous education and research. This includes a Reconciliation Action Plan,[19] integration of Indigenous priorities in the University's Strategic Plan and related Key Performance Indicators that apply across the university. Within the Strategic Plan, the values of the UoN and commitment to Indigenous community engagement provide evidence of the university's strong attention to this space. The Wollotuka Institute (WI) plays a central role in the success of these strategies.

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[15] Retrieved 28 June 2014, http://www.newcastle.edu.au/about-uon/our-university/history
[16] Retrieved 28 June 2014, http://www.newcastle.edu.au/about-uon/our-university/vision-and-strategic-direction/new-directions-strategic-plan-2013-15
[17] Retrieved 28 June 2014, http://www.newcastle.edu.au/about-uon/our-university/vision-and-strategic-direction/new-directions-strategic-plan-2013-15. See page 3.
[18] Retrieved 28 June 2014, http://www.newcastle.edu.au/about-uon/our-university/indigenous-collaboration
[19] UoN is the only university in New South Wales to have a campus-wide approach to reconciliation based on a Reconciliation Action Plan. Retrieved 29 June 2014, http://www.newcastle.edu.au/__data/assets/pdf_file/0019/33724/Reconciliation-Action-plan.pdf

UoN has the highest number of Indigenous staff of any Australian university (2.8%). The university's Indigenous Employment Strategy has played an instrumental role in building the numbers of Indigenous applicants to academic and professional positions since 2008.[20]
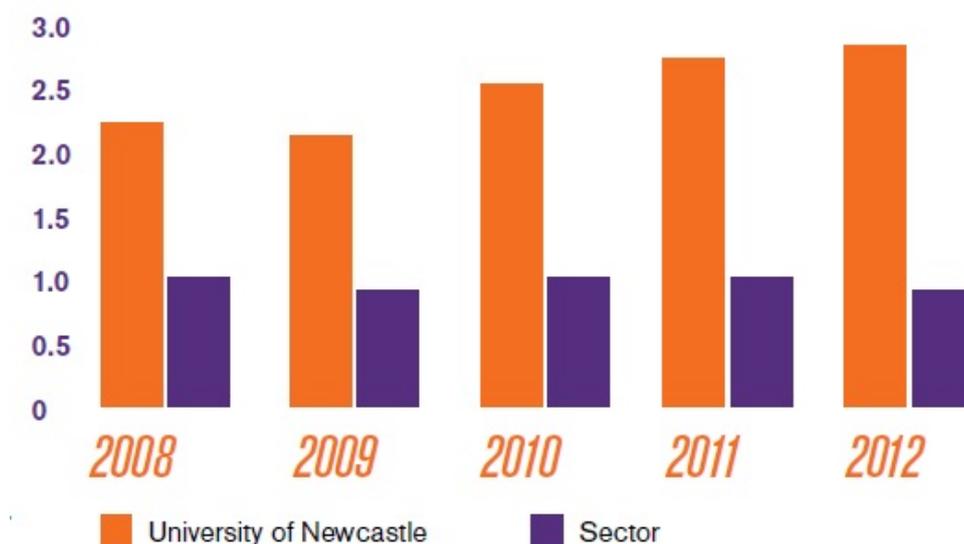
Figure 1: Indigenous employment at UoN

Source: http://www.newcastle.edu.au/about-uon/jobs-at-uon/indigenous-excellence

Fifty one percent (51%) of the Indigenous staff at the UoN are employed in the WI, 43% are Indigenous men and 35% Indigenous women. The WI provides a number of services to enhance pathways for Indigenous employment into the university such as:

- Assistance in preparing job applications
- Pathways for Indigenous alumni to apply for positions
- Partnerships with a number of local community and job network employment agencies to promote job opportunities in the Aboriginal and Torres Strait Islander community sector

The Wollotuka Institute

The WI was established in 1983 as part of the Newcastle College of Advanced Education. It was initially developed to support to Indigenous students and has evolved to incorporate other roles including research, teaching and curriculum development. The institute is now run by three directors and overseen by a Board of up to 20 members in accordance with traditional Indigenous principles of governance and models of management. A search of the UoN staff directory shows

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[20] Nauwai (PDF, 298KB)

over 160 staff associated in some way with the WI. Directors, board members and staff are all Indigenous Australians.[21]

One of WI's roles at the UoN is to provide expertise to the whole university on curricula that are inclusive of Indigenous perspectives. The Institute's Board of Indigenous Education and Training provides advice to the Vice-Chancellor and staff on developing an environment conducive to research that draws on past knowledge and ongoing Indigenous community engagement. The Institute's directorates are Academic and Research, Indigenous Student Engagement, Employment and Collaboration, and Indigenous Health.

Relationship between the Wollotuka Institute and the University of Newcastle

The WI sees reciprocity and respect as integral to how the UoN interacts with the institute. UoN supports the autonomy of WI and seeks advice from the Nguraki (Elders) Committee, Directors and the Board. The WI sits within the academic division of the university and:

> consolidates an all Indigenous expertise related to all core business of the University of Newcastle into one operational and strategic body [to] convert the University's commitment to Indigenous education into action [22]

WI has a deepening involvement at an executive management level with visible and significant support from the UoN's executive who refer to the institute for guidance, advice and direction on Indigenous matters. As one WI staff member stated, 'the Vice Chancellor is guided by us to ensure the right language and messages are translated to the wider university community' illustrating how senior executive at the university defers to the institute and is guided on Indigenous matters. This respect and engagement is reflected in the introduction to UoN's 2013 Annual Report signed by the Chancellor and Vice Chancellor:

> The Wollotuka Institute's 30th anniversary of providing cultural support and education to Aboriginal and Torres Strait Islander students was a major milestone in 2013. The Institute leads Indigenous education in Australia, and is the strength behind our University's great success in advancing education participation and attainment for Aboriginal and Torres Strait Islander students.[23]

The WI perceives their relationship with the UoN as unique, given the experience facing many Indigenous Centres in universities around Australia. While the WI feels many Indigenous Centres being 'pulled apart' by mainstream demands, they see their institute as empowered in its position

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[21] Retrieved 28 June 2014, http://www.newcastle.edu.au/about-uon/our-university/indigenous-collaboration/the-wollotuka-institute

[22] Retrieved 29 June 2014, http://www.newcastle.edu.au/about-uon/governance-and-leadership/divisions/academic-division#wollotuka

[23] Retrieved 15/07/14 http://www.newcastle.edu.au/__data/assets/pdf_file/0013/104422/2013-University-of-Newcastle-Annual-Report-PDF.pdf

in the broader university setting. This is symbolised by the UoN ensuring the institute plays a leading role in assisting the university to achieve core goals. Priorities associated with Indigenous education, research and employment are embedded in the UoN's strategic plan, and the WI provides essential leadership in these areas.

The university's Reconciliation Action Plan 2011 – 2015 also reflects a strong public commitment to developing:

> an environment [that fosters] mutual respect, social justice and a united voice for Aboriginal and Torres Strait Islander and non-Aboriginal Australians; Strengthening collaboration between Aboriginal and Torres Strait Islander and non-Aboriginal Australian communities, including provision of culturally responsive education; forging respectful relationships designed to contribute to the ongoing endeavour of closing the gap on Aboriginal and Torres Strait Islander education, health, cultures, languages, social justice, employment and empowerment; and improving educational outcomes for Aboriginal and Torres Strait Islander people.[24]

Another key factor contributing to the respect the WI holds across the university has been its ability to establish and maintain high levels of academic rigor and excellence. WI staff ensure their arguments for change within the university are well-informed and evidence-based. They believe that this strategy is more effective than resisting 'just to be counter to the dominant voice.' This approach has been crucial in the institute both to forming partnerships with the broader university and developing a strong identity.

The delivery of Cultural Competency Workshops by the WI is a core aspect of the university's ongoing strategic commitment to Aboriginal and Torres Strait Islander education through the New Directions Strategic Plan 2013-2015 and The Reconciliation Action Plan 2011 – 2015 (RAP). These workshops have also cemented the core role of the institute as an agent of change.

WI employees deliver three-staged cultural competency workshops to university staff and students (although these are not mandatory). The workshops aim to deepen participants' knowledge and understanding about Indigenous cultures and peoples and increase participants' capacity to critically reflect on their own cultural identity and practice in order to develop skills to enable positive change. Participants create action plans to demonstrate how they are embedding Indigenous knowledge and practice within their faculties and schools. These workshops also showcase WI staff and demonstrate to the university the role and presence of the institute, as well as 'how WI has done what it has done'. These cultural competency workshops are also an opportunity to gather feedback and to promote examples of success and excellence. Curriculum development and pedagogical changes relating to the delivery of Indigenous content is a key aspect of these workshops and reflects WI involvement in curriculum design.

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[24] Retrieved 15/07/14 http://www.newcastle.edu.au/__data/assets/pdf_file/0019/33724/Reconciliation-Action-plan.pdf

WI staff sit on a number of university advisory boards and committees, ensuring Indigenous representation at strategic levels of university decision making processes and governance. The participation of WI staff ensures the voices of local Indigenous communities are heard - and have influence - within the university. Being the conduit between local Indigenous communities and the UoN is a core aim of WI.

Community engagement- central to Wollotuka Institute's identity

Indigenous community engagement is a founding pillar of WI. This is evident in the 2013 publication describing Wollotuka Institute's Cultural Standards. This document describes five linked domains under which cultural standards can be clustered. These are Cultural Celebration, Community Responsiveness, Academic and Research, Respect and Honouring and Inter-Institutional Relationships.[25] Each of these core domains relates to place, heritage, culture and identity and implies strong community engagement. Each domain is illustrated through reference to an ancestral story about community beliefs, values and principles and contextualised with reference to the university setting. The role of community is most explicitly acknowledged in the domain of 'Community Responsiveness' (see page 13). This standard ensures that:

- There is strong community participation in the setting of key directions and priorities for the WI.
- Input from community is respected and valued acknowledging expertise and skills.
- Community Elders and Cultural Mentors are recognised and respected for the wisdom and knowledge they hold which has been passed down through the generations.
- Staff and students are strong in their own cultural knowledge, heritage and identity in order to be positive contributing members of the community.
- Acknowledgement is given to the cultural diversity amongst local community and the richness of spirit this diversity brings to place.
- The teaching and practice of Aboriginal and Torres Strait Islander languages and cultures are viewed as fundamental to nurturing culturally healthy and responsive individuals who can contribute positively to the growth and harmony of the community.
- Aboriginal and Torres Strait Islander community members are respected as integral to the WI, and made welcome when attending cultural, academic and ceremonial events at the university
- Staff and students are aware of and respect community and cultural protocols and ensure they are adhered to at all times.
- Staff, students and community work together to ensure future generations of

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[25]Retrieved 15/07/14 http://www.newcastle.edu.au/__data/assets/pdf_file/0010/103114/Wollotuka-Cultural-Standards.pdf

Aboriginal and Torres Strait islander people feel pride in their culture in an ever changing and adapting contemporary world environment.

- Staff and students will walk together with community to pursue the principles of self-determination.[26]

The WI has a Community Engagement Portfolio, designed to engage on and off campus with community members and education partners in work related to Indigenous higher education in the WI and the broader UoN context. WI also has a Community Engagement Officer based at UoN's main Callaghan campus.

WI staff develop and maintain links to the community in a wide range of ways. One of the services that WI provides is an on-line Indigenous resources database that is freely available to students, staff and the wider community. This is designed to provide easy access to high quality information that will assist users to develop 'understanding and awareness of Indigenous cultures, lifestyles and issues.' [27] The Cultural Competency workshops referred to above are also a key form of community engagement within the university – using a combination of online and face-to face education to improve professional practice with a focus on increasing inclusivity.

The participation in university processes of decision-making has allowed WI to demonstrate 'excellence in taking the mob [along]', describing the ability of the institute to ensure community are informed of, and give input to, university decisions and activities. WI staff have a voice in the process of appointing Aboriginal and Torres Strait Islander people to senior positions across the university and the Board of Aboriginal and Torres Strait Islander Education and Training (BATSIET) provides community input to a range of university functions. WI staff and Indigenous community members also have direct input into curriculum through a variety of forums. These include membership of UoN's Scholarship Panel, participation in the Program Review Committee and the Curriculum Committee. The Indigenous student engagement plan and pedagogical approaches are discussed in these contexts. WI also sits on the University Council, program and course approval committees, and on the Academic Senate. Ongoing forums support reciprocal and constant engagement of the university with WI and community.

WI employs a large number of staff (46), meaning not only does the institute have considerable visibility within the broader university but also, that local communities are represented directly by staff who are employed at the Institute.

[26]Retrieved 15/07/14 http://www.newcastle.edu.au/__data/assets/pdf_file/0010/103114/Wollotuka-Cultural-Standards.pdf
[27] Retrieved 15/07/14   http://www.newcastle.edu.au/community-and-alumni/community-engagement/indigenous-community-engagement/indigenous-online-resources

Wollotuka Institute student recruitment and community engagement

Effective student recruitment is at the core of WI's community engagement work. WI recruits students from widespread locations, with recruitment activities occurring through all levels of the community. Providing pathways for students throughout high school is an important part of this approach. UoN runs the AIM High program as part of their school outreach activities to inspire students from low socio-economic backgrounds to take up university pathways. This includes maths and science Summer Schools for girls (Girls Choices) and boys (LIVE IT!) in year 9. The WI supports these two programs and holds a special breakfast to welcome Indigenous participants to the campus. WI runs the School 2 University (S2U) umbrella Program which targets school years 7 – 12 across the region. This involves three additional recruitment streams targeted at specific age groups.[28] These ongoing programs are designed to empower students culturally resulting in an increase in aspiration, self-confidence and resilience. Other activities introduce Indigenous students to the WIs community as well as the wider university to enable them to make informed choices regarding their future. These activities are delivered at schools and at WI on the UoN campus focusing on skills, attributes and information essential for students to make good post-school choices.

UoN runs an Aboriginal and Torres Strait Islander Entry Program that provides access to all degrees excluding Medicine. There is a separate Indigenous Medical Entry Program and the associated Miroma Bunbilla Program (Indigenous Pre-Entry to Medicine) for students enrolling in the Joint Medical Program (JMP). In 2014, 65 doctors had graduated from this UoN program, almost half of the total number of Aboriginal and Torres Strait Islander doctors in across Australia. [29]

The Yapug Aboriginal and Torres Strait Islander Enabling Program is offered at UoN's Callaghan Campus. This is a free foundation studies program that assists Indigenous students to develop academic skills necessary for admission to an undergraduate degree. Indigenous Enabling Scholarships and Abstudy support are available to assist Aboriginal and Torres Strait Islander students to complete the Yapug program.[30]

The engagement WI has with students facilitates retention and is promoted throughout the recruitment process. Examples provided by WI's Indigenous Student Engagement and Experience team include welcome lunches each semester and fortnightly lunch or breakfast gatherings, access to Elders through the Elders in Residence Program, access to the Indigenous Tutoring Assistance Scheme (ITAS), tuition scholarships and assistance with accommodation, a success

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[28] Retrieved 14 July 2014 http://www.newcastle.edu.au/community-and-alumni/community-engagement/indigenous-community-engagement
[29] Retrieved 15/07/14 http://www.newcastle.edu.au/joint-medical-program/medical-entry-program
[30] Retrieved 14/07/14 http://www.newcastle.edu.au/future-students/yapug/about-yapug

and leadership program and a WI-supported student collective encouraging student participation in the National Indigenous Tertiary Education Student Games. All these programs and activities aim to engage students with diverse needs and interests from a variety of backgrounds in a strong, affirming Aboriginal community that shares both successes and challenges throughout their academic journey.

This ongoing engagement ensures that UoN and WI maintain significant profiles within the community. WI participation in local NAIDOC celebrations is also important for maintaining a strong community presence. The NAIDOC celebrations in 2014 coincided with WI's 30th anniversary and included a free NAIDOC Week Solidarity Concert at the Callaghan campus jointly organised by the UoN and WI and featuring Indigenous performers studying at the University.[31] In 2013 WI and UoN were involved in NAIDOC celebrations across the region including a flag raising ceremony at City of Newcastle's Town Hall and a Solidarity concert on the foreshore. These events provide opportunities for WI staff members to connect with the community and distribute information about Indigenous programs and pathways at UoN. This is a deliberate community engagement and recruitment strategy; Leanne Holt, the director of Indigenous Student Engagement, Employment and Collaboration at WI states in the media release associated with the events 'We hope that our presence at NAIDOC Week events will encourage prospective Indigenous students to consider tertiary study.'[32]

When the institute went from being 'Wollotuka' to the Wollotuka Institute, they preserved their iconic branding to make sure the new centre was recognisable to the community. This was important for maintaining the momentum of community engagement that the institute had developed over the years, ensuring they continued to build on established student recruitment practices and successes.

Factors enabling the success of the Institute's community engagement model

The fabric of the WI is built around the principles and practice of community engagement. Community input has always strongly influenced the management and activities of WI, and how it operates and relates to the broader UoN context. With active community participation core to the governance structure of the Institute, staff take pride in explaining:

> *The community would never let the WI become tokenistic. You can't understand the role of WI until you understand the direct role and link of the community, who have driven WI to be active academically*

[31] Retrieved 15/07/14 http://www.newcastle.edu.au/events/home/naidoc-week-solidarity-concert
[32] Retrieved 15/07/14 http://www.newcastle.edu.au/newsroom/featured-news/naidoc-week

The role of the Elder in Residence (currently held by Aunty Bronwyn Chambers, Aunty Colleen Perry and Uncle Ron Gordon) has provided the backbone to WI's community engagement model and is the key bridge between the university (and WI) and the community. UoN's Elders in Residence Program acknowledges and honours the important roles that senior people in Indigenous communities play as respected cultural mentors, guides and knowledge keepers. The Awabakal word for Elder or wise person is Nguraki. Individuals appointed to these positions at UoN provide important cultural support for staff and students. They also provide essential leadership in the governance of all matters relating to Indigenous education at the university. The UoN website states:

> Nguraki advise and engage with protocols and related policies, such as 'Acknowledgement to Country' which have been adopted across the University campuses. They are also sought to provide guest lectures and attend important ceremonial obligations within the University community[33]

Where students are required to provide confirmation of Aboriginality to access particular targeted programs (e.g. the Joint Medical Program), the Elder in residence is involved, with another Indigenous community member in interviewing the applicants.[34]

All WI employees are heavily involved and active with the community, and consistently work together. WI describes their approach to community engagement as 'holistic', referring to a model that moves beyond formal university engagement processes to incorporate a variety of other activities and events, on and off campus. WI staff contribute to Indigenous communities in various ways including providing expertise on local boards and committees, participating in collaborative research projects and giving public presentations. The UoN's Community Engagement Portfolio team and the Community Engagement Officer are very actively involved in the promotion of university study and career pathways in Indigenous communities. A key focus within this portfolio is the School 2 University Program mentioned above.

Key to the success of the community engagement approach at the WI is that it is ongoing, informal and visible at the community level.

Wollotuka Accreditation with WINHEC– demonstrating excellence in cultural representation and community engagement

The WI is the first Indigenous centre at an Australian university to undertake a Cultural Accreditation process by the World Indigenous Nations Higher Education Consortium (WINHEC). This signifies the achievements of the WI and also strengthens the community engagement process.

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[33] Retrieved 14 July 2014 http://www.newcastle.edu.au/community-and-alumni/community-engagement/indigenous-community-engagement/cultural-competency-workshops/elders-in-residence-program
[34] Retrieved 15 July 2014 http://www.newcastle.edu.au/joint-medical-program/medical-entry-program/indigenous-application-and-selection-procedures

WINHEC is an international forum that was officially launched in 2002 to support Indigenous peoples to achieve greater control over higher education as a pathway to self-determination. The organisation's goals include promoting the 'articulation of Indigenous epistemology', protecting Indigenous spiritual beliefs, cultures and languages and advancing the social, economic and political status of Indigenous peoples through higher education.[35] The WINHEC Accreditation Authority focuses on 'the internal congruence and cultural integrity of the institutions/Programs under review'. It uses international declarations on Indigenous Rights as its point of reference, in combination with the local Indigenous beliefs, protocols and practices related to the programs being reviewed.[36] Accredited institutions can access a range of WINHEC services and opportunities that allow them to further contribute to, and benefit from this international network of Indigenous scholars.

Staff had to undergo a series of assessments for the WI to be considered for accreditation, including presenting at WINHEC. WINHEC staff provided mentorship, direction and leadership to WI staff for the journey through the accreditation process. The resulting accreditation process has been a profound experience for the WI. One staff member reflected that '...*the enculturation we as individuals and as an institute within the university have subsumed became apparent'.*

Through WINHECs support, the overall requirements of the accreditation process have assisted the Institute to 'reframe our voice and re-vision our thinking'. Key to this reframing has seen WI embracing its own identity within the wider university and engaging with the broader community to understand and promote how the identity of the institute is culturally representative. The process has supported the WI to reflect on, and unpack, how its voice in representing communities has been constructed to move beyond simple '*show and tell*' ... '*to re-examine self and attitudes, and describe and articulate cultural identity and how it is positioned within the university'.*

This process of reconstructing and redefining cultural identity within the academy has been an empowering journey, not just for WI but also for the wider Indigenous communities it represents as the '*footprint around the institute'*. The WI also had to '*articulate what we do on paper'* – a process that staff found challenging, but extremely powerful. *Nruiki* (the local Indigenous community) have also had huge input into this three year accreditation process, highlighting the powerful flow on effect of the WINHEC accreditation process on both the nature of UoN's engagement with its local Indigenous communities and, importantly, on the capacity of these communities to be involved in a way that '*speaks the language of university's'*, being agents of change to improve higher education in this context.

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[35] Retrieved 14 July 2014 http://win-hec.org/?page_id=4
[36] Retrieved 14 July 2014 http://win-hec.org/?page_id=104

Clinical Placements

Institute of Urban Indigenous Health

This case study focuses on the Institute of Urban Indigenous Health (IUIH) to address the 'clinical placements' category informing the Aboriginal and Torres Strait Islander Health Curriculum Framework.

Context

The powerful impact of clinical placements in terms of learning outcomes for students is well known.[37] Innovative clinical placements provide a pathway for students to bear witness in real time to the inequities and challenges facing society, particularly the impacts of social determinants of health.[38] Clinical placements in community controlled health services (CCHSs) and Aboriginal and Torres Strait Islander health care contexts are central to enhancing students learning outcomes.[39] However, coordinating and implementing placements in these contexts is extremely challenging. Often, students are placed in services with minimal support from their HEP. Other common issues include lack of clear understanding of expectations or the development of mutually beneficial partnerships between services and the HEP[40].

Based in Brisbane, the Institute for Urban Indigenous Health (IUIH) is a regional community controlled organisation formed by the four CCHSs in South East Queensland, and works in partnership with health care providers, researchers, HEP, government bodies and community-based agencies to improve the health of urban Aboriginal and Torres Strait Islander peoples[41]. The IUIH aims to facilitate better access to primary health care for Aboriginal and Torres Strait Islander peoples, improve coordination around the delivery of services, build partnerships and develop a competent non-Indigenous health workforce who can deliver culturally appropriate care.

In partnership with The University of Queensland (UQ), the Institute has been implementing a clinical placement program to provide students with the opportunity for immersion learning through a coordinated and centrally supported model. The model was initiated with the aim of addressing challenges in placing students in CCHS contexts. The program uses an

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[37] Siggins Miller Consultants 2012, *Promoting Quality in Clinical Placements: Literature review and national stakeholder consultation,* Health Workforce Australia, Adelaide.

[38] HWA Literature review, 2014

[39] Cavanagh, J 2012, National Medical Educational Review. A review of the implementation of the Indigenous Health Curriculum Framework and the Healthy Futures Report within Australian Medical schools. Medical Deans & Australian Indigenous Doctors Association

[40] Nelson A, Shannon C & Carson A 2013, Developing health student placements in partnership with urban Aboriginal and Torres Strait Islander community controlled health organizations. Cited in Leaders in Indigenous Medical Education Network, *LIME Good Practice Case Studies Volume Two, Onemda*VicHealth Koori Health Unit, The University of Melbourne.

[41] http://iuih.org.au/About/Empowering_Communities

interprofessional approach to broaden the range of student placements available and increase health services to Aboriginal and Torres Strait Islander clients using CCHSs. The program identifies four key objectives:[42]:

1. To increase the number of student placement opportunities within Aboriginal and Torres Strait Islander CCHSs in South-East Queensland across a range of health related disciplines
2. To increase allied health care at CCHSs by providing opportunities for allied health student placements as well as those for Aboriginal and Torres Strait Islander health worker, medical, nursing and dental students
3. To provide a well-co-ordinated and sustainable model of student placements that provides support to students and health services
4. To evaluate student experiences regarding the strengths and challenges of their placement and the likelihood they will work in the sector in the future

The program targets final year or advanced level students for placements, currently in four member CCHSs operating across 15 locations. While UQ is the primary partner, two other HEPs are also participating in the program through the coordinated placement program opportunities being delivered through the IUIH.

Inception and early planning

The idea for the program and early formation of partnerships between UQ and IUIH began with relationships between key people in the two organisations, and the decision-making capacity of their positions. Professor Cindy Shannon, PVC of Indigenous Education, was the Inaugural chair at the IUIH in its early days whilst working at UQ. The core aim of the IUIH to develop the health workforce led to the planning and implementation of the clinical placements program.

With the demonstrated need for a more effective approach to clinical placements combined with the decision-making capacity afforded to the senior management, funding was secured for a dedicated Clinical Placement Coordinator position. The rationale for the funding was that the role would improve both the coordination and experience of student placements as well as enabling partnerships which would result in increased placement opportunities in Aboriginal and Torres Strait Islander health. This position was initially located at UQ, yet was later moved to the IUIH with the position still funded by UQ.

In the early stages of the program, staff within the organisations engaged in a largely organic process to build relationships with heads of school and placement coordinators at UQ and CCHSs. Integral to implementing the program was UQ's commitment to fund a dedicated staff member to coordinate clinical placement opportunities with the partner CCHS including preparing, orientating and providing support to students. Creating this position alleviated the huge burden

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[42] Ibid,pg 30

facing services in coordinating placements. For example, one CCHS had approximately 20 Memoranda of Understanding across state, interstate and international institutions. Early program planning to avoid such replication and drain on precious resources and to strengthen a co-ordinated approach involved the development of organisational tools such as a placement planning form and an agreed upon process for CCHSs to contact the dedicated clinical placement coordinator if HEPs or individual students approached them seeking a placement.

Clinical student placement process

There are a number of structured pathways for how students enter the clinical placement program. These include:

- o The university school advertises potential placements through an online portal where students can research and if interested, approach the Institute and/or their school to apply

- o Schools negotiate an allocated number of student places with IUIH and then select students and organise the placement centrally

The IUIH may also promote clinical placement opportunities by visiting HEP and presenting in schools. Students interested in taking a placement fill out an application form and are assessed for *'suitability'* by staff at the IUIH through the Clinical Placement Coordinator. This includes considering the expectations of the students, the intended learning outcomes and the capacity of the placement to meet them, time and resourcing, and the situational, personal and behavioural context of the student.

Students selected for placement attend an orientation session at IUIH prior to placements commencing. These sessions aim to debunk stereotypes and false beliefs about Aboriginal and Torres Strait Islander people that are commonly found in non-Indigenous students, as well as introduce students to the practice of self-reflexivity. The session introduces the region and ways to work successfully with Aboriginal and Torres Strait Islander peoples and professionals in a CCHS, particularly emphasising a strengths-based approach. Where possible, these sessions are conducted interprofessionally, to give students exposure to the concept of interprofessional practice in a CCHS setting.

Lack of support within universities for students can be a major impediment in undertaking successful clinical placements. The IUIH program utilises a number of pre-planning strategies to allow placements to be structured to ensure students have a positive learning experience and the CCHS is well supported to take on the students.

Firstly, the obligation and expectations of all parties are identified from the outset, to ensure students, HEPs or CCHSs do not undertake the placement with mismatched expectations. While

the IUIH recognises that not every placement can progress as intended due to various reasons, gauging students' interest and experience prior to the placement is a good strategy to facilitate a suitable match for the service. This occurs during student placement interviews and during the orientation program where potential student issues that could have an adverse impact on patients, service, or the placement experience, can be identified. Placements are organised and coordinated by the Clinical Placement Coordinator that relieves the CCHS of that burden, and provides capacity for 'pacing' placements so CCHSs don't get overloaded.

As a regional community controlled organisation, the IUIH also takes a significant number of students completing project placements which contribute to the work of the SE Queensland community controlled health services.

Clinical Supervision

Traditionally, clinical placements have involved nurses and doctors – disciplines that are the health providers in CCHSs. While this meant clinical placement opportunities for other professions were limited, it also made supervision in CCHSs relatively straightforward - as discipline-specific representation was available within the service. Other placements could only be provided in professions which didn't need direct supervision.

In order to expand available placements, an important strategy of this program has been to offer different supervision and mentoring models such as multiple mentoring of students and group supervision. Flexibility and alternatives in supervisory models allows the program to be responsive to the different characteristics of participating HEP, disciplines, CCHSs and the students themselves.

Consequently, the capabilities required for supervisors are varied. The IUIH supports staff and provides training to enhance their capabilities to undertake clinical supervision in this context. It builds on HWA and/or HEP-based training (amongst others) where relevant to prepare supervisors.

The value of having Aboriginal and Torres Strait Islander staff embedded in CCHSs ensures that cultural safety in student practice is significantly increased. Cultural mentors are also identified to provide supervision about practice in this context, a role that is additional to their existing professional duties. Clients and staff provide valuable feedback to students regarding the cultural safety of student practice, which supports a feedback loop to the efficacy of the program.

How has the program changed?

Initially the clinical placement program reacted to requests for placements. However as the program has matured, with relationships developing and organisational capacity (within both IUIH and CCHSs) increasing, the IUIH clinical placement program has become more proactive in

how placements are planned so they better suit partner CCHSs to build their capacity and diversify health services on offer.

It is widely recognised in an Aboriginal and Torres Strait Islander health context that longer student placements are a more effective learning model - and a more beneficial experience for the host health service. An important development of the program has been its movement towards structuring longer clinical placements (anything between four and 17 weeks depending on the discipline). Having time to develop experience in what works in successful clinical placements as well as build relationships and trust with HEP and CCHSs has allowed the IUIH to more effectively plan and implement longer clinical placements.

IUIH's student placement program also enables informal opportunities for student involvement through community days where 300-500 people attend health education, physical activity and health screening activities. IUIH has a database of past students who are contacted about these days and may attend as volunteers.

Success

The implementation of the IUIH clinical placement program has resulted in many positive outcomes involving key characteristics critical to its success.

The program and clinical placements are centrally coordinated; key factors in appropriately matching student placements in services. Central coordination has enhanced support for CCHSs and for students, allowing student and/or service-based problems to be identified and addressed more quickly.

The planning, facilitation and support afforded through the IUIH program has led to a significant increase in the number of students – from around 30 students in 2010 to 230 students in 2012- undertaking clinical placements in CCHSs. Having dedicated staff who can work on developing relationships with stakeholders whilst coordinating the movement of students – a major logistical task- is an affordable key factor that has supported the increase of such placements.

The type of clinical placements offered is also diversifying. The centralised coordination of this program has facilitated more flexible clinical supervision models and a wider range of health services available to patients in some CCHS sites. Known as 'role emerging placements' and project placements, the development within the program of external supervision models has created opportunities to increase placements in CCHS where certain health professions (such as occupational therapy) have traditionally been unable to access placements due to the absence of in-service supervision. The model involves linking students to discipline specific supervisors outside of the CCHS in the IUIH.

The flow on effects of broadening supervision models has been considerable. Not only do students across a broader range of disciplines now have greater opportunities in undertaking a placement, CCHSs have also been able to build their capacity in offering additional services,

including occupational therapy, speech and language pathology, psychology and social work services. An example of this expansion is the program Tumble Time, an exercise and developmental skills program developed by two occupational therapy students during their clinical placement for children aged 3-5 years and their parents. By demonstrating need and demand for expanded services through developments such as Tumble Time, there have been new positions within the CCHS and employment within IUIH of more allied health staff including occupational therapists, speech therapists and music therapists, who are able to work at the CCHSs as required.

Table 2: IUIH Student placement numbers and per discipline 2010 – 2012[43]

Discipline	2010	2011	2012
Medicine	12	29	68
Nursing/Midwifery	0	6	9
Dental/ Oral Health	2	4/20	14/20
Occupational Therapy	12	28	23
Speech Pathology	0	8	13
Music Therapy	0	0	1
Pharmacy	0	3	1
Human Movement Studies	0	12	4
Psychology/ Sports psychology	0	½	2/2
Population Health	0	1	6
Teamwork in Action	0	0	48
Business/ Political Science	0	0	15
Aboriginal and Torres Strait Islander Studies	0	0	8
TOTAL	26	113	234

The consolidation of allied health staff at the IUIH has also resulted in proposals from CCHSs to use IUIH allied health staff rather than contracting them from other sources. This approach engages staff from within the sector and develops their capabilities, including in the area of supervision. The IUIH also coordinates other placements for students in disciplines such as political science and social sciences, which has created powerful interprofessional learning opportunities for students.

Staff at IUIH also highlight that student placements organised through the program play an important role in 'debunking myths that 'real' Aboriginal and Torres Strait Islander people live in remote Australia'. Creating more opportunities for students to undertake meaningful placements in an urban community health context has been a powerful avenue for raising student awareness of diverse Aboriginal and Torres Strait peoples and cultures in urban settings as well as the significant health disadvantage experienced by the 50 000 Aboriginal and Torres Strait Islander

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people living in this area. Students gain a greater understanding of the impact of the social determinants of health and learn strategies and skills in improving access to high quality comprehensive health care.

Relationships developed between IHUI and partner CCHSs, together with IUIH's coordination strategy, have led to CCHSs becoming more involved in the higher educator sector with increasing numbers of guest lectures given at UQ by CCHS members. This has strengthened the capacity of CCHS staff through their involvement in delivery and development of curriculum material. The program has also increased opportunities for students to interact with Aboriginal and Torres Strait Islander health professionals beyond the higher education context.

Enablers of success

IUIH organisational culture has been an important factor in the success of the program. Staff aim to minimise bureaucratic processes and administrative requirements to make it as easy as possible to coordinate placements in CCHSs. The IUIH's flexibility as an organisation, being relatively new is informed by an organisational culture built around freedom to explore different ways of working. Staff at the IUIH embrace a '*can do'* attitude by being prepared to give things a go, and by taking a 'solution-focused' approach to projects and partnerships.

Flexibility is a key enabler of success; it ensures student placements can be responsive to CCHS requirements whilst also accommodating the different needs and operational structures of the schools and departments requesting the clinical placements. Given that there is often a lack of flexibility in university placement requirements, if the IUIH clinical placement model were too structured it could significantly limit the number of schools and CCHSs involved. Allowing '*breathing space'* for CCHSs in between placements to '*regroup and reflect'* - rather than having continual student placements – has been important, and the support provided within universities to allow for flexibility and responsiveness in clinical placement planning by the IUIH in partnership with CCHSs has been crucial to this.

Experienced, knowledgeable and committed leadership has also been a key factor in the program's success. The commitment of project leaders facilitated both the partnership between UQ and IUIH and the ongoing commitment to the project's aims as important core business of the IUIH. Having champions for the program within the CCHSs has also been a key factor, developed often through staff within services that have a strong interest and passion in educating and the translation of this to health practice. Furthermore, the current Clinical Placement Coordinator worked at UQ prior to locating to the Institute and brought considerable institutional knowledge to the role. This was integral to the planning, setting up and coordination of suitable placements that are beneficial for students, the HEP and CCHSs. The placement of this position within the IUIH, rather than at UQ, has also increased its credibility in the CCHSs and enabled a more appropriate and responsive approach to placements.

Challenges

Maintaining success has its challenges. The IUIH's commitment to flexibility can be resource intensive; having to deliver multiple student orientation sessions so that students can undertake their placements at different times (rather than all at once) are one example of this. Another example is the need to work with students who have been selected for placements by the HEP but who are not necessarily well suited to the placement from the perspective of the Institute's program staff, requiring more concentrated monitoring and support for both services and students

HEP structures can also be inflexible. For example, the IUIH received HWA funding to trial a student clinic, but strict course timetabling for students (i.e. students are only available at specific times) meant planning the clinic was problematic. At UQ, while every school is involved in the IUIH program, not every health discipline is currently undertaking clinical placements in these contexts often due to structural issues rather than a lack of interest.

The idea of *'cotton balling'* students can also be difficult to accommodate. HEPs sometimes argue that they can't expose students to particular contexts or situations in the CCHS setting, as *'it may be too overwhelming'.* The view at IUIH is that exposure to unstructured experiences and the meaning of flexibility in practice - as well as exposure to some of the more uncomfortable aspects of delivering health care in any setting - can facilitate some of the greatest student learning as long as appropriate support structures are in place.

Managing mismatched expectations between CCHSs and HEPs is another challenge. For example the logistics of placements, including enough physical space within the CCHS to accommodate a student, as well as suitable and available clinic times where students are exposed to patients, can be challenging, particularly when delivering health care in a flexible service structure. Clinical staff working in CCHSs can also feel overwhelmed by the need to meet student placement requirements whilst managing their existing workload.[44]

Considerations

Unless students see intercultural training as relevant and can apply it to practice, it can be very difficult to keep them engaged. While translating theory into practice is often where understanding develops, it can be challenging. This is one of the reasons that well-designed clinical placements are so valuable.

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[44] In this instance IUIH offers solution-based support to expose staff to alternative models of supervision. For example, if the model they are engaging with leaves them feeling overwhelmed, other models can be used that significantly reduce expectations on individual staff.

Examples include realising the importance of relationship building in an Aboriginal and Torres Strait Islander context and learning to identify what the concept of *'relationship building'* means in practice. Relationship building can be demonstrated by hanging around at lunchtime to have a yarn with staff and talking about issues other than the health of the patient. Students need to be reassured that relationship building **IS** part of the job (students often feel they have to '*work'* and that having a chat with someone as part of building relationships is not part of the job). When students see relationship building translate into a clinical outcome (i.e. what it allows them to achieve in a clinical encounter) these theories become actualised in practical '*aha'* moments. Students need to have as many opportunities as possible to learn how theories about the importance of intercultural capabilities can be applied in practice.

HEP are complex and diverse settings, yet clinical placement models need to be flexible to effectively respond to diverse higher education settings. What works for a clinical placement agreement model for one HEP won't necessarily work for another. This is a key consideration in designing student placements. When allocating staffing resources, it is important ideally to appoint staff who have intercultural capabilities and who know the academic/ clinical placement requirements and how to match these with students and CCHS placement needs rather than allocating someone with administrative skills only whose lack of clinical or higher education knowledge could affect the success of placements.

Future Directions

IUIH staff identified several factors to ensure the clinical placement program improves and develops.

Greater commitment by HEP is required to allocate funds to expand the program and allow the IUIH to support and coordinate placements across larger student cohorts. While one HEP has provided ongoing funding for a Coordinator position, others have not made this possible. Inherent challenges in accessing funding within other HEP may require the IUIH to seek funds elsewhere.

HEP who better prepare students for their placements could extend the remit of the IUIH to include greater exposure to Aboriginal and Torres Strait Islander curriculum and additional opportunities to interact with Aboriginal and Torres Strait Islander people outside the higher education setting- by attending community events for example. These experiences could help develop students' skills and confidence in ways that can be built on in a clinical placement. Lack of experience with Aboriginal and Torres Strait Islander people can lead many students on placements to feel extremely anxious about interacting. As one IUIH staff member commented:

> *Students get so nervous and worried about doing something wrong with an Aboriginal patient so they don't want to do anything. I often say ok how would you treat your grandma here? What would you say... so they can start to think about those core*

principles of respect, good communication and what they do know already that is translatable in this context.

In order to better prepare students for placement, HEPs need to commit to employing more Aboriginal and Torres Strait Islander staff to teach curriculum and to ensure that this knowledge and skills are valued and respected across the higher educational setting (not just treated as an add-on to the last lecture of a unit). This approach would help to ensure that students are exposed much earlier to information and experiences that would prepare them for placements in CCHSs.

Simulation Programs

Flinders University

This case study focuses on Flinders University Structured Clinical Instruction Modules to address the 'simulation' category, informing the Aboriginal and Torres Strait Islander Health Curriculum Framework. Flinders University uses the term 'Indigenous' throughout publications and on websites, and subsequently this term is used throughout this case study.

Context

Flinders University School of Medicine is based in Adelaide with campuses also in remote areas including Darwin, Alice Springs, Katherine and Nhulunbuy where students participate in clinical placements. The Poche Centre for Indigenous Health and Well-being in Adelaide leads the Structured Clinical Instruction Modules (SCIM) project. The Centre was established in January 2011 within the Faculty of Medicine, Nursing and Health Sciences with a 'sister' Poche Centre for Indigenous Health located in Alice Springs. The Centre aims to contribute significantly to improving Indigenous[45] health including social, spiritual and emotional well-being; building the health workforce participation of Indigenous Australians and strengthening the capability of both Indigenous and non-Indigenous components of the Indigenous health workforce[46].

The Northern Territory Medical Program (NTMP) is part of the Flinders University's School of Medicine based at Charles Darwin University campus in Darwin. The Northern Territory Remote Clinical School (NTRCS), with sites in Alice Springs, Katherine and Nhulunbuy, is also part of the NT Medical Program. This initiative began in 2005 and offers students the opportunity to undertake training in remote environments where the local cultural and environmental context of the different communities, their health and wellness, and health care delivery systems are key aspects of student learning. The NT Medical Program works closely with other important Flinders NT initiatives including the Poche Centre for Indigenous Health in Alice Springs, which works in partnerships with Indigenous communities[47].

Background

In 2007-8 the Indigenous Health curriculum review was carried out in medicine at Flinders University and found that while first year Indigenous content was adequate, there was little in second year. Given that medical students made the transition to clinical work in hospital wards at the end of second year it was important that all students knew how to work with Indigenous

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[46] http://www.flinders.edu.au/medicine/sites/poche.adelaide/
[47] http://www.flinders.edu.au/medicine/sites/nt-clinical-school/

patients in a culturally safe way. Flinders University through the Poche Centre introduced standardised patient sessions in Indigenous health in the format of Structured Clinical Instruction Modules (SCIM). SCIMs involved standardised role play for students to learn diverse clinical skills in a safe and friendly environment. Members from local Indigenous communities were engaged in the program to role play patients in the case study. The aim of the Indigenous Health SCIM was to ensure all students were culturally safe when working with Indigenous people, that they were also reflective and patient centred.

A four year graduate program in medicine was established in 2011 on the Darwin campus of Flinders University. Part of rationale was to 'grow our own' doctors (Indigenous and non-Indigenous) to increase the health workforce. Commonwealth and Northern Territory (NT) government funding supported Flinders University to set up and deliver the program where there are 24 places annually (Darwin – 10; Alice Springs – 6; Katherine – 4; Nhulunbuy – 4). The Rural Clinical School (RCS) coordinates 3rd and 4th year remote clinical placements that are offered at Katherine (6 months), Nhulunbuy (6 months) and Alice Springs (up to 12 months). The aim is to give all students enrolled in the program experience in Aboriginal health contexts through their rotations. While this is not always possible, establishing another Structured Clinical Instruction Modules (SCIM) laboratory in Darwin has helped. Health Workforce Australia (HWA) contributed funding to develop a SCIM laboratory in Darwin that is managed by Flinders University on behalf of the NT Department of Health. The SCIM laboratory houses a range of low to high fidelity mannequins and task trainers in a ward space, with consult and observation rooms[48].

Design and implementation

The overarching pedagogy governing Indigenous Health SCIMs is cultural safety when working with Indigenous Australians. Indigenous Health SCIMs use common real life cases to inform case studies for student learning. Engagement with local Indigenous communities is key to the success of the Indigenous Health SCIM as they are involved as actors who role-play patients. Other participants involved in the program in this way include members of Karpa Ngarratendi (Aboriginal Health Unit at Flinders University) and Aboriginal Health Workers (AHWs). Indigenous people contribute both to the design (e.g. suggestions for case studies) and implementation of the SCIM. Design of each station depends on availability of community members.

In order to recruit *'standardised patients'* from the Indigenous community, careful planning around time involved, training and payment is required. Approaching the issue from a culturally respectful perspective is key, one that acknowledges differences between Indigenous cultures and communities rather than adopting a one-size fits all approach. In Adelaide, financial resources to support community members in the program area are accessed from the casual

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[48] http://www.flinders.edu.au/medicine/sites/nt-clinical-school/nt-simulation-lab/nt-simulation-lab_home.cfm

teaching budget. Given the value accorded Indigenous cultural knowledge, community members are paid for their time at the higher rate of lecturer. Education and training involves staff discussing the case with Indigenous participants before the SCIM. While community members have encountered difficult students and situations, this has not put them off participating in the sessions. Debriefing is available after the SCIM lab over a cuppa as part of the teaching and learning process.

Participating in Indigenous Health SCIMs is compulsory for all second year medical students. These SCIMs involve students moving between six to eight stations (case studies) over three hours where each session is held in a separate tutorial room. Students are given a case outline about the clinical situation for an Indigenous patient. Students are assessed on how culturally safe they are when interacting with Indigenous patients by those who facilitate the SCIM e.g. the health professional or academic. Case studies can then be modified and used for the Objective Structured Clinical Exam (OSCE) at the end of 2nd year where students are assessed on cultural safety by an Indigenous academic.

Other educational resources have been developed and used including a DVD on 'the Heart of the Matter' where students are required to explain to an Indigenous 'patient' about rheumatic heart disease through visual diagrams and drawings rather than using medical jargon. Other educational resources about cultural safety include scenarios that challenge students' assumptions and stereotypes and require students to engage with Indigenous health beliefs in understanding symptoms, and learn how to respond appropriately to closed-body language in a patient centred approach to care. Other topics students address include gender issues such as what is culturally appropriate when there is a male doctor/female patient, language barriers and how they are overcome, how to gather medical histories from Indigenous patients and Indigenous experiences of illness, accessing health services and compliance issues e.g. related to medication (e.g. medication that needs to be in the fridge when the patient has no fridge). Also resources have been developed on palliative care and how students respond to Indigenous patients and the need to return to country.

A cultural orientation program for medical students on a 6 week rotation has been developed in Alice Springs that complements the SCIM program and focuses on local Indigenous experiences of health and health services. The program has been integrated into the Northern Territory medical education program. All the teaching occurs in a classroom except for a visit to the local Aboriginal Medical Service. The program highlights the importance of local context that values local Indigenous knowledge and helps students understand how it relates to delivering good health care. The program has been developed in close consultation with the local Indigenous community and includes topics related to why many Indigenous people view hospitals as intimidating; the toll on Indigenous people of having to repeat their story/history to several health professionals; understanding what the technology (e.g. IV drip) and medications are for

and why it is important to take the full course of medications such as antibiotics. Key elements in the program design include a communication wheel to explain how to interact with Indigenous patients that addresses issues such as cultural sensitivity, identity, speaking in a way Indigenous patients understand (e.g. no jargon) and self-reflexivity in students so they examine their own beliefs and values as well as those of Indigenous people. This might mean students move out of their comfort zone but are supported to do so as part of their learning. This suggests the notion of reciprocity as information is not one-sided but shared and valued. Tools for students such as drawings, graphics and pictures to engage with Indigenous patients and hear their stories can be transferable across contexts.

Indigenous Health SCIM labs have led to establishing and building partnerships both within and outside the university. These partnerships are often initiated on an informal basis through people interested in the program and wanting to participate. Partnerships are often in the spirit of sharing and reciprocity – e.g. in inter-professional education (IPE) where other disciplines (e.g. nursing and nutrition) use the SCIM resources; and collaboration with the Flinders International Centre for Point of Care Testing in managing diabetes in Indigenous people.

Establishing and building strong partnerships with university leadership is also key in designing and implementing the program. This is noted in the remote campuses where academics feel supported when academic medical leadership prioritises Indigenous health. Such partnerships can facilitate the development of more formal structures and processes related to Indigenous health in the medical curriculum. In some rural campuses, Indigenous health is not yet integrated into the medical curriculum which can pose challenges. The 'Indigenous health unit' in Darwin is currently embedded over six weeks within a 'Health Professions and Society' unit.

While the SCIM has been used as a method for teaching Indigenous health, developing and measuring specific learning outcomes is currently being proposed for the student, 'standardised patient' (community members who enact the role) and facilitators who participate in the SCIM. These outcomes would then be integrated into curriculum documentation on Indigenous health that would include context specific resources to reflect diversity between Indigenous communities in Adelaide, Katherine, Alice Springs, Nhulunbuy and Darwin, and would also include more involvement from local clinicians.

Impact of the SCIM program

Several student evaluations have been conducted using surveys with an overall positive response to the SCIM. Students particularly like the experiential 'hands on approach' to learning and:

> *Actually learning practical ways to deal with Indigenous patients. Not just being told about the problems but being given solutions*

Table 3: Student evaluation of SCIM programs[49]

	Not useful	Below Average	Average	Very good	Excellent
Session: Sugarman	0%	3%	10%	21%	66%
Session: Explaining Information	0%	7%	4%	54%	36%
Session: Aboriginal Health Workers	0%	4%	26%	37%	33%
Session: Cultural Safety & Respect	4%	7%	7%	39%	43%
Session: Palliative Care	0%	7%	11%	61%	21%
Session: Patient Interaction	0%	7%	29%	46%	18%
Did you learn anything new in these sessions?	4%	0%	30%	35%	30%
Will you be able to use this material as a health professional?	0%	0%	17%	39%	43%
Did you feel there was enough time for each session?	13%	4%	13%	35%	35%
The Indigenous SCIM session overall	5%	0%	14%	41%	41%

Cultural immersion programs where staff spend time in an Indigenous community have been successful and these are also being considered for 3rd year medical students. No formal follow-up has yet been conducted on the impact on the community members' involvement in the SCIM program. Indigenous leadership has also been developed through capacity strengthening in various ways including responding to IPE needs from other disciplines for teaching and learning and ensuring the integrity of an Indigenous pedagogical approach to the program is sustained.

The importance of professional development to work in the area of Indigenous health, including facilitating SCIMs, cannot be underestimated. This includes involving Indigenous staff in 'everything that is Indigenous' in the medical school to foster transparency, build relationships and develop trust and create an environment that is culturally safe for Indigenous staff and students. This is particularly relevant when dealing with issues of racism that undermine cultural safety.

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[49] Data provided to Project Team from Case Study Participants

Successes

Major successes of the SCIM program in Adelaide include the high level of student participation where the majority of students engage in all SCIMs. Factors enabling this success include the relevance of cases to real practice, with cases constructed to reflect real life situations. Indigenous staff numbers have also been increasing and inviting community Elders on campus, which has not only enhanced the visibility of Indigenous health in the curriculum; it has created more opportunities for non-Indigenous students to interact and be exposed to Indigenous people on campus. Other successes on remote campuses include developing strong partnerships with the local Indigenous community who are integral to program design and development where their local knowledge and experience of Indigenous health is highly valued.

Challenges

The amount of time spent on administering SCIMs to meet its considerable demands is not fully recognised in workload allocation and extra hours are worked to meet the demands of the project. Much time is required in setting up and maintaining SCIMs especially by ensuring ongoing community participation, which needs formal recognition in workload models.

Indigenous health is currently not standardised in clinical instruction modules across disciplines and is often seen as an *'add on'* instead of integrated into clinical case examples. Adopting a more integrated approach would ensure that the responsibility for Indigenous health rests not only with Karpa Ngarratendi but is shared across departments. Strategies that can facilitate this include giving guest lectures on Indigenous health to different disciplines or informal meetings about the issue. Staff leading teaching areas/discipline specialties need to take responsibility for including Indigenous health within their specialities, thereby building strong relationships and support for Indigenous health across curricula which reduces the demand on Indigenous staff to advocate for its inclusion within specialties and recognises its importance in all areas of medicine.

University processes that adopt a one-size-fits-all approach and fail to appropriately respond to cultural differences is a challenge. One example is around when and how casual Indigenous staff are paid for their services (e.g. if they do not have or want an ABN) and this can be a constraining factor to Indigenous people participating in the SCIM program.

In Alice Springs, it was a challenge establishing the cultural orientation program initially as it was not part of core medical curriculum although it is part of the university strategy to focus on Indigenous health. Strategies that helped overcome this included support from the university and the local Indigenous community to develop the program. The lecturer is responsible for presenting material to medical students in a way that the local community approves. It can be

difficult to balance the tensions between two cultures – and a strategy to overcome this is regular consultations with the community to ensure the cultural integrity of the program.

Momentum and sustainability

While staff involved in SCIMs are interested and committed to participating in the program, factors beyond their control can often compromise its ongoing sustainability e.g. workforce turnover, new staff commencing, and higher level strategic changes.

Interest and commitment are maintained by making Indigenous health a priority in the medical curriculum – including SCIM. As the profile of Indigenous health increases, this is expected to positively impact on Indigenous students, staff and teaching and learning overall. A key element in this is recognising the indifferences in local Indigenous contexts between the different campuses of the university and their importance.

Adaptability and Transferability

SCIMs are transferable across disciplines where resources already developed can be shared and adapted to suit the context. In order to maintain the integrity of the SCIMs, Karpa Ngarratendi can assist other disciplines in various ways by providing a marking rubric for assessment and ensuring that cultural safety informs the unit. This is particularly relevant given new disciplinary accreditation requirements.

Programs must work well in the local context before they can be transferred to other contexts. With different campuses across the country, a key factor in ensuring Indigenous health curriculum is adaptable and transferable to other contexts is adopting a holistic approach to meeting the needs of the local context i.e. students, staff, building relationships with the local Indigenous community, awareness of the local politics, cultural differences etc. This also includes fostering collaboration between campuses to minimise a sense of isolation and provide opportunities for shared learning and resources.

Adequate resources need to be allocated to provide professional development to build the capabilities and competence of Indigenous and non-Indigenous staff engaged in the Indigenous Health SCIM program in relation to knowledge of Indigenous health and culture and mandatory education and training in culturally safe practice.

Large Scale Curriculum Delivery

Curtin University

This case study focuses on Curtin University's Indigenous Cultures and Health Unit to address the 'large scale curriculum delivery' category informing the Aboriginal and Torres Strait Islander Health Curriculum Framework.

Context

Curtin University is a metropolitan university based in Perth, Western Australia, with over 65,000 students across campuses and education centres in regional Western Australia, Sydney, Malaysia and Singapore. Its mission is to change minds, lives and the world through leadership, innovation and excellence in teaching and research. Promoting Indigenous[50] identity, culture and heritage, Curtin has the highest number of Indigenous students of any university in Australia, with students coming from all over the country to study at the Centre for Aboriginal Studies.

Indigenous Cultures and Health 130 model

Indigenous Cultures and Health 130 (hereafter 'ICH130') was built on the award-winning success of a similar unit offered through the School of Nursing and Midwifery in 2006. In 2011, ICH130 was an institutional response within Curtin to the call for affirmative action in a variety of Australian government initiatives, such as Closing the Gap[51] and other reconciliatory human rights movements.[52] Developed as part of Curtin's Faculty of Health Sciences' Strategic Plan, ICH130 represented a commitment to addressing inequality between Indigenous and non- Indigenous health outcomes, under the broad concept of reconciliation addressed in Curtin's Reconciliation Action Plan.[53,54]

The implementation of ICH130 unit has also been part of the growing recognition that the development of cultural capability for health practitioners is critically important to improve health care outcomes for Indigenous people. The unit is particularly relevant given the well-documented parallels of historical and current experience and resulting health disparities, for Indigenous peoples and minority groups from other parts of the world[55,56]

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[50] Curtin university use the term 'indigenous' throughout the majority of their online documents to refer to Aboriginal and Torres Strait Islander people of Australia. This term will subsequently be used in this case study except if quoting directly.
[51] http://www.dss.gov.au/our-responsibilities/indigenous-australians/programs-services/closing-the-gap
[52] Kickett, M, Hoffman, J, & Flavell, H 2014, 'A Model for Large-Scale, Interprofessional, Compulsory Cross-Cultural Education with an Indigenous Focus', *Journal of Allied Health*, vol 43, no 1, pp 38-44.
[53] Flavell, H, Thackrah, R, & Hoffman, J 2013, 'Developing Indigenous cultural competence: A model for implementing Indigenous content into curricula', *Journal of Teaching and Learning for Graduate Employability*, vol 4, no 1, pp 39-63.
[54] http://about.curtin.edu.au/curtins-reconciliation-action-plan.htm
[55] United Nations, 2009, *State of the World's Indigenous People* (Report No. ST/ESA/328), <http://www.un.org/esa/socdev/unpfii/documents/SOWIP_web.pdf>
[56] Australian Department of Health, 2008, *The Link Between Primary Health Care and Health Outcomes for Aboriginal and Torres Strait Islander Australians.*

Reflecting the underpinning theme of reconciliation, ICH130 was developed collaboratively and interculturally, with formal partnerships established between the Centre for Aboriginal Studies (CAS) and the Faculty of Health Sciences. Engagement, consultation and partnerships with other Indigenous and non-Indigenous stakeholders – academics from within each of Curtin's Faculty of Health Sciences' seven schools[57], academics external to Curtin, community health organisations, health workers and community members, were also essential in the development of the unit. As academics involved in the development of unit highlighted:

> *Without significant input from community leaders, the unit would not have worked - previous models have highlighted this deficit*

The ICH130 model was designed to be delivered to a very large number of students concurrently. The ICH130 cohort size has grown from 650 per annum from two disciplines (in the form of its predecessor in the School of Nursing and Midwifery) to 3,300 students from 22 Health Sciences disciplines in 2014 (in its current form). This scale of delivery for a compulsory Indigenous health unit is unprecedented in Australia. Accordingly, the teaching team is made up of sessional staff who work for diverse partner organisations, with academics from CAS and the Faculty of Health Sciences compromising a team of around 40 intercultural tutors.

Aims of ICH130

The aim of ICH130 is to initiate the journey for health science students in developing their capability to deliver culturally safe care to Indigenous health service users. The unit introduces students to Indigenous Australians through a broad examination of history, diversity of cultures, health and social context and contemporary experiences, whilst developing students understanding of similarities and differences between Indigenous Australians and other Indigenous people from around the world. Students explore the Australian political landscape with respect to Indigenous Australians, whilst developing knowledge of policies and government initiatives that have been instrumental in affecting the Indigenous Australian population.

ICH130 specifically requires students to:

> Analyse health outcomes of Aboriginal and Torres Strait Islander Australians and explore underlying social determinants and how health professionals can work collaboratively/in consultation with Aboriginal and Torres Strait Islander individuals, families, communities and organisations[58].

ICH130 also supports another important institutional aim – the desire from Curtin's leadership, at the Pro-Vice Chancellor level, to see every Curtin undergraduate, irrespective of discipline, learn about Indigenous health and culture as a fundamental aspect of their university education.

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[57] From within these schools, 22 disciplines were, and continue to be, represented
[58] http://handbook.curtin.edu.au/units/31/312649.html

Scalability as a Requirement for Design and Implementation

ICH130 is one of the units in Curtin's mandated Interprofessional Education (IPE) curriculum model, which identifies a set of core units that all students across health disciplines are required to undertake. Consequently, these units must be applicable across disciplines, and this was ensured within ICH130 by involving a multidisciplinary working group of academics representing each of the schools within the Faculty of Health Sciences in the design and early development of the unit.

The IPE model also requires these core units to be designed so they are suitable for delivery to a very large student cohort. For ICH130, this raised a major logistical challenge- how to ensure student learning experiences were coming from Indigenous people, thought their voices, their perspectives and their teaching. The ICH130 design team were aware that given the size of the student cohort, the number of Indigenous tutors required far exceeded the availability of Indigenous academics, and it was unrealistic to ensure every class could be run by an Indigenous tutor. A second, equally important concern was the emotional labour for Indigenous tutors in 'telling their stories', and the need to prevent burn out in Indigenous tutors by expecting high teaching loads.

In order to overcome these challenges, the ICH130 design team decided to build core unit content and delivery on pre-recorded video lectures, or 'vodcasts'. As core presenters for each tutorial, these vodcasts involved different Indigenous Australians sharing their stories, discussing key events and aspects of being an Indigenous Australian, and presenting unit content. The idea behind the vodcasts was to provide an innovative way for Indigenous Australians to consistently be the core 'presenters' of the unit whilst managing the logistical challenges and emotional labour concerns for Indigenous tutors.

Indigenous and non-Indigenous facilitators then unpack the content of the vodcasts and open it up for discussion, forming an intercultural pedagogical approach to the delivery of the unit.

Engagement with community members to share their stories is a key strategy in bringing the lived experience of Indigenous people into the classroom experience.

The design of the unit is underpinned by theories of cultural competence[59,60] and by Mezirow's theory of transformative learning[61,62.] The underlying principles of the design are:

- To commence the student journey toward cultural competence by ensuring the recognition of fundamentally important concepts of cultural awareness/safety/security for working with culturally diverse people and communities – in this case, Indigenous people.
- To facilitate the capacity for students to transform negative assumptions, stereotypes and frames of reference through self-reflection and discussion in a safe learning environment'

Reflecting on one's cultural experience, as well as learning about the cultural values, worldviews, and beliefs of Indigenous peoples, is a core aim of ICH130. Experiential learning in ICH comes not only through the curriculum content, but most importantly, through the pedagogical approach and facilitation skills of teaching staff within the unit. One of the preeminent theoretical underpinnings of the unit, and core capability required in unit teaching staff, is the ability to create safe and transformative educational spaces so students can experience often 'unsettling' pedagogies, where their beliefs and assumptions about Indigenous people may be challenged:

> it is the teacher's job to build that relationship with students, but it is up to the student if they engage, and how far or how deep they want to go...

It is unlikely that students will become 'culturally capable' after a single first year unit. However, transformative learning evolves, beginning with students taking initial steps to becoming more aware and responsive to the Indigenous context as part of their journey towards delivering more inclusive and culturally responsive health and social services as health professionals. One of the key unit learning outcomes to transform student perspectives on this journey is critical reflection, through journal writing that is assessed as part of the unit alongside facilitated classroom discussion.

The Intercultural Teaching Space

Teaching Indigenous Australian content in a compulsory unit is challenging as the majority of students are non-Indigenous and the relevance of the unit is not always readily apparent. Early

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[59] Coffin, J, 2007, 'Rising to the Challenge in Aboriginal Health by Creating Cultural Security', *Aboriginal & Islander Health Worker Journal,* vol *31 no* 3, pp 22-24.
[60] Campinha-Bacote, J, 2002, 'The process of cultural competence in the delivery of healthcare services: a model of care', *The Journal of Transcultural Nursing,* vol 13, no 3, pp 181–184.
[61] Mezirow, J, 2000, *Learning as transformation: Critical perspectives on a theory in progress,* CA: Jossey-Bass, San Fransico.
[62] Mezirow, J, 2003, 'Transformative Learning as Discourse' *Journal of Transformative Education,* vol 1, no 1, pp 58-63.

learning about Australia's colonial heritage and its adoption of the White Australia Policy that relied on the subjugation of Indigenous Australian people, their knowledge, culture and history resulted in limited understanding "of Indigenous history and culture ... in white Australia - possibly even at a trivial level"[63]. Knowledge of Indigenous cultures and history has been poorly explored, valued or represented in most learning contexts. Most students attending university arrive with little knowledge of Indigenous Australians' past and contemporary experiences.

Evidence also identifies student resistance to compulsory Indigenous content as a barrier to developing Indigenous cultural competence[64]. Accordingly, teaching in this space requires skilful pedagogical approaches that safely facilitate students to express their ideas and shift their viewpoint.

When recruiting suitable candidates for the tutoring role, ICH130 Unit Coordinators include both formal and informal interview processes. They value the candidate's demonstrated capacity to teach, their philosophy around teaching, and their commitment to the task and aims of the unit (both educational and social).

The selection process also recognises the need for teachers who are experienced, willing and capable of walking within and between two cultural worlds – teaching both Indigenous and non-Indigenous students in an academic setting. While this is important for Indigenous and non-Indigenous educators, each candidate may respond differently depending on a host of confounding factors, and concepts of self-care in managing challenging situations that must be explored. Educators with experience in effectively managing staff or student resistance and racism are critical to the unit's success.

Early in the unit's history, approximately half of ICH130s educators were Indigenous; while currently (2014) the majority of educators are Indigenous academics. This shift has impacted significantly on student perceptions of the unit, many of whom had previously never met an Indigenous person[65]:

> The personal experiences of the people giving lectures made the message so much stronger. I really enjoyed hearing their stories and how their lives have been impacted by history, government policy, health and racism. This unit opened my mind to a lot of issues in Australia that I wasn't aware of."

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[63] Indigenous Higher Education Advisory Council, 2006, *Improving Indigenous outcomes and enhancing Indigenous culture and knowledge in Australian higher educationIncluding the IAHEC Conference Report 2005 and the IHEAC Strategic Plan 2006-2008,* <http://foi.deewr.gov.au/documents/improving-indigenous-outcomes-and-enhancing-indigenous-culture-and-knowledge-australian>

[64] Charles Sturt University, 2013, Indigenous Curriculum & Pedagogy: brief literature review of pedagogy in Indigenous cultural competence, <http://www.csu.edu.au/division/landt/indigenous-curriculum/cultural-competence/lite-review>

[65] Wimshurst, K, Marchetti, E, & Allard, T, 2006, 'Attitudes of criminal justice students to Australian Indigenous people: does higher education influence student perceptions?', *Journal of Criminal Justice Education*, vol 15, no 2, pp 327-350.

> I thought it was far more engaging and useful learning about Aboriginal culture from an Aboriginal person. The best parts of the unit was [sic] when we learned directly from him

Recognising the challenges teaching in an intercultural context, and maintaining quality and consistency of teaching and learning outcomes (given the scalability requirements related to teaching very large cohorts each semester and meeting the requirements of many disparate health disciplines), the unit's designers opted to develop a loosely fashioned 'script' in the form of a tutor guide. The guide, while not prescriptive, acts as a framework for modelling Indigenous ways of working, and ensuring students receive a rich and relevant experience. It provides teaching essentials for each lesson to ensure consistency of approach and achievement of the learning outcomes. However, unit coordinators recognise that tutors will inevitably personalise their teaching to reflect their own experience, while still meeting the learning outcomes.

ICH Design and Delivery

From curriculum and teaching perspectives, ICH130's content was developed as discrete narratives delivered across 12 teaching weeks. The first week has a 'Welcome to Country' which introduces students to several Indigenous people discussing topics ranging from the impact of colonisation, past and current practices and policies, social determinants of health and well-being, family and community structure, and the significance of identity. Each week builds on the previous week's learnings, culminating in students applying their knowledge, insights and understandings to several in-class case studies based on Aboriginal and Torres Strait Islander cultural ways of being, knowing and working. Assessment is via three pieces of work – two reflective journal submissions (each consisting of weekly journal entries and a summary), and a group presentation on a topic related to the unit content. The journal focuses on critical self-reflection and is aligned with the theoretical foundations (i.e. Mezirow's perspective of transformation) of the unit and the latter is aligned with the unit outcomes and Curtin's graduate attributes. These include a particular focus on developing professional skills to work in diverse teams utilising the concepts of intercultural collaboration and communication.

In ICH130 students generally learn about Indigenous ways from Indigenous people. Those involved in the governance of the unit consciously adopted a decolonising approach to the design, curriculum development and delivery from its inception. This reflects a shared commitment to, and understanding of, the need for a culturally appropriate perspective to the entire unit undertaking. Indigenous people are the 'face' of the unit challenging previous educational models where Indigenous content was often delivered by non-Indigenous educators.

The delivery of the unit is based around weekly vodcasts presented by Indigenous people, and the unpacking of themes within the vodcasts by tutors as they facilitate students through discussion that is based on adult learning principles. Each tutorial has a set theme, and there are a number of learning outcomes for each tutorial that are reached through set reading, activities, viewing of online material and most notably, the reflective discussion that is stimulated by the vodcasts.

The Indigenous people presenting the vodcasts are from a variety of professions, life experiences and cultures. These range from community members, to those that have achieved prominence in so-called "whitefella" ways (e.g. as health professionals and/ or academics). The pre-recorded vodcasts involve each presenter discussing their views and sharing their stories in regards to a particular weekly topic. The vodcasts are delivered in an informal, conversational manner, allowing the presenters to explore multiple themes and exposing students to the experience of 'a yarn'. Hearing these diverse views and experiences from an equally diverse group of Indigenous peoples has considerable impact in terms of bringing to the forefront students preconceived stereotypes of what an Indigenous person should look like/ sound like/ say. This deconstruction forms an integral part of the facilitated tutorial discussions, where students are challenged to examine their preconceived beliefs, world views, and understandings of Indigenous people, and reconstruct a more realistic and relevant understanding of the diversity of Indigenous lived experiences. Using themes such as histories, policies, social determinants, racism and health service delivery, and students are taken through weekly journeys where facts, myths and stereotypes, as well as world views and cultures, are examined in relation to the weekly topic. Continually refocussing activities and discussions from a reflexive perspective to encourage students to examine and question their own ways of knowing, being and doing, is integral to the session plans of each week.

Educators facilitating these tutorials have undertaken specialised professional development training aiming to develop their capabilities in facilitated challenging and transformational teaching and learning environments particularly in relation to Aboriginal and Torres Strait Islander health and culture. Their skills as facilitators are core to the learning experience for students. These educators need to be able create safe learning spaces around content that can become emotionally charged. They also need to understand how to take care of their wellbeing and the impact of teaching content that can involve a large degree of emotional. For Aboriginal and Torres Strait Islander educators this is a particular concern, with the sharing of their own personal stories or the impact of undercurrent racism in the classroom some of the challenges- and dangers – of working with this content.

Student learning is primarily assessed through reflective journaling – divided into two parts. This was designed for students to develop greater critical reflexivity as future health professionals working within intercultural environments, and to facilitate a simple "baseline/shift" mechanism – to demonstrate how far students travel from the moment they step into the classroom[66] until

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[66] The authors define 'classroom' as any environment of learning e.g. physical classroom, online, or external studies contexts

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they leave. The journaling rubrics, as a guide to assessment expectations, represent a 'best attempt' at "signposting" for students to traverse the path toward a better understanding of Aboriginal and Torres Strait Islander ways of working. The rubrics are regularly reviewed and re-evaluated for process and student learning outcome improvement, and of course relevance to Aboriginal and Torres Strait Islander ways of working.

Successes

The ICH130 unit has achieved success in a range of areas, from partnerships forged outside the university with Indigenous communities, within the university (at Faculty and School level) to the unit coordination model itself. The success in each domain reflects the strength of leadership shown from executive level through to the educators who teach the unit. The sustained presence of visionary leadership facilitates the buy-in[67] and promotion of the unit by senior leaders within the university is both a success in its own right, and the foundation and enabler for much of the later success. Strength of leadership provided by the unit's Aboriginal and Torres Strait Islander and non-Indigenous coordinators has been integral to developing successful and sustainable intercultural partnerships. Related to this, the successful promotion of the unit (and its method of governance) speaks to students and the broader community about what partnerships can mean in practice.

> We are trying to teach the majority of non-Aboriginal and Torres Strait Islander students that Aboriginal and Torres Strait Islander and non- Aboriginal and Torres Strait Islander people can work together productively. We are role modelling this in practice.

ICH130 has had achieved successful educational outcomes for students. Quantitative data from student evaluations since semester 1 of 2011 reflect consistent student satisfaction across a range of criteria, including learning outcomes, experiences, resources, assessment, feedback, workload, quality of teaching, motivation, use of experiences, effective learning and overall satisfaction. The delivery of ICH130 to thousands of students per annum with consistently overall high levels of student satisfaction (see Table below) substantiates that ICH130 is delivering high quality learning experiences. Overall satisfaction for the unit has been as high as 94% agreement, and out of the six semesters that data is available it has achieved 81% agree mentor above for overall satisfaction for three semesters. Table 1 provides unit summary student feedback through Curtin's formal online student survey eVALUate[68].

Table 3: ICH130 eVALUate Results for the Item "Overall Satisfaction"

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[67] In this context of this case study, the authors define buy-in as active support and/or ownership/responsibility for, and of, the principles and activities of the undertaking

[68] https://evaluate.curtin.edu.au/info/

	S1, 2011 (n=303, RR of 49%)	S2, 2011 (n=1570, RR of 38%)	S1, 2012 (n=354, RR of 44%)	S2, 2012 (n=1641, RR of 36%)	S1, 2013 (n=362, RR of 44%)	S2, 2013 (n= 1852, RR of 33%)
ICH	94	76	81	74	90	79
Faculty	81	81	83	84	84	83
Uni	83	84	84	84	83.5	84

NB: n – number of students enrolled in the unit RR – Response Rate

However, despite positive student evaluations, there are critical and consistent variations between semester 1 and 2. Of note is the drop in overall student satisfaction and satisfaction with learning outcomes in the second semester of each year. This could be attributable to a range of factors: the significant increase in student numbers in the second semester compared with the first semester; the consequent increase in the size of the teaching team and the need for new tutors to develop skills and resilience necessary for working in intercultural contexts, and the diversity of interprofessional and international student cohorts, some of whom have difficulty identifying the relevance of the ICH130 unit to their chosen profession. Nonetheless, the achievement of high, sustained student feedback is considerable.

> this unit has taken me on a wonderful, informative and eye opening journey. I had always thought I was culturally aware and accepting. However this unit has truly opened my eyes to what cultural acceptance and awareness actually is

The success of the ICH130 unit has prompted other schools within the university to adopt ICH130's teaching model as best practice. ICH130 was the runner up in 2012 for a Vice Chancellor's Award for Excellence and Innovation and in 2013 won a University Teaching Excellence Award for Programs that Enhance Learning. The philosophy of the unit has also facilitated the development of Aboriginal and Torres Strait Islander leadership, with many Aboriginal and Torres Strait Islander tutors progressing on to further significant leadership roles within the University.

Staff Challenges

The challenges faced when managing large scale curriculum implementation are numerous and multifaceted. Most are based around resources, curriculum, systemic issues, and personal factors.

Resource allocation, both human and financial, continues to present challenges, particularly in relation to the difference in cohort size from semester 1 to semester 2. This relates to changes in evaluation data as the unit scales up across semesters. As cohorts size increases dramatically, so too does the difficulty in building and retaining a suitable teaching team. In 2014 Semester 2, 1024 ICH130 is scheduled to conduct 84 on-campus classes accommodating roughly 3,300 students, and 250 students externally and/or online.

The primary strategy to respond to this problem has been to increase the number and capacity of Aboriginal and Torres Strait Islander academics within the university, while also developing the capacity of non-Indigenous academics to teach in the intercultural space. Curtin University offers the Intercultural Academic Leadership Program[69] to "strengthen the teaching and learning capacity and confidence of Indigenous and non-Indigenous educators to work in the Intercultural space". The program assists participants to develop self-reflection, self-care strategies and robust intercultural facilitation skills. The program is presented by a team of Aboriginal and Torres Strait Islander and non-Indigenous educators, researchers and academics and is open to all staff. The program has provided opportunities for many new academics and tutors who have taught into the ICH130 unit to develop and enhance their teaching skills in this context.

Managing the ICH130 unit can be challenging with administrative requirements to address student queries and complaints, review assessment material for plagiarism, as examples – all scaled upward with the cohort size. There are also the technical challenges of administering online delivery of content to 80+ classes per week across a semester. Vodcasts, for example, require maintaining to ensure information is updated and currently relevant for students Professional development is also required for tutors including management of technology related to vodcasts. Both these factors can be managed without financial resources.

Other challenges have included securing ongoing resources to support the joint unit coordinator partnership model, particularly in terms of the experiences that an Aboriginal coordinator and a non-Indigenous coordinator can have navigating the university system whilst managing a unit with content of this nature. Building strong relationships with the Centre for Aboriginal Studies has been crucial to managing some of these challenges. Also critical has been the Centre's support of the non-Indigenous unit coordinator, which sends an important message to the broader community about the non-Indigenous coordinators suitability to be in the role.

Promoting the notion of an equal partnership between the unit coordinators and the value of this partnership in the spirit of reconciliation across the university has been significant in supporting and driving the effectiveness of the partnership model. This promotion ranges from formal (e.g. across official academic communication channels) to informal (e.g. topical discussion with colleagues).

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[69] http://academicleadership.curtin.edu.au/IALP/

This "promotional" methodology has proven useful for overcoming multiple areas of resistance within the university. The aims of the ICH130 unit are far more attainable with collegial support at all levels of the university. However, given that ICH130 is a 'core unit' across ALL health sciences schools, the co-ordinators frequently have to respond to comments such as "I don't understand why my students have to do your unit...".

This lack of collegial understanding and support can destabilise student learning in ICH130 – particularly when they undertake units with other academics who are either unsupportive of the content, or perhaps even racist. Students can be influenced by this tension suggesting the importance of embedding a strategy that will ensure all staff at the university have baseline cultural capabilities. This would support the efficacy, and enhance the validity, of scalable core unit approaches such as that adopted by ICH130.

Collectively, these challenges have highlighted and validated the need for greater understanding of, and support for the unit, again underpinning the importance of cultural competence/capability development across the institution, and the tremendous push from champions at all levels of the institution to attain this competence.

Cultural field trips have been an important strategy to increase cultural competence and awareness. Off-campus programs for Curtin University's leaders provide opportunities to interact with and learn from Aboriginal and Torres Strait Islander communities in remote areas such as Wiluna. These programs have been effective in changing participants' perceptions of Aboriginal and Torres Strait Islander people, their health and wellbeing. These visits to communities are an on-going part of developing the Indigenous Cultural Competence Framework at Curtin University. Participant selection is layered, with a focus on scaffolding through leadership hierarchies. This involves a top to bottom selection process in faculty that includes PVC's and Deans, Unit Coordinators, Fieldwork Coordinators and so on. This approach acknowledges that it is not until leaders within the university engage in this intercultural experience that they begin to understand the need for a unit that better understands Aboriginal and Torres Strait Islander culture and health.

At an individual level, one challenge is perhaps the hardest to alleviate – that of separating the personal from the professional. In the Aboriginal and Torres Strait Islander studies context, it is common for staff involved in the unit to be emotionally invested far beyond what is expected in other units. Some strategies to address this include Heads of School acknowledging the significant investment required to coordinate and teach in such a unit, and allocating greater staff and financial resources in response. However, managing the difficulties that can arise from a deep commitment to the unit can be challenging including implementing the suggested strategies above. While Curtin University's goal of achieving cultural competence across all staff will help change how Aboriginal and Torres Strait Islander health content is prioritised, other political and economic factors can also impact on outcomes.

Student Challenges

A fundamental challenge with each new student cohort is the perceived validity of teaching styles employed in the Indigenous Culture and Health 130 unit. Students often participate in the unit from the perspective of "Western" educational models. Associated expectations can initially influence levels of student resistance and acceptance of the experience. However, as many participants move through the unit, the transformative learning process leads to new insights about what makes a valid learning environment/context/teacher, and the role and place of Aboriginal and Torres Strait Islander ways of knowing, being and doing in both the academic arena and life in general.

> This has been one of the most confronting courses I have ever completed…it is the unit that I have spoken about and discussed with my partner and children; it is the subject that I have enjoyed the most; it is the subject that I think about on a daily basis and wonder how I can make further contribution too [sic]

In terms of curriculum, assessing students undertaking a "transformative pedagogical experience" poses certain challenges, not least identifying whether students have moved along a continuum of transformation. While there is a well-developed marking rubric, it is limited and is regularly review for improvement. This process is undertaken with the teaching team who provide feedback based on their own experiences as assessors of what works in their teaching context.. Much of the difficulty lies in the subjective nature of the assessment. It is important for assessment rubrics seldom capture the process, to identify the right indicators or 'sign posts' to track learning outcomes that reflect the student's transformative journey in this unit.

Sustainability

Sustainability of the Indigenous Cultures and Health 130 unit, and its model of delivery, rests on the strength of leadership within the university. Ensuring this unit continues has been a key consideration for all stakeholders. From the beginning the university's senior executive have been involved from curriculum design and implementation, through to the delivery model, under the governance of Aboriginal and Torres Strait Islander and non-Indigenous people working in partnership.

Mechanisms of sustainability are necessarily multifaceted and have included Curtin University's Reconciliation Action Plan[70] (RAP). The RAP reflects Curtin's on-going commitment to social change and justice, which is also reflected in its financial commitment to the sustainability of ICH130.

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[70] http://about.curtin.edu.au/curtins-reconciliation-action-plan.htm

Sustainability is also demonstrated and further embedded through applying the model to contexts other than health including Curtin's Faculty of Humanities, which is now seeking to implement similar models across their schools. Curtin's Faculty of Engineering are also considering the possibilities of implementing this model as they recognise its relevance to their disciplines in interactions between communities and industries.

Other key drivers of sustainability are embedding intercultural awareness, knowledge and understanding in Curtin's core graduate attributes, and university support for ICH130's transition from a 12.5 to a 25-credit point unit. This reflects the unit's importance, and sends a message about its legitimacy to staff and students.

Adaptability & Transferability

The ICH 130 model is transferable to other contexts, however, a note of caution to would-be implementers: the unit's teaching model reflects a holistic approach to enacting social change; accordingly, a holistic approach must also be adopted in other contexts that include key elements such as partnership, consultation, leadership and transformative learning models).

In short, adopting Curtin's large-scale implementation of the ICH130 as a whole is necessary. This include considering the process of relationship building, engaging university executive leadership, developing leadership and capacity through formal and informal means (e.g. staff development opportunities such as the Intercultural Academic Leadership Program), building partnerships at all levels (faculty, staff, community), embedding sustainability mechanisms into key university policy, remunerating community stakeholders and teachers for their time and knowledge and adopting a flexible approach to administrative tasks within the model.

Appendix A – Case Study Participants

Organisation	Staff	
Charles Sturt University (CSU)	Professor Wendy Nolan	Acting Director, Centre for Indigenous Health
	Dr Barbara Hill	Indigenous Curriculum and pedagogy Coordinator
	Professor Julia Coyle	Dean of Students
Newcastle University	Leanne Holt	Director, Wollotuka Institute
	Associate Professor Stephanie Gilbert	Academic Coordinator
	Bronwyn Chambers	Elder in Residence
Institute of Urban Indigenous Health (IUIH)	Dr Alison Nelson	Workforce Development Manager
Australian Nursing and Midwifery Accreditation Council (ANMAC)	Alan Merrit	Associate Director for Professional Programs
Health Workforce Australia	Dr Karen Cook	Specialist Clinical Advisor
Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM)	Janine Mohamed	Chief Executive Officer
Curtin University	Professor Marion Kickett	Director, Centre for Aboriginal Studies
	Associate Professor Sue Jones	Director, Learning Design
	Dr Julie Hoffman	Senior Lecturer
	Professor Kim Scott	Professor of Writing
Flinders University	Courtney Ryder	Lecturer (Adelaide)

	Colleen Hayes	Indigenous Health Lecturer (Alice Springs)
	Cheryl Davis	Director, Indigenous Transition Pathways into Medicine (ITPM), Lecturer, Darwin

Appendix B - Charles Sturt University Resources

An example of a Course
Embedding Indigenous Knowledge
The
Bachelor of Medical Radiation Science (with specialisations)
April 2014

Overview:
The School of Dentistry and Health Sciences' proposal is the students enrolled in the Bachelor of Medical Radiation Science (MRS) degree have a learning approach that is embedded throughout the four years of the course that will lead students towards indigenous cultural competence and provide opportunities to put this knowledge and skills into practice.

A brief overview of the approach is:

- In first year MRS students will gain a beginning understanding of foundational knowledge of the culture of Indigenous Australians, an understanding of Indigenous Australians health and related issues and contextualise these issues within the broader context of health. This section will be taught by staff from the Centre for Indigenous Studies.
- In second year MRS students of the course will begin to build on students' beginning knowledge, examine cultural issues in relating to clinical practice and start to develop cultural skills in their clinical practice.
- In third year the MRS students will undertake the subject IKC100 Indigenous Health. This subject will consolidate and further develop their understanding of Australian Indigenous perspectives on health and well-being, demonstrate an understanding of historical and contemporary factors contributing to Indigenous health status, analyse relationships between culture, healthcare and health outcomes and demonstrate knowledge and understanding of the role of race and racism in health care.
- In the fourth year of the course MRS students will undertake 36 weeks of clinical placement where students will be able to further develop their cultural competence skills in health practice.

The outcome from this embedded approach will be graduates in medical radiation sciences with a high level of cultural competence and respect for Indigenous Australian people and communities. The MRS students will have developing knowledge and skills to respectfully know how to live well in a world worth living in (yindyamarra winhanga-nha).

School Dentistry & Health Sciences Contact:
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Indigenous cultural competency in the Bachelor of Medical Radiation Science (MRS) course at Charles Sturt University is aligned to the National Best Practice Framework for Developing Indigenous Cultural Competency in Australian Universities (2011), the Cultural Respect Framework for Aboriginal and Torres Strait Islander Health (2009), and the Charles Sturt University Indigenous Education Strategy.

Charles Sturt University's vision is to be 'culturally inclusive and the preferred education provider in Indigenous Education through active engagement in the process of Reconciliation and the advancement of social justice and human rights for Indigenous Australians and communities' (CSU Indigenous Education Strategy).

The School of Dentistry and Health Sciences aims for all its graduates to have the knowledge and skills necessary to interact in a culturally competent way with Indigenous communities. Cultural competence will provide these students with the capacity to not just understand the Indigenous cultural construct of health and health care which incorporates physical, cultural and spiritual elements of wellbeing, but the cultural complexities that shape the relatively poor health outcomes for Aboriginal peoples (Cultural Respect Framework for Aboriginal and Torres Strait Islander Health, 2009).

Charles Sturt University provides the future generations of medical radiation science professionals and as such has a responsibility to ensure its graduates know and understand Indigenous cultures, are capable of authentic and culturally respectful awareness and compassion towards Indigenous peoples and possess the appropriate skills and strategies to work effectively with Indigenous communities.

Our proposed strategy is to embed Australian Indigenous content into the MRS course across all four years. We plan to introduce student to the cultural issues and health needs of Indigenous Australians and its relationship to the MRS profession in first year in MRS100. In second year, through the clinical subject MRS290 the students will gain a greater understanding of Indigenous health with assessment linked to reflection on placement and third year it is pulled together in a newly proposed MRS discipline related subject (MRS388) that consists of a 'cultural immersion' experience, reflection, group work where students relate their Indigenous knowledge to other cultures including their own, and other assessments. In addition, a final reflective task (e-portfolio) in their residency in fourth year (MRS490) will solidify learning.

The following is an overview of the strategy we propose for embedding this understanding of Indigenous healthcare and cultural competence in the Bachelor of Medical Radiation Science courses:

Year 1- MRS100. It is planned to incorporate content similar to some topics in IKC101, Indigenous Cultures, Histories and Contemporary Realities, into this subject. This content will be developed in conjunction with and taught by staff of the Centre for Indigenous Studies. Student on MRS100

learn about health care issues and systems. The Indigenous Australian content in this subject will be able to be contextualised within the broader health care issues and systems

Integrating this content into their studies for professional practice gives it context and enables students to grasp its relevance to their practice.

Year 2- MRS290. MRS290 consists of 3 x 4 weeks of clinical placement and face to face teaching during the non-clinical placement times. This face to face teaching will comprise weekly hour long lectures when the students are on campus. This part of the subject will build on the Indigenous Australian content from MRS100 so the students can develop a deeper understanding of the relationships between culture, healthcare and health outcomes of Indigenous Australians. Staff from the Centre for Indigenous Studies will be invited to present this content. This will be taught early in the subject, and as such, will provide the students with this knowledge before their first 4 week clinical placement is attempted.

During the students 12 weeks of clinical placement students will be able to evaluate cultural competence approaches of individual and professional models of health care and begin to develop their own skills in the clinical environment of cultural sensitivity and competence.

Year 3- IKC100. This subject will further develop the students' knowledge of Indigenous Australian health issues and further build their understanding of:

- Indigenous Australians' health and well-being;
- historical and contemporary factors contributing to Indigenous health status;
- the relationships between culture, healthcare and health outcomes;
- of the role of race and racism in health care provision

Year 4- MRS490/491. These subjects (for students enrolled in the pass and honours degrees) consist largely of two 18 week "clinical residency" placements. This is the opportunity for students to put into practice the knowledge and skills regarding cultural competence that they have learned over the previous three years of their studies. Students will be required to keep a reflective e-portfolio to track their professional growth in these areas, and this will be part of their assessment.

We would like to work closely with staff of the Centre for Indigenous Studies with this proposal. Several themes, some based from the core material in IKC100 will thread through the first three years and while we understand that IKC100 is a stand-alone, DE subject, we hope that the possibility of guest lecturers or online support when this material is delivered might be considered to ensure this process is authentic, open and collaborative.

There are 5 Guidelines provided by CSU to assist in the mapping of Indigenous Content in the Bachelor of Medical Radiation Science. These are summarised in the table below:

Content Area	Brief summary of content
1. General background in Indigenous issues	This includes the cultural, historical and contemporary frameworks which have shaped and continue to shape the lives of Indigenous Australians. This should include: the basis of Indigenous spirituality and belief systems the sources and contemporary characteristics of families and family structures relationships with land, the interconnectedness of land, family and spirituality, and the diversity of concepts of identity Understanding the impact of historical processes (such as colonisation and dispossession, institutionalization, discrimination, and the Stolen Generations) on identity and mental health is crucial. The relationships between psychological functioning and broader contemporary contexts and social issues (such as housing, dependency, poverty, and unemployment) need to be examined and understood.
2.Critically examining the nature of the profession	Involves providing students with the tools and opportunities to critically explore the major paradigms of their discipline and how these paradigms influence the impact on Indigenous people. Investigates the discipline as political and based on value-laden assumptions, hence the need to explore issues of power relations.
3.Professionally specific content	Topics or issues relating specific areas of the discipline and Indigenous content. May include understanding cultural diversity in relation loss and grief and trauma issues, stereotyping and racism, pathologising behaviour, 'concepts of cultural safety.
4.Working with Indigenous people	Examining culturally appropriate way of working. These are generic communication skills, not specific clinical skills, which are more appropriately considered at post-graduate level. Developing skills in appropriate language, good listening skills, understanding

	of communication protocols appropriate to different cultural contexts, etc.
5. Exploring values and attitudes.	Encouraging students to examine their own values. Historical events (colonisation, dispossession and the Stolen Generation) were based on cultural values and assumptions and the presentation of the historical facts should lead students to examine their own values and assumptions. Effective interaction with Indigenous people cannot occur without an examination of the values that practitioners hold in relation to areas such as cultural diversity, race and power.

Assessment of Indigenous Australian content in Bachelor Medical Radiation Science:

MRS100 Professional Fundamentals (16 point subject) contains approximately 40 hours of student learning of Indigenous issues in health. The assessment of this content will include reflection in the students' e-portfolio, literature/ academic literacy skills writing on topics around cultural competence and examination questions.

MRS290 Medical Radiation Science Practicum (16 points) contains approximately 15 hours of student learning of Indigenous issues in health. Assessment will centre on critical reflection from clinical experiences.

IKC100 Indigenous Health (8 point subject) contains approximately 120 hours of student learning of Indigenous and cultural issues in health. Assessment will include a quizzes, reading reflections and a 1500 word essay.

MRS490/MRS491 Medical Radiation Sciences Residency (48 points / 32 points) contains approximately 20 hours of student reflection on culturally competent practice in their respective discipline. Assessment is via critical reflection.

Framework for Incorporating and Mapping Indigenous Content into the MRS Course

A map of MRS subject alignment to the framework

	Cultural in-competence	Cultural knowledge	Cultural awareness	Cultural sensitivity	Cultural competence	Cultural proficiency
Professionally specific skills						
Cross-cultural skills						
Critically examining the profession						
Reflexivity of values and attitudes						
Understanding Indigenous cultures, histories & cont. issues						
Generic understanding of culture						

adopted from Ranzijn, McConnochie and Nolan (2006) in Incorporating Indigenous Australian Content into Undergraduate Awards at CSU: A Guide to Requirements and Process

Subjects:

MRS100

MRS290

IKC100

MRS490/1

Content area: Year 1 – MRS100 Professional Fundamentals – 16 point subject This a compulsory foundation subject that covers professional issues in the MRS disciplines.						
Overview	General background in Indigenous issues	Critically examining the nature of the profession	Professionally specific content	Working with Indigenous people	Exploring values and attitudes	Total hours & Assessment
It also provide students with knowledge and understanding of pre- and post-invasion Indigenous Australian cultures, including the continuity and change between past and present culture; the impact of historical policies and practices upon Indigenous communities and families. This content will be delivered by IBS staff.	Students' understanding of Indigenous Australians history, past and present treatment of Indigenous Australian peoples, pre- and post-invasion Indigenous Australian cultures	N / A	N /A	N / A	Students' understanding of Indigenous Australians history, past and present treatment of Indigenous Australian peoples, pre- and post-invasion Indigenous Australian cultures	10 hours Assessment Task: To be determined in conjunction with IBS staff
Professionalism. Students are given a broad introduction to the concept of professionalism, its application to healthcare in general, and specifically to the Indigenous population. This content is delivered by the subject coordinator.	Students will start to contextualise the earlier knowledge into the applications in the profession	Students will start to contextualise the earlier knowledge into the applications in the profession	Students will start to contextualise the earlier knowledge into the applications in the profession	N / A	Students will use this earlier knowledge to start to explore their own and the profession values and attitudes	10 hours Assessment Task: Incorporated in reflective journal and other assessment tasks
Australian Healthcare System. The nature of the Australian Healthcare	Students will start to contextualise	Students will start to contextualise	Students will start to contextualise	N / A	Students will use this earlier	10 hours

system is explored as it relates to the practice of Medical Radiation Science. Specifically, the relationship of the Indigenous population to the Healthcare system, and its limitations for them, are discussed. This content is delivered by the subject coordinator.	the earlier knowledge into relation to the Australian healthcare system.	the earlier knowledge into relation to the Australian healthcare system.	the earlier knowledge into relation to the Australian healthcare system.		knowledge to start to explore values and attitudes within the health care system	Assessment Task: Incorporated in reflective journal and other assessment tasks
Patient Centred Care. The concepts of patient centred care are explored in depth. These concepts are specifically applied to care of Indigenous patients, and the unique needs of patients with an Indigenous background. This content is delivered by the subject coordinator.	Students will start to contextualise the earlier knowledge in context of the specific needs of Indigenous Australian. This will later be explored in greater depth in IKC100.	Students will start to contextualise the earlier knowledge in context of the specific needs of Indigenous Australian. This will later be explored in greater depth in IKC100.	Students will start to contextualise the earlier knowledge in context of the specific needs of Indigenous Australian. This will later be explored in greater depth in IKC100.	N / A	Students will start to explore the unique needs of Indigenous Australian patients. This will later be explored in greater depth in IKC100.	10 hours Assessment Task: Incorporated in reflective journal and other assessment tasks

Content Area: Year 2 – MRS290 Medical Radiation Science Practicum – 16 point subject This is a compulsory subject						
Overview	General background in Indigenous issues	Critically examining the nature of the profession	Professionally specific content	Working with Indigenous people	Exploring values and attitudes	Total hours & Assessment
This is a second year clinical placement subject. Students are required to complete	The students' beginning understanding of	The students will gain a beginning understanding,	The students' beginning understanding of	The students will begin to engage in the professional	Students will reflect on the current understanding of	15 Hours Assessment

structured assessment and reflect on their clinical learning whilst on placement. Specific topics include working with Indigenous Australians and knowledge of the national policies designed to improve health services to Indigenous Australians. Students then apply this in their clinical experience.	Indigenous perspectives on health and well being will be contextualised in a clinical situation.	contextualised in the clinical environment, of the institution's and profession's approach to Indigenous Australians health and well being.	Indigenous perspectives on health and well being will be contextualised in a clinical situation.	environment with Indigenous Australians. Students will review and reflect their own and institutional / professional attitudes and approaches to the health and well being of Indigenous Australians.	Indigenous health, social justice and their experiences with Indigenous patients in a health care setting.	Task: A reflective journal task

Content Area: Year 3 IKC100 Indigenous Health – 8 point subject This is a compulsory subject	Total hours & Assessment
This is an existing subject offered via the Centre for Indigenous Studies. This subject introduces students to Indigenous Australian perspectives on health and well-being, and Indigenous-community controlled models of health care. It explores the underlying historical, political, social, economic and cultural factors contributing to contemporary Indigenous ill-health. It considers relationships between race, racism and health care to further explain Indigenous health outcomes. Students will apply a cultural competence approach to personal and professional models of health. The subject draws comparative lessons from Canada and New Zealand in Indigenous health outcomes. Learning outcomes	120 Hours Assessment Tasks: Quiz, reading reflections, Essay and

On successful completion of this subject, students will	Online Test
- be able to demonstrate an understanding of Australian Indigenous perspectives on health and well-being - be able to demonstrate an understanding of historical and contemporary factors contributing to Indigenous health status - be able to analyse relationships between culture, healthcare and health outcomes - be able to demonstrate knowledge and understanding of the role of race and racism in health care provision - be able to apply a cultural competence approach to individual and professional models of health - be able to demonstrate skills in group work and professional communication	

Content area: Year 4 – MRS490 / MRS491 Medical Radiation Sciences Residency – 48 / 32 point subjects
These are compulsory subjects, students are enrolled in either MRS490 (Pass stream) or MRS491 (Honours stream)

Overview	General background in Indigenous issues	Critically examining the nature of the profession	Professionally specific content	Working with Indigenous people	Exploring values and attitudes	Total hours & Assessment
This clinical residency is designed for students to meet the accrediting bodies competency based standards for entry level graduates into the professions. Students are required to complete structured assessment and reflect on their clinical learning whilst on placement.	The students understanding of Indigenous and cultural competency will be further contextualised in a clinical situation in relation to the knowledge gained from IKC100 and the previous 3 years.	The students will further examine the profession / professional issues in relation to Indigenous Australian patients. This will be built on from the knowledge gained from IKC100 and the previous 3 years.	The students understanding of Indigenous and cultural competency will be contextualised in a clinical situation. This will be built on from the knowledge gained from IKC100 and the previous 3 years.	The students will engage with Indigenous Australian patients in the clinical situation. Their knowledge and skills will be further refined and developed.	The students will further explore their own values and attitudes from knowledge gained from IKC100 and the previous 3 years	20 Hours Assessment Task: A reflective journal task

Total	195 hours