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n Rationale

The Aboriginal Health curriculum statement was developed in recognition of the urgent need to address the current state of Aboriginal health in Australia. The National Aboriginal Health Strategy states:

*'Aboriginals have the worst health of any identifiable group in Australia. They carry a burden of poor health and mortality far in excess of that expected from the proportion they comprise of the total Australian population.'*¹

One of the recommendations in the Strategy was that:

*'Tertiary institutions responsible for undergraduate and postgraduate medical, nursing and paramedical courses be approached to include the compulsory study of Aboriginal culture and history, and health issues as part of formal course work.'*²

Furthermore, it was recommended that Aboriginal people should be 'involved in the development and teaching of these units'.

Similar recommendations can be found in the recommendations of the Royal Commission into Aboriginal Deaths in Custody (1991) and the South Australian Aboriginal Health Policy and Strategic Framework (1995).

Role of the GP

GPs have a key role in implementing the National Aboriginal Health Strategy and improving health services for Aboriginal people.

Strategy for Improvement

Key strategies for improving Aboriginal health relate to:—

- developing an understanding of Aboriginal culture, history, and an holistic view of health and well-being, and
- addressing factors related to the disproportionate percentage of Aboriginal people with poor health and increased mortality.

¹ National Aboriginal Health Strategy, Working Party Report, AGPS, Canberra. 1989.

² *Ibid.*

Purpose of this Curriculum Statement

The Final Position Paper of the Aboriginal and Torres Strait Islander Health Curriculum Design Project of the RACGP Faculty of Rural Medicine³ emphasises that:

programs for doctors should aim at a comprehension of the Aboriginal experience of health, which is based in the history of colonialism in Australia, and encompasses a total cultural and spiritual view of health and well-being.

This curriculum statement is designed to fulfill this aim.

n Learning Objectives

The following learning objectives relate specifically to Aboriginal health. It is also important to look at the common learning objectives in Part 3 of the *Curriculum*.

The learning objectives describe the breadth and depth of the knowledge, skills and attitudes required, and relate directly to the content of the *Curriculum*, which is listed alphabetically in Part 5.

The registrar will be able to:—

Communication Skills and the Doctor-Patient Relationship

- understand the importance of using culturally appropriate forms of communication when interacting with Aboriginal people (e.g. observing protocols);
- apply their knowledge of the effects of culture contact in Australia when communicating with Aboriginal people (e.g. social Darwinism, Terra Nullius);
- establish trust when communicating with Aboriginal people;
- understand Aboriginal family structure, kinship, social organisation and decision-making;
- understand the effect of racism on self-concept and identity formation, and how this affects communication with Aboriginal people (e.g. individual/institutional);

Applied Professional Knowledge and Skills

- apply their knowledge of Aboriginal definitions of health to clinical practice;
- outline common presenting conditions and diseases among Aboriginal people (and their origins), linking them with the associated socio-economic, cultural and environmental factors (e.g. hypertension, cardiovascular disease);
- discuss Aboriginal views of health and well being, and apply models and management strategies which reflect them in their clinical practice (e.g. primary health care/public health approach);
- discuss the major cultural accommodations to be made when working with Aboriginal people (e.g. protocols, cultural healing practices);

³ *Final Position Paper of the Aboriginal and Torres Strait Islander Health Curriculum Design Project.* RACGP Faculty of Rural Medicine. 1994.

- discuss ways of working (as part of a multi-disciplinary team) with Aboriginal health workers or liaison officers, outlining their importance in the delivery of primary health care;
- apply critical thinking and problem-solving strategies in caring for Aboriginal people;

Population Health and the Context of General Practice

- define the concept of culture and its relationship to Aboriginal identity;
- outline the broad geographic, demographic and socio-economic context of Aboriginal communities in Australia;
- outline how the Aboriginal definition of health fits into a primary health care framework of well being;
- outline how equity and social justice principles could be applied to interactions between Aboriginal communities and Australian society;
- outline the health resources available in the Aboriginal community (e.g. elders, women);
- outline the major factors and trends accounting for the epidemiology of Aboriginal health (e.g. common disease patterns, health policy);
- outline the case for participation and/or community control in the delivery of Aboriginal health care (e.g. self-determination);
- discuss the importance of recent cultural change and cultural healing in the definition of Aboriginal health;

Professional and Ethical Role

- outline the importance of general practitioners being informed about culture contact between Aboriginal and non-Aboriginal Australians and its impact in Australian society (e.g. National Aboriginal Health Strategy review);
- show sensitivity to Aboriginal speakers presenting an Aboriginal perspective on culture contact in Australia (e.g. stolen generation, dispossession);
- discuss the importance of continuing education about intercultural communication in Aboriginal health;
- recognise their own limitations in the area of Aboriginal health and be prepared to stand back;
- identify their own values, attitudes, priorities, beliefs, vulnerability and gender issues when working with Aboriginal people;
- discuss the professional role of a general practitioner in promoting equity of access to health care and working against racism amongst peers, health colleagues, and others in the Australian community;
- be informed about definitions, epidemiology and approaches to Aboriginal health;
- discuss the issues related to self-care when working cross culturally (e.g. culture shock, personal adjustment, and stress);

- identify the particular difficulties associated with confidentiality when working in Aboriginal communities;
- outline the different learning styles of Aboriginal people, and use two-way learning approaches;

Organisational and Legal Dimensions

- identify the organisational, ethical and legal issues which are relevant to undertaking general practice in a Community-Controlled Aboriginal Health Service (or other Aboriginal Health Service).

n Curriculum Requirements

The learning objectives relating to Aboriginal health are a mandatory *Curriculum* requirement. Check Part 7, Assessment and Feedback, for a description of the requirements. Also check the annual *RACGP Training Program Handbook* for any changes to these requirements.

n Special Considerations

When teaching/learning information in relation to Aboriginal health, the broad range of patients and approaches should be taken into account. In addition to presenting medical conditions, relevant social, cultural, emotional, spiritual, and socio-economic factors should be considered (e.g. cultural influences on the person's willingness to form a trust-based health partnership with a GP from a non-Aboriginal background).

n Teaching and Learning Approaches

A variety of teaching and learning approaches are advised to ensure a depth and breadth of exposure to the issues. Emphasis is placed on the two-way learning approach and building partnerships with Aboriginal people.

Aboriginal people from a NACCHO affiliated Aboriginal organisation, such as a Community-Controlled Health Service or educational unit, are directly involved in all aspects of planning and delivery of the education release activities.

Educational Principles

There are three key principles that underlie the implementation of Aboriginal health training:—

1. *Partnership with Aboriginal people.* Aboriginal educators from NACCHO affiliated organisations are to be involved in all aspects of planning, development and implementation of the training.

2. *Training of educators.* It is essential that all medical and Aboriginal educators involved in implementing Aboriginal health training have undertaken their own cross-cultural awareness training beforehand.
3. *Local adaptation.* As Aboriginal communities differ across Australia it is not appropriate to present a generalised account of Aboriginal society or health, that does not account for differences in history, contemporary culture, practices and health issues. Therefore all training materials (i.e. Aboriginal Health Training Module), should be adapted by Aboriginal educators to suit the local needs.

Aboriginal Health Training Module

An Aboriginal Health Training Module has been prepared to assist Aboriginal and medical educators in facilitating appropriate learning experiences.

The module is divided into five segments that describe a process for meeting the curriculum objectives. The first three segments are essential for all registrars. Segments four and five are self guided and are for those registrars who wish to extend their learning in this area.

The emphasis is on participatory learning with opportunities for registrars to discuss with Aboriginal people the ideas presented.

It is intended that registrars will analyse, reflect upon, and adapt their own professional practice as a result of undertaking this training.

The main teaching methods to be used are:—

- presentation of main ideas and concepts in a workshop environment;
- presentation of Aboriginal perspectives with specific examples;
- small group discussion of ideas, concepts and perspectives;
- values clarification exercises;
- discussion of myths and stories and application of the ideas in clinical management;
- essential readings, and
- two-way learning strategies.

The emphasis is placed on gaining a broad understanding of the issues and assessing their implications for clinical practice, rather than a detailed knowledge of the concepts and ideas.

Self-guided learning packages (segments 4 and 5)

The self-guided learning packages contain teaching and learning materials relating to the stated learning objectives. They take the form of:—

- readings;
- background notes;
- discussion questions;
- contact points for medical educators;
- details of meetings or teleconferences;
- self and peer assessment requirements;
- feedback mechanisms.

n Resources

General resources are set out in Part 6 of the *Curriculum*. The following resources are specifically recommended for the study of Aboriginal Health.

Aboriginal Health Training Module

The Aboriginal Health Training Module is the key learning resource for this curriculum statement. It contains guidelines for registrars and for Aboriginal and medical educators on the design of workshops and the self-guided learning packages.

The module is divided into five segments, consisting of a minimum of five to six contact hours each. Emphasis is placed on gaining a broad understanding of issues, rather than detailed knowledge. Registrars are encouraged to examine their own attitudes, values, priorities and practices.

Staffing

The key staff are Aboriginal educators from a NACCHO affiliated organisation, who are involved in all aspects of the planning, local adaption and implementation.

Medical educators coordinate the arrangements for meetings and workshops and assist with identifying Aboriginal educators and groups, and participate in the sessions.

Training Resources

The following training resources are available from state offices:

- Aboriginal Health Training Module (RACGP Training Program, 1998) which includes essential readings, the myths and stories booklet;
- videotapes;
- teleconference facilities;
- availability of appropriate GP experience in Aboriginal organisations;
- interactive workshops, and
- see required text below.

Required Text

Eckermann A, Dowd T, Martin M, Nixon L, Gray R, Chong E. *Binan Goonj: Bridging Cultures in Aboriginal Health*. 2nd edition : University of New England Press. 1997.

Recommended Texts and References

Alcohol and Drug Foundation, Australia. *Walk Tall*. (video recording) Alcohol and Drug Foundation. Canberra. 1988.

Anderson I. *Koori Health in Koori Hands*. Melbourne, Koori Health Unit, Health Department of Victoria. 1988.

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The stolen children and their stories. Bird C. (ed). Random House. 1998.

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Dunlop S. *All that Rama Rama Mob*. (video recording) Alice Springs: Central Australian Aboriginal Congress. 1990.

Eades D. Communication strategies in Aboriginal English. In *Language in Australia*. Lorraine S. (ed) New York: Cambridge University Press. pp 84-93. 1991.

Eckermann KA. et al. Binan Goonj facilitator's materials, University of New England Press. Armidale. NSW. 1993.

Gilbert K. *Inside Black Australia*. Harmondsworth, Penguin. 1988.

Green A. *Australian Aborigines and their Skin Conditions*. (video recording), Educational Resources Production Unit, Royal Australian College of General Practitioners, South Melbourne. 1995.

Hodgson J, Wahlqvist M. *Koori Nutrition and Health*. Melbourne, National Better Health Program. 1992.

Hunter E. *Aboriginal Health and History*. Cambridge University Press. 1993.

Johnstone M. *Women's Business: Report of the Aboriginal Women's Task Force*. Canberra. AGPS. CANBERRA 1986.

Keen I. *Being Black: Aboriginal Cultures in 'Settled' Australia*. Canberra. Aboriginal Studies Press for Australian Institute of Aboriginal Studies. 1988.

Kelly K. *Demythifying Aboriginal Alcohol Use*. 12th National CRANA Conference. CRANA. Alice Springs. 1994.

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McLaren B. Aboriginal health: Reflections on 18 months in a remote Aboriginal Practice. *Australian Family Physician*, Melbourne. 24, 8: 1479-1480.

National Aboriginal Health Strategy Working Party. *A National Aboriginal Health Strategy*. Canberra, Report of the National Aboriginal Health Strategy Working Party. AGPS. Canberra 1989.

National Preventive and Community Medicine Committee. *Guidelines for Preventive Activities in General Practice*. 5th edition. RACGP, Melbourne. 1998.

Ngarritjan-Kessariss T. *Talking Properly with Aboriginal Parents*. In Harris S, and Malin M. (eds) *Aboriginal Kids in Urban Classrooms*. Sydney: Social Science Press, p 117-122. 1994.

Office of Aboriginal & Torres Strait Islander Health Services (OATSIHS) *Future directions in Aboriginal & Torres Strait Islander Emotional & Social Wellbeing (Mental Health) Action Plan*. OATSIHS. AGPS. Canberra. 1996.

Raphael B. *The ways forward: Aboriginal and Torres Strait Islander Mental Health Issues*. AGPS. Canberra 1997.

Reid J, Trompf P. (eds) *The Health of Aboriginal Australia*. Sydney. Harcourt Brace Jovanovich. 1991.

Reynolds H. *The Law of the Land*. Harmondsworth. Penguin. 1987.

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Royal Commission into Aboriginal Deaths in Custody *National Report: Overview and Recommendations by Commissioner Elliott Johnston QC*. Canberra, AGPS. 1991.

Saggers S, Gray D. *Aboriginal Health and Society*. North Sydney. Allen and Unwin. 1991.

Swain T. *A Place for Strangers: Towards a History of Australian Aboriginal Being*. Cambridge. Cambridge University Press. 1993.

Swan P. *200 Years of Unfinished Business*. Sydney. Aboriginal Medical Service Redfern, Sydney. 1988.

South Australian Aboriginal Health Policy and Strategic Framework, *Aboriginal Health. Dreaming Beyond 2000: Our Future is in our History*. Adelaide. Aboriginal Health Council of SA and South Australian Health Commission. 1994.

World Health Organisation. *Community Involvement in Health Development: Challenging Health Services*. Report of a World Health Organisation Study Group, 11-18 December 1989. Geneva, World Health Organisation. 1991.

New Resources

New resources are constantly being developed in this area. For information on the latest materials contact the Virtual Resource Centre at resource.centre@racgp.org.au

Finding and Obtaining Useful Resources

For help in finding and obtaining useful resources, see 'How to Find and Obtain Useful Resources' on page 6—11.

n Assumed Prior Experience

It is recognised that the extent of teaching and learning in Aboriginal health at the undergraduate level varies. Hence, this curriculum statement is based on an assumption that registrars will probably have had little prior knowledge and experience in Aboriginal health.