



Hung The Nguyen

BMedSci, MBBS, DipRANZCOG, FRACGP, GCertHealthProfEd, MPH, is Director of Medical and Cultural Education, NTGPE Ltd, Northern Territory and Honorary Senior Lecturer, CMHSE, Monash University, Victoria. hungt.nguyen@ntgpe.org

Andrew Gardiner

Cert National Indigenous Leadership Program, is Manager, Bunurong Health Service, Dandenong and District Aboriginal Co-operative Ltd, Melbourne, Victoria.

Indigenous community members as teachers of indigenous health

Background

Educating the health workforce in indigenous health has been set as a high priority by educational bodies and providers of general practice training. These groups advise the involvement of local indigenous communities in medical teaching and training. Few have asked community members what issues are important to them when teaching health professionals.

Objective

This article discusses the outcomes of focus groups and interviews of indigenous community members regarding the engagement in education activities, barriers to participation, and supports required for ongoing participation.

Discussion

Results reveal insights into indigenous community members' perceptions, understanding of, and participation in, cross cultural teaching. Cross cultural interactions can be both rewarding and a risk to the teaching process. This needs to be managed and facilitated appropriately and in a timely manner.

■ **Indigenous health is an important issue in the Australian community. A number of educational bodies and providers of general practice training^{1,2} have nominated indigenous health education as high priority. They recommend the involvement of local indigenous communities for cross cultural education and training of medical students and general practice registrars. Although there are strong recommendations for the involvement of indigenous community members in health professional education, a literature review yielded limited published material directly relating to this topic. A community report documented a discussion among Victorian universities and indigenous organisations on the issue of content and processes of cultural education and training of health professionals and medical students. They discussed why and how teaching was 'good or bad' and highlighted barriers to effective teaching of Koori issues.³ There is no research that asks indigenous community members about their feelings toward their role as teachers in health education programs. This project asked community members what their needs are and what issues are important to them when teaching health professionals.**

Community profile

The Dandenong district Aboriginal community is drawn from a wide geographical area on the outskirts of Melbourne (Victoria). The Dandenong and District Aboriginal Co-operative Limited (DDACL) manages the local Aboriginal Community Controlled Health Service (ACCHS), Bunurong Health Service (BHS).

Methods

Focus groups of indigenous community members, who had attended BHS and responded to an invitation on the community notice board, were held to discuss their involvement in the education and training of medical students and general practice registrars (*Table 1*). A series of questions about indigenous experiences in teaching and views on barriers and solutions to increased engagement was generated after discussions with multiple members of the community and

community health service including the manager, a health worker and administrative staff. Broad questions were:

- What are the motivations of indigenous community members in engaging in education activities?
- What are the barriers to participation?
- What are the supports required for their ongoing participation?

Focus group discussion was chosen as the chief method of investigation as they are useful for examining people's experiences and are sensitive to different cultural variables.⁴⁻⁶

Monash University's Standing Committee on Ethics in Research Involving Humans granted ethics approval.

Analysis

One interview and two focus groups were held. Transcribed data from focus groups and interviews were included in the analysis. The transcripts were read and coded into themes by the principle researcher using the qualitative computer program QSR NVivo Version.

Results

Barriers to participation

Participants talked about cultural avoidance protocols as a negative in their past experiences in teaching cultural awareness to a range of audiences. Ignorance of cultural protocols, lack of interest in the topic, and assumptions about culture and race by learners can impact negatively on participants' enthusiasm and motivation.

Presenters' issues

Overwhelmingly, priority is given to family and community commitments. Many participants play prominent and leading roles in the community and often community, social and political forums clash with teaching sessions. Other issues revolve around low confidence, often related to inexperience and lack of training in teaching. Some mentioned frequent illness as reasons for nonattendance at teaching sessions. There are some topics that open old wounds or cause considerable discomfort and participants do not want to put themselves in that situation. 'I don't want to be in a position where I might go too far and turn people right off... it was actually negative for me I can't remember, traumatic, where it was... it must have been when the first stolen generation stuff came out'.

Motivation for engagement in teaching

Participants are motivated by a sense of responsibility to the community to break down barriers between indigenous and nonindigenous people through interaction and role modelling, particularly for young people. They identified the need to change attitudes of learners as one of the most important reasons why they would be involved in cross cultural awareness education. Participants wanted to offer learners alternate ways of seeing the world and how different situations could be managed. Participants also recognise that they enjoy interacting with learners and the opportunity to form a relationship. Therefore they prefer the active participation model of

Table 1. Participant characteristics

Category	Participants (n=8)
Age	Age range 44–61 years, with one aged 25 years; mean age 49 (excluding one aged 25 years)
Gender	Female = 6; male = 2
Employment	Employed = 7; unemployed = 1
Type of employment	Health services = 5; tourism = 1; TAFE = 1; missing = 1
Teaching experience*	Formal (hospital, TAFE) = 2; informal = 6
Recipient of teaching	Medical student (3), registrars (3), indigenous community forums (3), other health professionals (2), high school students (2), tourists (1), TAFE students (1), primary school students (1)

* Formal teaching experience was defined by the group as teaching being part of their job description in past or current employment

teaching and learning.

Some also wanted to advocate for their local community '... everybody is different and there's a lot of diversity within Aboriginal culture communities... making sure that Victoria does actually get focused on as having Aboriginal communities, we do actually have a living culture in this state, it doesn't actually just come from central Australia or Western Australia... there is a contemporary way of being Aboriginal'.

Strategies to increasing participation

Participants described the type of teaching environment they are most comfortable in. They noted that they are out of their 'comfort zone' being outside of their familiar community surroundings and prefer a 'bush setting' to an indoor classroom. This bush setting can be 'the botanical gardens', 'museum', community services or 'a mission area'. Most prefer the small group learning format with a relaxed and informal atmosphere. Participants sit in a circle of no more than 15 people, with learners and presenters intermingling and there should no need for writing or taking notes. It is important for course developers to have in mind strategies to build relationships with the local community and its members. An orientation session is favoured for those who volunteered and also those who just want to see what it is all about before committing to the role. Co-presenters are important as they encourage and support each other.

Teaching supports

Most participants welcome any resources to help them to teach effectively. However, most see 'training' as a burden, and competing with personal interests (family or business). Participants feel that community members want to be involved in teaching but have misinformation what is required to participate. Participants convey that there are different ways to teach including the narrative/experiential approach.

Other factors

Participants would like recognition through reasonable remuneration, and certificates and letters of appreciation are important for all participants, especially those who want to increase their employment prospects. Assistance with transport to get to the teaching venue is also important, as is communicating broadly with the community.

Discussion

Practical educational models in indigenous cultural and health education that actively involve indigenous people often involve one or more of following:

- cultural immersion – placements within a community context⁷
- narrative – learning through story telling of a personal account,⁸ and
- site visits – camps in areas of significance to indigenous people – missions, traditional land, remote communities, and community health services.⁹

In these situations learners take the active step of going into a community. This may not be always feasible.

The VACCHO community report discussed issues that have currency with the results of this study. The good aspects of indigenous health teaching from their perspective included:

- using the narrative approach
- teaching in small groups, and
- involving a number of Koori presenters.

When institutions support and recognise the expertise and role of Koori presenters, the teaching had good outcomes.³

It is apparent from this study that community members want to engage with cultural education. The reasons are broad and are not confined to personal interest. Community obligations and expectations can place pressure (real or imagined) on individuals to represent and promote community feelings, ideas and recommendations in Koori health.

Limitations of this study

The conduct of the focus group and coding of transcripts did not involve an indigenous person or second researcher. This may have limited the accuracy and quality of the data, data coding and its interpretation. The quality of the data in focus groups is influenced by the specificity of the questions and the moderator's clarification of the questions and management of the group. For these reasons caution has been advised in the use of focus groups for cross cultural research.¹⁰

In this study there was not the challenges relating to using interpreters, nor issues relating to the cultural role of the facilitator. The facilitator in this case was not indigenous, while he had extensive experience in different cross cultural settings including indigenous health context, there may be subtle issues in communication and interpretation during the focus group discussions and in the analysis of the transcript that may influence the discussion and/or interpretation of the data. An indigenous person (co-author) and community member

reviewed the report content and recommendations and provided valuable comments and direction.

Conclusion

Insights from this study can inform educational programs in the development and implementation phases, ongoing support programs for indigenous teachers, and recruitment and retention of indigenous teachers. This in turn will improve medical students', registrars' and general practitioners' knowledge, skills and attitudes to indigenous health, thereby impacting on recruitment and retention of GPs in the indigenous health field.

Conflict of interest: none declared.

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