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The review of Aboriginal and Torres Strait Islander content within an undergraduate paramedicine degree curriculum

Lisa Holmes¹, Leanne Vance¹, Ella Rust¹

Abstract

A review of Aboriginal and Torres Strait Islander content in an accredited paramedicine degree curriculum was undertaken as part of a major course review and ongoing program evaluation. The aim was to ensure the course content was appropriate and relevant to Aboriginal and Torres Strait Islander communities. All content and teaching activities were audited, where specific content was explored and noted. Findings were presented to a review team where good practice was highlighted, and areas for development were addressed. This has encouraged staff to seek opportunities to embed content in both clinical and non-clinical skills, knowledge teaching and experiences, in addition to encouraging further review of other diverse communities.

Keywords: Aboriginal and Torres Strait Islander educational content, health education, prehospital, paramedicine

¹ Australia, 6027.Allied Health, School of Medical and Health Science, Edith Cowan University, Joondalup, Perth, Western Australia, 6027.

Corresponding author: Dr Lisa Holmes – l.holmes@ecu.edu.au

INTRODUCTION

This paper presents how Aboriginal and Torres Strait Islander content and approaches have been reviewed and embedded across an undergraduate paramedicine degree program in Western Australia. This is to ensure that this community is reflected in the skills and knowledge teaching and assessment across the prehospital curriculum and enhance the practice of paramedic students. In addition to meeting the Australian Health Practitioner Regulatory Agency (AHPRA), registration of professional capabilities for paramedics was established by the Paramedicine Board of Australia (Paramedicine Board 2021).

A previous audit of the curriculum's Aboriginal and Torres Strait Islander content was conducted in 2020. It showed that while relevant content was evident, it was often discussion-based, not formalised or assessed and frequently taught in standalone modules. The audit was the start of a continuous development process concerned with maximising opportunities for graduate work and empathetic future paramedics who deliver culturally safe patient care in our communities.

The review discussed in this paper followed the 2020 audit of the undergraduate paramedicine curriculum. It evaluates the progress, identifies good practice and highlights areas needing further development. As this project was an evaluation of a program already occurring for students, ethics approval was deemed unnecessary. Reviewers consisted of stakeholders representing the university, paramedic profession and communities. All of whom expressed an interest in participating. The process took two months, during which the curriculum content and resources were reviewed, Aboriginal and Torres Strait Islander-related items were noted, and further context was gained from the unit coordinators. This information was then collated and presented to the stakeholders. Discussions regarding the content were conducted, the use of good practice and areas for further development were identified and feedback provided. This will be re-evaluated in 12–18 months. The desired outcome of this review was and continues to be the normalisation of Aboriginal and Torres Strait Islander content throughout the course. This simulates paramedic practice, as the cultural background of patients is not always known from the initial emergency call. Therefore, students and future paramedics need to respond in the moment, and preparing for diversity enables students to learn from situations, practice skills and gain confidence in safe educational spaces. While it is not possible to cover all cultures, preferences and situations, promoting an empathetic and respectful approach to patient-centred care is key.

The results from the review showed that many units were identified as containing a considerable amount of content regarding Aboriginal and Torres Strait Islander people in Australia. A conscious effort to embrace Aboriginal educational practices was evident, with the utilisation of yarning and storytelling activities to share experiences and offer teachings that prepare and encourage students as they develop their paramedical practice. From an educational perspective, Elders are central to First Nation pedagogy. They teach and maintain culture, traditions, ideals, knowledge and life lessons across the community through informal teachings, storytelling and role modelling. This type of teaching is considered informal in the Western paradigm because it has no predetermined standardised curriculum or structure (First Nations Pedagogy 2023). However, utilising this style of sharing experiences and practices in the curriculum, delivered by those with lived experiences, has proved highly credible with students. An example of this is the use of a wide variety of guest speakers in the Clinical Placement Units, where students are prepared for placements and, ultimately, employment with ambulance services or communities. Guest speakers include paramedics, other first responders, nurses, lawyers, community service providers and

alumni attending class to share their experiences informally and openly. This offers students insight into a diverse range of patient care scenarios with a focus on lawful, patient-centred, culturally safe, respectful and dignified care for all. The shared experiences also supplement the information taught across the course and clearly demonstrate its application.

Some examples are:

Unit	Topics	Examples of Activities and Resources
Perspectives in paramedic professional practice (First year, first semester unit)	Exploring own culture Sharing experiences Aboriginal and Torres Strait Islander narratives on culture	<p>Introduction to regular yarning and safe spaces. These are scaffolded and supported with regular activities where a wide variety of reflective topics are discussed. Initially, an explanation on the purpose of yarning and the benefits of creating a safe, non-judgemental educational space is shared. Increasingly challenging and educational topics in the context of the course are discussed, for example, their own journey, culture, family, human nature, judgement, bias, racism and death. Each participating student has the opportunity to be heard by all and respond accordingly in this safe and nurturing environment.</p> <p>Students reflect on the meaning of culture and related terms, then share their own cultural experiences.</p> <p>Utilisation of cultural empathy and challenging attitudes through indigenous narratives resources (Edith Cowan University 2012). This is part of a project led by Edith Cowan University in conjunction with non-health-service sectors, educators and health professionals to collaborate as a reflective, multi-disciplinary team with shared visions and goals (Edith Cowan University 2012).</p> <p>Use of 'Interprofessional ambulatory care program – Creating cultural empathy, ensuring Client centred care' (ECU Health Simulation Centre 2012). This interprofessional learning through simulation resource package</p>

Unit	Topics	Examples of Activities and Resources
	<p data-bbox="668 412 908 450">Related epidemiology</p> <p data-bbox="668 712 908 770">Cultural awareness in the community</p>	<p data-bbox="951 412 1367 607">has been designed to support the facilitation of interprofessional learning among students and practitioners interested in developing their skills and knowledge of interprofessional practice.</p>
<p data-bbox="432 651 620 741">Lifespan development for paramedics</p>	<p data-bbox="668 651 908 689">Related epidemiology</p> <p data-bbox="668 712 908 770">Cultural awareness in the community</p>	<p data-bbox="951 651 1367 808">An end-of-life culturally sensitive learning activity with a focus on related history-taking documentation. This activity builds across the unit, applying learnings along the way.</p>
<p data-bbox="432 853 620 943">Emergency mental health response</p>	<p data-bbox="668 853 908 1010">Aboriginal and Torres Strait Islander narratives on mental health and belief systems</p> <p data-bbox="668 1043 908 1133">Drugs and alcohol</p> <p data-bbox="668 1111 908 1149">Homelessness</p> <p data-bbox="668 1171 908 1234">Overrepresented communities</p>	<p data-bbox="951 853 1367 1010">The utilisation of ‘Embrace’, a multicultural mental health resource with narratives, activities, and discussion (Embrace Multicultural Mental Health 2020).</p> <p data-bbox="951 1043 1367 1301">Use of ‘The Framework for Mental Health in Multicultural Australia’, which is a nationally available online resource, allowing practitioners to evaluate and enhance their cultural responsiveness, through detailed narratives from consumers with lived experience (Mental Health Commission 2014).</p> <p data-bbox="951 1335 1367 1525">Collaboration with the Western Australian Network of Alcohol and Other Drug Agencies and Peer Based Harm Reduction, for community education and support across metro, rural and remote services.</p>
<p data-bbox="432 1570 620 1659">Clinical skills for paramedical practice 1</p>	<p data-bbox="668 1570 908 1626">Practical clinical scenarios</p>	<p data-bbox="951 1570 1367 1895">The integration of Aboriginal and Torres Strait Islander representation of patients with common medical conditions, such as cardiovascular disease and chronic kidney disease. These are not limited to Indigenous Australians; however, discussion in debrief is based around the increased prevalence of these diseases in the population.</p>

Unit	Topics	Examples of Activities and Resources
Cultural studies Written and delivered by Kurongkurl Katitjin Centre for Indigenous Australian Education and Research	Introduction to culture	This unit explores cross-cultural understanding through development of lifelong learning principles informed by professional and ethical considerations in health systems. Aboriginal and Torres Strait Islander health is the primary focus of the unit; however, cultural safety and capability will be applied to additional contexts.
	Culture in healthcare systems	
	Strategies to promote equity in health practices	
	Communicating with people from culturally diverse backgrounds	
	Building cultural reflexivity	
Trauma studies for paramedics	Prevalence in populations Aboriginal and Torres Strait Islander scenarios	Embedded in case studies throughout, lecturers share their own experiences in the prehospital environment using storytelling, giving context and application of learning and opportunities to address queries from students.
Paramedic clinical placements 1 st , 2 nd and 3 rd years	Experience and reflection on placement experiences in various communities	Portfolio is built around the domains for the AHPRA professional capabilities for registered paramedics. The domains cover all communities across Australia, including Aboriginal and Torres and Strait Islander communities. Sessions are presented by experienced paramedics or nurses, who also share their own experiences through storytelling.
	Continuing professional development planning and goal setting	
	Links to AHPRA paramedic professional domains and capabilities	
	Volunteering in a medical setting	Self-reflection by the paramedic students is undertaken to enable growth in cultural awareness and a self-assessment of the conversation, patient rapport and overall patient treatment. While this process is not limited to the Indigenous population, it provides an avenue to reflect on the level of cultural awareness of the individual and make effective improvements as required.
	Aged care	
	Transitional care	
	GP clinics	

Unit	Topics	Examples of Activities and Resources
	<p>Mental health</p> <p>Community care</p> <p>Drugs and alcohol</p> <p>Emergency department</p> <p>Intensive care unit</p> <p>Theatre wards</p> <p>Ambulance observer shifts</p> <p>Rural and remote locations</p>	<p>International placements are undertaken with diverse populations and healthcare systems, including community and rural hospitals in Bali, Indonesia, and ambulance services in the United Kingdom and United States of America.</p>
Medical studies for paramedics 1	Associated diseases and epidemiology diseases in Aboriginal and Torres Strait Islander people	Unit consists of lecture-based content with case studies.
Clinical skills for paramedical practice 2	Common medical conditions (e.g., mental and substance abuse disorders and neurological disorders).	<p>Practical scenarios cover a variety of patients. Debriefs are based around the increased prevalence of specific diseases and issues in the Aboriginal and Torres Strait Islander populations.</p> <p>Paramedics share their experiences through storytelling techniques in the prehospital context.</p>
Medical studies for paramedics 2	<p>Associated diseases and epidemiology (advanced)</p> <p>Co-occurring disorders and illnesses</p> <p>Treatments available in metro, rural and remote areas</p>	Unit consists of lecture content and case studies.

Unit	Topics	Examples of Activities and Resources
Introduction to pharmacology	Medications for prevalent diseases and epidemiology	Unit consists of lecture content.
Prehospital diagnostic techniques	Inclusion of population and diagnostic techniques	Unit consists of lecture content and case studies.

As previously outlined, the initial findings of the review were encouraging, with clear evidence of Aboriginal and Torres Strait Islander content already embedded in units. The review also identified areas of content that could be further enhanced. For example, the inclusion of resources created by or in collaboration with Aboriginal and Torres Strait Islander authors. As paramedicine is a relatively young profession, with registration in Australia occurring in 2018, literature and resources on prehospital practice from Aboriginal authors are very limited. It is hoped that as the profession continues to grow in Australia more will be written and subsequently included in the course.

This review has increased the inclusion of authentic content and experiences that enable students to consider ethical and cultural paramedic practices, their own views and prejudices. This encourages open and honest exchange and exploration with peers and other professionals. While this can be uncomfortable, with the professional and sensitive approach from lecturers, it is hoped this will promote a more empathic approach to patient care and interprofessional working with Aboriginal and Torres Strait Islander patients, families, bystanders and colleagues.

This review has resulted in an ongoing collaboration with graduated Aboriginal and Torres Strait Islander students, who are now working in ambulance services. They have and will continue to assist in the continuous development and creation of relevant cultural scenarios, aimed at enhancing students' cultural awareness and sensitivity. It is hoped that other interested parties and stakeholders will come together to join a specialist group—which will expand to cover other cultures to ensure the continued embedding of relevant content, scenarios and related activities. This will lead to ongoing evaluation of the developments through feedback from students, staff and stakeholders.

During this review, continuous engagement with the Kurongkurl Katitjin Centre for Indigenous Australian Education and Research was vital to ensure that appropriate approaches and resources were promoted and used. The paramedicine teaching team have been encouraged to undertake an internal micro credential, called 'Infusing Aboriginal Content and Perspectives'. This, along with ongoing advice from the Kurongkurl Katitjin Centre, aids the development of culturally relevant and safe units, course content, resources and assessments, benefiting the outcomes for students, patients and colleagues.

The structure of this review has provided further opportunities to explore other areas of diversity encountered in the prehospital emergency environment, such as LGBTIQ+ communities and individuals with specific needs. Thus, this encourages the growth of paramedicine students' skills and confidence to be respectful, professional and empathetic in all clinical and non-clinical interactions. This makes for a more relevant and community-focused degree, maximising opportunities for students to

gain employment. This is particularly important as community paramedicine is a growing area in which paramedics work in clinical roles outside of ambulance services.

Conflict of interest

The authors declare no conflicts of interest.

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