“We just sat in the dirt and listened”: transformative cultural immersion experiences

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Rural and Remote Health Scientific Symposium, Hyatt Hotel Canberra
April 11-12, 2018
Presentation Aim

Provide an overview of two qualitative studies that explore the impact of remote clinical placements on health science students’ learning.

**Study 1:** Midwifery student placement on the Ngaanyatjarra Lands, WA (n=7)

**Study 2:** Interprofessional allied health science student placement at Mt Magnet WA (n=12)
Theoretical framework

Service learning pedagogy

- Engages students in activities that benefit community stakeholders & has direct academic learning outcomes
- Exposes students to social issues
- Gives students experience & skills to respond to issues in collaboration with community members

Campus-community partnerships  
Civic engagement  
Learning “in situ”
Study 1: Background to Ngaanyatjarra Lands placement

- Offered to selected midwifery students since 2010

- MOU with Ngaanyatjarra Health Service (community controlled) set out placement arrangements

- Scholarships provided by Australia College of Nursing (> $11,000) to support students & the health service

- Reserve entry permits obtained

- All students who visited the Lands between 2010-2013 were interviewed in 2014-15
The study setting
Ngaanyatjarra Lands

- 2,300 people live in 12 autonomous communities; Ngaanyatjarra dialect spoken by nearly 50% of community members

- 11 health clinics + one aged care centre run by community controlled *Ngaanyatjarra Health Service*

- 65-70 health professionals employed by NHS: medical officers, Aboriginal health workers, remote area nurses & midwives

- Tiny populations: 160 – 500 (Warburton), most communities approximately 1,000 km from regional centre (Alice Springs, Kalgoorlie); ‘dry’ (alcohol banned)
Aims, learning outcomes & methods

Aims
To deliver supervised health care in remote, traditionally orientated Aboriginal communities & develop cultural capabilities

Learning outcomes
- Enhance knowledge & understanding of Aboriginal health & culture in the region (especially women’s health)
- Develop communication skills
- Experience challenges of health care delivery & access in remote settings, especially for birthing women; participate in health promotion activities

Methods
In-depth interviews (1.5-2-5 hours) conducted with all participants in the program; transcribed, thematically analysed
Results: observing artists at work

“We were driving around with the Aboriginal Health Worker trying to find some women (who didn’t want to go to the clinic) . . .

We went to one house and there were two old ladies. It was a neat-as-a-pin yard . . . on the veranda there was a fire pit with two beds neatly arranged, and these ladies were sitting around a camp fire with all the dogs . . . and they were making . . . little musical sticks and one of them was burning a coat hanger in the coals, and then she would mark the sticks . . .

And so we said, ‘can we sit down and have a yack’ and they said ‘yeah’, and so we sat there and it was just amazing. I will remember it for the rest of my life. I am tearing up just thinking about it.

And they were telling me about the seven sisters (stars) and the painting she was doing and we just sat in the dirt and listened . . .

It was just such a profound experience for me . . . you can’t learn about it (in the classroom)”.

(Midwifery student interview transcript)
Results: learning from listening & listening to silence

*Encounter encapsulates all 3 learning outcomes*

- Reluctance of women to visit clinic - visit women where possible
- Exposure to cultural knowledge & skills: highlights community strengths (antidote to deficit model)
- Communication skills and respect: *learning to listen to the women & learning not to fill the long silences*
Results: at work in the clinic

‘two-ways learning’ also experienced in the clinic

- Approaching ‘women’s business’ - learning from the midwife and the women about sensitivities

- Communication: learning and using local language; holding back in conversation; taking time to establish trust

- Importance of transfer of intergenerational knowledge & support role of grandmothers

- Realities of remote health delivery and access - patient & professional issues; relocation for birthing
Mt Magnet study: background to placement

- Placement commenced in 2013 (pilot) at Western Australian Centre for Rural Health (WACRH) based in Geraldton

- Offered to allied health & health science degree students with accommodation provided

Why Mt Magnet selected for remote placement?

- Strong links with Aboriginal community
- Recently acquired WACRH owned accommodation
- Aboriginal mentor from Mt Magnet employed by WACRH
- Identified as high needs area where students can make contribution
The study setting
Mount Magnet

- 342 km east of Geraldton & 560 km NE of Perth; services pastoral and mining industries

- Population approximately 532 people; 43.5% (230) identify as Aboriginal Australians

- Aboriginal people identify as **Badimaya** within Yamatji country

- Traditional language also known as **Badimaya**, endangered but revitalisation efforts on-going
Aims, learning outcomes and methods

Aims

- Provide a cultural immersion & interprofessional learning experience in a high needs remote community
- Build clinical skills & cultural capabilities
- Encourage future rural or remote practice

Learning outcomes

- Deeper understanding of social & cultural determinants of health
- Experience in application of creative strategies in clinical & community practice
- Enhanced resilience, independence & IPE skills

Methods

- In-depth interviews, thematic analysis, standard ethics approvals acquired
Results: re-thinking health service delivery

Key learnings centred on the nature of service provision in remote Aboriginal communities & importance of cultural context in clinical practice

Students witnessed:

- Inequities in resource allocation that characterise isolated communities
- How isolation, socioeconomic disadvantage & cultural factors conspire to produce poorer health outcomes
- The importance of building strong community connections & developing cultural insights to enhance communication in clinical practice
Results: engaging with community

The school bus run & breakfast club

- Response to complex family dynamics related to social disadvantage; aims to support parents & encourage school attendance

- Provided practice students with insights into social & living conditions, impediments to regular school attendance

- Opportunity to establish rapport with children, contextual circumstances & heighten awareness of impact of social disadvantage on education & health

- Insights invaluable in social & clinical interactions: many had to re-think clinical strategies
Results: IPE, professional development & future employment

- Interprofessional education was identified as unique feature of placement
- Experiencing different professional roles & perspectives was highly valued
- Clinical collaboration in assessments & interdisciplinary team work viewed positively
- Worked semi-autonomously & most embraced the independence – remoteness meant supervisors not always on hand; students gained confidence & competence
- Placement confirmed pre-existing desire to work rurally for some students; enhanced confidence in capacity to go rural for others
Conclusions from Ngaanyatjarra Lands & Mt Magnet studies

Both studies highlight

- The profound nature of learning that arises from cultural immersion experiences ("you can’t learn this in a classroom") despite challenges
- Supervised clinical & community work produces a deeper understanding of the social & cultural determinants of health
- Cultural capabilities are developed & strengthened in immersive settings
- Well supported & positive placements can increase interest in future rural employment

*Tracking of students post-graduation is required to determine how many “go rural” & whether placement was a contributing factor. A small longitudinal tracking study is currently underway.*
Thank you for your interest in this presentation

Acknowledgements

*The Aboriginal communities, health professionals and teachers on the Ngaanyatjarra Lands and at Mt Magnet who provided students with rich learning experiences.

*The students from numerous universities who agreed to be interviewed for these research projects.

*The academic staff from Curtin University and the University of WA who facilitated access to students and supported the studies and their aims.

*Claire Courtney for allowing the use of her photographs in this presentation.