

Training Aboriginal Doctors and Training Doctors in Aboriginal Health at Newcastle Medical School

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Proceedings

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Much of what I am speaking about today has previously been published in an excellent publication which is very useful for those involved in teaching Aboriginal Health. The *Aboriginal Health Information Bulletin* is a free publication published by Dr. Neil Thomson and Dr. Patricia Merrifield and may be obtained by writing to:

The Australian Institute of Health
GPO Box 570
CANBERRA ACT 2601.

They provide summaries of all the recent publications in the area of Aboriginal Health and are an invaluable resource. They published an article about the Newcastle programme in November, 1990.

Background of the current programme

In 1983, the Admissions Committee and the Faculty Board debated a proposal for the admission and training of Aboriginal students at the University of Newcastle Medical School.

It was argued that there was a need for Aborigines to be admitted to medical schools. A report from the House of Representatives Standing Committee on Aboriginal Affairs indicated that there was a particular need to increase the number of Aborigines undertaking medical training. This view was a result of the awareness of massive health deficits which Aborigines suffer, the need for a group to assume responsibility, wherever possible, for its own health and the disturbingly low per capita representation of the Aboriginal population being trained in the medical profession. It was argued that the Newcastle Medical School was a particularly appropriate site for such an endeavour, given its group orientation, active learning approach to medical education and its commitment to community health. The probability of success for Aborigines was seen as greater within such a structure than it would be in a more impersonal, lecture-dominated programme. The Newcastle education programme encourages collaboration rather than competition between students which, it was argued, might also assist Aboriginal students.

Furthermore, the problem-solving, interactional nature of assessment procedures appeared to offer the students a better chance of success since this method of assessment provides information regarding areas of skill deficit upon which basis remediation can then be offered.

As a consequence of this line of argument changes to the admission policies were

recommended to facilitate entry of Aboriginal students. As part of these changes, and in an effort to assist Aborigines to gain admission to medical schools, the Faculty of Medicine at Newcastle waived the residential criteria for this population group in 1982. Consequently, an Aborigine from any part of Australia would be considered for admission. However, it was considered unlikely that Aborigines would gain admissions to the few highly competitive places owing to their being academically disadvantaged.

As a consequence of this debate, Faculty Board, on the 20th October, 1983, agreed that four places would be created annually for Aborigines over an eight year period beginning in 1985. It was considered that while Aboriginal applicants would complete the usual selection tests, they would not compete with the other applicants. Instead, they would be required to reach previously agreed scores. A more liberal examination of their previous academic experience would also be made. It was emphasised that this change in the admission criteria was dependent upon the need to establish acceptable financial and other support from the relevant Commonwealth Departments to assist in maintaining the students during their undergraduate course.

Throughout the planning process for developing the Aboriginal Student Programme, extensive consultations took place with numerous representatives of Aboriginal communities and organisations. This was seen as essential to the success of the programme and Aboriginal people have been involved in the programme from the beginning and are relied upon in the selection process, support for students and teaching in the curriculum.

In 1985, Newcastle Medical School admitted four Aboriginal medical students, under special entry provisions, to the five year course of training for the Bachelor of Medicine degree. Two of those students completed their training in 1989, and started work as interns in Newcastle in 1990. Sandra Eades from Perth entered medical school directly from high school, while Louis Peachey from Murray Upper (near Tully) in Queensland spent a year at James Cook University studying engineering before deciding to study medicine. Neither student had any history or experience of tertiary study in their family, and neither had any relatives or friends in Newcastle. Their graduation in May was a time of celebration for the students, their families, the Medical School and the wider Aboriginal community.

Following in their footsteps are another 14 Aboriginal and Islander students, one in fifth year, one in fourth year, one in third year, eight in second year and three in first year.

In the seven years during which Aboriginal students have been admitted, retention rates have varied.

1985 Intake	75%
1986 Intake	50%
1987 Intake	75%
1988 Intake	20%
1989 Intake	25%
1990 Intake	80%

Sadly, poor retention rates are often the norm in Aboriginal education. Fifty per cent retention rates for Aboriginal students in degree level courses at a University would be seen as an "excellent" result for many institutions. We do not accept this at Newcastle. Despite comparatively reasonable retention rates, we are aware of the financial and emotional cost to students repeating or failing. We also do not want to admit students who are inadequately prepared, or have unrealistic expectations, and who are either programmed to fail from the outset, or end up trapped in a merry-go-round of repeating years.

Selection

In 1989, following the loss of most of the 1988 intake, the Dean of the Faculty, Professor John Hamilton, initiated a review of the program under the chair of the Professor of Psychiatry, Professor Vaughan Carr. Statistical analysis of the normal admission procedures at Newcastle undertaken previously (Powis *et al*, 1988) indicate considerable success in lowering the attrition rate in non-Aboriginal medical students by a system of structured interviews and psychometric testing in addition to rank ordering of applicants' marks. Every student admitted at Newcastle has to have a successful interview, as this was found to predict academic success or attrition.

However, Aboriginal candidates for admission often have lower academic marks and lower psychometric scores whilst competing well at interview. The Faculty has developed other procedures to assist in selection of Aboriginal candidates. In addition to the normal selection procedures, Aboriginal candidates are also required to participate in a problem-solving tutorial and in small-group work. The results of tasks taken away from these sessions are presented to the group. The ability to participate, synthesise and present information is assessed, as much of the formal learning at Newcastle occurs in just this way.

The Committee of Review also recommended that the usual structured interview be amended to include provision for interviewers to have access to information about a candidate's background/demographic data and previous academic/work records. This can lead to more searching questions and a more realistic assessment of a student's previous success and educational opportunity.

The final interview is conducted by two people, one of whom must be Aboriginal. Despite the battery of tests that candidates undergo, the decision over who is to be admitted is never easy. Candidates have come from every State and Territory in Australia, and while most have come from economically-deprived families, they have had a variety of educational opportunities and experiences. Those from more traditional backgrounds can be particularly hard to assess, as their educational opportunities are usually very restricted. Despite this, Newcastle Medical School has admitted a more heterogeneous group of Aboriginal students than other medical schools.

Few Aboriginal or Islander students are studying medicine outside Newcastle. There are less in total at all the other nine medical schools than at Newcastle, and their retention rates are often low as well. They are also more conservative about which students they admit – often offering places to only the best academic performers from schools.

Newcastle Medical School has a more adventurous admissions policy that emphasises personal qualities, in addition to academic ability. More of Newcastle's students would have lower school marks, both parents Aboriginal, and come from remote areas, reflecting the diversity of opportunity in Aboriginal communities. Students have come from Broome, Rockhampton, Townsville, Cairns, Canberra, Adelaide, Ipswich, Sawtell, Perth, Murray Upper, Cooranbong, Innisfail, Alice Springs, Launceston, New Norfolk in Tasmania, Wollongong, Leeton, Sydney, the Torres Strait and Brisbane. Non-Aboriginal medical students at Newcastle also have more diverse backgrounds and educational experiences than their counterparts at other universities.

Newcastle has never stipulated any prerequisite subjects and takes a higher proportion of mature-age students, which increases the numbers of students from lower socioeconomic backgrounds. Non-Aboriginal applicants are also accepted at Newcastle for personal qualities which are deemed at least as important as good grades.

I am not saying that Newcastle is the best Medical School for all Aboriginal students because some will be more suited to a traditional style of learning. The more vulnerable student would be better suited to Newcastle where we provide support directly within the Faculty. However, Aboriginal students with high grades admitted to Medical Schools have often not completed their studies and it is that tragedy which we seek to avoid.

Support

The experiences of Newcastle and other Australian universities is that even those Aboriginal students with the highest grades can still find medical schools an alienating environment. A study of the training of black teachers in the United States described several forms of alienation – students had feelings of social isolation, a lack of camaraderie, a loss of goal orientation, a lack of identity or self-esteem, and felt their cultural needs were not met.

Selection of students on the grounds of matriculation or tertiary results alone ignores the personal attitudes which are very important in determining not only success within the course, but also within the individuals practice of medicine. However, just as important as these personal aspects are the external factors which determine success. These include the medical school, its philosophy of teaching, staff attitudes, non-Aboriginal student attitudes, isolation of the student from family and community and family responsibilities. Aboriginal students suffer from the normal array of student problems, compounded by higher levels of family and personal poverty and responsibilities.

The Faculty endeavours to provide support and improve Aboriginal retention and success by presenting a medical career as a viable objective. Staff, current students and graduates visit Aboriginal communities and schools and answer questions openly and realistically. Other efforts to assist Aboriginal retention and success include:

- support by staff generally, as well as the provision of special staff to fulfil this role, including an Aboriginal member of staff
- an enclave of other students to provide camaraderie
- no Aboriginal student enters first year alone – at least two are selected
- links with the local Aboriginal community are fostered (they are involved in the selection and education process as well)
- encouragement of the student's links with their home community, and
- the provision of a curriculum that supports the student's Aboriginality.

The Aboriginal Student Liaison Office at Newcastle has three staff members partly financed by the Department of Employment, Education and Training. The Aboriginal Student Liaison Officer has always been a medical graduate and is administratively responsible to the Dean.

The students also receive support from the Aboriginal office assistant/typist, who, as well as performing standard stenographic and clerical tasks, provides social support for students and acts as a front-line contact. A Senior Tutor is also employed to provide study skills assistance. Despite the fact that students may have achieved in 'mainstream' education, they do not necessarily have the study skills that are appropriate to higher education in general, and medicine in particular. Students have received assistance in establishing study regimes, coping with large volumes of work, locating information from texts and journals, developing active reading techniques and preparing for assessments.

All staff realise that their major role is to promote a stable social environment for Aboriginal students, especially in view of the fact that they come to Newcastle from widely diverse backgrounds and locations. Within the medical faculty, the Office acts as an 'enclave', a

place which unconditionally fosters the positive self-regard of students. This role of the office as a 'safe place' is a crucial one, which must not be compromised. Outside the medical faculty, the Liaison Office seeks to provide opportunities whereby Aboriginal students can meet Aboriginal people from the Newcastle community. Each year the Office organises a number of social functions where students can meet members of the local community, other students and faculty members.

Having the support of their families is generally an important factor in students' progress through the medical course. However, the families of Aboriginal students are often fragmented or otherwise compromised in the support they are able to give. Approximately one-third have parents who are divorced or separated. Only two students have older siblings who are tertiary students, and two students have an Aboriginal parent who is studying as a mature-age student. Overall, the families of Aboriginal students tend to be disadvantaged in comparison with those of non-Aboriginal students. Many of the families have also had traumatic experiences including problems with the law, alcohol, institutionalisation as children, abuse, desertion, and premature or preventable deaths. Students from very traditional backgrounds can find it difficult to move between one lifestyle and another. In addition to fostering social support for students, the Aboriginal Student Liaison Office has to be alert for more serious psychosocial problems not responsive simply to friendship and counselling in the Office.

Like many students going through a time of stress, Aboriginal students at Universities experience a range of difficulties in such areas as sexuality, social relationships, budgeting, general living skills, homesickness, loneliness, depression and suicide. No matter how successful the Office is in its support, or how successful the students are in forming and maintaining friendships, most Aboriginal students like to head home at every opportunity, and the family and home community remain a primary source of emotional and cultural support.

Teaching

The development of a good Aboriginal health curriculum is vitally important to both Aboriginal and non-Aboriginal medical students. Sharing the same social and cultural backgrounds is not enough to ensure quality in patient-doctor interactions. Health beliefs and behaviour vary according to socioeconomic status, and the very training and status rewards of medicine can isolate individuals from their own culture.

Non-Aboriginal students often have no prior experience of Aboriginal people at all. Even with Newcastle's wider admissions policy, students come overwhelmingly from the affluent and middle class. Various commentators have recorded the failure of many non-Aboriginal health professionals to provide a caring and competent service for Aborigines.

Resident Medical Officers (RMOs) interviewed in a study by medical anthropologist, Robyn Mobbs, commented that communication was a central problem. The RMOs were apprehensive about their diagnoses, and their inability to relate to Aboriginal patients engendered feelings of frustration, anger, resentment and, depending on other pressures, diffidence and indifference.

The Aboriginal health curriculum at Newcastle covers the five years of the course with most components in the first four years. Aboriginal agencies supply both attachments for students and provide Aboriginal lecturers and patients for practical sessions. The sessions provided by Aboriginal health workers have provoked some of the most favourable and interested student comments.

In the first year, in the Population Medicine strand, students study a year-long subject on Aboriginal health. All students are expected to read the references provided, and generally attend two lectures and two student presentations on the subject. In 1990, Mrs Olive Bieunderry, the chairwoman and health worker from the Wangkatjunga community via Fitzroy Crossing in Western Australia, spoke to students about her community's problems. Dr David Fountain from the Aboriginal Medical Service at Redfern described his work, and Professor Kerin O'Dea from Deakin University compared the traditional Aboriginal hunter-gatherer diet and the Western diet and the emergence of 'lifestyle' diseases, particularly diabetes.

One group of 10 students studies Aboriginal health in more detail. They are attached to various Aboriginal health and welfare agencies. The agencies visited by students included: the Aboriginal Medical Services at Newcastle, Redfern, Taree, Kempsey and Mt Druitt; a general practice at Bourke; the Aboriginal Children's Service; and a women's refuge at Newcastle. The students also prepare two long written reports and provide resource information to the other students in the year who can be called upon to answer a question on Aboriginal health in the end-of-year assessments.

In the second year, all students study two specific problems concerning Aboriginal patients. One involves a 35 year old woman suffering from cardiac disease as a consequence of rheumatic fever infection in childhood; the other involves an Aboriginal man brought unconscious to an accident and emergency department (this problem focusses on the development of stereotypes and how this can affect medical staff practice and endanger patients' lives).

In the third year, in Population Medicine, students study ear disease and hearing loss in Aborigines. An Aboriginal man with non-insulin-dependent diabetes speaks to students about his health and the problems his lifestyle and responsibilities impose on managing his disease. Professor O'Dea also lectures students on Diabetes in Aborigines.

In the fourth year, students study the Trachoma Report, with specific attention directed to/ at the documented social disadvantages and their impact on the health of Aborigines. In addition, there is a patient presentation in the paediatric block of a two year old Aboriginal boy with growth failure and malabsorption, the reasons for which are addressed.

In the final year, students attend a resource session on substance abuse where one of the patient profiles is that of a 12 year old Aboriginal boy who sniffs petrol. Both Aboriginal and non-Aboriginal students have opportunities to carry out electives in Aboriginal health areas for two months in third year and final year if they are interested in further training. Many Aboriginal students have chosen to go home and work in their local Aboriginal Medical Service.

Aboriginal health workers, activists and doctors involved in the area are only too happy to speak to medical students and explain their point of view. They give generously of their time and make an effort to provide useful experience and training for Aboriginal and non-Aboriginal medical students.

Thank you for your interest.