

## Interdisciplinary approach to clinical placements within Charles Sturt University School of Nursing Midwifery and Indigenous Health. A Practice Report

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### Abstract

*The clinical placement environment can be challenging for many students, and for students enrolled in the School of Nursing, Midwifery and Indigenous Health (SNMIH) subject NRS194, Indigenous Cultures, Health and Nursing, being placed in an Aboriginal facility can be daunting and increase anxiety within a cohort. A pilot project within the SNMIH for NRS194 sought to engage the local Aboriginal Health Service through Aboriginal staff and utilising the skills, knowledge and expertise of the Aboriginal Health workers as a conduit to the community. The cross cultural engagement within the SNMIH and the community has meant the cohorts of discipline-specific programs are being exposed to a breadth and depth of diversity within the Australian Health context, with a specific focus on Aboriginal and Torres Strait Islander peoples and their communities. This Practice Report discusses the core elements of this first year placement initiative and the outcomes from the academic lens.*

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## Context of practise

Interdisciplinary or inter-professional care is a model of practice which supports equality and interconnectedness of responsibility amongst team members when working in Aboriginal and Torres Strait Islander contexts (Dudgeon, Milroy & Walker, 2014, p. 221). Through significant community consultation, this clinical placement initiative allows students enrolled in the School of Nursing, Midwifery and Indigenous Health (SNMIH) subject NRS194 the opportunity to attend a unique clinical placement with the local Albury Wodonga Aboriginal Health Service (AWAHS). The focus of this placement was formulating successful community partnership between AWAHS and the SNMIH. The facilitation of this community partnership was done through the desire of diverse health professionals within the school and the community to contribute to the skills, knowledge and attitudes of nursing students when working alongside Aboriginal organisations, individuals and communities. Within and external to the school saw the contribution of externally a Registered Nurse, internally a Registered Nurse, Aboriginal Physiotherapist and an Aboriginal Pharmacist. During the clinical placement experience, students observed the skills of an Aboriginal Health Worker (AHW) currently working on health promotion campaigns in their local area, providing an interdisciplinary environment. Students engaged with the AHW and in a peer group setting to create, develop and deliver culturally specific health promotional activity under the guidance and supervision of a Charles Sturt University (CSU) Registered Nurse facilitator/supervisor. Based on a needs analysis through the facilitation of the Registered Nurse, Chronic Disease Registered Nurse, AHW and students, a

process was established for the design of a resource to be utilised at AWAHS as the priority, whilst at the same time meeting the clinical requirements for the university placement. Through this process, the guidelines of working with Aboriginal and Torres Strait Islander people/communities as outlined by the Aboriginal Health & Medical Research Council (AH&MRC) (Aboriginal Health & Medical Research Council of New South Wales, 2008) were adhered to. Throughout the process, students' involvement was facilitated by a Registered Nurse to ensure that they were operating within their scope of practise under the Australian Health Practitioners Regulating Authority/ Nursing and Midwifery Board of Australian (2013) guidelines. Joint aims and significance have been negotiated with CSU SNMIH Albury campus and AWAHS.

## Aims and significance of this initiative

A process of community consultation (McMurray, 2003) was undertaken prior to the placement being established. The following joint aims and significance of the placement were established prior to student's commencing their placement.

- Form effective community partnerships with Aboriginal Health Centers and the School of Nursing, Midwifery and Indigenous Health
- Enhance students' knowledge about Aboriginal and Torres Strait Islander culture and deliver culturally safe health practices
- Provide an innovative opportunity for student placements

- Enhance collegial inter-professional activities with AHW and other staff at AWAHS
- Allow a primary health care framework to be embraced within a health setting
- Work closely with Aboriginal staff from AWAHS to gain a better appreciation of Aboriginal cultural and community issues whilst planning and implementing primary health care and health promotion initiatives to improve the health of the Albury Wodonga Aboriginal community.
- Work closely with Aboriginal staff to initiate/commence/plan for a health promoting activity as directed by both the AWAHS staff and CSU supervisor.
- Students to have the opportunity to work as teams as directed by AWAHS staff and CSU supervisor to provide AWAHS with tangible health promotion activities that are designed to be implemented immediately and in the planned future.

This pilot project has the ability to promote and recognise good practices in learning and teaching through embracing student centered learning approaches (Schunk & Ertmer, 2000). This allows for the Bachelor of Nursing course to increase its ability to enhance the graduate attributes of students (Faculty of Science, Operational plan 2010-2012). Outcomes of this project can be applied to other health courses, and be used to shape a health workforce that is culturally responsive to working alongside Aboriginal and Torres Strait Islander

peoples (Indigenous Allied Health Australia, 2013).

## Review of Literature

The health and well-being of Aboriginal and Torres Strait Islander people has been identified as a critical problem with high levels of chronic illness, morbidity and mortality compared to other Australian population groups (Thomson, 2010 & Thomson et al., 2010). However, as Registered Nurses, we continue to discuss and theorise components of Aboriginal and Torres Strait Islander health often addressing issues in a piecemeal way rather than considering a holistic approach. The concept of primary health care has been shown to have an independent holistic effect on improving the health status of populations and having the ability to reduce health inequalities; health services adopting the concept (McMurray, 2003) Countries with well-developed primary care systems have healthier populations and reduced health care costs (Macinko, Shi, Starfield, & Wulu, 2003 p. 407). Primary health care combined with a community holistic approach has the potential to provide optimal health care and thus be an effective way to improve Aboriginal and Torres Strait Islander community health (McMurray, 2003). According to Voyle and Simmons (2002) programs that are aimed at improving Indigenous health should include program planning and development, appointment of community based liaison workers and the formation of partnership committees. Aboriginal and Torres Strait Islander health often has complex boundaries and a multitude of casual links that requires the clinician to work with communities to improve the overall health needs (Stagnitti, Schoo, 2010). These are individual and unique practitioner skills that require the student

to gain appropriate experience before they reach a professional status and in turn will enhance their graduate attributes within the Australian health climate.

In order to provide effective medical, nursing and allied health services to Indigenous communities, health care providers need to consider philosophical differences between Indigenous and non-Indigenous people and to utilise a primary health care approach under Aboriginal and Torres Strait Islander community control (Chang et al., 2000). Health professionals taking part in community health projects need to frequently reflect on their understanding of health and aspire to client-centred care (Eckermann et al., 2006, p. 160) and familiarise themselves with the guidelines for effective approaches to Aboriginal and Torres Strait Islander people's health; embracing community control and effective community health partnerships (National Public Health Partnership, 2006). Mainstream health service providers have a responsibility to Aboriginal and Torres Strait Islanders to deliver culturally appropriate health care that is both respectful and culturally competent. Engaging students with culturally appropriate skills at an undergraduate level will improve Aboriginal and Torres Strait Islanders' experiences in utilising mainstream services in the future.

According to the Commonwealth Department of Health and Aged Care (2001), mainstream primary health care services for the Indigenous population are under-utilised for a complex range of reasons, including lack of bulk billing, transport issues and discrimination. As a consequence, many Aboriginal and Torres Strait Islander people are presenting to health services late in the course of their diseases and as a result, experience

significantly higher rates of preventable complications and death. This seemingly supports the concept of undergraduate nursing students acquiring Indigenous health practise skills within an Aboriginal and Torres Strait Islander health environment.

McMurray (2003) defines goals for Aboriginal and Torres Strait Islander health as inclusive of access and equity in health care, greater connectivity between Aboriginal and Torres Strait Islander peoples and their advocates, cultural sensitivity, cultural safety in all health care practices, community self-determination and self-empowerment on the basis of capacity building.

Community control of primary health care services is one of the most important directions for effective health service delivery and to empower Aboriginal and Torres Strait Islander peoples to determine their own primary health care priorities. Tarimo and Webster (1996, p. 2) discuss the significance that primary health care in any given country is an important contributor that ensures social justice for all within the community. Primary health care empowers individuals to be informed and take an onus for their own health through education. The inability to provide adequate preventative health care to a cultural population within Australia is evident and requires direct attention by all health professionals within Australia. Primary health care has been shown to have an independent effect on improving health status and reducing health inequalities, and countries with well-developed primary care systems have healthier populations and reduced health care costs (Macinko et al., 2003 p. 407).

Herbert (as cited in McMurray, 2003, p. 299) also implies that any community

action should involve activities that encourage self-empowerment. An empowered community has equitable resources, the capacity to identify and solve problems, participate in community activities, develop self-confidence and influence social change. According to Fawcett et al. (as cited in Suarez-Balcazar 2005, p. 135), empowerment is the process of gaining control over decisions and resources that impacts one's life. Empowerment has been shown to be effective by Swider (2002, p. 11) who claims that community health workers require clear focus and carefully defined target populations to increase community involvement in health promotion efforts. Herbert (as cited in McMurray, 2003, p. 299) also indicates that any community action should involve activities that encourage self-empowerment. An empowered community has equitable resources, the capacity to identify and solve problems, participate in community activities, develop self-confidence and influence social change.

## Methodology

The pilot project was considered around the pedagogy of student-centred learning allowing student choice and promoting decision-making in the placement. It embraced Friere's (1993) Model of empowerment. Through the significant consultation with AWAHS, this has resulted in needs of the AWAHS (community) along with facility in the correlation of existing student skills and competencies that align with the subject learning objectives for NRS 194. This has ensured that both stakeholders are gaining benefits from the placement with the greatest impact being the benefit of additional health promotion material for the local community.

Students were given the opportunity of self-allocation to five existing health promotion campaigns currently running at AWAHS. There were a number of pre-readings required for each health promotion campaign that students were required to complete prior to presenting to AWAHS. This was initiated to ensure that students had a clear understanding of the primary health care health promotion placement.

Low risk ethics support from the School of Nursing Midwifery and Indigenous Health was sought with nil adverse events occurring for the duration of the project.

## Future direction

This placement will provide an opportunity for students to reflect on culture and explore potential biases (Durey, 2010). This pilot project provides the opportunity for undergraduate Bachelor of Nursing students to embrace the concept of partnerships at a novice level and work with communities to reduce the health disparities of local Aboriginal and Torres Strait Islander communities.

It is envisaged that this pilot project will inform curriculum design surrounding Aboriginal and Torres Strait Islander health and broaden placement options within the subject NRS194 and other primary health care subjects. The establishment of these relationships ensures that the impacting footprint that universities have on communities in which they place students is not only positive for the student but has the ability to create and sustain ongoing future relationships with Traditional Owners within Australia. The nature of reciprocity that this pilot project has for communities that include universities has far reaching possibilities for placement opportunities for other

health-related courses offered by institutions that are creating a workforce that is responsive to the needs of the communities and the people at the heart of these communities.

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