

REM: A Collaborative Framework for Building Indigenous Cultural Competence

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Abstract

The well-documented health disparities between the Australian Indigenous and non-Indigenous population mandates a comprehensive response from health professionals. This article outlines the approach taken by one faculty of health in a large urban Australian university to enhance cultural competence in students from a variety of fields. Here we outline a collaborative and deeply respectful process of Indigenous and non-Indigenous university staff collectively developing a model that has framed the embedding of a common faculty Indigenous graduate attribute across the curriculum. Through collaborative committee processes, the development of the principles of “Respect; Engagement and sharing; Moving forward” (REM) has provided both a framework and way of “being and doing” our work. By drawing together the recurring principles and qualities that characterize Indigenous cultural competence the result will be students and staff learning and bringing into their lives and practice important Indigenous cultural understanding.

Keywords

Indigenous graduate attribute, Indigenous health, cultural competence, nursing students, midwifery students, health professionals

Introduction

Graduate attributes refer to statements that outline the qualities graduates are expected to attain by the end of their degrees. Indigenous-specific graduate attributes aim to “ensure that students develop relevant knowledge and skills to demonstrate cultural competency and professional capacity” (Australian Government, 2012, p. 194). This article outlines the approach taken by one health faculty to enhance cultural competence in students from a variety of fields through the implementation of a faculty-wide Indigenous graduate attribute. Through collaborative committee processes, the development of the principles of “Respect; Engagement and sharing; Moving forward” (REM) has provided both a framework and way of “being and doing” our work. This framework has formed a key part of this faculty of health’s response to current national and international efforts to specifically prioritize Indigenous cultural competency in the curriculum.

Background Literature Review

Internationally, Indigenous peoples tend to have poorer health than non-Indigenous people, and there has been increasing awareness and acknowledgement of the factors that contribute to this unsatisfactory situation (Stephens, Porter, Nettleton, & Willis, 2006). In the Australian context, the well-established health disparities between Indigenous and non-Indigenous populations mandates a comprehensive response from health professionals (Australian Institute Health and Welfare, 2012; Burns et al., 2014).

In terms of producing a culturally competent workforce, it is vital that future nurses understand the importance of creating a safe space where cultural differences are respected, the expression and maintenance of culture protected and supported, and equitable health outcomes achieved (Australian Health Ministers’ Advisory Council, 2004). However, prior to 2005, few Australian undergraduate-nursing degrees had significant Indigenous content included in curriculum or programs of study (Bradford, 2006). The need to address the inequities and improve the health of Indigenous people through long-term strategies such as increasing Indigenous tertiary health degree graduates are strongly argued in the literature (West, Usher, & Foster, 2010). Furthermore, the lack of cultural competency in the health professions is identified as a problem that has serious

implications for the health and well-being of Indigenous peoples (Cox, 2007; Fazio, Creighton, Stewart, & Sherwood, 2013; Thomas, 2004).

Indigenous academics working together with enlightened non-Indigenous colleagues can enable dramatic shifts in increasing the cultural competency of both health students and faculty staff, potentially improving health outcomes for Indigenous Australians. However, a combination of factors including limited exposure, prior education predicated on a colonial perspective, and misunderstanding about the pervasive and ongoing impact of colonization mean that many people working within the Australian health and social care sectors lack adequate knowledge of Australia's First People and their circumstances. This lack of knowledge can present challenges when Indigenous and non-Indigenous people work together to increase cultural competency in curricula. Conflict can ensue when attempting to redress areas of inequality (Behrendt, 2003; Laksiri, 2001).

Some universities claim considerable progress in embedding Indigenous cultural perspectives (see, e.g., Asmar & Page, 2009; Badanami Centre for Indigenous Education, University of Western Sydney, 2012; Charles Sturt University, 2008), though it must be stated that it is difficult to ascertain if the changes and innovations have resulted in increased number of Indigenous graduates, or in improvements in how Indigenous people experience health care. Other countries that have developed strong programs to build Indigenous cultural competence include New Zealand and Canada. Canadian studies have created models supporting integration of cultural competence and cultural safety into Schools of Nursing that included contextual, structural, process, and outcome aspects (Rowan et al., 2013). Stansfield and Brown's (2013, p. 3) discussion highlighted Indigenous knowledge as a gateway for "learning about relational nursing practice . . . [and] as a strength-based approach to discussing Indigenous people's health." In the significant literature from New Zealand there was extensive discussion of "cultural safety," specifically for Maori people embedded into the nursing curriculum more than 20 years ago (Papps & Ramsden, 1996).

Richardson and Carryer (2005, p. 206) provided insight into the maturation of attitudes to cultural safety, finding that their participants "thought that teaching cultural safety was unlike teaching about other nursing topics because of the central focus on attitude change" and inversion of focus, clearly onto student self-evaluation. Doutrich, Arcus, Dekker, Spuck, and Pollock-Robinson (2012) developed five themes that emerged from their research including the key role of reflection, self-knowledge, traveling together, ethical practice, and the need for an evolving approach. However, recently it has been argued that not enough has changed and nurses still enact "entrenched attitudes" rationalized as equal treatment (Wilson, 2012, p. 18).

This Project

There have been key initiatives over the past 5 years aimed at building Australian university graduates' Indigenous cultural competency, with momentum building nationally. Universities Australia's (2011a) stated,

Universities have a major responsibility to provide the next generation of professionals with knowledge and understanding of Indigenous cultures, histories and contemporary contexts and equip graduates with culturally appropriate skills and strategies to prepare them for working effectively with Indigenous clients and/or communities. (p. 19)

This initiative has provided real impetus for serious action to address Indigenous cultural competency in Australian universities. The project outlined within this article took as its starting point the vision outlined by Universities Australia (2011b, p. 374): "Indigenous cultural competency embedded as graduate attributes in specific courses or on a University-wide basis; Indigenous perspectives routinely included in the curriculum development process."

The term *cultural competency* has been problematized and the ability to be completely competent regarding culture questioned (Kirmayer, 2012). However, we take a broad view of cultural competence as "valuing diversity, having the capacity for cultural self-assessment, being

conscious of the dynamics inherent in cross-cultural interactions, institutionalising the importance of cultural knowledge and making adaptations to service delivery that reflect cultural understanding” (Universities Australia, 2011b, p. 38). We also acknowledge that cultural competence is composed of attitudes, knowledge, and skills (Calvillo et al., 2009).

In this article, we present the development of a faculty-wide approach to implementing a graduate attribute for Indigenous cultural competence in every academic program. Embedding cultural competence throughout curricula as a graduate attribute has the added strength of ensuring cultural competence is measured through assessment. We considered this to be crucial because assessing cultural competence has been a challenge for many schools of nursing internationally with only a minority having specific indicators to measure student understanding and change (Rowan et al., 2013).

Establishing the Context of This Project

The health faculty discussed in this article is in a large urban, Australian university that provides courses for both undergraduate and postgraduate students in a range of health disciplines with an annual graduating cohort of around 700. In 2011, there were greater than 30% of the total Aboriginal and Torres Strait Islander population residing in the relevant state (Australian Bureau of Statistics, 2011). It is therefore essential that students attain Indigenous cultural competence.

A University Reconciliation statement (2011) provided supportive infrastructure for this work. With faculty support, two Indigenous academics led the formation of a working party (for fuller description of this process, see Author et al., 2013). The working party was inclusive and was composed of Indigenous and non-Indigenous staff members including academics, teaching and learning experts, graduate attribute project managers, library staff, and administrative staff. Critically, the environment needed to be safe for all members of the working party. That non-Indigenous members would (to a certain extent) be ignorant of the historical, social, and political context of Indigenous Australian’s health stories was an accepted premise. In the process of attempting to design cultural competence strategies for students, the non-Indigenous members of the committee were supported in increasing their knowledge of Indigenous issues.

The working party grew together through actively supporting one another through the process of developing respect and engagement. Working together this way ensured members developed a sense of ownership in the activities developed and conducted. The working party was committed to promoting the idea that Indigenous health is everybody’s business (Author et al., 2013), and not only the responsibility of Aboriginal and Torres Strait Islander peoples. To this end, the working party developed the following statement to preface and frame the attribute.

The Faculty of Health considers Aboriginal and Torres Strait Islander peoples’ health to be everybody’s business, and acknowledges that ongoing colonisation and racism are vital determinants impacting on the health of Indigenous peoples. We are therefore committed to supporting all staff and students to develop new knowledge and skills that will enable meaningful engagement with Indigenous peoples, communities and organisations.

The graduate attribute went through many permutations with discussion strongly focused on how non-Indigenous graduates could actually make a contribution to Indigenous health in Australia that was not simply rhetorical. Finally, the following wording was agreed upon: “graduates demonstrate professional cultural competency which contributes to the health and wellbeing of Indigenous Australians, inclusive of physical, social, emotional and spiritual wellness” (Author, 2013). This attribute is further broken down into three elements:

- Demonstrate respect and value for world view differences and in particular Australian Indigenous ways of knowing, being and doing

- Critically reflect upon the impact of ongoing colonization and its pervasive discourse on Indigenous Australians and their health and well-being
- Recognize the diversity of Indigenous Australians and integrate this knowledge into practice

Once the Indigenous graduate attribute was developed, launched, and integrated into curricula, it became clear that support was required for non-Indigenous staff to realign teaching and learning activities to include and preference Indigenous ways of knowing, being, and doing. Indeed, academic staff may actually contribute to the misrepresentation of Indigenous knowledges if not appropriately educated on Indigenous culture and history (Nakata, 2004; Author et al., 2013). Non-Indigenous staff members also described feeling ill equipped and fearful of being inadvertently inappropriate or disrespectful; therefore, the working party focused on developing resources to support staff.

Resources to Support Teaching and Learning: The REM Framework

These resources include a comprehensive website where overview information is provided along with linkages to full text resources to support teaching and learning (Author, 2013). All content and linked resources within the website were reviewed and approved by Indigenous staff members to ensure relevance, accuracy, and authenticity. However, in order for academic staff to be able to effectively teach students about cultural competence, they first need to engage in a process of critical self-reflection regarding their own beliefs and values while being exposed to the Indigenous perspective of colonization and ensuing trauma and inequity (Doutrich et al., 2012).

In order to facilitate this process, and in addition to the developed resource kit on the website, monthly discussion groups facilitated by Indigenous guest speakers were commenced within the faculty. The Indigenous concept of yarning was used to frame the discussion groups. Yarning is a word used to describe an informal Indigenous conversation. In a yarning circle information is shared, often in the form of a story, which honors Indigenous pedagogy and recognizes the oral tradition (Bessarab, 2012). These yarning circles aimed to encourage discussion and reflection on key Indigenous knowledges and issues, for example, the diversity of Indigenous Australia. These forums allow engagement, sharing, and ongoing learning. Furthermore, they afford non-Indigenous staff members the opportunity to ask what might sometimes be difficult questions. Such questions are then responded to by Indigenous people accustomed to educating others about their culture and history.

When developing a framework for the resource kit, extensive discussion was held by the working party. It became clear that content development was necessary around three main areas: providing insight into Indigenous cultures, the ongoing impact of colonization and racism, and the idea that a shared future was necessary. However, categorizing this information proved difficult due to the fluid and interrelated nature of the topics. Through ongoing collaborative and respectful discussion, a framework emerged. This framework was termed REM: R—Respect; E—Engagement and Sharing; and M—Moving Forward together. REM encompasses eight subcategories that although overlapping and interlinked are each vital to understanding contemporary Indigenous culture in Australia: heterogeneity of Indigenous Australians; health and social, emotional well-being; Indigenous ways of knowing, being, and doing; spirituality, colonization, racism, and chronic disease; social justice, transgenerational trauma; and resilience, survival, and thriving. This framework helped link information for the resource pack, informed the establishment of the yarning circles, the creation and updating of the website, and the development of evaluation strategies. The principles of REM are embedded into all Indigenous content to ensure the sustainability of this work. Through adhering to the REM framework we acknowledge the imperative to privilege Indigenous perspectives, enable non-Indigenous people to develop new knowledges, and work together to ensure a shared future.

Respect

Comprehending the notion of respect is vital to enable working together with Indigenous and non-Indigenous Australians. For a very long time our visitors to our Nation of Nations have failed to be respectful to Australia's first peoples. Ignoring our laws, killing our peoples, breaking promises and stealing every resource we had held and sustained. We have been made paupers in our lands, stripped of our resources necessary to strengthen our well-being. This has been a very tough way to learn and accept that we do not share the same values or principles.

Over these many years of contact and contest we have gained an appreciation that our ways of knowing, being and doing are very different to those who have come. We have importantly never declared that this way of knowing is wrong, false or inferior. We have never professed that you must learn and follow our ways, instead we have simply asked that as newcomers you need to respect who we are, and how we have maintained and sustained this oldest continent. When we ask you to show us respect we are asking you to be open to our ways of knowing ourselves. We are also asking you to value our authority to speak on our own behalf and respective countries.

Respect is a foundational value at the very core of healthy and responsive relationships. As such respect is a word that holds great esteem in Australian Aboriginal and Torres Strait Islander cultures. Respect in the Indigenous sense means being asked to listen, hear, value, and tolerate Indigenous perspectives of Indigenous experience (Author, 2010). The Indigenous academics asked for respect in being heard and in the sharing of their ways of knowing, being, and doing. The preferencing of Indigenous knowledges and systems is a vital step that universities must take if they are to truly engage with their First Peoples (Rigney, 2006).

To ensure that cultural competencies are implemented for mainstream health professionals, the Australian Government (2007, p.14) launched the "National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013." One specific strategy of this framework was to "implement the Cultural Respect Framework for Aboriginal and Torres Strait Islander Health" (Australian Government, 2007, p. 14).

Indigenous and non-Indigenous people working together to achieve equality in health status and life expectancy is a core commitment of the National Aboriginal and Torres Strait Islander Health Plan 2013-2023 (Commonwealth of Australia, 2013). Indeed, their stated vision aspires that

the Australian health system is free of racism and inequality and all Aboriginal and Torres Strait Islander people have access to health services that are effective, high quality, appropriate and affordable. Together with strategies to address social inequalities and determinants of health, this provides the necessary platform to realise health equality by 2031. (Commonwealth of Australia, 2013, p. 7)

The principles and priority areas listed to work toward this vision center on concepts of respect for Indigenous ways of knowing, being, and doing; the importance of social and emotional well-being; equity of access; appropriateness and impact; freedom from racism and inequality; broader supports for the social determinants of health; and active engagement with Aboriginal and Torres Strait Islander peoples (Commonwealth of Australia, 2013).

Working effectively with Aboriginal and Torres Strait Islander peoples requires the recognition and respect of Indigenous knowledges, and ways of being and doing. "Stronger relationships built on trust, shared knowledge and respect for culture, lies at the heart of creating a more prosperous and reconciled nation for all Australians" (Calma & Cilento, 2013, p. 1). It must be understood that we all see the world differently, our context and experiences are divergent, and the way we explore language is again distinctive. Comprehending that there is not just one way of knowing in Australia will assist in the sharing and engagement necessary to move forward.

The working party has sought to engender respect for Indigenous ways of knowing, being, and doing by bringing non-Indigenous staff members into contact with Indigenous people. Through the yarning circles, Indigenous stories and experiences have been shared firsthand and Indigenous culture and history has been explained, explored, and honored. Most important, when embedding

the Indigenous graduate attribute into assessments, there has been a concerted effort to ensure that it was done in a meaningful rather than tokenistic way.

Engagement and Sharing

Engagement and sharing are principles for the building of meaningful and sustainable relationships. Engaging is the active participation required by individuals. This is often more confidently undertaken after opportunities of growing in safe learning environment are provided. Accomplishing openness and critical reflective thinking enables and enhances the practice of engagement. Sharing is an act that involves respect and reciprocity. The sharing of knowledge or time with another, or many, requires a respectful response in return. That means a thoughtful listening and hearing. Aboriginal and Torres Strait Islander peoples practice sharing very well. However as our 200+ year old colonial story illustrates, this is not an act that our new visitors reciprocated in, and this has contributed to our ongoing marginalisation and poor health status. When you have developed a relationship through sharing and listening, you have successfully engaged. Now the learning starts both ways.

Connection to culture is integral to Indigenous people's health and well-being (Durey & Thompson, 2012). Empowering non-Indigenous health professionals to not

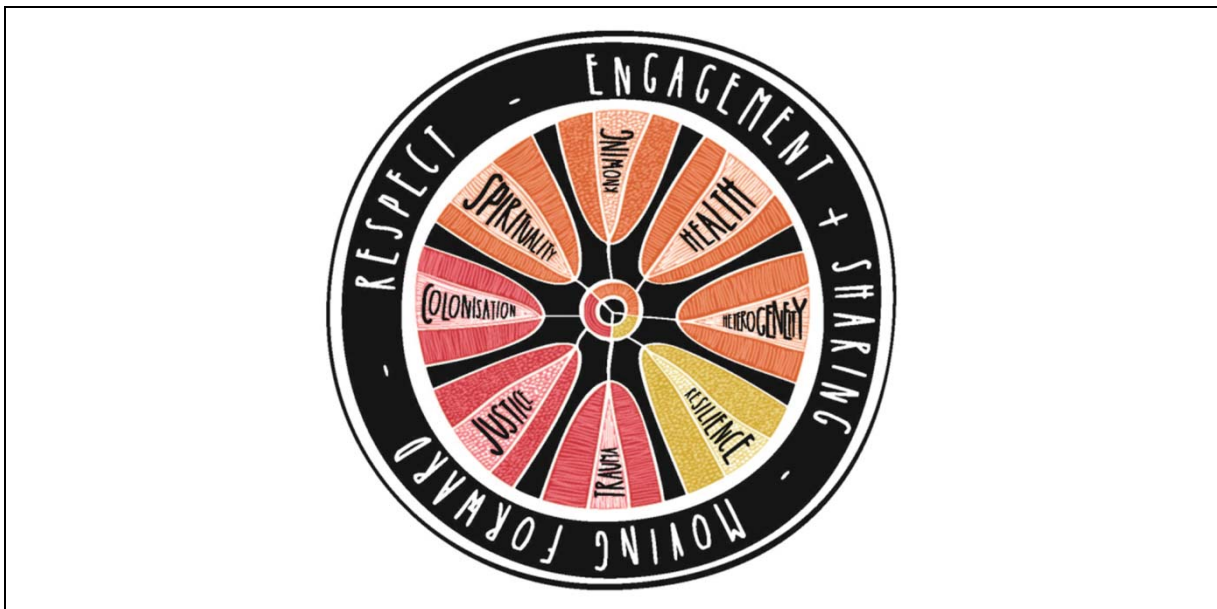


Figure 1. Indigenous graduate attribute logo.

only understand this concept but to also view Indigenous culture from a strengths rather than a deficit stance is necessary if we are ever to have true health equality in Australia (Author, 2013). To achieve this, it is vital that undergraduate nurses, and health professionals more broadly, are taught by culturally competent staff. With this in mind many efforts focused on engaging faculty staff with the Indigenous graduate attribute and increasing cultural competency within the faculty itself.

Many of the yarning circles focus on topics designed to increase understanding and the cultural competence of faculty staff. This has been enlightening for many who have grown up hearing only the White colonial version of Australian history. Also included in the previously described resource kit are visual examples of Indigenous art and culture to reveal to staff the dynamic and contemporary work being produced by Indigenous Australians (Author, 2013). In addition to sourcing contemporary examples from the Internet, an Aboriginal designer (Lucy Simpson—gaawaamiyay.com) was contracted to design a suite of logos and graphics for the Indigenous Graduate Attribute Resource Kit. This provided a visual identity for the working party (see Figure 1)

and assists to link and explain the overlapping and fluid constructs of Indigenous history and culture in Australia viscerally for stakeholders and staff.

The collaboration of Indigenous and non-Indigenous academics has proved to be a powerful force for educating health professionals. Indeed, collaborating with and engaging non-Indigenous staff is vital in this type of endeavor. “Through the modelling and practice of connected relationships between Indigenous and non-Indigenous ‘educators’ in all our courses we hope to demonstrate dialogical spaces and embody what we teach” (Author, 2011, p. 109). Author et al. (2013) described students’ worldviews being transformed when they were immersed in a day-long workshop facilitated by an Indigenous teaching team drawing on personal stories, Indigenous perspectives of colonization, film, and autobiography. Reports of this depth of engagement shifting viewpoints in a single workshop, in a single subject, bode well for what can happen when entire health curricula are committed to developing cultural competence.

The engagement and support of senior managerial staff in the university, respected elders, and external stakeholders was crucial to the success of this project. A leading political figure launched this graduate attribute during a function to showcase the work being done by the faculty (Author, 2013). The high profile of guests that attended the launch was integral in highlighting the importance of this project to faculty. During the formal proceedings, guests added their handprint in paint to a large artwork to illustrate their commitment to the project. This artwork physically engaged faculty staff and guests with the attribute and represented a profound and enduring obligation. The canvas now hangs in the faculty’s entranceway as a visual reminder of the faculty and its friend’s engagement and commitment to this particular graduate attribute. Increasing external engagement is also apparent through the number of views of our resource website, with nearly 3,000 “hits” since its launch (Author, 2013).

Moving Forward

When we have established a culturally safe and effective relationship, we can work together to set the agenda for change. That change is moving forward, addressing the social justice dilemmas that continue to position Indigenous Australians health status as the worst in this lucky country. We had a vision that we could make a difference, and that difference was that every health professional that we bring into our institution would be grown to appreciate that Indigenous health is everybody’s business. Building each student’s competency to work in this vital space requires embedding Indigenous health into and across the curriculum. Ensuring this knowledge is shared with our students by competent academic staff who understand that Indigenous health is everybody’s business will allow us to move forward together.

Moving forward together to enable improved health outcomes for Aboriginal and Torres Strait Islander peoples is the central focus for the work outlined thus far. To move forward, cultural awareness is not enough (although this is a good start). The faculty’s Indigenous graduate attribute states students demonstrate professional cultural competency (Author et al., 2013). Enabling learning to achieve this attribute coupled by well-designed assessment activities to ensure students engagement with material is a large step forward to assisting this outcome.

REM provides an ongoing model for use in discussion, in assessment, and in clinical practicum. This is an easy framework to remember and so students, if unsure, can stop and consider the principles outlined before progressing. If one commences with respect, engages with the person they are working with, and shares in their story, then moving forward together to find the most appropriate care plan becomes eminently possible. Furthermore, if one has already worked to self-reflect and enhance personal understanding of Indigenous knowledges, the possibility of moving forward together becomes a true probability.

Summary and Recommendations

It is fact that racism and colonization have produced profound inequality and contributed to unimaginable distress for Aboriginal and Torres Strait Islander peoples. Acknowledging the truths, respecting partnerships, engaging with, and understanding how to work together to achieve change and moving forward together can now make a difference. Working with students to develop cultural competence to enable meaningful engagement with Aboriginal and Torres Strait Islander peoples, their communities, and organizations is one step toward achieving this important outcome.

In this cross-cultural collaborative group project, the journey toward developing the framework of REM proved crucial for the “grounding” and success of the Indigenous graduate attribute project. Deep consideration and ongoing discussions by the working party produced a complete map of what students in this faculty of health would need to understand in order to start to practice as culturally competent professionals in the health sphere. However, the aim of the working party was first and foremost to create a framework for the development of the faculty’s graduates at all levels. This required making explicit the essence of Indigenous cultural competency for this group of Indigenous and non-Indigenous collaborators.

As this work moves forward there are key areas noted for additional focus and these include the following: action research informed by Indigenous research methodology to evaluate the impact of the use of graduate attributes and the REM model in practice; evaluative focus groups with Indigenous students and non-Indigenous students to elicit thoughts and feedback in relation to this new initiative; evaluative focus groups with staff to understand their perspectives about this work and any additional supports required; ongoing maintenance and updating of the resource kit; ongoing monthly yarning circles; and meeting with external stakeholders to continue to inform and refine work achieved.

However, it is not enough that this work has begun. Now that the REM framework is established and the graduate attribute is progressively being integrated down to an assessment level in individual subjects, there is a need for ongoing evaluation of this work. It is important to not only assess students for cultural competence but also the faculty who teach it (Rowan et al., 2013). It is undeniable that the successes of projects of this nature are dependent upon the drive and vision of those that support them. There needs to be ongoing collegiality and collaboration with Indigenous students, staff, and external health professionals. Cultural competence, like culture, is not a static construct, it is an ongoing life skill (Doutrich et al., 2012). “All models of ethical nursing practice require that the health care professional go through a continual process of self-examination, exploring the values and assumptions that are shaped by life and life experience” (Doutrich et al., 2012, p. 147). This work is important and therefore there is a moral obligation to ensure that it remains an organic and evolving construct.

Conclusion

The design and development of learning for Indigenous cultural competency in this faculty was framed by the principles of REM. More than just a framework for justifying a graduate attribute or directing assessment criteria, the REM principles represent a philosophy of being, and deep commitment by a whole faculty of health to contribute on a significant scale to the health of Indigenous Australians. The development of REM has had a significant impact on all involved—both professionally and personally—as Indigenous and non-Indigenous people came together to realize a common goal. The REM framework has provided a way of conceptualizing the past and present and envisioning the future. We are no longer just dreaming of an educated, culturally competent and empathetic health workforce. Working respectfully together, we are moving forward to create this reality.

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