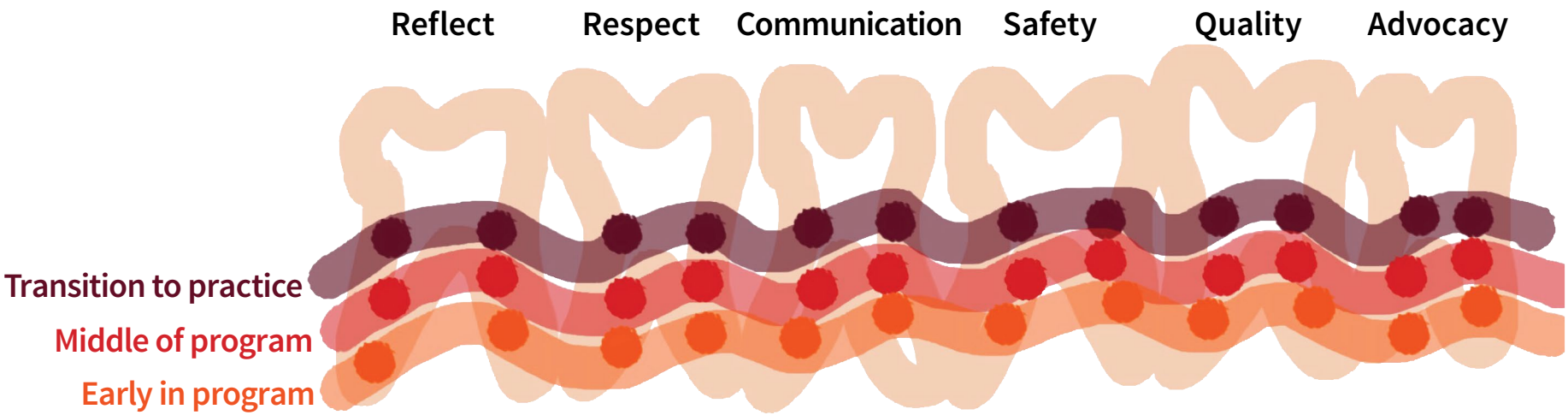
THE UNIVERSITY OF MELBOURNE

Melbourne Dental School

Joining the dots: A dental Aboriginal and Torres Strait Islander cultural safety curriculum



Commissioned by the
Australasian Council of Dental Schools

ACODS
AUSTRALASIAN COUNCIL OF DENTAL SCHOOLS

Acknowledgement of Country

Aboriginal and Torres Strait Islander peoples are the oldest continuous culture in the world. Aboriginal and Torres Strait Islander people never ceded sovereignty and we recognise the impacts colonisation continues to have on the health of Aboriginal and Torres Strait Islander people to date. We acknowledge Aboriginal and Torres Strait Islander Peoples for their continuing connection to culture, language and Country; along with Elders past, present and emerging and the ancestors that walk with Aboriginal and Torres Strait Islander people every day. We recognise the Aboriginal and Torres Strait Islander leadership, excellence, and spirit of partnership which helped to formulate this strategy, in our efforts to affect systemic health reform to help close the gap in health outcomes for Aboriginal and Torres Strait Islander people.

Disclosure: Language and terminology

We acknowledge the diversity of Aboriginal and Torres Strait Islander peoples and the range of preferences for language, and that there are a range of terms used and preferred according to local context including Aboriginal, Aboriginal and Torres Strait Islander Peoples, First Nations, First Peoples and Indigenous Australians. We use all these terms respectfully in this document and in reference to the various resources used in the preparation of this document. The term 'Indigenous people', in reference to Aboriginal and Torres Strait Islander people of Australia aligns with the United Nations use of Indigenous in the 'Declaration on the rights of Indigenous Peoples' and is therefore familiar to a national and global audience.

JOINING THE DOTS: A DENTAL ABORIGINAL AND TORRES STRAIT ISLANDER CULTURAL SAFETY CURRICULUM

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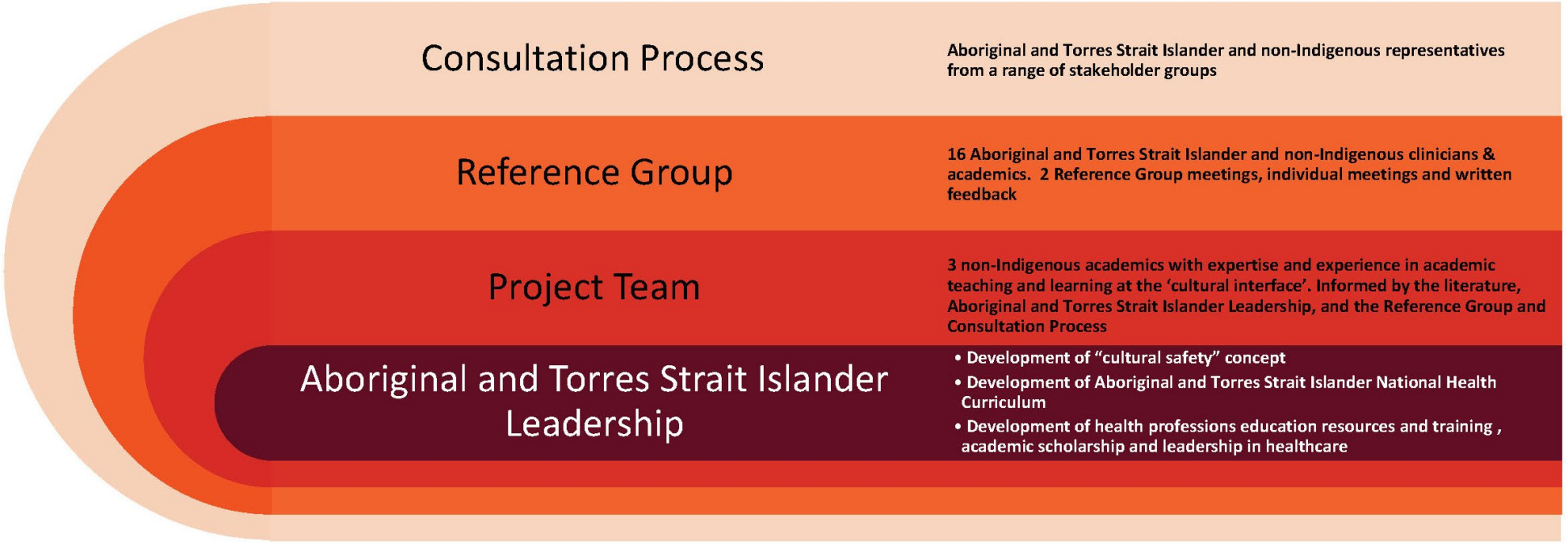

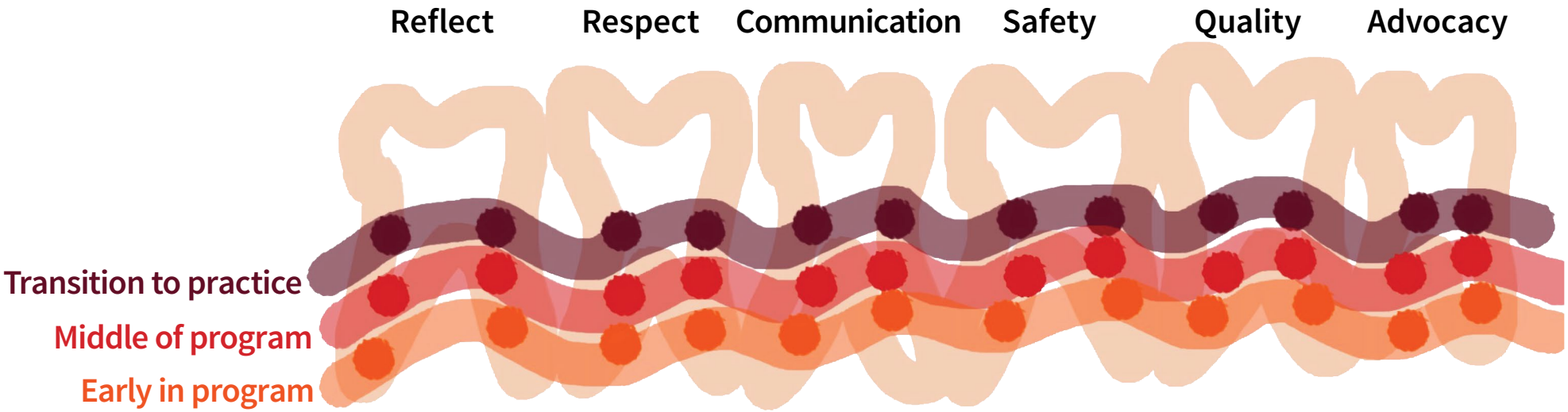

The image for this curriculum shows 6 teeth representing the 6 oral health focus areas (domains) of the curriculum with transitioning layers representing the development of learning from the establishment of a base of knowledge to the transition to practice (eruption through the gingiva into functional occlusion) deepening as it develops.

The 12 dots at each of the 3 levels (2 per tooth/domain) represent the individual learning outcomes, 36 in total and they are 'joined' by their relationships to each other both vertically and horizontally through the lines and layers of learning.

The ends of the layers of learning beyond the edge of the tooth set and beyond transition to practice demonstrate that the learning journey (like eruption and occlusion) incorporates other experiences and is life-long, extending and continuing beyond both the structure of, and the end of the program.

Image acknowledgement

The 'joining the dots' graphic was developed and refined using the consultation processes with the Reference Group during the project. It draws from a technique of 'curriculum visualisation' as a communication tool to share key curriculum information with educators, students and program leads and was refined using the consultation processes around the project.

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INTRODUCTION

Commissioned by the Australasian Council of Dental Schools, this document describes a Dental Aboriginal and Torres Strait Islander Cultural Safety Curriculum to inform educational preparation of dental practitioners with reference to Standard 6.3, Australian Dental Council Accreditation Standards, 2021. (See Appendix 1 & 2).

The purpose of cultural safety preparation in dental practitioners is to ensure that the health, self-determination and well-being of Aboriginal and Torres Strait Islander peoples is enabled and supported in all interactions with health practitioners, and experiences of health care.

Aim of the project:

To develop an oral health cultural safety curriculum that

- focuses on Aboriginal and Torres Strait Islander oral health and addresses the Australian Dental Council accreditation standards
- offers a model for integration of cultural safety preparation throughout the dental program and clearly articulates required learning outcomes

Objective of the Curriculum:

The twofold purpose of this curriculum is to contribute to the development of new graduate dental practitioners with appropriate knowledge, skills and practice to provide culturally safe oral health care and, to create a culturally safe educational approach which will support the development of an Indigenous dental workforce.

This project acknowledges the work of Aboriginal and Torres Strait Islander peoples and communities in leading the provision of better healthcare delivery, and this project builds from existing Aboriginal and Torres Strait Islander Health Curriculum frameworks (ATSIHCF 2014) and the generosity of Indigenous academics, clinicians, service-users and students in the Reference Group sharing knowledges and guiding the development of this framework.

Without cultural safety, there is no clinical safety and patient safety includes the inextricably linked elements of clinical and cultural safety. (AHPRA, 2021).

Definitions for this Project

Aboriginal and Torres Strait Islander peoples and communities are the oldest continuing culture in the world and have generations of wisdom and practice knowledges regarding health and healing. Indigenous ways of knowing, being and doing has much to offer contemporary healthcare systems, health professions education and healthcare services in terms of improving effectiveness, quality, and safety.

It is essential that all dental and oral health professionals in Australia are able to provide healthcare services free from racism and culturally safe for all people receiving healthcare. The term 'cultural safety' first developed in Maori nursing practice in the 1990's (Papps and Ramsden, 1996) and is now part of all entry-to-practice and specialist accreditation standards in Australia. Without cultural safety, there is no clinical safety and *'patient safety includes the inextricably linked elements of clinical and cultural safety'* (AHPRA, 2021). Cultural safety is a component of being 'fit to practice' as a safe and effective health professional.

While the focus of cultural safety preparation and skill development needs to be on all cultures, and all people receiving care benefit from a cultural safety practice approach, the focus of this curriculum framework is specific to Australia's First Peoples acknowledging the term 'cultural safety practice' is an Indigenous concept. This term was conceptualised as a result of the ongoing impacts of colonisation and racism that position Australia's First Peoples as having frequent experiences of culturally unsafe healthcare delivery, which impacts negatively on poorer health outcomes.

There are a variety of terms in practice and in the literature including cultural safety, cultural awareness, cultural humility, cultural sensitivity, cultural competence, and cultural security. For this project we use the concept of 'cultural safety' with specific reference to First Peoples in Australia, and we define the concept for the purpose of this curriculum framework with reference to definitions used by the Australian Health Practitioner Regulation Agency (AHPRA 2021):

'Cultural Safety is defined as the individual and institutional knowledge, skills, attitudes and competencies needed to deliver optimal health care for Aboriginal and Torres Strait Islander Peoples'.

'Cultural Safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.'

'Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering care that is safe, accessible and responsive healthcare free from racism'

(AHPRA, 2021)

The Australian Health Practitioner Regulation Agency (AHPRA) outlines four key areas required to ensure culturally safe practice, which we conceptualise as being inter-related, shown here in Figure 1. In keeping with AHPRA's conceptualisations, this project utilises these four inter-related elements to underpin the development a dental curriculum for cultural safety.

Cultural safety is a spirit of practice taking into account Aboriginal and Torres Strait Islander peoples' strong connections to Country and views of health and well-being as described through the social determinants of health. Cultural safety requires oral health care professionals and organisations to undertake an ongoing process of critical self-reflection and cultural self-awareness. It requires active steps to address identified bias, assumptions, and systemic racism. Cultural safety requires individual and institutional knowledge, skills, attitudes and competencies, to enable optimal oral health care for Aboriginal and Torres Strait Islander peoples, free of racism, as determined by Aboriginal and Torres Strait Islander individuals, families and communities.

Figure 1. The Australian Health Practitioners Regulatory Agency's four elements of culturally safe practice (AHPRA 2020)

SECTION 1: LITERATURE REVIEW

Background

Prior to colonisation Indigenous people lived in harmony with the land and experienced health & vitality (Martin 2003). The Indigenous concept of health is holistic, with self-determination being central to the provision of Indigenous health services. Indigenous research methodologies centre the Indigenous voice and facilitate distinct ways of knowing, being and doing, offering a viable basis from which to contemplate the historically, geographically, and spiritually embedded nature of Indigenous self-determination, which is central to the study of Indigenous knowledge (Latulippe, 2015). Indigenous social and emotional well-being comprises of seven inter-related domains; kinship or family, Country, community, culture, body, mind or emotions, and spirituality (Dudgeon, 2017). A multifaceted, holistic, strength-based approach has been employed in the development of this cultural safety curriculum.

Colonial processes and policies have resulted in dispossession, physical ill-treatment, economic exploitation, discrimination and cultural devastation of Indigenous peoples (Gracey et al 2009, Larson et al 2007). Racism is a major factor contributing to the poor health of Indigenous Australians, with interpersonal and institutional racist attitudes and behaviours being embedded in social, structural and political contexts contributing to the dental and oral health inequalities experienced by Indigenous people in Australia (AIHW 2019). Indigenous peoples living in Australia experience higher mortality rates and carry the greatest burden of disease in both general and oral health. Despite Australia's Indigenous and non-Indigenous health bodies working together to address health inequality for Indigenous people in Australia, several Close-the-Gap policies have failed to achieve significant improvements in health outcomes. Unacceptable disparities in health and disease continue to exist, leaving Indigenous Australians disadvantaged across a range of health indicators (Vos et al 2009, Mitrou et al 2014).

Oral health disparities between Indigenous and non-Indigenous Australians are significant, with 27% of Indigenous people suffering toothache compared to 15% of non-Indigenous Australians. Edentulism among Australians born between 1950-69 is higher, with 7.6% of Indigenous people experiencing complete tooth loss compared with just 1.6% among non-Indigenous Australians of the same cohort. Indigenous Australians have the highest proportion of people with untreated dental decay; 57% compared to 25% in the non-Indigenous population, while 10.9% of Indigenous Australians experience severe tooth wear compared to 3.2% of non-Indigenous Australians. In 2012, the prevalence of periodontal disease was 3.5 times higher among Indigenous Australians (Kapellas et al 2014). Indigenous children have consistently higher levels of dental decay in the deciduous and permanent dentition than their non-Indigenous counterparts, with the most affected being those in socially disadvantaged groups and those living in rural or remote areas. Trends in Indigenous child dental decay prevalence indicate that dental decay levels are rising, particularly in the deciduous dentition (Jamieson et al 2007, Lalloo et al 2016).

Dental treatment in Australia is expensive, with few Australians meeting the criteria for free public dental treatment. Australia spends over $10.2 Billion a year on dental care, with over 2 million people not receiving necessary dental care due to lack of access and expense. In 2017-18, a significant proportion of the 72,000 hospitalisations for dental conditions may have been prevented with adequate prevention services and access to earlier treatment (AIHW 2021, Duckett et al 2019). Aboriginal and Torres Strait islander people generally have poorer access to dental care and preventive services; among those who visited a dentist in 2018-2019, two thirds receive care through publicly funded services including Aboriginal Community Controlled Health Organisation (ACHHO) dental services (AIHW NIAA, 2020). There is considerable evidence of underutilisation of dental services despite high levels of disease being common in many communities and community norms where people are resigned to poor oral health. Institutional and individual racism, attitudes and empathy of dental staff, cultural friendliness, fear and other barriers to access for Aboriginal people are well recognised (Schluter et al 2017, Krichauf et al 2020).

Incorporating cultural training in medicine and health services

While cultural safety is the contemporary terminology used in the Australian education context, an extensive literature informs this project. The concept of 'cultural competence' in healthcare that emerged in the United States in the 1980s had a focus on improving the accessibility and effectiveness of health care delivery for people from racial or ethnic minority groups. Cultural competency, the term used at this point, was defined by Cross and colleagues as those, *'congruent behaviours, attitudes and polices that come together in a system, agency or among professionals and enable that system, agency or those professionals to work effectively in cross cultural situations'.* The goal of cultural competence according to many authors is to create educational institutions, health care systems and workforces that are proficient at delivering high quality care for all patients regardless of race, ethnicity, culture, gender, or language. Cultural competence is required at all levels, from organisational to individual, as it was recognised that clinicians will increasingly see patients from different cultural backgrounds (Cross et al 1989, Betancourt et al 2003). Australia is a multicultural society with many culturally and linguistically diverse groups requiring provision of culturally appropriate dental and oral health care. This project focuses on cultural competence and safety applying to Indigenous people in Australia and, while there are many transferable skills, multicultural dental and oral health care is being addressed in other forums (Marino et al 2012, 2016, 2017).

Previous efforts to increase Indigenous cultural competence within healthcare in Australia have primarily been designed for specific situations, lacking a coherent approach to inclusion in curricula; therefore, the teaching of Indigenous cultural competence remains fragmented and inadequate (Downey et al 2011). Reducing health disparities and confronting the effects of racism require a multi-tiered commitment to action and the political will to eliminate race-based inequities in the health care system (Brondolo et al 2009, Durey 2010). Culturally competent institutions value diversity, conduct self-assessment, manage the dynamics of difference, acquire cultural knowledge, and adapt to diversity and the cultural contexts of the communities they serve. Every level of policy making, administration and service delivery must be involved in implementing and sustaining cultural competence, including all key stakeholders and communities with which the institution is involved. Cultural competence is a developmental process that evolves over an extended period of time. Individuals and institutions initially have varied levels of awareness, knowledge, and skills. Successful integration of cultural competence within institutions results in positive progression along the cultural competence continuum (Goode et al 2009).

Effective cultural competence requires a commitment to achieving culturally appropriate service delivery and a culturally appropriate workplace environment through incorporation of cultural knowledge into policy, infrastructure and practice. Cultural competence embraces the principles of equal access and non-discriminatory practices in service delivery and is achieved by identifying and understanding the needs and specific behaviours of individuals and communities. Ideally an advisory team should be established to steer the development, implementation and evaluation of cultural competence training within an organisation, with membership including Indigenous staff and Indigenous community representatives. Stakeholders in health care, government and academia view cultural competence as an important strategy in addressing health care disparities. Health care workers need to understand the relationship between cultural beliefs and behaviour and develop skills to improve quality of care to diverse populations. Concern has been expressed about teaching strategies that promote stereotypes of particular cultures, highlighting issues that may be relatively neglected, such as empathy, socioeconomic factors, and prejudice or discrimination in the clinical encounter. Emerging regulatory and accreditation pressures, societal pressures, funding opportunities, and the increasing diversity of patients, students and academic staff are key drivers of a focus on cultural competence. There is pressing need for a unified cultural safety conceptual teaching framework, as there is currently great variability in the availability and quality of training programs and specific training for faculty members (Betancourt 2005).

Cultural competence strategies aim to make health services more accessible for patients from diverse cultural backgrounds. Recent strategies have focused on specific groups, particularly Indigenous Australians, where services have failed to address large disparities in health outcomes. Currently their development has been hampered by a lack of clarity around how the concept of culture is used in health and the scarcity of outcomes-based research that provides evidence of the efficacy of cultural competence strategies. A limited conceptualisation of culture often conflates culture with race and ethnicity, thereby failing to capture diversity within groups, reducing the effectiveness of cultural competence strategies and impeding the search for evidence linking cultural competence to a reduction in health disparities. Attention to cultural complexity, structural determinants of inequality and power differentials within health care settings not only provides a more comprehensive notion of cultural competence and a refined understanding of the role of culture in the clinic but may also help to determine the contribution that cultural competence strategies can make to a reduction in health disparities (Thackrah et al 2013).

Incorporating cultural training in medicine and health education

In higher education, cultural safety is an educational strategy to prepare the future health workforce to care for diverse patient populations, with a particular focus on the development of a skill set for more effective patient-provider communication. There are six main models through which cultural training is conceptualised (Figure 2). In this diagram, the models are located according to their emphasis on individual versus systemic behavioural change and the extent to which they include reflection on one's own culture as a basis for understanding other cultures. *Cultural awareness* aims to increase awareness of cultural, social and historical factors relevant to Indigenous peoples, groups, communities and to promote self-reflection on one's own culture and tendency to stereotype. *Cultural competence* focuses on a set of associated behaviours, attitudes and policies that can prevent the negative effects that may arise from disregarding culture in the provision of health care services. ***Cultural safety* addresses the ways in which colonial processes and structures shape and negatively impact health, with specific focus on the experiences of individuals seeking health care.** *Cultural security* refers to the impact of culture on access to health services and aims to help the health system and its workers to incorporate culture in their delivery of services. *Cultural respect* seeks to develop health services that are more accessible and to uphold the rights of Indigenous peoples to maintain, protect and develop their culture and achieve equitable health outcomes. *Transcultural care* highlights formal areas of study and practice in the cultural beliefs, values and lifestyles of diverse cultures, with focus on power relationships, racism and the conceptualisation of identities (Downing et al 2011).

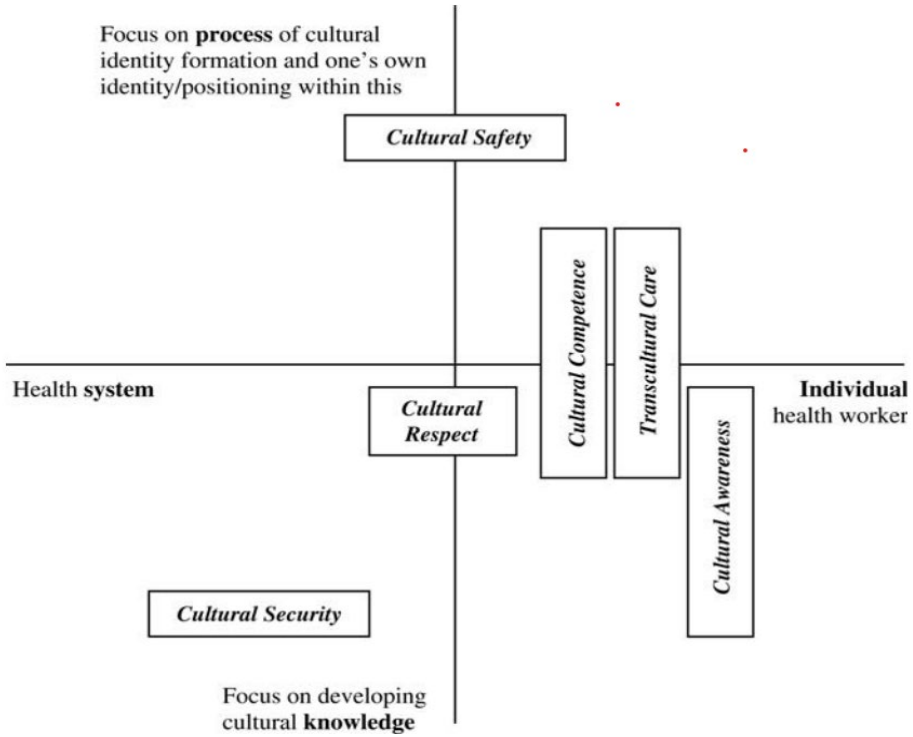


Figure 2: Comparison of theoretical models underlying Indigenous cultural training (Downing et al. 2011)

Several higher education reviews have identified the need for all tertiary institutions to incorporate Indigenous culture and knowledges more widely into all curricula to improve educational outcomes for Indigenous Australians and to increase cultural safety among all students. In 2008, the Bradley 'Review of Australian Higher Education' recommended that higher education providers should ensure that the institutional culture, the cultural competence of staff and the nature of the curriculum recognise and support the participation of Indigenous students and that Indigenous knowledge should be embedded into the curriculum so that all students gain an understanding of Indigenous culture (Bradley 2008). From 2009-2011, Universities Australia investigated existing Indigenous cultural competency initiatives and programs in Australian universities to establish a clear baseline for Indigenous cultural competency activities. Subsequently, a National Best Practice Framework and Guiding Principles for Indigenous Cultural Competency in Australian Universities were developed (Universities Australia 2011). During 2012, the Behrendt Review of Higher Education Access and Outcomes for Aboriginal and Torres Strait Islander People, building on the Bradley Review, examined how improving higher education outcomes among Indigenous peoples would contribute to nation building and reduce Indigenous disadvantage. In 2014 the Commonwealth Government published an enabling curriculum in Aboriginal and Torres Strait Islander Health to support the incorporation of these recommendations. Arising from these developments, the Australian Health Practitioner Regulation Agency (AHPRA) and the National Boards published their Aboriginal and Torres Strait Islander Strategy:2020-2025 with the objective of establishing consistent approaches to cultural safety across all the health practitioner groups (AHPRA 2020). Indigenous peoples in Australia are significantly under-represented in the higher education system, which contributes to the high levels of social and economic disadvantage they often experience. Additionally, encouraging Aboriginal and Torres Strait Islander graduates who are qualified to take up professional, academic and leadership positions within community, government and corporate sectors will help to address this disadvantage (Behrendt et al 2012, DBA 2020). The

Australian Dental Council (ADC) accreditation standards for dental educational programs which inform this project also supports the recruitment, admission, participation, retention and completion of dental and oral health programs by Aboriginal and Torres Strait Islander Peoples along with other approaches to resolving structural inequality (ADC 2021, see Appendix 2).

Indigenous Cultural Training in Education for Dental Practitioners

In 2007, a team of dental and medical academics from the University of Western Australia developed a multi-level teaching framework based on a review of graduate attributes to reflect the needs of Indigenous oral health. Two new outcomes were added to the Fundamentals of Clinical Dentistry stream, and two outcomes in the Personal and Professional Development stream were modified. Year level outcomes were devised to provide vertical and horizontal integration into the existing curriculum, commencing with foundational knowledge and building in complexity to achieve graduate outcomes. Evaluation techniques for the new curriculum were integrated into existing evaluation processes within the dental school to ensure the framework remained contemporary and relevant. This is the only published Indigenous dental curriculum framework worldwide. The curriculum is educationally sound, being vertically and horizontally integrated and incorporating the social aspects of health, case studies and community immersion activities. However, the barriers to and enablers of implementation of this curriculum have not been determined and an evaluation of the effectiveness of this curriculum framework is yet to be conducted (Bazen et al 2007). As cultural safety gains momentum and is linked to regulatory and accreditation processes it will be essential to develop Indigenous led conceptual teaching frameworks and curriculum level supports. In higher education, academics will be required to consider how best to train the future health care workforce and cultural training for faculty members will be crucial to achieving research outcomes on cultural competence interventions (Bainbridge et al 2015).

Several studies conducted at the University of Sydney between 2015 and 2020 provide contemporary evidence on Indigenous cultural competence curricula practices. Firstly, a systematic review in 2016, explored the integration of cultural competence into dentistry and oral health higher education curricula globally, with results indicating that students needed to be given the opportunity to reflect on their own culture, identify their biases and understand the effects of stereotypes. To achieve cultural change, it was vital to establish the importance of diversity and respect in health care and to impart an accurate knowledge of health disparities to highlight the urgent need to address these disparities. The most effective cultural competence curricular strategies were found to be seminar and/or web-based training, dental and non-dental community service and reflective writing. The systematic review also identified the most effective tools for evaluating cultural competence curricula within dental education globally (Forsyth et al 2016).

Secondly, an online survey conducted in 2017 provided a snapshot of current Indigenous curricular content and strategies within dental and oral health programs at the University of Sydney, with results showing that dental and oral health curricula was tightly packed and that limited Indigenous content was currently integrated into the Doctor of Dental Medicine and Bachelor of Oral Health programs. Lectures were the most common method used for teaching Indigenous curricula and the main issue explored in these curricula was oral health outcomes. Minimal attention was paid to community engagement and reflective writing. Variations in teaching methods within the dentistry and oral health programs indicated a need for a standardised cultural competency education framework and further research to develop a robust evidence base on which to develop content, pedagogies and assessment of student preparedness (Forsyth et al 2017). Subsequently, two in-depth interview studies in 2019 examined current Indigenous cultural competency curricula, identifying enablers of and barriers to the integration of Indigenous cultural competence in dentistry and oral health curricula, proposing innovative strategies to help students become culturally competent upon graduation, from the perspectives of academics and students. An important finding was the need for change in academics' perceptions of how students learn. Students learn by actively constructing knowledge and learning activities should reflect this (Bada 2015). Indigenous cultural content needs to include an Indigenous historical perspective of the social determinants of health utilising Indigenous cultural immersion and

reflective writing strategies. Funding is required to develop and provide learning resources, Indigenous presenters and community engagement experiences for students (Forsyth et al 2018, 2019). Finally, based on the results of the systematic review, online survey and in-depth interviews, in 2020 an Indigenous cultural curricula model (Figure 3) was developed to assist all dental and oral health schools in Australia. This model identified three major components essential for the integration of Indigenous culture into dental education to improve oral health for Indigenous Australians, namely;

1. Supportive Institutional Governance
2. Faculty Implementation
3. Individual Student Participatory Educational Strategies

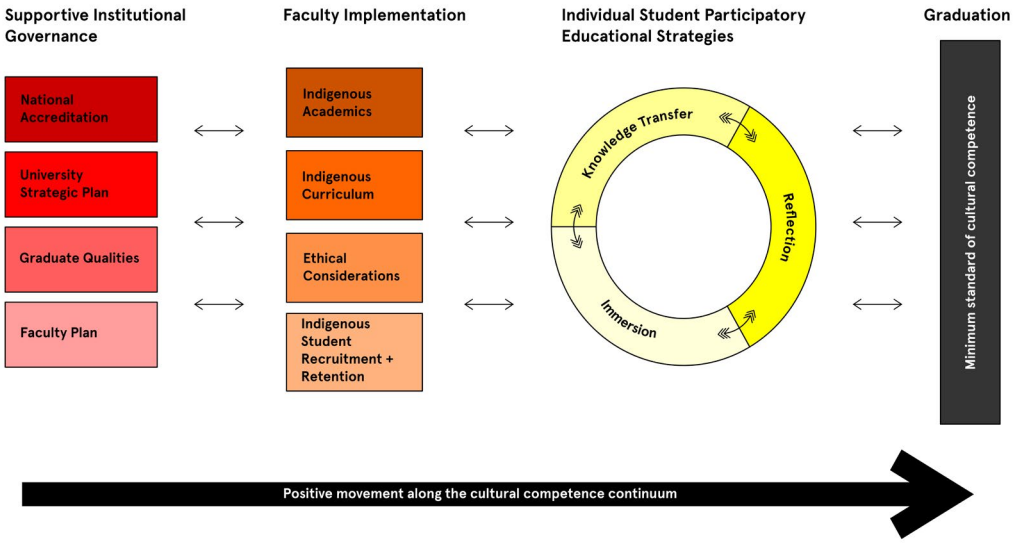


Figure 3: Indigenous Cultural Competence Model for Dentistry Education (Forsyth et al. 2020)

These three key components are essential to achieve desirable change in Indigenous cultural competence. Governance is required in the form of dental and oral health accreditation and registration at a national level. University-wide and Faculty-specific policy is required to ensure that evidenced-based cultural competence curricula are effectively delivered in dentistry and oral health higher education institutions. Sufficient teaching resources and qualified Indigenous academics and facilitators are necessary for the development and delivery of relevant and engaging cultural competence curricula. As students actively participate in curricula through engagement with didactic or online content, cultural immersion within communities and participation in reflective writing activities, their cultural competence knowledge, understanding and skills will increase over the course of their degree, resulting in significant transformation for some students and at least a minimum standard of cultural competence among all students. The availability of this evidence-based model is expected to support Indigenous cultural competence curricula development within dental and oral health programs in Australian, to improve future delivery of oral health services for Australia's Indigenous peoples (Forsyth et al 2020). Although this model is built on a cultural competence framework, it is directly relevant to support the principles of cultural safety.

Methodology and Pedagogical Approach to developing the Dental Cultural Safety Curriculum

Aboriginal and Torres Strait Islander peoples are over represented in terms of high dental needs and underrepresented in the dental workforce with only 0.5% of the Australian dental workforce having Aboriginal and/or Torres Strait Islander backgrounds (DBA 2020). The twofold purpose of this project is to contribute to the development of new graduate dental practitioners with appropriate knowledge, skills and practice to provide culturally safe oral health care and to create a culturally safe educational approach which will support the development of an Indigenous dental workforce.

Educational institutions, health care services and government departments have been established within colonial traditions, overtly and covertly supporting power, privilege, and continuation of colonial ways, resulting in oppression and continuation of poor health outcomes for Indigenous populations. Indigenous cultural training has traditionally been incorporated in an ad hoc manner, with students perceiving Indigenous health to be less important for their future careers (Moreton-Robinson 2004, Williamson and Dalal 2007). The Indigenous concept of health is holistic, with self-determination being central to the provision of Indigenous health services. Acknowledging that previous experiences of grief, trauma and loss have greatly contributed to the health and well-being of Indigenous peoples, and recognition of existing colonial ways, power imbalances and dominant or oppressive policies within the health care system, will aid in understanding Indigenous perspectives (Martin 2003).

It is crucial that Indigenous peoples are engaged at the commencement of any Indigenous research project, as Indigenous people have a level of experience and knowledge of colonisation and dispossession that non-Indigenous people could not obtain (Moreton‐Robinson et al 2008). Numerous Indigenous academics recommend a shift from the Western dominant health care approach to the decolonisation of health care, where Indigenous peoples' voice is prioritised and action health care initiatives, reflecting holistic and diverse settings (Tuhiwai-Smith 1999; Moreton-Robinson 2004; Nakata et al 2012). The human rights of Indigenous people must be recognised and enforced, with racism, adversity, stigma, and social disadvantage, being addressed in strategies aimed at improving Indigenous health and the participation of Indigenous people in the health workforce. The centrality and strength of connection to Country for Indigenous family and Kinship must be understood, along with the diversity of Indigenous people and groups being recognised. When working with Indigenous people we need to move beyond the traditional biomedical model of health care and embrace an Indigenous holistic model of care encompassing a more culturally responsive, client-centred, holistic model of care (Dudgeon et al 2014).

Indigenous culture is strongly associated with physical health and social and emotional wellbeing. Over the years multiple studies have focussed on biomedical models of interventions, which appear to be failing to improve outcomes for Indigenous peoples. Reporting on the ongoing effects of colonisation for Indigenous individuals and communities, effects of racism, impacts of the Stolen Generation in Australia, segregation, and assimilation policies alone, have not worked. A growing understanding of the role of 'the social determinants of health' has prompted recognition that solutions for improving overall health and wellbeing may well arise from within Indigenous communities and their knowledges, cultures, lived experiences and customs, prompting support for the positive associations between health, wellbeing, and the cultures of Indigenous peoples (Bourke et al 2018).

Indigenous Leadership Models have been developed in recent years in a deliberate and determined response to health care challenges faced by Indigenous communities. Contemporary Leadership Models employ a strengths-based approach building the capacity of Indigenous people to take on leadership roles providing benefits for the staff, Indigenous organisations, and the community. Incorporating a supportive workforce environment that recognises the unique and valuable skills, knowledge, and experience Indigenous people bring to Indigenous organisations, reduces reliance on non-Indigenous workers and staff from outside. Employing and strengthening the capacity of local Indigenous people to take on leadership roles reduces costs associated with external recruitment and provides continuity of culturally safe services, through a shared understanding of care that respects and caters for the values, beliefs, and needs of the communities. Additionally, Indigenous leaders are able to guide non-Indigenous staff in the practice of culturally safe care and assist community members to bridge divides between traditional and biomedical knowledge systems, being better able to make informed decisions about the delivery of health care to their families and communities (Harfield et al 2021).

Acknowledging Indigenous ways of knowing, being and doing

Our curriculum development team has employed an Indigenous methodologies approach, establishing a Cultural Safety Curriculum Reference Group comprising of Indigenous and non-Indigenous academics, dental practitioners, students, and community members. At each phase of the development process, the Reference Group and Project Team navigated the cultural interface by sharing and interpreting knowledge between Indigenous and non-Indigenous people (Nakata 2004). Rich discussion ensured findings to develop this curriculum framework were built on, and are in keeping with the Aboriginal and Torres Strait Islander Health Curriculum Framework (Commonwealth of Australia, 2014). The National Health and Medical Research Council Ethical Guidelines for Indigenous research in Australia established in 2003, articulate six core values which include: (1) spirit and integrity, (2) cultural continuity, (3) equity, (4) reciprocity, (5) respect, and (6) responsibility which also underpin this work. These six core values have been incorporated into our approach to ensure the project is undertaken with Indigenous people and communities and respects the shared values of Indigenous peoples; is relevant for Indigenous priorities, needs and aspirations; develops long-term ethical relationships among students, researchers, institutions, educators and sponsors, and develops best practice ethical standards for research (National Health and Medical Research Council, 2003, 2013, 2018).

Culturally safe institutions design and implement services that are tailored to the unique needs of the communities they serve and have a service delivery model that recognises mental health and wellbeing as an integral aspect of primary health care. A culturally safe service that understands the impact of history and contemporary cultural practice and protocols will deliver better client outcomes. Cultural safety extends the concept of self-determination to the community and involves working in culturally diverse communities to determine their needs, working in partnership in decision making and ensuring communities benefit economically from collaborations that are established. Engagement with communities should result in the reciprocal transfer of knowledge and skills among all collaborators and partners (Farrelly and Lumby 2009; Farrelly and Carlson 2011). Critical to the implementation of this curriculum is the connection to local Indigenous people and communities to acknowledge the importance of land and place and to develop local partnership experiences and learning, and to define cultural safety.

To provide clarity around definitions in this project, the Australian Dental Council in alignment with AHPRA's Cultural Safety Strategy has established the policy framework for this project from a **cultural safety context**, focusing on health equity and essential principles and practical steps to operationalise a culturally safe approach within higher education institutions, healthcare organisations and workforce development. The work of Ramsden and others focuses the notions of culturally safe practice arguing for a shift away from learning cultural customs and toward reflection on the imbalance in power relationships produced by the ongoing impacts of colonisation. This focus requires attention to the culture and approach of the clinician and the organisation rather than a focus on the 'exotic other'. It also articulates the need to examine the structural sources of power such as social class, social domination, racism and repression. This approach requires practitioners and institutions to focus on the decolonisation of care, practitioner self- reflection and defining safe practice from the patient or consumer perspective (Curtis et al 2019, Papps and Ramsden, 1996). The definition for use in the development of this cultural safety curriculum for all Australian dentistry and oral health programs as led by AHPRA, is informed by this approach and uses the following definition:

> *'Cultural safety requires healthcare professionals and their associated healthcare organisations to examine themselves and the potential impact of their own culture on clinical interactions and healthcare service delivery. This requires individual healthcare professionals and healthcare organisations to acknowledge and address their own biases, attitudes, assumptions, stereotypes, prejudices, structures and characteristics that may affect the quality of care provided. In doing so, cultural safety encompasses a critical consciousness where healthcare professionals and healthcare organisations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities, and as measured through progress towards achieving health equity. Cultural safety requires healthcare professionals and their associated healthcare organisations to influence healthcare to reduce bias and achieve equity within the workforce and working environment (Curtis et al, 2019)'.*

A capabilities approach to assessment for Indigenous health education focuses on educating students to develop skills to reflect critically on their world view and to develop an understanding for what it would be like to be in another person's shoes. Developing capabilities requires a shift in graduate attributes from a focus on knowledge and technical skills, to combining knowledge and skills with actions. Figure 4, drawn from research conducted in 2016, incorporates three capabilities represented as three sides of a pyramid without any obvious hierarchy, with each side having equal value in supporting the overall structure. 'Wide critical thinking' refers to the knowledge and imagination that students need to include political, institutional and economic structures, in addition to experiences and personal attitudes, to understand a person's health and well-being; 'Critical actions' captures the idea of combining critical thinking with practical decisions about what to do or say in clinical contexts, combining self-reflection and self-regulatory judgment, to produce positive action; 'Being a critical person' integrates wide critical thinking and critical action to transform students' attitudes to help in understanding how knowledge and their role intersect with the 'real world' as a health professional (Delany et al 2016).

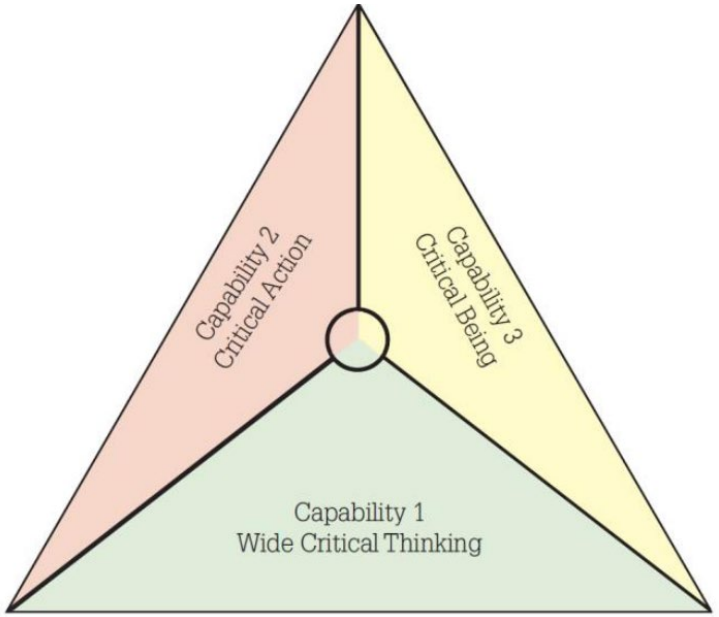


Figure 4. Capabilities for Indigenous health practice (Delany et al 2016)

SECTION 2: CURRICULUM STRUCTURE

COURSE LEARNING OUTCOMES:

By the end of the program, students should be able to:

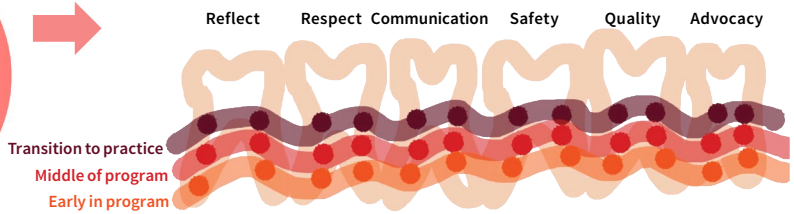
- *"Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health*
- *Acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism*
- *Recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community*
- *Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues"* (AHRPA, 2021)

Without cultural safety, there is no clinical safety and patient safety includes the inextricably linked elements of clinical and cultural safety. (AHPRA, 2021).

*To support the course learning outcomes, this curriculum has **six learning domains** structured at three levels (early in program, middle of program and transition to practice) to support the development of students' learning and capabilities as they progress through their course. These Learning Domains are directly informed by the Aboriginal and Torres Strait Islander Health Curriculum Framework, (2014).*

*Supporting each of the six domains at each level are a range of **suggested learning and assessment supports**. Also see Section 4 for examples and other resources to inform content delivery.*

SIX LEARNING DOMAINS



- Learning outcomes
- Learning activities
- Assessment suggestions
- Learning resources
- Local context
- Curriculum integration suggestions

Curriculum Level Indicators for Dental Prosthetist/Oral Health/Dentistry Programs

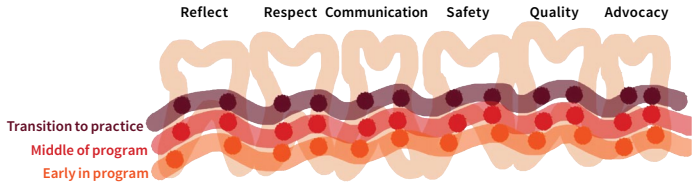
Dental Prosthetist	**Bachelor of Oral Health**	**Bachelor of Dentistry**	**Doctor of Dentistry**
Year 1 – Early in Program	Year 1 – Early in Program	Year 1 – Early in Program	Year 1 – Early in Program
Year 2 – Middle of Program	Year 2 – Middle of Program	Year 2 – Middle of Program	Year 2 – Middle of Program
Year 3 – Transition to Practice	Year 3 – Transition to Practice	Year 3 – Middle of Program	Year 3 – Middle of Program
		Year 4 – Transition to Practice	Year 4 – Transition to Practice
		Year 5 – Transition to Practice	

Dental Specialist – Topics to Explore

- Identify the unique factors (including historical, geographical, cultural and social) that impact on Indigenous Australians' health with particular reference to their oral health
- Identify the particular health and oral health care needs of Indigenous Australians and demonstrate an understanding of appropriate strategies to meet those needs
- Appraise and apply the legal, ethical and professional responsibilities required of a dentist and recognize that health care professionals have an important role as advocates for health and social justice
- Demonstrate a working knowledge of the historical, geographical and socio-cultural context of health and health care, including oral health, for Aboriginal and Torres Strait Islander peoples and an ability to plan and provide comprehensive, multidisciplinary culturally secure care
- Demonstrate an ability to apply ethical principles for research with Aboriginal and Torres Strait Islander people

Session Learning Outcomes

Joining the dots towards Course Learning Outcomes



Domain 1 Reflect	Domain 2 Respect	Domain 3 Communication	Domain 4 Safety	Domain 5 Quality	Domain 6 Advocacy
transition to practice: critical being					
1.5 Incorporate strategies for delivering health care that builds trust and relationships with Aboriginal and Torres Strait Islander individuals, families and communities 1.6 Debate the implications of White Privilege and other social privileges on delivering equitable health care to Aboriginal and Torres Strait Islander clients	2.5 Design strategies to incorporate knowledge of Aboriginal and Torres Strait Islander culture and concepts of health and wellbeing into health care practice to enhance cultural safety 2.6 Design strategies for delivering culturally safe health care with respect to individual, cultural and linguistic diversity	3.5 Develop professional strategies that enable continued learning and development of cultural capabilities in health practice 3.6 Incorporate knowledge and skills of culturally safe communication, using a strength- based approach, when interacting with Aboriginal and Torres Strait Islander individuals and family members	4.5 Establish strategies to work in partnership with Aboriginal and Torres Strait Islander health professionals, organisations and communities, to support the notions of belonging, safety and self-determination 4.6 Develop strategies for mitigating potential challenges of different cultural values and behaviours between Aboriginal and Torres Strait Islander clients and mainstream health care, incorporating anti-racist and affirmative action approaches in health care practice	5.5 Devise strategies for diagnosing and treating Aboriginal and Torres Strait Islander clients using a health promoting approach incorporating self-determination 5.6 Establish key features of successful Aboriginal and Torres Strait Islander health research and data sovereignty	6.5 Apply local epidemiology and population health data in diagnostic thinking, and develop strategies for community-wide approaches to prevention 6.6 Advocate for equitable health care for Aboriginal and Torres Strait Islander clients and to address institutional racism
middle of program: critical action					
1.3 Analyse the impact of historical events on Aboriginal and Torres Strait Islander health and access to services, and the implications of building trust and relationships with individuals, families and communities in health practice 1.4 Examine one's own positioning in terms of White Privilege and other social privileges and limitations of one's own worldview for delivering culturally safe health care service to Aboriginal and Torres Strait Islander clients	2.3 Examine key elements attributed to cultural beliefs and practices within the local context (e.g kinship, reciprocity) 2.4 Analyse the contemporary role of Aboriginal and Torres Strait Islander health professionals, organisations and communities in delivering culturally safe health care to Aboriginal and Torres Strait Islander clients	3.3 Demonstrate cultural humility and explain behaviours and values required to engage in lifelong learning 3.4 Analyse differences between own verbal and non-verbal communication and Aboriginal and Torres Strait Islander clients, and the implications for improvements in mortality and morbidity using strengths-based communication for health care	4.3 Examine the culture of oral health professions, and analyse the impacts of this professional culture on the broader health system for Aboriginal and Torres Strait Islander health service experiences 4.4 Demonstrate internal strategies to examine and monitor personal responses to cultural and social differences	5.3 Determine strengths and challenges in delivering health care with respect to the social determinants of health 5.4 Analyse strengths and limitations of data used as key indicators of Aboriginal and Torres Strait Islander health, and key policies and strategies designed to improve health care for Aboriginal and Torres Strait Islander peoples	6.3 Research age-related oral health differences and analyse implications for Aboriginal and Torres Strait Islander client care 6.4 Illustrate strategies to develop personal and professional leadership qualities, including resilience to work with health system challenges in addressing institutional racism in delivering culturally safe health care
early in program: wide critical thinking					
1.1 Describe the health of Aboriginal and Torres Strait Islander people pre-colonisation and identify key events since colonisation that have impacted the contemporary health of Aboriginal and Torres Strait Islander peoples 1.2 Examine own cultural worldview and values and describe implications for health care practice	2.1 Describe Aboriginal and Torres Strait Islander culture from pre-colonisation to the present including diversity of cultures and languages, and illustrate examples 2.2 Describe the historical development of community controlled health services and role of Aboriginal and Torres Strait Islander health professionals	3.1 Identify key terms and definitions in the context of delivering culturally safe health care to Aboriginal and Torres Strait Islander clients including cultural humility and cultural safety practice 3.2 Describe the impact of effective verbal and non-verbal communication, and strengths based versus problem-based communication and how this links to health outcomes for Aboriginal and Torres Strait Islander peoples	4.1 Discuss the history of Australia's dominant Western White Privilege cultural paradigm and contemporary health system outcomes for Aboriginal and Torres Strait Islander clients 4.2 Identify different forms of racism and prevailing stereotypes about Aboriginal and Torres Strait Islanders in Australia and how they impact equitable health service access and outcomes for Aboriginal and Torres Strait Islander peoples	5.1 Discuss the concept of social determinants and the impacts on Aboriginal and Torres Strait Islander health 5.2 Identify current demographic, health indicators and statistical trends for Aboriginal and Torres Strait Islander peoples and compare these with trends for non-Indigenous peoples in Australia	6.1 Identify issues in diagnosing, treating and preventing disease and illness in Aboriginal and Torres Strait Islander clients 6.2 Describe the role of individual leadership in effecting positive change within the health system and identify key leadership capabilities

SECTION 3: THE CURRICULUM

How to use Section 3: Draft Curriculum Table

The supporting material in the following table is provided as exemplars and resources only and not intended to be prescriptive.

The following pages outlines a detailed approach which addresses each of the 6 Domains in turn: Reflect, Respect, Communication, Safety, Quality and Advocacy. The session learning outcomes for each domain are stated in the first row showing how they build from 'early in program' to 'middle of program' to 'transition to practice'- program levels are reflected in the colour coded columns.

For each learning outcome a range of examples of possible learning activities, assessment tasks and learning resources are provided. It is not expected that all of these will be used

The final row has possible existing 'curriculum integration' suggestions of where this content might already be, or where it might be a best fit to embed within existing learning activities, for example within existing population health or clinical subjects.

Domain 1 REFLECT: History of Aboriginal and Torres Strait Islander peoples and the postcolonial experience

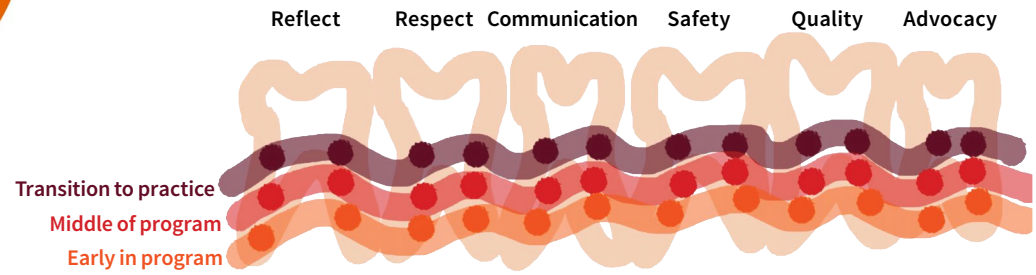
Introduces students to the history of Aboriginal and Torres Strait Islander peoples in Australia and key stages since European invasion/ colonisation in the context of understanding the contemporary Aboriginal and Torres Strait Islander health experience and critical reflection of own positioning.

	Early in Program	Middle of Program	Transition to practice
Intended Session Learning Outcomes	1.1 Describe the health of Aboriginal and Torres Strait Islander people pre-colonisation and identify key events since colonisation that have impacted the contemporary health of Aboriginal and Torres Strait Islander peoples 1.2 Examine own cultural worldview and values and describe implications for health care practice	1.3 Analyse the impact of historical events on Aboriginal and Torres Strait Islander health and access to services, and the implications of building trust and relationships with individuals, families and communities in health practice 1.4 Examine one's own positioning in terms of White Privilege and other social privileges and limitations of one's own worldview for delivering culturally safe health care service to Aboriginal and Torres Strait Islander clients	1.5 Incorporate strategies for delivering health care that builds trust and relationships with Aboriginal and Torres Strait Islander individuals, families and communities 1.6 Debate the implications of White Privilege and other social privileges on delivering equitable health care to Aboriginal and Torres Strait Islander clients
Example Learning Activities	*Didactic/online lectures with Indigenous Elders or specialists in health and health care issues for Indigenous Peoples with opportunity for reflective discussion *Online E-module with reflective activities. *Workshop- Identification of own biases *Tutorial with small group work exploring own culture, own bias and assumptions. Students introduce selves with Acknowledgement of Country (find out who's Country they are on). *On Country walk with reflective questions/discussions	*Discussions with Local Aboriginal Liaison officer about Aboriginal consumer experiences of health and dental services and critical discussion on racism within healthcare settings. *Role play scenarios and use of language using helpful language using communication models for example Kleinman's explanatory model, 5 step-cross cultural communication model. *Reflect on own biases following session-learning reflection *Audit of clinical practice environment for cultural safety – staff training, identification of patients, relationships with ACCHO's/AHLO's	*Clinical case discussions with experienced Aboriginal and Torres Strait Islander health providers to consider implications and apply to practice *Critical evaluation of own privilege (for example, a privilege walk test or questionnaire). *Consider implications of own bias on cultural safety for Aboriginal and Torres Strait Islander clients *Tutorial with role play of strengths'-based case study scenarios, practice helpful language using communication models, for example such as Kleinman's explanatory model or 5 step cross cultural communication model. See Learning Resources in 1.3 and 1.4 for links.
Example Assessment Tasks	*1500-word literature review or annotated bibliography or short answer questions on history of Aboriginal and Torres Strait Islander peoples and colonisation critiquing the sources for bias (i.e. who is the author, what is their positionality?) *Multiple choice questions. *Situational judgement assessment scenarios. *Self-reflection blog throughout the semester of own culture, norms and values and how this may create bias and assumptions as a health professional. What are current areas for further development? What gaps are there in my knowledge of the Our Shared History period?	*Clinical case presentation demonstrating application to knowledge of post-colonial experiences for Aboriginal and Torres Strait Islander peoples (Student groups of 2) *1500-word clinical audit assignment critical appraisal of work-place for cultural safety practice guidelines (completed during clinical placement)	*1500-word clinical audit assignment critical appraisal of workplace for cultural safety practice guidelines. *2000-word Critical reflection assignment of peak body's Reconciliation Action Plan
Learning Resources	**What is Country?** The Australian Institute of Aboriginal and Torres Strait Islander Studies. Short videos and website: https://aiatsis.gov.au/explore/welcome-country **Share Our Pride (Reconciliation Australia)** 1. First Australians http://www.shareourpride.org.au/sections/first-australians/index.html 2. Our Culture	**Intergenerational Trauma Video (animated).** Australian Indigenous Health Infonet: (4 mins) https://healthinfonet.ecu.edu.au/key-resources/resources/35290/?title=Intergenerational%20Trauma%20Animation **Share Our Pride (Reconciliation Australia)** 3. Our Shared History http://www.shareourpride.org.au/sections/our-shared-history/index.html	**Buzz Feed How Privileged Are you? Quiz** https://www.buzzfeed.com/regajha/how-privileged-are-you **The White Privilege Test:** http://monitoracism.eu/check-yourself-the-white-privilege-test/ **Dadirri and Healing: A yarn with Dr Miriam Rose Ungunmerr-Baumann 30 minutes** (Deep Listening Talk: Connection to Country and Health)
	Aboriginal and Torres Strait Islander students Explore opportunities for On Country guided or self-guided walk with reflective tasks	Develop glossary of local terms for use in clinical settings	Invite dental practitioners to students to discuss their experiences and learnings in providing dental care
Curriculum integration	Community health and psycho- social stream	Preclinical learning	Clinical practice stream

Program leads, subject co-ordinators and educators can use the following table to begin the process of integrating this curriculum within individual programs and subjects

Curriculum Contextualisation

Each dental program across Australia will have different structures, needs, contexts and different starting points regarding existing Aboriginal and Torres Strait Islander Health curricula. Depending on individual program circumstances, it may not be feasible to implement all 3 levels at the start. It may be more realistic to start with one section and build from this adding more as expertise, confidence and resources grow. – to join the dots as best fits your program. See Section 5 for examples on how to get started.



An Important Note on Local Cultural Contexts

The 6 Domains (Reflect, Respect, Communication, Safety, Quality and Advocacy) and 36 Session Learning Outcomes (6 SLO's per each of the 6 domains) need to be applied and considered within the **local contexts of the areas in which the learning is taking place**. The rich diversity of cultures among Australia's Aboriginal and Torres Strait Islander peoples means that partnerships and local contextualisation will be important in supporting the learning. The following are suggestions for how this might be incorporated:

- Acknowledgement and naming the Country of local Traditional Owners before lectures/tutorials
- Researching local sites of importance and integrating respectfully into the learning tasks
- Seeking to develop, maintain and support partnerships with University First Nations departments/organisations and communities
- Seeking to develop, maintain and support partnerships with relevant local Aboriginal Community Controlled Health Services (ACCHOs) or similar organisations
- Exploring the feasibility of visiting local Aboriginal and/or Torres Strait Islander cultural collection (ie museum, gallery) with students engaging with reflective tasks before and after
- Exploring the feasibility of local On Country guided/facilitated walk with reflective tasks before and after (for example, many Universities have On Country walks within their campuses

Domain 1 REFLECT: History of Aboriginal and Torres Strait Islander peoples and the postcolonial experience

Introduces students to the history of Aboriginal and Torres Strait Islander peoples in Australia and key stages since European invasion/ colonisation in the context of understanding the contemporary Aboriginal and Torres Strait Islander health experience and critical reflection of own positioning.

Intended Session Learning Outcomes	**1.1 Describe the health of Aboriginal and Torres Strait Islander people pre-colonisation and identify key events since colonisation that have impacted the contemporary health of Aboriginal and Torres Strait Islander peoples** **1.2 Examine own cultural worldview and values and describe implications for health care practice**	**1.3 Analyse the impact of historical events on Aboriginal and Torres Strait Islander health and access to services, and the implications of building trust and relationships with individuals, families and communities in health practice** **1.4 Examine one's own positioning in terms of White Privilege and other social privileges and limitations of one's own worldview for delivering culturally safe health care service to Aboriginal and Torres Strait Islander clients**	**1.5 Incorporate strategies for delivering health care that builds trust and relationships with Aboriginal and Torres Strait Islander individuals, families and communities** **1.6 Debate the implications of White Privilege and other social privileges on delivering equitable health care to Aboriginal and Torres Strait Islander clients**
Example Learning Activities	• Didactic/online lectures with Indigenous Elders or specialists in health and health care issues for Indigenous Peoples with opportunity for reflective discussion • Online E-module with reflective activities. • Workshop- Identification of own biases • Tutorial with small group work exploring own culture, own bias and assumptions. Students introduce selves with Acknowledgement of Country (find out who's Country they are on). • On Country walk with reflective questions/discussions	• Discussions with Local Aboriginal Liaison officer about Aboriginal consumer experiences of health and dental services and critical discussion on racism within healthcare settings. • Role play scenarios and use of language using helpful language using communication models for example Kleinman's explanatory model, 5 step-cross cultural communication model. • Reflect on own biases following session- learning reflection • Audit of clinical practice environment for cultural safety – staff training, identification of patients, relationships with ACCHO's/AHLO's	• Clinical case discussions with experienced Aboriginal and Torres Strait Islander health providers to consider implications and apply to practice • Critical evaluation of own privilege (for example, a privilege walk test or questionnaire). • Consider implications of own bias on cultural safety for Aboriginal and Torres Strait Islander clients • Tutorial with role play of strengths'-based case study scenarios, practice helpful language using communication models, for example such as Kleinman's explanatory model or 5 step cross cultural communication model. See Learning Resources in 1.3 and 1.4 for links.
Example Assessment Tasks	• 1500-word literature review or annotated bibliography or short answer questions on history of Aboriginal and Torres Strait Islander peoples and colonisation critiquing the sources for bias (i.e. who is the author, what is their positionality?) • Multiple choice questions. • Situational judgement assessment scenarios. • Self-reflection blog throughout the semester of own culture, norms and values and how this may create bias and assumptions as a health professional. What are current areas for further development? What gaps are there in my knowledge of the Our Shared History period?	• Clinical case presentation demonstrating application to knowledge of post-colonial experiences for Aboriginal and Torres Strait Islander peoples (Student groups of 2) • 1500-word clinical audit assignment critical appraisal of work-place for cultural safety practice guidelines (completed during clinical placement)	• 1500-word clinical audit assignment critical appraisal of workplace for cultural safety practice guidelines. • 1000-word Critical reflection assignment of peak body's Reconciliation Action Plan

Learning Resources	**What is Country?** The Australian Institute of Aboriginal and Torres Strait Islander Studies. Short videos and website: https://aiatsis.gov.au/explore/welcome-country **Share Our Pride (Reconciliation Australia)** 1. First Australians http://www.shareourpride.org.au/sections/first-australians/index.html 2. Our Culture http://www.shareourpride.org.au/sections/our-culture/index.html **Language/clan group maps** https://aiatsis.gov.au/explore/map-indigenous-australia **SBS First Australians Documentary, Season 1** https://www.sbs.com.au/ondemand/program/first-australians E1 They have come to stay (1hr 10m) E2 Her will to survive (52m) E3 Freedom for Our Lifetime (52m) E4 There Is No Other Law (52m) E5 An Unhealthy Government Experiment (52m) E6 A Fair Deal for A Dark Race (52m) E7 We Are No Longer Shadows (52m) **The Culture Tree** Colorado Department of Education – High Impact Instructional Strategies for Health Education. Overview of Culturally Responsive Practices. https://sitesed.cde.state.co.us/mod/book/view.php?id=8030&chapterid=8125	**Intergenerational Trauma Video (animated).** Australian Indigenous Health Infonet: (4 mins) https://healthinfonet.ecu.edu.au/key-resources/resources/35290/?title=Intergenerational%20Trauma%20Animation **Share Our Pride (Reconciliation Australia)** 3. Our Shared History http://www.shareourpride.org.au/sections/our-shared-history/index.html **What is Privilege?** Buzz Feed YouTube/Facebook Video (3m44s) in Australian context: https://www.facebook.com/BuzzFeedOz/videos/what-is-privilege-australiaday/1936578223240531/ **Kleinman's Explanatory Model Video 3 mins Medicare Local Online Resource:** https://www.youtube.com/watch?v=f1dA_oorQPo **Five Cross Cultural Capabilities for clinical staff** Queensland Health https://www.health.qld.gov.au/__data/assets/pdf_file/0034/382696/ccc-clinical.pdf	**Buzz Feed How Privileged Are you? Quiz** https://www.buzzfeed.com/regajha/how-privileged-are-you **The White Privilege Test:** http://monitoracism.eu/check-yourself-the-white-privilege-test/ **Dadirri and Healing: A yarn with Dr Miriam Rose Ungunmerr-Baumann 30 minutes** (Deep Listening Talk: Connection to Country and Health) https://www.beyondblue.org.au/get-support/not-alone/dadirri/ Nixon, S.A. **The coin model of privilege and critical allyship: implications for health.** BMC Public Health 19, 1637 (2019). https://doi.org/10.1186/s12889-019-7884-9 https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-019-7884-9#citeas **Reconciliation Action Plan 2019-2020** The Public Health Association of Australia https://www.phaa.net.au/documents/item/3312 **Reconciliation Action Plan** Australian Health Practitioner Regulatory Agency and the National Boards (AHPRA) https://www.ahpra.gov.au/About-Ahpra/Aboriginal-and-Torres-Strait-Islander-Health-Strategy.aspx
Local context	Museum visit with reflective discussion Explore cultural resources at own university for learning & teaching and for supporting Aboriginal and Torres Strait Islander students Explore opportunities for On Country guided or self-guided walk with reflective tasks	Identify local Aboriginal Community, language groups and history. Develop glossary of local terms for use in clinical settings	Identify local Aboriginal Liaison for oral health services and ACCHO Invite dental practitioners to students to discuss their experiences and learnings in providing dental care
Curriculum integration	Community health and psycho- social stream	Preclinical learning	Clinical practice stream

Domain 2 RESPECT: Aboriginal and Torres Strait Islander culture, beliefs and practices and Diversity

Introduces students to Aboriginal and Torres Strait Islander culture, beliefs, language and practices, as well as key concepts of Aboriginal and Torres Strait Islander health and wellbeing in theory and practice.

Develops students' knowledge and understanding of the diversity of Aboriginal and Torres Strait Islander nations across Australia specifically in terms of cultural beliefs, practices and colonial history, and the implications of this diversity for health care practice.

Intended Session Learning Outcomes	**2.1 Describe Aboriginal and Torres Strait Islander culture from pre-colonisation to the present including diversity of cultures and languages, and illustrate examples** **2.2 Describe the historical development of community-controlled health services and role of Aboriginal and Torres Strait Islander health professionals**	**2.3 Examine key elements attributed to cultural beliefs and practices within the local context (e.g. kinship, reciprocity)** **2.4 Analyse the contemporary role of Aboriginal and Torres Strait Islander health professionals, organisations and communities in delivering culturally safe health care to Aboriginal and Torres Strait Islander clients**	**2.5 Design strategies to incorporate knowledge of Aboriginal and Torres Strait Islander culture and concepts of health and wellbeing into health care practice to enhance cultural safety** **2.6 Design strategies for delivering culturally safe health care with respect to individual, cultural and linguistic diversity**
Example Learning Activities	• Potential to include didactic session with Domain 1 content. • Excursion Museum visit or local on Country walk with critical reflective tasks	• Tutorials/discussion groups with Indigenous Elders or specialists in health and health care issues for Indigenous Peoples	• Participate in Discussion-Describe barriers to and strategies for building trust • Role play/ observe and reflection on clinical yarning practice
Example Assessment Tasks	• Individual students to formulate own cultural family traditions, life experiences, world view to place in critical reflection portfolio, and share stories in small groups of 3-5 students	• Individual reflective report – focusing on growing knowledge and understanding of Aboriginal and Torres Strait Islander culture	• OSCE exam question on Deep Listening/Clinical Yarning in practice to a strengths-based case study (see Resources for example)
Learning Resources	**Language/clan group maps** (in Reflect) relevant to address this ILO as well In addition: **National Aboriginal Community Controlled Health Organisation – About Us** (interactive timeline): https://www.naccho.org.au/our-story **Community-Controlled Aboriginal Health Service: A Historical Reflection** by Dr Gary Foley, Professor of History, Victoria University. Slide share from NACCHO 2018 National Conference https://www.slideshare.net/NACCHOpresentations/naccho-2018-national-conference-naccho-history	Consider integrated health model talk from Board member about mission of ACCHO **NACCHO – Aboriginal Community Controlled Organisations (ACCHO's) – definitions and interactive map** https://www.naccho.org.au/acchos **Indigenous Dentists' Association of Australia** https://healthinfonet.ecu.edu.au/learn/health-topics/oral/organisations/1800/?title=Indigenous%20Dentists%27%20Association%20of%20Australia&contentid=1800_3	Cultural competence prep session by local language group/clinical placement setting **Cultural Safety: Respect and Dignity in Relationships.** Northern Health British Colombia 5min video. (but relevant concepts to Australia) https://www.youtube.com/watch?v=MkxcuhdgIwY **Clinical Yarning resources:** Lin I, Green C, Bessarab D. 'Yarn with me': applying clinical yarning to improve clinician-patient communication in Aboriginal health care. Aust J Prim Health. 2016 Nov;22(5):377-382. doi: 10.1071/PY16051. PMID: 28442021. https://pubmed.ncbi.nlm.nih.gov/28442021/

Learning Resources continued...		**NACCHO – Aboriginal Community Controlled Health Services are more than just another health service – they put Aboriginal health in Aboriginal hands.** (4 page PDF) https://f.hubspotusercontent10.net/hubfs/5328468/Resources/Publications%20and%20Resources/Key-facts-1-why-ACCHS-are-needed-FINAL.pdf?hsCtaTracking=b45d9b2c-2e36-40b8-9961-c275015a5cff%7C67225b45-d8c0-42ba-ab66-d4931fd98655 **NACCHO – Aboriginal Community Controlled Health Services – Aboriginal health state of play** (1-page PDF) https://f.hubspotusercontent10.net/hubfs/5328468/Resources/Publications%20and%20Resources/Key-facts-1-why-ACCHS-are-needed-FINAL.pdf?hsCtaTracking=b45d9b2c-2e36-40b8-9961-c275015a5cff%7C67225b45-d8c0-42ba-ab66-d4931fd98655	**Clinical Yarning Education: E-learning modules.** Western Australian Centre for Rural Health at the University of Western Australia (draft program – still under development. 2m 30 s Video with Prof Dawn Bessarab, Director, Centre for Aboriginal Medical and Dental Health https://www.clinicalyarning.org.au
Local context	Identify local original owners- visit locally important sites	Consider role locally of Aboriginal Health Workers/ Community Liaison and how this integrates with oral health practice and service delivery	Discuss clinical yarning methods and practices with clinical mentor from local ACCHO
Curriculum integration	Community health/psycho-social stream	Integrated/Interprofessional Practice	Clinical practice subject - preparation for clinical placements

Domain 3 COMMUNICATION: Aboriginal and Torres Strait Islander terminology; cultural humility, cultural safety, and strengths-based approaches

Introduces students to the concept of lifelong learning of cultural capabilities. Develops students' humility in terms of how much they can meaningfully understand about Aboriginal and Torres Strait Islander cultures.

Introduces students to key terminology that is used in developing and delivering culturally safe health care to Aboriginal and Torres Strait Islander Australians.

Develops students' knowledge of the broad spectrum of verbal and non-verbal communication cues of Aboriginal and Torres Strait Islander clients and how these elements may intersect in health service delivery and practice. Has a progressive focus on building skills in students to be able to engage in respectful and culturally safe communication.

Introduces students to the concept of strengths-based approaches to Aboriginal and Torres Strait Islander health and the importance of balancing knowledge and communication of health statistics with positive information to support and empower clients and communities.

Intended Session Learning Outcomes	**3.1 Identify key terms and definitions in the context of delivering culturally safe health care to Aboriginal and Torres Strait Islander clients including cultural humility and cultural safety practice** **3.2 Describe the impact of effective verbal and non-verbal communication, and strengths b ased versus problem-based communication and how this links to health outcomes for Aboriginal and Torres Strait Islander peoples**	**3.3 Demonstrate cultural humility and explain behaviours and values required to engage in lifelong learning** **3.4 Analyse differences between own verbal and non-verbal communication and Aboriginal and Torres Strait Islander clients, and the implications for improvements in mortality and morbidity using strengths-based communication for health care**	**3.5 Develop professional strategies that enable continued learning and development of cultural capabilities in health practice** **3.6 Incorporate knowledge and skills of culturally safe communication, using a strength- based approach, when interacting with Aboriginal and Torres Strait Islander individuals and family members**
Example Learning Activities	• On-line learning module. • Identify non- verbal behaviours in class discussions and through observations of others eg on public transport, at shops. Consider nonverbal behaviours in clinical dental settings • Small group Role play practising communication strategies. • Develop own dictionary/glossary of dental terms	• Tutorials/discussions with Indigenous Elders or specialists in health and health care issues for Indigenous Peoples. • Discuss strengths of Indigenous culture • Consider similarities and differences between motivational interviewing and clinical yarning	• Review ethical guidelines for research with Indigenous communities (AITSIS & NHMRC) • Identify cultural safety CPD opportunities in dental practice environment • Develop skills for clinical yarning • Discuss the specific requirements for research with Aboriginal and Torres Strait Islander People and why they have been required
Example Assessment Tasks	• In groups of 3-5, students develop and deliver oral presentations comparing health beliefs, practices, barriers etc. in different cultural and racial groups in Australia	• Develop PPT, Video or Animated Feature demonstrating successful strengths-based initiatives and identifying critical success factors for improvement of Aboriginal and Torres Strait Islander health outcomes	• Have a conversation with an Aboriginal Elder or health care worker; write a short reflection on your learning and share this with another student from your cohort • OSCE reflective exam question on communication • Short answer reflective exam on students own's next learning needs

Learning Resources	**Indigenous Cultural Safety & Cultural Humility Culturally Connected.** Health Literacy Team British Canada Children's Hospital and Population Health Promotion team of British Columbia Women's Hospital. Free website resource for care providers working in the health sector. https://www.culturallyconnected.ca Narragunnawali. Reconciliation in Education. Terminology Guide. **A Guide to Using Respectful and Inclusive Language and Terminology.** https://www.narragunnawali.org.au/about/terminology-guide Gulunga Good Practice Guidelines (2016). **Preferences in terminology when referring to Aboriginal and/or Torres Strait Islander peoples** https://www.actcoss.org.au/sites/default/files/public/publications/gulanga-good-practice-guide-preferences-terminology-referring-to-aboriginal-torres-strait-islander-peoples.pdf **Communicating effectively with Aboriginal and Torres Strait Islander people. Queensland Health (2015).** https://www.health.qld.gov.au/__data/assets/pdf_file/0021/151923/communicating.pdf	**Common Ground. Diverse First Nations Identities** https://www.commonground.org.au/learn/diverse-first-nations-identities **Asking the Question Training Package. Inner North West Primary Care Partnership, NSW. Video (8 mins) and training booklet.** https://inwpcp.org.au/resources/closing-the-health-gap-for-aboriginal-and-torres-strait-islander-people/asking-the-question-training-package/ **The Uluru statement from the Heart Social Ventures Australia. The Uluru Statement from the Heart: what now?** Interview with Professor Megan Davis, Pro Vice-Chancellor Indigenous at the University of NSW (19 min interview) https://www.socialventures.com.au/sva-quarterly/the-uluru-statement-from-the-heart-what-now/ **ABC Uluru Statement from the Heart four years on | 7:30** (8 min video, May 2021) https://www.youtube.com/watch?v=hsj0Yth5zew **Clinical yarning and Deep Listening Communication strategies** – as per in Domain 2 **Teach Back** Video (North Western Melbourne Primary Health Network) 5 mins: https://www.youtube.com/watch?v=d702HIZfVWs **Teach-Back training resources** (Deakin University and NSW Government) **Teach-back** [Internet]. Sydney, NSW: South Eastern Sydney Local Health District, Deakin University and University of Melbourne; 2018 [cited 2018 November 27]. Available from: http://teachback.org **Always use Teach-Back. Free online training for health professionals.** http://teachbacktraining.org	**Ethical conduct in research with Aboriginal and Torres Strait Islander People's and communities: Guidelines for Researchers and stakeholders.** Canberra: National Health and Medical Research Council. (2018). Commonwealth of Australia https://www.nhmrc.gov.au/research-policy/ethics/ethical-guidelines-research-aboriginal-and-torres-strait-islander-peoples **AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander Research,** (2020) AIATSIS, Canberra ACT https://aiatsis.gov.au/research/ethical-research/code-ethics Jennings, W; Bond, C and Hill, P (2018) **The power of talk and the power in talk: a systematic review of Indigenous narratives of culturally safe healthcare communication.** Australian Journal of Primary Health, 24 109-115. https://doi.org/10.1071/PY17082 **Deep listening and clinical yarning resources as per Domain 2** **Common Ground. 11 First Nations Icons.** https://www.commonground.org.au/learn/11-first-nations-icons **Policy and Advocacy. Submission on the Government's Indigenous Voice proposal 2021.** National Aboriginal Community Controlled Health Organisation (NACCHO). Submission on the Data Availability and Transparency Bill 2021. https://www.naccho.org.au/policy-advocacy
Local context	Seek diversity within student cohort Understand local landowners and languages- develop a glossary of local terms	Seek local community advice to understand how kinship and family centred practices work in local area	Engage with local ACCHO's to discuss local cultural practices and safety advice
Curriculum integration	Psycho-social Behavioural /population health	Introduction to health services/clinical practice settings	Research and ethics training

Domain 4 SAFETY: Aboriginal and Torres Strait Islander and western health care; white privilege and racism

Develops students' knowledge and understanding of the historical development of Aboriginal and Torres Strait Islander health initiatives, community-controlled health services and health professionals, and the impacts on the Australian health care system.

Introduces students to the culture of the Australian health system and of individual health professions. Develops students' ability to understand the intersection of the professional culture of mainstream health care with Aboriginal and Torres Strait Islander cultures, the importance of self-determination and implications for health care practice.

Introduces students to Aboriginal and Torres Strait Islander stereotypes and different forms of racism, and how these impact Aboriginal and Torres Strait Islander individuals, families and communities. Develops students' ability to critically reflect on self and organisational practice and be equipped to consciously engage in health practice that is free from stereotyping or racism.

Introduces students to White Privilege and other social privileges, developing understanding of how these have influenced relations between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians in historical and contemporary health care.

Intended Session Learning Outcomes	**4.1 Discuss the history of Australia's dominant Western White Privilege cultural paradigm and contemporary health system outcomes for Aboriginal and Torres Strait Islander clients** **4.2 Identify different forms of racism and prevailing stereotypes about Aboriginal and Torres Strait Islanders in Australia and how they impact equitable health service access and outcomes for Aboriginal and Torres Strait Islander peoples**	**4.3 Examine the culture of oral health professions, and analyse the impacts of this professional culture on the broader health system for Aboriginal and Torres Strait Islander health service experiences** **4.4 Demonstrate internal strategies to examine and monitor personal responses to cultural and social differences**	**4.5 Establish strategies to work in partnership with Aboriginal and Torres Strait Islander health professionals, organisations and communities, to support the notions of belonging, safety and self-determination.** **4.6 Develop strategies for mitigating potential challenges of different cultural values and behaviours between Aboriginal and Torres Strait Islander clients and mainstream health care incorporating anti-racist and affirmative action approaches in health care practice**

Example Learning Activities	• Online modules- use existing resources (see below) to develop learning and discussion
	• Introduce students to the concept of ongoing self-reflexivity and its crucial role in facilitating culturally safe health service delivery.
	• Develops students' skills and ability to engage in ongoing self-reflexive health practice.
		• Pre-readings & preparation for small group discussions
		• Identify observed professional behaviours and reflect on how they impact people and their willingness to engage in health services
		• Locate and critically appraise peak professional bodies websites, position statements, Reconciliation Action Plans, professional behavioural statements and/or documents against cultural safety indicators.
		• Participate in the 7-day app challenges in the learning resource below 'All Together Now. Everyday Racism' and follow with a tutorial discussion reflecting the experiences.
		• Watch one of the movies in the Learning Resources (In My Blood It Runs or The Final Quarter) during a tutorial/lecture and complete the associated activities that are within the links.
			• Explore 6 actions from the following quality and safety document https://www.safetyandquality.gov.au/sites/default/files/migrated/National-Safety-and-Quality-Health-Service-Standards-User-Guide-for-Aboriginal-and-Torres-Strait-Islander-Health.pdf
			• Discuss how you intend to address each of these in your community placement
			  • Working in Partnership
			  • Addressing Health Needs of Aboriginal and Torres Strait Islander people
			  • Implementing and monitoring targeted strategies
			  • Improving cultural competence
			  • Creating a welcoming environment
			  • Identifying people of Aboriginal and Torres Strait origin

Example Learning Activities continued...			• Tutorial class identifying examples in the media of racism and discuss by-stander racism strategies for responding to scenarios of racism (intrapersonal – interpersonal – institutional – systemic). • Reflective blog responding critically to media articles reporting on recent impacts of, or examples of racism and what learnings this has on your practice and profession.
Example Assessment Tasks	• Write a reflective piece on unconscious bias	• Problem Based Learning or Case Study Report – based on a white privilege scenario	• Debate - Mainstream health providers and practices are not equipped to provide culturally safe practice
	You Can't Ask That- Aboriginal Australians https://www.youtube.com/watch?v=SHVbVBLlhCM National Reconciliation Week 2017. **Reconciliation Timeline.** https://www.reconciliation.org.au/our-vision-is-for-a-united-australia/ Australian Human Rights Commission. **Track the History Timeline: The Stolen Generations** https://humanrights.gov.au/our-work/education/track-history-timeline-stolen-generations **Deadly questions: What is white privilege?** https://deadlyquestions.vic.gov.au/deadly-question/what-is-white-privilege **Deadly questions: Do Aboriginal people still face racism every day?** https://deadlyquestions.vic.gov.au/deadly-question/do-aboriginal-people-still-face-racism-every-day **Beyond Blue. Discrimination stops with you (video and resources)** https://www.beyondblue.org.au/who-does-it-affect/the-invisible-discriminator **Pwc. Blind spots. Challenge assumptions (video resource 2m 19sec)** https://www.pwc.com/us/en/about-us/blind-spots.html	All Together Now. **Everyday Racism.** App challenge created by University of Western Sydney, Deakin University and the University of Melbourne https://alltogethernow.org.au/everyday-racism/ **Racism. It Stops with me.** Australian Human Rights Commission Online and downloadable resources/videos: https://itstopswithme.humanrights.gov.au/resources The Final Quarter. **'Let's talk about race'. Documentary Film and Education Resources exploring racism in Australia A guide on how to conduct a conversation about racism.** 2019 https://thefinalquarterfilm.com.au **In My Blood It Runs.** History. Learning. Love. Resistance. Feature Film Documentary. https://inmyblooditruns.com **Common Ground. Families affected by deaths in custody.** https://www.commonground.org.au/learn/families-affected-by-deaths-in-custody	**Review the work of Jamieson et al in co-design of oral health programs for Indigenous communities** Fogarty, W., Bulloch, H., McDonnell, S. & Davis, M. 2018, **Deficit Discourse and Indigenous Health: How narrative framings of Aboriginal and Torres Strait Islander people are reproduced in policy,** The Lowitja Institute, Melbourne. https://www.lowitja.org.au/content/Document/Lowitja-Publishing/deficit-discourse.pdf Larson A, Gillies M, Howard PJ, Coffin J. **It's enough to make you sick: the impact of racism on the health of Aboriginal Australians.** Aust N Z J Public Health. 2007 Aug;31(4):322-9. doi: 10.1111/j.1753-6405.2007.00079.x. PMID: 17725009. **Nothing about us without us. That's why we need Indigenous-owned media** Luke Pearson, founder of Indigenous X article in The Guardian. https://www.theguardian.com/commentisfree/2015/aug/03/nothing-about-us-without-us-thats-why-we-need-indigenous-owned-media

Learning Resources continued...	**Common Ground. Online Resources Truth Telling** https://www.commonground.org.au/learn/truth-telling **The unknown warriors of the Frontier Wars** https://www.commonground.org.au/learn/the-unknown-warriors-of-the-frontier-wars **The 1967 Referendum. "Right wrongs, write yes"** https://www.commonground.org.au/learn/1967-referendum **The Killing Times The Guardian.** https://www.theguardian.com/australia-news/ng-interactive/2019/mar/04/massacre-map-australia-the-killing-times-frontier-wars **Colonial Frontier Massacres in Australia 1788-1930 The University of Newcastle.** https://c21ch.newcastle.edu.au/colonialmassacres/map.php First Peoples Gallery. B**lack Day, Sun Rises, Blood Runs. Stories of colonial violence in Victoria.** Melbourne Museum, https://museumsvictoria.com.au/article/black-day-sun-rises-blood-runs/ The Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS). **Stolen Generations.** Resources and 30 min video produced by the Australian Human Rights Commission https://aiatsis.gov.au/explore/stolen-generations		
Local context	Consider distribution of dental practices in local area in relation to SES of people	Visit local ACCHO - consider integrated primary health model common to ACCHOs. Invited talk from Board member about mission of ACCHO	Liaise with local ACCHO representative in preparation for community placement. Gain further insight into health services/clinical practice settings
Curriculum integration	Psycho-social Behavioural/population health	Introduction to health services/clinical practice settings	Clinical practice

Domain 5 QUALITY: Social determinants of health and population health approaches to managing oral health

Introduces students to the social determinants of health and develops their ability to understand Aboriginal and Torres Strait Islander health and clinical presentations through a social determinants lens, and the implications on health professional practice.

Develops students' knowledge of the current demographic and health statistics for Aboriginal and Torres Strait Islander peoples and features of policies and strategies relative to the Aboriginal and Torres Strait Islander population in health service delivery.

Intended Session Learning Outcomes	**5.1 Discuss the concept of social determinants and the impacts on Aboriginal and Torres Strait Islander health** **5.2 Identify current demographic, health indicators and statistical trends for Aboriginal and Torres Strait Islander peoples and compare these with trends for non-Indigenous peoples in Australia**	**5.3 Determine strengths and challenges in delivering health care with respect to the social determinants of health** **5.4 Analyse strengths and limitations of data used as key indicators of Aboriginal and Torres Strait Islander health, and key policies and strategies designed to improve health care for Aboriginal and Torres Strait Islander peoples**	**5.5 Devise strategies for diagnosing and treating Aboriginal and Torres Strait Islander clients using a health promoting approach incorporating self-determination** **5.6 Establish key features of successful Aboriginal and Torres Strait Islander health research and data sovereignty**
Example Learning Activities	• Butchers paper & pens or white board & markers (or online whiteboard or Padlet) 1. Brainstorm multiple concepts of health 2. Brainstorm multiple determinants of health Consider how the social determinants of health play out for oral health- how do they influence health and access to care? 3. Use the metaphor of a tree- roots, branches and fruits - to consider how social determinants produce health outcomes- Ref Devia et al 2017 (below)	• Case studies exploring links between health and socio-cultural influences; class discussion incorporating treatment planning with Indigenous community representatives. • Class discussion: consider the impact of trust on health service access. What strategies build trust for Aboriginal people in accessing oral health services? • Discuss the strengths in Aboriginal communities that provide support for health • Group work to plan for an oral health partnership research or oral health promotion project	• Develop a case scenario based on the social determinants of health and key features of successful health management • Invite an Aboriginal Health Worker or Aboriginal Liaison to discuss clinical case treatment planning applying a cultural safety lens • Undertake clinical placement with an ACCHO dental service with cultural mentoring
Example Assessment Tasks	• Develop a concept map or poster on the concepts of health and social determinants of health for Aboriginal and Torres Strait Islander peoples.	• Present a plan for needs assessment and planning for a partnership research or oral health promotion project with an Aboriginal community	• Incorporate assessment of communication and cultural safety as an element of clinical assessment for Aboriginal and Torres Strait Islander clients

Example Assessment Tasks continued...		• Working in groups, and using resource below, explore what each means for health service organisations; the benefits of taking action; identify key tasks and provide examples. Prepare a 5 minute presentation for the class. Select one action per group:
		  • Working in Partnership
		  • Addressing Health Needs of Aboriginal and Torres Strait Islander people
		  • Implementing and monitoring targeted strategies
		  • Improving cultural competence
		  • Creating a welcoming environment
		  • Identifying people of Aboriginal and Torres Strait origin
		https://www.safetyandquality.gov.au/sites/default/files/migrated/National-Safety-and-Quality-Health-Service-Standards-User-Guide-for-Aboriginal-and-Torres-Strait-Islander-Health.pdf
			• Plan an oral health promotion project within an Aboriginal Community Controlled Health Organisation
			• Present a clinical oral health management case demonstrating incorporation of Aboriginal and Torres Strait Islander cultural safety strategies
			• Write a reflective piece on the learning from cultural mentoring and clinical care in an ACCHO

Learning Resources	Devia C,Baker EA, Sanchez-Youngman S, Barnidge E, Golub M, Motton F, Muhammad M, Ruddock C, Vicuña B and Wallerstein N (2017) **Advancing system and policy changes for social and racial justice: comparing a Rural and Urban Community-Based Participatory Research Partnership in the U.S.** Int J Equity Health 2017 Feb 21;16(1):17 Gee, G., Dudgeon, P., Schultz, C., Hart, A., Kelly, K. (2014). **Aboriginal and Torres Strait Islander Social and Emotional Wellbeing.** In P. Dudgeon, P. Milroy, Walker, R. (Eds.). Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice (pp. 55 – 68). ACT, Australia: Commonwealth of Australia. Artwork by Tristan Schultz. Australian Government. **National Aboriginal and Torres Strait Islander Health Plan 2013-2023** https://www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-health-plan-2013-2023	**Social determinants and Indigenous health.** Australian Institute of Health and Welfare, Release date 23 Jul 2020. https://www.aihw.gov.au/reports/australias-health/social-determinants-and-indigenous-health Australian Indigenous HealthInfoNet. **Data sovereignty**. https://healthinfonet.ecu.edu.au/learn/cultural-ways/data-sovereignty/ Australian Human Rights Commission. **Close the Gap (2021)** https://humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/publications/close-gap-2021	Mayi Kuwayu. **The National Study of Aboriginal and Torres Strait Islander Wellbeing. Indigenous Data Sovereignty Principles.** https://mkstudy.com.au/indigenousdatasovereigntyprinciples/ **National Framework for Continuous Quality Improvement in Primary Health Care for Aboriginal and Torres Strait Islander people 2018-2023** National Aboriginal Community Controlled Health Organisation (NACCHO). Programs & Projects. https://www.naccho.org.au/cqi?hsCtaTracking=632a3ea0-10db-4f30-b1b8-bfb81ae83007%7Cf40ed986-0fa2-4c55-a687-a6f5f589b1cd **Remote Area Health Corps (RAHC) online training modules - working within remote Aboriginal and Torres Strait Islander communities for those who have worked primarily in urban-based settings- one specific to oral health.** https://www.rahc.com.au/elearning Dade- Smith. J. (2016) **Australia's Rural, Remote and Indigenous Health** (3rd Ed), Elsevier, NSW Australia Book Chapters 3,4,5,6,7

Learning Resources continued...	**Q&A Social Determinants of Health Broadcast 29 August 2016.** Panellists: Cassandra Goldie, Head of Australian Council of Social Service; Warren Mundine, Chair of the Indigenous Advisory Council; Sir Michael Marmot, President of the World Medical Association; Christine Bennett, School of Medicine, The University of Notre Dame; and Deborah Cobb-Clark, Professor of Economics, University of Sydney. Our panel discussed the taxed and taxed-nots, working for welfare, income support, health and welfare, Indigenous rheumatic heart disease, and closing the education wealth gap. https://www.youtube.com/watch?v=WbD4x2jCWyg **Harvard University Teaching Pack: Social Determinants of Health 2018** (instructors notes, teaching guide, frameworks and how to use them, four lessons with activities, annotated bibliography and glossary of terms. https://repository.gheli.harvard.edu/repository/collection/teaching-pack-social-determinants-health/resource/12236		
Local context	Discuss barriers to achieving oral health with staff of Local ACCHO	Find out how Local ACCHO operationalise these concepts – what are the consultation mechanisms used?	Consider partnership opportunities with Local ACCHO for student participation in oral health promotion activities or fluoride varnish programs.
Curriculum integration	Health Promotion and Population Health	Clinical skills development	Health Promotion and clinical skills development

Domain 6 ADVOCACY: Leadership, advocacy and affecting change; application to holistic culturally safe patient-centred oral health practice

Develops students' understanding of considerations in diagnosing and treating illness, disease and injury for Aboriginal and Torres Strait Islander clients and ability to apply local population health data, as well as skills to deliver effective evidence and strengths-based health care to Aboriginal and Torres Strait Islander clients in the context of their chosen discipline.

Develops knowledge in students around the intersection of their own cultural capabilities with the broader health system in which they work and the possible impacts on their ability at an individual level, to deliver culturally safe care. Develops skills in students to be resilient, whilst also introducing the notion of health professionals being leaders and advocates for change in health care.

Intended Session Learning Outcomes	**6.1 Identify issues in diagnosing, treating and preventing disease and illness in Aboriginal and Torres Strait Islander clients** **6.2 Describe the role of individual leadership in effecting positive change within the health system and identify key leadership capabilities**	**6.3 Research age-related oral health differences and analyse implications for Aboriginal and Torres Strait Islander client care** **6.4 Illustrate strategies to develop personal and professional leadership qualities, including resilience to work with health system challenges in addressing institutional racism and delivering culturally safe health care**	**6.5 Apply local epidemiology and population health data in diagnostic thinking, and develop strategies for community-wide approaches to prevention** **6.6 Advocate for equitable health care for Aboriginal and Torres Strait Islander clients and to address institutional racism**
Example Learning Activities	• Use social determinants of health to consider issues for diagnosis and prevention of oral disease in Aboriginal and Torres Strait Islander clients • Consider the role of health professionals in leadership- What qualities are required? Why are they important? • Apply social determinants and cultural safety to clinical practice in dentistry and oral health • Discuss what advocacy means and provide examples of advocacy in general health • Identify the organisations that advocate for oral health for Aboriginal and Torres Strait Islander people. Where are they active and what support do they receive?	• Identify community need for oral health care in your local area or state or territory. • Group discussions to identify and provide examples of advocacy in dentistry and oral health • Consider the structural elements of dental care services including addressing institutional racism, that would improve access to care for Aboriginal and Torres Strait Islander people. • Consider the models of service and approaches used in ACCHOs and consider why they are more suited to providing care for Aboriginal and Torres Strait Islander clients • Review the dental workforce to understand how many Aboriginal and Torres Strait Islander dental practitioners there are. Consider the challenges and benefits of increasing participation.	• Design practical strategies to enable ongoing self-reflexivity in a professional context- draw on the AHPRA self-assessment tool • Review the National Oral Health Plan and consider the strategies recommended for Aboriginal and Torres Strait Islander people. Are they adequately addressing the challenges? How should they be improved? Develop a submission for advocacy • Review and consider the adequacy of service models and community oral health promotion programs for Aboriginal and Torres Strait Islander people in your state or territory. Do they meet community needs? • Critically review your professional association's Reconciliation Action Plan or Policy Position Statement on oral health for Aboriginal and Torres Strait Islander people.
Example Assessment Tasks	Formulate 500 words written task: What is the purpose of advocacy? Explain the core principles of advocacy. Provide 5 examples of key qualities that make a good advocate. Have these 'peer marked' or reviewed by others in cohort.	Develop a submission to your state government health service advocating changes to support Aboriginal and Torres Strait Islander co-design of dental services with supporting evidence.	Written OHP Report as a result of implementation of OHP program within an Aboriginal and Torres Strait Islander community Learning reflection as a Result of Cultural Immersion within an Aboriginal and Torres Strait Islander Community or 'on Country' experience- how does this experience inform your clinical practice?

Learning Resources	Human Rights Commission. **Racism. It stops with me. Be an ally to Indigenous Australians** https://itstopswithme.humanrights.gov.au/be-ally-indigenous-australians Summery May Finley (2020) **Where do you fit? Tokenistic, ally – or accomplice?** https://www.uow.edu.au/media/2020/where-do-you-fit-tokenistic-ally--or-accomplice.php	**Secretariat of National Aboriginal and Islander Child Care (SNAICC) – National Voice for our Children. Keep our kids safe. A new resource for Child Safety.** 9 min video for understanding cultural safety and PDF resource https://www.snaicc.org.au/policy-and-research/child-safety-and-wellbeing/keeping-our-kids-safe/ ANTaR **Racism in Healthcare.** https://antar.org.au/racism-healthcare **Racism resources in Domain 4** All Together Now. **Everyday Racism.** App challenge created by University of Western Sydney, Deakin University and the University of Melbourne https://alltogethernow.org.au/everyday-racism/ **Racism. It Stops with me.** Australian Human Rights Commission Online and downloadable resources/videos: https://itstopswithme.humanrights.gov.au/resources The Final Quarter. **'Let's talk about race'. Documentary Film and Education Resources exploring racism in Australia A guide on how to conduct a conversation about racism.** 2019 https://thefinalquarterfilm.com.au	**NAIDOC Week** https://www.naidoc.org.au/about/naidoc-week Reconciliation Australia. **National Reconciliation Week.** https://www.reconciliation.org.au ANTaR. **National Close the Gap Day** https://antar.org.au/campaigns/national-close-gap-day **Common Ground. Invasion Day (Australia Day)** https://www.commonground.org.au/learn/australia-day Creative Spirits. 2**021 Aboriginal Calendar of significant events** https://www.creativespirits.info/aboriginalculture/history/aboriginal-calendar Bourke, C., Marrie, H., & Marrie, A (2019) **Transforming institutional racism at an Australian hospital.** Australian Health Review, 43, 611-618. https://www.publish.csiro.au/ah/pdf/AH18062 **RACGP Aboriginal and Torres Strait Islander Health. Position Statement – Racism in the healthcare system.** https://www.racgp.org.au/FSDEDEV/media/documents/RACGP/Position%20statements/Racism-in-the-healthcare-sector.pdf **Data Sovereignty resources in Domain 5.** **United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)** https://www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html
Local context	Identify local health care providers for Aboriginal and Torres Strait Islander people and local funding and policies for access to public dental services	Review local health services to understand their agendas, their leadership and missions. Consider who you would need to work with to effect change	Explore the data collections in your university related to Aboriginal and Torres Strait Islander cultures- consider how they have been collected, stored and used
Curriculum integration	Health Promotion, Population Health and Communication and Behaviour Change	Health Promotion, Population Health and Communication and Behaviour Change	Research project Health Promotion, Population Health and Communication and Behaviour Change

SECTION 4: RESOURCES AND EXAMPLE SUPPORT MATERIALS

Map of Indigenous Australia. https://aiatsis.gov.au/explore/map-indigenous-australia

Indigenous Australian Languages. https://aiatsis.gov.au/explore/living-languages

Welcome to Country app. https://apps.apple.com/au/app/welcome-to-country/id1005047597

The Uluru Statement from the Heart. https://ulurustatement.org

The Australian Aboriginal Health Infonet https://healthinfonet.ecu.edu.au/ is a clearinghouse facilitating the sharing and exchange of relevant, high-quality knowledge in Aboriginal and Torres Strait Islander health

The Lowitja Insitute https://www.lowitja.org.au/ works for the health and wellbeing of Australia's First Peoples through quality research, knowledge translation and by supporting Aboriginal and Torres Strait Islander health researchers.

Congress of Aboriginal and Torres Strait Islander Nurses and Midwives. https://catsinam.org.au/

Guidance for designing learning activities with community consultation. https://educationstandards.nsw.edu.au/wps/wcm/connect/ca897ca1-67b3-4543-b077-6d428899fb6a/working-with-aboriginal-communities.pdf?MOD=AJPERES&CVID=

Resources focused on developing and supporting academic's skills

The LIME Network https://www.limenetwork.net.au Leaders in Indigenous Medical Education is a dynamic network dedicated to ensuring the quality and effectiveness of teaching and learning of Indigenous health in medical education, as well as best practice in the recruitment and retention of Indigenous medical students and trainees.

Weenthunga Health Network (weenthunga means hear/understand) https://weenthunga.com.au/ Encouraging and supporting collaboration between health academics and health disciplines across Victorian Universities. Working to address absent, inadequate and/or racist curriculum content about First Nations people. Includes VAHEN online: The platform supports universities to implement the Aboriginal and Torres Strait Islander Health Curriculum Framework, provides training and supports teaching and learning.

Indigenous Allied Health Australia (iaha.com.au) https://iaha.com.au IAHA aim to strengthen and support Aboriginal and Torres Strait Islander allied health professionals, students and their networks and promote careers in allied health.

A selection of papers from the published literature

History/Culture

Aboriginal Services Branch (2009). Working with Aboriginal people and communities: a practice resource. Sydney: NSW Department of Community Services.

Anderson I. (1994) Black bit, white bit. Republica 1 1994 pp.113-122

Gracey M, King M. (2009) Indigenous health part 1: determinants and disease patterns. Lancet 2009; 374: 65-75

King M, Smith A, Gracey M. Indigenous health part 2: the underlying causes of the health gap. Lancet 2009; 374:76-85

Moreton-Robinson A, Casey M, Nicoll F. Transnational Whiteness Matters. Lexington Books. 2008.

Steffens M, Jamieson L & Kapellas K. Historical Factors, Discrimination and Oral Health among Aboriginal Australians. Meharry Medical College Journal of Health Care for the Poor and Underserved 27 (2016): 30–45.

Oral Health Outcomes, Inequalities and Strengths based approaches

Bulloch, H., Fogarty, W. & Bellchambers, K. 2019, Aboriginal Health and Wellbeing Services: Putting community-driven, strengths-based approaches into practice, The Lowitja Institute, Melbourne.

Krichauff, S., Hedges, J., & Jamieson, L. (2020). 'There's a Wall There—And That Wall Is Higher from Our Side': Drawing on Qualitative Interviews to Improve Indigenous Australians' Experiences of Dental Health Services. International Journal Of Environmental Research And Public Health, 17(18), 6496. https://doi.org/10.3390/ijerph17186496

Butten, K., Johnson, N., Hall, K., Toombs, M., King, N., & O'Grady, K. (2020). Yarning about oral health: perceptions of urban Australian Aboriginal and Torres Strait Islander women. BMC Oral Health, 20(1). https://doi.org/10.1186/s12903-020-1024-x

Durey, A., McAullay, D., Gibson, B., & Slack-Smith, L. (2016). Oral Health in Young Australian Aboriginal Children. JDR Clinical & Translational Research, 2(1), 38-47. https://doi.org/10.1177/2380084416667244

Durey, A., Bessarab, D., & Slack-Smith, L. (2016). The mouth as a site of structural inequalities; the experience of Aboriginal Australians. Community Dental Health,10.1922/CDH_3717Durey03(33), 161-163. Retrieved 5 May 2021.

Durey, A., McAullay, D., Gibson, B., & Slack-Smith, L. (2016). Aboriginal Health Worker perceptions of oral health: a qualitative study in Perth, Western Australia.International Journal For Equity In Health, 15(1). https://doi.org/10.1186/s12939-016-0299-7

Hedges, J., Haag, D., Paradies, Y., & Jamieson, L. (2021). Racism and oral health inequities among Indigenous Australians. Community dental health, 38(2), 150–155. https://doi.org/10.1922/CDH_IADRHedges06

Kapellas K, Skilton MR, Maple-Brown LJ, Do LG, Bartold PM, O'Dea K, Brown A, Celermajer DS, Jamieson LM. Periodontal disease and dental caries among Indigenous Australians living in the Northern Territory, Australia. Aust Dent J. 2014;59(1):93-9.

Lalloo R, Jamieson LM, Ha D, Luzzi L. Inequalities in dental caries in Australian children by neighbourhood characteristics and Indigenous status. J Health Care Poor Underserved 2016;27(1):161-177;27(1):161-177

Parter C, Murray D, Mohamed J, Rambaldini B, Calma T, Wilson S, Hartz D, Gwynn J, Skinner J. Talking about the 'r' word: a right to a health system that is free of racism. Public Health Res Pract. 2021;31(1):e3112102.

Slade GD, Spencer AJ, Roberts-Thomson KF. Australia's dental generations: the National Survey of Adult Oral Health 2004–06. Canberra: Australian Institute of Health and Welfare (Dental Statistics and Research Series No. 34), 2007

Social Determinants of Health

Fogarty, W., Lovell, M., Langenberg, J., & Heron, M. (2018). Deficit Discourse and Strengths based Approaches [Ebook] (1st ed., pp. 2-39). The Lowitja Institute. Retrieved 1.6.21, https://www.lowitja.org.au/content/Document/Lowitja-Publishing/deficit-discourse-strengths-based.pdf.

Mitrou F, Cook M, Lawrence D. Gaps in Indigenous disadvantage not closing; a census cohort study of social determinants of health in Australia, Canada & New Zealand from 1981-2006. BMC Public Health 2014:14 201

Jamieson, L., Parker, E., & Richards, L. (2008). Using qualitative methodology to inform an Indigenous-owned oral health promotion initiative in Australia. Health Promotion International, 23(1), 52-59. https://doi.org/10.1093/heapro/dam042

WHO, 2003, Social determinants of health: the solid facts. 2nd edition. Wilkinson, R. & Marmot,M. (eds). World Health Organisation http://www.euro.who.int/document/e81384.pdf

Dental and Oral Health Schools Indigenous Curricula and Resources

Adelaide University Indigenous Curricula. https://www.adelaide.edu.au/indigenous/

Central Queensland University Indigenous Curricula. https://www.cqu.edu.au/about-us/about-cquniversity/indigenous-engagement

Charles Sturt University Indigenous Curricula. https://www.csu.edu.au/division/learning-and-teaching/indigenous-curriculum/competencies

Griffith University Indigenous Curricula. https://www.griffith.edu.au/about-griffith/first-peoples

La Trobe University Indigenous Curricula https://www.latrobe.edu.au/indigenous

Melbourne University Indigenous Curricula https://education.unimelb.edu.au/aboriginal-and-torres-strait-islander-curricula

- Billebellary's Walk - https://murrupbarak.unimelb.edu.au/engage/billibellarys-walk
- Melbourne Indigenous Knowledges Institute https://indigenousknowledge.unimelb.edu.au/
- Melbourne Poche Centre for Indigenous Health Health https://poche.mdhs.unimelb.edu.au/
- Murrup Barak provides support for those who either come to study or work https://murrupbarak.unimelb.edu.au/

Newcastle University Indigenous Curricula https://www.newcastle.edu.au/our-uni/indigenous-collaboration/the-wollotuka-institute

Queensland University Indigenous Curricula https://itali.uq.edu.au/resources/indigenising-curriculum

Western Australia University Indigenous Education. https://www.indigenous.uwa.edu.au/indigenous-education

The University of Sydney Indigenous Curriculum Resources

- Sydney University Indigenous Community https://www.sydney.edu.au/about-us/vision-and-values/our-aboriginal-and-torres-strait-islander-community.html
- The University of Sydney Indigenous Strategy https://www.sydney.edu.au/content/dam/corporate/documents/about-us/values-and-visions/one-sydney-many-people-digital.pdf
- Aboriginal Health Care from an Aboriginal Doctor https://www.sydney.edu.au/news-opinion/news/2021/07/02/aboriginal-health-care-from-an-aboriginal-doctor.html
- National Centre for Cultural Competence - The University of Sydney MOOC: Cultural Competence – Aboriginal Sydney Kinship Module https://www.sydney.edu.au/nccc/training-and-resources/resources.html
- Re-emergence of Nature in Culture Sydney Environment Institute, The University of Sydney https://sei.sydney.edu.au/news/nature-in-culture-multimedia-series/
- Podcast – Episode 1. Nature in Culture: Multi-sensory Mapping with the Marind people
- Podcast – Episode 2. Nature in Culture: Nurturing Oysters Naturally
- Podcast – Episode 3. Nature in Culture: Overturning Aqua Nullius
- Podcast – Episode 4. Nature in Culture: Casting Climate in a 'Niue' Light

Suggestions for Curriculum Assessments

One of the keys to successful learning is to align learning outcomes with curriculum content and design assessment tasks that allow students to demonstrate achievement of those outcomes (Biggs 2003). The following section describes a range of assessment approaches - however these are not prescriptive or intended to limit innovative assessment practice.

Assessment types:

Short answer questions

Research paper

Multiple choice questions

Written examination

Short essay

Annotated bibliography

Critical essay

Concept map

Problem scenario

Clinical placement problem reflection

Develop a case study

Case study analysis

Group work

Group presentation

Oral examination/ critique

Individual oral presentation,

Design strategy/ project Portfolio

Creative performance

Simulation

Clinical placement-based project

Clinical placement experience

Clinical patient case study

Produce a poster

Demonstration

Role play

Produce a video, performance piece,

Write or record a pod cast or advocacy piece

Reflective journal

Debate

Peer assessment

Self-evaluation

100 point portfolio

Cultural Safety Assessment of clinical care:

The essence of cultural safety is that it's presence or absence is determined by Aboriginal and Torres Strait Islander individuals, families, and communities. Consider how this will be included within students' practice assessments. This paper may be helpful to inform your approaches to incorporating cultural safety in clinical assessments:

Elvidge, E; Paradies, Y; Aldrich, R; Holder, C; (2020) Cultural safety in hospitals: validating an empirical measurement tool to capture the Aboriginal patient experience. Australian Health Review, 2020; 44(2): 205-211

Assessment Examples

1. Critical literature review, or annotated bibliography or short answer questions on Aboriginal and Torres Strait Islander people's post-colonial experiences with specific attention paid to critique the source for bias and positionality
2. Problem Based Learning or Case Study Report – based on a white privilege scenario
3. Share a photo of an 'on Country' experience
4. Devise a short reflection of an 'on Country' experience
5. Write some questions or topics for discussion
6. Group work and Oral presentation
   - comparing health beliefs in different cultural and/or diverse groups in Australia
   - evaluating social determinants of health for oral health
   - considering how the strengths of Aboriginal cultures support health
7. Concept map or poster on the concepts of health and social determinants of health for Aboriginal and Torres Strait Islander peoples
8. Clinical case presentation demonstrating application to knowledge of post-colonial experiences of Aboriginal and Torres Strait Islander peoples in pairs
9. Develop PPT, Video or Animated Feature, demonstrating successful strengths-based initiatives and identifying critical success factors of the healthcare system for improvement of Aboriginal and Torres Strait Islander health outcomes
10. Develop an OHP project plan for an Aboriginal and Torres Strait Islander community
11. Develop an OHP project plan for healthcare staff to improve their cultural safety practices
12. Written OHP Report as a result of implementation of OHP program within an Aboriginal and Torres Strait Islander community
13. Debate - Mainstream health providers and practices are not equipped to provide culturally safe practice
14. Critical Reflection Portfolio
    - Own World View (Early in Program)
    - Aboriginal and Torres Strait Islander Culture & Experiences (Middle of Program)
    - Learning as a Result of Cultural Immersion within an Aboriginal and Torres Strait Islander Community (Transition to Practice)

15. Curriculum integration - Deliver clinical practice within an Aboriginal community-controlled health setting – include Assessment on critical reflection of cultural learning rather than clinical technique
16. Develop a glossary of dental terms in local language
17. Assignment/Discussion Topics:
    - What are the issues with access to oral health care for the Aboriginal and Torres Strait Islander people in rural and remote locations in Australia? Discuss ways of improving access to oral health care for these communities.
    - What is cultural competency/safety and why it is important to oral health practice? Describe how oral health practitioners can work in culturally safe ways.
    - What barriers exist within the health system for Aboriginal and Torres Strait Islander people in regard to access for both preventative health services and acute care health services?
    - Identify cultural and differences and similarities between Indigenous and non-Indigenous communities with regard to general health. Include in your discussion social determinants of oral health and your treatment planning considerations for these patients.
    - Discuss the contribution of non-dental primary care providers and their relationship with oral health practitioners in Indigenous communities.
    - Oral health promotion programs have been developed to prevent early childhood caries in Australia. Investigate programs which have targeted Aboriginal & Torres Strait Islander children and report their outcomes.
    - You have been appointed to a committee to develop a model for delivery of oral health care of pregnant women for the Indigenous rural and remote communities of Australia. Discuss your approach in achieving this goal.
    - Discuss the status and social determinants of mental health in Indigenous Australians and the impact on quality of life in rural/remote and Indigenous communities.
    - How might colonisation and the history of the stolen generation impact on the levels of trust Aboriginal people have in those in authority today- such as police or health professionals and organisations that were involved in the removal of children such as hospitals? Describe how this may influence your interaction with Indigenous patients as an oral health practitioner and what strategies you might employ to build and maintain trust.
    - Describe the benefits and challenges of recruitment and retention of Indigenous oral health practitioners in Australia
    - How do Aboriginal Health Workers support oral health in their communities? How are they funded and why is their role important?

Example – 2000 Word Essay Assessment – Early in Program

Purpose: To gain a deeper knowledge and understanding of Indigenous culture and history

Topic: "***Indigenous Australians experience significant oral health disparities compared to their non-Indigenous counterparts"***

Learning Outcomes:

1.1 Describe the health of Aboriginal and Torres Strait Islander peoples pre-colonisation and identify key events since colonisation that have impacted the contemporary health of Aboriginal and Torres Strait Islander peoples

4.1 Discuss the history of Australia's dominant Western White Privilege cultural paradigm and contemporary health system outcomes for Aboriginal and Torres Strait Islander clients

4.2 Identify different forms of racism and prevailing stereotypes about Aboriginal and Torres Strait Islanders in Australia and how they impact equitable health service access and outcomes for Aboriginal and Torres Strait Islander peoples

5.1 Discuss the concept of social determinants and the impacts on Aboriginal and Torres Strait Islander health

5.2 Identify current demographic, health indicators and statistical trends for Aboriginal and Torres Strait Islander peoples and compare these with trends for non-Indigenous peoples in Australia over time

Access the following resources and construct a written response to the statement above.

1. Anderson I. Black bit, white bit. Republica 1 1994 pp.113-122Republica 1 1994 pp.113-122
2. Gracey M, King M. Indigenous health part 1: determinants and disease patterns. Lancet 2009; 374: 65-75
3. Kapellas K, Skilton MR, Maple-Brown LJ, Do LG, Bartold PM, O'Dea K, Brown A, Celermajer DS, Jamieson LM. Periodontal disease and dental caries among Indigenous Australians living in the Northern Territory, Australia. Aust Dent J. 2014;59(1):93-9.
4. King M, Smith A, Gracey M. Indigenous health part 2: the underlying causes of the health gap. Lancet 2009; 374:76-85
5. Lalloo R, Jamieson LM, Ha D, Luzzi L. Inequalities in dental caries in Australian children by neighbourhood characteristics and Indigenous status. J Health Care Poor Underserved 2016;27(1):161-177;27(1):161-177
6. Mitrou F, Cook M, Lawrence D. Gaps in Indigenous disadvantage not closing; a census cohort study of social determinants of health in Australia, Canada & New Zealand from 1981-2006. BMC Public Health 2014:14 201
7. Moreton-Robinson A, Casey M, Nicoll F. Transnational Whiteness Matters. Lexington Books. 2008.
8. Slade GD, Spencer AJ, Roberts-Thomson KF. Australia's dental generations: the National Survey of Adult Oral Health 2004–06. Canberra: Australian Institute of Health and Welfare (Dental Statistics and Research Series No. 34), 2007
9. Steffens M, Jamieson L & Kapellas K. Historical Factors, Discrimination and Oral Health among Aboriginal Australians. Meharry Medical College Journal of Health Care for the Poor and Underserved 27 (2016): 30–45.
10. WHO, 2003, Social determinants of health: the solid facts. 2nd edition. Wilkinson, R. & Marmot,M. (eds). World Health Organisation http://www.euro.who.int/document/e81384.pdf

Marking Criteria for 2000 word Essay

Criteria	Mark	Rating indicator				
History of Indigenous Peoples health in Australia Provide an informed historical account of colonisation and the effects of these on health and well-being for Indigenous Australians	5	U	P	C	D	HD
White Privilege and Contemporary Health System Discuss the history of White Privilege in Australia and contemporary health system outcomes for Indigenous Australians	5	U	P	C	D	HD
Effects of Racism on Health Outcomes Define racism and explore the effects racism has on the health of Indigenous peoples	5	U	P	C	D	HD
The Social Determinants of Health Explain the social determinants of health and the impacts these have on individual and community health	5	U	P	C	D	HD
Health Indicators and Statistics Define Current Health oral health data for Indigenous and non-Indigenous peoples	5	U	P	C	D	HD
Presentation and Correct Referencing Presentation & referencing according to university academic standards	5	U	P	C	D	HD
TOTAL	**30**	**Result =**			**Grade =**	

Rating Indicator: High Distinction = 6 Distinction = 5 Credit = 4 Pass= 3 Unsatisfactory = 0- 2

Rating Indicator Descriptors

High Distinction	Provides a comprehensive historical account of Indigenous peoples' experiences in Australia. Issues of white privilege and racism are extensively explored providing insight into historical and contemporary health disparities experienced by Indigenous Australians. Demonstrates a superior level of understanding of the social determinants of health and the ability to apply these at an individual and community level. Presentation and referencing are outstanding in keeping with university academic standards, incorporating more than 10 relevant references.
Distinction	Provides a detailed historical account of Indigenous peoples' experiences in Australia. Issues of white privilege and racism are explored in detail providing insight into historical and contemporary health disparities experienced by Indigenous Australians. Demonstrates a high level of understanding of the social determinants of health and the ability to apply these at an individual and community level. Presentation and referencing are outstanding in keeping with university academic standards, incorporating more than 8 relevant references.
Credit	Provides a detailed historical account of Indigenous peoples' experiences in Australia. Issues of white privilege and racism are explored providing details of historical and contemporary health disparities experienced by Indigenous Australians. Demonstrates an understanding of the social determinants of health and the ability to apply these at an individual and community level. Presentation and referencing are in keeping with university academic standards, incorporating more than 6 relevant references.
Pass	Provides a satisfactory historical account of Indigenous peoples' experiences in Australia. Minimal issues of white privilege and racism are provided lacking insight into historical and contemporary health disparities experienced by Indigenous Australians. Demonstrates a basic level of understanding of the social determinants of health and the ability to apply these at an individual and community level. Presentation and referencing requires changes to meet with university academic standards, with minimal relevant references being incorporated.
Unsatisfactory	Provides a basic historical account of Indigenous peoples' experiences in Australia. Issues of white privilege and racism are poor lacking insight about historical and contemporary health disparities experienced by Indigenous Australians. Demonstrates a basic level of understanding of the social determinants of health and is unable to apply these at an individual or community level. Presentation and referencing is incomplete and does not meet university academic standards.

Example - Oral Health Promotion Project Plan Assessment - Transition to Practice

Purpose

Prepare and plan for your student placement program within an Aboriginal community.

Learning outcomes

2.5 Design strategies to incorporate knowledge of Aboriginal and Torres Strait Islander culture and concepts of health and wellbeing into health care practice to enhance cultural safety

2.6 Design strategies for delivering culturally safe health care with respect to individual, cultural and linguistic diversity

3.6 Incorporate knowledge and skills of culturally safe communication, using a strengths-based approach, when interacting with Aboriginal and Torres Strait Islander individuals and family members

4.5 Establish strategies to work in partnership with Aboriginal and Torres Strait Islander health professionals, organisations and communities, to support the notions of belonging, safety and self-determination

5.6 Establish key features of successful Aboriginal and Torres Strait Islander health research and data sovereignty

6.6 Advocate for equitable health care for Aboriginal and Torres Strait Islander clients and to address institutional racism

Assessment Criteria

1500 - 2000 Word Assignment outlining the following:

General Overview

- Name of Aboriginal Community, Local Land Council, Aboriginal Organisations and description of population attributes
- Social, economic and political environments - employment, recreational activities, substance availability and use, schools, preschools, public transport
- Physical environment – water fluoridation, year of fluoridation, percentage of population on tank water, tank or reticulated water supply, playground protection, broadband internet and mobile telephone coverage
- Health care services – number of GP's, general/community nurses, dentists, specialists, therapists, hygienists, technicians, dental assistants, pharmacists, naturopaths, chiropractors and optometrists etc.
- Details of Outreach Services provided to satellite communities
- Describe the barriers to achieving oral health for this community

Activities

- Consult with and document meetings with Aboriginal oral health and/or allied health professionals within the community where the project will be conducted.
- Prepare a detailed situation analysis of the Aboriginal community you will be working with. Consider the opportunities to use common risk factor approaches and embed oral health in existing services/programs.
- Prepare an oral health promotion project plan for this Aboriginal Community, including aims, objectives, activities and method of evaluation.

Project Plan Marking Criteria

Criteria	Mark	Rating Indicator				
Project Overview (2 marks each) 1. Aboriginal community and population attributes 2. Social, economic & political environments 3. Physical environment 4. Health care 5. Outreach services available 6. Barriers to oral health	**/12**	**U**	**P**	**C**	**D**	**HD**
Program Plan 1. Identified specific population group & program participants	**/2**	**U**	**P**	**C**	**D**	**HD**
2. Consultation & evidence of communication with Aboriginal health professionals or Aboriginal community members	**/2**	**U**	**P**	**C**	**D**	**HD**
3. Program includes an overarching goal, specific outcomes, strategies, activities, resources and method for evaluation which are culturally appropriate	**/10**	**U**	**P**	**C**	**D**	**HD**
Presentation and Correct Referencing Relevant references & presentation according to university academic standards	**/4**	**U**	**P**	**C**	**D**	**HD**
TOTAL	**30**					

Project Plan Descriptors

High Distinction	Project overview is comprehensive including all six (6) required items at a sophisticated level. Contains extensive evidence of consultation with Aboriginal health care workers and Aboriginal community members during program development. Population group is clearly identified & project plan includes explicit outcomes & activities appropriate to your demographic incorporating culturally safe practices. Program evaluation is clear & incorporated at the best stage in your project plan. Multiple highly relevant references are incorporated and presentation of document is according to university and industry standards.
Distinction	Project overview is detailed including all six (6) required items. Contains thorough evidence of consultation with Aboriginal health care workers and Aboriginal community members during program development. Population group is clearly identified & project plan includes outcomes & activities appropriate to your demographic incorporating culturally safe practices. Program evaluation is clear & incorporated at the best stage in your project plan. Several relevant references are incorporated and presentation of document is according to university standards.
Credit	Project overview includes all six (6) required items. Contains evidence of consultation with Aboriginal health care workers and Aboriginal community members during program development. Population group is identified & project plan includes outcomes & activities appropriate to your demographic incorporating culturally safe practices. Satisfactory program evaluation is incorporated in your project plan. References are relevant and presentation of document is according to university standards.
Pass	Project overview includes most required items at a satisfactory level. Contains some evidence of consultation with Aboriginal health care workers and Aboriginal community members during program development. Population group is identified & project plan includes basic outcomes & activities appropriate to your demographic incorporating some culturally safe practices. Satisfactory program evaluation is incorporated in your project plan. Minimal relevant references are included, with your document presentation requiring some changes to meet university standards.
Unacceptable	Project overview is unsatisfactory, excluding key items. Lacks evidence of consultation with Aboriginal health care workers and Aboriginal community members during program development. Population group is not clearly identified & project plan includes basic outcomes & activities for your demographic, lacking integration of culturally safe practices. Program evaluation is not incorporated in your project plan. Minimal relevant references are included, with your document presentation requiring significant change to meet university standards.

Example - Oral Health Promotion Project Report Assessment - Transition to Practice

Purpose

To report on the findings of your project conducted within an Aboriginal community-controlled organisation.

Learning Outcomes

3.6 Incorporate knowledge and skills for culturally safe communication, using a strengths-based approach, when interacting with Aboriginal and Torres Strait Islander individuals and family members

4.5 Establish strategies to work in partnership with Aboriginal and Torres Strait Islander health professionals, organisations and communities, to support the notions of belonging, safety and self-determination

4.6 Develop strategies for mitigating potential challenges of different cultural values and behaviours between Aboriginal and Torres Strait Islander clients and mainstream health care, incorporating anti-racist and affirmative action approaches in health care practice

5.6 Establish key features of successful Aboriginal and Torres Strait Islander health research and data sovereignty

6.6 Advocate for equitable health care for Aboriginal and Torres Strait Islander clients and to address institutional racism

Activities

- Meet local Aboriginal community members
- Talk with a number of key local figures
- Develop an understanding of the community as much as possible while in this community
- Provide Oral Health Education to a community group

Assessment Criteria

1500 - 2000 Word Report detailing the following:

1. **Describe the needs of community in which you conducted your oral health promotion project**
    - Specific Aboriginal community-controlled health organization (ACCHO)
    - An oral health problem of agreed high priority for a particular population group
    - An indication of the magnitude of the oral health problem
    - Barriers to achieving oral health for this group
    - An indication of community resources to be involved in the health planning process
    - Indication of commitment from ACCHO to bring about change- partners within the organisation you will work with?
2. **Explain the health promotion processes and activities you were involved with within your ACCHO.**
3. **Describe and give evidence of a type of evaluation process you participated in during your student placement. This could include process, impact or outcome evaluation**

Aboriginal and Torres Strait Islander Oral Health Promotion Project Report Marking Criteria

Criteria	Mark	Rating Indicator				
Introduction & Background Incorporate evidenced based literature relevant to your interactions and experiences with an ACCHO. Describe needs of community based on consultations and evaluations	/10	U	P	C	D	HD
Methods Explain the health education or promotion activities you were involved in and the type of evaluation you participated in during your project such as questionnaires, interviews or focus groups. Describe how you incorporated culturally safe communication and practices.	/10	U	P	C	D	HD
Results, Discussion & Conclusion Document results in tables, charts, graphs or using quotes. Discuss strategies you used to mitigate potential challenges of different cultural values, behaviours or health care. Discuss key features for successful health outcomes in an ACCHO. Determine any recommendations for future programs	/10	U	P	C	D	HD
Presentation As per presentation marking criteria	/10	U	P	C	D	HD
TOTAL	40					

Student Placement Project Report Descriptors

High Distinction	Project introduction & background included a range of the most relevant evidenced based references to your particular experiences. Methods incorporated to ensure delivery of culturally safe communication and practices were comprehensive. Results were explicitly presented in tables, charts, graphs or using quotes. Strategies used to mitigate potential challenges of different cultural values, behaviours or health care were exceptional. Key features for successful health outcomes in an ACCHO were discussed in great detail. Recommendations for future programs were insightful.
Distinction	Project introduction & background included relevant evidenced based references to your particular experiences. Methods incorporated to ensure delivery of culturally safe communication and practices were clear. Results were clearly presented in tables, charts, graphs or using quotes. Strategies used to mitigate potential challenges of different cultural values, behaviours or health care were excellent. Key features for successful health outcomes in an ACCHO were discussed in detail. Recommendations for future programs were helpful.
Credit	Project introduction & background included relevant evidenced based references to your particular experiences. Methods incorporated to ensure delivery of culturally safe communication and practices were sound. Results were presented in tables, charts, graphs or using quotes. Strategies used to mitigate potential challenges of different cultural values, behaviours or health care was satisfactory. Key features for successful health outcomes in an ACCHO were discussed. Recommendations for future programs were helpful.
Pass	Project introduction & background included some relevant evidenced based references to your particular experiences. Methods incorporated to ensure delivery of culturally safe communication and practices as well as strategies used to mitigate potential challenges of different cultural values, behaviours or health care were minimal. Results presented were less organised however were satisfactory. Key features for successful health outcomes in an ACCHO and recommendations for future programs were satisfactory.
Unacceptable	Project introduction & background lacked relevant evidenced based references to your particular experiences. Methods incorporated to ensure delivery of culturally safe communication and practices as well as strategies used to mitigate potential challenges of different cultural values, behaviours or health care were unacceptable. Results presented were disorganised. Key features for successful health outcomes in an ACCHO and recommendations for future programs were lacking in depth.

Example - Oral Health OSCE cultural safety station communication - Transition to Practice- e.g. for a 10 minute OSCE station

Purpose:

To apply cultural safety communication, respect and safety within a clinical context and identify own continued learning needs

Learning Outcomes:

2.5 Design strategies to incorporate knowledge of Aboriginal and Torres Strait Islander culture and concepts of health and wellbeing into health care practice to enhance cultural safety

2.6 Design strategies for delivering culturally safe health care with respect to individual, cultural and linguistic diversity

3.6 Incorporate knowledge and skills of culturally safe communication, using a strengths-based approach, when interacting with Aboriginal and Torres Strait Islander individuals and family members

4.6 Develop strategies for mitigating potential challenges of different cultural values and behaviours between Aboriginal and Torres Strait Islander clients and mainstream health care, incorporating anti-racist and affirmative action approaches in health care practice

Assessment:

10 min OSCE station

Required: Computer with access to internet, headphones for student

Set up computer with Part A: Cultural Safety 1 developed by Indigenous Engagement Unit FMNHS Monash University 'Aunty Di goes to a mainstream medical clinic' available here:

https://www.youtube.com/watch?v=7njabCKtUM4 **2 mins**
Ask the student to Watch Part A Cultural Safety from start to 2m 10 seconds and make notes in regards to cultural safety practice

Pause the video at 2m 10secs as per the instructions and answer Question 1 that is on the screen with the assessor at the OSCE station

2 mins

Question 1: What do you think about the receptionist's and the GP's communication style?

Sample responses:

Receptionist: Did not check her own assumptions and bias about identity and is not using safe communication for Asking the Question

Reference: Inner North West Primary Care Partnership, NSW. Asking the Question Training Package. Video (8 mins) and training booklet. https://inwpcp.org.au/resources/closing-the-health-gap-for-aboriginal-and-torres-strait-islander-people/asking-the-question-training-package/

GP: Gets 'straight down to business' with little time spent on building trust

Reference:

Clinical Yarning resources:

Lin I, Green C, Bessarab D. 'Yarn with me': applying clinical yarning to improve clinician-patient communication in Aboriginal health care. Aust J Prim Health. 2016 Nov;22(5):377-382. doi: 10.1071/PY16051. PMID: 28442021. https://pubmed.ncbi.nlm.nih.gov/28442021/

Clinical Yarning Education:

E-learning modules. Western Australian Centre for Rural Health at the University of Western Australia (draft program – still under development. 2m 30 s Video with Prof Dawn Bessarab, Director, Centre for Aboriginal Medical and Dental Health https://www.clinicalyarning.org.au

1m 30 secs

Now watch Part B – visit to the Aboriginal Community Controlled Health Service 'Aunty Di visits the Aboriginal Medical Service' from start to 1m 23 sec. https://www.youtube.com/watch?v=1U5okHcLZAE

2 min 30 secs

Pause the video at 1m 23 secs and answer the 3 questions on the screen

1. What is similar and different at the ACCHO compared to the GP clinic in Part A?
2. How do you think Auntie Di might feel at the ACCHO compared to the GP clinic in Part A?
3. Who is the person who lets Auntie Di know the GP is ready to see her?

Final reflection:

2 mins

What is cultural safety? What are my next learning needs? Try to articulate as a SMART goal (specific, measurable, achievable, realistic and timely)

Sample Responses:

*Not expected to rote learn a cultural safety definition, but should be able to identify key components and discuss the inter-related nature of the aspects (person receiving care decides if cultural safety has occurred; health professional required to critical reflect on own bias, assumptions and racism and take active steps to minimise these impacted health encounters; requires ongoing life-long learning; is essential for clinical safety)

*Own learning needs can be diverse, but looking for deep personal reflection and goals that are articulates with a SMART format identifying a high level of ability to apply cultural safety practice to own contexts

Example – Portfolio approach and Reflective e-journal

Develop a student led '100 point portfolio' for cultural safety – points can be accumulated throughout the course using delivered coursework (e.g. = 50 points) + other student led activities to complete the learning pathway throughout the course such as:

	Points	**Evidence = 10 points**
Working in an ACCHO clinic providing care	5 points per day	Reflection and clinical log
Take a course on cultural safety	2 points per hour	Complete assessment
Participate in a Sorry Day, Naidoc week march or Australia (Invasion) Day rally,	20 points	Reflection
Watch the First Peoples series	2 points per hour	Reflection
Prepare and present a clinical case using strengths-based approaches to culturally safe care	10 points	Present to class or staff
Attend the Narrm, Charles Perkins or similar Indigenous oration	2 points per hour	Reflection
Complete On Country self-guided walk	10 points	Reflection
Attend an Aboriginal Health conference	20 points	Reflection
Co-design and deliver OHP/Ed for an Aboriginal community group	20 points	Process Evaluation report
Form a study group and review 2 or 3 papers from the list and reflect on your learning	20 points	Write critical review
Participate in a NAIDOC week activity for oral health with a local ACCHO	20 points	Reflection Evaluation
Meet with an Aboriginal Health Worker and discuss approaches to working together to improve oral health	20 points	Reflection
Take a walk 'on Country' with an Aboriginal Elder	10 points	Reflection
Attend a University Welcome to Country Ceremony	5 points	Reflection
Explore anthropological collections to examine tooth wear, diet and utilisation	10 points	Reflection, discussion

Reflective Assessment

STEP 1: Choose an activity from the above table

STEP 2: Complete the activity

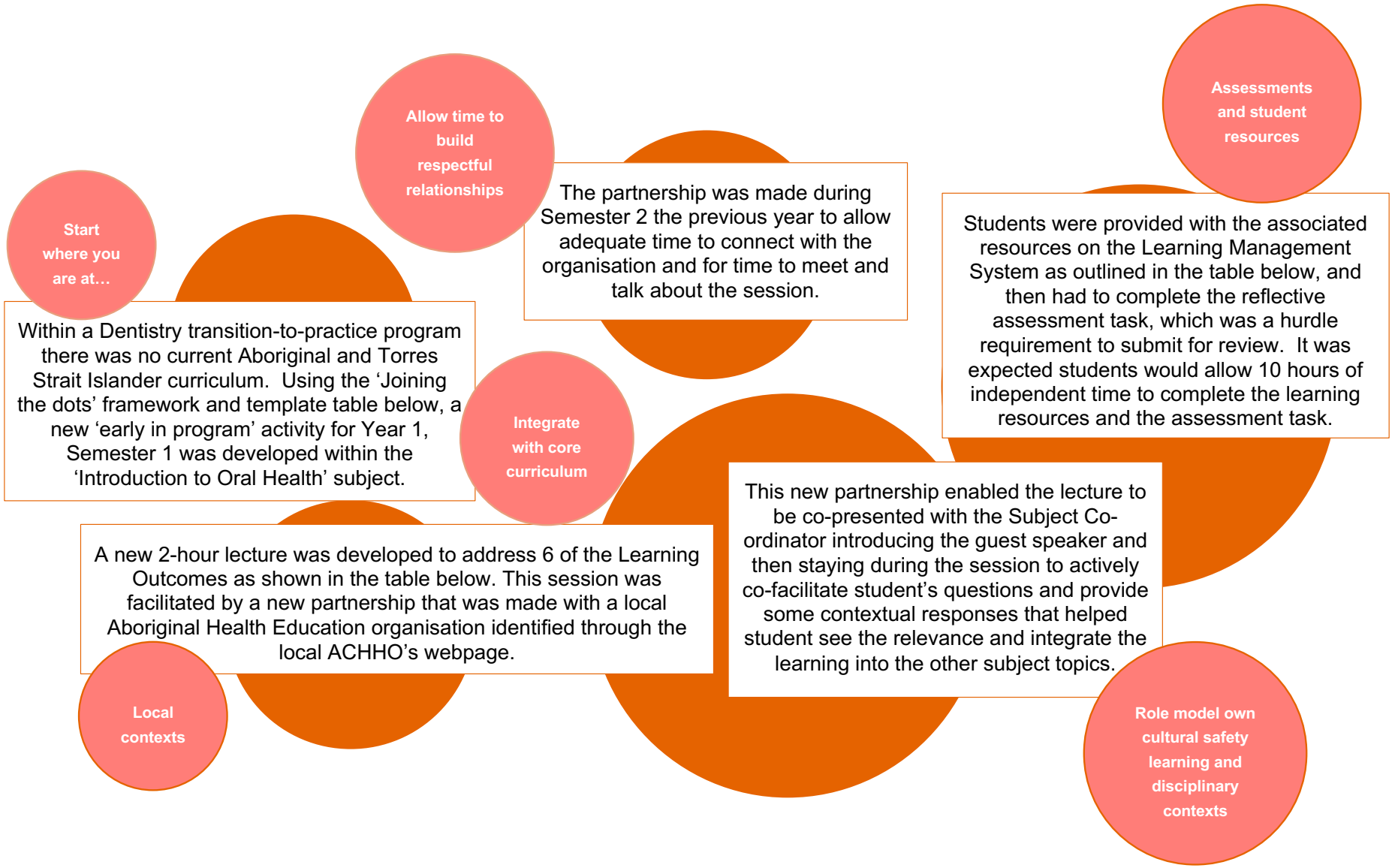
STEP 3: Write a short (500-1000word) reflective piece of writing based on Gibbs Reflective Cycle that addresses the following:

Description of the experience *For e.g. What happened? When and where did it happen? Who was present? What did you and the other people do? Why were you there? What did you want to happen?*
Feelings and thoughts about the experience *For e.g. What were you feeling during the activity? What were you feeling before and after the activity? What do you think other people were feeling about the activity? What do you think other people feel about the activity now? What do you think about the activity now?*
Evaluation of the experience, both what was comfortable/felt easy and what challenged you/felt hard *What was comfortable/felt easy and what challenged you/felt hard about the activity? What went well? What didn't go so well? What did you and other people contribute to the activity (positively or negatively)?*
Analysis to make sense of the situation *Why did things feel comfortable/feel easy? Why did things challenge you/feel hard? What sense can I make of the activity? What did I learn? What knowledge – my own or others (for example academic literature) can help me understand the activity/learning?*
Conclusion and Action Plan about what you learned (and if appropriate, what could you do differently) and how you would engage with a similar learning situation in the future, or any key learnings this activity has for your future healthcare practice *What did I learn from this activity? What skills do I need to develop? What is my next step in my cultural safety journey?*

Useful Reference: The University of Edinburgh (2021) Gibbs Reflective Cycle https://www.ed.ac.uk/reflection/reflectors-toolkit/reflecting-on-experience/gibbs-reflective-cycle

SECTION 5: ADVICE ON GETTING STARTED

‘How to’ exemplar: Developing a new ‘Early in Program’ activity mapped to the ‘Joining the dots’ framework



Early in Program Capability 1: Wide Critical Thinking 'Joining the dots'
Step 1: Review the Session Learning Outcomes for the 'early in program level and select those that you will focus on

Reflect	Respect	Communication	Safety	Quality	Advocacy
1.1 Describe the health of Aboriginal and Torres Strait Islander people pre-colonisation and identify key events since colonisation that have impacted the contemporary health of Aboriginal and Torres Strait Islander peoples 1.2 Examine own cultural worldview and values and describe implications for health care practice	2.1 Describe Aboriginal and Torres Strait Islander culture from pre-colonisation to the present including diversity of cultures and languages, and illustrate examples 2.2 Describe the historical development of community controlled health services and role of Aboriginal and Torres Strait Islander health professionals	3.1 Identify key terms and definitions in the context of delivering culturally safe health care to Aboriginal and Torres Strait Islander clients including cultural humility and cultural safety practice 3.2 Describe the impact of effective verbal and non-verbal communication, and strengths based versus problem-based communication and how this links to health outcomes for Aboriginal and Torres Strait Islander people	4.1 Discuss the history of Australia's dominant Western White Privilege cultural paradigm and contemporary health system outcomes for Aboriginal and Torres Strait Islander clients 4.2 Identify different forms of racism and prevailing stereotypes about Aboriginal and Torres Strait Islanders in Australia and how they impact equitable health service access and outcomes for Aboriginal and Torres Strait Islander peoples	5.1 Discuss the concept of social determinants and the impacts on Aboriginal and Torres Strait Islander health 5.2 Identify current demographic, health indicators and statistical trends for Aboriginal and Torres Strait Islander peoples and compare these with trends for non-Indigenous peoples in Australia	6.1 Identify issues in diagnosing, treating and preventing disease and illness in Aboriginal and Torres Strait Islander clients 6.2 Describe the role of individual leadership in effecting positive change within the health system and identify key leadership capabilities

Step 2: Decide on the most appropriate Learning Activity (review the table in Section 3 for examples)

Selected: 2-hour guest lecture co-delivered with a local Aboriginal Health Education provider presenting content on above Learning Outcomes.

Step 3: Consider opportunities to integrate with existing Assessment opportunities (review the table in Section 3 for examples)

Selected: Individual students to formulate own cultural family traditions, life experiences, world view and critical reflection on own positionality and what this means as a future health professional to submit to critical reflection portfolio

Learning Resources

Language/clan group maps; SBS First Australians Documentary, Season 1 and The Culture Tree (from table in Section 3).

Blank template: Develop your own 'Early in Program' activity mapped to the 'Joining the dots' framework

Early in Program Capability 1: Wide Critical Thinking 'Joining the dots'
Step 1: Review the Session Learning Outcomes for the 'early in program level and select those that you will focus on

Reflect	Respect	Communication	Safety	Quality	Advocacy
1.1 Describe the health of Aboriginal and Torres Strait Islander people pre-colonisation and identify key events since colonisation that have impacted the contemporary health of Aboriginal and Torres Strait Islander peoples 1.2 Examine own cultural worldview and values and describe implications for health care practice	2.1 Describe Aboriginal and Torres Strait Islander culture from pre-colonisation to the present including diversity of cultures and languages, and illustrate examples 2.2 Describe the historical development of community controlled health services and role of Aboriginal and Torres Strait Islander health professionals	3.1 Identify key terms and definitions in the context of delivering culturally safe health care to Aboriginal and Torres Strait Islander clients including cultural humility and cultural safety practice 3.2 Describe the impact of effective verbal and non-verbal communication, and strengths based versus problem-based communication and how this links to health outcomes for Aboriginal and Torres Strait Islander people	4.1 Discuss the history of Australia's dominant Western White Privilege cultural paradigm and contemporary health system outcomes for Aboriginal and Torres Strait Islander clients 4.2 Identify different forms of racism and prevailing stereotypes about Aboriginal and Torres Strait Islanders in Australia and how they impact equitable health service access and outcomes for Aboriginal and Torres Strait Islander peoples	5.1 Discuss the concept of social determinants and the impacts on Aboriginal and Torres Strait Islander health 5.2 Identify current demographic, health indicators and statistical trends for Aboriginal and Torres Strait Islander peoples and compare these with trends for non-Indigenous peoples in Australia	6.1 Identify issues in diagnosing, treating and preventing disease and illness in Aboriginal and Torres Strait Islander clients 6.2 Describe the role of individual leadership in effecting positive change within the health system and identify key leadership capabilities

Step 2: Decide on the most appropriate Learning Activity (review the table in Section 3 for examples)

Step 3: Consider opportunities to integrate with existing Assessment opportunities (review the table in Section 3 for examples)

Learning Resources

Blank template: Develop your own 'Middle of Program' activity mapped to the 'Joining the dots' framework

Middle of Program Capability 2: Critical Action 'Joining the dots'
Step 1: Review the Session Learning Outcomes for the 'early in program level and select those that you will focus on

Reflect	Respect	Communication	Safety	Quality	Advocacy
1.3 Analyse the impact of historical events on Aboriginal and Torres Strait Islander health and access to services, and the implications of building trust and relationships with individuals, families and communities in health practice 1.4 Examine one's own positioning in terms of White Privilege and other social privileges and limitations of one's own worldview for delivering culturally safe health care service to Aboriginal and Torres Strait Islander clients	2.3 Examine key elements attributed to cultural beliefs and practices within the local context (e.g. kinship, reciprocity) 2.4 Analyse the contemporary role of Aboriginal and Torres Strait Islander health professionals, organisations and communities in delivering culturally safe health care to Aboriginal and Torres Strait Islander clients	3.3 Demonstrate cultural humility and explain behaviours and values required to engage in lifelong learning 3.4 Analyse differences between own verbal and non-verbal communication and Aboriginal and Torres Strait Islander clients, and the implications for improvements in mortality and morbidity using strengths-based communication for health care	4.3 Examine the culture of oral health professions, and analyse the impacts of this professional culture on the broader health system for Aboriginal and Torres Strait Islander health service experiences 4.4 Demonstrate internal strategies to examine and monitor personal responses to cultural and social differences	5.3 Determine strengths and challenges in delivering health care with respect to the social determinants of health 5.4 Analyse strengths and limitations of data used as key indicators of Aboriginal and Torres Strait Islander health, and key policies and strategies designed to improve health care for Aboriginal and Torres Strait Islander peoples	6.3 Research age-related oral health differences and analyse implications for Aboriginal and Torres Strait Islander client care 6.4 Illustrate strategies to develop personal and professional leadership qualities, including resilience to work with health system challenges in addressing institutional racism and delivering culturally safe health care

Step 2: Decide on the most appropriate Learning Activity (review the table in Section 3 for examples)

Step 3: Consider opportunities to integrate with existing Assessment opportunities (review the table in Section 3 for examples)

Learning Resources

Blank template: Develop your own 'Transition to practice' activity mapped to the 'Joining the dots' framework

Transition to practice Capability 3: Critical Being 'Joining the dots'
Step 1: Review the Session Learning Outcomes for the 'early in program level and select those that you will focus on

Reflect	Respect	Communication	Safety	Quality	Advocacy
1.5 Incorporate strategies for delivering health care that builds trust and relationships with Aboriginal and Torres Strait Islander individuals, families and communities	2.5 Design strategies to incorporate knowledge of Aboriginal and Torres Strait Islander culture and concepts of health and wellbeing into health care practice to enhance cultural safety	3.5 Develop professional strategies that enable continued learning and development of cultural capabilities in health practice	4.5 Establish strategies to work in partnership with Aboriginal and Torres Strait Islander health professionals, organisations and communities, to support the notions of belonging, safety and self-determination	5.5 Devise strategies for diagnosing and treating Aboriginal and Torres Strait Islander clients using a health promoting approach incorporating self-determination	6.5 Apply local epidemiology and population health data in diagnostic thinking, and develop strategies for community-wide approaches to prevention
1.6 Debate the implications of White Privilege and other social privileges on delivering equitable health care to Aboriginal and Torres Strait Islander clients	2.6 Design strategies for delivering culturally safe health care with respect to individual, cultural and linguistic diversity	3.6 Incorporate knowledge and skills of culturally safe communication, using a strength- based approach, when interacting with Aboriginal and Torres Strait Islander individuals and family members	4.6 Develop strategies for mitigating potential challenges of different cultural values and behaviours between Aboriginal and Torres Strait Islander clients and mainstream health care	5.6 Establish key features of successful Aboriginal and Torres Strait Islander health research and data sovereignty	6.6 Advocate for equitable health care for Aboriginal and Torres Strait Islander clients to address institutional racism

Step 2: Decide on the most appropriate Learning Activity (review the table in Section 3 for examples)

Step 3: Consider opportunities to integrate with existing Assessment opportunities (review the table in Section 3 for examples)

Learning Resources

REFERENCES

(ATSIHCF) Aboriginal and Torres Strait Islander Health Curriculum Framework, 2014, Commonwealth of Australia as represented by the Department of Health

(ADC) Australian Dental Council /Dental Council of New Zealand (DCNZ) Accreditation standards for dental practitioner programs, Australian Dental Council, Melbourne, 2021 https://www.adc.org.au/sites/default/files/Media_Libraries/ADC_DCNZ_Accreditation_Standards_FINAL.pdf

(ADC) Australian Dental Council Australian Dental Council Professional Competencies for Dental Practitioners (Dentists, Dental Hygienists, Dental Therapists, and Oral Health Therapists, Dental Prosthetists), 2016, Australian Dental Council, Melbourne. https://www.adc.org.au/Program-Accreditation/Professional-Competencies

(AHPRA) Australian Health Practitioner Regulation Agency National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025, AHPRA and the National Boards, Melbourne Australia

(AIHW) Australian Institute of Health and Welfare. Oral Health and Dental Care in Australian. Canberra; 2021 Cat. DEN 231 https://www.aihw.gov.au/reports/dental-oral-health/oral-health-and-dental-care-in-australia/contents/priority-populations/aboriginal-and-torres-strait-islander-australians

(AIHW) Australian Institute of Health and Welfare. Oral Health and Dental Care in Australian. Canberra; 2019. https://www.aihw.gov.au/reports/dental-oral-health/oral-health-and-dental-care-in-australia/report-editions

(AIHW NIAA) Australian Institute of Health and Welfare National Indigenous Australians Agency (2020). 1.11 Oral Health in Aboriginal and Torres Strait Islander Health Performance Framework 2020 summary report. Cat. no. IHPF 2. Canberra: AIHW. https://www.indigenoushpf.gov.au/measures/1-11-oral-health#references

Bada S. Constructivism Learning Theory: A Paradigm for Teaching and Learning (2015) https://vulms.vu.edu.pk/Courses/EDU201/Downloads/EDU%20201%20(Assignment%202).pdf

Bainbridge R, McCalman J, Clifford A, Tsey K. Cultural competence in the delivery of health services for Indigenous people. Issues paper no. 13. Produced for Closing the Gap Clearinghouse. Canberra: Australian Institute of Health and Welfare, 2015.

Bazen J, Paul D, Tennant M. An Aboriginal and Torres Strait Islander oral health curriculum framework: development experiences in Western Australia. Aust Dent J 2007;52(2):86-92.

Behrendt L, Larkin S, Griew R, Kelly P. Review of higher education access and outcomes for Aboriginal and Torres Strait Islander people final report. Islander People Final Report. July 2012.

Betancourt JR, Green AR, Carrillo JE, et al. Defining cultural competence: a practical framework for addressing racial/ethnic disparities in health and health care. Public Health Rep. 2003; 118:293–302.

Betancourt JR, Green AR, Carrillo JE, Park ER. Cultural competence and health care disparities: key perspectives and trends. Health Aff 2005;24(2):499-505.

Bourke S, Wright A, Guthrie J, Russell L, Dunbar T, Lovett R. (2018) Evidence Review of Indigenous Culture for Health and Wellbeing. The International Journal of Health, Wellness, and Society 8 (4): 11–27.

Bradley D, Noonan P, Nugent H, Scales B. Review of Australian Higher Education Final Report. Canberra, ACT: Department of Education, Employment and Workplace Relations, Australian Government; 2008.

Brondolo E, Gallo L, Myers H. Race, racism and health: Disparities, mechanisms and interventions. *J Behav Med.* 2009; 32(1):1-8.

Cross T, Bazron B, Dennis K, Isaacs M. Towards a Culturally Competent System of Care: a monograph on effective services for minority children who are severely emotionally disturbed. Washington, DC: Georgetown University Child Development Center, 1989.

Curtis E, Jones R, Tipene-Leach D. et al. Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition. Int J Equity Health 18,174 (2019). https://doi.org/10.1186/s12939-019-1082-3

Delany, C., Ewen, S., Harms, L., Remedios, L., Nicholson, P., Andrews, S., Kosta, L., McCullough, M., Edmondson, W., Bandler, L., Reid, P., & Doughney, L. (2016). Guiding assessment for learning in Indigenous health at level 9 of the Australian Qualifications Framework: A capability approach to assessment for Indigenous health education. Sydney: Department of Education and Training.

Downing R, Kowal E, Paradies Y. Indigenous cultural training for health workers in Australia. Int J Qual Health Care 2011;23(3):247-57.

Duckett S, Cowgill M, Swerissen H. Filling the gap: A universal dental scheme for Australia. Grattan Institute; 2019. https://grattan.edu.au/wp-content/uploads/2019/03/915-Filling-the-gap-A-universal-dental-scheme-for-Australia.pdf

Dudgeon P, Bray A, D'Costa B, Walker R. (2017)a. Decolonising Psychology: Validating Social and Emotional Wellbeing, Australian Psychologist. Vol. 52(4):316-25.

Dudgeon P, Milroy H, Walker R. (2014) Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice. 2014. 2nd Edition Commonwealth of Australia.

Durey A. Reducing racism in Aboriginal health care in Australia: where does cultural education fit? Aust N Z J Public Health.2010 Jul;34 Suppl 1:S87-92. doi:10.1111/j.1753-6405.2010.00560.x.

Farrelly T, Carlson B. (2011) Towards cultural competence in the justice sector, Indigenous Justice Clearinghouse, Current Initiatives Issues Paper 3, June, 1-8.

Farrelly T, Lumby B. (2009) A best practice approach to cultural competence training. Aboriginal Isl Health Work J33:14–22.

Forsyth CJ, Irving MJ, Tennant M, Short SD, Gilroy JA. Teaching cultural competence in dental education: a systematic review and exploration of implications for Indigenous populations in Australia. J Dent Educ. 2016;81:956-968.

Forsyth CJ, Irving MJ, Tennant M, Short SD, Gilroy JA. Indigenous Cultural Competence: A Dental Faculty Curriculum Review. Europe J Dent Educ.2017; DOI: 10.1111/eje.12320

Forsyth CJ, Irving MJ, Short SD, Tennant M, Gilroy JA. Strengthening Indigenous cultural competence in dentistry and oral health education: academic perspectives. Europe J Dent Educ. 2018; DOI: 10.1111/eje.12398

Forsyth CJ, Irving MJ, Short SD, Tennant M, Gilroy JA. Students don't know what they don't know: dental and oral health students' perspectives on developing cultural competence regarding Indigenous peoples. J Dent Educ. 2019;83(6):679-86.

Forsyth, C., Short, S., Gilroy, J., Tennant M, Irving M. (2020) An Indigenous Cultural Competence Model for Dentistry Education, British Dental Journal, 228, 719–725 (2020). https://doi.org/10.1038/s41415-020-1480-3

Goode T, Haywood S, Wells N, Rhee K. Family-centered, Culturally, and Linguistically competent care: Essential components of the Medical Home. Pediatric Annals. 2009;38(9) doi.org/10.3928/00904481-20090820-04

Gracey M, King M. Indigenous health, part 1: determinants and disease patterns. Lancet 2009 Jul 4;374(9683):65-75. doi: 10.1016/S0140-6736(09)60914-4.

Harfield S, Davy C, Dawson A, Mulholland E, Braunack-Mayer A, Brown A. (2021) Building Indigenous health workforce capacity and capability through leadership – the Miwatj health leadership model. Primary Health Care Research & Development 22(e52): 1–9. doi: 10.1017/S1463423621000554

Jamieson L, Armfield J, Roberts-Thomson K. Oral Health of Aboriginal and Torres Strait Islander Children. Dental statistics and research series 35. Cat. no. DEN 167. Canberra: Australian Institute of Health and Welfare; 2007.

Kapellas K, Skilton MR, Maple-Brown LJ, et al. Periodontal disease and dental caries among Indigenous Australians living in the Northern Territory, Australia. *Aust Dent J.* 2014;59(1):93–99.

Krichauff, S., Hedges, J., & Jamieson, L. (2020). 'There's a Wall There—And That Wall Is Higher from Our Side': Drawing on Qualitative Interviews to Improve Indigenous Australians' Experiences of Dental Health Services. International Journal Of Environmental Research And Public Health, 17(18), 6496. https://doi.org/10.3390/ijerph17186496

Larson A, Coffin J, Gilles M, Howard P. It's enough to make you sick: the impact of racism on the health of Aboriginal Australians. Aust N Z J Public Health. 2007;31(4):322-328.

Lalloo R, Jamieson LM, Ha D, Luzzi L. Inequalities in dental caries in Australian children by neighbourhood characteristics and Indigenous status. *J Health Care Poor Underserved*. 2016;27(1):161–177.

Latulippe N. (2015) Bridging Parallel Rows: Epistemic Difference and Relational Accountability in Cross-Cultural Research, International Indigenous Policy Journal, Vol. 6 (2).

Marino R, Morgan M, Hopcraft M. Transcultural dental training: addressing the oral health care needs of people from culturally diverse backgrounds. Community Dent Oral Epidemiol 2012;40(Suppl.2):134-140.

Marino R, Morgan M, Hawthorne L, & Ismail M. Self-reported cultural skills from dental students and graduates from Melbourne, Australia. European Journal of Dental Education, 2012:17(1), e159-165.

Marino R, Ghanim M, Morgan M, Barrow S. Cultural competency and communication skills of dental students: clinical supervisors 'perceptions. Eur J Dent Educ 2016: 1-8

Marino R, Ghanim A, Barrow S, Morgan M. Cultural competence skills in a dental curriculum: A review. Eur J Dent Educ. 2017;00:1–7.

Martin K. (2003) Ways of knowing, ways of being and ways of doing: a theoretical framework and methods for Indigenous re□search and Indigenist research. J Aust Stud;76:203–214.

Mitrou F, Cook M, Lawrence D. Gaps in Indigenous disadvantage not closing: a census cohort study of social determinants of health in Australia, Canada, & New Zealand from 1981 to 2006. BMC Public Health 2014;14(201).

Moreton-Robinson A. (2004) Whiteness, epistemology and Indigenous representation. In A. Moreton-Robinson (Ed.), Whitening race: Essays in social and cultural criticism (pp. 75-88). Canberra: Aboriginal Studies Press.

Moreton□Robinson A, Casey M, Nicoll F. (2008) Transnational Whiteness Matters. Lanham, MD: Lexington Books.

Nakata M. (2004) Indigenous knowledge and the cultural interface: underlying issues at the intersection of knowledge and information systems, Post Press, Sydney.

Nakata, M, Nakata, V, Keech, S & Bolt, R. (2012) Decolonial goals and pedagogies for Indigenous studies, Decolonization: Indigeneity, Education & Society, 1(1):120-140.

National Health and Medical Research Council. (2003) Values and ethics: Guidelines for ethical conduct in Aboriginal and Torres Strait Islander health research. Canberra: Australian Government Publishing.

National Health and Medical Research Council. (2013) Guidelines for Research into Aboriginal Health: Key Principles. Aboriginal Health & Medical Research Council of NSW.

National Health and Medical Research Council. (2018) Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and Communities: Guidelines for researchers and stakeholders, NHMRC, Canberra.

Papps, E and Ramsden, I (1996) Cultural Safety in Nursing: the New Zealand Experience, International Journal for Quality in Health Care 8(5) 491-497

Schluter PJ, Askew DA, Spurling GK, Lee M, Hayman N (2017) Aboriginal and Torres Strait islander oral health and its impact among adults: A cross-sectional study, Aust Dental Journal,62:84-94: doi 10.1111/adj.12349

Slade GD, Spencer AJ, Roberts-Thomson KF, eds. Australia's dental generations: the National Survey of Adult Oral Health 2004–06. Canberra: Australian Institute of Health and Welfare (Dental Statistics and Research Series No. 34), 2007

Thackrah R, Thompson S. (2013) Refining the concept of cultural competence: building on decades of progress. Med J Aust. Jul 8;199(1):35-8.

Tuhiwai-Smith L. (1999) Decolonising methodologies: Research and Indigenous peoples. Dunedin: University of Otago Press.

Universities Australia (A). National Best Practice Framework for Indigenous Cultural Competence. Canberra, ACT: Universities Australia; 2011.

Universities Australia (B). Guiding Principles for Developing Indigenous Cultural Competence in Australian Universities. Canberra, ACT: Universities Australia; 2011.

Vos T, Barker B, Begg S. Burden of disease and injury in Aboriginal and Torres Strait Islander people: the Indigenous health gap. Int J Epidemiol 2009;38:470-77.

Williamson J, Dalal P. (2007) Indigenising the Curriculum or Negotiating the Tensions at the Cultural Interface? Embedding Indigenous Perspectives and Pedagogies in a University Curriculum. Australian Journal of Indigenous Education;Vol 36;51-58.

APPENDIX 1. CULTURAL SAFETY DEFINITIONS- AHPRA

The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025

https://www.ahpra.gov.au/About-Ahpra/Aboriginal-and-Torres-Strait-Islander-Health-Strategy.aspx

Cultural Safety Definition

Principles

The following principles inform the definition of cultural safety:

- Prioritising the Ministerial Council's goal to deliver healthcare free of racism supported by the National Aboriginal and Torres Strait Islander Health Plan 2013-2023
- Improved health service provision supported by the Safety and Quality Health Service Standards User Guide for Aboriginal and Torres Strait Islander Health
- Provision of a rights-based approach to healthcare supported by the United Nations Declaration on the Rights of Indigenous Peoples
- Ongoing commitment to learning, education and training

Definition

Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.

Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

How to

To ensure culturally safe and respectful practice, health practitioners must:

1. Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health.
2. Acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism.
3. Recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community.
4. Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.

Statement of Intent

The National Scheme Aboriginal and Torres Strait Islander Health Strategy Statement of Intent is a commitment between the 15 national health practitioner boards (the National Boards), the Australian Health Practitioner Regulation Agency (AHPRA), accreditation authorities and Aboriginal and Torres Strait Islander health sector leaders and organisations. The statement highlights our intent, and shared vision and values to achieve equity in health outcomes between Aboriginal and Torres Strait Islander Peoples and other Australians to close the gap by 2031. Read the full Statement of Intent

APPENDIX 2. THE AUSTRALIAN DENTAL COUNCIL (ADC) / DENTAL COUNCIL (NEW ZEALAND) (DC(NZ)) ACCREDITATION STANDARDS FOR DENTAL PRACTITIONER PROGRAMS AS THEY APPLY TO CULTURAL SAFETY (2021)

AUSTRALIAN DENTAL COUNCIL

Domain 3: Program of Study

3.9 Cultural safety is articulated clearly, integrated in the program and assessed, with graduates equipped to provide care to diverse groups and populations.

Domain 4: The Student Experience

4.7 Equity and diversity principles are observed and promoted in the student experience.

Domain 5: Assessment

5.1 There is a clear relationship between learning outcomes and assessment strategies

Domain 6: Cultural Safety

6.1 There is external input into the design and management of the program from Aboriginal and Torres Strait Islander Peoples.

6.2 The program provider promotes and supports the recruitment, admission, participation, retention and completion of the program by Aboriginal and Torres Strait Islander Peoples.

6.3 Cultural safety is integrated throughout the program and clearly articulated in required learning outcomes.

6.4 Clinical experiences provide students with experience of providing culturally safe care for Aboriginal and Torres Strait Islander Peoples.

6.5 The program provider ensures students are provided with access to appropriate resources, and to staff with specialist knowledge, expertise and cultural capabilities, to facilitate learning about Aboriginal and Torres Strait Islander health.

6.6 Staff and students work and learn in a culturally safe environment.

APPENDIX 3. AUSTRALIAN DENTAL COUNCIL PROFESSIONAL COMPETENCIES FOR DENTAL PRACTITIONERS

AUSTRALIAN DENTAL COUNCIL

The structure of the statements

The range of personal qualities, cognitive abilities, applied knowledge and skills expected of the newly qualified practitioner has been clustered into the following six domains:

1. Professionalism
2. Communication and Leadership
3. Critical Thinking
4. Health Promotion
5. Scientific and Clinical Knowledge
6. Patient Care (which has sub-domains of Clinical Information Gathering, Diagnosis and Management Planning, Clinical Treatment and Evaluation).

The domains represent the broad categories of professional activity and concerns that occur in the practice of dentistry. As indicated above, there is a degree of artificiality in the classification, as effective professional performance requires the integration of multiple competencies.

Each domain contains descriptions of competencies. The descriptions are presented in one of two formats:

- Those descriptions for “a dental practitioner” are where the application of the knowledge and skills are the same.
- Those descriptions for specific dental practitioners that may be worded the same or in a similar manner, although the application of the knowledge and skills may vary between the different divisions of dental practitioner under the category of general registration.

Review of the Professional competencies of the newly qualified dental practitioner

Cultural safety

4.4 The National Oral Health Plan identifies four priority population groups that have poorer oral health than the general population, including Aboriginal and Torres Strait Islander Peoples.[2]

4.5 The ADC is a signatory to the *Aboriginal and Torres Strait Islander Health Strategy Statement of Intent*, which commits to ensuring a culturally safe health workforce in the National Registration and Scheme (NRAS).[3]

4.6 A nationally consistent definition of cultural safety has been agreed between all parties within the NRAS, which should be reflected in the definitions included within the Competencies documents.[4] The current Competencies include a definition of 'Culturally safe and culturally competent practice', which is not yet reflective of the agreed definition in use across the NRAS.

4.7 The ADC has created a dedicated domain within the **Accreditation Standards** for cultural safety as it relates to Aboriginal and Torres Strait Islander Peoples to enhance new graduates' readiness to provide culturally safe care. It will be important for the Competencies to reinforce the importance of developing the knowledge and skills needed to deliver culturally safe care and to create a health care system that is free of racism.

4.8 Feedback received during the review of the Accreditation Standards highlighted the need to ensure graduates are prepared to provide care safely to other vulnerable groups within Australian society. (Refer to *working with at risk and vulnerable populations or groups* below).

2 COAG Health Council 2015. Healthy Mouths, Healthy Lives: Australia's National Oral Health Plan 2015–2024. Adelaide: South Australian Dental Service.

3 NRAS (2018). National Scheme Aboriginal and Torres Strait Islander Health Strategy. Statement of intent. Accessed from https://www.ahpra.gov.au/About-AHPRA/Aboriginal-and-Torres-Strait- Islander-Health-Strategy/Statement-of-intent.aspx

4 Ahpra. The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025. Page 9. Accessed from https://www.ahpra.gov.au/About-AHPRA/Aboriginal- and-Torres-Strait-Islander-Health-Strategy.aspx