

Mapping Project: Support placements in Aboriginal health settings

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December 2014



This project was possible due to funding through the Australian Department of Health.

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Acknowledgement of Country

We acknowledge the Bidwell, Dharawal, Dharug, Gundungurra, Ngunnawal, Ngambri, Ngarigo, Tharawal, Wiradjuri and Yuin peoples who are the traditional custodians of the Lands on which we conducted the project. We pay our deep respects to Elders past, present and future.

Acknowledgements

We give our thanks to the Health Education and Training Institute for funding this project. Lilon Bandler (Interdisciplinary Clinical Training Networks/University of Sydney), Julie Booker (CEO, Illawarra Aboriginal Medical Service (AMS) Aboriginal Corporation), Jon Rogers (CEO, Katungul Aboriginal Corporation Community and Medical Service) and Karen Waller (Health Education and Training Institute) agreed to be on the Project Steering Committee and provided invaluable guidance. Gaye Doolan (Co-ordinator of Indigenous Health and Student Engagement, The Australian National University Medical School) was there to provide expert advice whenever we needed it. Kerry Pert (Executive Assistant, Rural Clinical School, The Australian National University Medical School), provided cheerful input into formatting the document.

We are very grateful to staff from the following health services who kindly gave their time to participate in the project:

- Aunty Jean's Program,
- Binji and Boori Aboriginal Maternal Infant Child Health (AMICH),
- Cullunghutti Aboriginal Child and Family Centre,
- Katungul Aboriginal Corporation Community and Medical Services,
- Illawarra Aboriginal Medical Service (AMS) Aboriginal Corporation,
- Illawarra Shoalhaven Local Health District,
- Illawarra-Shoalhaven Medicare Local
- Southern NSW Medicare Local
- Munjuwa Health, Housing & Community Aboriginal Corporation
- Noah's Shoalhaven,
- Oolong House (Oolong Aboriginal Corporation),
- Rose Mumbler Aboriginal Village (Illaroo Cooperative Aboriginal Corporation),
- South Coast Medical Service Aboriginal Corporation,
- Southern NSW Local Health District,
- Twofold Aboriginal Corporation,
- Waminda South Coast Women's Health and Welfare Aboriginal Corporation, and
- Wandarma Aboriginal Drug and Alcohol Service.

List of Abbreviations

ACCHS:	Aboriginal Community Controlled Health Services
ACCHRS:	Aboriginal Community Controlled Health Related Service
AMICH:	Aboriginal Maternal Infant Child Health
AMS:	Aboriginal Medical Service
ANU:	The Australian National University
CSU:	Charles Sturt University
GP:	General Practitioner
HETI:	Health Education and Training Institute
ICTN:	Interdisciplinary Clinical Training Networks
ISLHD:	Illawarra-Shoalhaven Local Health District
ISML:	Illawarra-Shoalhaven Medicare Local
JCU:	James Cook University
LHD:	Local Health District
NGO:	Non-Government Organisation
NSW:	New South Wales
SNSW:	Southern NSW
SNSWLHD:	Southern NSW Local Health District
SNSWML:	Southern NSW Medicare Local
UON:	University of Newcastle
UOW:	University of Wollongong
USyd:	University of Sydney
UTAS:	University of Tasmania

UWS: University of Western Sydney

Executive Summary

In mid-August 2014, members of staff from the Rural Clinical School of The Australian National University Medical School were commissioned by the Health Education and Training Institute (HETI) to conduct a mapping project of Aboriginal Health Services in the South Coast Interdisciplinary Clinical Training Network (ICTN). Our tasks were to map current student placements and support required in Aboriginal health settings in the region, identify opportunities for growth and to ascertain what cultural competency training opportunities were available for students within the South Coast ICTN region.

A literature review was conducted to ascertain the barriers and enablers to health student placements in Aboriginal health settings. We identified the following four primary themes in the literature: logistical factors, clinical experience, student related factors and cultural factors. Logistical factors were related to access to accommodation, transportation to remote areas, financial costs to students and Aboriginal Health Services and isolation of students. Factors related to clinical experience included clinical workload, infrastructure limitations, staffing limitations, quality of teaching and communication between education providers and Aboriginal Health Services. Student related factors and cultural factors were largely associated with the clinical performance of students within primary health care models and the cultural competency they display. Potential strategies are discussed throughout this discussion.

We identified a number of Aboriginal Community Controlled Health Services (ACCHS) and Aboriginal Community Controlled Health Related Service (ACCHRS) in the South Coast ICTN area as well as other providers of services specifically for Aboriginal peoples. Results were gathered from the following services: Binji and Boori Aboriginal Maternal Infant Child Health (AMICH) (funded by ISLHD), Cullunghutti Aboriginal Child and Family Health, Illawarra AMS Aboriginal Corporation (hereby referred to as The Illawarra AMS), Katungul Aboriginal Corporation Community and Medical Service, Munjuwa Health, Housing and Community Aboriginal Corporation, Noah's Shoalhaven, Oolong House (a service of The Oolong Aboriginal Corporation), Rose Mumbler Aboriginal Village (a service of The Illaroo Cooperative Aboriginal Corporation), South Coast Medical Service Aboriginal Corporation (hereby referred to as The South Coast AMS) and Wandarma Aboriginal Drug and Alcohol Service. The Local Health Districts (LHDs) of the region provide specific services for Aboriginal peoples, as does the Southern NSW (SNSW) Medicare Local and the Illawarra-Shoalhaven Medicare Local.

Based on our data collection we established that there are eight education providers utilising Aboriginal Health Services in the region for student placements. These were the Australian National University (ANU), Charles Sturt University (CSU), James Cook University (JCU), University of Newcastle (UON), University of Sydney (USyd), University of Western Sydney (UWS), University of Wollongong (UOW) and the University of Tasmania (UTAS).

Students undertaking placements in Aboriginal Health Services within the South Coast ICTN were from Medicine, Nursing, Psychology, Population Health and Occupational Therapy disciplines. Medicine was the discipline with the largest cohort of student placements followed by Nursing. Of the nine specific Aboriginal Health Services interviewed, six had previously hosted student clinical training placements. Three of the services had never hosted a student placement. The number of student placements available in Aboriginal health settings was

influenced by the capacity of Aboriginal Health Services. The infrastructure capacity of Aboriginal Health Services including physical space, availability and quality of medical equipment and access to technological resources influenced the number of student placements Aboriginal Health Services could support at any one time. Staffing capacity including the number of potential supervisors for students also influenced the number of student placements available.

Some services reported that they did not have the capacity to host placements. Others were able to provide placements but were at capacity, and services advised that there was currently no scope for expansion of placements in these services. Other services were identified that had the capacity to expand the supply of student placement opportunities available. There is, therefore, scope to increase student placement numbers in the South Coast ICTN in some services but not others.

Understanding of placement requirements of educational providers within Aboriginal Health Services was varied. The services who currently take students were aware of the clinical placement requirements of the educational institutions. Those services that have not hosted students are not aware of placement requirements or how to organise placements. This has significant implications for student placements and potential growth.

A number of cultural competency training opportunities in the region were identified. These were largely consultancy organisations which provided training to health professionals working in Aboriginal health settings. Some of the Aboriginal Health Services provided internal cultural awareness and competency training to their own staff. Of those services, some also provided training to students undertaking placements. Some services also provided external cultural competency training to other health services and other members of the public.

The project was completed on the 1st of December 2014. Whilst there are some limitations, we report findings on the current status of student clinical training placements in the South Coast ICTN, as well as findings on cultural competency training. This information can be used to facilitate future student placements in Aboriginal health settings in the South Coast ICTN area.

Recommendations

Several recommendations emerged from the findings. These are reported below and categorised into recommendations for The South Coast ICTN, Recommendations for Educational Providers and Recommendations for Aboriginal Health Services.

Recommendations for the South Coast ICTN working with Education Providers:

- *Aboriginal Health Services be provided with information setting out the value and importance of hosting students for clinical placements, including any financial benefits for the Service.*
- *The ICTN and Universities consider developing an information pack for those Aboriginal Health Services interested in clinical student placement outlining broad placement requirements.*
- *The two LHDs and the current Medicare Locals are encouraged to provide and maintain a database of all the regional Aboriginal Health services for education providers and public use.*

Recommendations for Educational Providers

- *Universities have a nominated staff member as a single point of contact to liaise with Aboriginal Health Services in regards to all student placements.*
- *Universities ensure that appropriate and adequate information about hosting clinical placements is provided to the Aboriginal Health Services to enable them to make informed decisions with regards to accepting student placement at their Services.*
- *Universities ensure that appropriate information is provided to Aboriginal Health Services to ensure placement requirements are met.*
- *Universities investigate the opportunity to jointly share student placement software which is currently in use or could be developed for Aboriginal Health Services to access.*
- *A collaborative arrangement be developed between universities to provide a full range of medicine, nursing and allied health students to those Aboriginal Health Services wishing to take them.*
- *Collaborative guidelines be developed for streamlining the disciplinary requirements for clinical placements in Aboriginal health settings.*

- *Universities work with Aboriginal Health Services who host students to identify potential additional sources of funding for infrastructure.*
- *Education providers work with Aboriginal Health Services to ensure students have access to cultural competency training opportunities which are specific to placement locations.*

Recommendations for Aboriginal Health Services

- *Aboriginal Health Services which accept students for clinical placements have a nominated staff member to liaise with University to arrange placement and supervision.*
- *Aboriginal Health Services work with participating Universities to identify potential additional funding sources for infrastructure needs.*

Introduction

There is growing recognition of the need for the future medical, nursing and allied health workforce to be able to deliver effective and culturally appropriate health care for Aboriginal and Torres Strait Islander peoples. “Closing the Gap” is multifactorial, and education and training should start at the student level. It is of paramount importance that health professional students are provided with training opportunities which offer them experience working outside acute hospital settings and in community settings, to enable them to become confident members of the future health workforce. The South Coast of NSW has double the national average population of Aboriginal population living within the region (six percent rather than three percent nationally), and the region contains a large number of Aboriginal Health Services (HETI, 2014). Therefore, the region offers the possibility of providing a large number of health students with experience working within Aboriginal Health Services through clinical placements, and in doing so preparing them for the future health workforce. However, to date there has been no research undertaken regarding how many student clinical placements are available within Aboriginal Health settings in the South Coast ICTN region. Consequently, it was necessary to undertake a mapping project to determine the number and discipline types of placements available, the support required for these placements and capacity and barriers for expansion. It was recognised that the relationship between the Aboriginal Health Services and education providers needed to be mutually beneficial, and therefore the capacity of these services to offer student clinical placements was explored, as well as the infrastructure and staffing needs they require to expand the number of student clinical placements.

In order to explore these themes of interest the report is arranged into five main sections: Background, Literature Review, Methodology, Results and a Listing of all Aboriginal Health Services and clinical placements in the South Coast ICTN region of NSW. The Background outlines the rationale of the project as well as the project deliverables. The Literature Review then examines the barriers and enablers to health students working in Aboriginal health settings. The Methodology section examines how the project was structured, including how the data collection was undertaken. The responses gained from the Aboriginal Health Services are then analysed and explored in the Results section. We then list all Aboriginal Health Services with current student placement information and possibilities of expansion. Before concluding we point to the limitations to our findings.

Project Background

Professor Amanda Barnard, Dr Phyll Dance (Senior Lecturer) and Ms Samia Goudie (Senior Lecturer, Indigenous Health) from the Rural Clinical School, Australian National University Medical School, in the College of Medicine, Biology and Environment were funded in mid-August, 2014 by the Health Education and Training Institute (HETI) to conduct:

Mapping of the demand and supply required to support clinical student placements across a range of health disciplines within Aboriginal health settings located in the South Coast Interdisciplinary Clinical Training Network (ICTN). (Please see Figure 2.)

It was anticipated that the project would inform the South Coast ICTN of opportunities available for student placements, of the support required for organisations and supervisors accepting

placements, cultural competency training opportunities, and placement requirements from education providers specific to Aboriginal health settings. The required services were to:

- Establish a Project Steering Group including a HETI representative and at least two ICTN members.
- Provide the Steering Group with a detailed project plan, including timeline of outcomes.
- Undertake the mapping project to determine:
 - All Aboriginal Health Services in the South Coast ICTN
 - Capacity of services to support professional entry health student placements
 - Support required for services to provide quality placements
 - Education provider requirements of clinical placements
 - Cultural competency training/resources available in the South Coast ICTN
- Provision of a comprehensive project report.

The deliverables of the project were to provide:

- A detailed project plan including objectives, key milestones, deliverables, Key Performance Indicators (KPI's) and project budget.
- Monthly progress reports to the ICTN and a final report against key milestones.
- A comprehensive project report including, at a minimum, key project outcomes, evaluation results and recommendations for consideration by HETI.
- A statement outlining how the consultant will work with the local Aboriginal organisations in conjunction with HETI/ICTN, incorporating concepts of reciprocity, respect and feedback.

A Steering Committee was formed with the following members: Lilon Bandler (ICTN/University of Sydney), Julie Booker (CEO, Illawarra AMS Aboriginal Corporation), Jon Rogers (CEO, Katungul Aboriginal Corporation Community and Medical Service) and Karen Waller (HETI). Members were provided with a detailed project plan which included a timeline of outcomes. Regular teleconferences were scheduled and we also made contact with members at other times as necessary.

Hilary Miller and Alycia Nevalainen, who both had experience working with Aboriginal peoples, were employed in mid-August, 2014 as Research Assistants for the project. The project was completed at the end of November 2014.

Figure 1: Map of South Coast ICTN (HETI, 2014)

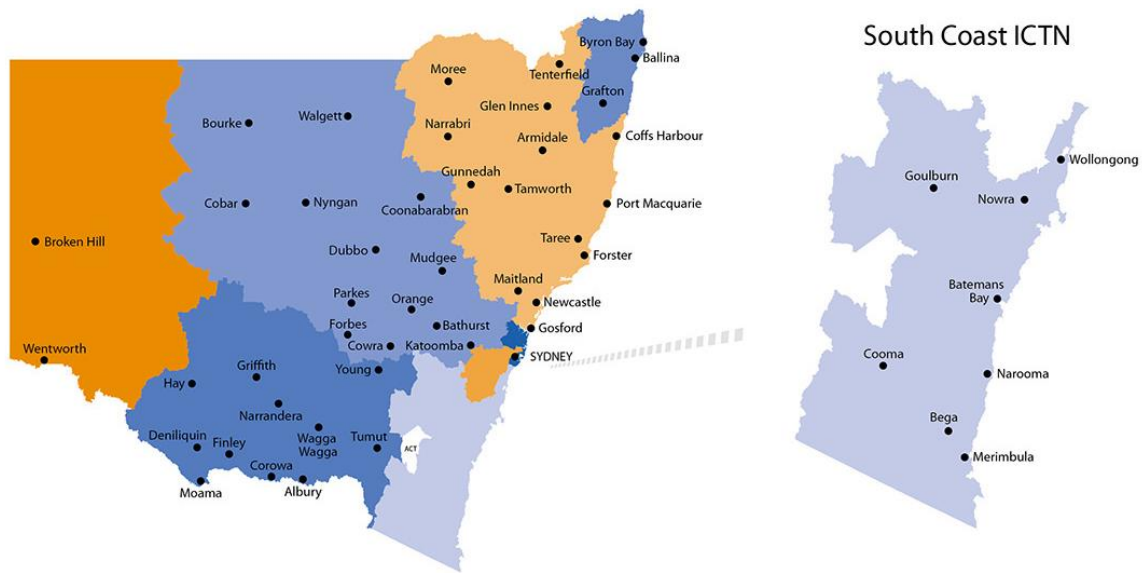
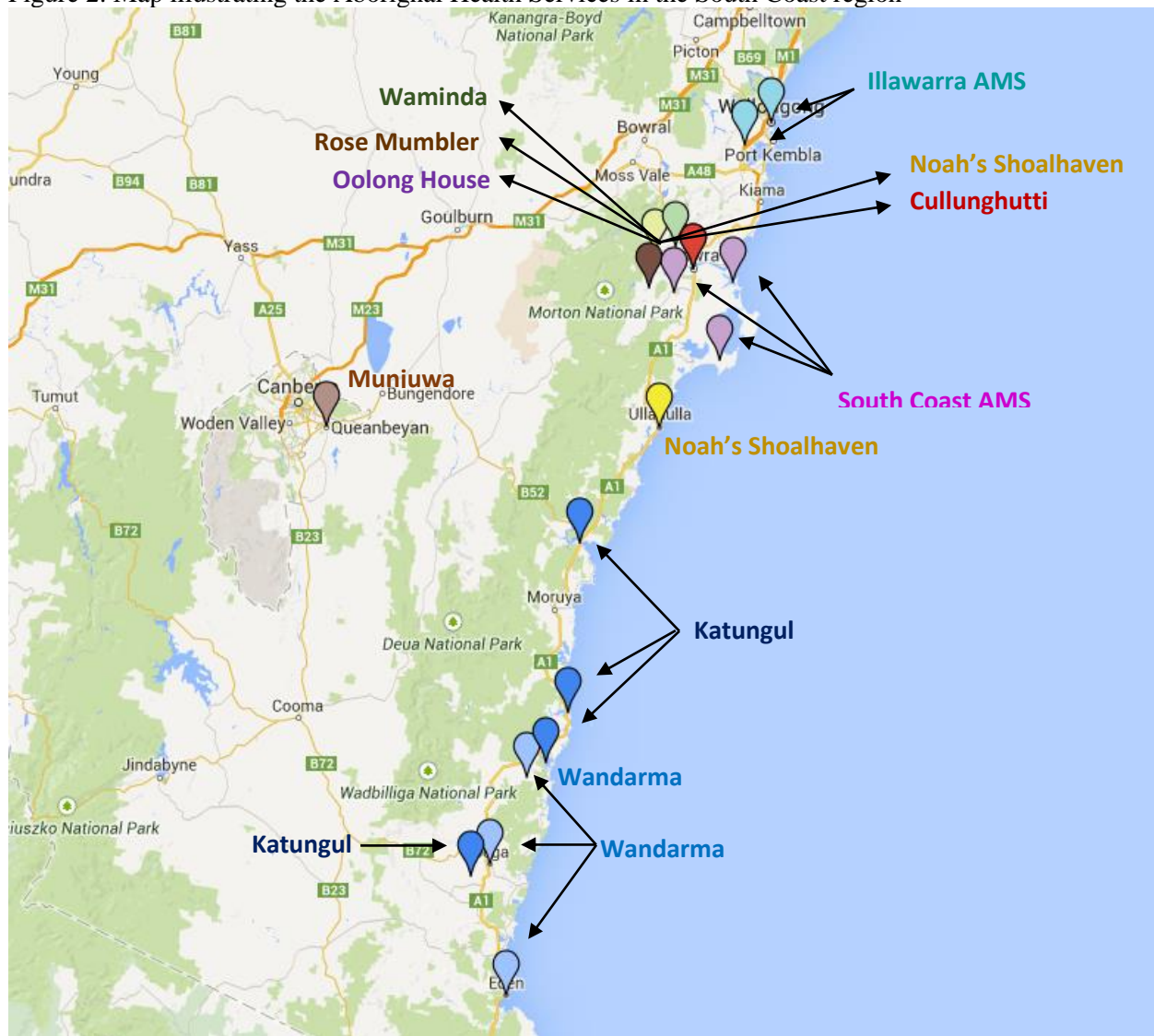


Figure 2: Map illustrating the Aboriginal Health Services in the South Coast region



Additional programs for Aboriginal peoples are also provided through the Southern NSW and Illawarra-Shoalhaven Medicare Locals, the SNSWLHD and ISLHD. Southern NSW Medicare Local has offices in Moruya, Bega, Queanbeyan, Goulbourn and Eden. The Illawarra-Shoalhaven Medicare Local has offices in Wollongong and Bomaderry. The SNSWLHD is based in Queanbeyan and the ISLHD is based in Wollongong. These organisations provide a variety of clinical services in Batemans Bay, Bega, Eden, Goulburn, Jerrinja, Jervis Bay, Moruya, Queanbeyan and Wreck Bay. Detailed information on these services is provided in the 'Aboriginal Health Services in the Project Area' section of this report on page 36. Contact information for these services is also available at Appendix 4.

Aboriginal population of South Coast area

More Aboriginal people live in New South Wales (NSW) than any other state. As a proportion, 31.5% of Aboriginal peoples in Australia live in NSW and Aboriginal peoples make up 2.5% of the NSW population (ABS, 2011). The vast majority of Aboriginal peoples live in urban and inner regional areas.

The South Coast ICTN is comprised of the Southern NSW LHD (SNSWLHD) and the Illawarra-Shoalhaven LHD (ISLHD). This area encompasses the traditional lands of the Bidjil, Dharawal, Dharug, Gundungurra, Ngannawal, Ngambri, Ngarigo, Tharawal and Wiradjuri and Yuin peoples (Horton, 1996). According to HETI, the Aboriginal population of the South Coast ICTN (6%) is double that of the national average (3%). Consequently the area has a large number of Aboriginal Health Services (HETI, 2014).

Aboriginal peoples in the South Coast ICTN experience higher levels of poor health than the non-Aboriginal population including substantively shorter life expectancies, higher infant and child mortality rates and higher rates of potentially preventable hospitalisations (SNSWLHD, 2012). Aboriginal peoples in this area are also considerably disadvantaged in respect to the social determinants of health with lower rates of educational outcomes, employment, income levels and housing security (SNSWLHD, 2012).

Aboriginal Health Services in the South Coast ICTN

Health services in the South Coast ICTN are delivered through the public health services of the LHDs (SNSWLHD and ISLHD), private hospitals, Non-Government Organisations (NGOs), aged care facilities, and General Practitioners (GPs) and private allied health providers. According to HETI there are over 28 NGOs and 81 aged care facilities within the South Coast ICTN (HETI, 2014).

According to the Aboriginal Health and Medical Research Council of NSW (2010) there are four Aboriginal Community Controlled Health Services (ACCHS) and one Aboriginal Community Controlled Health Related Service (ACCHRS), in the South Coast ICTN. The ACCHS are Katungul Aboriginal Corporation Community and Medical Services, Oolong House, The South Coast AMS, Illawarra AMS Aboriginal Corporation (hereby referred to as The Illawarra AMS). The only ACCHRS is Waminda South Coast Women's Health and Welfare Aboriginal Corporation.

We identified further organisations providing health services specifically for Aboriginal peoples. These are The Aunty Jeans Programs (funded by ISLHD and SNSWLHD) Binji and Boori AMICH (ISLHD), Cullunghutti Aboriginal Child and Family Centre, Munjuwa Health, Housing & Community Aboriginal Corporation, Noah's Shoalhaven, Rose Mumbler Aboriginal Village, Twofold Aboriginal Corporation and Wandarma Aboriginal Drug and Alcohol Service. The two LHDs and the two Medicare Locals also run a number of additional specific services and clinics for Aboriginal peoples

Literature Review

There is growing recognition of the need for future medical, nursing and allied health workforce to be able to deliver effective and culturally appropriate health care for Aboriginal peoples. As the demand for student clinical training placements is predicted to rise in the future, placements in non-traditional settings including Aboriginal health settings will become increasingly common (Buchanan, Jenkins & Scott, 2014). As such, there is a growing need for a comprehensive understanding of the unique barriers and enablers to facilitate student placements within Aboriginal health settings. This review provides an overview of the current literature on the barriers and enablers of health student placements in Aboriginal health settings. As a caveat, we note that not all of the findings will necessarily be transferable to Aboriginal health settings located in the South Coast Interdisciplinary Clinical Training Network but we have decided to include them all so that individual services may decide what may be useful for them. The literature we used was gathered from PubMed, LitSearch and Google Scholar. The search terms used were: *health, student, clinical, training, placement, aboriginal*.

From this search it was apparent that literature on the barriers and enablers of health students working in Aboriginal health settings is limited. The vast majority of the literature relating to this topic, focus on the challenges for education providers and their students undertaking placements, rather than barriers and enablers of placements. While the literature on student clinical training placements in rural areas is well documented, the literature on placements in Aboriginal specific health settings is less well documented. A number of studies of rural and remote student placements incorporated time spent in Aboriginal health settings (Abuzar, Burrow & Morgan, 2009; Bennett, Jones, Brown & Barlow, 2013; Birden & Wilson, 2012; Kent-Wilkinson, Starr, Dumanski, Fleck, LeFebvre & Child, 2010; Liaw, McGrath, Jones, Russell, Bourke, & Hsu-Hage, 2005; Mak & Plant, 2001; Neill & Taylor, 2002; Prout, Lin, Nattabi & Green, 2012; Sen Gupta, Muray, McDonell, Murphy & Underhill, 2008; Wright, Bourke, Waite & Pierce, 2014).

A number of other studies specifically examined student placements in Aboriginal health settings or within Aboriginal communities (Morgan, 2006; Newman, 1993; Patel, Underwood, The Nguyen & Vigants, 2011; Rasmussen, 2001; Thackrah, Thompson & Curey, 2014; Webster, Lopez, Allnut, Clague, Jones & Bennett, 2010)¹. The challenges identified in these studies and potential strategies will be discussed in the body of this review. Whilst the majority of Aboriginal peoples in Australia live in urban metropolitan areas, paradoxically the majority of research on student placements in Aboriginal health settings was conducted in rural and remote areas. Most of the following studies related to student clinical placement experience (Birden & Wilson, 2012; Kent-Wilkinson et al., 2010; Liaw et al., 2005; Mak & Plant, 2001; Newman, 1993; Patel et al., 2011; Sen Gupta et al., 2008). Some studies centred on cultural education or immersion of health students and did not include clinical experience (Andersen, 2009; Paul, Carr & Milroy, 2006). Other studies included both clinical experience and cultural education or immersion (Abuzar et al., 2009; Bennett et al., 2013; Morgan, 2006; Neil & Taylor, 2002; Prout et al., 2014; Rasmussen, 2001; Thackrah et al., 2014; Webster et al., 2010; Wright et al., 2014).

Evaluations of student placements in rural and remote Aboriginal health settings tend to correlate with the challenges of rural placements in general. These similarities relate to the challenges

¹ Additional studies which we did not have journal access to are included as Appendix 1.

associated with the physical remoteness of the placement and the capacity limitations of health services including staff shortages, a lack of funding, infrastructure limitations and high clinical workload (Abuzar et al., 2009; Birden & Wilson, 2012; Kent-Wilkinson et al., 2010; Kruger & Tennant, 2010; Liaw et al., 2005). There are also unique strengths and challenges associated with working in Aboriginal health settings. The challenges associated with health student placements in Aboriginal health settings identified in the literature can broadly be delineated into the following four main categories: logistical factors, factors related to clinical experience, student related factors, and cultural factors. These factors are further discussed below.

Logistical Factors

The logistics of organising placements in rural and remote Aboriginal health placements can be particularly challenging. The physical remoteness of placements was related to logistical challenges including limited accommodation, transport logistics, financial costs to the student, and isolation from educational institutions and peers. Limited accommodation for students whilst on placements was the most commonly identified barrier to placing students and significantly limited the number of student placements available (Birden & Wilson, 2012; Kruger & Tennant, 2010; Liaw et al., 2005; Newman, 1993; Sen Gupta et al., 2008; Thackrah, Thompson & Durey, 2014; Webster et al., 2010). The logistics of travelling to a rural or remote location (including the costs associated with travel and safety arrangements for students whilst travelling) was also commonly identified as a major challenge (Birden & Wilson, 2012; Kruger & Tennant, 2010; Lalloo, Evans & Johnson, 2013; Liaw et al., 2005). Educational institutions and service providers have attempted to mediate these challenges in a number of ways. In most cases where students were placed, accommodation and transport were free. The provision of free accommodation and transport while on placement can be a motivational factor for students but does come at a cost (Thackrah, Thompson, & Durey, 2014) and as such may act as both an enabler and a barrier. In one study where accommodation close to the medical practice was unavailable and transport to work was absent, the organisers provided bicycles to students (Sen Gupta et al., 2008). Webster et al (2010) argue investment in infrastructure support for accommodation is necessary to support student placements now and into the future.

Due to the physical remoteness of rural and remote Aboriginal placements, students are typically required to spend their time on placement in time blocks (Newman, 1993). The financial costs incurred by students undertaking placements (including a loss of income) may act as a barrier to undertaking such placements, particularly for socio-economically disadvantaged students (Neil & Taylor, 2002). To counter this barrier, educational institutions could provide scholarships for socio-economically disadvantaged students. Alternatively where student placements are unpaid a small student allowance may financially assist students to undertake placements.

Physical distance from source educational institutions was identified as a challenge in some programs. Some students found it difficult to engage with learning materials from a distance or found the material to be lacking relevance to the placement (Liaw et al., 2005). Liaw and colleagues (2005) “stress the need for explicit learning objectives, relevant content and engaging delivery” (Liaw et al., 2005, p1). In the literature, these challenges were typically addressed using information technology-based systematic approaches (Kruger and Tennant, 2010; Liaw et al., 2005). This included modifying the curriculum to rely more on online teaching methods (Liaw et al., 2005; Maar, 2014). This, however, can be a challenge when technology systems are

limited. Some studies also identified limited access to the Internet as a significant challenge (Liaw et al., 2005; Maar, 2014; Sen Gupta et al., 2008). In these cases further modification of the curriculum may be necessary and investment in technology infrastructure to ensure students have access to online services.

The physical distance and isolation of placements were identified as major challenges. Students experienced varying degrees of social displacement at being separated from their support networks at home (Birden & Wilson, 2012; Kruger & Tennant, 2010; Lalloo, Evans & Johnson, 2013; Maar, 2014). While Lalloo et al (2013) stated this was not a problem during their program as communication was accessible through phone and Internet services, these services are typically limited in rural and remote areas and were previously identified as a challenge (Liaw et al., 2005; Maar, 2014; Sen Gupta et al., 2008). Social support of peers where possible is a potential strategy (Maar, 2014), but this is limited by the capacity for student placements. Many programs have incorporated social engagement strategies to increase integration of students into the community. In many of the studies engagement with the community was identified as a major strength of the program (Abuzar et al., 2009; Lalloo et al., 2013; Mak & Plant, 2001; Rasmussen, 2001; Sen Gupta et al., 2008; Thackrah, Thompson & Durey, 2014; Webster et al., 2010). It is clear from these examples that in order to overcome the challenges associated with organising student placements and ensure the success of programs, strategic and innovative planning is essential (Maar, 2014; Mak & Plant, 2001; Patel et al., 2011).

Factors Related to the Clinical Experience

There are several barriers to health student placements in Aboriginal health settings associated with the clinical experience. These relate to the level of clinical workload, capacity limitations including staffing infrastructure and physical infrastructure limitations of Aboriginal Health Services, quality of teaching, and a disconnect between the aims of student placements for educational institutions and service providers.

Student placement opportunities are limited by the capacity of health service providers (Liaw et al., 2005; Newman, 1993; Webster et al., 2010). Most studies identified staffing capacity as a major challenge (Lalloo, Evans & Johnson, 2013; Maar, 2014; Neill and Taylor, 2002; Patel et al., 2011; Webster et al., 2010). Health professionals in rural, remote and Aboriginal health settings generally have higher clinical workloads due to the higher illness burden in these communities (Kruger & Tennant, 2010; Morgan, 2006). Patients in rural, remote and Aboriginal health settings also typically have more complex presentations and may have lower levels of health and language literacy (Patel et al., 2011; Thackrah, Thompson & Durey, 2014). High clinical workload is associated with, and exacerbated by, staff burnout, turnover and limited staff numbers. Clinical workload impacts opportunities for student placements. Students working in such settings may also be exposed to high levels of clinical pressure (Kruger & Tennant, 2010). Staffing limitations and high clinical workload are associated with professional isolation (Newman, 1993; Thackrah, Thompson, and Durey, 2014). Students working in these settings have observed staff members taking on additional medical responsibilities. Given the time required to support teaching, these factors limit the quality of teaching for student learning (Patel et al., 2011; Liaw et al., 2005; Thackrah, Thompson & Durey, 2014). The morale and teaching skills of supervisors need to be supported to limit staff burnout, turnover and improve teaching (Liaw et al., 2005).

Student placements are often associated with staffing costs, coordination costs and a loss in productivity (Buchanan et al., 2014). While students can act as resources for understaffed services (Mak & Plant, 2001), significant time is also required by educational institutions to support learning. The funding received by Aboriginal Health Services for having student placements is often insufficient to cover costs incurred by having students (Buchanan et al., 2014; Neill & Taylor, 2002; Rasmussen, 2001). Furthermore, services in rural, remote and Aboriginal health settings often have limited access to medical infrastructure and technological resources (Lalloo et al., 2013; Neill & Taylor, 2002; Patel et al., 2011; Sen Gupta et al., 2008; Webster et al., 2010). Lalloo and colleagues (2013) observed that access to some medical equipment was limited and resources were not always up to date (Lalloo et al., 2013). Taken together these factors influence the number of possible student placements (Webster et al., 2010; Newman, 1993). Some health organisations were very limited in this respect. Webster and colleagues (2010) and Newman (1993) estimated the student capacity of their Aboriginal Health Services at no more than one or two students at any one time.

Given the limitations in capacity that service providers experience, some Aboriginal Health Services have experienced difficulty meeting the demands of educational institutions in terms of student placements (Kruger & Tennant, 2010). There appears to be a level of disconnect between the educational institutions and the understaffed and overworked service providers in respect to the aims of student placements (Kruger & Tennant, 2010; Liaw et al., 2005). This can place additional pressure on service providers. A lack of support from educational institutions has been reported by service providers. This included limited communication and a lack of financial and administrative support. These factors influence the capacity and sustainability of student placements. Greater communication and mediation of goals between educational institutions and Aboriginal Health Services is thus necessary. According to Kruger and Tennant (2010) “the integration of service, education and research goals have played a critical role in sustaining placements” (p.151). Adequate funding for Aboriginal Health Services to take on student placements including infrastructure support such as technological resources is also necessary to support student placements (Rasmussen, 2001; Webster et al., 2010). Administration and coordination support from universities would also reduce pressure on health services (Buchanan et al., 2014; Maar, 2014).

Student Related Factors

There are several student related factors that may act as barriers or enablers to health students working in Aboriginal health settings. These include differences in models of health care, attitudes towards Aboriginal health placements, and individual qualities of students including clinical and cultural competence.

Health students working in Aboriginal health settings may experience differences in models of health care. They may be exposed to Primary Health Care models, Aboriginal Community Controlled Health Organisations and/or government health clinics. Students will also come into greater contact with remote area nurses and Aboriginal Health Workers (Patel et al., 2011). Health care in Aboriginal health settings tends to have a greater community-based focus rather than a clinical-based placement focus (Maar, 2014). Students expressed gratitude for the lower teaching ratio in rural, remote and Aboriginal health placements (Kruger & Tennant, 2010; Lalloo et al., 2013). In some other studies, however, students expressed surprise at the lower

patient flow in Aboriginal health settings compared to previous placements (Lalloo et al., 2013). Despite this, the strongest benefit in many student placements was the patient care experience including exposure to a range of cases. In light of these differences in health care it is necessary to manage student expectations before they arrive on placement in Aboriginal health settings and ensure adequate orientation to the site (Morgan, 2006; Patel et al., 2012). Morgan (2006) argues GP registrars need additional and unique training to prepare for working in Aboriginal health settings. These may consist of unique clinical skills including dealing appropriately with a higher burden of mental health issues and ensuring mental health care is culturally appropriate. Clarification of professional and personal roles and boundaries, additional training in population health and disease control, training in self-care and an orientation to the site were also identified as essential (Morgan, 2006).

Competency of students undertaking placements in Aboriginal health settings influences the success of such programs. This includes student clinical competency and compliance (Buchanan et al., 2014) as well as individual qualities of students. Qualities and attributes that influence student performance include confidence, resilience, resourcefulness, innovation, and independence and flexibility in delivering health care (Birden and Wilson, 2012; Mak & Plant, 2001; Newman, 1993; Patel et al., 2011; Thackrah, Thompson & Durey, 2014). Cultural awareness and competency, particularly in respect to communication is also highly influential (Newman, 1993; Patel et al., 2011). Woolley and colleagues (2013) interviewed Aboriginal peoples in the community of Mount Isa to determine what they perceived to be desirable attributes of medical graduates (Woolley et al., 2013). While this study is not representative of all Aboriginal peoples throughout Australia, it provides an indication of what some Aboriginal peoples might perceive as potential barriers and enablers to health students working in Aboriginal communities. These qualities were the

ability to provide good patient care, ability to engage in culturally appropriate communication, good medical knowledge, culturally appropriate knowledge, knowing the local health system, a positive personality, a positive attitude to working with Indigenous people, and a desire to engage with and advocate for the Indigenous community (Woolley et al., 2013 pp.92-93).

As Woolley et al. (2013) go on to outline, many of these attributes are common to any rural or remote placement including skills relating to quality of health care and patient care. There were, however, attributes that were specific to the Indigenous context related to cultural awareness and competence. These attributes act as enablers to health students working in Aboriginal health contexts.

The limited numbers of health professionals working in rural, remote and Aboriginal health contexts is largely related to attitudes about working in these settings. Students with a rural background are more likely to express a desire to work in rural areas (Strasser & Neusy, 2010; Jones et al., 2003; Smedts & Lowe, 2007; Wright et al., 2014). Rural clinical training experiences at the undergraduate and postgraduate level are also linked to higher rates of recruitment in rural health settings (Strasser & Neusy, 2010). Possible strategies to address the lack of health professionals in Aboriginal and rural and remote areas include supporting students from a rural or Indigenous backgrounds to attend university and broadening the selection

processes to “reflect community diversity and actively foster the recruitment of Aboriginal students” (Rasmussen, 2001, p.111). Including rural and Aboriginal health placements and cultural immersion programs as part of the medical curriculum has also proved successful in recruiting health professionals (Jones et al., 2003; Neill & Taylor, 2002).

Attitudes concerning working in Aboriginal health settings can act as either potential barriers or enablers to working in these areas. Positive attitudes motivate students to seek out Aboriginal health placements. Student motivational factors are typically related to a desire to gain experience and understanding about Aboriginal health and culture and understand the nature of health delivery in remote environments (Thackrah, Thompson & Durey, 2014). Students may be motivated by a desire to work with Aboriginal clients (Playford et al., 2006) or an interest in working in Indigenous health in the future (Smedts & Lowe, 2007). Students have also expressed motivations related to wanting to learn more about Aboriginal communities, a desire to contribute to social discussions about Aboriginal issues and desire to travel to remote areas of Australia (Smedts & Lowe, 2007; Thackrah, Thompson & Durey, 2014). Implicit or explicit negative attitudes of students towards health placements in Aboriginal health settings can also influence decisions around placements and future work. A number of studies claim to have identified negative attitudes and prejudice towards Aboriginal peoples among medical students (Kaufman, 1984; Hunter & Fagan, 1994; as cited in Rasmussen, 2001). In other investigations, students reported feelings of powerlessness to effect change (Thackrah, Thompson & Durey, 2014) and feelings of anger, guilt and anxiety towards Aboriginal peoples (Rasmussen, 2001). These attitudes and anxieties tend to be related to medical students having a general lack of understanding of Aboriginal cultural and health issues. Some students perceive Aboriginal issues as marginal and not relevant to their studies or professional development (Gibson, 1997; as cited in Rasmussen, 2001). In a study by Rasmussen (2001) students believed they would come into contact with Aboriginal peoples in their future work and “Aboriginal health was commonly perceived as a separate area of Medicine” (Rasmussen, 2001, p.88). This reflects a lack of understanding of the locality of Aboriginal populations, as the majority of Aboriginal peoples live in urban areas students in all medical disciplines will have some degree of contact with Aboriginal people. As such, an understanding of Aboriginal health and cultural issues in both rural and urban contexts is essential for all health students and should be incorporated into the health curricula for all health disciplines.

Cultural education is also associated with a positive change in attitudes towards Aboriginal peoples. The Royal Commission into Aboriginal Deaths in Custody (1991) recommended health professionals working in Aboriginal health settings should have access to cultural education, and that Aboriginal peoples be involved in the development of these teaching materials. The National Aboriginal Health Strategy (1989) also recommended that Aboriginal culture and health issues should be compulsory a component of medical education and that Aboriginal peoples be involved in the development of teaching materials. The National Aboriginal Health Strategy also advocated for student placements in Aboriginal health services and communities. Rasmussen (2001) argues teaching methodologies in Aboriginal health education should incorporate cultural immersion programs and placements with Community-Controlled Organisations. Cultural Immersion programs and placements in Aboriginal Community-Controlled Health Services have proved successful in improving student awareness of Aboriginal health and culture and have positively changed negative attitudes and prejudice towards Aboriginal peoples (Abuzar et al.,

2009; Andersen, 2009; Crampton, Dowell, Parkin & Thompson, 2003; Lalloo, Evans & Johnson, 2013; Rasmussen, 2001). In a study by Wright and colleagues (2014) student nurses reported an increase in their understanding of “Aboriginal health and the concepts of cultural safety and cultural security” (Wright et al., 2014:104). Increases in clinical confidence and confidence in working with Aboriginal clients were also observed in student nurses following a Primary Health Care Intensive Programme in NSW which included Aboriginal health settings (Bennett, Jones, Brown and Barlow, 2013). These programs have also been associated with increases in student motivation to work in Aboriginal health settings. Paul, Carr and Milroy (2006) argue that given that the majority of Aboriginal peoples living in urban areas, immersion in rural placements should not be the central focus. Instead they argue for comprehensive cultural education. Cultural immersion programs have been associated with improvements in interactions with Aboriginal clients in urban settings. The complexities of Aboriginal culture and identification should, however, be included in the curriculum (Birden & Wilson, 2012).

Rasmussen (2001) reviewed the literature on Aboriginal cultural and health education for medical students. Rasmussen argued that education should incorporate culture, history and health models. They also recommend that Aboriginal peoples should be meaningfully involved in the development of the health curriculum. This is a position supported by the Australian Council of Medical School Deans (Phillips, 2004) and Australian General Practice Training Aboriginal and Torres Strait Islander Health Training Reference Group (Australian General Practice Training, 2004).

Cultural Factors

Cultural factors can act as both barriers and enablers to health students working in Aboriginal health settings. Barriers include poor cultural awareness and competency of students, communication and language barriers and problems with engagements. Many studies identified cultural awareness and cultural difference as major challenges for students (Patel et al., 2011; Webster et al., 2010). These included communication and language barriers (Morgan, 2006; Thackrah, Thompson & Durey, 2014). In a study by Patel et al (2011) all students reported the experience of working with Aboriginal peoples challenging. Some observed a cultural and social divide between health professionals and community members and racism among some health workers (Thackrah, Thompson & Durey, 2014). GP registrars in a study by Morgan experienced “difficulties and challenges related to cross-cultural communication, differing world views, language barriers and gender issues.” (Morgan, 2006: 202). Morgan argued that registrars required additional and unique training to work in Aboriginal contexts in respect to communication skills, cultural safety, and clinical skills including mental health training in a cross-cultural context (Morgan, 2006). Despite receiving cultural education, some students felt they needed more preparation for working with Aboriginal peoples and dealing with their culture specific health issues. Some students perceived a disconnect between the generalised view of Aboriginal culture as taught in the classroom and their practical experience with Aboriginal peoples (Birden & Wilson, 2012).

Approaching Aboriginal communities and health services for placements and finalising agreements can be a challenge for some educational institutions (Newman, 1993; Patel et al., 2011). Duffy et al (2013) conducted research with Aboriginal community members of the Mount Isa community. Aboriginal perceptions of both good and bad engagement strategies of

universities with communities were identified. Qualities of poor engagement styles included “tokenism, racism, poor communication, and ‘not knowing the community’” (Duffy et al., 2013:5). Effective engagement strategies perceived by the community included “building and sustaining individual relationships, establishing strong cultural and community foundations, and holistic approaches to closing the gap” (Duffy et al., 2013:5). Effective engagement of local staff was identified by Maar (2014) as essential to effective relationships between service providers and health organisations.

Conclusions

The literature reviewed illustrated that health student placements in Aboriginal health settings are limited by a number of factors. Logistical factors included limited student accommodation, transport logistics, financial costs to the student, and isolation from educational institutions and peers. Factors related to the clinical experience included high levels of clinical workload, capacity limitations including staffing infrastructure and physical infrastructure limitations of Aboriginal Health Services, quality of supervisor teaching, and differences in the goals of placements between educational institutions and service providers. Student related factors and cultural factors included differences in models of health care, attitudes towards Aboriginal health placements, attributes of health students including clinical and cultural competence, communication and language barriers and difficulties associated with effective engagement with Aboriginal services and communities.

The current literature on placements in Aboriginal health settings is limited. Almost all of the studies have been conducted in rural or remote settings and there is a marked lack of literature on urban placements. As educational providers have conducted most of the current studies, their results are marked by a bias towards documenting student experiences and silencing the experiences and voices of Aboriginal peoples. On the whole, the programs referred to in the studies have been poorly evaluated and were based on the aims of the student or university rather than the health service or Aboriginal community. In order to understand the unique barriers and enablers of student health placements in both urban and rural Aboriginal health settings, we recommend further research be conducted with particular attention to incorporating Aboriginal voices and perspectives. Where research is conducted it should be evaluated against stated aims of both the educational institution and service providers.

Methodology

In this section we briefly outline the development of the contact list for Aboriginal Health Services in the project area, the development of the questionnaire in conjunction with the Steering Committee, and then present an overview of the data collection and data analysis.

Contact List

We developed a contact list of all Aboriginal Health Services and providers of health services specifically for Aboriginal and Torres Strait Islander peoples in the project area. This was initially compiled using an Internet based search. The services were then contacted by the Research Assistants (Hilary Miller and Alycia Nevalainen) to confirm that the information they had collected was up-to-date. Emails were then sent to each of the organisations to introduce the Research Assistants and the mapping project (the correspondence is included in Appendix 1).

Interviews

The next stage of the research was to compile a series of interview questions to ask the service providers to obtain the necessary information. These interview questions were drafted by the Research Assistants; with input from other members of the project team and the Steering Committee (the interview schedule is included as Appendix 2).

Data Collection

The Research Assistants identified and contacted the Aboriginal Health Services to be included in the mapping project. Aboriginal Community Controlled Health Services and Aboriginal Community Controlled Health Related Services were identified by membership of the Aboriginal Health and Medical Research Council of NSW and the National Aboriginal Community Controlled Health Organisation. Other services were identified by way of known information held by the project team and by ‘snowballing’ in interviews with these services. A comprehensive list of all ACCHS and ACCHRS and service providers in the South Coast ICTN was produced which was used to guide the project (this resource is included as Appendix 4).

Following the initial email the Research Assistants made contact by phone calls and with meetings where requested. All organisations required a number of phone calls and emails until data collection was complete. We succeeded in collecting data from staff from the following organisations: Binji and Boori AMICH (ISLHD), Cullunghutti Aboriginal Child and Family Health, The Illawarra AMS, Katungul Aboriginal Corporation Community and Medical Service, Munjuwa Health, Housing & Community Aboriginal Corporation, Noah’s Shoalhaven, Oolong House, Rose Mumbler Aboriginal Village, South Coast Medical Service Aboriginal Corporation and Wandarma Aboriginal Drug and Alcohol Service as well as Southern NSW Medicare Local, and Illawarra-Shoalhaven Medicare Local, Southern NSW LHD and Illawarra-Shoalhaven LHD.

Data were collected in the manner which the health services requested, including face-to-face and phone interviews, and via email. Face-to-face interviews were carried out with South Coast Medical Service Aboriginal Corporation, Oolong House and Rose Mumbler Aboriginal Village. Phone interviews were undertaken with Cullunghutti Aboriginal Child and Family Centre, The Illawarra AMS, Munjuwa Health, Housing & Community Aboriginal Corporation and Noah’s Shoalhaven. Email responses were received from Katungul Aboriginal Corporation Community

and Medical Services, Binji and Boori AMICH, and Wandarma Aboriginal Drug and Alcohol Service, the SNWLHD, the Illawarra-Shoalhaven Medicare Local and the SNSW Medicare Local. The majority of interviews were conducted with Practice Managers, and other interviews were conducted with CEOs, placement coordinators or team leaders.

Unfortunately, we were unable to conduct interviews with the ISLHD, and the Waminda South Coast Women's Health and Welfare Aboriginal Corporation.

The following organisations were contacted though no staff participated in the interviews since they advised they do not provide medical or allied health care: Aunty Jean's Program (Batemans Bay) and Twofold Aboriginal Corporation.

Data Analysis

After the interview process was completed we undertook a thematic analysis of the qualitative data to ascertain the similarities and disparities in the interview responses gathered. This information was then tabulated, and conclusions drawn on the results. These are reported in the following section.

Results

The interview questionnaire was broadly categorised into five main topics; Aboriginal Health Services in the South Coast ICTN, capacity of services to support professional entry health student placements, limitations of current student placement agreements with Aboriginal Health Services, support required for services to provide quality placements, possible scope for expansion of student placements in Aboriginal Health Services of the South Coast ICTN, education provider requirements of clinical placements, and cultural competency training/resources available in the South Coast ICTN. Following the collection of all data a thematic analysis was conducted. The responses to each of these topics can be found below.

Aboriginal Health Services in the South Coast ICTN

Health services for Aboriginal people in the South Coast ICTN region are delivered by a number of different organisations, and there are significant and important collaborations and partnerships between organisations in delivering services. As one respondent said “You’ve all got to be on the one page” and we found numerous examples of larger organisations providing specific health outreach services in collaboration with local groups.

The ACCHS of the area comprising Katungul Aboriginal Corporation Community and Medical Services, Oolong House, South Coast Medical Service Aboriginal Corporation and The Illawarra AMS, offer comprehensive and holistic services. The two LHDs (SNSWLHD and ISLHD) run a number of programs, focused primarily on maternal and child health and chronic disease (e.g. Aunty Jeans, Binji and Boori AMICH).

The two Medicare Locals (Illawarra-Shoalhaven Medicare Local and Southern NSW Medicare Local) also provide a number of additional specific services and clinics for Aboriginal peoples. This is an area of funding flux and change. In particular, the cessation of Medicare Locals in 2015 and the establishment Primary Health Network (PHN) covering the two LHD areas will bring changes in funding agreements and possibly some service delivery into the future.

We identified further organisations providing health services specifically for Aboriginal peoples. These are The Aunty Jeans Program (ISLHD and SNSWLHD), Binji and Boori AMICH (ISLHD), Cullunghutti Aboriginal Child and Family Centre, Munjuwa Health, Housing & Community Aboriginal Corporation, Noah’s Shoalhaven, Rose Mumbler Aboriginal Village, Twofold Aboriginal Corporation and Wandarma Aboriginal Drug and Alcohol Service. A detailed list of these services is outlined on pg. 35. In addition a complete list of all Aboriginal Health Services and their contact details is included (in Appendix 4).

Capacity of services to support professional entry health student placements

The first section of the interview focused on current Medical, Nursing and Allied Health student placements in Aboriginal Health Services. This section was designed to explore the demand and supply of health student placements in Aboriginal Health Services in the South Coast ICTN.

It is important to note that there were two sorts of student placements. The larger comprehensive services hosted students for formal clinical placements usually of more than 2 weeks duration. Other services hosted students, who were on placement with local NSW community health or hospital services or GPs, for particular clinics or sessions

Aboriginal Health Services which had hosted health student placements

The majority of Aboriginal Health Services in the project had provided clinical placements. Seven services had hosted student placements. Services which had hosted student placements were Binji and Boori AMICH, The Illawarra AMS, South Coast Medical Service Aboriginal Corporation, Katungul Aboriginal Corporation Community and Medical Services, Munjuwa Health, Housing & Community Aboriginal Corporation, Noah's Shoalhaven and Rose Mumbler Aboriginal Village.

Students undertaking placements in Aboriginal Health services in the South Coast ICTN were from local tertiary institutions and institutions outside the regions. Those local institutions with student placements in the ICTN were the University Wollongong (UOW) and The Australian National University (ANU). Additionally students came from a number of other universities outside the region. These were Charles Sturt University (CSU), the University of Western Sydney (UWS) University of Sydney, the University of Newcastle (UON) James Cook University (JCU), and the University of Tasmania (UTAS).

Of the eight universities with student clinical training placements in Aboriginal Health Service in the South Coast region, Katungul Aboriginal Corporation Community and Medical Services had a relationship with four of these universities. These were The ANU, UWS, UOW and UTAS. The Illawarra AMS had hosted three different universities as had Noah's Shoalhaven. Binji and Boori AMICH and The South Coast AMS have each hosted two different institutions.

Presently, there appears to be scope for additional students to undertake their clinical placements in Aboriginal health settings in the South Coast region. Rose Mumbler Aboriginal Village, The Illawarra AMS, and Noah's Shoalhaven all stated they could each reasonably take on four students at any one time. Binji and Boori AMICH and Katungul Aboriginal Corporation Community and Medical Services maintained that they could each reasonably take on three students at one time (per rotation). The South Coast AMS reported the lowest capacity to host placements, maintaining they could presently take on only one student at any one time.

Taken together across the various Aboriginal Health Services, a total of sixteen health student placements were possible at any one time. It should be noted the figures represented in Figure 3 pertain to the number of placements possible per rotation. Therefore there is scope for a possible sixteen placements per rotation across various Aboriginal Health Services in the South Coast ICTN.

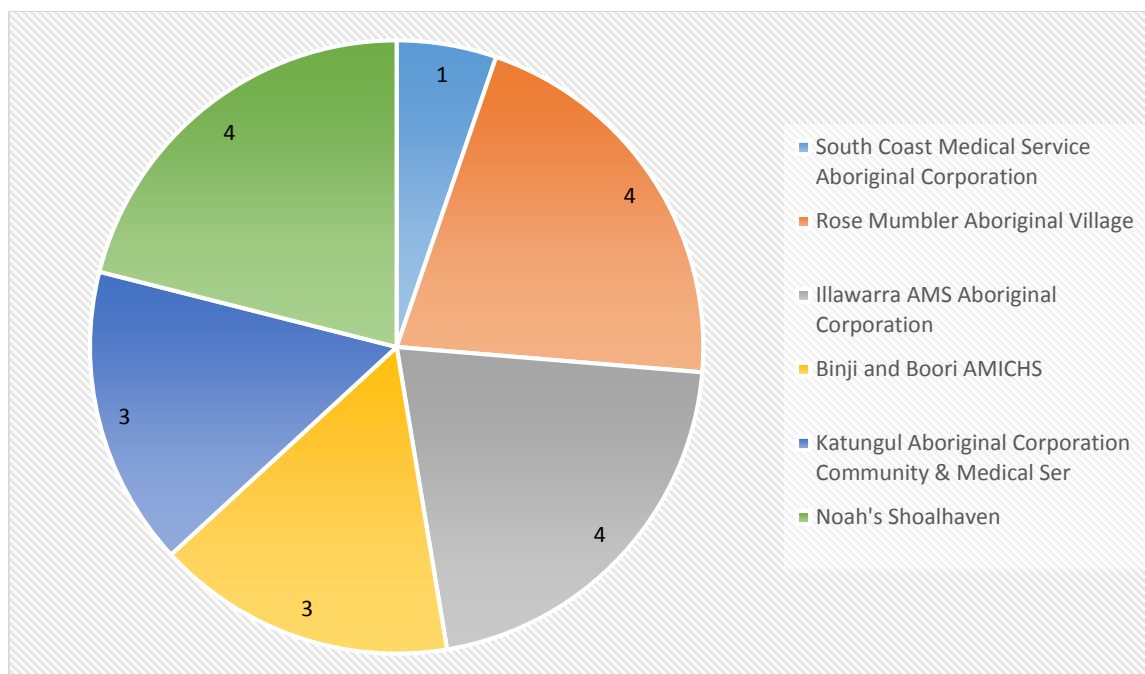


Figure 3: Number of current student placements available in Aboriginal Health Services (per rotation)

The greatest number of placements currently being undertaken was in Medicine, followed by Nursing, Occupational Therapy, Psychology, Population Health and Mental Health. Considering the various health services provided by Aboriginal Health Services in our study, including those who are yet to host student placements (see below), it should be noted that there is significant scope for additional placements in these disciplinary areas and other health disciplines.

Aboriginal Health Services which had not hosted health student placements

Of the Aboriginal Health Services interviewed, three services had not had student placements to date. These services were Cullunghutti Aboriginal Child & Family Centre, Oolong House and Wandarma Aboriginal Drug and Alcohol Service. The reasons for not having had student placements were varied.

Wandarma Aboriginal Drug and Alcohol Service stated that they were limited by staffing capacity. They stated as they were “only a new service and not having a full team on board at times and times between new staff commencing.” However they also noted that in the future they would consider taking on placements. Having no previous experience with student placements, Wandarma were unsure of their capacity to host placements.

Oolong House stated that they would appreciate student placements but that attempts to host student placements in the past had been unsuccessful. The service reported that they had not been contacted by any universities but had made contact with UOW to request student placements. According to the service, UOW had informed them student placement demands of the university in this area were being met. The service stated that “the only thing holding us back is the universities”.

Oolong House stated that they had the capacity to host students from nursing, drug and alcohol and mental health backgrounds and the students would be supervised by visiting specialists. The number of student placements would be limited by the number of staff able to supervise and their qualifications. Oolong House estimated that around 2 students could undertake placements with the service at any one time.

Cullunghutti Aboriginal Child & Family Centre do not directly employ health professionals, rather health professionals volunteer their services at Cullunghutti's clinics free of charge. Furthermore health professionals are not based at the clinic but provide these services on an intermittent basis. In order for Cullunghutti to have student placements, students would need to be supervised by visiting health professionals. There are only a limited number of professionals that volunteer their services at the clinic and as they are unpaid. As such Cullunghutti stressed that the health professionals would need to be comfortable with having students and that having students would not inconvenience or place additional pressure on them given the significant contribution that they already make to the service.

According to Cullunghutti, the service is time poor and significantly limited in funding to meet the complex health needs of the local Aboriginal community. The service expressed that they would appreciate students as they might help fill service gaps and support the capacity of Cullunghutti to meet the needs of the community. While the service had not contacted any universities to date, they had considered this action. The service was unsure as to how to arrange student placements, what the educational requirements of students might be and the legal issues around having student placements, particularly as the health professionals that work with their clients are not employed directly by the organisation.

As the centre is designed to be an outreach facility and is reasonably self-sufficient, the service felt confident in their capacity to provide supervision to students. The service noted that there was capacity for Medical and allied health students. The specialist health professionals that service the clinic include Psychologists, Speech Therapists, Occupational Therapist, Paediatricians and Children's health Nurses. As such there is scope for student placements in these disciplinary areas, but on an intermittent basis. The number of student placements would be dependent on the workload of the individual specialists but the service estimated capacity at around 1-2 students per session. The service stated that medical students could be supervised by General Practitioners during their visits to the Centre, but recognise that this would depend on the clinicians.

Limitations of current student placements within Aboriginal Health Services

The CEOs of the Aboriginal Health Services mainly made decisions regarding how many students the organisation could host. Other employees who made decision regarding clinical placements included the Practice Manager, and the Placement Coordinator. The number of possible student placements were influenced by both infrastructural and staffing capacity.

All of the interviewees responded that they did not have sufficient support to meet current demands for student placements. Of those six services who had recently hosted placements, four identified both staffing and infrastructure as limiting the number of student placements, one service identified only infrastructure and one service identified only staffing.

Of those three services which had not yet hosted placements, one service identified both staffing and infrastructure limitations while the remaining two identified only staffing limitations.

Five of the services interviewed identified both staffing and infrastructure capacity as influencing capacity, three identified staffing only as problem and one service identified infrastructure only as a problem. Staffing capacity was limited in terms of staff numbers and their clinical qualifications. This was also influenced by the clinical workload. For example, one organisation stated that the decision to take on student placements was influenced by “ensuring existing staff workload is not negatively impacted with students.”

Another service stated that “specialists have very limited time...workload [is] too high” and that to supervise more than 2 students at one time “would compromise time with patients” This service further stated that “supervision depends on the workload of specialists” and staff numbers. They went on to say “supervision capacity influences decision as the staff have a lot of clients to see and limited time”. This service also stated that while some specialists at the service had fairly high capacity to host students, others had significantly lower capacity.

Commonly decisions around student placements were influenced by a combination of staff factors. For example in relation to taking on student placements one service stated “the decision is based on the qualifications of staff that organisation has and the workload of staff”

One service stated that they had limited supervision ability as they were also supervising a GP registrar. The number of student placements was thus based on the ability of staff to manage and provide an appropriate learning environment. One service stated that they considered questions such as “Are staff able to manage? Are students going to be supervised properly?” when considering whether to take on student placements.

Similarly another service stated “medically wise there is not sufficient supervision for students” and there was “insufficient supervision to provide appropriate learning environment”. This service also stated “Do not have the time to support placements. Have just started a number of new projects and staff are already very busy - do not have the time.”

Infrastructure capacity limitations were related to physical space including office space, and medical equipment and resources. One service stated there was “not enough office space.” Similarly another service stated there was “limited space – running out of desk and computer space.”

Yet another service stated “physical space is an issue. Have put in for infrastructure upgrades with department but have so far not received anything.” According to this service “Physical space is a big issue, it is the major issue - would need more space. Equipment and resources are not really an issue”

Another service noted: “our facilities are limited and dated as is some of our equipment ... [name of service] needs best practice equipment that students will use in service ... our clinical space isn't large enough to fit clinician, client (and family on occasions) as well as med student. We do manage but isn't ideal in a lot of circumstances.”

One service stated that they their access to IT resources was generally good but that they had limited access to journals. One service stated they were “somewhat limited” in their access to both internet and journals. One service reported that their source university had provided IT resources to support the service. It would be useful in future studies to ascertain whether these limitations were technical or funding problems. Two organisations considered their access to journals to be limited, which could possibly be overcome by establishing partnerships with education providers to enable students to have access to journals whilst they are undertaking their placements.

Support required for services to provide quality placements

The next section of the interview attempted to ascertain what support Aboriginal Health Services required to provide quality placements for health students.

Three of the services interviewed had *not* had student placements. The Wandarma Aboriginal Drug and Alcohol Service was unsure of what support they might need to provide quality placements, while Cullunghutti Aboriginal Child & Family Centre reported that they did not require any support. The service felt confident in their infrastructural capacity to host students, stating that they had “ample infrastructure, inclusive work environment, room for staff to practice.” Furthermore the service stated the clinic was large, with large rooms in addition to “sufficient electronics, desk/office room, resources, equipment for health checks, interview rooms, etc.” The service reported to have adequate access to phone, internet and spare laptops. The service reported that if their “specialists were happy to have students, centre would welcome students to support their learning”. The service felt confident in their staffing capacity to host students stating “students could shadow/support specialists as they work with patients” and “could work with families and get to know clients”.

Oolong House stated that they felt they had sufficient internet access and access to computers to support placements but that they would need some support to host placements including access to journals. Although they did not have journal access the service did state that they could borrow some resources from neighbouring Drug and Alcohol facilities including Watershed and Kadesh House. The service stated that they required need more staff in order to supervise a greater number of placements. It is interesting to note that Oolong House believed they would “need an office space for student[s]” and “need funding to pay students” , provide travel allowance etc. This indicates that the service overestimated the resources needed to support placements.

Oolong House identified communication with education providers as a significant challenge. There may be scope for better communication between education providers and Health Services such that the needs of each are met.

Seven of the services interviewed had hosted placements in the past. As noted in the previous section they identified infrastructure and staffing capacity limitations as barriers to providing quality placements. Services also identified what support they required to improve the quality of student placements.

When asked what support might be required to provide a quality placement, Rose Mumbler Aboriginal Village stated that they needed “more staff”. However this organisation stressed that they were not interested in expanding the number of student placements they host, stating “not interested in having more students at this time...at capacity”.

Noah’s Shoalhaven stated that they need additional funding and the ability to realise staff to cover costs incurred by having students present. They stated that a “Speech therapist for example would see 5 children in a day = \$750. If supervising for 2 hours might lose \$300 in a day”

Binji & Boori AMICH expressed that they needed more “information about what is required from the student placement” from the education provider. In order to expand their capacity to host quality placements, they noted “Staff needed to have the ability to liaise with the appropriate tertiary facilitator for each student placement.”

The Illawarra AMS noted that they had sufficient resources at present to provide a quality placement and did not require support. In order to increase the number of placements however they identified staffing and infrastructure as limitations, noting “If we had more qualified staff and more space we could take on more students but we are limited”. It should be noted however that this service was not interested in expanding student placements at this time.

The South Coast AMS stated that they required “Need additional doctors and professionals to supervise. No infrastructure support needed”. They noted that to expand their capacity to host placements they would require additional physical space, but that equipment and resources were not a concern.

Possible scope for expansion of student placements in Aboriginal Health Services of the South Coast ICTN

There may be possible expansion of both student numbers and placements of students from different disciplines. The Aboriginal Health Services which already host students from one or two disciplines, offer a variety of clinical services, and may be able to place students in those areas. In addition, three of the nine services interviewed in this study were yet to host health student placements. Organisations providing specific clinics and services for Aboriginal and Torres Strait Islander peoples (the LHDs and Medicare Locals) indicated that there may be capacity for health professional students already on placements in the area (not in AHS) to undertake placement at those clinics.

Although the data collection did not capture whether the Aboriginal Health Services were seeking students to undertake clinical placements in all of the health services they offer, our preliminary research illustrated that there was potential capacity to expand student placements in a number of disciplinary areas.

It should also be noted that a number of the services provided are on a regular but intermittent basis (e.g. speech therapy or OT clinics once a week) so are suitable for student attendance at clinics, but not for longer term more formal clinical placement in that discipline. Nevertheless, given adequate support there is scope to possibly expand student placements in a number of areas. These are listed in Figure 4 below.

Figure 4: Possible Potential for student placements

Service	Currently hosts students in the following disciplines	Potential to host students in these disciplines which they provide services in
Binji and Boori AMICH	Nursing	Midwifery Social Work Occupational Therapy Speech Therapy
Cullunghutti Aboriginal Child and Family Centre	Yet to host	Psychology Speech Therapy Occupational Therapy Paediatrics Nursing Medicine
The Illawarra AMS	Medicine	Nursing Podiatry Optometry Dietetics Speech Pathology Drug and Alcohol Workers Dental Physiotherapy Audiology
Katungul Aboriginal Corporation Community and Medical Service	Medicine	Mental Health Dental Podiatry Psychology
Munjuwa Health, Housing & Community Aboriginal Corporation	Medicine* Nursing*	Dental* Optometry*
Noah's Shoalhaven	Medicine Occupational Therapy	Speech Pathology Clinical Psychology Nursing
Oolong House	Yet to host	Psychology Social Work Mental Health

Rose Mumbler Aboriginal Village	Nursing	Medicine Dietetics Podiatry
The South Coast AMS	Medicine Mental Health	Dental Podiatry Optometry Dietician
Wandarma Aboriginal Drug and Alcohol Service	Yet to host	Drug and Alcohol workers
SNSWML	Medicine * Nursing * Dental *	Podiatry* Dietetics*
ISML		Nursing* OT * Speech therapy*

*Students attend clinics run by these organisations and do not have formal clinical attachment

Education Provider Requirements of Clinical Placements

Education providers request student placement in Aboriginal health settings for a variety of objectives. Many of the existing clinical placements discussed in the report have been formal clinical attachments, where clinical learning requirements are achieved in an Aboriginal Health Service with a focus on this context and the needs of Aboriginal peoples. Others, often much shorter (even day or half day clinic or outreach attendances) have as their main focus student exposure to, and learning about, Aboriginal peoples and their health.

Although all are focused on students acquiring knowledge and skills about Aboriginal health, there are also sometimes discipline specific clinical requirement for formal placements. These vary not only according to the institution, clinical discipline, and student level but also the various regulatory authorities. There has been a recent extensive scoping study of student clinical education in Australia carried out by Workplace Research Centre at the University of Sydney (Buchanan, Jenkins & Scott, 2014). Appendix A of the report, which runs to 65 pages, provides a detailed outline of the nature and structure of practice placements conducted in health and allied health sciences at The University of Sydney for each discipline. Where information is available it has been provided on the nature of the placements, the availability of placements and the registration and accreditation requirements for each degree, the educational and quality requirements that are imposed by the University on practice placements, the workplace requirements imposed by the worksite.

It is beyond the scope of this study to collect this information from all the Universities who place students in this ICTN, but the appendix provides a useful reference for the regulatory requirements.

Communication between Aboriginal Health Services and Education Providers

The final portion of the interview focused on contact between Aboriginal Health Services and education providers. The questions related to the understanding of placement requirements and expectations, and communication between services and education providers. It must be noted that this information came from the interviewees, and there may well be further knowledge among other staff.

Of the six Aboriginal Health Services which had hosted student placements, five reported that they were aware of the education provider requirements. These five services agreed that educational institutions provide information on student placement requirements that is easy to understand and achieve. These five services also rated the communication between the service and relevant universities as good. Four of the services were in contact with specific contacts at universities with which they liaised with.

Of the five services which were aware of education provider requirements, one service stated that they received information about education requirements through ClinConnect.

ClinConnect is the NSW Ministry of Health clinical placement system for health students undertaking clinical placement in NSW Health facilities/services. It is an online clinical placement management system limited to NSW health facilities and therefore not available to ACCHS or ACCHRS.

Another service stated they had a five year academic contract with their primary university which “clearly states requirements”. They stated the university was “very informative” and they

received “lots of communication”. According to the service they meet in person with the university “at the time they’re looking for placements to discuss placements”. The service went on to state they had a “great relationship with the Graduate School of Medicine” at the university. They stated they “can ring up at any time, speak to the organiser”.

One service reported they receive regular communication with universities by email. According to the service “communication is via email on an ongoing basis”. The service also stated “we also get invited to the Uni’s workshops and graduations.”

Another service reported to “receive a package from the universities outlining requirements”. The service reported that universities tended to be somewhat flexible in how placements were delivered stating it had been “up to service to provide learning experience in way that see fit.” The service was happy with the amount of communication with their primary university stating, “communication starts early and is sustained”. In testimony to this ongoing communication the service and their primary university were already in negotiations relating to placements for the following year.

It was noted that the University of Western Sydney facilitates an annual “Partners Workshop,” inviting staff from all the Aboriginal Health Services who host UWS students.

It was interesting to note that one organisation advised that vocational training institutions run information sessions for Health Services on placement requirements for their students. There may be possibilities for universities to undertake similar gatherings.

One of the six services was not aware of education provider requirements. This respondent was unsure of placement requirements as they had not hosted placements for a number of years but stated other staff members at the service who had experienced greater contact with students may be aware of the requirements. For the same reason they did not have regular contact with universities or have a specific contact at any universities which they liaise with.

It is interesting to note that those services which had not yet hosted placements were not informed of education provider placement requirements. One service was unsure how to go about securing student placements. Another service identified communication with education providers as a significant challenge. Therefore it seems that opportunities exist for universities to increase their communication with a range of Aboriginal Health Services.

Online Student Management Tools

Online student management tools, like ClinConnect, allow education providers and NSW Health Services to manage clinical placements. Eight of the nine services interviewed reported they would find it useful to have an online student management tool. Services reported that such a tool would improve communication between services and education providers would allow services to manage placements and would save significant time.

One service noted such a tool would “open [the] doorway for direct communication”. Another service stated it would be “very useful as administration could monitor and manage system” and that this would save considerable time. Furthermore, another service reported that an online

management tool was a good idea, but they lamented that they '[had] discussed it previously years ago but nothing came of it.' Of the eight services which reported that such a service would be useful, one service reported to already be using an online student management tool, ClinConnect.

One service was satisfied with their current arrangements with education providers and was not interested in expanding placements to other intuitions. As such they were not interested in being listed on an online management application.

Cultural Competency Training Opportunities in the South Coast ICTN

The next section of the interview attempted to ascertain what cultural competency training opportunities were available for health professionals in the South Coast ICTN. Possible opportunities were ascertained from interviews with Health Services and online resources.

Cultural Competency Training for Staff of Aboriginal Health Services

Seven of the nine Aboriginal Health Services interviewed provided cultural awareness and/or competency training to their staff. Of those seven services, four services provided this training internally by their own staff. Three other services utilised external services to provide training for staff. One service was utilising the external resources of Respecting the Difference, a NSW Health resource which consists of an online component followed up with a face-to-face module with Aboriginal Health Education Officers. One service was utilising the services of Koorimunication, a local consultancy service. Another service used the Social and Emotional Wellbeing (SEWB) Workforce Support Unit, which operates out of the South Coast Medical Service Aboriginal Corporation to provide cultural safety training to SEWB workers.

One service indicated that they did not provide cultural training for their staff. This service stated that while no official cultural training occurs, ‘all staff get an unofficial talk on Aboriginal cultures and history’. Unfortunately one service did not respond to this interview question and as such we were unable to ascertain whether they provided training to their staff.

Cultural Competency Training for Students Undertaking Placements in Aboriginal Health Services

Of those six services which had hosted student placements, only one service stated that students undertaking placements always have access to some cultural training. Another two services stated that students received training wherever possible but due to the length of placements, student often did not receive formal training. According to one of these services “students have access to the training if they are here when training is on.” The service noted that “placements only tend to be 3 weeks long so if they coincide then students have access”. This service contended that some students have received training, while others had not. This service also assumed that educational providers organised for students to complete cultural awareness training before undertaking student placements. Another service also noted that students do not always receive training “due to limited placement times and timing of training.” This service noted that where student placements did not coincide with formal training, staff at the service, “discuss local cultural issues with the students on placement.”

Two services reported that students undertaking placements with their organisation did not receive any formal cultural training. Unfortunately one service did not respond to this interview question and as such we were unable to ascertain whether they provided training to students.

All respondents who had hosted students for clinical placements believed that students should undertake cultural awareness prior to commencing their placement in Aboriginal health settings. For example, one service asserted that students:

Need to have background knowledge of Aboriginal culture and history, particularly the barriers for Aboriginal peoples in accessing health care.

Similarly, another service articulated of the need for students to undertake cultural training before placement was:

Very important to have cultural awareness and understanding of history, holistic concerns around holistic aboriginal health and affairs generally.

Educational Institutions Providing Cultural Training for their Students

All Universities provide education about Aboriginal peoples and their health for health professional students. For medical schools, this is mandated by the Australian Medical Council (AMC). One of the Graduate Outcome Statements that inform the Standards for Assessment and Accreditation of Primary Medical Programs by the AMC 2012 is that graduates are able to:

Understand and describe the factors that contribute to the health and wellbeing of Aboriginal and Torres Strait Islander peoples... including history, spirituality and relationship to land, diversity of cultures and communities, epidemiology, social and political determinants of health and health experiences (Medical School Accreditation Committee, 2012, p.3).

In addition the standards declare that students should possess the ability to “demonstrate effective and culturally competent communication and care for Aboriginal and Torres Strait Islander peoples” (Medical School Accreditation Committee, 2012, p.3).

The teaching in Aboriginal Health across the eight institutions which place students in this region varies, and within Universities it varies between health disciplines. It is beyond the scope of this report to document this complexity. However, we note clearly that education about the health and wellbeing of Aboriginal peoples is not the same as cultural training.

Further information about Aboriginal health teaching, albeit with a focus on medical schools, can be found on the Leaders in Indigenous Medical Education (LIME) website (<http://www.limenetwork.net.au>).

Other Cultural Competency Training Services in the South Coast ICTN Region

A number of cultural awareness, cultural safety and cultural competency opportunities were identified by respondents. Some of these services may be suitable for students undertaking placements in Aboriginal Health Services. These services and resources are listed in the Figure 5 below.

Figure 5: Cultural Awareness, Safety and Competency Resources in the South Coast ICTN

Name of Service	Description	Contact
Koorimunication	Provide cultural awareness programs to government, corporate and community clients.	Julie Moore http://www.koorimunication.com.au/about info@koorimunication.com.au
NSW Health	Provide access to Respecting the Difference, a cultural training resource consisting of an online component and a face-to-face component with Aboriginal Health Education Officers.	http://www.health.nsw.gov.au/workforce/aboriginal/Pages/respecting-the-difference.aspx
Medicare Local – Illawarra-Shoalhaven	Provide access to Royal Australian College of General Practitioners (RACGP) free online course – in line with requirements of Practice Incentive Payment (PIP) Indigenous Health Incentive. Also provide cultural awareness training workshops to GPs, practice nurses and practice administration staff.	http://www.isml.org.au/our-services/aboriginal-health/9-our-services/64-cultural-awareness-training
Echidna Group – Indigenous Research and Development Consultancy	Provide cultural awareness and competency training with both a national and local focus.	http://www.echidnagroup.com.au/ info@echidnagroup.com.au
Noah's Shoalhaven	Noah's Shoalhaven provide cultural training specific to children and families and are currently getting accredited to provide further training.	http://noahsshoalhaven.org.au/ nowra@noahsark.nsw.edu.au (02) 4423 5022
Greater Southern NSW and ACT SEWB Workforce Support Unit	The SEWB Workforce Support Unit operates out of The South Coast AMS. It provides cultural safety training to SEWB workers	(02) 4428 6666 http://www.southcoastams.org.au/programs-services/social-emotional-wellbeing
National	Provide cultural training to support	No Contact details provided

Disability Services	health organisations taking on Aboriginal psychology cadets.	
Cullunghutti Aboriginal Child and Family Centre	Provide internal training to non-Aboriginal specialists who service Cullunghutti's clinics. Service is going through the process of accreditation to provide external cultural awareness training – developing full package for people working with Aboriginal peoples.	(02) 4428 6900 admin@cullunghutti.org.au
Local Community Members	Local community members including elders can provide private services.	No Contact details provided

Using an online search, a number of other services providing cultural awareness, safety and competency training in the project area were identified. They are listed in Figure 6 below. These services may be useful for students undertaking placements in Aboriginal Health Services, particularly those which provide health specific cultural training.

Figure 6: Additional Cultural Awareness, Safety and Competency Resources in the South Coast ICTN

Name	Contact
Black on Track*	http://www.healthinonet.ecu.edu.au/key-resources/courses-training?fid=479
Waminda South Coast Women's Health and Welfare Aboriginal Corporation and Illawarra Shoalhaven Local Health District*	Krissy Falzon Kristine@waminda.org.au
Koori Kullas	info@koorikullas.com +6143 173 7855
Illawarra Multicultural Services	info@ims.org.au (02) 4229 6855
Widders Consultancy	Dave Widders 0448 655 113 didders@dodo.com.au http://www.widdersconsultancy.com.au/cultural-awareness.html

Together Dreaming	1300 722 209 info@togetherdreaming.com http://togetherdreaming.com/services/cultural-awareness-training/
The Illawarra Aboriginal Corporation	http://www.illawarraams.com.au/ (02) 4229 9495

*Health specific services.

Aboriginal Health Services in the Project Area

Below is information about the Aboriginal Health Services in the project area. Unfortunately, we were unable to conduct interviews with some services which are not included in this list. They were the ISLHD, Munjuwa Health, Housing & Community Aboriginal Corporation and the Waminda South Coast Women's Health and Welfare Aboriginal Corporation and details of these organisations can be found in Appendix 4.

Organisations in this list provided written, phone or oral data to the research team. Some of the information was gleaned only from on line sources since we were unable to check information from all services.

It is important to note that there is frequent change in the area of delivery and funding of health services for Aboriginal peoples. It is also important to note that in the region there is collaboration between organisations in delivery of services (for example Katungul Aboriginal Corporation Community and Medical services is funded by the SNSWLHD to provide maternity services in Bega). Nevertheless this information was accurate at the time of writing (December, 2014).

Aunty Jean's Program

The Aunty Jean's program was developed in 2004, to assist Aboriginal peoples living with (or at high risk of developing) chronic disease, including diabetes, asthma, heart disease, lung disease, kidney disease and arthritis. The program is run state wide by LHDs (SNSWLHD and ISLDH in the South Coast ICTN) and aims to assist clients to self-manage their chronic diseases. There are programs in Goulburn, Queanbeyan, Bega, Eden and Moruya, Batemans Bay, Wollongong, Nowra and Milton in the South Coast ICTN. An example of the services offered is below

Batemans Bay: Thursday: 10.00am – 2.00pm (during school term).

Services Provided:

- Health checks
- Light exercise,
- Healthy cooking and eating,
- Social events, and
- Guest speakers providing information on how to stay healthy, and how to access health services.

Physical Address: Batemans Bay Salvation Army Centre, Old Highway Batemans Bay NSW 2536

Binji and Boori Aboriginal Maternal Infant Child Health (AMICH)

Binji and Boori is an Aboriginal Maternal Infant Child Health Service (ISLHD provides culturally-appropriate and collaborative antenatal and postnatal health services to assist pregnant Aboriginal women and their children. Binji and Boori AMICH operate out of three satellite clinics at Jerrinja, Jervis Bay, and Wreck Bay.

Services include:

- Aboriginal Health Education Officers (5 days a week)
- Midwifery (5 days per week)
- Child and Family Nurses (5 days a week)
- Speech Pathologist (5 days a fortnight)
- Occupational Therapist (1 day a week)
- Social Work (3 days a week)
- Quit for New Life (smoking cessation),
- Referrals to Drug and Alcohol and Mental Health Services

Phone: (02) 4423 9900

Physical Address: 54 Worrigee St Nowra NSW 2541

Mailing Address: As above

Cullunghutti Aboriginal Child and Family Centre

Cullunghutti Aboriginal Child and Family Centre is a children's health clinic where volunteer specialists provide health and social services to children aged 0-8 years (up to 12 years if the child has an additional health issue or disability).

Services for children include:

- Clinical child psychology (first Tuesday of the month)
- Speech therapy (Thursday)
- Occupational therapy (Thursday)
- Paediatrics (once a month)
- Children's health Nurse (once a fortnight)
- Children behaviour programs
- GP (1/2 day per fortnight)

Services for families include:

- Counselling
- Sexual health services
- Family support and behavioural programs
- Supported playgroup
- Diagnosis support
- Antenatal and maternal health

Phone: (02) 4428 6900 (Family Centre), (02) 4422 4800 (Early Learning Centre)

Physical Address: Holloway Rd East Nowra NSW 2541

Mailing Address: PO Box 4103 East Nowra NSW 2541

Website: <http://www.cullunghutti.org.au/>

Illawarra Aboriginal Medical Service (AMS)

The Illawarra AMS aims to improve the overall health and wellbeing of the Indigenous Illawarra community.

Services include:

- Medical
- Nursing
- Dental
- Podiatry (every second Thursday)
- Optometry
- Dietician
- Speech Pathology
- Drug and Alcohol Crisis Support
- Family Support

Wollongong

Services Provided:

- GP (Monday to Friday, 9am – 5pm)
- Practice Nurse (Monday to Friday, 9am – 5pm)
- Early Childhood Nurse (Tuesday: –Thursday: times to be negotiated in February 2014)
- Dental (Monday, Tuesday, Thursday and Friday, 9am – 5pm)
- Allied Health (various days)
- Optometrist (every second Tuesday)
- Podiatrist: (every second Thursday)
- Diabetes Educator nurse (Once week)
- Audiologist (Once a month on a Thursday)
- Psychiatrist (Thursday)

Phone: (02) 4229 9495 (Medical Service), (02) 4229 9755 (Dental Service)

Physical Address: 150 Church Street, Wollongong NSW 2500

Mailing Address: Po Box 1161, Wollongong DC NSW 2500

Website: <http://www.illawarraams.com.au/>

Dapto

Services Provided

- GP (Monday to Friday, 9am – 5pm)
- Practice Nurse (Monday to Friday, 9am – 5pm)
- Early Childhood Nurse (Tuesday – Thursday: times to be negotiated in February 2014)
- Allied Health (various days)
- Liver Clinic (once a month on a Thursday)

Phone: (02) 4262 8777

Physical Address: 2/130 Princes Highway Dapto NSW 2530

Mailing Address: Po Box 425, Dapto 2530

Website: <http://www.illawarraams.com.au/>

Illawarra-Shoalhaven Medicare Local

It is important to note the Medicare Locals (MLs) will cease to exist in 2015, and the new Primary Health Network (PHN) will cover the ILSLHD and the SNSWLHD areas.

The Illawarra-Shoalhaven ML currently offers health services in 3 broad areas. Under Closing the Gap funding, care coordination services are provided by Aboriginal Health Workers and nurses, with a focus on chronic disease. Allied health services are provided to communities – podiatry to Ulladulla and Jerrinja once a month, and dietician to Jerrinja and Wreck Bay at least weekly. The ML also has a program of indigenous outreach work, where Aboriginal Health Workers organise a variety of activities to engage community members. Although the programs have not hosted any student placements it was thought that it might be possible for nursing, podiatry and dietetics students to attend clinics

Phone: (02) 4220 7600 (Simon Sadler, Aboriginal Service Delivery Manager)

Katungul Aboriginal Corporation Community and Medical Services

Katungul Aboriginal Corporation Community and Medical Services provide health services to Aboriginal and Torres Strait Islander peoples on the Far South Coast of NSW.

Narooma: Monday to Friday, 9am – 5pm

Services Provided Include:

- Medical Clinic: Monday, Tuesday and Friday
- Optometrist: Every two months (specialist from Sydney)
- Dentist and Dental Nurse: Monday and Tuesday
- Midwife and Obstetrician (Koori Maternity Access Program)
- Mental Health Nurse: Monday, Tuesday and Wednesday
- Chronic disease support program
- Psychologist
- Podiatrist
- Social and Emotional Wellbeing
- Substance Use

Phone: (02) 4476 2155 or 1800 804 201

Physical Address: 26 Princes Highway Narooma NSW 2546

Mailing Address: PO Box 296 Narooma 2546

<http://www.katungul.com.au/>

Bega (including Eden): Tuesday to Thursday, 9am – 5pm

Services Provided Include:

- Medical Clinic: Tuesday to Thursday
- Optometrist: Every two months (specialist from Sydney)
- Dentist and Dental Nurse: Wednesday and Thursday
- Dentist Van (Batemans Bay to Eden): Weekly over 6 month period
- Midwife and Obstetrician (Koori Maternity Access Program)
- Chronic disease support program

- Psychologist
- Podiatrist
- Social and Emotional Wellbeing
- Substance Use

Phone: (02) 6492 0532

Physical Address: 116 Gipps Street Bega NSW 2550

Mailing Address: PO Box 422 Bega 2550

<http://www.katungul.com.au/>

Wallaga Lake: Tuesday 9.30am-3.30pm

Services Provided Include:

- Medical Clinic (including Doctor, Nurse, and Aboriginal Health Worker): Wednesday
- Drug and Alcohol Worker: Wednesday

Batemans Bay: Wednesday-Thursday, 9.30am-4.30pm

Services Provided Include:

- Medical Clinic: Wednesday and Thursday
- Dentist Van (Batemans Bay to Eden): Weekly over 6 month period

Munjuwa Health, Housing & Community Aboriginal Corporation

Munjuwa Health, Housing & Community Aboriginal Corporation is a housing co-operative for Aboriginal and Torres Strait Islander people that provides a range of services in the Queanbeyan area.

Services provided currently include

- Medical GP clinics weekly
- Diabetic Clinic
- Visiting optometry services
- Women Health and Sexual health clinics
- Dental services (dental van from Katungul)

Phone: (02) 6297 3578

Physical Address: 28 Rutledge St, Queanbeyan NSW 2620

Mailing Address:

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Noah's Shoalhaven

Noah's Shoalhaven is a not for profit, children's charity established in 1981. Noah's provides high quality, caring and culturally sensitive early education and therapy services for young children with additional needs, their families and carers who live in the Shoalhaven, Jervis Bay Territory and Gerringong/Gerroa areas. It has a main clinic in Nowra and satellite clinics in Wreck Bay, Ulladulla, Jerrinja and Illawarra

A number of services are provided in partnership with local Aboriginal organisations in particular speech pathology at Wreck Bay, the Mums and Bubs program and Healthy Bhu-Lang (Waminda) Playgroup.

Services Provided:

- Speech Pathology
- Clinical Psychology
- Occupational Therapy
- Child Care
- Behavioural services
- Disability services
- Family services

Services provided (specific to Aboriginal children):

- Wreck Bay Speech Pathology
- Mums and Bubs Program

Nowra:

Worrigee St: Monday to Friday, 9am to 5pm

Moss St: Monday to Thursday, 9am to 5pm

Phone: (02) 4423 5022

Physical Addresses: 41 Worrigee Street Nowra NSW 2541 or 5 Moss Street Nowra NSW 2541

Mailing Address: PO Box 284, Nowra NSW 2541

Website: <http://noahsshoalhaven.org.au/>

Ulladulla:

Wednesday to Friday, 9am to 5pm

Phone: (02) 4455 1318

Physical Address: 158 Green Street Ulladulla NSW 2539

Mailing Address: PO Box 432 Ulladulla NSW 2539

Website: <http://noahsshoalhaven.org.au/>

Oolong House

Oolong House is a residential treatment facility for Aboriginal and non-Aboriginal men with alcohol and other drug dependencies and is operated by the Oolong Aboriginal Corporation. Oolong House provides a 16 week residential program, as well as an additional two transition houses with 24 bed capacity.

Services Provided:

- Drug and alcohol services (Monday to Sunday, 9am to 5pm)
- Mental health services (Monday to Sunday, 9am to 5pm)
- Cannabis Mental health worker (3 days a week)
- Clinical Management
- Medication

Phone: (02) 4422 0644

Physical Address: 11 Junction Street Nowra NSW 2541

Mailing Address: As above

Website: <http://www.oolonghouse.org.au/>

Rose Mumbler Aboriginal Village

The Rose Mumbler Aboriginal Village is run by the Illaroo Corporative Aboriginal Corporation. It provides a 29 bed facility for older Aboriginal people in the community.

Services Provided:

- Domestic Services
- Personal Care
- Respite Care
- Transport
- GP Visits (as required)
- Nursing (Monday to Friday)
- Aged Care Clinician: (as required)
- Dietician: One day a month
- Podiatrist: One day a month

Phone: (02) 4428 9401

Physical Address: 55 Judith Drive North Nowra NSW 2541

Mailing Address: As above.

South Coast Medical Service Aboriginal Corporation

The South Coast AMS is operated by The South Coast Medical Service Aboriginal Corporation. It provides health services for Aboriginal peoples of the Shoalhaven region with the main clinic residing in Nowra. There are also satellite clinics in Wreck Bay, Jerrinja, Batemans Bay, and Falls Creek.

Services Provided:

- Medical (Monday to Friday)
- Dental (Monday to Friday)
- Mental health
- Family services
- Drug and Alcohol Services
- Podiatry

- Optometry
- Liver outreach services (Monday to Friday)
- Dietician
- Diabetic care counsellor
- Fostering
- Counselling

Phone: (02) 4448 0200 or 1800 215 009

Physical Address: Jane Ardler Centre 51-53 Berry Street Nowra NSW 2541

Mailing Address: PO Box 548, Nowra NSW 2541

Wreck Bay

Services Provided:

- Medical (3 half days per week)

Phone: (02) 4442 1130

Physical Address: 5 Bunaan Close Wreck Bay NSW 2540

Mailing Address: As above

Jerrinja

Services Provided:

- Medical (2 half days per week)

Phone: (02) 4447 5669

Physical Address: Lot 51 Park Road Orient Point NSW 2540

Mailing Address: Roseby Park, Orient Point NSW 2541

Southern NSW Local Health District (SNSWLHD)

The Southern NSW LHD (SNSWLHD) encompasses 44,534 kilometres, and includes the South Coast, Southern Tablelands, and the Snowy Mountains. SNSWLHD has a population of almost two hundred thousand people, 5,500 or 2.9% of who identified as Aboriginal or Torres Strait Islander in the 2011 census.

The SNSWLHD is currently in the process of formally mapping all its Aboriginal Health programs. The authors have requested a copy of this after it has been submitted to the LHD. It is understood that the LHD provides three main programs, with delivery at multiple sites across the LHD. These are

- **The Aunty Jean's Program**
The Aunty Jean's Program is offered in Goulburn, Queanbeyan, Bega, Eden, Batemans Bay and Moruya (see above).
- **Koori Maternity Access Program**

An outreach program aims to improve perinatal outcomes through offering antenatal and postnatal services to Aboriginal women. It operates clinics in Queanbeyan, Eurobodalla and Bega (delivered by Katungul in Bega).

- **Otitis media program in Goulburn**

In the past, nursing students on clinical placement with community health have spent time at some of these clinics. Medical students have also attended the Aunty Jeans sessions when on clinical placement in the area.

- **Building Strong Foundations**

A program which provides culturally appropriate child and family health services to Aboriginal children and their families to assist to provide a safe, nurturing and stimulating environment for their children.

Phone: (02) 4474 1561

Physical Address: 10 River Street Moruya NSW 253

Mailing Address: As above.

Southern NSW Medicare Local

It is important to note the Medicare Locals will cease to exist in 2015, and the new Primary Health Network (PHN) will cover the ILSLHD and the SNSWLHD areas.

The Southern NSW Medicare Local is a health care organisation which supports local GPs and allied health professionals. It also assists members of the general public to navigate the health care system. The Southern Medicare Local also provides clinical services, including Aboriginal health, directly to the community as part of the government's 'Healthy for Life' and 'Closing the Gap' initiatives.

The Aboriginal Healthy for Life Program aims to:

- enhance the quality of life for Aboriginal and Torres Strait Islander people with chronic and complex illness
- improve the health of Aboriginal and Torres Strait Islander mothers, babies and children
- improve the long term health outcomes for Aboriginal and Torres Strait Islander Australians
- reduce the incidence of adult chronic illness over time
- improve the health of Aboriginal and Torres Strait Islander men and boys

Initiatives under the Healthy for Life Program include 'Koori Health Checks' conducted by Aboriginal Health Workers. These can be done in a clinic setting, or at the patient's home.

Diabetes Clinics are run by Aboriginal Health Care Workers, diabetes educators, dieticians, foot care nurse and an endocrinologist. These clinics operate in Bega, Eden, Wallaga Lake, Moruya, Mogo, Goulburn, and from December 2014, in Yass

Additionally, the Chronic Care Programs are run by nurses and aim to assist patients to self-manage their chronic diseases.

Head office: Moruya

Phone: (02) 02 4475 0800

Physical Address: Level 1, Air Raid Centre, Cnr Vulcan Street and Mirrabooka Avenue Moruya NSW 2537

Mailing Address: PO Box 556 Moruya NSW 2537

Goulburn

Phone: (02) 4827 0500

Physical Address: 39 Goldsmith Street Goulburn NSW 2580

Mailing Address: PO Box 1312 Goulburn NSW 2580

Bega

Phone: (02) 6499 0400

Physical Address: Level 1, 104a Auckland Street Bega NSW 2550

Mailing Address: PO Box 174 Bega NSW 2550

Queanbeyan

Phone: (02) 6232 9232

Physical Address: Level 2, 150 Crawford Street Queanbeyan NSW 2620

Mailing Address: PO Box 1506 Queanbeyan NSW 2620

Twofold Aboriginal Corporation

Twofold Aboriginal Corporation provides ten three and four bedroom houses for rent to Aboriginal peoples of the Twofold Bay region who are low income earners. Twofold Aboriginal Corporation also has funding agreements to provide aged and disability services under the Commonwealth and State Home and Community Care programs and the Commonwealth Home Care Packages program. The Corporation has 10 Home Care Packages which are individually planned and tailored to help older clients remain living in their own homes. Types of assistance are:

General Support Services

- Doing the cleaning and laundry
- Doing the shopping and getting to appointments
- Staying connected with activities, interests, friends and community
- Gardening and home maintenance
- Changes to homes to make it safer and easier to live there
- 24 hour on-call service
- Lots of different advice about staying at home

Help to Stay Healthy

- Nurse visits
- Seeing professionals like physiotherapists, speech therapists, occupational therapists, dentists and podiatrists
- Providing bandages and other items needed to look after wounds
- Providing technological devices, equipment and other items that help [clients] do things like get around, look after their personal hygiene, make [themselves] understood and generally stay safe.

Phone: (02) 6495 6343

Physical Address: Jigamy Farm, Broadwater via Pambula NSW 2549

Mailing Address: PO Box 184 Eden NSW2551

<http://www.twofoldjigamy.org.au/>

Wandarma Aboriginal Drug and Alcohol Service

Wandarma Aboriginal Drug and Alcohol Service provide health services for Aboriginal peoples experiencing problems arising from alcohol and other drug dependency. It covers the geographical from Wallaga Lake to Eden.

Bega

Services Provided:

- Aboriginal Drug and Alcohol Worker (5 days per week)
- Counsellors (5 days per week)

EdenServices Provided:

- Aboriginal Drug and Alcohol Worker (3 days per week)
- Counsellors (3 days per week)

Wallaga LakeServices Provided:

- Aboriginal Drug and Alcohol Worker (2 days per week)
- Counsellors (2 days per week)

Phone: (02) 6492 0011

Physical Address: Confidential

Mailing Address: Office 2, Level 2, 176 Carp Street Bega NSW 2550

Website: <http://www.lyndoncommunity.org.au/programs/wandarna-bega-regional-aboriginal-drug-and-alcohol-service/>

Limitations

This project had limitations due to a number of factors, the first being the short timeframe to complete the project. Identifying and putting together the Steering Committee was a mandated first step.

The Research Assistants experienced some difficulty making contact with all the health services. The initial aim was to interview all services in person. Many of the services requested the interviews be conducted over the phone. Due to high levels of workload, other services opted to respond via email. The variation in this response type may have influenced the kinds of information we received. For example, the interviews conducted in person or over the phone typically contained more detail than responses given via email. There were some services which, despite numerous attempts, did not respond to phone calls or emails. This is likely due to the time constraints of the employees of Aboriginal Health Services, but may also illustrate that clinical placements are not a high priority for Aboriginal health providers in the region.

Practice Managers were approached as it was assumed that they would have the greatest degree of contact with students undertaking placements and would be aware of any limitations associated with hosting placements. On the whole, the Research Assistants spoke with Practice Managers, but sometimes they were transferred onto other staff members. Some Practice Managers were reluctant to communicate with the Research Assistants without formal approval from the CEO. Once this problem was established the CEOs of services were then contacted directly in place of Practice Managers. The variation in the roles and responsibilities of the staff members interviewed influenced the kinds of responses we received. Some staff had greater levels of knowledge of student placement arrangements or had varying degrees of contact with students. It was not always possible to speak with all the relevant contacts at the services

Due to high levels of clinical workload in the services who participated, some provided less detail in their responses than others and others did not respond to all questions in the interview set. This variation in the depth of responses influenced our results and conclusions.

As our research was largely dependent upon information provided by the Aboriginal Health Services there was little scope to validate our data. Some information was gathered from Aboriginal Health Service websites but it is unknown how regularly these websites are updated.

Conclusion

Despite the limitations identified above, we succeeded in identifying and collecting data from staff from nine of the eleven Aboriginal Health Services operating in the South Coast ICTN. The current entry level health professional student placements in the services were mapped. It was identified that there is capacity for potential growth in some services and disciplines while others were at capacity or restricted by infrastructure, supervisory and staffing limitations.

This mapping project was based on interviews with Aboriginal Health Services in a localized area, but there were important commonalities with previous research on student health placements in Aboriginal health settings. These similarities related to factors associated with the clinical experience of placements including reports of high clinical workload and staffing limitations. In particular limited clinical staff numbers coupled with workforce recruitment and retention issues, was associated with limited numbers of potential supervisors for students. Infrastructure capacity limitations including limited clinical space and access to medical resources were also noted in both this project and previous research as major barriers. Limited funding flows were recognised as an additional challenge which exacerbated all other barriers. It appears that both education providers and Aboriginal Health Services are highly cognisant of the barriers to providing health student placements in Aboriginal health settings.

We identified the kinds of support that local Aboriginal Health Services needed to expand capacity for placements into the future. Aboriginal Health Services identified funding, infrastructure and staffing support as essential to support the existing number of placements and to expand this capacity. In particular services noted they required more physical space and access to high quality medical resources and equipment. Staffing limitations were also identified as a major barrier. Services reported that they required greater levels of funding to recruit more staff to supervise students, meet patient needs and to cover the costs associated with having student placements. Better communication with education providers was also noted by services including having a specific contact responsible for engaging with Aboriginal Health Services. There were some similarities between the findings of this report and previous research. Greater support for clinical supervisors was identified as a potential support mechanism in the literature. This included funding to recruit more health professionals that may be able to supervise students, and to support existing supervisors to limit staff burnout, turnover and improve teaching quality.

Greater funding to support infrastructural capacity and greater support from educational institutions were also identified in the literature. This included more effective communication and mediation of goals between educational institutions and Aboriginal Health Services, and administration and coordination support to reduce pressure on health services.

Aboriginal Health Services experience high levels of clinical workload and complex patient presentation. Given the limitations that Aboriginal Health Service experience in meeting the needs of the Aboriginal community, health student placements must endeavour to be mutually beneficial to both education providers and Aboriginal Health Services. The sustainability of health student placements in these settings is also dependent on ensuring placements are mutually beneficial.

Students conducting placements in Aboriginal health settings must have adequate cultural competency training. Cultural competency training opportunities in the South Coast ICTN and surrounding areas are documented in this report. A list of cultural awareness and cultural competency training providers and their contact details was produced. This resource may be used by educational providers and health services alike in ensuring students have adequate cultural awareness and competency prior to undertaking placements with Aboriginal health services.

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The report will support student clinical training placements in Aboriginal health settings into the future. We hope that the findings will also assist with building and consolidating strong relationships between educational providers and Aboriginal Health Services.

References

- Aboriginal Health and Medical Research Council of NSW. (2010). Retrieved November, 11, 2014, from http://www.ahmrc.org.au/index.php?option=com_content&view=article&id=121&Itemid=76
- Abuzar, M., Burrow, M., Morgan, M. (2009). Development of a rural outplacement programme for dental undergraduates: students' perceptions. *European Journal of Dental Education*, 13, 233-239.
- Andersen, C. (2009). Indigenous Footprints on Health Curriculum. *Australian Journal of Indigenous Education*, 38, 40-45.
- Australian Bureau of Statistics. 2011. Census of Population and Housing: Aboriginal and Torres Strait Islander Peoples (Indigenous) Profile.
- Australian Curriculum Framework for Junior Doctors (ACFJD). Common problems and conditions, 2009 revision. Retrieved November, 20, 2014, from www.cpmec.org.au/files/Brochure.final.pdf.
- Australian General Practice Training. Framework for General Practice Training in Aboriginal and Torres Strait Islander Health. Canberra: General Practice Education and Training, 2004.
- Birden, H. H., and Wilson, I. (2012). Rural placements are effective for teaching medicine in Australia: evaluation of a cohort of students studying in rural placements. *Rural and Remote Health*, 12, 2167.
- Bennett, P., Jones, D., Brown, J., Barlow, V. (2013). Supporting rural/remote primary health care placement experiences increases undergraduate nurse confidence. *Nurse Education Today*, 33, 166-172.
- Crampton, P., Dowell, A., Parkin, C., & Thompson, C. (2003). Combating effects of racism through a cultural immersion medical education program. *Academic Medicine*, 78, 6, 595-598.
- Buchanan, J., Jenkins, S., Scott, L. (2014). Student Clinical Education in Australia: A University of Sydney Scoping Study. The University of Sydney, Sydney.
- Duffy, G., Ross, S., Woolley, T., Sivamalai, S., Whaleboat, D., Miller, A. (2013). Processes and outcomes for a successful engagement between a medical school and a remote Indigenous community in North Queensland. *Rural and Remote Health* 13, 2277.
- Health Workforce Australia (HETI). (2014). Retrieved November, 18, 2014, from <http://www.heti.nsw.gov.au/>

- Horton, D. Aboriginal Australia [map]. Canberra: AIATSIS, 1996. Kent-Wilkinson, A., Starr, L., Dumanski, S., Fleck, J., LeFebvre, A., Child, A. (2010). International nursing student exchange: rural and remote clinical experiences in Australia. *Journal of Agromedicine*, 15, 1, 58-65.
- Kruger, E., Tennant, M. (2010). Short-stay rural and remote placements in dental education, an effective model for rural exposure: a review of eight-year experience in Western Australia. *Australian Journal of Rural Health*, 18, 148-152.
- Lalloo, R., Evans, J., Johnson, N. (2013). Dental students' reflections on clinical placement in a rural and Indigenous community in Australia. *Journal of Dental Education*, 77, 9, 1193-1201.
- Liaw, S. T., McGrath, B., Jones, G., Russell, U., Bourke, L., and Hsu-Hage, B. (2005). A compulsory experiential and interprofessional rural health subject for undergraduate students. *Rural and Remote Health*, 5, 460.
- Maar, H. M. (2014). Faculty analysis of distributed medical education in Northern Canadian Aboriginal communities. *Rural and Remote Health*, 14, 2664.
- Mak, D., and Plant, A. (2001). John Flynn scholarship students: Case studies of useful contributions to remote health care. *Australian Journal of Rural Health*, 9, 246-250.
- Australian Medical Council Limited. (2012). Standards for Assessment and Accreditation of Primary Medical Programs by the Australian Medical Council 2012. Retrieved December, 1, 2014, from <http://d3e1nzxg15cf5s.cloudfront.net/joomla-files/images/Accreditation/FINAL-Standards-and-Graduate-Outcome-Statements-20-December-2012.pdf>
- Morgan, S. (2006). Orientation for general practice in remote Aboriginal communities: A program for registrars in the Northern Territory. *Australian Journal of Rural Health*, 14, 202-208.
- National Aboriginal Health Strategy Working Party (NAHSWP). (1989). A National Aboriginal Health Strategy. Canberra: AGPS.
- Neill, J. and Taylor, K. (2002). Undergraduate nursing students' clinical experiences in rural and remote areas: recruitment implications. *Australian Journal of Rural Health*, 10, 239-243.
- Newman, B. (1993). Nurses...Bridging the gap: Australian Aboriginals and Primary Health Care. *The Journal of the Royal Society for the Promotion of Health*, 113: 87-90.
- Patel, A., Underwood, P., Nguyen, H. T., and Vigants, M. (2011). Safeguard or mollicoddle? An exploratory study describing potentially harmful incidents during medical student placements in Aboriginal communities in Central Australia, *Medical Journal of Australia*, 194, 10:497-500.
- Paul, D., Carr, S., Milroy, H. (2006). Making a difference: the early impact of an Aboriginal health undergraduate medical curriculum. *Medical Journal of Australia*, 184, 10, 522-525.

Phillips, G on behalf of the Project Steering Committee, Committee of Deans of Australian Medical Schools (2004). CDAMS Indigenous Health Curriculum Framework, VicHealth Koori Health Research and Community development Unit, University of Melbourne, Melbourne.

Prout, S., Lin, I., Nattabi, B., Green, C. (2014). 'I could have never learned this in a lecture': transformative learning in rural health education. *Advancements in Health Science Education*, 19, 147-159.

Rasmussen, L. (2001). Towards Reconciliation in Aboriginal Health: Initiatives for Teaching Medical Students about Aboriginal Issues. Melbourne: The VicHealth Koori Health Research and Community Development Unit.

Royal Commission into Aboriginal Deaths in Custody (RCADC), 1991, National report, by Commissioner Elliott Johnston, 5 vols. Canberra: AGPS.

Sen Gupta, T., Muray, R., McDonell, A., Murphy, B., Underhill, A. (2008). Rural internships for final year students: Clinical experience, education and workforce. *Rural Remote Health*, 8, 1, 827.

Southern NSW LHD Population Health. (2012). Southern NSW Local Health District Fact Sheet. Retrieved November, 18, 2014, from http://www.snswlhd.health.nsw.gov.au/aboutus/FactSheet3SNSWLHDAboriginalpopulation_Nov2012.pdf

Thackrah, R. D., Thompson, S. C., and Durey, A. (2014). "Listening to the silence quietly": investigating the value of cultural immersion and remote experiential learning in preparing midwifery students for clinical practice. *BMC Research Notes*, 7, 685

Webster, S., Lopez, V., Allnut, J., Clague, L., and Jones, D. (2010). Undergraduate nursing students' experiences in rural clinical placement. *Australian Journal of Rural Health*, 18, 194-198.

Woolley, T., Sivamalai, S., Ross, S., Duffy, G., and Miller, A. (2013). Indigenous perspectives on the desired attributes of medical graduates practising in remote communities. A northwest Queensland pilot study. *Australian Journal of Rural Health*, 21, 90-96.

Wright, J., Bourke, L., Waite, C., Holden, T., Goodwin, J., Marmo, A., Wilson, M., Malcom, H., and Pierce, D. (2014). A short-term rural placement can change metropolitan medical students knowledge of, and attitudes to, rural practice. *Medical Journal of Australia*, 201, 2, 106-108.

Appendix 1: Letter of Introduction

To (Name of Service),

The Australian National University's Medical School were recently chosen as the successful tenderers to undertake a scoping project to map the demand and supply required to support clinical student placements across a range of health disciplines within Aboriginal health settings located in the South Coast Interdisciplinary Clinical Training Network (ICTN).

This research will inform the South Coast ICTN of opportunities available for student placements, the support required for organisations and supervisors accepting placements, cultural competency training opportunities, and placement requirements from educational providers specific to Aboriginal health settings.

Our research will be overseen by a steering committee which contains members from Winnunga Nimmityjah in the ACT, Katungal, Narooma AMS and Illawarra Aboriginal Medical Services. We will be working closely with our colleagues here at the ANU including Gaye Doolan, Samia Goudie, and Phyllis Dance.

The opportunity to meet with you personally would provide our research with valuable insight directly from Aboriginal Medical and Community Controlled Health Services, particularly regarding the capacity for your organisation to host students (including physical and staffing infrastructure), and the support you believe is required to provide quality placements.

Through our research the information you provide will directly inform the South Coast ICTN of barriers which may prevent Aboriginal Medical Services from taking on student clinical placements. This is an opportunity for you to raise any issues of concern or identify any weaknesses relating to the current system and how it operates.

At this time we would like to talk with your practice manager over the phone to gather some background information on your organisation (for example what services you offer, the days/hours you provide these services, and whether you have clinical student placements in the past, etc.). We will also be visiting Aboriginal Medical and Community Controlled Health Services in the Narooma area between Monday 29th September till Thursday the 2nd Nov 2014. We would like to liaise with your practice manager to arrange a suitable time for us to visit your organisation during this time. We will be in phone contact over the next few days to make these arrangements. We look forward to speaking with you in the near future.

We also could come at another time if it suits you better if you are unavailable between these dates.

Warm Regards,

Alycia Nevalainen and Hilary Miller

Under the supervision of;

Samia Goudie

Indigenous health and Rural and Remote health, Medical School

College of Medicine, Biology and Environment, Australian National University

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Appendix 2: Interview Schedule

The Organisation

- Would you please confirm the name of your organisation?
- Would you please confirm the address?
- Do you have any additional satellite clinics?
- What services do you provide (including medical, nursing and allied health)²?
- What days/times do you provide these services?
- Are you aware of any other Aboriginal Health Services and/or services which provide health care to Aboriginal people in your area?

Medical, Nursing and Allied Health Student Placements

- Have you had student clinical placements at your organisation?
 - If “yes” please elaborate (how many, over what time period).
 - If “no” is there a reason.
- Which health discipline(s) did the students participate in?
- Which tertiary institution(s) did the students come from?
- Do you know what the placement requirements are from the educational institutions?
 - If “yes” could you tell me what these are (for each tertiary institution by discipline).

Capacity of services to support health student placements

- How many health student placements could your organisation reasonably take on at one time at the moment?
 - Who decides this, and how do they make that decision?
 - Do you have enough resources (IT access, journals etc)?
 - Type of health student placements
- What is the capacity (infrastructure and supervision) of your organisation to support health student placements?
- Does the capacity (infrastructure and supervision) of your organisation affect the decision to take on health student placements?
 - If “yes” how?
 - If “no” is there a reason.
- Does the capacity (infrastructure and supervision) of your organisation limit the ability to provide an appropriate learning environment or placement experience?
 - If “yes” how?
 - If “no” is there a reason.

Support required for services to provide a quality student placement

- Is your organisation satisfied with the number of current student placements?

² Allied health is anything other than medicine, nursing and dentistry, which requires a tertiary degree to practice. For example: Exercise Physiotherapy, Medical Radiation Sciences, Nutrition and Dietetics, Occupational Therapy, Pharmacy, Physiotherapy, Psychology, Rehabilitation Counselling, Social Work, and Speech Pathology.

- What support (infrastructure and supervision) do you believe your organisation *currently* requires to provide a quality placement environment?
- What support (infrastructure and supervision) do you believe your organisation requires to *increase or expand* your capacity to host quality placements?

Cultural awareness training/resources available

- Does your health service provide cultural awareness training for its staff?
 - If “yes” is this delivered internally or by external facilitators?
 - If yes, do students coming through have access to this training?
- Do you think students who have been on placement with your organisation have had adequate training in cultural education before commencing their placement?
 - If yes, or no, what impact has this had on your organisation and the student?
- Do you think that students should undertake cultural awareness training prior to commencing a placement in Aboriginal health settings?
 - If so who do you think should provide it?
- What cultural awareness services are available within your region which would be suitable to provide to students?

Education Provider Communication

- Do the education providers inform you of student placement requirements and expectations in a way that is easy to understand and achieve?
 - What communications do you get? Is it enough?
 - Is there a specific contact person?
- Would you find it useful to have an online student management tool that education providers and your organisation could use to request and accept/decline placements?

Appendix 3: Unobtainable references

Bartz, B., Bowles, M., & Underwood, J. (1993). Student experiences in transcultural nursing, *Journal of Nursing Education* 32(5):233–34.

Bond, M., & Jones, M. (2000). Personal adjustment, language acquisition, and culture learning in short-term cultural immersion, *International Review* 10, 33-49.

Copeman, R. (1989). Medical students, Aborigines and migrants: evaluation of a teaching programme, *Medical Journal of Australia* 150:84–87.

Doherty, J. (1997). Teaching for tolerance: the hope for reconciliation in Australia. In Roy Ballantyne, John Bain and Jon Packer (eds), *Reflecting on University Teaching Academics' Stories*. Canberra: AGPS.

Garvey, G. & Hazell, P. (1997), Developing rapport: Aboriginal camps for medical students, *Joint Medical Newsletter* 92 (July):2, Faculty of Medicine and Health Sciences, University of Newcastle.

Jamrozik, K. (1995). Going bush - helping medical students learn from Aboriginal people, *Medical Journal of Australia* 163, 591–94.

Kamien, M. (1975). Education in community medicine with an emphasis on the health of an Aboriginal community: a pilot project, *Medical Journal of Australia*, 2, 509–513.

Kaufman, A. (1984). Medical students and Aborigines: can prejudice be reduced? *New Doctor*, 34, 24–26

Kavanagh, K. (1998). Summers of no return: transforming care through a nursing field school, *Journal of Nursing Education*, 37, 2, 71–79.

Playford, D., & Lines, A. (2013). Diminishing the distance between patients and providers: The impact of rural community immersion on students' appreciation of primary health care, *Focus Health Professional Education*, 14, 35-43.

Ramsay, L., & Kermode, S. (1997), Nurses facilitating reconciliation through education, *Australian Journal of Advanced Nursing* 15(1):32–39.

Appendix 4: Comprehensive list of all ACCHS and ACCHRS in the South Coast ICTN

Company	Business Phone	Fax Number	Physical Address	Postal Address
SOUTHERN NSW				
Katungul Aboriginal Corporation Community & Medical Services	(02) 4476 2155	(02) 4476 1963	26 Princes Highway Narooma NSW 2546	PO Box 296 Narooma NSW 2546
	(02) 6492 0532	(02) 6492 0526	116 Gipps Street Bega NSW 2550	PO Box 422 Bega NSW 2550
Munjuwa Health, Housing & Community Aboriginal Corporation	(02) 6297 3578		28 Rutledge St Queanbeyan NSW 2620	28 Rutledge St Queanbeyan NSW 2620
Noah's Shoalhaven	(02) 4455 1318		158 Green Street Ulladulla NSW 2539	PO Box 432 Ulladulla NSW 2539
Southern NSW Local Health District	(02) 4474 1561		10 River Street Moruya NSW 2537	10 River Street Moruya NSW 2537
Southern NSW Medicare Local	(02) 4475 0800	(02) 4474 5111	Level 1, Air Raid Centre Cnr Vulcan St & Mirrabooka Ave Moruya NSW 2537	PO Box 556 Moruya NSW 2537
	(02) 6499 0400	(02) 6492 6429	Level 1, 104a Auckland St Bega NSW 2550	PO Box 174 Bega NSW 2550
	(02) 6232 9232	(02) 6297 0301	Level 2, 150 Crawford St Queanbeyan NSW 2620	PO Box 1506 Queanbeyan NSW 2620
	(02) 4827 0500	(02) 4821 5389	39 Goldsmith St Goulburn NSW 2580	PO Box 1312 Goulburn NSW 2580
Twofold Aboriginal Corporation	(02) 6495 6343	02 6495 7441	PO Box 184 Eden, NSW 2551	PO Box 184 Eden NSW 2551
Wandarma, Aboriginal Drug and Alcohol Service	(02) 6361 2300	(02) 6361 7400	Confidential	Confidential
ILLAWARRA/SHOALHAVEN				
Binji and Boori Shoalhaven	(02) 44239900	(02) 44239999	54 Worrige St Nowra NSW 2541	54 Worrige St Nowra NSW 2541
Cullunghutti Aboriginal Child & Family Centre	(02) 4428 6900		Holloway Rd East Nowra NSW 2541	Holloway Rd East Nowra NSW 2541
Illaroo Cooperative Aboriginal Corporation (Rose Mumbler Aboriginal Village)	(02) 4428 9400	(02) 4428 9461	Lot 21, Judith Drive North Nowra NSW 2541	PO Box 3387 North Nowra NSW 2541
Illawarra Aboriginal Medical Service Aboriginal Corporation	(02) 4229 9495	(02) 4226 3566	150 Church St Wollongong NSW 2500	PO Box 1161 South Coast Mail Centre NSW 2521
	(02) 4262 8777	(02) 4262 8788	2/130 Princes Highway Dapto NSW 2530	PO Box 425 Dapto NSW 2530
Illawarra/Shoalhaven Local Health District	(02) 4222 5000	(02) 4253 4878	Level 4 Lawson House Wollongong Hospital Wollongong NSW 2500	Locked Bag 8808 South Coast Mail Centre NSW 2521

Illawarra/Shoalhaven Medicare Local	(02) 4220 7600	(02) 4226 9485	Suite 3, Level 1 336 Keira St Wollongong NSW 2500	PO Box 1198 Wollongong, NSW 2500
	(02) 4423 6233	(02) 4423 6451	Level 1, 154 Meroo Rd Bomaderry NSW 2541	PO Box 516 Nowra, NSW 2541
Noah's Shoalhaven	(02) 4423 5022	(02) 4422 5156	41 Worrigea St Nowra NSW 2541 5 Moss St Nowra NSW 2541	PO Box 284 Nowra NSW 2541
Oolong House (Oolong Aboriginal Corporation)	(02) 4422 0644	(02) 4423 2145	Confidential	Confidential
South Coast Medical Service Aboriginal Corporation	(02) 4428 6666	(02) 4428 6602	51-53 Berry St Nowra NSW 2541	PO Box 548 Nowra NSW 2541
	(02) 4442 1130	02 4442 1073	Wreck Bay NSW	
	(02) 4447 5669		Lot 51 Park Rd Orient Point NSW 2540	Roseby Park Orient Point NSW 2541
Waminda - South Coast Women's Health & Welfare Aboriginal Corporation	(02) 4421 7400	(02) 4421 5004	77 Osborne St Nowra NSW 2541	PO Box 978 Nowra NSW 2541