

Indigenous simulated patients: an initiative in “closing the gap”

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TO THE EDITOR: The Australian Medical Council (AMC) now includes Indigenous health in its accreditation standards for medical schools,¹ with guidelines stating that medical curricula must contain the “. . . appropriate use of educational expertise, including the educational expertise of Indigenous people, in the development and management of the medical course [emphasis added]”.¹ These AMC requirements arose from the Indigenous Health Curriculum Framework, which was endorsed by the Committee of Deans of Australian Medical Schools.²

The University of Melbourne School of Medicine developed the Indigenous Simulated Patient Program in 2002 as one element of an integrated Indigenous health curriculum. The Program meets some of the goals of the framework by acknowledging and incorporating the educational expertise of Indigenous people, exposing students to Indigenous peoples’ lived experiences and world views, and by linking the simulated patient experience with other teaching content regarding the many ways in which history has affected Indigenous health.

Indigenous simulated patients are used both early and late in the medical course. The early patient scenario is used within an uncomplicated communication skills tutorial, in which students practise their develop-

The second encounter of the Indigenous Simulated Patient Program at the University of Melbourne

In the second encounter, the “patient” is concerned both about the conflicting information they have been given concerning diabetes and the need to attend multiple clinics. The “patient” attempts to explain that family and work obligations mean they cannot wait in outpatient clinics all day.

The students in this session are encouraged to work with the “patient” to problem solve the issues that arise. The “patient” has been instructed to provide realistic reasons why these solutions will not work for them, highlighting possible differences in family responsibilities and living arrangements for some Indigenous community members, and demonstrating the conflicting priorities and expectations between the “patient” and the medical system. ◆

ing patient-interviewing skills and discover that the “patient” is Indigenous. The later scenario is more complicated (Box) and builds upon the first experience. In both scenarios, students are encouraged to ask the Indigenous patient, both in and out of character, questions about their personal experiences.

The aim is to use the Indigenous Simulated Patient Program to help students understand that they will encounter Indigenous patients in their clinical studies and as junior doctors, and that these patients will have both the same and different issues from non-Indigenous patients. Solutions need to be tailored to meet the individual needs of the patient, and should include lessons from previous teaching within the curriculum — for example, the role of Aboriginal health workers in hospitals.

The impact on Indigenous community members who participate in the program has been strongly affirming, with one actor commenting, “Today I felt like I really con-

tributed to the training of medical students in issues that were important to me and my community”. Students also rate the experience very highly.³

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1 Australian Medical Council. Assessment and accreditation of medical schools: standards and procedures, 2009. Canberra: AMC, 2009. <http://www.amc.org.au/images/Medschool/standards.pdf> (accessed Jan 2009).

2 Phillips G. CDAMS Indigenous health curriculum framework. Melbourne: Committee of Deans of Australian Medical Schools, 2004.

3 Dodds A, Holmes K. Report on student evaluation of health practice teaching. Melbourne: Faculty Education Unit, University of Melbourne, 2005. □

