Winner

You don't know what you don't know

Creating opportunities for Indigenous students in medicine and health sciences

I am the youngest child of a family of eight consisting of six boys and two girls. My father is Aboriginal (Nukunu/Ngadjuri) and is now deceased. My mother is of Anglo-Saxon ancestry and is still living.

We lived for many years on the outskirts of Port Augusta as fringe dwellers. This unfortunately was the life and cruel conditions afforded to Aboriginal people under the assimilation policy that also involved the segregation of Aboriginal people. This all changed in the 1960s when we moved into a flash house in the Port Augusta suburb of Willsden among the mainstream people. It was smaller than our old house, but somehow we all fitted in. Our other house was condemned, deemed not suitable for human occupation. It was dug into the sandhills, with separate rooms and a poorly assembled flat roof covered by a thin layer of red sand. Consequently, people living where and how we lived were referred to as the "sandhill savages".

What amazed me about our new house was the running water and electricity. We finally had lights. Non-Indigenous families had been living with running water and lights for at least a few decades.

Growing up, we didn't have many fashionable and contemporary household or personal items to call our own. We were poor, but we were all together and that was important. We learned to love, live, forgive, and deal with what life threw at us, no matter how hurtful, demeaning and discriminatory that period of our lives was. At the age of 10, I was not well equipped to deal with the breakup of my parents and fragmentation of my family.

I had to challenge the concept that "you don't know what you don't know". Why did this happen, is it my fault, where would I live, where would I go to school, what would my other family members do, how would I see my friends, will it be a happy or sad experience? These were some of the questions I asked among having so many physical responses and emotional thoughts.

Poverty and family breakdown is confronting and challenges the right to a happy and healthy life and access to affordable quality education. Sadly, poverty and family separation remain the case for many Indigenous families in our community.

I have adopted a rigorous questioning of things in my life, work and communication with people from all walks of life. Our parents continually impressed upon us the importance of schooling and education. University was not an option for any of us — as a matter of fact, I don't even recall it being discussed. Our family is immensely proud that we all gained professional careers and were gainfully employed when we completed school.

I began my working career as a refrigeration mechanic at the tender age of 16. This was with a private organisation, until I joined the railways in 1992. As a key union representative during the railway's period of downsizing, I represented the voice of the minority. The downsizing of the railways forced me to investigate a career change. Transforming the skills, qualifications and life experiences I had accumulated over many years enabled me to re-educate myself and find employment in the university sector; first with the Spencer Gulf Rural Health School of the University of South Australia and then with the Rural Clinical School at the University of Adelaide.

Opportunities enabled me to become an advocate for Indigenous health and education, particularly addressing inequalities. The ongoing consequences of colonisation and the disadvantages experienced by Indigenous people are intrinsically linked. Family upbringing and experiences are evidence of this. Nationally, Indigenous knowledges, histories and perspectives are already playing a critical role in approaches to health care, learning, research and the environment. I aimed to communicate this in the development and presentation of Aboriginal and Torres Strait Islander cultural awareness and immersion programs.

I realised early that when connecting with stakeholders, both Aboriginal and non-Aboriginal, many were uninformed in relation to Indigenous history, government policies and contemporary issues such as health, education, living standards, incarceration, employment and socio-economic standards. Absence of this knowledge within contemporary society required diligent correction. I pondered, how can an individual or organisation begin to plan and deliver culturally appropriate services with limited knowledge?

The development and maintenance of professional working relationships with clients, communities, and government and non-government agencies were crucial to facilitate a seamless and reliable framework for negotiating support for the delivery of tailored Indigenous cultural awareness educational programs.

Classroom Indigenous cultural awareness training has many positives, and limitations. Before-and-after evaluations of workshops identified very limited participant interaction with Aboriginal people. While most participants were deficient in cultural competency, most participants were seeking additional interaction with Aboriginal people and communities.

A key strategy was embraced to engage, educate and establish more effective ways for general practitioners, medical students, health professionals and other agencies working within the health sector to initiate contacts with individuals, communities and organisations to develop and enhance programs, research activities and

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collaborative activities to Close the Gap. In 2011, I became a member of the Aboriginal and Torres Strait Islander Health Education Committee of the Royal Australian College of General Practitioners, which provides advice and direction regarding education, vocational training and assessment issues relevant to Aboriginal and Torres Strait Islander health.

Collaborative partnerships with many Aboriginal health services and organisations in South Australia were the keys for success and sustainability. One of these initiatives was conducted by the Spencer Gulf Rural Health School and consisted of cultural awareness immersion field trips for medical students and health professionals to the Anangu Pitjantjatjara Yankunytjatjara lands with the strong support and collaboration from the Fregon and Mimili communities. These trips provided students with the opportunities to learn more about Indigenous health issues and their social determinants, and helped to articulate pathways into field placements in Aboriginal-controlled medical and clinical locations servicing Aboriginal communities. This was for many the first step to becoming culturally competent. Were the trips a success? Overwhelmingly yes, as indicated by feedback from one of our participants: “I have learned more in 1 week on this field trip than I have over 4 years at university”.

I was proud of my role with the universities, working with medical and health sciences students, but I realised that there was a significant lack of Indigenous students. Over a 10-year period, I recall only one Indigenous doctor from interstate attending the cultural immersion field trip. The role of helping recruit first-generation rural Indigenous students into medicine and health science degrees with the University of Adelaide was irresistible and became my next passion.

Providing a comprehensive and responsive service, reviewing the career needs of Indigenous students and how the university is promoted to Indigenous Australians, and determining what might inspire them to work or study there requires a tactful approach. Engaging with schools and other stakeholders in regional communities to promote high quality educational opportunities for potential Indigenous students has its challenges. I learned this quickly. Presenting to a group of Indigenous students and asking them what they want to do when they leave school and being met by a wall of silence confirmed the concept that “you don’t know what you don’t know”.

Chesters and colleagues state:

> The recruitment and retention of Indigenous students into medicine and other science careers is a complex task that involves simultaneous or sequential tasks by a number of sectors, agencies and individuals.[1]

Current community engagement has identified that most current medical and health career advice is provided opportunistically and is not organised or structured. I have been looking for ways to better support Indigenous students with their diverse backgrounds including language group and socio-economic status. Face-to-face engagement with students, parents and school career counsellors, building trust with families and schools, and connecting the lived experiences of young Indigenous students are important. Breaking down university terminology, definitions and abbreviations is essential. The quality of students’ experiences and engagements with the university is critical to their success and I am adopting pastoral care principles to ensure this is possible. I am pleased that since commencing this work in February 2016, one student is ready to enrol for 2017. The seed is sown for many others: the “you don’t know what you don’t know” work continues.

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References are available online at www.mja.com.au.

1 Chesters J, Drysdale M, Ellender I, et al. Footprints forwards blocked by a failure discourse: issues in providing advice about medicine and other health science careers to Indigenous secondary school students. *Aust J Career Dev* 2009; 18: 26-35. ■