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# Creating cultural empathy and challenging attitudes through Indigenous narratives

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# Creating cultural empathy and challenging attitudes through Indigenous narratives

**Final Report 2013**

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Curtin University
The University of Notre Dame, Australia
Health Consumers' Council (WA)

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<altc-betterhealth.ecu.edu.au>

# Acknowledgements

# List of acronyms

AIHW         Australian Institute of Health and Welfare
IRG           Indigenous Reference Group
LIME         Leaders in Indigenous Medical Education
NHMRC    National Health and Medical Research Centre
OLT          Australian Government Office for Learning and Teaching

# Terminology

This report uses the broad term "Indigenous" to denote Australians of Aboriginal and Torres Strait Islander descent.  The term "Aboriginal" is used to describe individuals who have identified as Aboriginal in this project.

# Executive summary

This report documents the implementation and outcomes of the "Creating cultural empathy and challenging attitudes through Indigenous narratives" project, which was conducted over a two-and-a-half year period.

The project was led by Edith Cowan University and brought together non-health-service sectors, educators and health professionals to collaborate as a reflective, multidisciplinary team, with shared visions and goals. The collaborators included Combined Universities Centre for Rural Health; The University of Notre Dame**,** Australia; Curtin University and Health Consumers' Council, WA.

The aims of the project were:

- to positively influence the health and wellbeing of Australian Indigenous people by improving the education of health professionals;

- to engage students with authentic stories of Indigenous people's experience of healthcare, both positive and negative, in order to enhance the development of deep and lasting empathy.

## The outcomes of the project

### A national library of multi-media narratives of Indigenous experiences

A website http://altc-betterhealth.ecu.edu.au was established. Forty-one (41) narratives are available on the website as videos (embedded in YouTube) and/or transcripts, comprising stories collected from Aboriginal Australians in Western Australia (WA) about their experiences with health services. Three scenarios - on the key themes of communication, passing on and drunken stereotypes – are also located on the website. There are facilitation guides to the narratives and scenarios, as well as a search function based on the narrative themes.

### Narrative impact

Over a six month period over 750 students, educators and health professionals from all of the states and territories in Australia except Tasmania, registered on the website and are potentially using the narrative resources in teaching and learning. The majority of people who registered on the website were students, followed by educators from Australian universities. YouTube reported 2,784 viewings of the video resources over a six-month period, with the three scenarios some of the most viewed resources.

A cohort of eight educators from the collaborative universities in WA, representing a diverse range of disciplines, has used the resources as part of the pilot project. The educators in the pilot identified an immediate impact on students from the narrative resources, and confirmed that they provided students with learning opportunities to challenge preconceived stereotypes. The range of resources cater for different learning and teaching styles and address curriculum outcomes for a number of health disciplines.

## Recommendations

### Develop learning resources related to the narratives

From the evaluation it is clear that the narrative resources provide a unique opportunity to give Indigenous people a voice in WA and national health curricula. However, more information is needed about how the resources are being used by students, educators and clinicians who have registered on the website. An extensive follow-up with these participants is recommended to provide:

- student response to the resources;

- information on how the narratives resources are being integrated into the curricula;

- information on the impact of the narratives on students and how transformational learning strategies are being implemented to challenge attitudes;

- practical advice on overcoming student resistance and reinforcing reflective learning;

- information on how the resources are used to teach skills for cultural competent care, for example, communication and negotiation with family regarding end-of-life preferences.

This information can be incorporated into the website and disseminated more widely.


### Embed the narrative resources into curricula

- invite self-nominated educators to workshops across the country to facilitate the uptake of the narrative resources.

- seek opportunities to link the resources to relevant educational and health professional websites.

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# Introduction

The poorer health status of Indigenous Australians has been largely attributed to social disadvantage and their marginalisation within mainstream society (Marmot, 2011). This includes access to health care, as well as proximity to health services, availability and cultural appropriateness of health services, transport availability, health insurance, the affordability of health services and patient proficiency in English (AIHW, 2011).

The interpersonal attitudes and behaviours of non-Indigenous health providers, both conscious and unconscious, are also known to contribute to disparities in treatment, impairment of communication between health providers and patients, and consequently, patients' mistrust of the health system due to negative past experiences (Geiger, 2001).

This project collected stories from Indigenous people about their experiences with health care services. Their stories serve to enhance relationships and understanding between diverse peoples, and give Indigenous Australians a voice in health curricula across Australian universities and in agencies delivering health services.

# Project aims

The aims of the project were:

- to positively influence the health and wellbeing of Australian Indigenous people by improving the education of health professionals;
- to engage students with authentic stories of Indigenous people's experiences of healthcare to cultivate deep and lasting empathy.

Early on in the project it was determined that Indigenous people were to be active participants and assume roles as project leads, team members, Indigenous Reference Group members, external evaluators and providers of the narratives. This reflects the Cooperative Research Centre for Aboriginal Health (2008) recommendation for a more participatory approach to research, and refrains from treating Indigenous people as objects of research through respect for the individuals and a real commitment to social change.

All aspects of the project were underpinned by the *Indigenous Governance Framework,* which is aligned with the National Health and Medical Research Council's values and ethics: *Guidelines for ethical conduct in Aboriginal and Torres Strait Islander Health Research* (NHMRC 2003).

The following value statement was developed to reflect the project's ethical foundation:
- integrity of goals, purpose and process through respectful engagement with Indigenous people, story provider empowerment and safety, and Indigenous governance of the research process.

# Research rationale

Cultural competence or cultural diversity training was developed to improve service delivery and consequently, the health of minority groups. Initially this training emphasised knowledge-based curricula about the characteristics of cultural groups, a model that sits well within a scientific, evidence-based health paradigm. However, this approach has been criticised by researchers for:

- assuming culture is static and does not acknowledge diversity within groups (Carpenter-Song, Schwallie, Longhofer, 2007);

- assuming an endpoint(a "competence") is achievable (Trevalon & Murray-Garcia, 1998; Johnson & Munch, 2009);

- using broad population-level data or knowledge-based information about cultural groups to assist in decision-making about a particular individual's care is considered essentialism or stereotyping (Johnson & Munch, 2009; Dyche & Zayas, 2001; Kelaher, Parry, Day, Paradies, Lawlor, & Solomon, 2010);

- focusing on difference obscures structural power imbalances (Carpenter-Song, Schwallie & Longhofer, 2007; Wear, Kumagai & Varley, 2012) and;

- disempowering Indigenous people by recognising disadvantage for a population: "we inadvertently and unavoidably label that population as inherently disadvantaged" (Kowal & Paradies, 2010, p. 599). That is, disadvantage comes to be seen as a characteristic of the group, rather than the result of a number of external factors and historical events which have impacted on the group.

The emergence of humanistic approaches to patient-centred care and narrative-based medicine has drawn attention to transformational methods of cultural diversity training. In response, the focus has shifted to developing strategies that encourage practitioners to critically reflect on their own cultural identities (both personally and professionally), and the power imbalances that exist between them and their patients from minority groups (Wear, Kumagai & Varley, 2012).

Research into reducing unconscious bias and stereotyping offers some successful approaches for teaching and learning. These include:

- using techniques that lead people to recognise their unconscious biases in a non-threatening environment (Burgess, van Ryn, Dovidio & Saha, 2007), avoiding collective guilt and stimulating dissonance; that is, the psychological discomfort from incompatibility between behaviours and beliefs (Pederson, Walker & Wise, 2005),

- emphasising greater perspective-taking and empathy (Batson, Polycarpou, Harmon-Jones, Imhoff, Mitchener, Bednar et al. 1997; Finlay & Stephen, 2000; Burgess, van Ryn, Dovidio,& Saha, 2007; Pederson, Walker, Rapley & Wise, 2003; Pederson, Walker & Wise, 2005), and

- incorporating the voice of the patient on cultural difference (Perloff, Bonder, Ray,

Ray & Siminoff, 2006) and their experience of health care, an important link to cultural safety (Nguyen, 2008) and a milestone on the journey towards cultural security (Coffin, 2007).

This project sought to provide recourses in the form of narratives from Indigenous Australians (specifically Aboriginal people) in Western Australia, regarding their experiences with health care. Health educators would use these narratives as triggers for encouraging self-reflection on assumptions and values, as well as broader issues of social justice (Kumagai & Lypson, 2009).

The narratives were designed to instil feelings of empathy, defined as "appreciating or imagining (another person's) emotions" (Stepien & Baernstein, 2006, p. 525). Batson et al. (1997) describe the process of empathy as taking the perspective of the individual, which leads to feelings of empathy for that person. Empathetic feelings increase the importance of the individual's welfare and in turn, fostering concern for an individual's welfare generalises to the stigmatised group.

It has been suggested that cultural empathy can bridge cultural differences by providing a means of integrating openness to diversity with appropriate knowledge and skills, in order to work successfully with people from other cultures. Cultural knowledge includes an understanding of historical oppression and marginalisation, as well as discrepancies in power that may impact on the individual (Dyche & Zayas, 2001).

Finally, the narrative medium was chosen because traditional storytelling has a long history in Indigenous cultures. Storytelling is also traditional in all cultures – it is a point of similarity. Stories have been described as "the most powerful means that human beings have for passing down wisdom" (Kumagai, 2009, p. 229). The power of narrative to change beliefs has never been doubted, and it is for this reason that censorship has been in place for centuries (Green & Brock, 2000). Dal Cin, Zanna and Fong (2004) argue that narratives are a particularly useful strategy in challenging strong attitudes that are resistant to change, using rhetorical persuasion strategies. These authors suggest that narratives are especially suited to overcoming resistance, as they reduce the amount and effectiveness of counter-arguing, and increase identification with characters in the story.

# Methodology

## Team members group

This project was led by Edith Cowan University. The collaborators included Combined Universities Centre for Rural Health; The University of Notre Dame, Australia; Curtin University and Health Consumers' Council (WA). Each collaborative institution nominated at least one representative for the team members group. At the proposal stage, The University of Western Australia was one of the collaborating universities, however their nominated representative was unable to participate in the project.

## Indigenous Reference Group

The Indigenous Reference Group (IRG) was established at the beginning of the project, and consisted of nine representatives from the collaborating universities and Health Consumers' Council (WA). The members of the group were recruited through personal contacts of the Project Leads, or were nominated by their universities or the Health Consumers' Council (WA). They are all acknowledged professionals in Indigenous health and research.

The role of the IRG was central to the project. They determined the methodology for the story collection, trained the story collectors, recruited the story providers, identified themes from the narratives, and provided discussion points and scenarios for educators to incorporate into their lesson plans.

It was imperative for the methodology to be culturally appropriate and respectful of Indigenous participants, a process that was not without its challenges. A number of contentious issues were labelled "ongoing conversations," and refer to instances where the conventional research paradigms were at odds with a culturally respectful approach. These included intellectual property issues around the narratives which became an important, yet unresolved concern. Similarly, the cash reimbursement for story providers recommended by the IRG as suitable for a cultural product, was considered to be an incentive by an ethics committee. Nevertheless, the trust and respectful space created by this project for genuine dialogue, allowed the team to move forward, find acceptable solutions and achieve the required outcomes, while acknowledging that deeper questions remained about the relationship between the research paradigm and cultural values. These are important ongoing conversations that extend beyond the life of the project.

Ethics approval was obtained from the Edith Cowan Human Research Ethics Committee and the Western Australian Aboriginal Health Ethics Committee.

## Story collectors

Seven story collectors were recruited and received training in the use of yarning as a data-collection tool.  Yarning is an "Indigenous cultural form of conversation" and involves "an informal and relaxed discussion through which both the researcher and the participant journey together, visiting places and topics of interest relevant to the research" (Bessarab & Ng'andu, 2010, p. 38). The two-day training was provided by three members of the

Indigenous Reference Group: Associate Professor Dawn Bessarab, Associate Professor Clive Walley, and Ms Laura Elkin.

## Story providers

The IRG identified that "story tellers" have a particular significance in Aboriginal culture, hence the term "story providers" was used. Story providers were recruited by the Indigenous Reference Group members through their personal contacts or through snowballing, that is, story providers identifying others who could provide stories. Twenty-one story providers were recruited, the majority of whom lived in rural and remote areas of the Murchison region in Western Australia. However, their stories relate to experiences across the metropolitan area of Perth, regional towns, and rural and remote settings. All the story providers identified as Aboriginal Australians and came from a range of language groups (all speak English). Several had a background in health care.

## Story collection process

Story collectors met with story providers prior to recording their conversation (yarn), to explain the purpose of the project and the process of story collection. Story collection took place at a venue chosen by the story providers, who had the choice of having their yarn video recorded or digitally recorded for transcription to text. They were asked to relate their own, or someone else's, experience with health services or health providers – these could be either positive or negative. At the conclusion of the yarn they were asked: "how do you think your story could help health professionals like nurses and doctors to provide better care to Indigenous people?" To ensure that the story providers were not traumatised by repeating their story, a list of counselling services with knowledge of the project, was made available. Only one story provider requested the list of counselling services.

Demographic data on gender, age group, Indigenous language group, and whether the story provider had a health background, were also collected. All the story providers' yarns were developed into stories. The video stories were edited by a video editor and the transcripts were professionally edited.

A two-step consent process was used: first, to obtain consent for recording the conversation and second, to obtain informed consent for the final stories derived from the conversation. All story providers consented to the use of their stories and only one requested a small change to her account. Each of them received a transcript and DVD copy (if relevant) of their stories as an enduring memento.

## Scenario development

The Indigenous Reference Group identified three themes; communication, passing on and drunken stereotypes, which were developed into scenarios. A further scenario relating to Stolen Generation trauma, is currently in post-production and is expected to be uploaded to the website early in 2013. The scenarios comprise composite stories that reflect common themes and are not representative of any one story. The themes were developed into scenarios by Aboriginal playwright David Milroy, and were produced by P & M Projects and Management.

# Project outcomes and impacts

Project outcomes as described in the original application:

- creation of a national library of multi-media narratives of Indigenous experiences, and

- impact of the narrative resources:

    - establishment of a national network of educators;

    - improved capacity of health graduates to work effectively with Indigenous people;

    - improved capacity of health education teachers to design and implement courses and resources;

    - application of narrative pedagogies to positively influence values, beliefs and actions.

## National library of multi-media narratives

A website http://altc-betterhealth.ecu.edu.au was developed for the project on which forty-one narratives were posted, either as videos (embedded in YouTube) and/or transcripts, depending on the preference of the story provider. The three scenarios depicting the key themes of communication, passing on and drunken stereotypes, are also located on the website. There are facilitation guides to the narratives and the scenarios which incorporate discussion points identified by the IRG. In addition, a search function has been incorporated into the website, allowing educators to search by:

- story-provider gender;

- media;

- age group story relates to;

- clinical and health system topic;

- aboriginal wellbeing;

- communication;

- social issues; and

- relevant health professional.

Language group information was also collected from each story provider to reflect the diversity of Aboriginal language groups. The map of Aboriginal Australia (under licence from Australian Institute of Aboriginal and Torres Strait Islander Studies) is available on the website.

Access is open to all, however users need to register and provide an email address and information about their organisation and discipline, before they can view the narratives and scenarios. Blogs for each of the narratives and scenarios were created on the website for educators to communicate with each other about the ways in which they used the narratives, and to collaborate in developing learning resources.

## Impact of the narrative resources

The project website http://altc-betterhealth.ecu.edu.au was launched on 3 April 2012. Since launch date up to the 7 October 2012, 715 people had registered on the website.

The majority of registrations were from people in Australian universities (80%), followed by government health services (8%) and government health departments (3%).

The web users represented 77% of the 39 Australian universities. Most of the registrations were from students (62%), followed by educators (20%), and clinicians (9%). A wide range of disciplines were represented including; pharmacy, nursing, medicine, Indigenous health, speech pathology and psychology.

The narrative resources were trialled by the collaborating universities in the second semester of 2012. Eight educators from the WA universities participated in the pilot, and collectively, represented a cross section of health disciplines. A half-day Educators' Workshop was held on 29 June 2012, to discuss ideas for using the narratives in teaching and learning.

Feedback from the pilot indicates that the scenarios and narratives were a useful tool for encouraging discussion and personal reflection. Full details of the impact of the narrative resources are provided in the attached Evaluation Report.

## Success factors

### Contribution of the Indigenous Reference Group

The Indigenous Reference Group (IRG) provided the anchor for the project. Its advice was vital for non-Indigenous researchers working in Indigenous research, but equally important, was the members' enduring enthusiasm and involvement in the project activities.

### Story collection methodology

While the methodology for the project, including the two consent processes, was lengthy and labour-intensive, it proved to be a respectful way to collect stories, and demonstrated Aboriginal Australians' willingness to tell their stories to support change. The yarning approach to data collection provided a rich source of personal experiences as it allowed the story provider to set the pace and agenda, and exceeded all expectations. For instance, instead of contributing just one linear story of an experience with a health service, many story providers elaborated on issues such as how stereotyping had impacted their lives, and how their connection to country is central to healing.

This unstructured approach not only provided stories that challenge attitudes and enhance empathy, but also practical lessons and examples on how to communicate with Aboriginal people. For example, one story provider described how she, an Aboriginal Health Worker, explains high blood pressure by using the metaphor of an over-heating radiator. The success of this methodology has led to its application in other areas of Aboriginal research.

# Impediments

## Collaboration between educators

Promoting the development of a national network of health educators interested in using the narratives and developing learning resources, was postponed until the majority of the narratives were available on the website, to stimulate interest and discussion amongst educators. As a result, there was limited time leading up to the second semester of 2012, for educators to establish collaborations and trial the use of the narrative resources.

Only three universities applied for the workshop grants of $1000 that were available through the project. Again, is seems likely that there was insufficient time to arrange workshops prior to the start of the semester.

It was anticipated that the blogs on the website would be used as a means for educators to collaborate and share their experiences of using the narrative resources. The blog posts were also expected to provide a clear indication of how the narratives were being used and received by students. However, it became clear that educators do not use blogs, and the project timeline did not allow for the development of alternative methods such as a national road show for promoting collaboration.

The limited time available for educators to establish collaborative arrangements and apply for the workshop grants, as well as the unavailability of an appropriate method for sharing their teaching experiences, prompted the recommendations on page 22.

# Dissemination

The website and narrative resources have been disseminated though presentations, radio interviews and publications.

**Conference papers:**

| Date | Presenter | Topic | Conference |
|---|---|---|---|
| 18 November 2010 | Toni Wain Dawn Bessarab | *Creating cultural empathy and challenging attitudes through Indigenous narratives* | Public Health Association Australia (WA Branch) Conference |
| 26 November 2010 | Moira Sim | *Creating cultural empathy and challenging attitudes through indigenous narratives* | Symposium: Simulation and Beyond, Newcastle |
| 2 February | Toni Wain | *Creating Cultural Empathy and Challenging Attitudes through Indigenous Narratives* | WA Teaching and Learning Forum |
| 3 July 2011 | Toni Wain | *Creating Cultural Empathy and Challenging Attitudes through Indigenous Narratives* | Rural HealthWest Aboriginal Health Conference, Perth |
| 7 November 2011 | Toni Wain | *Creating Cultural Empathy and Challenging Attitudes through Indigenous Narratives* | WAND (Western Australian Network for Dissemination) Sharing Day, Perth |
| 1 December 2011 | Toni Wain | *Creating cultural empathy and challenging attitudes through Indigenous narratives* | Leaders in Indigenous Medical Education (LIME) Conference  Auckland, New Zealand |
| 12 September 2012 | Cobie Rudd | *Project outcomes referred to within Plenary Address* | SimHealth 2012 National Simulation Conference, Making Teams Work, Sydney |
| 17 November 2012 | Toni Wain | *Creating cultural empathy and challenging attitudes through Indigenous narratives* | eCulture: ECU Learning and Teaching University Research event |

**Radio interviews:**

| | | |
|---|---|---|
| 30 April 2012 | | ECU disseminated a media release on the project |
| 4 May 2012 | Moira Sim | Interviewed on Noongar Radio |
| 17 May 2012 | Colleen Hayward | Interviewed on Radio Australia |

**Journal articles:**

| | | |
|---|---|---|
| July 2010 | Projects of interest: *Creating cultural empathy and challenging attitudes through Indigenous narratives* | The LIMEnetwork  newsletter |
| July 2012 | Indigenous Australian narratives are now available | The LIMEnetwork  newsletter |
| 17 November | *Creating cultural empathy and challenging attitudes through Indigenous narratives* | eCulture: ECU Learning and Teaching University Research event proceedings |

The Leaders in Indigenous Medical Education (LIME) network, through their annual conference and newsletter, provided a valuable link to educators. All university delegates who attended the LIME 2011 conference (approximately 200), were contacted by email after the website launch, to ensure that innovators in Indigenous medical education were aware of the resources.

Letters were sent to 110 Heads of School (medical, nursing and allied health) of Australian universities, promoting the website and encouraging universities to apply for the $1000 grants for workshops to discuss the use of these narrative resources for teaching and learning within their universities. Letters were also sent to professional colleges. The Royal Australasian College of Surgeons agreed to include the website link on their Indigenous Health and Cultural Competency online portal. Three universities applied for the $1000 workshop grants.

In addition, considerable follow-up was undertaken in response to requests for further information, following conference presentations. The Project Leads engaged in targeted communication with a range of universities across disciplines, as well as across all levels of government, for example, the Department of Regional Development and Lands, Government of Western Australia, and Health Workforce Australia.

The three scenarios have been made available on DVD and disseminated to educators upon request. DVDs containing all 41 narratives and the four scenarios will be produced early in 2013. This is as a result of one university's feedback that they were having difficulty broadcasting the narratives from YouTube in 10 classrooms simultaneously. The DVDs will be sent to an identified educator in each university to ensure that a narrative can be removed and the DVD replaced at the request of the relative of a deceased story provider.

On the 22 November 2012, a morning tea was held in Geraldton to acknowledge the support and commitment of the Geraldton Regional Aboriginal Medical Service, Combined Universities Centre for Rural Health and most importantly, the Aboriginal story providers in the region.

The narrative resources can be obtained from the project website: <altc-betterhealth.ecu.edu.au>.

DVDs of the narratives and scenarios are available from: SIRCH@ecu.edu.au.

# Linkages

The narrative resources developed during this project are currently being adapted for use in an interactive game as part of the OLT-funded *Indigenous Online Cultural Teaching and Sharing* project. Two of the leads, Associate Professor Moira Sim and Toni Wain, are members of the reference group for the project.

The OLT-funded project, "*Can DVD simulations be used to promote empathy and inter-professional collaboration among undergraduate healthcare students?*" will also integrate the narrative resources from this project. The "*Creating cultural empathy and challenging attitudes through Indigenous narratives*" project website link has been placed on the OLT-funded *"Exploring PBL in Indigenous Australian Studies"* project website.

# Evaluation

The purpose of the evaluation was to assess the effectiveness of the stories of Aboriginal people's experience with the Western Australian (WA) health care services, on students studying a clinical discipline in a WA university. The evaluation served two main purposes. Firstly, to evaluate the program's implementation process with the aim of identifying key lessons, barriers and critical success factors. Secondly, to determine the extent to which the program achieved its core objectives, in particular the impact of the narrative-based learning approach on students and educators.

There were three phases to the evaluation:

- Phase 1: Evaluation planning and clarification
- Phase 2: Formative process evaluation
- Phase 3: Summative impact evaluation

Both qualitative and quantitative data were collected in phase 2 and 3 of the evaluation.

## Formative evaluation - implementation of the project

The formative evaluation was conducted over an 18-month period, commencing in January 2011 with the recruitment and training of the story collectors. Evaluation of the two-day training workshop for the story collectors indicated that they were competent in using the yarning method to collect stories from the story providers.

Story providers indicated that their stories could be used to provide cultural awareness, highlight the need for health professionals to be aware of the health literacy levels of patients, emphasise the importance of providing health care in a respectful way, and avoid stereotyping Aboriginal people.

On completion of the story collection and development of the resources, the resources were placed on the website on the 3nd April 2012. Collection of the data from the lecturers and analysis to assess the impact of the resources on students, were conducted in the second semester of 2012.

## Summative evaluation - impact of the project

The ten lecturers interviewed by the evaluators reported that the resources fitted with their respective disciplines, and provided a number of examples of how the resources could be used. In one School, the lecturers met prior to the beginning of second semester and planned how they would use the resources for their students. Eight of the lecturers who had used the resources, reported on the effect they had on the students. A number of examples demonstrated a positive impact on students, but there were some cases where the response was negative, unexpected and challenging for the lecturer, and probably for other students in the class too.

The website has been an important strategy for making the resources available to lecturers, students and other potential users, as is evident from the number of registrations to the website. The vast majority of people who logged on to the website were students, followed by lecturers from Australian universities. Furthermore, YouTube reported 2,784 viewings of the video resources over a six-month period, with the three scenarios some of the most viewed resources.

Considering that the resources had only been available for six months at the time the data was collected for the evaluation, the results from both the quantitative and qualitative data are encouraging. The evidence indicates that the resources are being accessed by the target groups (students and lecturers) and others from seven out of the eight Australian states and territories. The results of the qualitative data show that lecturers are using the resources in a number of ways and across several health disciplines. The lecturers reported that there was an immediate response from students to the resources, and although some of these responses were negative, most were positive.

## Evaluators' Recommendations

- promote the resources from the "Creating Cultural Empathy" project as being relevant to Cultural Awareness training and in Aboriginal and Torres Strait Islander Studies units;

- lecturers who were involved in the pilot be invited to establish an official Australian Network of Lectures to provide leadership on Cultural Empathy across Australian Universities;

- provide students with a reflective journal as part of their own evaluation of the effect of the resources;

- the website be linked to HealthInfoNet to provide an active contribution to Aboriginal health;

- add to the scenarios and narratives to cover different disability experiences, for example, someone who has had a stroke or traumatic brain injury;

- explore the possibility of creating new search fields for the website that can provide quantitative analysis on who is visiting and what they have viewed, the length of time and if fit time users or revisiting;

- provide a Briefing Package to lecturers at half-day workshops prior to using the narratives;

- develop a train-the-trainer program for lecturers.

# Future plans

It is clear from the evidence that the narrative resources are valuable to educators. The external evaluators have provided case studies on how the resources are being used in a Western Australian university, but for the majority of participants who have registered on the website we are unaware of:

- how educators are using the narratives and scenarios, what learning activities and learning materials have been developed, and how the resources have been embedded into the curricula;

- how students are reacting to the narrative resources;

- what additional resources are needed to assist educators;

- what value state government representatives, Indigenous organisations and non-government agencies obtain from the narratives resources.

Publications and conference plans have been developed by the team members to guide dissemination of the information in 2013, regarding the implementation of the project and promotion of the narrative resources. The opportunity exists for further research to address the above issues and expand on existing knowledge, in order to effectively close the gap between the health outcomes of Indigenous and non-Indigenous Australian people.

## Recommendations

### Recommendation 1: Collate learning and teaching experiences from the use of the resources

An extensive follow-up of students, educators and clinicians who have registered on the site will provide:

- student response to the resources;

- information on how the narratives resources are being integrated into the curricula;

- information on the impact of the narratives on students and how transformational learning strategies are being implemented to challenge attitudes;

- practical advice on overcoming student resistance and reinforcing reflective learning;

- information on how the resources are used to teach skills for cultural competent care, for example, communication and negotiation with family regarding end-of-life preferences.

This information can be incorporated into the website and disseminated more widely.

## Recommendation 2: Embed the narrative resources into curricula

- invite self-nominated educators to workshops across the country to facilitate the uptake of the narrative resources;

- seek opportunities to link the resources to relevant educational and health professional websites.

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