COMMITTEE FOR THE ADVANCEMENT OF LEARNING AND TEACHING

FINAL REPORT ON UNIVERSITY TEACHING DEVELOPMENT GRANT

Name:Faafetai Sopoaga

Department: Preventive and Social Medicine

Title of Project (as on application)**:** Evaluation of a pilot Pacific Immersion Programme for Medical Students

Date on letter notifying award of grant: CALT 2011

General progress report (approximately 200 words)**:**

The aims of this research were to :

- Evaluate the usefulness of this method of teaching (where the community are educators) in the teaching of medical students.

- Assess the impact on the Pacific community when engaging with the University in this way.

The project is completed. The project evaluated the usefulness of the Pacific Immersion Programme for teaching Pacific health to medical students. It involved obtaining students' feedback from their reflective essays, feedback from students before and after the programme using quantitative collection of data, and also feedback from the local community.

Specific objectives achieved and any notable successes:

1. **Publications:**

- The evaluation of the usefulness of this method for teaching medical students is completed. There were two methods undertaken. One was to assess the usefulness of the programme from previous student's reflective essays. *Please see attached one publication.* The second was to conduct a survey where students were asked before and after (similar questions) to assess the usefulness of the immersion programme in their

learning. This data is being analysed and the plan is to publish the results within six months.

- The evaluation of the impact of the Pacific community involved focus groups with four communities involved in the project. Community groups involved were the Samoans, Cook Islands, Tongan and the mixed minority ethnic groups. There were two focus groups from each of these community groups interviewed, one for the adults and the other for young people. In total, there were eight community focus groups conducted as part of the evaluation process. The data from the community focus groups has been evaluated. A preliminary report was presented to Pacific leaders from the local community on the 14 March 2012. The first draft a paper to be submitted to the New Zealand Medical Journal is near completion.

2. **Presentations**
    - National Pacific Conference : Growing Pacific Solutions : 3-4 April 2012
    - Department of Preventive and Soc Medicine – Symposium 16-17 February 2012
    - Wellington Campus – Inaugural Pacific Day – 9 March 2012.

3. **Wellington School Campus**
    - There was a request from leaders in the Wellington Campus for more information about the Immersion Programme to assess its viability for their teaching programmes.

Specific objectives not achieved (plus a brief statement of the reasons):

Proposal to HRC for external funds to further research in this area. This is planned for later this year.

Student groups directly involved in the project or whose learning might indirectly benefit from the project:

All students studying medicine at the Dunedin School of Medicine will have the opportunity to benefit from this teaching.

Details of publications arising from the

Please see enclosed one paper published in December 2011 from this project. The plan is to submit two more articles for publications. The next one within 3 months and the last article within 6 months. Results from this work has been presented in a national Pacific conference on the 3rd April 2012. (see Growing Pacific Solutions - http://www.leva.co.nz/). I have presented information about the Programme at the Departmental level at the annual symposium in February 2012. I was also able to present some information about this project at the Pacific Inaugural Day at the Wellington Campus on the 9th March 2012.

Financial information:
Please see enclosed.

Summary:
The aim of this work was to assess the usefulness of this programme in teaching medical students about Pacific Health in New Zealand, and also to obtain the views of the community about its role in the programme. Students who participated in the programme reported their appreciation of this unique opportunity provided to enable them to see and experience the "reality" and "context" for many Pacific patients. It assisted them in understanding the reasons why Pacific peoples suffer disproportionately from poor health in New Zealand, and was an invaluable learning opportunity. The feedback from the community was very positive. It has provided them with the opportunity to have input into the training of future doctors who have a significant impact in the provision of healthcare in the future. They also appreciated the opportunity to have training health professionals interact with their own children, as they see these young medical students as good role models for their youth.

Signature:

Date: 11 April 2012

Please return to Ruth Taylor by email and in paper form no later than 30 April 2012.

A Pacific immersion programme—is it useful in teaching Pacific health to future doctors in New Zealand?

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ABSTRACT

BACKGROUND AND CONTEXT: Pacific peoples make up approximately 7% of the total population in New Zealand, and are over-represented in poor health statistics. There are very few Pacific peoples in the health workforce. Most Pacific patients will be seen by a non-Pacific health professional when seeking medical care. It is important for all health education institutions, therefore, to include Pacific health as part of their curricula.

ASSESSMENT OF PROBLEM: This article outlines the development and evaluation of a Pacific immersion programme to teach medical students about Pacific health. The programme was developed with the assistance of local Pacific community leaders. Learning objectives for students, protocols and processes were developed. These learning objectives and feedback from medical students, staff and host families, formed the basis for evaluating the programme.

RESULTS: Students found the programme to be very useful. Host families were satisfied with the experience. Staff support ensured the programme became a required part of learning at the Dunedin School of Medicine.

STRATEGIES FOR IMPROVEMENT: The pilot programme was initially offered as an optional choice for students. In the future, all students at the Dunedin School of Medicine will be expected to undertake the programme. A research project looking at changes in knowledge, skills and attitudes of students after the programme will be of value.

LESSONS: The programme provided a useful way for teaching Pacific health to undergraduate medical students. Other institutions could consider this method for teaching Pacific health in their curricula.

KEYWORDS: Pacific health; health education; Pacific peoples

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Background and context

The teaching of cross-cultural competencies has been incorporated in the training of medical students in many countries.[1–4] Teaching methods used are lectures, workshops, rotations, language training, immersion programmes and other approaches, to enable students to learn about factors that influence the health of people in different ethnic societies.[5–11] This is of particular importance in communities which are becoming increasingly diverse.

Pacific peoples in New Zealand make up approximately 7% of the total population.[12] There are very few Pacific health professionals working in New Zealand. Less than 3% of all nurses, 1% of medical doctors, and even fewer physiotherapists, dentists and pharmacists identify as Pacific.[13] Pacific patients are most likely to be seen by non-Pacific health professionals when they seek health care. It is important for health education institutions in New Zealand, therefore, to include the teaching of Pacific health in their curricula. This article

outlines the development of a Pacific immersion programme, and the evaluation of its usefulness for teaching Pacific health to medical students.

Pacific health and health models

'Pacific health' refers to the health of Pacific peoples living in New Zealand. It includes factors such as socioeconomic, cultural, spiritual, environmental influences on health and access to health care. It also looks at other factors that influence health and wellbeing, and the efforts of society to improve health and health outcomes. Pacific peoples are over-represented in poor health outcomes compared to the total New Zealand population.[14,15] The Government has responded to this by ensuring information is available about Pacific cultural competencies, and *'Ala Mo'ui* outlines the pathways to health and wellbeing for Pacific peoples.[16,17] Pacific researchers have also contributed to an understanding of Pacific health and wellbeing in New Zealand. Many health models have been developed to assist in understanding Pacific health, and how to conduct research with Pacific peoples in New Zealand.[18,19] One of the first models to be described was the 'Fonofale model', developed in 1984.[19] This model has a pan-Pacific approach, and outlines a number of areas that can influence the health of Pacific peoples. These are culture, family, physical attributes, spirituality, mental factors, sexuality, age, gender and socioeconomic status. The environment, time and context for patients are also important factors to consider.

Medical training at the University of Otago

The first medical school to be established in New Zealand was at the University of Otago in 1875.[20] The Faculty of Medicine has three medical schools spread over three campuses: Dunedin, Christchurch and Wellington. Students who wish to study medicine at Otago are required to do a competitive health sciences first-year course.[21] Those who are successful enter the second year of medical training. Two hundred and sixty students are accepted into the second year of a six-year medical course. The second and third years of training are based in Dunedin. Students are divided evenly between three campuses in the final years of training. Those who are not successful in getting into medicine after the health sciences first year, can apply again under the 'Graduates' category or in the 'Other' category.[22]

Assessment/impetus for the programme

Research at Duke University outlined the importance of involving at-risk communities in the work of training institutions for improved outcomes.[23] An immersion programme at the University of Otago to teach medical students about the health of Maori, the indigenous people of New Zealand, was reported to be useful.[4] A similar approach had not been explored for the teaching of Pacific health. The development of a new curriculum at the Faculty of Medicine in 2008 provided an opportunity to explore if a similar programme would be useful for teaching Pacific health.

Pacific immersion programme

A pilot Pacific immersion programme was developed in Dunedin which allowed the Pacific community to have input into the teaching of fourth-year medical students. The university consulted the local Pacific community in the development of the programme, which involved medical students spending a weekend with a local Pacific family. The objectives of the programme were to provide the opportunity for students to:

- experience Pacific family life in NZ
- observe and experience how culture, religion and socioeconomic environment influence health
- practise and observe cross-cultural communication
- determine from observations and information shared what could be useful for them in their future practice, and
- learn about factors that influence the health of Pacific peoples from the community.

Community coordinators worked with university staff to develop required protocols and processes. Information developed was translated where required for host families. Students were given relevant information and guidelines about the Pacific group they were to stay with. There were four attachments during the year. Four Pacific

groups took part in hosting the students: Samoans, Cook Island Maori, Tongans and a mixture of smaller ethnic groups (Fijians, I-Kiribati, Tuvaluans and Niueans). Each group was involved once only during the year. Families involved were given a supermarket voucher to assist in the catering of students.

Students were required to complete a reflective essay about the lessons gained from the attachment. They also had the opportunity to provide verbal feedback through debrief sessions with staff after the programme. Fourth-year medical students have had training in consultation skills, and how to obtain information from patients by asking relevant questions. In this context, they were encouraged to observe and compare the similarities and differences to their own upbringing, and how what they observed could be either beneficial or detrimental to health. They were encouraged to participate in host families' activities, and ask questions if there were issues they did not understand. Students were instructed not to offer medical advice to people in the community about their illnesses. If students were concerned about a situation, they were to refer the matter to university staff responsible for the programme. Funding for the programme was made available through the Dean's office.

Method for evaluating the programme

Evaluation of the programme was required to determine its usefulness for teaching Pacific health to medical students. Ethics approval was not required for this purpose. Student essays and debrief feedback were analysed to see if the learning objectives of the programme were met. The students' essays received feedback, but did not contribute to their marks for the attachment. Permission was obtained from students for information provided to be used for reports or publications. Assurance was given that any information used would not identify individuals. Feedback from the Pacific community through community coordinators was taken into consideration. It focused on whether they were satisfied with the experience. It was important to also know whether they would be happy to participate in future programmes. Feedback from staff about the programme was important in the evaluation process. The information sought from staff was whether they thought the programme should be incorporated as a required part of the curriculum.

WHAT GAP THIS FILLS

What we already know: Research has outlined the importance of involving at-risk communities in the work of training institutions for improved outcomes. An immersion programme at the University of Otago to teach medical students about the health of Maori has been reported to be useful.

What this study adds: The teaching of Pacific health through an immersion programme to medical students in New Zealand is a new initiative. This is a pilot programme which has enabled the Pacific community to be 'teachers' in the training of medical students.

Results

The programme was conducted as a pilot in 2010, and was optional for students. Of the 77 medical students in the fourth-year medical class, one student was of Pacific heritage. Fifty-seven students participated in the programme. All students who took part in the programme reported an appreciation of the opportunity provided for them to learn about Pacific health in this context. Reported below are examples of feedback from students against the objectives of the programme.

Objective 1: Opportunity to experience Pacific family life in NZ

> "They were such a welcoming, generous and unfailing friendly people with a really strong sense of culture and community among their ethnic groups." (Student No. 1, Male)

> "The thing that struck me most about my weekend spent with... family was their inclusiveness. From the moment we met... until the moment we kissed goodbye, I was treated like a member of the family." (Student No. 2, Female)

Objective 2: Observe and experience how culture, religion and socioeconomic environment influence health

> "For me, this experience has highlighted several key points and areas between my upbringing and

culture and that of Pacific peoples. These include the family structure, cultural norms and their impact on health behaviours, and the degree of understanding and acceptance of medical concepts." (Student No. 3, Male)

"In preventative and social medicine we are taught, frequently, about the social determinants of disease, with the Dahlgren and Whitehead diagram repeated ad nauseam. So whenever I see that diagram I tend to switch off without giving it more than a cursory glance. But this weekend I gained a true insight into the real social determinants of health, disease and wellbeing." (Student No. 4, Female)

"When I think about my own upbringing/lifestyle it confirms to me how fortunate I have been to many of the above factors (income, poverty, employment and occupation, education, housing...). I attended... school... and... college... Both are decile 10 which means they are among the 10% of schools with the lowest proportion of their students from the lower socioeconomic communities... my parents both work... where employment contracts are very reasonable and their income is steady..." (Student No. 5, Male)

"I learned the massive importance of one's social and spiritual health. People from the... community value friends and their faith often higher than their own personal needs, and I know now how essential it will be to enquire about their total feeling of wellness, not just their physical health." (Student No. 6, Female)

"She also said that traditionally... a prayer would be said when beginning the consultation with a doctor and before treatment would begin. I had never considered that doctors might pray with their patients. General ignorance of... spiritual needs in the health care system may be a reason why... do not access health care as much as they need to." (Student No. 7, Male)

Objective 3: Practise and observe cross-cultural communication

"I believe that I gained a lot from the Pacific immersion weekend, I learned a lot about the traditions and customs of the... community, developed communication skills in overcoming language barriers and also developed greater insight into the health issues that are concerning the community as well." (Student No. 8, Male)

"I have come to realise that quality communication is an underestimated health determinant. I always knew that communication was important, especially when patients do not speak English, a translator may be necessary. However, there is a lot more to communication than just speaking the same language." (Student No. 9, Female)

Objective 4: Determine from observations and information shared, what could be useful for them in their future practice

"This programme has helped me realise that as a future member of the health profession. I have a responsibility to improve Pacific health outcomes and reduce inequalities." (Student No. 10, Male)

"I am very grateful for the opportunity, and feel there is no better way to learn about a culture, than by experiencing it first-hand." (Student No. 11, Female)

"We all need to be culturally aware and sensitive to the needs of all our patients regardless of whether they are a minority group or not. I hope that the special knowledge I have gained from this weekend will help me to do just this in my future practice." (Student No. 12, Female)

Objective 5: Learn about factors that influence the health of Pacific peoples from the community

"I have heard repeatedly in lectures of how different aspects of Pacific culture could affect the delivery of health care, but I wasn't sure how true it was for the average Pacific Islander. This scepticism evaporated when I listened to my host father as he described his people and their relationships with doctors." (Student No. 13, Male)

"For my Pacific immersion experience I was heartily welcomed into a family with a connection to Kiribati. I had no previous knowledge of the Kiribati islands, couldn't even locate them on a map, but over the course of the weekend I came to learn a little bit about what it's like to be a migrant to New

Zealand from a small island community."
(Student No. 14, Female)

Feedback from local communities through community coordinators indicated everyone was satisfied with the programme. Host families felt what they had to share was valued and this was greatly appreciated. Medical students had a positive impact as they were seen to be good role models for young people in the community. All host families were happy to be involved again in future programmes.

The Dean of the Dunedin School of Medicine and senior staff members attended some of the attachments. Everyone endorsed the Pacific Immersion Programme as a valuable learning experience for students and agreed for it to be a required part of learning. Students are motivated to learn subjects that have a formal assessment component.[24] The Pacific Immersion Programme will be included as an examinable part of the medical curriculum for students.

Discussion

This unique opportunity helped students observe and experience the context for Pacific peoples in New Zealand, the complexities of Pacific families, the impact of cultural and environmental factors and the opportunities they have to make a difference in the future. Some students were anxious initially because what they knew of Pacific peoples was through the 'news media', and it all seemed to be 'bad news'. The opportunity provided opened the eyes of students to many issues they would not have understood in the context of class lectures. Students also observed positive factors that influenced health and wellbeing. Pacific peoples are migrants, and having a strong connection with family and community was important for their overall wellbeing.[25] Pacific peoples who have a strong connection to a community group were less at-risk. Those, however, who were not as well connected to a community group, church or other network of support were often the 'hard-to-reach' groups and were the ones most at-risk.

Students, through their essays and feedback at debrief sessions, were able to observe and identify many issues that impacted on Pacific peoples' health. These included income, employment, education, housing, transport, smoking, diet and nutrition. Some also observed that, whilst the community was a close-knit group, there were some—particularly the elderly—who were lonely and felt displaced. Depression was observed as an important issue for young people, and suicides had affected some host families in recent times.

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The Pacific Immersion Programme provided a way to engage the community in the work of the university. There were also benefits for the local community from involvement in the programme. Community coordinators and staff felt this programme provided a basis for developing further working relationships and collaborations in the future.

Lessons and messages

The Pacific Immersion Programme was explored as a method to teach Pacific health to medical students in New Zealand. Students reported it was very useful in helping them learn about the context for Pacific peoples in New Zealand, and how best to work with them in their future practices. Good communication and working relationships between the local community and the university made the development and run-

ning of the programme a success. The University of Otago will continue to work collaboratively with the local community to strengthen this relationship. The Pacific Immersion Programme could be explored by other health education institutions in New Zealand as a method for teaching Pacific health.

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COMPETING INTERESTS
None declared.