**Ensuring Indigenous cultural respect in Australian undergraduate nursing students**

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Similar to other Westernised countries, Australia’s history of colonisation, racism and oppression has impacted upon Indigenous Peoples’ health and wellbeing. It is also evident that institutional racism and ongoing colonisation are present in the Australian health system. Better preparation of health professionals to work in a culturally respectful way can contribute to addressing health disparities and prejudices. One approach to enabling the development of cultural respect, is through embedding an Indigenous Graduate Attribute (IGA) across curricula and ensuring the process is thoughtfully developed and assessed. This paper describes and discusses the process of developing an Assessment Criteria Template (ACT) to assess Indigenous cultural respect in an undergraduate nursing degree program. Critical to the project was meaningful engagement with Indigenous stakeholders and Indigenous leadership to inform the development and implementation process. Although the context will vary globally due to the diversity of Indigenous Peoples and each country’s history of colonisation, by publishing this work, we intend to provide transparency into the process we undertook to embed and assess an IGA ACT in an undergraduate nursing curriculum. We hope this is helpful for other tertiary institutions internationally who are also engaging in this space.

Keywords: Indigenous; Education, Nursing, Curriculum, Educational Assessment, Cultural Competency.

# Introduction

We wish to acknowledge the Gadigal People of the Eora Nation upon whose ancestral lands our campus stands. We would also like to pay respect to the Elders both past and present, acknowledging them as the traditional custodians of knowledge for these lands. Throughout this paper Aboriginal and Torres Strait Islander Peoples are recognised as Australia’s First Peoples and we acknowledge the strong culture of connection and community.

In Australia, like other colonised countries, there is considerable disparity in health and social outcomes for Indigenous Peoples when compared with the non-Indigenous population (Commonwealth of Australia, 2016). Indigenous Australians bear the burden of non-communicable diseases, chronic ill-health and lower life expectancy (Australian Indigenous Health *Info*net, 2016). Despite some recent health gains in reduced infant mortality rates, education, employment and connection to traditional lands, in 2016 there were increasing levels of psychological distress, substance abuse and incarceration for Aboriginal and Torres Strait Islander Peoples (Steering Committee for the Review of Government Service Provision, 2016).

The disparity in health stems from the ongoing effects of colonisation; health services that do not meet Aboriginal and Torres Strait Islander Peoples' needs; and, disadvantage experienced in relation to the social determinants of health. Given consistently poorer health outcomes, there is a recognised need for health care services to provide culturally safe and respectful care (Bainbridge, McCalman, Clifford, & Tsey, 2015). One factor that has been recognised as essential to improving the health of Aboriginal and Torres Strait Islander Peoples is access to a health workforce that is culturally sensitive and knowledgeable about how the history of colonisation, racism and oppression has impacted upon Aboriginal and Torres Strait Islander Peoples’ health and wellbeing (Virdun et al. 2013). Therefore, supporting future health professionals to develop Indigenous cultural capabilities and cultural respect is a priority (Universities Australia & Indigenous Higher Education Advisory Council (IHEAC), 2011b). One approach to enabling the development of cultural capabilities is embedding an Indigenous Graduate Attribute (IGA) across curricula (Universities Australia & Indigenous Higher Education Advisory Council (IHEAC), 2011a; Virdun et al., 2013). Internationally, graduate attributes are seen to represent the essential outcomes of tertiary education (de la Harpe and David, 2012). Creation of a graduate attribute is a critical first step in driving and supporting learning and teaching activities to ensure actualisation of this attribute for all students. Assessment of this attribute is critical to understanding student outcomes (Power et al., 2016).

The undergraduate nursing course discussed in this paper currently has six graduate attributes that assess ‘professional disposition’; ‘person-centred care’; ‘communication and collaboration’; ‘knowledge use and translation’; ‘professional competence’; and, ‘Indigenous cultural respect’. The aim of this paper is to present an approach to assessing the Indigenous Graduate Attribute, ‘Indigenous cultural respect’ using integrated learning experiences and an Assessment Criteria Template (ACT).

The introduction of the ACT was preceded by the formation of a working party made up of Indigenous and non-Indigenous staff members (Virdun, et al., 2013) and the development of a conceptual framework termed REM – **R**espect, **E**ngagement and Sharing, **M**oving forward together (Power, et al., 2016) (see figure 1). The REM framework was initially developed to provide a means to articulate the process by which we envisaged staff and students gaining understanding of the complexity of developing Indigenous cultural respect. The REM framework is circular and embodied. The elements are not discreet units, rather, they are fluid and interrelated. The REM framework and associated resources can be viewed at <https://utsindigenoushealth.com/>.

Figure 1. The REM Framework

Ensuring a culture of safe collaboration between Indigenous and non-Indigenous staff members was essential for the development and implementation of the Indigenous graduate attribute (Virdun, et al., 2013) and remained vital for this next phase of work focusing on assessment.

# Background

Although the term cultural competence is contested (Bullen and Flavell, 2017; Carey, 2015), there is agreement that the principles of ensuring a culturally safe and respectful health care environment should be a basic human right (Bainbridge, et al., 2015). The impetus for change in Indigenous health in Australia can be traced to the Social Justice report (Calma, 2006). The Social Justice Report eventually led to the Council of Australian Government (COAG) developing and implementing the landmark Closing the Gap (CTG) strategy (Council of Australian Governments, n.d.). Recognising that education and employment are social determinants of health (The Department of Health, 2013), the current CTG targets aim to:

* Close the gap in life expectancy between Indigenous and non-Indigenous Australians within a generation (by 2031);
* halve the gap in mortality rates for Indigenous children under five (by 2018);
* have 95 per cent of all Indigenous four-year-olds enrolled in early childhood education (by 2025);
* close the gap between Indigenous and non-Indigenous school attendance (by 2018);
* halve the gap in reading, writing and numeracy achievements (by 2018);
* halve the gap for Indigenous Australians aged 20-24 in Year 12 attainment or equivalent attainment rates (by 2020);
* and, halve the gap in employment outcomes between Indigenous and non-Indigenous Australians (by 2018) (Commonwealth of Australia, 2016).

However, in the 2017 ‘Closing the Gap Prime Ministers Report’ it was noted that only one of the targets (Year 12 attainment) is on track to be realised (Commonwealth of Australia, 2017).

Underpinning lack of progress in some areas may be in part due to racism and discrimination (Department of Health, 2014; Larson, Gillies, Howard, & Coffin, 2007). Unfortunately, it is acknowledged that institutional racism and ongoing colonisation are evident in the Australian health care system (Durey, Lin, & Thompson, 2013). Institutional racism is evident in the cultural inappropriateness of hospital forms and processes and the inability of many health professionals to engage with Indigenous people in culturally appropriate ways (Durey, Thompson, & Wood, 2012). One strategy to start to address these issues is to better prepare health professionals to work in a culturally respectful way (Goold, 2011; Sherwood, 2013). Essential to creating this workforce is developing culturally responsive and capable nurses who understand, and are respectful of, issues faced by Indigenous Australians such as disproportionate rates of mental illness, substance abuse and imprisonment (Sherwood and Geia, 2014). These issues can be directly attributed to the legacy of colonisation in Australia including the generational trauma resulting from forced child removal under the Aboriginal Protection Policy (Sherwood and Geia, 2014). It is therefore essential that Aboriginal and Torres Strait Islander content be embedded through integrated learning opportunities, and assessed within nursing curricular in a meaningful way from the commencement of nursing studies (Best and Fredericks, 2014).

Preparing health professionals requires a commitment to ensuring graduates develop the necessary personal, professional and intellectual attributes required to safely and competently practice to the standard expected of the profession (Nursing and Midwifery Board of Australia, 2016). Measuring or assessing student’s technical abilities and foundational knowledge is well established through varying validated assessment procedures such as observation of practice and OSCEs (Objective, Structured, Clinical Examination). However, measuring more nuanced attributes such as cultural respect and cultural competency can be more difficult (Carey, 2015; Taylor, Kickett, & Jones, 2014), and these attributes are often poorly measured and assessed (Flavell, Thackrah, & Hoffman, 2013).

In Australia, health professionals are governed by a health regulatory body and by professional codes and practice standards (Nursing and Midwifery Board of Australia, 2016). Undergraduate nursing curricula are required to include Indigenous content such as Indigenous history, identity, culture, and how racism and colonisation have impacted on contemporary Indigenous health across curricula. In addition, or as a means to ensure this content is provided, all undergraduate health degrees in Australia must contain a core Indigenous health subject (Australian Nursing and Midwifery Accreditation Council, 2012). Additionally, internal accreditation requires the curriculum to develop and assess a pre-defined set of graduate attributes in students related to the profession or discipline addressed by the course (University of Technology Sydney, 2013).

Historically, curricula focused more on developing competencies and skills that were broad and prepared students for working with people from a wide variety of multi-cultural and international backgrounds (Goerke and Kickett, 2013). However, in 2009, Universities Australia and the Indigenous Higher Education Advisory Council (IHEAC), sought funding from the Department of Education, Employment and Workplace Relations to ensure the development of cultural competency at both an institutional level and in non-Indigenous graduates. This resulted in the‘*National best practice framework for Indigenous cultural competency in Australian universities*’ and the associated ‘*Guiding principles for developing Indigenous Cultural Competency in Australian Universities*’ (Universities Australia & Indigenous Higher Education Advisory Council (IHEAC), 2011a, 2011b). This framework recommended a cultural competency focused Indigenous Graduate Attribute be embedded and assessed in all undergraduate curricula. Providing clear embedded, and integrated assessment criteria will ensure a sound pedagogical approach and confidence in student attainment of learning objectives.

The national health workforce entity, Health Workforce Australia also advocated for the inclusion of mandatory cultural competency curricula as a recommendation stemming from the ‘*Growing our future: Final report of the Aboriginal and Torres Strait Islander Health Worker Project*” (Health Workforce Australia, 2011). More recently in response to the ‘*Growing our future’* report, the Department of Health developed the ‘*Aboriginal and Torres Strait Islander health curriculum framework’* (Department of Health, 2014). The Framework “provides a benchmark for graduate cultural capability standards” in tertiary education in Australia (Department of Health, 2014, p. 1:5).

Many institutions including Charles Sturt (2016), Edith Cowan (2012), Griffith (nd.) and Western Sydney (Anning, Holland, & Wilson, 2012) Universities provide recommendations for the types of assessments that develop Indigenous cultural competence. Many programs and frameworks offer suggestions for scaffolding content throughout curricula, and the timing in regard to year of study, such content should be offered. However, despite recommendations for “a degree of transparency regarding outcomes associated with this attribute” (Goerke and Kickett, 2013, p. 71), like others (Flavell, Thackrah & Hoffman 2013), we have found little in the literature that provides insight into IGA assessment criteria that are being used in practice. This is not implying that they do not exist, however, to our knowledge individual assessment criteria have not yet been shared in the literature.

At the University of Technology Sydney (UTS), all graduates of the Faculty of Health are expected to demonstrate Indigenous cultural respect though meeting the following Indigenous Graduate Attribute (IGA) “*Demonstrate professional cultural competency which contributes to the health and wellbeing of Indigenous Australians, inclusive of physical, social, emotional and spiritual wellness”* (University of Technology Sydney: Faculty of Health, 2016).

The UTS Health IGA was developed to provide opportunities for students to demonstrate respect and value for world view differences, particularly Australian Indigenous ways of knowing, being and doing. Students are also expected to critically reflect upon the impact of ongoing colonisation and its perverse discourse on Indigenous Australians and their health and wellbeing. The diversity of Indigenous Australians also needs to be recognised and this knowledge integrated into practice (Virdun, et al., 2013). The graduate attribute also supports students to demonstrate their ability to meet the professional nursing competency standard of ‘*responding to the role of family and community that underpin the health of Aboriginal and Torres Strait Islander peoples and people of other cultures’* (Nursing and Midwifery Board of Australia, 2016, p. 3).

As part of the development of the IGA, a review of a final assessment in a core first-year undergraduate nursing subject, found that student knowledge regarding Aboriginal and Torres Strait Islander health outcomes appeared to be poor. Indeed, some of the cohort were misrepresenting information which was broadly categorised as stemming from racism, stereotypical views or a lack of knowledge of Indigenous history and culture. Comments such as ‘they’ [Indigenous people] all live in the desert, are unemployed, and addicted to drugs and alcohol were common place. There was also a common theme that emerged where students discussed a general negative attitude of Aboriginal people regarding their own sense of well-being. Some even went as far as to write that *‘they do not care about themselves and/or their children or know how to look after them, so they need our help’*. The analysing team which included an Indigenous academic, found many comments to be paternalistic.

We are hopeful that the introduction of the REM Framework and ACT will shift student perspectives from the commencement of their degree, so that they are able to demonstrate Indigenous cultural respect upon graduation. Changes within the curriculum have been made with a recognition that we must cater to students from many starting points and perspectives on Indigenous health and history. The inclusion of the REM ACT means that students must demonstrate appropriate understanding in line with expected, year specific knowledge to achieve a pass in the assessment.

# Developing the REM ACT

Anecdotally, we know that students value that which is assessed; and, motivation follows marks. Developing an appropriate assessment framework that supports development of Indigenous cultural respect over a course, rather than a more fragmented approach at each subject level, supports the complexity of learning required to understand Australia’s colonial history and the ongoing impacts this has on the health and wellbeing of Aboriginal and Torres Strait Islander Peoples. Basing this framework on the REM model (Power, et al., 2016) allowed a structure for learning that is based within Indigenous pedagogy, respects the circular and embodied approach required and improves access to this complexity for students. It is acknowledged that much of this learning requires interweaving of concepts over time and our framework allows this through the embedding and growth of key criteria across the course. Respect enables a foundation from which to work, engagement and sharing builds on respect through a requirement for active participation from both parties involved and allows for the development of meaningful relationships; and, moving forward together can only successfully occur when the first two principles have been achieved (Power, et al., 2016). However, within each key criterion, multiple layers of learning are required and it is here that interweaving of learning will occur. That is, students require multiple opportunities to develop the graduate attribute of Indigenous cultural respect, with the ACT assessing key areas of learning at designated time points.

It was assumed that embedding the assessable REM ACT would highlight to students the need to satisfy the requirements of the IGA and the Faculty’s commitment to developing cultural competency in graduates. Embedding this within criteria also allows staff to provide feedback specifically relevant to the IGA. These assessment criteria provide guidance to support non-Indigenous staff teaching and marking in this area. Support and development for Faculty staff in this space is ongoing and underpinned by the REM framework (Power, et al., 2016).

To further the embedding and assessing of the IGA, the authorship team applied for a small institutional grant to develop an IGA ACT to pilot in the Bachelor of Nursing, a three-year course leading to registration. In line with recommendations in the ‘*Aboriginal and Torres Strait Islander health curriculum* *framework*’ (Department of Health, 2014) and honouring previous work (Virdun, et al., 2013), the team is composed of Indigenous and non-Indigenous members. This recognises the importance of Indigenous leadership, knowledge and sensitivity to guide the process and to share knowledge. Bainbridge (2013, pp. 279-280) discussed the concepts of “Being, Knowing and Doing” as underpinning a culturally safe and culturally respectful approach, where everyone is aware and respectful of each other’s culture, and where one is not valued more than the other.

The initial step was to review the Bachelor of Nursing undergraduate curriculum to locate current Indigenous content and to identify subjects that were suitable to embed further Indigenous focussed learning and teaching activities and subsequently assess the IGA. The Team then spent time reflecting on existing relevant frameworks (Association of American Colleges &amp; Universities, n.d.); and engaged in extensive discussion regarding the most effective way to adapt the REM framework into an ACT. Using the REM framework as the basis of the ACT assisted the Team to reconcile the conflict between Aboriginal and Torres Strait Islander cultures and Western higher education assessment requirements. The inter-cultural collaboration that occurred during the envisaging of the REM Framework (Virdun, et al., 2013) ensured that associated pedagogical principles were carefully considered.

We initially focused on ‘levels’ of attainment, writing assessment criteria for each principle of REM that resulted in three levels of accomplishment for each principle. An example of this is shown below for ‘Respect’:

Table 1. Assessment criteria – first draft of Respect

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Framework assessing Indigenous Cultural Respect | | | | |
| Ist year:  Respect | **Unsatisfactory** | **Level 1** | **Level 2** | **Level 3** |
| Respect and value for worldview differences  Respect and value for Indigenous ways of knowing, being and doing | Limited or no understanding of the nature of worldviews and cultures  Limited or no awareness of personal values and beliefs  Inability to self-monitor and critically self-reflect | Broad or generic understanding of the nature of worldviews and cultures  Awareness of personal values and beliefs  Identifies principles of alternative cultural perspectives but responds in all situations with own worldview | Understanding of the nature and dynamics of power and privilege  A capacity and willingness to move away from using their own cultural values as a benchmark for measuring and judging the behaviour of people from other cultural backgrounds  Able to self-monitor and critically self-reflect | An awareness of values, biases and beliefs built into the practitioner’s profession and an understanding of how these characteristics impact on people from different cultures  Express how personal, cultural and institutionalized discrimination can manifest in marginalised and health inequalities nationally and internationally |

Originally it was thought that these ‘levels’ could equate with years of study and that the REM assessment levels would be marked independently of other assessment criteria. Reflecting on this, it was acknowledged that staff would then have to attribute a mark for the assessment generally as well as a level in relation to Indigenous cultural respect. A key focus for this work was to see it become integrated and sustainable in everyday practice and therefore, a framework that was an ‘add-on’ to the usual practice of assessment was not appropriate and would have been difficult to implement. Additionally, having separate criteria for assessing the IGA may have been confusing for students. It may have been possible for students to achieve good marks for the assessment and yet do poorly in relation to the Indigenous graduate attribute. Crucially, ensuring this work was integrated into usual University policy and practice underscored the importance of this for students – this is not an ‘add on’ but core to their learning and development as student nurses.

Further discussion and thought led to the development of an alternate approach. This approach relied on the development of criteria template that could be available for academics to add into existing marking rubrics. Vertical integration, where knowledge is built upon throughout the curriculum (Coombe, Lee, & Robinson, 2017) was deemed to be closely aligned with both the REM framework and accreditation guidelines (Australian Nursing and Midwifery Accreditation Council, 2012). Therefore, criteria based upon the REM framework, were written in line with curriculum years. Rather than assessing all three principles of REM in each assessment, each of the principles were aligned to a year of study. The principles however, were not siloed but iterative. **R**espect is developed in year one. In the second-year, students are required to demonstrate a more complex understanding of **R**espect as well as appreciation of **E**ngagement and sharing. Then in the third year, with the addition of **M**oving forward together, students satisfy all three of the REM principles. The use of such a scaffolded approach to the development and assessment of Indigenous cultural competency aligns well with contemporary pedagogy and enables students to appreciate their own personal development.

Separating REM into its principles allows academics to review the REM criteria relevant for the students’ year of study and integrate this into their own marking rubrics for assessments mapped to the IGA. This new approach was felt to be strongly aligned with usual assessment practices for staff and easily understood by students.

Several iterations of the new ACT were written with a focus on refining criteria wording and ensuring assessment of each of the REM framework principles. At this point, the team consulted key Indigenous stakeholders in two different forums (one with health representatives only and one with health, education and policy workers represented to ensure feedback from all perspectives informed ongoing template modifications). Initially a team member presented the framework opportunistically at an Indigenous stakeholder forum, held to plan clinical placements relevant to Indigenous Health. This forum had representatives from across the health sector within NSW. All attendees were Indigenous health professionals working in roles specific to Indigenous health care. Given this was an opportunistic presentation of the framework, attendees had not been provided with any information about this work ahead of time. However, key pieces of feedback revealed that the stakeholders considered the work important and were heartened to see evidence of a University actively working to embed assessment of an attribute focused on Indigenous cultural respect. Stakeholders expressed a willingness to partner in this work to see it brought to fruition. Concern was raised regarding the capability of non-Indigenous staff to assess Indigenous cultural respect. All stakeholders present at this first forum were then invited to the formal project stakeholder forum.

The second formal stakeholder forum, was held to discuss embedding teaching and learning activities across curricula (subject mapping, learning activities, assessment pieces and the REM ACT). Careful consideration was given to the list of invitees for this event to ensure attendance by National Indigenous leaders in teaching and learning, Indigenous health professionals, Indigenous alumni, key University staff and the project team. Work achieved by the project to date was collated and circulated to all attendees prior to the event to enable time to review. This included: a project summary; the UTS Faculty of Health graduate attributes for the Bachelor of Nursing; our draft framework for assessing Indigenous Cultural Respect (ACT); an outline of key learning, teaching and assessment strategies proposed for the four subjects, specifically mapped to and assessing the Indigenous graduate attribute within the Bachelor of Nursing (BN); and, full subject outlines for each of the subjects noted above. The agenda for the meeting noted discussion time to focus both on the ACT and on key subject learning and assessment activities. Academics for each of the involved subjects completed a template of information for the stakeholders including: subject Name; timing of the subject in the BN curriculum and approximate number of students; subject objectives specifically related to this work; key learning activities planned; and, key assessments planned.

The draft ACT was well received by the stakeholders, and they provided valuable feedback. Feedback included, phrases and concepts to hone the terminology used (E.g. changing ‘justifies’ to ‘articulates’; including ‘diminishing trust’ into ‘Respect’; removal of ‘understanding’ in relation to differing world views; adding ‘builds trust through partnerships and ensures integrated service delivery’ into 'Engagement and sharing') and key policy documents (Department of Health, 2015; NSW Ministry of Health, 2012) were recommended to further inform the template. All feedback was incorporated into the next version of the ACT.

Again, feedback from forum attendees reinforced the importance and the uniqueness of this work. All feedback was integrated into the finalised REM ACT (see Table 2). Stakeholders at this forum also discussed the concern noted during the earlier stakeholder meeting in relation to non-Indigenous staff assessing the Indigenous graduate attribute. The outcome was that the group of Indigenous stakeholders felt that it was important for non-Indigenous staff to be closely supported to enable their own professional development in relation to Indigenous cultural respect. Advice was provided that staff development, coupled with a carefully constructed assessment piece and marking criteria developed in partnership with Indigenous staff, should enable safe embedding and assessment of an Indigenous graduate attribute. This stance aligned with the Faculty philosophy that contributing to improving Indigenous health and the health systems that cater to Indigenous clients is the concern of all Faculty staff.

Table 2. REM assessment criteria – final

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | Respect |  | |
| 1st year  Focus is on respect  ‘R’ | **Course outcome 6.1**  Demonstrate respect and value for worldview differences and in particular Australian Indigenous ways of knowing, being and doing | Demonstrates understanding of the nature of worldviews and cultures  Correlates the dynamics of power and privilege with health outcomes |  | |
|  |  | **Respect** | **Engagement and Sharing** |  |
| 2nd year  Focus is on respect and engagement and sharing ‘RE’ | **Course outcome 6.2**  Critically reflect upon the impact of ongoing colonisation and its pervasive discourse on Indigenous Australians and their health and wellbeing | Demonstrates cultural humility and an ability to navigate the space between differing worldviews related to culture  Explains how personal, cultural and institutionalized discrimination marginalises communities, diminishes trust and contributes to health inequalities | Expresses how personal, cultural and institutionalised discrimination can manifest in marginalised groups, racism and health inequalities  Demonstrates an understanding of the importance of an evidence and strengths based approach to care provision and how this translates to practice |
|  |  | **Respect** | **Engagement and Sharing** | **Moving Forward** |
| 3rd year  Focus is on respect, engagement and sharing and moving forward ‘REM’ | **Course outcome 6.3**  Recognise the diversity of Indigenous Australians and integrate this knowledge into practice | Demonstrates cultural humility and an ability to navigate the space between differing worldviews related to culture  Explains how personal, cultural and institutionalized discrimination marginalises communities, diminishes trust and contributes to health inequalities | Articulates the importance of person centred care that is respectful of cultural differences and/or similarities, builds trust through partnerships and ensures integrated service delivery  Recognises that provision of nursing care to Indigenous peoples requires practitioners to focus on the person and not their own personal constructs of identity and wellbeing | Articulates the need for working through partnerships to develop and implement evidence and strengths-based strategies to enable optimal health  Explains how to empower and enable, through being an ‘agent of change’, the development of culturally safe work environments  Outlines the need for lifelong learning in relation to Indigenous cultural respect |

Given academics are prone to ‘privilege those graduate attributes most conventional to their disciplines’, workforce planning to support this specific graduate attribute has been careful and considered (de la Harpe and David, 2012, p. 506). Pragmatically, there is always a risk in using non-Indigenous staff who may not be suitably experienced or comfortable teaching Indigenous content. However, we remain committed to Indigenous health and wellbeing being ‘everybody’s business’ and so there has been a significant investment in staff development in the Faculty. All members of the Faculty, academic, research and professional staff are invited to monthly Yarning Circles, facilitated by Indigenous guest speakers. Yarning Circles allow Faculty to engage directly with Indigenous people and learn from an Indigenous perspective. Yearly cultural safety workshops run by Indigenous people are organised for all academics and attendance is compulsory for academics teaching into the subjects that assess the IGA. Academics also engage in pre-semester meetings and assessment meetings; and, the work is supported by a resource website (<https://utsindigenoushealth.com/>). The resource website is organised according to the REM Framework, under the headings 'insights into Indigenous culture', 'impacts of colonisation and racism' and 'a shared future'. and includes scholarly literature, links to online audio-visual resources (including filmed Yarning Circles), and artwork. All resources on the website have been reviewed and approved by a senior Indigenous academic. Additionally, all non-Indigenous staff have access to Indigenous academics for mentorship.

To ensure Faculty participate in this space, ‘Indigenous Cultural Engagement’ was included as an academic benchmark along with suggested activities to satisfy the criteria. Academic benchmarks measure staff performance against a set of pre-determined expectations, in this case how they are embedding the IGA and/or participating in activities to improve their own cultural capability and knowledge of Indigenous culture. This means, that staff must discuss how they are engaging in this space in their bi-annual meetings with their workload supervisors encouraging reflection and action.

**The REM ACT in practice**

To pilot the REM ACT, we rewrote marking rubrics for Indigenous assessments embedded across our Bachelor of Nursing course and aligned teaching and learning practices accordingly. As previously noted, all Indigenous content and assessments were developed collaboratively with Indigenous and non-Indigenous staff during accreditation and reviewed by key Indigenous stakeholders prior to finalisation.

Assessments in first year focus on the REM framework element of **R**espect. This involves students developing understanding of worldview differences and the correlation of power and privilege with health outcomes. In second year students are expected to: build on initial learnings about respect and demonstrate cultural humility; understand the ongoing and pervasive effects of colonisation, marginalisation and racism; and, be able to articulate the positive effect, strengths-based care provision can have on the healthcare relationship and outcomes for Indigenous people. By third year students should be able to continue to show evidence of achieving **R**espect, and **E**ngagement and sharing from first and second year, and additionally demonstrate **M**oving forward together, which encompasses understanding of person-centred care that takes culture and history into account; bracketing their own personal constructs; recognising that cultural competency involves life-long learning; and, being committed to being an agent of change able to reflect on their own legacy.

When allocating marks to assessments that evaluate the IGA, we wanted it to be clear to students that this was not a token exercise. Marks for these assessments range from 15 – 65% of a subject’s total marks. This means that if a student does not engage fully with the learning they can potentially fail a core subject in the degree which would require them to re-take the entire subject. This assures the achievement of this graduate attribute for all students before they are eligible to graduate. Further underlining our commitment to this attribute, students are introduced to the REM framework in orientation weeks, before their formal classes commence. From the very beginning of their degree, it is made very clear that developing cultural competency is an expected outcome of the whole course. In all subjects assessing the IGA, the following animation is made available to students to further explain the REM Framework. <https://youtu.be/TswEEGemBco>. These actions reiterate the importance the Faculty places on students becoming culturally capable to work with Indigenous Australians.

**Evaluation**

Measuring improvements that can be attributed directly to graduate attributes is a challenge (Oliver, 2013). We recognise the paradox of attempting to measure the ‘understanding of Indigenous knowledge’ through ‘Western discourses and intellectual traditions’ (Bullen and Flavell, 2017, p. 586). We are therefore attempting to measure the ability of this work to ensure Indigenous cultural competency in graduates in several ways. In addition to students demonstrating capability in IGA associated assessments, at an institutional level, there are now focused questions included in confidential student feedback surveys that allow students to self-assess their own knowledge development. At a course level we are surveying students values and attitudes longitudinally, using the ‘Racism, Acceptance, and Cultural-Ethnocentrism Scale (RACES) (Grigg and Manderson, 2015).

Developments in Indigenising curricula are increasing exponentially. Anticipated in 2017 is the release of the CATSINaM ‘Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework’ (CATSINaM, 2016) which is an adaptation of the Department of Health’s (2014) ‘Aboriginal and Torres Strait Islander Health Curriculum Framework’. The REM framework was evaluated against and found complimentary to the original framework but will be reappraised against the CATSINaM version when available.

# Conclusion

The REM framework, with its focus on three key principles, proved to be an ideal scaffold for the embedding of the Indigenous graduate attribute in the Bachelor of Nursing curricula (UTS, 2015). The framework was also able to guide learning design, assessment items and assessment criteria in undergraduate courses and has since been adapted to postgraduate courses within the Faculty. Whereas in a three-year undergraduate course there is opportunity to scaffold learning across the years, the framework needed to be embedded in a more standalone manner within postgraduate subjects. However, the use of such a framework enables alignment and consistency for students across teaching and learning activities, including assessment. That is, marking criteria based within REM (as provided within the ACT), tailored to each specific subject, supports students to appreciate the principles underpinning the development of the IGA and thereby shift their own perspectives over time.

Ensuring graduates embody Indigenous cultural respect remains fundamentally important to support real change and improvements in the health and wellbeing of Aboriginal and Torres Strait Islander Peoples over time. Taking a Faculty wide approach to embedding an Indigenous focussed graduate attribute has provided both challenges and triumphs, particularly in ensuring the Faculty moved beyond the rhetoric of embedding an attribute, to the reality of assuring this for all students. We wanted it to be very clear to students that to graduate from our courses; all graduate attributes must be demonstrated, inclusive of our Indigenous graduate attribute. This means, graduates must demonstrate all the REM principles in both theory and practice.

Development of the REM ACT has provided academics with a structured framework to measure students’ development in understanding and applying culturally respectful practices and approaches. Given this is the first time the ACT has been applied, careful and ongoing evaluation is required to validate it. Initial success of the ACT as demonstrated through this project will allow for adjustments to be made prior to trialling the template in other health courses. It is hoped that the development of Indigenous cultural respect in all health graduates will transfer into systems and services to decrease racism and improve health outcomes for Indigenous Australians.

Although the context will vary globally, due to the diversity of Indigenous Peoples and each country’s history of colonisation, by publishing this work, we intend to provide transparency into the process we undertook to embed and assess an IGA ACT. We hope this is helpful for other tertiary institutions internationally, who may also be engaging in this space.

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