



# WORKING RESPECTFULLY WITH ABORIGINAL PEOPLE (WRAP): A STUDENT TOOLKIT

GRADUATE SCHOOL OF HEALTH,  
UNIVERSITY OF TECHNOLOGY SYDNEY

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## ACKNOWLEDGEMENT OF COUNTRY

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The authors acknowledge the Traditional Owners of the lands this research was conducted on, the Gadigal people of the Eora nation in the area now known as Sydney as well the Darug and Dharawal peoples of the greater Sydney region. We acknowledge them as knowledge holders for these lands and respect their continuing culture and the contribution they make to the life of this city and urban environment.

The Aboriginal artwork used to design this toolkit has been adapted with permission from the artist, Maddison Gibbs: *"Maddison's inspiration for the Girra Maa artwork has come through many threads, including time spent in the UTS' Indigenous garden, Waraburra Nura, and the work of Aunty Fran Bodkin's Indigenous botanical knowledges about the sacred relationships that plants have, giving nutrients, support and life to each other."*

# GETTING STARTED

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1. How the Toolkit was developed?
2. Who am I? Where do I come from?
3. Building rapport, engagement and capacity to work respectfully with Aboriginal Peoples
4. Student preparation workbook activities for urban settings
5. Reflective practice: Professional obligations working with Aboriginal clients
6. Self-directed student learning links and resources
7. Reflection-in-action prompts (during placement)
8. Reflection-on-action prompts (after Placement)
9. Clinical Placement Student Manual: Graduate School of Health
10. Reflective practice resources



## HOW THE TOOLKIT WAS DEVELOPED?

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1. Information about the development of the Toolkit: The inclusions for the Toolkit were developed based on 3 phases of research: **Phase 1:** Understanding the student perspective; **Phase 2:** Understanding the clinical partners' perspective; **Phase 3:** Understanding the Aboriginal stakeholders' perspectives
2. Acknowledgement of the research team members
  - a. *The research team consisted of the following members:*

**Dr Cherie Lucas**, (Project Lead), Senior Lecturer (Pharmacy), Clinical Education Manager, Graduate School of Health, University of Technology Sydney

**Associate Professor Megan Williams** (Head, Indigenous Health), Graduate School of Health, University of Technology Sydney (Wiradjuri)

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**Dr Tamara Power**, Senior Research Fellow, Faculty of Health, University of Technology Sydney (Wiradjuri)

(supported by research assistant: **Mariyam Aly**, PhD Candidate, Graduate School of Health, University of Technology Sydney)
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**Maridulu Budyari Gumat**

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The Sydney Partnership for Health, Education, Research & Enterprise (SPHERE)

# YOUR IDENTITY: YOUR STORY

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1. Understanding your own identity, cultural background and why you are unique
  - a. What is your cultural background?
  
  
  
  
  
  
  
  
  
  - b. What part of the world were you born in? Identify the country via world map. If you were born in a different country, how do you think it differs from Australia?
  
  
  
  
  
  
  
  
  
  - c. Identify something about yourself that not many would know about you that you feel proud of?
  
  
  
  
  
  
  
  
  
  - d. Identify a positive experience you have had related to engaging with a new environment
  
  
  
  
  
  
  
  
  
  - e. Identify a negative experience you have had related to engaging with a new environment
  
  
  
  
  
  
  
  
  
  - f. What experience do you have either personally or professionally with Aboriginal and/or Torres Strait Islander Peoples?
  
2. Everyone has a story to tell. What is your story? Pitch your “story” using an elevator pitch of 3 minutes or less.



# BUILDING RAPPORT, ENGAGEMENT AND CAPACITY TO WORK RESPECTFULLY WITH ABORIGINAL PEOPLE

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## Prior to placement:

1. Reflect on your current 'knowledge' of Aboriginal people. What do I know about Aboriginal and/or Torres Strait Islander Peoples? How do you know what you 'know' about Aboriginal people?
2. Reflect on what has influenced that 'knowledge' about Aboriginal people?
3. Reflect on what you have learnt about Aboriginal people during your time at university?
4. Do you think by participating in a placement highly populated with Aboriginal communities will challenge your own cultural worldview? If so how do you intend to monitor these social and/or cultural differences?
5. Consider your own firmly held beliefs, assumptions and approaches and whether they have an impact on your capacity to work effectively and respectfully with Aboriginal communities

# PREPARATION FOR THE URBAN SETTING

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1. On which Aboriginal Country do you currently live, and which Country will you be working on when attending placement? If you don't already know, click on the link to explore the AIATSIS map of Indigenous Australia.
2. Which Local Government Area will you be visiting?
3. Which Local Health District will you be visiting?
4. Who is the Aboriginal Land Council that governs the area?
5. Checklist for Aboriginal Services:
  - a. What Health Services are available in the area you are visiting?
  - b. Are there Aboriginal and/or Torres Strait Islander Community Controlled Health Services based in the area you are visiting?
  - c. What Legal Services are available?
  - d. What Family Services are available?



e. What Transport Services are available?

b. A brief overview of Aboriginal Peoples' relationships to that Country (a key source of information here will be the Local Aboriginal Land Council)

f. Identify websites and other sources you have researched to obtain the above information

c. In addition to the Traditional Custodians how many other mobs are estimated to be living in the area? (Local Government websites may have this information)

g. Name key policies and strategies that aim to improve Aboriginal Peoples' access to medicines.

d. A brief overview of colonial history related to that Country

6. Prepare a document that identifies the following:

a. A map of the urban area you are visiting.

e. Significant areas and walks (Local Government and National Parks and Wildlife Service websites may have this information)



7. Frequently used terms and phrases related to Aboriginal and Torres Strait Islander health.

As the map shows, there is immense linguistic diversity among Aboriginal Peoples across Australia. This is reflected in different family and kinship terms and common forms of address such as hello and goodbye that you may encounter during your placement. Aboriginal English has numerous terms that are used more widely, several of which are listed below. Find out what you can about the meaning of at least five of these. Where did you obtain this information?

AMS

Aunty/Uncle

Boss

Bush medicine

Business

Charge

Community Control

Country

Deadly

Deaths in Custody

Gammon

Gunjies

Horrors

Kimbie

Mish

Mob

Rubbish

Shame

Social and Emotional Wellbeing

Stolen Generations

Woman/Man/Married up

Yarn

Yarndi



## REFLECTIVE PRACTICE: PROFESSIONAL OBLIGATIONS WORKING WITH ABORIGINAL COMMUNITIES

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1. What attributes, attitudes and beliefs do you think are required for a pharmacist to respectfully work and engage with Aboriginal Peoples? Why do you think these are important?
2. What sort of expectations and assumptions do you have about working within Aboriginal Communities?
3. What do you believe are your professional obligations?

## SELF-DIRECTED STUDENT LEARNING ACTIVITIES PRIOR TO ATTENDING PLACEMENT

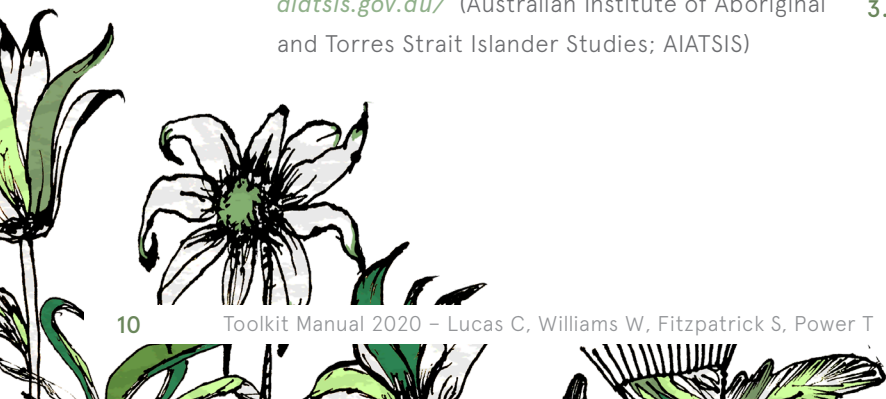
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Review the following YouTube Video links, websites and resources:

1. Back to Country: A Guided Reflection on Sovereignty - <https://backto.country/>  
Listen to the 10 minute audio, in a quiet, private place
2. The Little Red Yellow Black Website: An Introduction to Indigenous Australia <https://lryb.aiatsis.gov.au/> (Australian Institute of Aboriginal and Torres Strait Islander Studies; AIATSIS)

Review the following sections:

- a. Who we are?
  - b. Culture and Sport
  - c. Participation
  - d. Resistance and reconciliation
2. Australian Indigenous *HealthInfoNet*  
<https://healthinonet.ecu.edu.au>
  3. Reflective Practice articles:  
Bennett et al. (2016) Reflection for learning, learning for reflection: developing Indigenous competencies in higher education. *Journal of University Teaching and Learning Practice*  
<https://ro.uow.edu.au/jutlp/vol13/iss2/7/>





4. The LIME Network Resources Hub: Leaders in Indigenous Medical Education  
<https://www.limenetwork.net.au/resources-lime-publications/resources-hub/>

Learning about Aboriginal health and wellbeing at the postgraduate level: novel application of the Growth and Empowerment Measure (Fitzpatrick, Haswell, Williams et al. 2019)

<https://www.limenetwork.net.au/resource/learning-about-aboriginal-health-and-wellbeing-at-the-postgraduate-level-novel-application-of-the-growth-and-empowerment-measure/>

Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition (Curtis et al. 2019)

<https://www.limenetwork.net.au/resource/why-cultural-safety-rather-than-cultural-competency-is-required-to-achieve-health-equity-a-literature-review-and-recommended-definition/>

Racism influences medical students' decision on practicing in minority or underserved communities (Mayo Clinic, 2019, Medical Press)

<https://www.limenetwork.net.au/resource/why-cultural-safety-rather-than-cultural-competency-is-required-to-achieve-health-equity-a-literature-review-and-recommended-definition/>

Integrated undergraduate Aboriginal health curricula - validating a programme evaluation survey tool (Carr et al. 2011 ANZHAPE: Australian and New Zealand Association for Health Professional Educators)

<https://www.limenetwork.net.au/resource/integrated-undergraduate-aboriginal-health-curricula-validating-a-programme-evaluation-survey-tool/>

Health benefits of Going On-Country (David et al. 2018, The Lowitja Institute)

<https://www.limenetwork.net.au/resource/health-benefits-of-going-on-country/>

5. Pharmacy exemplar counselling videos:  
Pharmacist counselling Aboriginal Patients
- a. Exemplar Video #1 Pharmacist counselling Diabetic Aboriginal female patient on complicated medication administration
  - b. Exemplar Video #2 Pharmacist counselling Aboriginal male patient without a Medicare Card





## REFLECTIVE PRACTICE: MODELS

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Reflective practice in professional education is a complex and deliberate approach to thinking about, interpreting ('making sense') of experiences in order to learn from it to enhance future practice.

1. Reflective practice is often triggered by experiences and has the potential to influence personal and professional growth and learning.

Workshop discussion: What types of experiences are you expecting to have while on placement?

2. Review the models of reflective practice and highlight which model you identify with. Please refer to some of the reflective practice resources in the Toolkit.

Reflection-in-action (Schon's 1983 reflective model, Schon D. *The Reflective Practitioner: How Professionals Think In Action*. Gower House, England: Ashgate Publishing Ltd; 1995.) is the process whereby the health practitioner recognizes a situation, problem, challenge or event and reflects on this during practice (placement). This type of reflection occurs while in practice.

## REFLECTION-IN-ACTION: REFLECTION DURING PLACEMENT

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**During your placement:**

1. Reflect on how this placement aligned or differed with your pre-placement expectations?

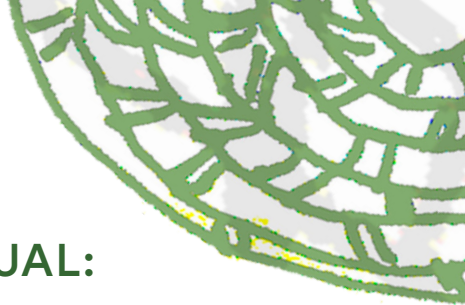


# REFLECTION-ON-ACTION: REFLECTION AFTER PLACEMENT

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## After placement:

1. Having spent time in community what are your plans for continuing to develop cultural capabilities to work effectively with Aboriginal people?
2. With consideration now of your experience in working in communities highly populated with Aboriginal and/or Torres Strait Islander People, would you have done anything differently if you were given the chance again to engage and work with Aboriginal and/or Torres Strait Islander Peoples?
3. Recognise that there is always room for improvement and that no learning is a lifelong process



# CLINICAL PLACEMENT STUDENT MANUAL: GRADUATE SCHOOL OF HEALTH

Prior to attending placement please review the Graduate School of Health Clinical Placement Manual 2020

- Key Contacts
- Clinical Education Management Team
- Glossary of Terms
- Pre-Placement Requirements
- Code of Conduct and Ethics: Privacy and Confidentiality
- Workplace Safety and Wellbeing
- Absenteeism
- Placement allocations - FAQ

## REFLECTIVE PRACTICE RESOURCES: MODELS AND KEY EDUCATORS FOR REFLECTIVE PRACTICE



DEWEY 1910	POLANYI 1967	SCHON 1983	KOLB 1984	BOUD ET AL 1985	MEZIROW 1990
<i>Reflective Thought</i>	<i>Tacit Dimension</i>	<i>Technical Rationality</i>	<i>Experiential Learning Theory</i>	<i>Seven Elements of Reflective Process</i>	<i>Transformative Learning</i>
Reflection through inferences and 'thought training' through habit	<i>Tacit knowledge</i> <i>'We all know more than we can tell'</i>	Reflection-in-action Reflection-on-action	Integrating theory with practice	1. Returning to the experience 2. Attending to feelings 3. Association 4. Integration 5. Validation 6. Appropriation 7. Outcomes and Action	Distinguishes between non-reflector, reflector and critical reflector

FIGURE 1: TIMELINE OF KEY EDUCATORS IN THE DEVELOPMENT OF REFLECTIVE PRACTICE (TSINGOS (LUCAS) ET AL, 2014)



FIGURE 2: REFLECTIVE CONCEPTS FRAMEWORK: ACQUIRE, LEARN, INTEGRATE, NEW PERSPECTIVES (TSINGOS (LUCAS) ET AL. 2014)

Figure 1 and Figure 2 derived from: Ref: Tsingos (LUCAS), Cherie, Bosnic-Anticevich, Sinthia & Smith, Lorraine (2014), Reflective Practice and Its Implications for Pharmacy Education. American Journal of Pharmaceutical Education. 2014; 78(1) Article 18 <https://doi.org/10.5688/ajpe78118>

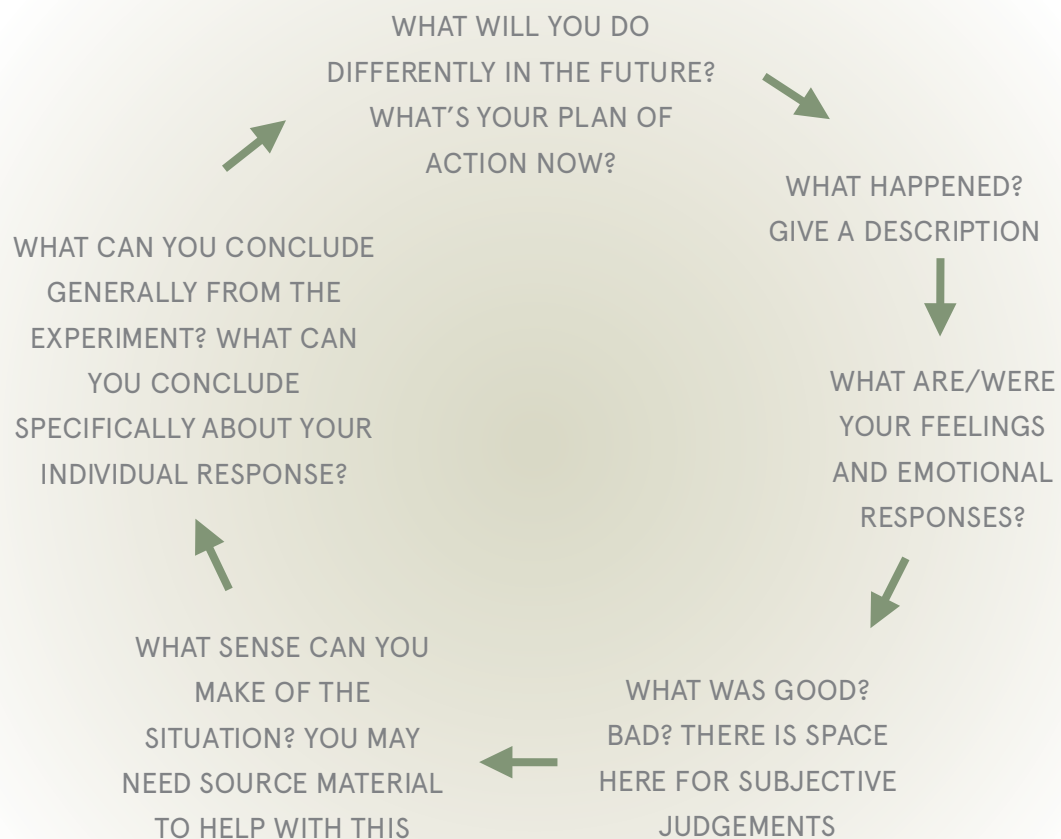




### Some Other Examples of Reflective Practice Models:

#### 1. Gibbs' Reflective Cycle

Gibbs, G. (1988) Learning by doing: a guide to teaching and learning methods. [London]: FEU.





2. Kolb's Experiential Learning Cycle

Kolb DA (1984). Experiential learning: experience as the source of learning and development. Englewood Cliffs, NJ: Prentice Hall

