FINAL REPORT 2016
RESHAPING CURRICULAS:
Integrating culturally diverse/mental health online content to prepare work ready health professionals

flinders.edu.au/nursing/mhc
Acknowledgements

We would like to thank all the following participants for their support, commitment and contribution to the success of this project.

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List of acronyms used

ABS       Australian Bureau of Statistics
ICT       Information and Communications Technology
IPE       Interprofessional Education
LMS       Learning Management System
NHMRC     National Health and Medical Research Council
TPB       Theory of Planned Behaviour
Executive summary
Australia is one of the most culturally diverse countries in the world (NHMRC 2005), yet the health care system is not as responsive as it should be to minority groups (Johnstone & Kanitsaki 2007). This is particularly the case with regard to mental health care, where minority groups face the dual vulnerability of marginalisation and stigmatisation of mental illness and difficulties with access to and utilisation of services (Cross & Singh 2012). The development of cultural and mental health clinical competence and the provision of interprofessional care are central to developing a culturally responsive health care system (NHMRC 2005).

The project involved the design, development, evaluation and dissemination of focussed curricula to prepare health sciences, psychology and nursing students in the mental health assessment and management needs of Indigenous Australians and people from culturally and linguistically diverse backgrounds. An innovative virtual teaching and learning resource was developed and disseminated incorporating ‘guided learning journeys’ and associated course material. A ‘guided learning journey’ is a scripted case study that develops and unfolds in response to collective decision-making by students, simulating real-world clinical settings by exposing students to the complexity of the setting and the progression of the health problem.

The aims of the project were as follows: 1. Development of four virtual (online) guided learning journeys for use in health sciences curricula, 2. Implementation and evaluation of guided learning journeys with existing curricula in participating universities. 3. Dissemination and integration across disciplines and universities.

Project Approach
Theoretical frame: The project involved the development of an innovative interdisciplinary virtual teaching and learning platform for undergraduate health sciences curricula. The development approach was underpinned by the national development trajectories for interprofessional education (IPE) identified by Bell et al. (2009) in their OLT project. In particular, interprofessional knowledge and practice was integrated within health professional education and learning, with IPE located as a core component of the curriculum. Three well-substantiated teaching principles informed the development of the online learning environment, namely storytelling, case-based learning and constructivist learning (Giddens 2007), in order to foster an awareness of different interpretations among participants in health care - essential to the development of cultural competence and interprofessional health care (Hunter & Krants 2010).

Collaboration: This was a joint project between Flinders University, The University of Newcastle, Edith Cowan University and the Central Queensland University, under the leadership of Professor Eimear Muir-Cochrane at Flinders University. A national project reference group of content experts worked collaboratively with the project team to develop the online learning journeys, the Facilitator Guide and Instructional Guides for Students. External partners included SA Health, Chinese Welfare Services, South Australia and Migrant Resource Centre, SA.

Development: Priority areas to be addressed in the guided learning journeys were identified based on national statistics and the lack of existing undergraduate health curricula materials. A template for the first learning journey was developed including the following components: patient
information in areas such a medical history, psychosocial and cultural background, expert health professional videos, structured critical thinking, student activities and online links to further resources. Following evaluation of this journey, the decision was made to design each further learning journey in a unique and different way using media rich online resources, with the general template providing a consistent structure to ensure ease of navigation for students. Technical considerations focused around the accessibility of the journeys across multiple universities. The Flinders University Content Management System was used, which allows for the development and publishing of Flinders University web pages.

Project Impact

The learning journeys: Four virtual (online) guided learning journeys were developed that explore mental health and cultural issues.

Journey One: This journey follows Justin O’Dowd, a 20-year old Indigenous man with diabetes and complex mental and physical health problems, as he engages with the health care system.

Journey Two: Sui Fang, an 80-year-old woman, originally from Hong Kong, currently residing in Sydney with her family. This guided learning journey explores the impact of cognitive decline (dementia) on an immigrant Chinese family.

Journey Three: Shannon Bycroft, a 20-year-old Aboriginal woman from a rural area in Australia who is pregnant with her first child. This learning journey involves exploration of and understanding about racism, culture, puerperal psychosis and mental health assessment.

Journey Four Migrant and Refugee Resilience and wellbeing. This learning journey explores the mental health and wellbeing of refugees and migrants. Migrants from many countries tell their stories of arriving and settling in Australia.

In addition, a fifth educational resource was developed entitled ‘What do health professionals actually do?’ Eleven health professionals describe their role and what drives their passion in their chosen career. All the learning materials are available online in an open access format (http://www.flinders.edu.au/nursing/mhc/)
Establishment of an evidence base for the use of guided learning journeys: Formative evaluation was undertaken to inform the design, development, implementation and dissemination of the guided learning journeys. The first guided learning journey was piloted with health sciences students from Flinders University in focus groups and online surveys. The students were overwhelmingly positive about the journey and its impact on themselves and their practice. Refinements were made on the basis of student feedback, including the need to better scaffold the journey.

Summative evaluation involved pre- and post-testing with 72 students using a mental health clinical confidence scale (Bell, Horsfall & Goodin 1998), a health science competency-based assessment tool (Classen et al. 2003) and a questionnaire informed by the theory of planned behaviour (TPB). Findings demonstrated significant positive changes in cultural competence, empathy and attitudes to people from different cultural groups. This suggests that the learning journeys may be an effective way to facilitate reduction in stigma and challenge attitudes and perceptions towards people from different cultures.

External evaluation was carried out at two time points; a mid-term project review (December 2014) and an end of project review (November 2015). At the suggestion of the project evaluator, additional focus groups were undertaken with six students from Flinders University who completed the first journey of Justin O’Dowd. As per the pilot study, the students were overwhelmingly positive about the guided learning journey.

Dissemination: A multifaceted dissemination strategy was implemented throughout the project involving uptake at the lead university; uptake in the four participating universities; and inviting broader uptake. To date all three participating Universities are trialling the materials within curricula at their own Universities and an additional number of Universities and tertiary organisations and private providers have expressed interest in using the resources.

Additional dissemination activities included: the dissemination of >1500 postcards; presentations at multiple local, national and international conferences; LinkedIn, Research Gate, Twitter, professional association newsletters and magazines, workshops, showcases, meetings and invited presentations; radio (ABC 891) and television (ABC Adelaide) interviews during Mental Health Week October 2015 and articles submitted for publication in refereed journals.

Key findings
This project has significant reach and will be useful to all 39 Australia Universities that offer health curricula, as the educational materials can be used as a whole or in discrete parts, imported into university Learning Management Systems easily. Ongoing networking with partner and extended university academics will occur in 2016 to further promulgate materials and facilitate uptake.
# Table of contents

Acknowledgements ......................................................................................................................................... 3
List of acronyms used .................................................................................................................................. 4
Executive summary ..................................................................................................................................... 5
  Project Approach ..................................................................................................................................... 5
  Project Impact ......................................................................................................................................... 6
  Key findings ............................................................................................................................................. 7
Table of contents ....................................................................................................................................... 8
Tables and figures ....................................................................................................................................... 9
Chapter 1: Establishing the curriculum .................................................................................................. 10
  1.1 Introduction ....................................................................................................................................... 10
  1.2 Cultural and mental health context ............................................................................................... 10
  1.3 Theoretical frame ............................................................................................................................ 11
  1.4 Project decision making processes ............................................................................................... 12
Chapter 2: Development of the four learning journeys ...................................................................... 14
  2.1 Introduction ....................................................................................................................................... 14
  2.2 Designing the learning journeys ..................................................................................................... 14
  2.3 Technical considerations ................................................................................................................ 15
  2.4 Filming scenarios ............................................................................................................................. 16
Chapter 3: Project outputs ...................................................................................................................... 18
  3.1 Introduction ....................................................................................................................................... 18
  3.2 The learning journeys ..................................................................................................................... 18
  3.3 Additional educational resources .................................................................................................. 20
Chapter 4: Implementation and evaluation ........................................................................................ 21
  4.1 Introduction ....................................................................................................................................... 21
  4.2 Formative evaluation ......................................................................................................................... 21
  4.3 Summative evaluation ..................................................................................................................... 24
Chapter Five Dissemination .................................................................................................................... 28
  5.1 Dissemination at the lead and participating universities ............................................................. 28
  5.2 Further dissemination activities ...................................................................................................... 29
  5.3 External evaluation .......................................................................................................................... 30
References ................................................................................................................................................ 31
Section 6 Appendices ............................................................................................................................... 33
Tables and figures

Tables
Table 1 – Implementation of the learning journeys at participating universities \hspace{3cm} \text{Page 24}
Table 2 – Descriptive statistics for the measures \hspace{3cm} \text{Page 26}
Table 3 – Future implementation of the learning journeys \hspace{3cm} \text{Page 30}

Figures
Figure 1 – Filming of the Shannon Bycroft learning journey \hspace{3cm} \text{Page 18}
Figure 2 - Mei Lin, Cathy Chong, and Kam Chiu from Chinese Welfare Service SA. \hspace{3cm} \text{Page 18}
Figure 3 – Volunteers from the Migrant Resource Centre SA. \hspace{3cm} \text{Page 18}
Figure 4 - Screenshot of Journey One: Justin O’Dowd \hspace{3cm} \text{Page 19}
Figure 5 - Screenshot of Journey Two: Sui Fang \hspace{3cm} \text{Page 20}
Figure 6 - Screenshot of Journey Three: Shannon Bycroft \hspace{3cm} \text{Page 20}
Figure 7 – Screenshot of Migrant and Refugee Resilience and Wellbeing \hspace{3cm} \text{Page 21}
Figure 8 - Figure 8: Screenshot of Additional Education Materials \hspace{3cm} \text{Page 21}
Figure 9 – Sally Lisle (student) accessing Sui Fang learning journey \hspace{3cm} \text{Page 28}
Chapter 1: Establishing the curriculum

1.1 Introduction

This chapter contextualises the nature of the problem by landscaping the incidence of mental health problems in multicultural Australia. The project aims are introduced and detail provided about how the key priorities to guide the curriculum were developed.

1.2 Cultural and mental health context

Australia is one of the most culturally diverse countries in the world (NHMRC 2005). Over 27 percent of Australia’s population is from migrant and refugee backgrounds (ABS 2012a) with another 2.5 percent being Indigenous (ABS 2012b). Yet the health care system is not as responsive as it should be to minority groups (Johnstone & Kanitsaki 2007). This is particularly the case with regard to mental health care, where minority groups face the dual vulnerability of marginalisation and stigmatisation of mental illness, and difficulties with access to and utilisation of services (Cross & Singh 2012). One in five Australians will experience mental illness, with significant psychiatric morbidity for Indigenous Australian and culturally and linguistically diverse communities.

This project responds to the high prevalence of mental health problems in the Australian population (ABS 2008) and the need for health professional graduates to be skilled and knowledgeable in the management of mental health problems (Mental Health Nurse Education Taskforce 2010). Given the prevalence of people from migrant and refugee backgrounds and Indigenous Australians, it is likely that all health professionals will encounter these population groups in their daily provision of health care. Health sciences graduates therefore also need to develop cultural competence – “the knowledge, skills, and attitudes needed to provide quality care to diverse populations” (Giddens et al. 2012, p. 198).

Indigenous Australians and people from culturally diverse backgrounds often bring “attitudes, values and beliefs surrounding health, illness and mental health issues that are not fully consistent or compatible with Western approaches to health care” (Cross & Singh 2012, p. 156). Health professionals’ lack of understanding of these issues can have serious consequences, such as misdiagnosis or inappropriate treatment (Cross & Singh 2012), which can lead to rejection of, and isolation from, the healthcare system. The mental health care needs of these groups are currently only marginally being met at best (Cross & Singh 2012), highlighting the need for the design of curricula to provide culturally sensitive mental health education to better meet the needs of culturally diverse population groups (NHMRC 2005).

Current and future demands of the health system require health professionals to demonstrate broader levels of expertise and service provision that ensures person-centred care is seamless between practitioners and health agencies (WHO 2010). This includes the need for health professionals to work interprofessionally. Interprofessional education (IPE) is defined as “Occasions when two or more professions learn from, with and about each other to improve collaboration and quality of care” (Freeth et al. 2005, p. 17). Universities are striving to embed IPE curricula to meet this need and to ensure graduates have the communication and team skills needed in the
workplace. IPE helps to break down barriers between students from different disciplines and allows them to learn about the roles of health professionals in the multidisciplinary team. This innovative project directly addressed these important educational needs by developing and refining online teaching and learning resources that focus on interprofessional mental health assessment and management, specifically related to cultural issues. Traditionally, mental health and culture have been taught as separate entities, and for the first time this project brings together these content areas in a narrative-based authentic learning online space.

The aims of the project were as follows:

1. Development of four virtual (online) guided learning journeys for use in health sciences curricula.

2. Implementation and evaluation of guided learning journeys with existing curricula in participating universities ($n = 3$).

3. Dissemination and integration across disciplines and universities.

This innovative project extends Giddens’ approach by using unfolding cases that develop in response to decision-making by students. These scripted unfolding cases simulate the interprofessional health care setting (Kowlowitz & Alden 2010), providing rich contextual descriptions and varied interactive problem solving strategies (Yousey 2012).

1.3 Theoretical frame

The project involved the development of an innovative interdisciplinary virtual teaching and learning platform for undergraduate health sciences curricula. The target health student groups are nursing, midwifery, social work, psychology and medicine. This approach was underpinned by the national development trajectories for interprofessional education identified by Bell et al. (2009) in their OLT project. In particular, the project emphasised integration of interprofessional knowledge and practice within health professional education and learning, with IPE located as a core component of the curriculum. The project team identified three well-substantiated teaching principles to inform the development of the online learning environment: storytelling, case-based learning and constructivist learning (Giddens 2007). The guided learning journeys are complex, authentic, unfolding case studies that include strong emphasis on the client voice and therefore the storytelling component of cases advocated by Giddens (2007). This allows students to challenge stigma and dispel stereotypes by developing a deep understanding of mental health issues from the perspective of the individual. Constructivist learning theory was applied in an interpretive manner so that multiple, socially constructed truths, perspectives and realities were recognised (Ruey 2009). This helps foster an awareness of different interpretations among participants in health care - essential to the development of cultural competence and interprofessional care (Hunter & Krantz 2010). The learning materials extend the narrative approach used by Rudd et al. (2013) in their OLT project on cultural safety and communication, by including video presentation of interactions between people from Indigenous and culturally diverse backgrounds and members of the interdisciplinary health care team. Morrissey et al. (2011) identified barriers to cross-disciplinary mental health education, including insufficient materials and organisational barriers. In order to overcome
these barriers, the guided journeys are self-paced, self-contained virtual learning environments able to be added to existing curricula across a range of disciplines. Universities using the guided learning journeys can set up online discussions occurring at various points in the materials within their own learning management system. Students from diverse disciplines are therefore able to engage with the guided journey at different times, with the potential for interdisciplinary student interaction within Universities.

1.4 Project decision making processes

Project team
This was a joint project between Flinders University, The University of Newcastle, Edith Cowan University and the Central Queensland University, under the leadership of Professor Eimear Muir-Cochrane at Flinders University. The project team was joined by Dr Christine Palmer in 2015, Flinders University, on the retirement of Pat Barkway in 2014. The project team met regularly via teleconference (bimonthly) as well as additional phone and face-to-face meetings when circumstances required. All team members were responsible for the implementation and evaluation of the curricula, and the specific authors of individual journeys are described later in this chapter. The Flinders University (internal) team members met monthly to two monthly for the duration of the project.

Project reference group
A national project reference group of content experts, with the required specialist knowledge relating to Indigenous Australian and culturally diverse issues and mental health, was established at the start of the project (see Acknowledgements for member details). This group worked with the project team and the educational designer to develop the online learning journeys. The group met three times via teleconference over the course of project in order to: 1) contribute expertise on project matters related to the integration of culturally diverse/mental health content in undergraduate degrees for health professionals; 2) offer strategic oversight and advice on pedagogical matters related to the project; 3) offer strategic oversight and advice on project methods and processes, and; 4) actively facilitate dissemination strategies for the project. Their input was invaluable, critical and timely and directly influenced the conduct of the project. The authorship of individual learning journeys is detailed below and evidences the truly collaborative nature of the project team.

Authorship of learning journeys

Learning journey one - Justin O’Dowd
Key words: diabetes, suicide risk, depression, rural, Indigenous
Authors: Deb O’Kane, Pat Barkway, Associate Professor Wendy Edmondson and Professor Eimear Muir-Cochrane

Learning journey two - Sui Fang
Key words: cognitive decline, Chinese Australian, cultural values
Authors: Professor Tracey Levett-Jones and Professor Margaret McAllister

Learning journey three - Shannon Bycroft
Key words: puerperal psychosis, postnatal care, psychiatric medications, Indigenous
Authors: Professor Eimear Muir-Cochrane, Associate Professor Wendy Edmondson and Deb O’Kane

Learning journey four - Migrant and Refugee Resilience and Wellbeing
Key words: cultural communication, refugees, emotional resilience, mental health and well being
Authors: Deb O’Kane, Dr Christine Palmer and Professor Eimear Muir-Cochrane
Additional educational resource: What do Health professionals actually do?
Key words: career, motivation, health professionals
Authors: Professor Eimear Muir-Cochrane and Victoria Wright

Decision making about choice of cultural groups
The project team collaboratively identified priority areas to be addressed in the guided learning journeys, namely Indigenous, Chinese and migrant groups. The priority areas were decided based on national statistics regarding mental health issues and cultural groups, as well as the lack of existing undergraduate health curricula materials concerning: Indigenous culture in the context of mental health (2 journeys); Chinese culture and mental health (1 journey), and migrant cultures and mental health (1 journey). These priority areas were presented to the project reference group who supported the priority areas chosen, and who also supported the decision to have two Indigenous learning journeys to embrace male and female perspectives of mental health and culture. Each learning journey was presented to the project reference group for comment and feedback, and changes were made accordingly. This occurred similarly for the Facilitator Guide and Instructional Guide for Students for each of the learning journeys.

The next chapter provides specific information about how each learning journey, supporting resources and the Facilitator Guide and Student Guides were developed.

"It has thoroughly improved my knowledge of cultural awareness and cultural safety. Very worthwhile!"

Georgia, Flinders University Student
Chapter 2: Development of the four learning journeys

2.1 Introduction

This chapter details the nature and development of the learning journeys, the processes of multi-media production, technical considerations and working with external organisations.

2.2 Designing the learning journeys

The development and formative evaluation (discussed in Chapter 4) of the first guided learning journey - that of Justin O’Dowd - provided valuable lessons in the development of further journeys.

A template for the first learning journey was developed providing an outline of what needed to be included in the content of each journey. The template included the following components: patient information in areas such as medical history, psychosocial and cultural background, expert health professional videos, structured critical thinking, student activities and online links to further resources. Expert health professional videos were included at various stages of the learning journey to emphasise patient care priorities and the way in which specific cultural and mental health issues needed to be addressed. The “additional resources” section allowed links to content such as clinical practice guidelines, YouTube videos of clinical procedures or examples of interactions between health professionals and patients. While the initial plan was to establish learning pods for the additional resources (self-contained resource packages addressing specific topics), student focus group feedback (see Chapter 4) suggested strategic selection of the most relevant and key online resources was preferable so as not to overload students with content. These resources were embedded in the body of the learning journey with descriptors of their content so students could access them in a one-click manoeuvre.

Originally all the learning journeys were to be structured in the same way, planning to have about 8-10 hours of teaching and learning materials in each learning journey in a similar format. After the development of the first learning journey we realised that we had created a very large educational package, which was time consuming to create and heavy in student learning hours. Thus we decided to design each further learning journey in a unique way using media rich online resources but not being too content heavy. While not all elements of the template were included for every presentation of the learning journey, the general template provided a consistent structure for students, so after initial exploration, navigation would be relatively easy.

For the first learning journey a clinical case was suggested looking at a common mental health disorder (depression) while considering Indigenous health and the comorbidity of type 2 diabetes. Given Justin’s was the first learning journey developed for the project, the writing team decided to develop the case portraying effective and quality health care practice. Therefore the writing team aimed to make all care provided culturally appropriate, particularly addressing identification of problems, referral, support and discharge planning. This approach was used because many health professionals may need to first familiarise themselves with good practice, before moving to more complex cases where they may deal with errors and omissions in
care. The writing team also constantly considered the target audience of primarily undergraduate health profession students from multiple disciplines.

In order to focus critical reflection by students to reflect the real world experiences that students are likely to have, learning journeys were developed to include both positive interactions between health care providers and consumers, in addition to negative situations of stereotyping and racism.

Clearly defined learning outcomes were developed prior to writing the learning journeys, with these learning outcomes later refined as needed. Linked web resources were selected by each of the writing groups with a focus on content addressing attitudes and values, while also seeking websites that were engaging, not too complex and easy to curate, and where appropriate, evidence based. The videos were closely scripted and carefully planned. Audio was also developed to provide a range of multimedia and therefore accommodate diverse learning styles. Student activities were written and mapped against the learning outcomes and core concepts within each learning journey.

2.3 Technical considerations

The project initially proposed the development of the learning journeys with the Learning Management System operated at Flinders University (Moodle). This platform is used widely across universities in Australia. The initial proposal identified that the delivery of the materials would be within a learning space that allowed for both individual use of resources and simultaneous, collaborative use of resources (by different student cohorts and different Universities) through in-built facilities such as discussion forums. Discussions regarding the use of Moodle were initiated early in the project’s first year. Consultations with management representatives from ITS security and the Learning Management System department identified several barriers to implementing the learning journeys within Moodle. Most significantly, access for students from partner universities was highly problematic due to the necessity of creating and supporting user logins and the necessary implementation of additional security. From this, it was further identified that access to the Flinders University system for students beyond the project partners was also problematic for similar reasons. Long term, open access to the resources was not possible within the Learning Management System.

Extensive consultation with the university’s Centre for Educational ICT identified several possible strategies to deliver the learning journeys, including the use of MOOC technology. However, the most appropriate solution was identified as use of the university Content Management System, which allows for the development and publishing of Flinders University web pages. Thus, as learning journeys went ‘live’ on the web site during the two years of the project they could be accessed by other Universities, as well as at the conclusion of the project. The learning materials were simultaneously developed within the Flinders University Learning Management System for use by Flinders University students. In utilising this dual approach, students at Flinders University were able to access the materials from within the familiar online environment, through a link directly accessible from their topics. It also enabled dissemination to School of Nursing & Midwifery teaching teams through a familiar and trusted source.
The development of the open access version of the learning journeys was managed by the project manager with some initial training and support. This was advantageous as it allowed for immediate changes to content where required. The implementation of discussion forums within the open access version of the learning journeys was not possible because the platform does not support a discussion forum tool. However, since all Universities wishing to access the materials can either provide a web link within their own Learning Management System, or download and embed the materials, Universities can set up their own discussion groups with ease. A discussion forum was implemented in the implementation and formative evaluation phase of the project for Flinders University students only within the Learning Management System version. The delivery of video content progressed as initially planned, with videos uploaded to the Flinders University YouTube channel under Creative Commons Licencing.

2.4 Filming scenarios

The four learning journeys developed for the project included multiple scenarios designed and filmed specifically for the journeys. While there was pre-planning of videos - for example, the interview with the nurse practitioner about safe communication in Justin’s learning journey, the video of mental health assessment and the Indigenous consumer perspective - videos were not scripted verbatim. Such loose scripting is likely to be more effective when people are playing their profession or personal roles and are not experienced actors. Audio, photographs and silent filming with extras were all used to present materials to stimulate and maintain students’ interest. Editing of the video and audio was detailed and time consuming, with some undertaken by the film company and some by the project manager, who has expertise in this area.

Working with a film company
Flinders Creations, a professional filming organisation within Flinders University, completed the more complex filming, with the project team and project manager completing the more straightforward interviews. Due to costs we undertook filming with only one camera and one camera operator. This meant that each scene had to be filmed multiple times to provide a professional product. Filming on location was also an additional expense. On one occasion filming was underway when a thunderstorm came. Due to the resultant poor sound quality the filming had to be redone. This was expensive, but did not delay the completion of the final learning journey. Care was also needed with interviewing in this topic area due to the emotional and cultural safety of participants. It was also very important to have content closely reviewed by a person with a strong understanding of the specific cultural group involved. This was achieved through the project team’s expertise, as well as that of Indigenous collaborators at SA Health and on the project reference group.

Working with professional actors and health professionals
The videos developed for the project was an expensive budgetary item. Therefore many decisions related to video production were made with careful consideration of cost and whether alternative, cheaper approaches would achieve the same goals. For example, rather than use actors and detailed scripting, health professionals were recruited to play themselves in their own professional roles. Staff used their own community networks to locate people willing to discuss their health experiences. We also sourced a student actor, clinicians and members of the project team as actors for the second and third learning journeys. It was difficult to find actors from specific age groups and ethnicity, such as an older Chinese woman and a young, fair skinned Indigenous woman, which we did not anticipate when planning the curricula.
We were unable to provide financial remuneration due to budgetary constraints, but Flinders University provided certificates of involvement and made a formal presentation to each of the groups with a framed photograph of participants acknowledging their significant contribution.

**Figure 1:** Filming of the Shannon Bycroft learning journey.

**Working with external organisations**

Our external partners were SA Health, Chinese Welfare Services, SA and Migrant Resource Centre, SA. In order to engage partners in the writing and filming of the learning journeys, approaches were made formally and through the most senior person in the organisation. Trust was established through face-to-face meetings and provision of materials to explain the project and the outcomes in terms of the learning journeys we hoped to design. Careful time management was needed to ensure that enough time was allocated to the booking of filming and meeting days with external partners, and the time required for them to approve of use of materials in which they were involved.

**Figure 2:** Mei Lin, Cathy Chong, and Kam Chiu from Chinese Welfare Services SA.

**Figure 3:** Ahmad Bakmorad, Obey Chingorivo, Shukat Ali Akbari, Fatima Tlaa, Sonia Amuli, Eugenia Tsoulis and Shabboo Shariati from the Migrant Resource Centre SA.
Chapter 3: Project outputs

A series of four virtual online guided learning journeys that explore mental health and cultural issues

3.1 Introduction

Four online guided learning journeys were developed to address mental health and cultural issues. The guided learning journeys are based on real cases - anonymised and taken from clinical practice settings - to maximise the authenticity of the learning experience. Each journey follows the lives of people from Indigenous and culturally diverse backgrounds as they use services within the health care system, incorporating clinical notes, multidisciplinary reviews and referral letters. The guided learning journeys were linked to external online resources of priority, podcasts and video casts. The learning journeys and additional resources aim to develop student understanding around how cultural sensitivity, mental health awareness and interdisciplinary care can avert miscommunication, and reduce the stigma and negative stereotypes that may lead to an individual’s rejection of, and isolation from, the healthcare system. Originally we anticipated that we might use the video resources ‘Stories in Mental Health’ developed by one of the project team members (Nizette, McAllister & Marks 2013). However, copyright prevented this from occurring.

We also developed a fifth educational resource (not a journey) entitled ‘What do health professionals actually do?’ Since we were working with nurses, mental health nurses, midwives, social workers, paramedics, aboriginal liaison officers, CEO’s and psychiatrists, it seemed opportunistic to ask them about their day-to-day work in their discipline, and what motivated them to work with people with mental health problems. This additional and unexpected output is described later in the chapter.

3.2 The learning journeys

Journey one: Justin O’Dowd, a 20-year-old Indigenous man with diabetes and complex mental and physical health problems (see Figure 4). This is an extensive and resource heavy learning journey with case notes descriptions, assessments and care planning across six time points of care as Justin engages with the health care system. Participants become familiar with Justin’s background, his family, his mental state and the appropriate care provided on his journey from assessment in the community, through to a mental health admission and discharge.

The journey guides participants to explore contemporary issues in indigenous healthcare, and to develop culturally safe communication strategies when assessing diverse populations in the context of mental health practice. Self-reflection is encouraged throughout to allow participants to examine their personal attitudes and values regarding cultural issues within their own practice.

Journey two: **Sui Fang** is an 80-year-old woman originally from Hong Kong but currently residing in Sydney with her family. This guided learning journey (Figure 5) explores the impact of cognitive decline, in this case dementia, on an immigrant Chinese family. The family’s contact with a range of health professionals begins following a crisis call made by Sui Fang. Participants explore Sui Fang’s health needs, and the support services provided to her and her family by paramedics and the Chinese community health team, including nurses and social workers. The influence of cultural values and beliefs and the importance of culturally safe care for Sui Fang are also addressed. ([www.flinders.edu.au/nursing/mental-health-and-culture/sui/home.cfm](http://www.flinders.edu.au/nursing/mental-health-and-culture/sui/home.cfm))

Journey three: **Shannon Bycroft**, a 20-year-old Aboriginal woman from a rural area in Australia who is pregnant with her first child. In this journey participants follow Shannon’s journey (Figure 6) after she goes into labour and travels to the city to have her baby. About two days after the birth of her baby Jack, Shannon becomes unwell, is restless, agitated and unable to sleep. The midwives are concerned about her mental health and she is assessed by a mental health nurse before being transferred to a mother and baby unit. This learning journey involves exploration of and understanding about racism, culture, puerperal psychosis and mental health assessment. ([www.flinders.edu.au/nursing/mental-health-and-culture/shannons-journey/shannon.cfm](http://www.flinders.edu.au/nursing/mental-health-and-culture/shannons-journey/shannon.cfm))
Journey four: Migrant and Refugee Resilience and Wellbeing

This learning journey explores the mental health and wellbeing of refugees and migrants (Figure 7). The diversity of multiculturalism in Australia is explored through a brief history of Australian multicultural policy. In a diverse range of short videos, migrants from a number of countries describe and discuss how they came to settle in Australia and how they maintain resilience and wellbeing. This learning journey offers the opportunity for students to reflect on their own biases in regard to culture as well as develop understandings of resilience and its relationship to mental health and wellbeing. Students will engage in learning activities to provoke critical thinking skills and to facilitate the development of culturally safe communication strategies when working with refugees and immigrants.


3.3 Additional educational resources

What do health professionals actually do?

This package of materials was developed opportunistically when health professionals were being filmed as part of the learning journeys. Eleven health professionals describe their role (Figure 8), their day-to-day work and what motivates them to be health professionals. The package can be used as a whole, or each video clip can be used individually in undergraduate health curricula to educate students about the range and diversity of health disciplines. The following disciplines are represented: mental health nursing, midwifery, psychiatry, social work, Indigenous Mental Health Officer, paramedic, as well as Chief Executive Officers of voluntary organisations.

(www.flinders.edu.au/nursing/mental-health-and-culture/professionals/professionals_home.cfm)

All the learning materials are available online in an open access format.

(www.flinders.edu.au/nursing/mhc/)
Chapter 4: Implementation and evaluation

Project output

Establishment of an evidence base for the use of guide learning journeys to develop cultural competence in the clinical setting

4.1 Introduction
This chapter describes the forms of evaluation undertaken during the development and on completion of the learning journeys. Implementation strategies at the collaborating Universities are detailed.

The purpose of evaluation for the project was to provide formative evaluation to inform the design, development, implementation and dissemination of the guided learning journeys, as well as summative evaluation to assess the extent to which the project achieved its proposed outcomes.

4.2 Formative evaluation
In order to inform ongoing development of the learning journeys, the first guided learning journey was piloted with health sciences students from Flinders University. Ethics approval was gained from the Social and Behavioural Research Ethics Committee, Flinders University (approval number 6488).

Procedure
Emails were sent to Nursing, Allied Health and Disability students (years one to three), and recruitment flyers were placed on noticeboards across the health science campus at Flinders University, with the aim of recruiting approximately 20 participants. Students were asked to complete the first learning journey (Justin O’Dowd, a 20-year-old Indigenous man with diabetes and complex mental and physical health problems), participate in online discussion groups, and then take part in a focus group exploring their views and experiences. As participation was extra-curricular, students received nominal reimbursement for their time and travel commitments.

Participants
Twenty-two students agreed to complete the learning journey and were then invited to participate in a focus group. Two focus groups were conducted with seven students (five in the first focus group and two in the second). A semi-structured interview guide was developed with the aim of exploring the participants’ perceptions and experiences of the guided learning journey (Appendix 1). Students who were unable to attend a focus group or who failed to turn up on the day (15 students) were invited to answer the focus group questions in a survey using the online Survey Monkey instrument. Seven students completed the survey giving a total of fourteen students providing feedback. This response rate was deemed satisfactory given that we were looking for a maximum of twenty students, and that students were engaging with the materials in their own time.

The majority of participants were female ($n = 11$) and studying nursing ($n = 6$), and year levels ranged from first year to Post Graduate. There was multidisciplinary representation from nursing ($n = 5$), paramedics ($n = 2$), nutrition ($n = 1$), health science/nursing ($n = 1$), physiotherapy ($n = 1$), teaching ($n = 1$), special education ($n = 1$), and disability studies ($n = 1$), with one participant not specifying their discipline.
Analysis
The focus groups were audio-taped and transcribed in note form. The focus group transcripts, survey responses and online discussion group data were analysed using a Framework Analysis approach. This approach is particularly suited to applied research that has specific questions, a limited timeframe, a pre-designed sample, and a priori issues that are to be explored (Strivastava & Thomson 2009). There were five steps to the analysis process: familiarisation with the data, noting any key ideas or recurrent themes; identifying a thematic framework using a priori themes; indexing the data to the corresponding themes; arranging the indexed pieces of data into charts; and mapping and interpretation by analysing key characteristics of the data as laid out in the charts.

The themes were derived a priori from the interview guide, which focused on the participants’ views of:
1) Using the guided learning journey,
2) Usefulness of the guided learning journey;
3) Impact of the guided learning journey.

Pilot study findings
The themes and categories derived from the analysis are summarised below.

Using the guided learning journey
The students found the process of using the guided learning journey to be positive. They generally agreed that it took them longer than expected to complete the journey, and expressed concern that others students might not work through the entire journey in depth.

The usefulness of the guided learning journey
The overall concept of following the journey of an individual through their care was identified as most useful in terms of providing access to ‘real life’ experience. The mix of multimedia was suited to the students’ learning style. Students enjoyed the ‘storytelling’ of Justin and indicated that the rich narrative caught and held their attention. Aspects of the journey identified as the least useful generally related to the amount of material in the journey.

Impact of the guided learning journey
The overall impact of the guided learning was to provide students with knowledge on Indigenous culture and mental health that was either new to them, or reinforced existing knowledge gained in other courses. Similarly, the journey either changed the students’ attitudes to culture and mental health or reinforced pre-existing attitudes. Finally, the students identified that the journey would influence their future practice when dealing with issues of culture and mental health. One of the areas that students’ felt was not adequately covered was more detailed information about how to work with Indigenous patients. Most of the students felt more confident about their future practice. However, the students also expressed some concern about not knowing enough about Indigenous culture.

“Justin O’Dowd (is) a fantastic resource due to the clear demonstrations of complexities that can evolve around indigenous people and their community.”

Cheryl Hart, Third year undergraduate student

The knowledge gained from using the guided learning journey
The knowledge gained from using the guided learning journey was assessed through the discussion forum and the knowledge assessment questions in the focus groups. The
Discussion
The students were overwhelmingly positive about their experiences of using the online guided learning journey. While there was some discussion about the amount of information presented in the journey and the time involved in completing it, the students ultimately wanted more information, particularly in the form of videos and patient notes. They were positive about the impact of the journey on themselves and their practice. Refinements were made to the learning journey on the basis of student feedback, including the need to better scaffold the learning journey to guide them through the various resources.

Additional focus groups
A the end of Year 1 of the project the project evaluator (see below) suggested that further focus groups be conducted, in addition to the original grant proposal, as a valuable addition to the project evaluation. This additional data collection was provided in-kind by Flinders University and is described after the next section, Implementation.

Implementation of learning journeys into health curricula
In the second year of the project, the learning journeys were trialled in four topics at three Universities as proposed in the project proposal (see Table 1).

Some problems were encountered at the host universities during this process of implementation. This included staff expressing a mistrust of materials that they had not developed themselves. Other reasons were that the curriculum and course content was already fixed for 2015, that the degree was undergoing curriculum reaccreditation and that the timing of courses did not fit with the development of the materials. However, by the end of 2015 all three universities had implemented and evaluated one or more of the journeys.

<table>
<thead>
<tr>
<th>University</th>
<th>Topics</th>
<th>Student numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flinders University</td>
<td>Mental Health and Illness</td>
<td>Justin O’Dowd 1st year nursing students N=750</td>
</tr>
<tr>
<td>The University of Newcastle</td>
<td>Health and illness in the older person</td>
<td>Sui Fang N=260</td>
</tr>
<tr>
<td>Central Queensland University</td>
<td>Person Centred Approach to Chronic Illness.</td>
<td>Sui Fang 2nd year nursing students N=384</td>
</tr>
</tbody>
</table>

Table 1. Implementation of the learning journeys at participating universities in 2015.
4.3 Summative evaluation
Quantitative summative evaluation involved pre- and post-testing using a mental health clinical confidence scale (Bell et al. 1998), a health science competency-based assessment tool (Classen et al. 2003) and a questionnaire informed by the theory of planned behaviour (TPB). The TPB asserts that intentions are the main determinants of actions, and intentions themselves are influenced by attitudes, subjective norms and perceived control (Ajzen 1991). Therefore pre- and post-testing using a customised TPB questionnaire measured whether attitudes, subjective norms and perceived control in relation to cultural and mental health issues changed after students used the guided journeys (Appendix 2).

"Fantastic! Engaging, easy to navigate and informative."

Tracey Simes, Clinical Placement Academic, Central Queensland University

Procedure
At Flinders University, students were initially recruited through participation in a first year nursing topic, where an assignment was tied to Justin’s learning journey. Due to lack of take up by students, recruitment was then broadened with flyers on noticeboards and email notifications. The lack of original uptake was surprising as all students in the course had to engage with the learning journey as part of their normal program of study. Students were asked to complete the revised learning journey of Justin O’Dowd, complete the pre- and post-tests (three questionnaires) and then take part in a focus group exploring their views and experiences, for which they received nominal reimbursement for their time and travel commitments. While there was a discussion forum used for the pilot study, this was not undertaken in this round of research. At The University of Newcastle and Central Queensland University, students in two topics were sent emails inviting participation and asked to respond to the project manager at Finders University. Participation by students was disappointing, with a total of 72 students from three Universities signing up for participation in the research. The reasons for such low participation rates revealed that there had been a change of course co-ordinator at one of the participating Universities and they had not mandated the use of the learning journey (offering it instead as an additional resource), hence the majority of students had not been exposed to it. Other reasons for low participation include the timing of the course being offered not matching the data collection phase.

Participants
Seventy-two (72) students completed the measures at Time 1 and/or Time 2. Of these, 24 were excluded from analysis either because they completed the measures at only one time point ($n = 9$), or they did not allow sufficient time (> 1 hour) to complete the learning
journey \((n = 20)\). The final sample for analysis consisted of 43 participants. The median time between completing Time 1 and commencing Time 2 for these 43 participants was 49.19 hours \((IQR = 131.07; \text{Range} = 1 \text{hour 4 minutes-47 days})\). Twenty-five per cent \((25 \text{ per cent})\) of participants completed the two measures within \(\leq 9.17\) hours, with 75 per cent completing the measures within 140.24 hours \(\text{(approximately six days)}\).

Thirty-two \((32, 74.42 \text{ per cent})\) of the 48 participants were Flinders University students, with lesser participation for Central Queensland University \((n = 8)\) and The University of Newcastle \((n = 1)\). Two participants did not specify which university they were studying at. The largest number of participants completed the Justin O’Dowd learning journey \((n = 32, \text{all of these participants from Flinders University})\), with 6 participants completing the Sui Fang journey and 5 the Shannon Bycroft journey.

**Reliability of measures**

Internal consistency reliabilities \(\text{(using Cronbach’s alpha)}\) were calculated for the measures. In the present study alphas were > .70 \(\text{(Field, 2009)}\) for the following scales: empathy .79 \(\text{(pre-test)}, .72 \text{(post-test)}\); confidence .78 \(\text{(pre-test)}, .89 \text{(post-test)}\); and attitudes .83 \(\text{(pre-test)}, .81 \text{(post-test)}\). The alphas for intention were lower \(.66 \text{ at both pre-test and post-test)}\). For perceived behavioural control and subjective norms, the alphas were extremely low, and the decision was made to exclude these measures from further analysis.

**Data analysis**

Data were screened for univariate \((z > 2.50)\) and multivariate outliers \(\text{(via Mahalanobis distance; } p < .001)\). This resulted in the removal of two univariate outliers; no multivariate outliers were identified.

Four paired samples t-tests were conducted to investigate whether participants’ scores significantly changed from pre-test to post-test on the following variables: \(1\) empathy; \(2\) clinical confidence; and the theory of planned behaviour variables \(3\) attitudes; and \(4\) intention. In light of the number of statistical tests conducted, a Bonferroni adjustment was applied \((p = .01)\). Effect sizes \((r)\) were calculated to investigate the magnitude of observed effects, with the benchmarks outlined by Field \(\text{(2005)}\) used: \(r = .10\) indicating a small effect; \(r = .30\) a medium effect; and \(r = 0.50\) a large effect size.

**Descriptive statistics**

Table 1 presents the means, standard deviations, and ranges for the measures for Time 1 to Time 2. Participants reported high levels of empathy at both Time 1 and Time 2. Scores on confidence and theory of planned behaviour variables were more moderate, but also on the higher end of possible maximum scores.

<table>
<thead>
<tr>
<th>Measure</th>
<th>N</th>
<th>Time 1 M (SD)</th>
<th>Time 2 M (SD)</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empathy</td>
<td>42</td>
<td>85.77 (7.99)</td>
<td>91.23 (6.89)</td>
<td>74-105</td>
</tr>
<tr>
<td>Confidence</td>
<td>42</td>
<td>20.79 (4.02)</td>
<td>24.86 (4.17)</td>
<td>16-32</td>
</tr>
<tr>
<td>Attitudes</td>
<td>43</td>
<td>40.45 (9.24)</td>
<td>44.14 (9.08)</td>
<td>26-56</td>
</tr>
<tr>
<td>Intention</td>
<td>43</td>
<td>17.49 (2.92)</td>
<td>18.65 (2.43)</td>
<td>13-21</td>
</tr>
</tbody>
</table>

Table 2: Descriptive statistics for the measures

Note: \(N\) does not always total 43 due to the removal of univariate outliers. While a participant may have had a univariate outlier on a measure at one time point \(\text{(e.g. Time 1 but not Time 2)}\), to simplify reporting, their data for both time points for that variable have been removed.
Changes from Time 1 to Time 2

**Empathy.** Participants reported a significant increase in their cognitive and affective empathy for patients from Time 1 (\(M = 85.77, SE = 1.23\)) to Time 2 (\(M = 91.05, SE = 1.06\)), \(t\) (41) = -5.04, \(p < .001\). The effect size \((r)\) is .62 indicating a large effect.

**Confidence.** Participants reported a significant increase in their confidence from Time 1 (\(M = 20.79, SE = .62\)) to Time 2 (\(M = 24.71, SE = .63\)), \(t\) (41) = -5.81, \(p < .001\). The effect size \((r)\) is .67 indicating a large effect.

**Theory of planned behaviour.** Participants reported a significant increase in their attitudes from Time 1 (\(M = 40.45, SE = 1.41\)) to Time 2 (\(M = 44.14, SE = 1.38\)), \(t\) (42) = -4.45, \(p < .001\). They also reported a significant increase on intentions from Time 1 (\(M = 17.48, SE = .45\)) to Time 2 (\(M = 18.65, SE = .37\)), \(t\) (42) = -3.50, \(p = .001\). The effect sizes for both of these findings were large \(r = .56\) for attitudes; \(r = .47\) for intention.

Since the majority of participants were from Flinders University, and all of these students completed the Justin O’Dowd journey, the \(t\)-tests were also run with only these participants. The results for all measures were similar using this subsample, and so the analysis with all 43 participants is reported in text.

**Discussion**

Participants reported changes from pre-test to post-test in their empathy and attitudes toward culturally and linguistically diverse consumers; intentions to advocate and practice in a culturally safe way with such consumers; and confidence to communicate effectively, perform mental state and psychosocial assessments, and other key tasks in the clinical setting. These changes were statistically significant and demonstrated medium to large effect sizes. This suggests that the learning journeys may be an effective way to facilitate change and challenge attitudes and perceptions toward culturally and linguistically diverse consumers. The importance of nurse empathy and positive attitudes and intentions toward consumers has been demonstrated in previous research. Empathy is a core component of the nurse-consumer relationship (Kunyk & Olson 2001), and leads to clinical benefits (Forchuk et al. 1998). Similarly, attitudes toward patients and attributions for behaviour affect nurses’ empathy and intended helping responses (Forsyth 2007). In the present study, empathy scores were relatively high at pre-test, which is positive given the importance of empathy in nursing care. Ward et al. (2012) reported declines in nursing students’ empathy, with the suggestion that exposure to patient narratives and simulation could be amongst strategies to enhance empathy skills.

These results, while promising, should be considered along with limitations in study design and data collected. Over half of the sample who provided data at both time points waited at least two days between completing pre-test and post-test measures; however, there was wide variation in time between pre-test and post-test. Therefore, while the changes in scores are in the expected directions and demonstrated medium to large effect sizes, caution should be exercised in interpretation of results. It is likely that while participants may report changes in traits, attitudes, intentions, and confidence over a short-term, factors such as subsequent experience and learning will determine sustaining such reported changes over time. It is recommended that in future evaluations, changes in student attitudes and perceptions be measured over a longer period (e.g. start and end of semester), or students should be advised of a minimum time between completing the learning journey and post-test measures. Reliability of measures was also an issue, with two measures not demonstrating adequate reliability, and this meant that they were not used in subsequent analysis.
Qualitative data collection
Two focus groups were conducted with six students (four in the first group and two in the second) at Flinders University and one face to face interview took place at The University of Newcastle. A modified interview guide was developed (see Appendix 1), with the focus being on the usefulness and impact of the guided learning journey. The majority of participants were female ($n = 5$) and studying nursing ($n = 5$; one student was studying clinical science/medicine), and year levels ranged from first year to Graduate Entry. Analysis of data was the same as in the formative evaluative phase.

Qualitative findings

The usefulness of the guided learning journey
As per the pilot study, the students were overwhelmingly positive about the guided learning journey. The most useful aspects were the ability to follow a realistic journey, and delve deeply into the cultural situation and its impact on mental health through the range of resources available. The videos were identified as being particularly useful. The easy-to-follow layout and presentation of the journey were also commented on. Students who had an assignment to complete based on the journey described the material as extremely useful, and commented that they were motivated to go through the journey in great depth for this reason. When asked about aspects that they found least useful, the students were unable to name any aspect of the journey that was not useful.

Impact of the guided learning journey
Justin’s journey was viewed as having a positive impact on the students’ attitudes towards mental health and culture by reinforcing pre-existing beliefs and raising awareness. The journey was also described as improving the students’ confidence in caring for people with mental illness. However, they generally felt that while the journey gave them some confidence with culturally safe communication strategies, they would need more learning and exposure before they felt confident working in an Indigenous mental health context.

"The videos and resources available around Shannon’s journey are of great value when teaching midwives about mental health and cultural complexities related to the care of Aboriginal women.”
Donovan Jones, Deputy Program Convenor Bachelor of Midwifery, The University of Newcastle

Figure 9: Sally Lisle (student) using the Sui Fang learning journey.
Chapter Five Dissemination

Project output

Identification and implementation of dissemination strategies that promote sharing of content across disciplines and universities

5.1 Dissemination at the lead and participating universities

Project team members have an understanding of the cultural structures of their institutions, and prior to the project had ascertained a willingness and ability to adopt the guided learning journeys within their host universities (Gannaway et al. 2011). The aim was for team members to act as change enablers (people who can increase the likelihood of effective dissemination (Gannaway et al. 2011), and become advocates for case development and uptake in the participating universities. They presented the project to subject and course coordinators (potential adopters), explaining the need it addresses, intended impacts and perceived benefits for learning outcomes. Workshops were also held with subject and course coordinators including video of face-to-face tutorials that use guided journeys, supplemented with testimonials from staff and students (refer to http://www.flinders.edu.au/nursing/mental-health-and-culture/testimonials.cfm). These localised approaches to dissemination were implemented in the four participating universities, with resources and templates documenting the processes retained for later use in ongoing dissemination.

A multifaceted dissemination strategy was implemented throughout the project involving uptake at the lead university; uptake in the four participating universities; and inviting broader uptake. The participating universities all agreed to the integration of this innovative product within their respective curricula. While the involvement of four universities in the project team with multidisciplinary representation provided the basis for broad commitment and ownership, a strategy for project expansion was adopted with the aim of extending the project to include eight universities in the final year of the project. This proved to be too ambitious given the time taken to complete the design and trialling of the learning journeys, and the demands of the formative evaluation. Further, the additional focus group summative evaluation reduced the time available to liaise with other universities.

Barriers to university uptake of materials

Although we had good implementation at the partner Universities, uptake further afield has had its challenges. Feedback from academics indicates that timing of the introduction of a new curriculum and timing of when courses are offered were both factors that could potentially limit Universities adopting materials. Further, a few academics expressed a suspicion of the quality of educational resources that were not their own and a sense that they would not easily fit into their current learning systems.

With this in mind, the uptake of educational materials from non-traditional sources such as OLT prepared materials, online media such as Tedx talks and freely available resources needs to be considered within the traditional and long held practices of academics writing materials, textbooks and online learning for their own courses and programs rather than importing ‘ready made’ resources.

Nevertheless, at this point, all four Universities are trialling the materials within curricula at their own Universities and the following Universities and a number of tertiary organisations and private providers have expressed interest in using the resources (refer to Table 3).
<table>
<thead>
<tr>
<th>University</th>
<th>Future implementation</th>
</tr>
</thead>
</table>
| The University of Newcastle                | NURS2103 Mental health professional practice – Justin O’Dowd  
NURS22013 Health and illness in the older person – Sui Fang  
NURS2101 Foundations of professional practice– Migrant and Refugee Resilience and Wellbeing  
MIDI1203 Optimising Psychophysiology for a Healthy Transition to Parenthood,  
MIDI2204 Working Collaboratively with Women with Complex Care Needs (B),  
MIDI3104 Contemporary Maternity care Issues – Shannon Bycroft |
| University of Sunshine Coast               | HLT301 (Challenges to Mental Health) – Justin O’Dowd  
HLT201 Midwifery Therapeutics – Shannon Bycroft |
| Central Queensland University              | Undergraduate nursing topic – Justin O’Dowd and ‘What do health professionals actually do?’ |
| Flinders University                        | Bachelor of Social Work – at least one journey  
Bachelor of Medicine Bachelor of Surgery- Indigenous Health topic- Justin O’Dowd  
Bachelor of Occupational Therapy- Migrant and Refugee Resilience and Wellbeing  
Nursing and Midwifery website – What do health professionals actually do? |
| Greater Green Triangle University          | Undergraduate students - at least one journey and ‘What do health professionals actually do?’ |
| Department of Rural Health                 |                                                                                                                                                        |
| Adelaide University                        | Undergraduate mental health – at least one journey and ‘What do Health professionals actually do?’ |
| University of South Australia              | Undergraduate midwifery – Shannon Bycroft |
| Edith Cowan University                     | Midwifery topics in the BSc (Nursing)/BSc (Midwifery) and Master of Midwifery Practice units,- Shannon Bycroft  
Stage 3 unit Mental Health and Illness in the BSC (Nursing and Midwifery) - Migrant and Refugee Resilience and Wellbeing  
Interprofessional Ambulatory Care Unit – all journeys |

Table 3: Future implementation of the learning journeys for 2016 and beyond.

### 5.2 Further dissemination activities

In addition to the dissemination of the curricula materials to 33 universities across Australia, a number of additional dissemination activities were undertaken across the conduct of the project. These included the dissemination of postcards (See Appendix 3) at local, national and international conference presentations; LinkedIn, Research Gate, Twitter, professional association newsletters and magazines, workshops, showcases, meetings and invited presentations; radio and television appearances during Mental Health Week October 2015; and articles submitted for publication in refereed journals (see Appendix 4). Ongoing networking with partner and extended university academics will occur to further promulgate materials and facilitate uptake.

#### Project launch

A launch event for the project was held on 7th October, 2015, during Mental Health week at the South Australian Health and Medical Research Institute. The project was launched by the Honourable Gail Gago MP, Minister for Employment, Higher Education and Skills, South Australia, with 50 attendees. This event received substantial media coverage (radio and television).
5.3 External evaluation

External evaluation was carried out at two time points; a mid-term project review (December 2014) and an end of project review (November 2015). An experienced, independent evaluator, Professor Lorelle Burton (Professor of Psychology, The University of Southern Queensland), carried out the evaluation. Professor Burton stated “There has been comprehensive collaboration in developing the online learning journeys and educational resources, and they have been extensively reviewed by health and/or mental health sector stakeholders around Australia. Importantly, the four learning journeys were each developed in partnership with relevant industry advisers, Aboriginal liaison officers, health and/or mental health practitioners, academics, students and volunteers from the broader community. The materials are currently being deployed in first year nursing curricula at the lead institution, with plans to embed the learning materials into relevant curriculum across partner institutions in the coming year. Although beyond the scope of the current project, there is a need for ongoing research to track the extent to which the online learning journeys and resources developed by this project impact on students’ cultural competence in health and/or mental health practice. The current data indicate that the project has a strong potential to achieve such longer-term impacts”.

This project has significant reach and will be useful to all 39 Australia Universities that offer health curricula, as the educational materials can be used as a whole or in discrete parts, imported into university Learning Management Systems easily. The completed, externally hosted website will be regularly checked for viability of web links and updated where necessary with evidence based materials for a period of five years.

The complete evaluation report is available at Appendix 5.
References


Johnstone, M. & Kanitsaki, O. (2007). Health care provider and consumer understandings of cultural safety and cultural competency in...


Section 6 Appendices

Appendix 1: Focus group questions
Appendix 2: Pre and post survey questions
Appendix 3: Dissemination Postcard
Appendix 4: Dissemination Table
Appendix 5: Final evaluation report
Appendix 6: DVC(A) certification
Appendix 1 - Focus group questions

Pilot

Using the guided learning journey
Did you have any difficulties with online access to the guided learning journey?
Did all the links work?
How easy or difficult was it to navigate your way through the content?
How long did it take to work through the guided learning journey?
Do you think students will work through the entire guided learning journey in depth?

Usefulness of the learning journey
Was the purpose of the guided learning journey clear?
Would you say the mix of multimedia included in the online content was suited to your learning style? (i.e. video, audio)
What aspects of the guided learning journey did you find most useful and why?
What aspects of the guided learning journey were least useful?
How could the guided learning journey be made more relevant to your learning?
Which aspects of the guided learning journey were the most interactive?
What were the limitations of the guided learning journey?
What did you like best about the guided learning journey?
What did you like least about the guided learning journey?
What changes do you suggest for the guided learning journey?

Impact of the learning journey
What are the main things you learnt from the guided learning journey?
Are there areas not covered by the learning journey that you consider important for this topic?
Did the guided learning journey change your attitudes to indigenous health?
Will your actions be different when caring for Indigenous patients as a result of working through this guided learning journey?
Did the guided learning journey change your attitudes to mental health?
Will your actions be different when caring for patients with a mental health problem as a result of working through the guided learning journey?
Should special consideration be given to patients according to their individual cultural preferences?
Has working through the guided learning journey influenced your answer?
Should the patient’s feelings influence the treatment you provide?
After using the guided learning journey are you more confident with culturally safe communication strategies used to assist mental health recovery?
Has the guided learning journey influenced your personal attitudes and values regarding cultural interpretations of mental illness?
Has using the guided learning journey improved your confidence in caring for people with mental illness? (Prompt: particularly in relation to advocacy, managing symptoms, emotions and hope)
Phase 2

Usefulness of the guided learning journey
What aspects of the guided learning journey did you find most useful and why?
What aspects of the guided learning journey were least useful and why?
How could the guided learning journey be made more relevant to your learning?
Do you think students will work through all of the guided learning journey in depth? Why/Why not?

Impact of the guided learning journey
Did the guided learning journey change your attitudes to indigenous health? In what way?
Did the guided learning journey change your attitudes to mental health? In what way?
Should special consideration be given to patients according to their individual cultural preferences?
Has working through the guided learning journey influenced your answer?
After using the guided learning journey are you more confident with culturally safe communication strategies used to assist mental health recovery?
Has the guided learning journey influenced your personal attitudes and values regarding cultural interpretations of mental illness?
Appendix 2: Pre and post testing survey questions

Pre and post testing questions

Cultural empathy Scale

Scale: strongly disagree to strongly agree (7 point scale)

1. It is necessary for a healthcare practitioner to be able to comprehend someone else's experiences.
2. I am able to express my understanding of someone's feelings.
3. I am able to comprehend someone else's experiences.
4. I will not allow myself to be influenced by someone's feelings when determining the best treatment.
5. It is necessary for a healthcare practitioner to be able to express an understanding of someone's feelings.
6. It is necessary for a healthcare practitioner to be able to value someone else's point of view.
7. I believe that caring is essential to building a strong relationship with patients.
8. I am able to view the world from another person's perspective.
9. Considering someone's feelings is not necessary to provide patient-centred care.
10. I am able to value someone else's point of view.
11. I have difficulty identifying with someone else's feelings.
12. To build a strong relationship with patients, it is essential for a healthcare practitioner to be caring.
13. It is necessary for a healthcare practitioner to be able to identify with someone else's feelings.
14. It is necessary for a healthcare practitioner to be able to view the world from another person's perspective.
15. A healthcare practitioner should not be influenced by someone's feelings when determining the best treatment.

Theory of Planned Behaviour Scale

A 71 year old Vietnamese woman (Mrs Tien) was admitted to the Emergency Department with a diagnosis of gastroenteritis and dehydration; four hours later she was transferred to the medical ward. Mrs Tien's dehydration was treated with intravenous fluids and her vomiting and diarrhoea have stopped. Her condition is now stable and all her observations and pathology results are within normal ranges. Mrs Tien does not speak English. Her daughter, who speaks a little English, was present during the ward round this morning and told the doctor that her mother was feeling much better. The doctor decided to discharge Mrs Tien and explained to her daughter the importance of maintaining oral fluid intake. Mrs Tien was given a discharge summary and a letter for her General Practitioner (GP).

Scale: strongly disagree to strongly agree (7 point scale)

1. When immigrants don't make an effort to learn English they are a burden on our country and our health system.
2. I would not be expected to access interpreters for every patient who is in a situation like the one described in Scenario 1.
3. I am able to provide safe patient care regardless of whether or not I use interpreters.
4. When caring for culturally and linguistically diverse patients it is important to me that I practice in accordance with the expectations of other health professionals.
5. I would feel .................... advocating for the use of an interpreter in situations similar to Scenario 1.
(rating from very uncomfortable to very comfortable – 7 point scale)
6. Too much time and too many resources would be needed if interpreters were used for every patient who cannot speak English.
7. In situations like Scenario 1 I will advocate for the use of a professional interpreter.
8. For me to advocate for interpreters in the clinical setting would be:
(rating from very easy to very difficult – 7 point scale)
9. The health professionals I will be working with would expect me to advocate for the use of interpreters when patients cannot speak English.
10. It will be entirely up to me whether I advocate for the use of interpreters in clinical practice.
11. I am confident that I could advocate for interpreters for my patients if I wanted to.

Scenario 2
A 40 year old Mauritanian woman returned from the operating theatre 24 hours ago following a right nephrectomy (removal of kidney). The patient has repeatedly stated that she cannot be in a shared room with male patients. However the ward is very busy today so staff have informed her that a room change is not possible.

1. Australian hospitals naturally reflect Australia’s culture of freedom and equality between genders. Migrants need to accept and adopt our gender-based attitudes.
2. I would not be expected to ask the Nurse Unit Manager (NUM) about organising a room change when sharing a room with males is against a woman’s cultural beliefs.
3. Safe and effective healthcare can still be provided to female patients who have to share a room with males, even if this is against their religious beliefs.
4. I think that I would feel............ asking a NUM to organise a room change for a patient in a situation like that depicted in Scenario 2.
(rating from very uncomfortable to very comfortable – 7 point scale)
5. Arranging single-sex rooms for all patients with specific gender-based cultural beliefs is not practical.
6. In situations like Scenario 2 I would speak to the NUM about organising a single-sex room for the female patient.
7. For me to speak to the NUM about organising a room change because of cultural beliefs would be:
(rating from very easy to very difficult – 7 point scale)
8. In situations like that depicted in Scenario 2 other health professionals would expect me to speak to the NUM about organising a room change.
9. It will be entirely up to me whether I speak to the NUM about changing rooms because of a person’s cultural beliefs.
10. I am confident that I could speak to the NUM about organising same-sex rooms for patients with specific cultural beliefs if I wanted to.
Scenario 3
A Fijian man who migrated to Australia last year had a radical prostatectomy (removal of prostate gland to remove cancer) two days ago. His post-operative recovery has been uneventful.

1. In situations like this I will conduct a cultural assessment of the patient.
2. While it is important to be person-centred in healthcare, if migrants are not willing to fit in and adopt our culture they should return to their own countries.
3. Information from cultural assessments is unlikely to improve the management of a person’s medical condition.
4. In situations like that depicted in Scenario 3, it will be entirely up to me whether I conduct a cultural assessment.
5. I think that I would feel ................. conducting a cultural assessment.
   (rating from very uncomfortable to very comfortable – 7 point scale)
6. Undertaking cultural assessments with all culturally and linguistically diverse patients would take up too much time.
7. I am confident that I could conduct a cultural assessment of a culturally and linguistically diverse patient if I wanted to.
8. The health professionals I will be working with would expect me to conduct a cultural assessment in situations like that depicted in Scenario 3.
9. For me to conduct a cultural assessment of my patient would be:
   (rating from very easy to very difficult – 7 point scale).

Mental Health Confidence Scale

Scale: not at all confident to completely confident (4 point scale)

1. I can communicate effectively with clients with a mental health problem.
2. I can carry out a comprehensive psychosocial assessment of clients.
3. I can conduct a mental state examination.
4. I can develop a nursing care plan on the basis of my assessment.
5. I can assist clients with a mental illness to clarify treatment goals.
6. I am able to provide basic counselling for clients with a mental illness.
7. I am able to be empathic with a range of clients with a mental illness.
8. I can provide information and education for clients regarding their diagnosis.
Appendix 3: Dissemination postcard

The ‘Reshaping Curricula’ Project has developed a series of free, online, mental health and culture resources for undergraduate health professionals. These innovative virtual teaching and learning resources incorporate four ‘guided learning journeys’ and associated course material. Find the materials at: www.flinders.edu.au/nursing/mhc

For more information and to learn more about how you can use these resources, contact Professor Eimear Muir-Cochrane: Eimear.muircochrane@flinders.edu.au
## Appendix 4 – Dissemination table

<p>| DATE          | EVENT                  | VENUE                      | AUDIENCE                                                       | NUMBERS | NOTES |
|---------------|------------------------|----------------------------|                                                               |         |       |
| <strong>MEETINGS</strong>  |                        |                            |                                                               |         |       |
| April 2014    | Workshop               | OLT venue Sydney           | OLT Project leaders/project managers                          | 25      |       |
| April – June 2014 | Workshops             | Flinders University        | ICT professionals and management                              | 7       |       |
| May 2014      | Teleconference         | Flinders University        | MHIMA - Mental Health in Multicultural Australia              | 7       |       |
| May 2014      | Workshop               | Flinders University        | Flinders University Academics                                  | 12      |       |
| February 2015 | DVC(A) briefing        | Flinders University        | DVC(A)                                                        | 3       |       |
| <strong>PUBLICATIONS</strong> |                      |                            |                                                               |         |       |
| February 2015 | Central Queensland University newsletter | Central Queensland University | All of Central Queensland University | 100+     |       |
| February &amp; October 2015 | Flinders University e newsletter | Flinders University | All of Flinders University staff | Wide reach |       |
| February 2015 | Australia College of Mental Health Nursing Inc | Article | All ACMHN members | Wide reach |       |
| April 2015    | LOWITJA e-newsletter   | Article                    | All LOWITJA members (professionals interested in Indigenous matters) | Wide reach |       |
| April 2015    | Australian College of Nursing | Article | All ACN members | Wide reach |       |
| May 2015      | InterProfessional Education subcommittee submission | Flinders University | Membership includes academics who are experts in Interprofessional Education | 70 Also included in Flinders University PE library |       |
| <strong>EVENTS AND PRESENTATIONS</strong> |                     |                            |                                                               |         |       |
| November 2014 | Flinders Celebration of Excellence and Innovation in Teaching | Centre for University Teaching, Flinders University | Flinders University staff and invited guests | 117     |       |
| April 2015    | Having the Hard Conversations, a symposium and roundtable by OLT Fellow Professor Dennis McDermott | Flinders University | Flinders University staff and experts in Indigenous education from across Australia | 100 Postcard also disseminated |       |</p>
<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Location</th>
<th>Target Audience</th>
<th>Attendance</th>
<th>Notes</th>
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<td>Health Sciences presentations</td>
<td>Sheffield Hallam University, UK</td>
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<td>O'Kane, D. (2015) Presentation to staff in Health Sciences at Sheffield Hallam University, UK.</td>
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<td>Adelaide</td>
<td>Mental health and drug and alcohol professionals</td>
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**MEDIA INTERVIEWS**

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<th>Platform</th>
<th>Audience</th>
<th>Reach</th>
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<td>Professor Muir-Cochrane interviewed by The Australian</td>
<td>N/a</td>
<td>Australian public</td>
<td>*Not yet published</td>
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<td>Professor Muir-Cochrane and students interviewed on ABC News nightly bulletin and online article</td>
<td>Flinders University and SAHMRI</td>
<td>South Australian public</td>
<td>Wide reach</td>
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<td>October 2015</td>
<td>Professor Muir-Cochrane interviewed on Nursing Review Magazine</td>
<td>Podcast</td>
<td>Nursing professionals and public</td>
<td>Wide reach</td>
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**POSTCARD DISTRIBUTION** *(first print run = 1000, second print run = 500)*

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<tr>
<th>Date</th>
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<th>Target Audience</th>
<th>Quantity</th>
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<tr>
<td>April 2015</td>
<td>Having the Hard Conversations symposium and roundtable</td>
<td>Via email</td>
<td>Flinders University staff and experts in Indigenous education, across Australia</td>
<td>150+</td>
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<td>Via email</td>
<td>Staff across universities</td>
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<td>2016</td>
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Reshaping curricula: Integrating culturally diverse/mental health online content to prepare work ready health professionals

Final Evaluation Report

18 December, 2015

Conducted by Professor Lorelle Burton on behalf of The Australian Government Office of Learning and Teaching at the request of Professor Eimear Muir-Cochrane, Flinders University

Project Title: Reshaping curricula: Integrating culturally diverse/mental health online content to prepare work ready health professionals

Project Leader: Professor Eimear Muir-Cochrane

Lead Institution: Flinders University

Project Team: Professor Tracy Levett-Jones (The University of Newcastle), Professor Cobie Rudd (Edith Cowan University), Professor Margaret McAllister (Central Queensland University), Professor Daryle Rigney, Associate Professor David Gillham, Associate Professor Wendy Edmondson, Pat Barkway, Deb O’Kane, and Dr Christine Palmer (Flinders University)

OLT Project Reference: 13-2675

Grants Program: Innovation and Development (Curriculum Design) Program
1 ABSTRACT

The purpose of this formal independent evaluation was agreed following negotiations between the project leader, Professor Eimear Muir-Cochrane of Flinders University, and project evaluator, Professor Lorelle Burton of the University of Southern Queensland. The project aimed to design, develop, evaluate, and disseminate focussed curricula to prepare health sciences, psychology and nursing students in mental health assessment and management needs of Indigenous Australians and people from culturally and linguistically diverse backgrounds. This involved developing an innovative virtual learning and teaching resource that incorporates ‘guided learning journeys’ and associated online learning materials. These learning journeys are scripted case studies that are designed to simulate real-world clinical settings by exposing students to the complexities of mental health practice and the importance of cultural competence in mental health assessment and case management. The project commenced in February, 2014 and was completed by December, 2015. It was a joint project conducted by researchers from Flinders University (lead institution), and The University of Newcastle, Edith Cowan University, and Central Queensland University (partner institutions).

The purpose of this evaluation was to examine the methodology and approach taken to achieve the key outcomes of the project and can be viewed in three parts. First, the degree to which the project achieved its stated outcomes across its two-year timeframe, including the development of four online learning journeys and associated online learning resources; second, the quality of engagement with key stakeholders to establish an evidence base for the guided learning journeys to develop cultural competence in clinical settings; and third, the degree to which the project effectively engaged in processes for the development, implementation and dissemination of the learning journeys and other content across disciplines and universities. A statement of the evaluation plan can be found in Attachment 1.

The two year project funded by the Australian Government Office for Learning and Teaching (OLT) was completed on schedule in December 2015. The project has been successful in achieving its stated outcomes. In particular, this project has developed high quality online learning and teaching resources for health educators (including mental health educators) to use in instilling confidence in students’ base mental health care. Specifically, these learning resources can be used to help develop cultural competence in mental health assessment and promote culturally sensitive behaviours and practices for culturally diverse communities. There has been comprehensive collaboration in developing the online learning journeys and educational resources, and they have been extensively reviewed by health and/or mental health sector stakeholders around Australia. Importantly, the four learning journeys were each developed in partnership with relevant industry advisers, Aboriginal liaison officers, health and/or mental health practitioners, academics, students and volunteers from the broader community. The materials are currently being deployed in first year nursing curricula at the lead institution, with plans to embed the learning materials into relevant curriculum across partner institutions in the coming year. Although beyond the scope of the current project, there is a need for ongoing research to track the extent to which the online learning journeys and resources developed by this project impact on students’ cultural competence in health and/or mental health practice. The current data indicate that the project has a strong potential to achieve such longer-term impacts.

The project evaluator met with the project leader, Professor Eimear Muir-Cochrane, and project manager, Victoria Wright, at Flinders University in both years of the project. Both Eimear and Victoria provided the evaluator with access to relevant information and/or resources to assist with the mid-term and final reviews. Additionally, the evaluator participated in the project reference group meetings across the course of the project and also met separately with project team members at Flinders University. Finally, the evaluator sought feedback from students on their experiences with the learning materials and conducted phone interviews with a student from Flinders University and with staff from partner institutions.
2  PROJECT AIMS

The project had three main aims:

1. Develop four virtual (online) guided learning journeys for use in health sciences curricula.

2. Implement and evaluate the guided learning journeys with existing curricula in participating universities.

3. Disseminate and integrate guided learning journeys and associated resources into curricula across disciplines and universities.

3  BACKGROUND TO PROJECT

Australia is a culturally diverse country and there is a need to provide adequate care and support for culturally and linguistically diverse people and other minority groups. Aboriginal and Torres Strait Islander peoples and other cultural minority groups are less likely than other non-Indigenous groups to have contact with health services (Baxter, Kokaua, Wells, & McGee, 2006), highlighting the need to address cultural disparities and increase access by such groups to culturally appropriate health care and support. Groups needing special mental health treatments in Australia are children and adolescents, older people, Aboriginal and Torres Strait Islander peoples, rural and remote populations, and people from culturally and linguistically diverse backgrounds (Australian Institute of Health and Welfare, 2010).


A common approach to mental health services in Australia today is the multidisciplinary team. This has become more prevalent with the move away from institutionalised care towards more community-based services, Multidisciplinary teams are commonly used in community health facilities and draw together professionals from a range of specialities to carry out the required support and care For instance, a clinical psychologist might work in conjunction with a nurse, psychiatrist, and social worker as part of a team offering a wide range of services in a community mental health clinic. (p. 655).

Thus, the need for health professionals and mental health practitioners to exit university with greater multidisciplinary skills is a key issue for the sector.

The reality of the workplaces that graduates of health and mental health degrees (including nursing, midwifery, psychology, social work, among others) enter is that they are almost always required to work in multidisciplinary teams. Additionally, there is a need to ensure that health and mental health professionals are culturally competent; that is, that they can provide culturally appropriate care and practice in interactions with those from different cultural backgrounds, not only Aboriginal and Torres Strait Islander peoples, but all the cultural groups that make up our multicultural society (Dudgeon & Pickett, 2000, as cited in Burton et al., 2015).

The current project therefore aimed to develop learning journeys to support the interprofessional education of health professionals in providing person-centred care and culturally and linguistically appropriate support for individuals from diverse backgrounds. Further, the project aimed to strengthen the work readiness and cultural competencies of health and mental health graduates and their ability to apply knowledge in practice. To this end, educational resources were specifically designed to strengthen the professional skills and cultural competencies of health and mental health professionals in their assessment and care management of individuals from diverse cultural backgrounds. The aim was to engage learners (i.e., students and/or health professionals) with the online learning resources (including learning journeys) and thereby enhance their understanding and effectiveness in communicating with and providing appropriate health care and support to people from another culture.
4 DATA COLLECTION

The project evaluation was based on the main aims identified in the initial project framework and achievement of project outcomes and deliverables. As part of the data collection, the evaluator visited the lead institution (Flinders University) in both years of the project and attended team meetings in Adelaide and all reference group meetings. The evaluator had regular contact with the Project Leader, Professor Eimear Muir-Cochrane, and project manager, Victoria Wright, throughout the project. A range of documents associated with the project, including the online mental health and culture learning journeys and materials on the project website, have been accessed and analysed. The assessment was determined by data gathered from team members and key stakeholders who participated in the pilot of the learning journeys including students who engaged with the learning resources as part of course assessment at the lead institution, and other students, academic staff and health professionals who will engage with the resources in the future. Strategies employed included telephone interviews, email contact, document/website access and document/website reviews.

Analysis of the data collected led to insights into the processes involved in a multiple institutional collaboration. The project was complex, involving four partner universities across four states and numerous academics, industry (e.g., nursing, psychiatry, social work, Aboriginal mental health) representatives and students from partner universities. For example, the project team partnered with: The Poche Centre for Indigenous Health and Wellbeing at Flinders University, South Australian Health, Chinese Welfare Services South Australia, Migrant Resource Centre South Australia, paramedics, amateur actors and/or drama students in the production of the four learning journeys.

The evaluation highlights the importance of a strong leader and project manager to coordinate project activities across multiple partner universities and states, health professionals and other community partners. It is clear that having a project leader who showed vision and a clear way forward together with a dedicated project manager assisted greatly in keeping administrative tasks under control and in keeping the project team coordinated and focussed. They regularly communicated with project team members across the four partner institutions and this facilitated collaboration among team members, enabling them to focus on meeting milestones on time and within budget. The project leader and project manager developed a comprehensive risk management plan early in the project to ensure they stayed on track with project activities over the two year period. The team met regularly via teleconference (at least bimonthly) throughout the course of the project to ensure they remained on track in reaching their milestones. They successfully gained Ethics clearance in the early stages of the project to commence their research collaboration and achieved early project deliverables. The independent evaluator was appointed early in the project process and was a member of the project reference group, established early in 2014 to provide guidance and advice on the project. For example, this included specialist knowledge relevant to the development of the online learning journeys to ensure they successfully integrated culturally diverse/mental health content for the interprofessional education of health care students and/or professionals. The project reference group met twice in 2014 and once in 2015 via teleconference.

5 PROJECT OUTCOMES AND DELIVERABLES

Project outcomes included:

1. Developing four virtual (online) guided learning journeys that explore mental health and cultural issues, plus associated online content and guides as follows:
   a. Learning pods (self-contained resource packages addressing specific topics), online links, podcasts and video casts.
   b. A set of instructional guides for students.
   c. A facilitator guide to support integration of the guided learning journeys with assessment across institutions.
2. Establishing an evidence base for the use of guided learning journeys to develop cultural competence in clinical settings. This will also involve instilling confidence in base mental health care and promoting cultural sensitive behaviours related to health care delivery for culturally diverse communities.

3. Identifying and implementing dissemination strategies that promote sharing of content across disciplines and universities.

The project was completed on time and within budget as per the original plan. It was a two year project that began in February 2015 and was completed in December 2015. The evaluator considers that the interim and final project reports submitted by the Project Leader to the OLT accurately reflect the progress of the project at those times. The project team has successfully met all key deliverables, although there are some caveats to the outcomes that deserve further consideration and are outlined below.

Learning journeys and educational resources

The project team developed an online learning and teaching resource for undergraduate health sciences curricula, specifically targeting the disciplines of nursing, midwifery, social work, psychology and medicine. Their aim was to develop guided learning journeys and associated educational resources that support the interprofessional education and development of cultural capabilities of higher education students and/or professionals working in the health sciences and mental health fields. Each of the four learning journeys include short video presentations of mental health care professionals engaging with Aboriginal and Torres Strait Islander peoples and other people from culturally and linguistically diverse backgrounds as part of a multidisciplinary health care team. Each learning journey is linked to relevant external online resources, podcasts, and/or videos providing a media rich learning experience. All learning materials are available online in open access format (www.flinders.edu.au/nursing/mhc/).

One of the key outcomes of Phase 1 (development) of the project included the development of four guided learning journeys and associated instructional resources for undergraduate health curricula. The project team satisfied this outcome with three learning journeys (Justin O’Dowd, Shannon Bycroft, and Sui Fang) successfully completed by the end of 2014 and the fourth (Migrant and Refugee Resilience and Wellbeing) completed in 2015. Other key learning outcomes of this development phase include the development of a facilitator’s guide and instructional guides for students (refer to www.flinders.edu.au/nursing/mhc to view these guides). This was completed in the early part of 2015.

The four learning journeys each enable a storytelling approach to the case management of individuals from culturally diverse backgrounds. This approach is effective because:

- The narrative approach enables a shared understanding by learners of the cultural, social and historical factors that influence an individual’s current health and/or mental health.

- The learning journeys each engage the learner at a personal level and provide an opportunity for the social, cultural, and/or environmental factors influencing mental health to be articulated.

- The personal learning journeys each enable learners to see patterns of community life and history that emerge from an individual’s story, and how these shape mental health and wellbeing in the present.

- The learning journeys ‘step’ the learner through the various stages of mental health assessment and management, enabling them to actively engage with the issues and to problem solve to ensure culturally competent mental health practice.

The guided learning journeys combined two significant elements of curricula for health students – mental health (assessment and management) and cultural issues for Indigenous and culturally diverse populations – elements that have traditionally been taught in isolation. The unfolding case studies simulate real-world clinical settings by exposing students to the full context and complexity of culturally competent mental health
practice. They are self-directed learning resources that can be embedded in their entirety or may be modularised and embedded within existing curricula across a range of disciplines to support different elements of cultural competence in mental health practice. All four learning journeys are underpinned by key learning objectives and although each was scripted and carefully planned, there was room for creative flexibility in the script to engender an educational resource that enables an authentic learning experience by learners.

The project team identified priority areas for the guided learning journeys (Indigenous Australians, Chinese Australians, and migrant groups) based on the recognised need to provide appropriate mental health care and support to such marginalised groups in Australian society. The project aimed to fill the gap in existing undergraduate mental health curricula to help strengthen students’ professional skills and cultural competencies. All four learning journeys enable and indeed encourage learners to self-reflect on their personal values and attitudes to cultural issues in mental health practice. The learning journeys were each designed to reflect real-world experiences of mental health care practice and covered negative situations of stereotyping and racism to raise awareness of the importance of cultural sensitivity in providing quality mental health care. Thus, the learning materials raise awareness of the importance of culture in mental health assessment and are a positive step forward in helping combat intolerance, negative stereotyping and stigmatisation towards culturally diverse peoples requiring mental health treatment. This is a key strength of the learning journeys and educational resources. Their content is a conversation starter for discussing various contextual and cultural issues relevant to mental health practice and the learning journeys are relevant to the education and professional skill development of students from a number of health disciplines. Students can listen to the powerful narratives of each person’s story and discuss issues relevant to values and attitudes in mental health and culturally appropriate mental health practice.

The project team learned from the experience of compiling the first guided learning journey and refined their approach when compiling the remaining three learning journeys. For example, all learning journeys were designed to enable the learner to actively engage with online media. The project team also responded to student feedback on the first learning journey and ensured that students could connect to additional information and support as needed, and were not overloaded or overwhelmed by the volume of material available. Additionally, all learning journeys involved the project team engaging with expert health professionals and other relevant community people to emphasise patient care priorities and to highlight relevant cultural and mental health issues that needed to be addressed. While this had the benefit of cost savings in terms of not needing to hire actors to produce various videos, it also reflected the reality of the working life of a mental health professional and enabled new insights into their real world practice. Finally, the learning journeys and educational materials were developed via the Flinders University content management system, enabling easy access (and download) of open access resources on the website for sharing across disciplines and across universities.

All four learning journeys were drawn from real-life cases to enable students to see health professionals in practice and witness personal insights into the lived experience and resilience of people from culturally and linguistically diverse backgrounds to better understand the connections between culture and mental health. Each learning journey is structured into sections, with a supporting narrative provided to guide students through the learning journey. Students have access to clinical notes, multidisciplinary reviews, referral letters, video segments and other relevant supporting learning materials. A notable strength is that the content of each learning journey has been reviewed for cultural appropriateness by leading practitioners, clinicians and experts in the field. Colleagues from all partner institutions were engaged in this development phase.

The first learning journey (Justin O’Dowd) was a guided learning journey that covered health topics of diabetes, suicide risk, and depression and was relevant to working with rural and Indigenous peoples. A clinical case was presented that covered culturally appropriate and quality health care practice. This “guided” learning journey was scripted, and the case unfolded in response to problem solving by learners. The learner was guided through the different elements of care for the male Indigenous client, ranging from identifying the problem, referring and supporting the client, to discharging the client. The learning resource also provides examples of case notes, assessments, and care plans over time to guide the learner to engage with key
issues in Indigenous health and mental health care and to develop culturally appropriate communication skills when assessing the mental health of people from culturally diverse backgrounds.

The second learning journey (Sui Fang) covered the health topic of cognitive decline (dementia) for a migrant group (i.e., Chinese Australians), recognising the importance of cultural values in mental health practice.

The third learning journey (Shannon Bycroft) covered the health topics of postpartum psychosis, postnatal care, psychiatric medications, and is relevant to mental health care for Aboriginal and Torres Strait Islander peoples and people from rural and remote communities. This learning journey also enables the learner to explore the topic of racism in mental health practice.

The fourth learning journey (Migrant and Refugee Resilience and Wellbeing) covered the health topics of emotional resilience, mental health and wellbeing, and was relevant to working with refugee and migrant communities. This learning journey highlights the importance of cultural communication in a multicultural society like Australia. In particular, the focus is on ensuring appropriate access and support for refugees and migrants and other culturally and linguistically diverse peoples.

Additionally, a fifth educational resource (What do health professionals actually do?) was compiled on the topic of a career in health/mental health. It covers their personal stories of motivation for work as a health/mental health professional.

**Evidence base to develop cultural competence of mental health professionals**

The project team gathered evaluation data continuously throughout the two year project. The first guided learning journey was formally evaluated in a pilot study by students at Flinders University ($n = 22$). The students (from various disciplines including nursing, paramedics, nutrition, health sciences, physiotherapy, teaching, special education and disability studies) worked their way through the first learning journey and participated in online forums.

Follow-up focus groups in 2014 ($n = 7$) enabled a deeper examination of students' responses to the first guided learning journey (Justin O'Dowd), including discussion of the ease and perceived educational value of material in enhancing students' confidence and knowledge in caring for an Aboriginal and Torres Strait Islander patient and someone living with a mental illness. Student feedback was compiled and reviewed. Overall, student feedback was positive. They found the guided learning journey provided a rich multimedia learning experience and they enjoyed the storytelling experience of engaging with a real life case. The learning journey taught some students new knowledge re engaging with Indigenous culture; for other students, it reinforced their prior understanding of the importance of cultural sensitivities in providing appropriate mental health care for Aboriginal peoples. However, the students also indicated that it was time consuming to work through the full guided learning journey and they recommended restricting the amount of material available so that it value adds to their overall learning experience. This student feedback led to refinements to the first guided learning journey and informed the development of subsequent learning journeys. Additional refinements included the need to better scaffold the remaining three learning journeys to guide them through the various resources.

Overall, students appreciated the opportunity to follow the journey of an individual case, believing it provided them with a ‘real world’ learning experience to develop and strengthen their mental health professional skills. They commented that the first guided learning journey enabled them to gain “a personal experience and connection” with the patient and thus helped them to understand how best to care for people from Aboriginal and Torres Strait Islander culture.

Phase 2 deliverables originally included the project team implementing and evaluating online versions of the first three learning journeys with students across partner universities in 2015. To this end, the first learning journey (Justin O'Dowd) was embedded into the assessment of a first year nursing course at Flinders University in Semester 2, 2015, and the second learning journey was to be trialled in relevant health science courses at both The University of Newcastle and Central Queensland University. However, changes to
teaching teams meant that the learning journeys were not embedded into curricula at partner universities as planned, and low student engagement with the learning journeys at the lead institution further restricted the type and quality of feedback available. Nevertheless, feedback from staff and students at the lead institution and partner institutions was subsequently sought and obtained.

Overall, feedback from academics was positive. Clinicians were generally optimistic about the resources and felt they would help support students’ learning, providing a real world experience in the classroom. For example, one academic commented:

“The learning resources are excellent and will inform thinking and practice with mental health and culture.”

Although some colleagues at partner institutions were initially sceptical of the quality of the resources, especially when they have the intellectual capacity to develop the resources internally, upon a closer look they liked them and realised they could be of value for the transformative learning of students. For example, one academic commented:

“The cultural respect it shows is not lip service and meaningful learning for students will come from it.”

Another nursing academic commented on the second learning journey (Sui Fang):

“I love them. They are fantastic digital resources to encourage and engage students to see their role in the art of nursing and how it is important in the profession. Sui's emergency call was so powerful to me. Just hearing the voice and stress was so real and life like. I felt the emotion and could relate to the person making the call…. I feel these reflective, real life practices are important because different sensory experiences are offered and this will help students to understand empathy and interpersonal skills required in nursing.”

Overall, 48 students participated in the formal review of the first guided learning journey in 2015, the majority coming from Flinders University (74.42%). Although the data should be treated with caution, the findings were promising, with students self-reporting: (a) enhanced empathy and attitudes toward culturally and linguistically diverse peoples over time; (b) intentions to advocate for people from culturally diverse backgrounds and build their cultural competencies; and (c) confidence in communicating effectively and providing culturally appropriate mental health care for Indigenous peoples. Further research and ongoing tracking is needed to determine the extent to which the learning journeys promote and sustain change in learners’ attitudes, perceptions and mental health care practice for culturally and linguistically diverse peoples in the longer term.

Student focus group data in 2015 reinforced the positive student response to the first guided learning journey in the pilot study. Student feedback was again positive, as indicated by the following first year nursing student’s comments:

“Working on the Justin case world was really a great journey for me to explore a new world. It helped me a lot to explore and get more information about Indigenous people, which I didn’t know much about their culture. After searching through internet and reading articles about culture I expanded my knowledge and tried to answer the questions related to the case world. I really enjoyed the whole journey and it was very helpful.”

Other students also commented how the Justin O’Dowd guided learning journey helped them to better understand the complexities of mental health from an Indigenous point of view. For example, one final year nursing student commented:

“I felt the learning journeys provided a thorough way to present multifaceted aspects of a case. The videos gave a deep cultural and personal understanding of cultural issues for students.”

Overall, the students generally appreciated the sense of reality and conversation of the storytelling approach underpinning each learning journey. Students especially liked the videos and found the updated scaffolded website user friendly and easy to navigate. It was generally agreed that the learning journeys raised their awareness of the importance of culture in mental health care and that further experience in the field would enable them to build their cultural competencies and skills as a mental health practitioner. However, as mentioned previously, ongoing research is needed for the project team to obtain the evidence base for
determining the effectiveness of the guided learning journeys in enhancing students’ cultural competence in clinical settings.

**Dissemination and integration across disciplines and universities**

Phase 3 deliverables included a multifaceted dissemination strategy to enable uptake of learning resources at the lead university and broader uptake at other institutions and across disciplines. The project team initiated the development of their online website during the early part of 2015 and developed a communication plan for broadening their reach to colleagues working in the mental health and wellbeing fields. The project was officially launched on the 7 October 2015, during Mental Health Week, at the South Australian Health and Medical Research Institute, by the Honourable Gail Gago MP, with 50 attendees. This event received substantial media coverage (both radio and television).

The dissemination of project outcomes has been excellent, continuing the collaborative theme that has been threaded throughout the project. The project team has communicated with key stakeholder groups including Council of Deans (Canberra), Associate Deans, Heads of Schools, academics and mental health professionals. They have held workshops with mental health colleagues at partner universities, and publicised the project via a number of media releases, conference presentations and/or newsletter publications to disseminate information about the project and its outcomes to relevant audiences at both local, national and international levels. Presentations at other Australian universities and international conferences are planned for 2016 plus one quality research paper in a refereed journal.

The project learning journeys and associated learning materials have been disseminated to 33 universities across Australia. Additionally, postcards were disseminated at various local, national and international conference presentations, via LinkedIn, Research Gate, Twitter, and via professional association newsletter and magazines, workshops, showcases, meetings and invited presentations. Additionally the project leader has given various radio and television appearances. The project has the potential to reach all 39 Australian universities that offer health curricula. The resources are relevant across disciplines and this will potentially broaden the reach beyond identified disciplines of nursing, psychology and social work. The resources will remain freely available via the project website.

This ongoing activity is vital to the project team achieving influence at the learning and teaching level – it will involve socialising the guided learning journeys with academics at partner universities to facilitate the embedding of guided learning journeys and educational resources into mental health curricula. The three Adelaide universities are looking to employ the learning materials in their respective nursing and midwifery programs in 2016. The project team might also consider other relevant health disciplines where a multidisciplinary approach to patient care is paramount.

The project team recognised a number of challenges in embedding the resources into an already crowded curriculum. To this end, the learning journeys and educational materials we specifically designed to show versatility – they can be modularised and applied either in whole or in part as relevant to different learning outcomes and different levels of undergraduate curricula. Educators can tailor the learning materials to reflect the depth of awareness required in the course. Currently, the learning resources are targeted towards undergraduate programs, however, the potential exists to extend into postgraduate training of mental health professionals.

The project team further identified that timing was important and it was agreed that academics were more likely to embed the materials in their curricula if it coincided with an overall curriculum update. Additionally, “champions” were needed at each university to help embed resources into assessment. Ultimately, however, the extent to which the learning journeys and educational resources are embedded into curricula will depend on evidence that they have an impact on student learning. This project has created momentum and developed an excellent set of highly engaging, media-rich learning and teaching resources. The next step is to gather evidence that demonstrates the benefits of these outcomes for mental health discipline graduates in the delivery of those services in the workplace.
Finally, all four partner universities have ongoing plans to employ the learning journeys and/or associated learning resources within existing or new curricula at their respective institutions in 2016. Additionally, a number of tertiary institutions and private providers have expressed interest in accessing the learning resources in their various courses or programs (e.g., University of Sunshine Coast, Greater Green Triangle University Department of Rural Health, Adelaide University, University of South Australia, and Edith Cowan University). This is likely to grow as word of mouth spreads across industry and academic circles.

6 SUMMARY

The project set ambitious aims and was a complex undertaking involving multiple stakeholders and university partners. Keeping it on track required strong leadership, and the successful completion of all aims and deliverables on schedule is a noteworthy achievement and should be applauded.

The project was led by Flinders University and involved three partner universities (Edith Cowan University, The University of Newcastle, and Central Queensland University). The project team engaged widely in the community to elicit input from a range of key stakeholders in the health and mental health professions, including the disciplines of nursing, mental health nursing, psychology, social work. The collaborative nature of the project involving various health and/or mental health educators, practitioners, peak bodies and students was one of its greatest strengths.

The team members were able to draw on each other’s strengths and capabilities through regular contact by teleconference, and also face-to-face meetings. Much of this contact was initiated by the project team Leader, Professor Eimear Muir-Cochrane, who provided strong leadership and direction and was supported by her highly efficient and capable project manager, Victoria Wright. This approach has proved invaluable and has contributed greatly to the success of the project.

This evaluator found unanimous agreement among all key stakeholders that the project team has been successful in achieving its aims and deliverables. The project team has created a strong and united voice on the importance of culturally appropriate mental health care and practice for individuals from culturally and linguistically diverse backgrounds.

The project team developed four learning journeys plus a facilitator’s guide and a suite of educational resources. These are available online and are ready for integration into the curricula of Australian (or international) universities. That is a significant outcome after less than two years of excellent collaborative work. The learning and teaching resources provide a ready-made module that can enhance students’ mental health knowledge and cultural practice.

These resources have been trialled and evaluated with students at Flinders University and academic staff across partner institutions. They have been disseminated to academics across Australian universities, with plans for at least four or more universities to incorporate these resources into their curricula from 2016.

The learning journeys were peer reviewed by students, academics and mental health workers and provide authentic mental health learning experiences. The learning resources were designed to enhance students’ cultural knowledge and skills to work in multidisciplinary teams in mental health care settings. The learning journeys demonstrate the need for respectful communication with different cultural groups and prompt students to question cultural knowledge and practice and promote healthy debate and discussion.

According to the project team leader, Professor Eimear Muir-Cochrane:

“Our online resources will equip students with the skills to challenge the negative impacts stereotyping and stigma have on people with mental health issues. We specifically focus on the issues facing people from Indigenous, migrant and Chinese cultural groups.”

Now that the teaching materials have been developed, the challenge is to make the broader implementation across disciplines and institutions a reality. It will take a number of years to achieve the full benefit of the
culturally diverse/mental health online content in strengthening interprofessional education of mental health professionals. Additionally, successfully embedding the online learning and teaching resources into curricula requires the buy in by appropriate educators and management. Future research is needed to determine the extent to which that occurs.

Further evidence also needs to be collected on the actual impact of the online learning journeys on mental health practice once these educational materials have been implemented more broadly into curricula. The stated aims of the project have been achieved; but the potential impact these learning resources can deliver and have on the cultural competence of mental health professionals in practice is yet to be determined. There appears strong potential for the project resources to be adopted both within universities and within the mental health industry. Further research is needed to establish how well the resources fulfil this potential. Some key research questions include how useful are the resources in equipping students with skills and cultural competence needed for culturally diverse groups? Or for work in multidisciplinary teams? Does this result in higher quality mental health care in clinical settings?

7 CONCLUSION

I congratulate Prof Eimear Muir-Cochrane and her team on all they have achieved in this project. Leadership was a key factor in the success of this project, drawing together members of a multidisciplinary team from across four universities as well as the project reference group and other key stakeholders. The project team demonstrated a strong commitment to interprofessional mental health education and cultural training and to the success of this project. The project delivered authentic and engaging online learning journeys and educational materials that are readily accessible for inclusion in university curricula. Additionally, there is compelling evidence that communication and dissemination of project outcomes remains strong among key stakeholders. The learning journeys have been successfully embedded into nursing curricula at the lead institution and there are plans for broader roll out at other universities in 2016, extending beyond the partner institutions. There also exists strong potential for wider uptake across disciplines. The challenge remains to determine the impact that the current project deliverables have on the work readiness of graduates in mental health professions. To what extent do these online learning journeys and educational resources help to develop the cultural competencies of undergraduate students and impact on the quality of the mental health workforce? This question is beyond the scope of the current project and further research is required to determine the extent to which the project delivers improvements to the delivery of mental health services.

8 CONTACT DETAILS

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9 REFERENCES


Attachment 1

Reshaping curricula:
Integrating culturally diverse mental health online content
to prepare work ready professionals

Evaluation Plan

1 INTRODUCTION

Professor Lorelle Burton, Professor of Psychology in the School of Psychology & Counselling at the University of Southern Queensland, is pleased to offer the following plan to Professor Eimear Muir-Cochrane, Professor in Nursing (Mental Health) at Flinders University, for the external evaluation of the ‘Reshaping Curricula: Integrating culturally diverse mental health online content to prepare work ready professionals’ OLT project she is currently leading.

2 BACKGROUND

This project is funded by the Australian Government Office for Learning and Teaching (OLT). The project commenced in February, 2014 and is to be completed by December, 2015. It is a joint project conducted by researchers from Flinders University (lead institution), and the University of Newcastle, Edith Cowan University, and Central Queensland University (partner institutions).

The aim of the project is to design, develop, evaluate, and disseminate focussed curricula to prepare health sciences (e.g., disability occupational therapy), psychology and nursing students in mental health assessment and management needs of Indigenous Australians and people from culturally and linguistically diverse backgrounds.

The project team will develop an innovative virtual teaching and learning resource that incorporates ‘guided learning journeys’ and associated course material. These journeys are scripted case studies that are designed to simulate real-world clinical settings by exposing students to the complexity of the setting and the progression of the health problem.

Specific project outcomes include:

4. Developing a series of four virtual (online) guided learning journeys that explore mental health and cultural issues, plus associated online content and guides as follows:
   a. Learning pods (self-contained resource packages addressing specific topics), online links, podcasts and video casts.
   b. A set of instructional guides for students.
   c. A facilitator guide to support integration of the guided learning journeys with assessment across institutions.

5. Establishing an evidence base for the use of guided learning journeys to develop cultural competence in clinical settings. This will also involve instilling confidence in base mental health care and promoting cultural sensitive behaviours related to health care delivery for culturally diverse communities.

6. Identifying and implementing dissemination strategies that promote sharing of content across disciplines and universities.
The project team will submit multiple progress reports and financial statements to OLT. This will include a mid-term (Year 1) progress report required by December, 2014, and a final report to be submitted at the end of the project, by December, 2015.

3 SCOPE OF EVALUATION

The proposed scope of work to meet the evaluation requirements is as follows:

- Attend face-to-face meeting with project leader and/or team towards the end of the first year of the project for briefing of project (20-21 November, 2014).

- Attend two face-to-face meeting with project leader and/or team again in the second year of project to finalise project and to draft final evaluation report (July 2015 and October 2015).

- Participate in the reference group teleconference meetings (July 2014, November 2014 and again in 2015 [dates to be advised]).

- Undertake an independent evaluation of the methodology and approach taken to achieve the key outcomes of the project, including:
  
  - The development of four guided learning journeys and associated instructional resources for undergraduate health curricula.
  
  - The modification of mental health, Indigenous and culturally diverse curriculum content at partner institutions.
  
  - The impact of the guided learning journeys on students in regard to awareness, attitudes, and acquisition of clinical cultural and mental health competence, as well as the accessibility and usability of the online content.

- Evaluate the effectiveness of the project processes for the development, implementation and dissemination of the guided learning journeys.

4 DELIVERABLES

Professor Burton’s deliverables for the project will include:


In order to successfully perform and complete the above deliverables, the following will be required from project leader and/or team:

- Access to relevant information and/or resources as set out in the scope of evaluation.

- Arrangement of interviews with key stakeholders as required.

5 EXCLUSIONS

It is understood that the following item is not included in this scope of evaluation:

- A detailed evaluation of the guided learning journeys and associated instructional and support resources.
6 CONTACT DETAILS

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Appendix 6

Certification by Deputy Vice-Chancellor (or equivalent)

I certify that all parts of the final report for this OLT grant/fellowship (remove as appropriate) provide an accurate representation of the implementation, impact and findings of the project, and that the report is of publishable quality.

Name: Professor Richard Maltby, Acting DVC(A)      Date: 21.12.2015