



# Assessing Hauora Māori in clinical settings with medical students: ideas for implementing change

Rhys Jones, Phillippa Poole, Mark Barrow, Papaarangi Reid,  
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More information and the full report is available at: <http://ako.aotearoa.ac.nz/hauora-maori-medical-students>

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# Context

Cultural competence and equity are important goals of medical education (Betancourt, 2006; Sanson-Fisher, Williams, & Outram, 2008). It is important that health professional education programmes in Aotearoa/New Zealand contribute to improving Māori health and promote reduction and elimination of health inequities (Bacal, Jansen, & Smith, 2006; Jones *et al.*, 2010).

Assessment of student competence in this area is a critical piece of the puzzle; the higher education literature stresses the role that assessment of learning plays in defining what learners should know and be in order to be a successful student (see for example, Brown & Knight, 1994). It follows that assessment processes must be aligned with educational goals relating to cultural competence and equity (Betancourt, 2006; Smith *et al.*, 2007). ▀

## ***What is cultural competence?***

*The primary rationale for cultural competence education is to address health care inequities.*

*Cultural competence is not simply factual knowledge and skills relating to different cultures (sometimes described as a 'cultural safari' approach).*

*'Critical consciousness' is a key component of cultural competence, and involves moving beyond a focus on patient culture. It encompasses reflection on health professional culture, power and the societal context, and how these influence patient care.*

*Cultural competence should therefore be understood as an ongoing process of self-reflective improvement in providing care, not merely as the acquisition of a defined level of expertise.*

## ***Cultural competence assessment is relevant to many vocational training programmes***

While this project focused on clinical assessment of Hauora Māori in medical students, findings are likely to be very relevant to:

- assessment of cultural competence and equity in general
- other health professional education contexts such as nursing and pharmacy
- outside the health sector in other forms of workplace training, such as the education sector

# Project Overview

The overarching goal of this project was to develop effective assessment methods, tools and staff development processes that can be broadly used to assess Māori health competencies in clinical settings.

The interventions used in the project demonstrated limited effectiveness in improving learners' attitudes and beliefs, engagement, and satisfaction with cultural competence (Jones *et al.*, 2013). However, this lack of effect needs to be viewed in the context of the broader learning environment, which may serve to support or undermine the impact of individual educational interventions. So, while the research findings did not provide clear guidance in terms of the most effective assessment tool(s) to use, the process of undertaking the research resulted in important insights in relation to the wider curriculum.

## Overall, this research shows that:

- It is important to explicitly assess competency in Hauora Māori when such competence is part of the graduate profile – despite the difficulty involved in doing so.

- Many teaching staff and clinical supervisors lack confidence in teaching or assessing cultural competence, and need opportunities to further develop in this area.
- Strong commitment to cultural competence teaching and assessment is necessary at the institutional level.

## This resource:

- Explores the implications of these key findings
- Proposes what an effective cultural competence assessment programme might look like
- Presents some key questions that educators and organisations might consider when developing a cultural competence assessment programme.

An outline of the methodology is provided in Appendix 1 (page 9).

For a full description of the project methodology and results see Jones *et al.* (2013) 📖





# Implications

## **Assessing cultural competence is difficult but necessary**

*The importance of explicitly assessing competency in Hauora Māori, despite the difficulty involved in doing so, cannot be overstated.*

Our data indicate that students would not have undertaken learning in this domain to the extent they did without the assessment requirements. This is consistent with the principle that assessment drives learning (Barrow, 2006; Biggs & Tang, 2007; Brown & Knight, 1994), and is supported by other research findings that if areas like cultural competency are not formally assessed, they can be seen by students as less important and therefore not emphasised in their learning (see for example, Lypson, Ross & Kumagai, 2008).

## **There is a clear need for professional development among educators**

*Many teaching staff and clinical supervisors lack confidence in teaching or assessing cultural competence, and need opportunities to further develop in this area.*

A lack of cultural competence among clinicians may contribute to a 'hidden curriculum', by indicating to students that cultural competence is not really important or valued.

Institutional support for clinician cultural competence development is critical, given competing demands on clinician time.

In the shorter term, additional support may be needed from staff with cultural competence expertise, such as through provision of structured marking guides, or direct marking of assessments.

## **Effective cultural competence development among learners requires institutional commitment**

Strong commitment to cultural competence teaching and assessment is necessary at the institutional level. This requires effective systems and structures, including an explicit cultural competence curriculum that is supported by all educators and resourced by the institution.

Assessment results need to matter: students' achievement in cultural competence must have implications for progression through the programme. Educational institutions can play an important role not only in student learning, but also in clinician/supervisor cultural competence development. This requires the co-operation of educational institutions, employers/workplaces and medical professional bodies.

### **Learners told us that:**

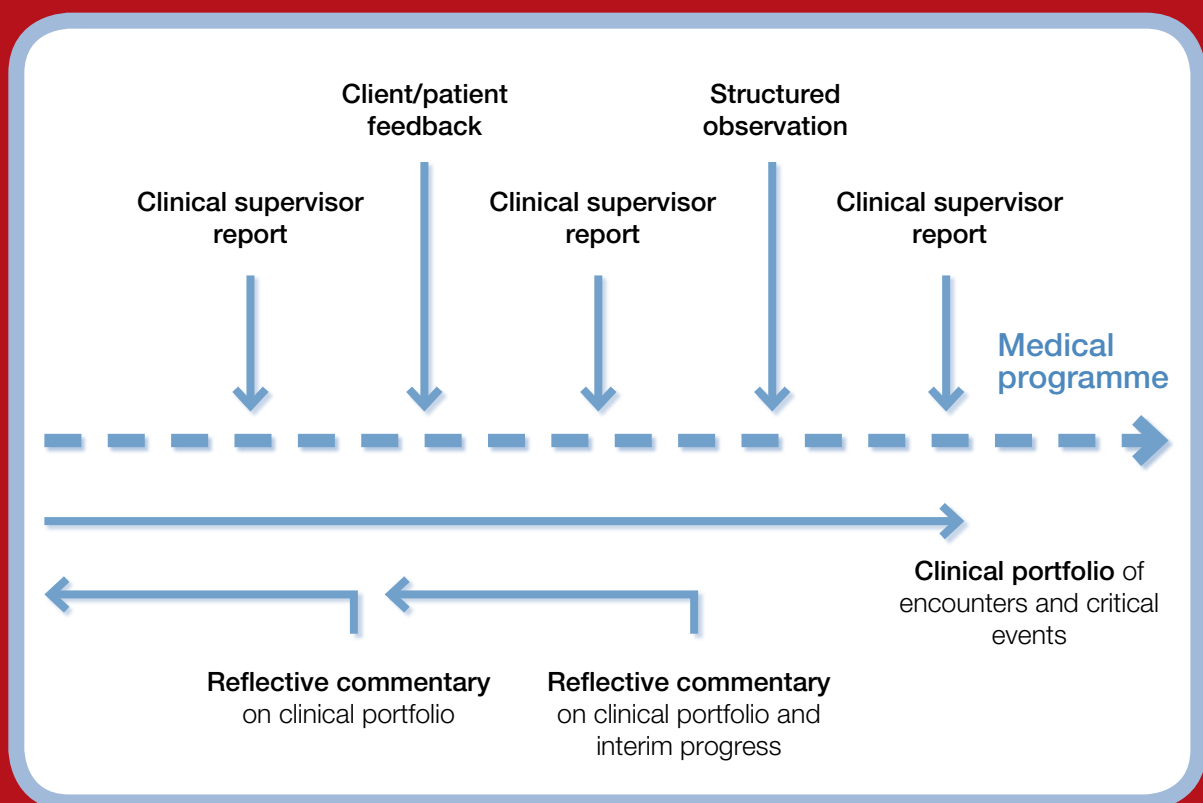
- *they appreciate learning about Māori health*
- *a reflective approach is good*
- *more structured teaching and assessment is needed*
- *they lack contact with Māori patients*
- *assessment needs to also address other ethnic groups*

## What might an effective cultural competence assessment programme look like in a clinical setting?

A sample cultural competence assessment programme is provided here, informed by the project findings. Note that this is offered for the purposes of illustration; it will need to be adapted for use in different educational contexts.

An effective cultural competence assessment programme is likely to involve a combination of complementary assessment approaches over the course of the health professional education programme, including both written material and observed clinical encounters, and both longitudinal and cross-sectional assessments.

Critical reflection could be incorporated within such a system through a written commentary reflecting on a clinical portfolio of encounters, experiences and critical events during student training, and identifying future student cultural competence development needs. This should be an iterative process, allowing for feedback by educators on earlier reflections and a mechanism to monitor progress towards meeting learning needs. ■



*Note: vertical arrows represent cross-sectional assessments; horizontal arrows represent prospective/retrospective longitudinal assessments*

# Key questions that educators and institutions might consider when developing a cultural competence assessment programme:

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## How might we develop, implement and evaluate assessment tasks that emphasise demonstration of cultural competence in clinical practice?

More clinically situated methods will allow assessment of behavioural aspects such as clinical communication skills, which cannot be effectively assessed using written assessments. This approach also has the potential to build capacity among clinical teachers for assessing students' achievement in the area of cultural competence.

## How can we best address assessment of cultural competence from a programmatic perspective?

Assessment of cultural competence and related domains should be considered from the perspective of the educational programme. While evaluation of individual assessment methods and tools is important, it is also necessary to examine how the range of assessments conducted over the course of the educational programme contributes to an overall picture of achievement.

## How can we ensure that assessment in areas such as cultural competence matter?

If assessment in these areas does not count substantively towards educational achievement, students will be less likely to put the requisite effort into learning and assessment. Cultural competence

and related areas need to be positioned as educational domains in their own right, and achievement (or lack of) should be associated with appropriate consequences for learners.

## Why is it necessary to increase our capacity among clinical teachers for assessment of cultural competence?

The lack of capacity among clinical teachers to facilitate learning and undertake assessment in cultural competence limits the extent to which progress can be made in this area. Staff development is therefore critical for advancing knowledge and practice in assessment of cultural competence – it should not be left solely to staff who are expert in this area.

## How might we demonstrate institutional commitment to cultural competence and related areas?

Many of the recommended actions from this research will require commitment at all levels of educational institutions in order for them to be fully realised. For example, leadership is needed to ensure that assessment of cultural competence is valued appropriately, and that clinical teachers are prepared to facilitate learning and undertake assessment in this area. 🍷

## ***Approaches to assessing cultural competence***

A comprehensive assessment programme should involve the use of different assessment tools, at different times, using different assessors.

***Clinical supervisor reports:*** global assessment against multiple criteria by supervisor at the end of a clinical attachment.

***Case reports:*** documentation of patient history and examination including written discussion and analysis.

***Observed clinical encounters:*** direct observation of patient history, examination or counselling by assessors using validated tools.

***Multisource feedback:*** questionnaire-based assessment that elicits perspectives from supervisors, peers, clients and the assessed person.

***Reflective commentaries:*** written reflections by students on their clinical practice and experiences.



# Conclusion

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The development of cultural competence amongst learners is a key priority in many tertiary contexts. This project highlights the challenges in making genuine improvements through assessment changes alone. A strong organisational commitment coupled with professional development for staff is also needed.

It is clear from our project that learners want to develop expertise in Hauora Māori and enjoy assessment tasks that emphasise reflection (Jones *et al.*, 2013). However this learning needs to be scaffolded by structured educational tasks and, critically, to be valued by the organisation and teaching staff. We hope that the programme outline presented here and questions proposed for staff assist other practitioners in their endeavours to support learners develop their cultural competence. 🍷

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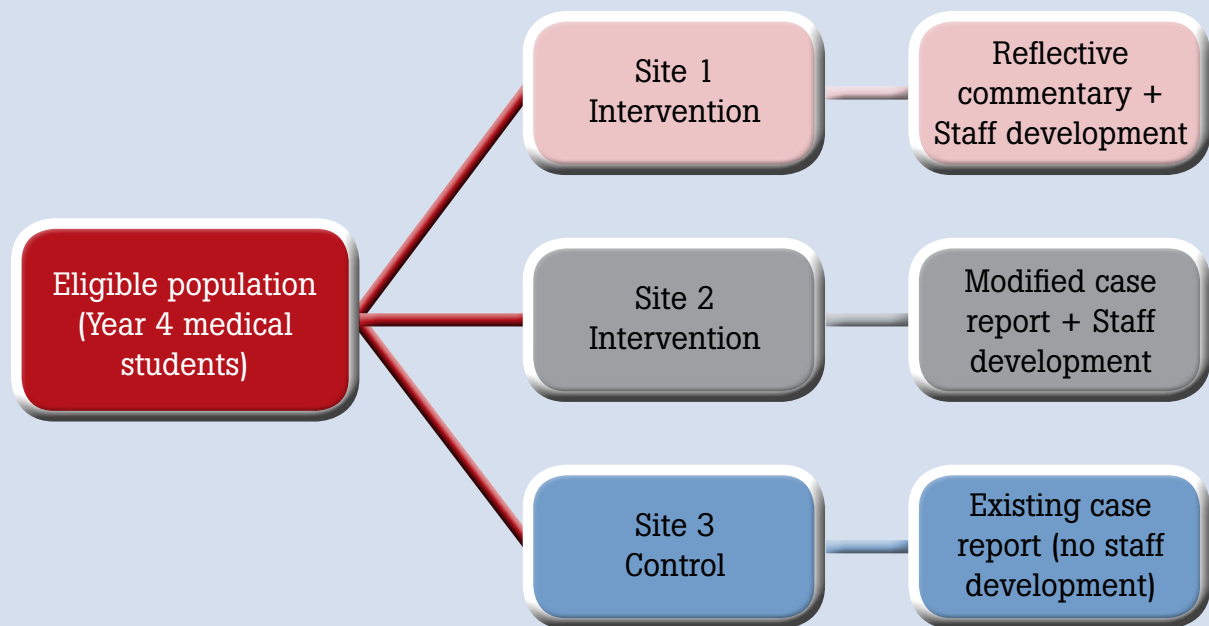
## Appendix 1: Methodology

A multi-stage process was undertaken to address the research goal, as follows:

1. Development of assessment tools
2. Development of an evaluation tool
3. Piloting of the assessment and evaluation tools
4. Implementation and evaluation of the assessment tools

Two new assessment tasks were implemented as part of a six-week clinical attachment that all medical students complete in Year 4. Groups of students rotated through this attachment, with each student being allocated to one of four teaching hospitals. Three of the four teaching hospitals were involved in this study, comprising a total of 255 eligible students. The design is summarised in Figure 1.

Figure 1: Assessment tasks used across each intervention site.



For more information go to [www.akoatearoa.ac.nz/hauora-maori-medical-students](http://www.akoatearoa.ac.nz/hauora-maori-medical-students)

