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Community experience of a Pacific Immersion Programme for medical students in New Zealand

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Abstract

Aim To obtain the views of the Pacific community about their involvement in a Pacific Immersion Programme, to determine the programme's viability as a resource for medical education.

Method The Pacific Immersion Programme run by the Dunedin School of Medicine had four attachments (March, April, June and September) with local Pacific communities in 2011. Community focus groups were held the week immediately after each attachment. There were two focus group sessions for each attachment, one obtained the views of adults and the other of young people. Focus groups consisted of eight participants recruited through community coordinators and were facilitated by trained research assistants. Sessions were audio recorded and analysed using a thematic framework.

Results Sixty-four members of the community participated in the focus groups. Eight themes emerged from the discussions. The community agreed the Pacific Immersion Programme strengthened community cohesion through efforts to engage the students. There was shared learning and created opportunities for engagement between medical students and the community's younger generation. The Pacific families shared with the students about their health and context through storytelling, dancing and singing and cultural ceremonies. Participants hoped students achieved what they wanted from the programme and the experience was useful for their work in the future.

Conclusion Community based medical education is a unique and useful approach for teaching medical students about the health of a minority community. The purpose of the paper is to highlight the impacts on participating communities. Nurturing established relationships and providing mutual benefits for both partners will ensure this opportunity will be available as a learning resource for future medical students.

Many medical schools have incorporated cultural competency training into their curriculum in recognition of the increasingly diverse and multi-ethnic communities health professionals will work in.[1–6]

Research has shown that the provision of culturally competent care can promote better health outcomes.[7-10] The delivery of cross-cultural competency training varies across medical schools from lectures, workshops, case studies to immersion programmes based in communities and others.[11–17]

Community-based medical education is being recognised as an important component of medical school curricula and many community attachments place students in a clinical setting;[4,18,19] this is especially important in underserved communities where there is a recognition of the need to work alongside them in an effort to improve health outcomes.[20]

Pacific peoples make up approximately 7% of the total New Zealand population and are over-represented in poor health statistics and low socioeconomic status compared to the total population.[21,22] The government in its efforts to improve Pacific health has developed through the Ministry of Health and the Ministry of Pacific Island Affairs *'Ala Mo'ui*, a strategic document outlining pathways to health and wellbeing.[23] The New Zealand Medical Council has published guidelines on Best Practice when working with Pacific peoples.[24]

In alignment with these efforts to improve Pacific health outcomes, the University of Otago Dunedin School of Medicine partnered with the local Pacific community to trial a Pacific Immersion Programme. The University had previous experience with a successful immersion programme for Māori, the indigenous people of New Zealand.[4]

Those who wish to enter medical school at the University of Otago through the undergraduate pathway, are required to do a compulsory health sciences first year course. Selection into medicine is based on achieving an aptitude and academic threshold. Training in Medicine consists of an Early Learning in Medicine (ELM) component (Years 2 & 3), and Advanced Learning in Medicine (ALM) component (Years 4, 5 & 6).

The teaching of Pacific Health in the curriculum consists of whole class lecture series in the ELM. The Pacific Immersion Programme was introduced in Year 4. Pacific Health teaching in Year 5 provides students with the opportunity to conduct public health and primary care clinics in the local Pacific community (under supervision). In the final year of training, medical students have the opportunity to do their medical electives in one of the Pacific Islands, or conduct a research project that engages Pacific communities.

The Pacific Immersion Programme was piloted in 2010 to explore whether it could be a useful method for teaching medical students about the health of Pacific peoples in New Zealand. Some detail about the Pacific Immersion Programme and its development was reported in an earlier publication.[25]

The Pacific Immersion Programme

The Pacific Immersion Programme is a collaborative initiative between the University and the community where medical students are invited to be part of the community over a week-end. There are four attachments during the year. Eighty medical students from the ALM Year 4 class were divided equally into four groups.

The Pacific community organized four Pacific groups, each hosting students once only during the year. These groups were Samoans, Cook Islanders, Tongans and a mixture of small minority ethnic groups. Each Pacific group nominated a community leader (coordinator) to assist the University programme coordinator. Pacific community meetings were held to explain the purpose of the programme, requirements, expectations, and to provide the opportunity for people to ask questions.

The University programme coordinator attended all meetings with the community coordinator. The University coordinator, a Pacific health professional was a member of the local community with well-established community relationships. This link assisted the process and the successful negotiation of a buy-in from the community. Families who wished to participate would approach the community coordinator, who was responsible for selecting participating families. Families involved in the

programme completed a consent form. Information sheets about the programme and its requirements were provided to all participating families. Each Pacific group received a gift from the University for their contribution. The distribution of the gift provided was determined by each Pacific group.

Cultural processes, protocols and expectations were explained to students. Leaders from each community group met with students at the University a day prior to each attachment to brief them on what to expect. This provided students with the opportunity to ask questions they may have about their host families, cultural protocols or other issues. Medical students were briefed about the objectives of the programme. These were to:

- Experience Pacific family life in New Zealand
- Observe how culture, religion and socio-economic environment influence health
- Practise and observe cross cultural communication
- Provide opportunities for the community to teach them about their health and how best to engage with them in the clinical setting and
- Determine from observation and information shared, what could be useful for their own practice in the future

The University coordinator had overall responsibility for the program. Safety protocols were in place if there were concerns from either students or community participants. The University coordinator worked together with each community coordinator to match students to host families. These were sometimes determined by student needs (for example, a student may be allergic to animals) or by a request from a family (for example, a family with young children may request a medical student of the same gender).

Initial informal feedback about the programme from students, staff and the local Pacific community was affirmative. This resulted in the medical school's decision to incorporate the Pacific Immersion Programme as a required part of learning for all medical students at the Dunedin School of Medicine starting from 2011. It was important however, to explore further the views of medical students and the Pacific community about the programme.

For the students, whether the programme was useful as a teaching method, and for the community their views about the programme and whether they were happy to participate in future programmes.

The views of students were captured through reflective essays they were asked to complete after the programme. These results have been reported.[26]

Feedback from students was provided to the community through community coordinators. This paper outlines specific feedback from the Pacific community about their experiences and views of the Pacific Immersion Programme.

The aim of this study was to obtain the Pacific community's views about their involvement and experience in a Pacific Immersion Programme, to determine its viability as a resource for medical education.

Method

The Pacific Immersion Programme in 2011 consisted of four attachments within the Pacific community. Community focus groups were conducted one week following each attachment at a venue nominated by each community group. Two focus group sessions were conducted for each attachment. One group obtained the views of adults and the other the views from the youth. There were eight participants in each focus group recruited by the community coordinator. Consent for involvement in the focus groups was obtained from all participants.

All focus groups were facilitated and audio recorded by trained research assistants. A question schedule (Table 1) was provided to guide the discussions and aid the exploration of emerging topics during the focus groups. The sessions took approximately two hours and refreshments were provided. Grocery vouchers were given to community coordinators and participants in acknowledgement of their time and contribution.

The focus group discussions were audio recorded and transcribed into verbatim script. A mixture of deductive and inductive approaches were used to identify themes consistent with the question schedule embedded in the data. The data was coded and emerging themes were used to build a thematic framework, to which the participant responses were categorised.[27] Analysis and interpretation of the results were carried out by all authors.

Description of the most important themes are presented in the results. Ethics approval for the research was obtained through the University of Otago Human Ethics Committee, at the departmental level.

Table 1. Pacific Immersion Programme Community Focus Group Question Schedule

Please explain or outline your experience of the Pacific Immersion Programme.
What parts of the Pacific Immersion Programme did you enjoy/like?
What parts did you not enjoy/dislike?
Did your family feel comfortable having the student in your home? Please explain.
How did the student fit in with your family?
What influence (if any) did the student have on your family?
What did you do to enhance the student's learning of our Pacific culture? (e.g., Pacific meal, Pacific dance, language lessons etc.)
What do you hope the student learnt from you during the Pacific Immersion Programme?
Do you have any suggestions on how the current programme could be improved?
Would you be interested in being involved again in this teaching programme?
Any other comments please.

Results

There were 64 members from the Pacific community who attended focus group meetings. Some were involved in the programme because it provided the opportunity for community gatherings. Others felt the programme would benefit them or others in the future by helping future doctors to have a better understanding of the Pacific worldview. The programme strengthened community relationships and enlarged networks for participants. All participants reported satisfaction and a willingness to be involved in future programmes.

Eight themes emerged from the focus groups and are outlined below:

Theme 1: Strengthening Communities—Families wanted to be part of the programme because hosting the students provided them with an opportunity to meet as a community. In the process they enjoyed conveying to the students their values and the importance of family and community networks.

> "What I enjoyed too was the dancing and the performances, and the food and just the whole sense of family. Not individualism but the tightness of families, getting students to realise how important families and family values are." (Participant No.1, Female Adult)

> "I enjoyed everybody being together really, it's a real thing with our people –togetherness and we can make it very special to see all the students as well that have never had a taste of our cultures but we sort of bring it to them and share it with them."(Participant No.2, Female Adult)

Theme 2: Shared Learning—People felt very happy that students took an interest in their Pacific culture and also noted that they themselves learnt about the different cultures of their students. The community felt that the experience and the exchange of cultural knowledge have enabled them and the students to be comfortable in different cultural settings.

> "Their interest in our culture and traditions … I was very happy especially when she would ask why we did this and that." (Participant No.3, Male Adult)

> "The best part I liked … was the diversity and multiculturalism in terms that we also learnt the culture of the student. Finding out many similarities in our cultures was very good." (Participant No.4, Male Adult)

> "… accepting her into our home makes her feel comfortable to go into a different culture, and there were three cultures under the same roof, it was very special. We enjoyed it." (Participant No.5, Female Adult)

Theme 3: Engagement—Participants felt the students fitted in well with their families. Most families were nervous initially but as they got to know the students they became comfortable, and noted that the students got along very well with the younger children. The community highlighted that the success of the programme also depended on the students' willingness to participate and become involved in their family activities.

> "For me and my family I wasn't really quite sure how it would be like but just after the Saturday morning we were allowed to take them home, I saw her mixing around with my small children and with my little girl sitting on her lap chatting away. At that moment I felt she will be easy so when we got home she was like a part of our family that just came over for a week. We sat around and we talked, there was no big hassle we really felt comfortable when she was around at home." (Participant No.6, Female Adult)

> "[Student] really fitted in well with our family because there wasn't big of an age difference between her and my daughter … when we arrived home we just sat there and started talking away … I asked my daughter to make a cup of coffee for her but [student] said "No, I'll get up and do it myself". My daughter had netball trials that afternoon so I went shopping with my student so it was like she was my daughter, pushing the trolley along. She fitted in well with us." (Participant No.7, Female Adult)

Theme 4: Impact on families—Participants reported the medical students appeared to have a positive influence on the community and younger generation. Feedback from the youth included being encouraged by the medical students to aim for higher education. Some felt motivated and considered ways to adapt healthier and more active lifestyles after engagement with the medical students.

"The most interesting part of the weekend to me is the time my kids had … with [student]. They were talking after breakfast on Sunday, one of my kids always wanted to be a doctor and he loved to ask questions from [student]. On Sunday night when we went back home he was crying and couldn't get to sleep because he missed [student], that is the influence she had on us especially for my children." (Participant No.8, Female Adult)

"My experience is really about my daughter engaging with the students from things like going to University and personal goals … really this programme was for my daughter's sake … my billet talked more to my daughter … which I was happy about because my daughter is the future. Their conversation with my daughter changed her attitude about hard work." (Participant No.9, Female Adult)

"I can't believe the food she loved … simple vegetarian food … we asked her what we are going to cook for her and she said vegetarian food so we got some vegetables and made a curry for her. So it was a first time for us to have a vegetarian meal and had no meat and we found that it was good. We feel good and … our bodies feel good. Now our family want to start eating a lot of vegetables." (Participant No.10, Male Adult)

"For someone to … study and had a good relationship with her family … helping out with the family business … that's influenced me in a sense that you can do things for yourself as well as be involved with your family … and she influenced me in … getting on with outdoor activities, going for long walks …" (Participant No.11, Female Adult)

"She (student) kind of influenced me to stick to one thing, she wants to study to become a doctor which takes thirteen years and this is her fourth year and she hasn't given up. If that was me, first year I'm out! But she actually told me if you keep doing it it'll just flow real easily"(Participant No.12, Female Youth)

Theme 5: Community Based Learning—The community told stories about themselves, their Pacific heritage and their journeys in New Zealand. Many shared about their culture, screened cultural footages and showcased handicrafts and traditional attire. Learning was further enhanced by cooking traditional meals, singing and dancing, and for one community the students experienced a talent show.

"There were stories to the decorations in my house, each thing told a story about where I have been, whom I have met and more stories." (Participant No.13, Female Adult)

"We did the *lotu* (evening prayers) and then it was dinner, mum told him that in our culture usually the parents eat first and kids eat afterwards … the kids do the *apa fafago* (bowl of water to wash hands) while the parents are eating." (Participant No.14, Female Youth)

"… I cooked curry … I explained to her how Fijians when we have our meal the men eat first while we women wait … when the men all finish we dish our food and we sit down, when we pass somebody we say "*Tulou*" … that afternoon three students came together and we showed them how kava is mixed and how you clap your hands before you receive the bowl of kava." (Participant No.15, Female Adult)

Theme 6: Challenges associated with creating reality—A discussion emerged from one of the focus groups where participants reflected that they could be better teachers by following their "normal routines". It was a complicated issue given that Pacific families in their hospitable culture go out of their way to cater for guests. People felt that by continuing with their everyday practices the students will have a better understanding of the reality for Pacific families.

"I think that with all the things that we are doing, it's not our normal daily life, and when the student comes we change, but I think the programme is for the student to come and learn from what we do daily. Now we shift and do something else and when they go back they say these people eat healthy but that's not the case. What we need to do is live our normal way – the pig heads? Yes! The real way so we paint the right picture."(Participant No.16, Male Adult)

> "It's like that on Sunday when we had [student], I said "I'm going to cook the pig's head" and my wife said "Don't do that!", "Why not?", "She's going to look at what we are eating!" So I have to put it back and cook something else." (Participant No.17, Male Adult)

Theme 7: Value for Learning—All members of the community strongly hoped that the students learnt knowledge about Pacific health, beliefs and culture that will assist them in their career when treating Pacific patients. These included factors associated with access to healthcare, the use of traditional healers, the role of food in the Pacific culture, the importance of putting the needs of the family before an individual and the high regard given to medical practitioners. They hoped the experience might result in a doctor-patient partnership where a Pacific patient will feel comfortable to interact, feel understood and supported by health care professionals.

> "…we live as a family … that means extended family all living under one roof, also that going to the doctors would be the last thing on people's mind … when there are so many of you the most important thing is feeding the family and paying the bills. From our student's reactions he saw that addressing these issues was going to be something that would not happen overnight but rather a long process. Also when dealing with Pacific people they would have to do it within a community … because that is how we handle things, together as a community." (Participant No.18, Female Youth)

> "…to know about our background instead of trying to make us cut down on what we eat … try to understand our upbringing and our situation. Work with us rather than demand things of us." (Participant No.19, Male Youth)

> "… for many of our Pacific people they do not say anything because they assume that the doctors know what they are doing … sometimes I am not happy with the way … that myself and my family are treated it is not what I want. A lot of our … families are very shy and I feel they should be asking more questions. My experiences gave them the opportunity to learn … understand and value other people's cultures." (Participant No.20, Female Adult)

Theme 8: Time allocation—Insufficient time spent with the students as well as the option of not spending the Saturday night with families was a major issue across the focus groups. Participants felt the weekend was not long enough to form good relationships with the students and learn about each other; in addition if the student did not spend the night, then they will not be able to fully appreciate the experience.

> "Suggest that the students stay for two nights rather than the one night as it's not enough to get to know the families, students and culture." (Participant No.21, Female Adult)

> "There is a need to spend more time with them to learn and see our culture." (Participant No.22, Male Youth)

> "… there is not enough time … a lot of time is good to explain more … we know more and they learn lots more from us…" (Participant No.23, Male Adult)

Discussion

Pacific families felt the Pacific Immersion Programme was a worthwhile event. Some families were unsure about the programme initially because it was a new concept and uncertain whether students would "fit in", but all enjoyed the experience.

Everyone felt the students fitted in well and helped them to consider healthier meal choices and initiated discussions in the community about ways to improve health. Many believed the programme also had a positive influence on the younger generation. Families reported their young people enquired more about further education and pathways to tertiary institutions. They believed also the medical students were good role models for their children.

The families used different methods to enhance the cultural experience for the students. Students were welcomed using traditional ceremonies such as the kava ceremonies, singing and dancing. They shared stories about their homelands, journeys to New Zealand, use of traditional medicine and the influence of their own beliefs on the use of health services. There was a general consensus however that more time was needed for the programme to enhance the learning experience for the students.

A couple of similar studies exploring participants' views on a Clinical Community Based Medical programme emerged with similar themes, the development of a closer relationship between the University, the Health system and the community, the opportunity to contribute to the education of future doctors, creating awareness of health issues, encouraging favourable health behaviours, overall satisfaction and a general desire to become a part of the programme on an on-going basis.[28,29] This study however builds upon these findings to specifically obtain views from the community about their participation and pathways forward.

In improving the experience for medical students one of the communities discussed ways to improve cultural learning such as a Questions and Answers panel, language and dance workshops and timing of community events to coincide with the attachments. Participants were also very interested in obtaining more information and feedback from the University so they can reflect on how to improve the cultural learning experience of New Zealand's future doctors.

The elements that made the establishment of the programme successful were support from senior leaders in the institution, having a Pacific staff in the University and good relationships between the institution and the community. The presence of Pacific academic leadership/personnel within the institution was a vital link in the process. Connection with diverse communities requires diversity within training institutions.

The continuation of the Pacific Immersion Programme is dependent on maintaining the good relationship between the University and the community. Feedback from students and the community on areas that need improvement will help improve the programme. The allocation of students to different families is the role of the community coordinators with assistance from the University programme coordinator.

The University is dependent on their knowledge of the families and who would be suitable for the programme. There are safety issues to be considered on both sides and careful attention is given to this. The community coordinator's knowledge of all participating families, and the University coordinator's assessment of student's needs is vital in this process. Trust is established between two parties and every effort is made to ensure the best outcome for all involved.

Conclusion

The Pacific Immersion Programme is an innovative way to teach Pacific Health to future health professionals in New Zealand. Pacific families involved found the programme to be an enjoyable and useful experience. To ensure its continuity, careful attention is needed to maintain good relationships and communication between the University and the Pacific community. This method for teaching culture and health can enhance the training of health professionals in other institutions.

Competing interests: Nil.

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