

Learning across the life course: A trans-education approach to develop Indigenous intercultural potential in healthcare

Paul Saunders (Biripi)^{a,*}, Alison Barnes (Wiradjuri)^b, Ryan Dashwood (Yuin)^{c,d}, Aunty Kerrie Doyle (Eora)^c

^aSchool of Medical, Indigenous and Health Sciences, Faculty of Science, Medicine and Health, University of Wollongong, Wollongong, New South Wales, Australia

^bSchool of Nursing and Midwifery, Western Sydney University, Parramatta, New South Wales, Australia

^cSchool of Medicine, Western Sydney University, Campbelltown, New South Wales, Australia

^dGraduate School of Medicine, Faculty of Science, Medicine and Health, University of Wollongong, Wollongong, New South Wales, Australia

Abstract

Indigenous peoples of Australia experience significant inequalities in a range of public systems, including healthcare. A recognised contributor to disparate outcomes within healthcare is an interculturally uninformed healthcare workforce who can often be unconscious of what is required to ensure effective service provision for Indigenous patients, families and communities. Dissonant and reactive intercultural education and training pathways have long been implemented to address this workforce issue – to little avail. Considering the tenets of effective intercultural development – including life-long exposure and immersion, and regular, ongoing self-reflection – it is little surprise that dissonant, stand-alone education and training has proved to be ineffective in changing attitudes, behaviours and approaches to engaging with and treating Indigenous patients and their families. To address this, a trans-educational framework that centres critical consciousness and spans education stages from primary through to post-graduate education is proposed. Such a framework can provide sweeping benefits to health students and professionals, as well as general society more broadly. A trans-education approach would directly address patient-reported experience measures and transcend the health sector to aid in addressing deep-rooted social issues impacting Indigenous communities, such as racism, implicit bias and social exclusion.

*Corresponding author.

E-mail address: Paulsaun@uow.edu.au (P. Saunders).

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<https://doi.org/10.1016/j.fnhli.2024.100032>





Keywords: Intercultural education; Intercultural development; Health professions education; Cultural safety; Indigenous health

Highlights

Devising a community-controlled, trans-educational approach to Indigenous intercultural education and training across the life-course would contribute to:

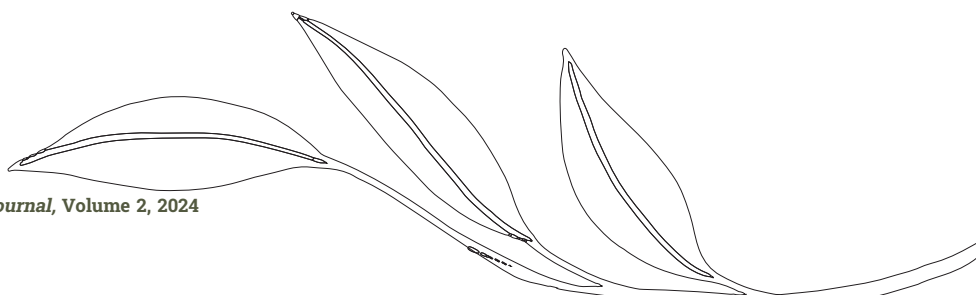
- A greater understanding of the cultural, social and health needs of Indigenous Australians, including the sociopolitical constructs that continue to sustain health disparities.
- An intercultural educational framework that facilitates students' exposure to Indigenous perspectives early in their socioecological development, enabling an informed perspective.
- Developing health systems and institutions that recognise the importance of equity-centred care and its impact at the cultural interface.

Introduction

Aboriginal and Torres Strait Islander or Australian First Nations peoples (hereafter respectfully referred to as Indigenous peoples) occupation in Australia is > 65,000 years, possessing, arguably, the longest continuing culture on earth (Clarkson et al. 2017). Archaeological and anecdotal evidence supports an enduring, multinational pre-colonial society, rich in a plethora of knowledges and systems, including environmental sustainability and health management (Hill et al. 2013; Dudgeon and Bray 2018). Despite this evidence of thriving longevity, many Indigenous peoples continue to experience disenfranchisement, inequity and inequality, with continued evidence of racism, social disadvantage and relatively poor life expectancy. This reflects historical and ongoing colonisation of Indigenous peoples and its profound and continued impacts (Paradies 2016; Mitrou et al. 2014). Considerable inequity is evident within Australia's public systems, including mainstream health systems where Indigenous peoples experience access barriers to care due to structural and systemic racism (Elias and Paradies 2021). As a result of these inequitable healthcare structures and systems,

Indigenous peoples experience unequal outcomes in a range of measures, including quality of care, patient satisfaction, continuity of care and high rates of discharge against medical advice (DAMA) and did not wait (DNW) for medical review (Tran 2020; Australian Institute of Health and Welfare 2023; Sivertsen et al. 2020; Hofer and McDonald 2019; Wright 2009; Katzenellenbogen et al. 2013; Tropea et al. 2012). These measures have been correlated with poorer health outcomes, including poor chronic conditions outcomes and higher burden of disease (Australian Institute of Health and Welfare 2011; Bailie et al. 2015).

The structural and systemic racism that adversely impacts Indigenous peoples is also reflected within Australia's education systems, where curricula and pedagogy continue to be grounded in colonial knowledge systems (Nakata et al. 2012). A common result of such structural racism is a student population that is either unconscious of the inequities and subsequent inequalities affecting Indigenous peoples and communities, or a deficit, despairing, homogenised perception of Indigenous peoples, or both (Bodkin-Andrews and Carlson 2016). This entrenched racism





within Australia's public education systems and underlying social architecture hinder the development of learner critical consciousness (Sakamoto and Pitner 2005). The effect of this form of racism within Health Professions Education (HPE) is an interculturally inept healthcare workforce, who are often ignorant to the critical understanding required to ensure effective service provision for Indigenous patients and families (Bainbridge et al. 2015). While there is a responsibility of culturally safe service provision at various levels within health systems, including at systemic and organisational levels (Laverty et al. 2017; Nguyen 2008), a significant focus remains on individual responsibility to provide care that is culturally safe at the clinician-patient interface (Dawson et al. 2022). Statements such as *Indigenous Health is everybody's business* highlight this personal responsibility for all current and emerging healthcare professionals (Virdun et al. 2013).

Culture and intercultural development

As McConachy and Spencer-Oatley (2021) assert, 'culture is notoriously difficult to define', primarily due to the evolving and subjective nature of culture (Triandis 2002). The definition of culture has been contested for millennia; however, what many agree on is the inclusion of three fundamental components: observable artifacts (material culture), values (subjective culture) and assumptions (subjective culture) (Triandis 2002; Spencer-Oatley and Franklin 2012). Scholars attest that individuals are not bound by a single culture, but rather have many intersecting cultures that allow them to position themselves to progress their agenda (Triandis 2002; Constantine 2002).

Within the literature, cultural capability has been used as an encompassing term to include all models, concepts and constructs pertaining to the development of individual, organisation and system capacity to improve experiences and outcomes for culturally diverse consumers (West et al. 2018).

However, given the prevalent conflation, confusion and opposition of the nomenclature and definitions (Taylor et al. 2014), the authors posit a logical delineation based on the theoretical underpinnings of the various concepts contained within current understandings of cross-cultural and intercultural development constructs. Cultural capability comprises a range of concepts such as cultural awareness, cultural sensitivity and cultural competence. Cultural capability concepts, in the context of healthcare learners and professionals, primarily focus on technical abilities, including attitudes towards, knowledge of and skills to interact with Indigenous healthcare consumers and their cultures (Taylor et al. 2014). While many of these concepts include self-reflection, they ignore broader notions of power and inequity, overlooking wider influences of the cultural 'self' (Curtis et al. 2019).

Critical intercultural development concepts include cultural humility, cultural responsiveness and cultural safety. Critical paradigms more holistically focus to attain a deeper understanding of inequities and power imbalances in healthcare systems and structures, ensuring provider accountability through ongoing self-reflection and self-reflexivity (Cox and Simpson 2020). Lokugamage and Marya (2023) identify the need for such a critical approach to medical care that considers 'an analysis of history and power that create the social, economic and environmental structures causing health disparities and the transformative practices to change those structures to achieve health for all'. While fundamentally different, the two overarching domains aim to, in varying degrees, achieve a greater understanding of the self through reflective practice, as well as appreciate different experiences and views of Indigenous peoples, primarily regarding how various systems may be perceived, accessed and used, including healthcare (Shepherd





et al. 2019). While commonplace within various organisations today, cultural capability concepts have been critiqued for portraying culture as static, essentialised and impervious to systems and structures of power (Curtis et al. 2019). Critical intercultural development concepts are said to address the shortcomings and misrepresentations propagated via cultural capability concepts (Curtis et al. 2019). Despite an emerging preference for critical concepts, such as cultural safety, some have questioned their suitability and appropriate application within the Australian context, with many healthcare professionals unaware of what the concept entails (Johnstone and Kanitsaki 2007).

While technical ability to navigate intercultural encounters is important, the authors problematise the solitary use of capability concepts in this context (Curtis et al. 2019; Tascon and Gatwiri 2020). It is recognised that intercultural development is a continual process of critical self-reflection, self-critique and consciousness of dynamic structural and systemic inequities impacting underserved populations (Kumagai and Lypson 2009), inferring that completion of this process is unfeasible. This is underpinned by an appreciation for the concept of culture, which is inherently dynamic, shaped by shifting social, political and economic forces (Thackrah and Thompson 2013). Based on this emerging paradigm shift in the literature, it is reasonable to purport that many of the concepts hold value, albeit varied, when collectively considered. Rather than developing a novel construct, identifying important aspects of current models to align with contemporary understandings is a logical way to apply the varied concepts (Campinha-Bacote 2019). Re-situating rather than reinventing current knowledge in this space, to incorporate a comprehensive and continued approach to Indigenous intercultural development, may

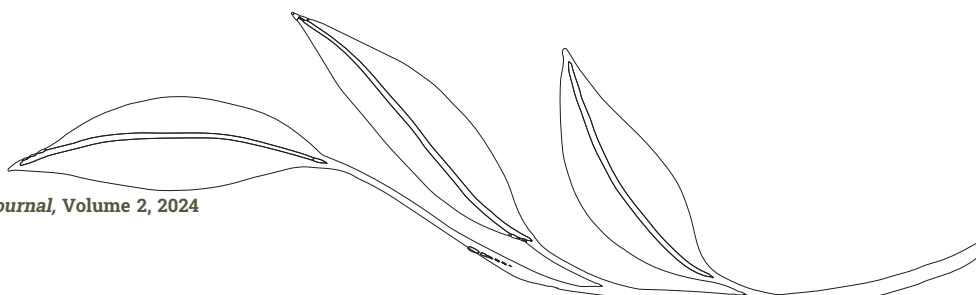
contribute to reducing educator and learner uncertainty as to the appropriate concept to apply. This continuing need supports the early initiation of formal, ongoing development opportunities, where well-informed perspectives of the ‘self’ and diverse, shifting Indigenous contexts can support culturally responsive and safe practice later during the individual’s career (Thackrah and Thompson 2013; Maine and Vrikki 2021; Couper 2019).

Intercultural potential

Through re-situating current knowledge, the authors have conceptualised the term *intercultural potential* to appreciate the complex, ongoing and dynamic process involved in intercultural development, recognising that capability or competence in this context can never be achieved or maintained (Curtis et al. 2019). The authors define intercultural potential as the likelihood of a successful (or unsuccessful) intercultural encounter, based on the provider’s understanding of, and ability to meet, the patient’s/client’s/consumer’s needs. This concept acknowledges that while potential, defined as ‘capable of development into actuality’¹, can produce successful outcomes, success in the context of such complex, dynamic environments is never guaranteed. For example, those health professionals who have worked with a particular community for many years and possess a relatively enhanced intercultural potential within the context of that community have a higher potential for a successful healthcare-related encounter but may ultimately provide care that is deemed culturally unsafe by any one patient (Elvidge et al. 2020).

The concept of intercultural potential draws from the various previously mentioned cultural capability and critical cultural constructs. The concept is grounded in

¹Merriam-Webster. ‘Potential’ Merriam-Webster.com Dictionary. Accessed on 9 February 2023 at: <https://www.merriam-webster.com/dictionary/potential>



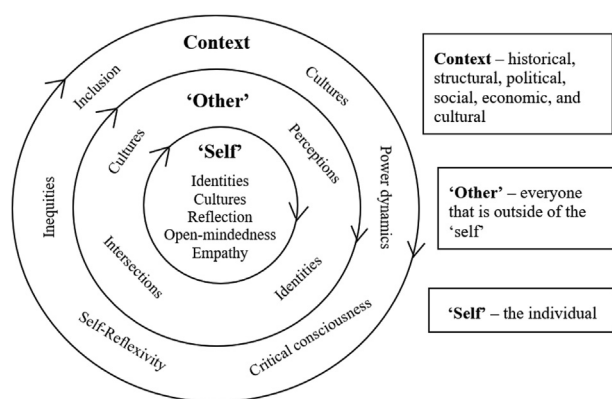


Figure 1: The intercultural potential concept.

three underlying domains (Figure 1), each of which contribute to intercultural encounters: the 'self'; the 'other', including their contexts; and the environment, in which the cultures of the 'self' and the 'other' come together to interact, articulated by Nakata (2007) as the 'cultural interface'. In this re-conceptualisation, the domain of the 'other' neither merely refers to the 'unknown', the cryptic, binary interpretation that evades comprehension, nor does it intend to essentialise through applying a population-wide, categorised understanding of 'culture'. Rather, it is conceptualised through a lens of individual pluralism, one that is cognisant that a potential array of unique intersections comprises 'others' realities (Crenshaw 1989). From this perception we begin to conceive the inconceivable scale of possible opposing and corresponding dynamics that await us at the cultural interface, constantly attentive to our own biases and their evident manifestations.

Intercultural potential identifies key components from many concepts to represent the holistic understanding that is required within contemporary health professions education and healthcare environments. These key components include self-reflection, self-reflexivity and self-critique, critical consciousness of societal structures and systems, and

how these produce varying degrees of inequity, cultural pluralism, empathy and open-mindedness, and inclusion as a basic human right (Curtis et al. 2019; Kumagai and Lypson 2009; Fisher-Borne et al. 2015; Neff et al. 2020; United Nations 2008). Intercultural potential can refer to the individual, the organisation and/or the broader system; however, it must always consider the three dynamic domains of 'self', 'other' and context. Like cultural safety, intercultural potential is evaluated by the user or consumer of the service rather than by the provider.

The 'self' domain encourages an inward focus on self-identity, self-reflection and the cultures of the 'self' to develop a critical consciousness of the context in which the 'self' and the 'other' meet at the cultural interface. Open-mindedness and empathy are facilitators for the exploration into the 'self' and the 'other' (Castell et al. 2018). The 'other' domain focuses on the exploration and possibilities of the consumer's identity and cultures, how these are shaped and how they intersect to influence the consumer's perception of the provider. The provider must strive to comprehend and centre the consumer's identity and cultures in the context of the cultural interface, if they are to be of any benefit to the consumer (Minnican and O'Toole 2020). While we focus on the cultural interface during the encounter, we must be aware that intercultural encounters inherently carry artifacts from the past that need to be considered (Tujague and Ryan 2023). Unique histories, traumas, perspectives and biases create complex conditions that must be critically considered and navigated via a negotiation between the provider and the consumer, with self-reflexivity key to this navigation (Nagata 2004).

Within the context domain, a third space broadens the focus to encompass structural and systemic inequities, as well as power dynamics impacting on the



encounter. The provider must critically consider the inequitable constructions that produce unequal access to healthcare for Indigenous peoples and communities, and appreciate how, why and for whom they are formed and sustained (Nixon 2019). These inequities are sweeping and extend well beyond the health sector, reaching into many facets of life for Indigenous peoples (Browne et al. 2016). Considering this critical understanding within the context of the service's culture, such as the 'culture of medicine', reveals conflicting understandings of inclusion and equitable access within mainstream healthcare services (Boutin-Foster et al. 2008).

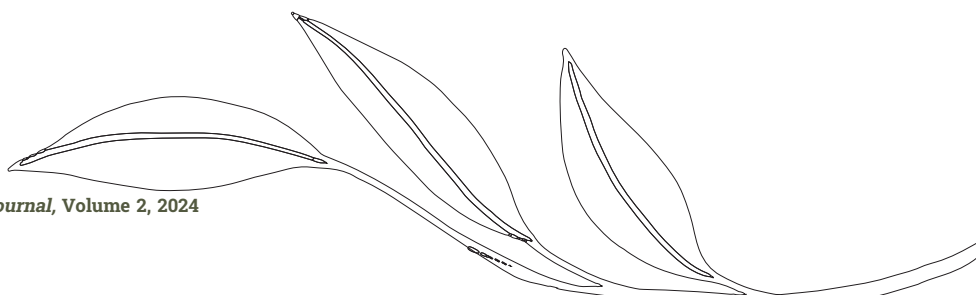
The three domains presented in Figure 1 must be recognised as dynamic paradigms, constantly shifting via the driving influences of social, political, economic and cultural forces, as well as power relationships and inequities. This promotes continuous self-reflection and self-reflexivity regarding intercultural encounters. When providers demonstrate critical consciousness, the interrelationship of the three domains becomes increasingly evident. Applying this critical lens allows providers to appreciate the process of self-critique through self-reflection and self-reflexivity. As critical skills, self-reflection and self-reflexivity must be constantly applied as part of the life-long development of intercultural potential. Through this approach, a plan of action can be developed that is continuously reassessed before, during and following an encounter to enhance the potential of a culturally safe outcome.

Indigenous intercultural development in (health) education and training

Scepticism remains regarding the value of intercultural education relative to core, Western scientific-based competencies of healthcare professionals, with a general belief that it is viewed as a *soft science*

(Worden and Ait-Daoud Tiouririne 2018). Such understanding further reflects the dominant colonial structures and systems that give preference to Western scientific knowledge and ostracise Indigenous knowledges (Beavis et al. 2015; Manton and Williams 2021). Despite this perception, those who demonstrate a critical understanding enhance the patient experience and quality of care for Indigenous peoples, which has been shown to positively impact on outcomes such as treatment concordance (Ohana and Mash 2015). Furthermore, those clinicians are more likely to consider structural and systemic inequities impacting on the health of Indigenous communities (Curtis et al. 2019) and culturally appropriate treatment adjuncts or alternatives, such as the use of certain bush medicines in cancer therapy (Van Schaik and Thompson 2012).

Superior Indigenous intercultural directives are increasingly being promoted, monitored (Australian Institute of Health and Welfare 2023) and mandated in many Australian health student and professional standards (Australian Medical Council 2015; Australian Medical Council 2012; Australian Nursing and Midwifery Accreditation Council 2021; Australian Commission on Safety and Quality in Health Care 2017). With mounting emphasis on increasing intercultural capabilities of healthcare professionals, there has been an oversight of the process of such development, which inherently dismisses the notion of always *becoming* rather than *being* interculturally capable (Curtis et al. 2019; Engebretson et al. 2008). The reactive construction and widespread dissemination of such competency-based standards demonstrate a lack of understanding by many regarding the considered, complex, ongoing and often transformative process required to develop intercultural potential within adult learning (Kumagai and Lypson 2009).





A glaring issue with such expectations centres on the considerable inconsistency in Indigenous intercultural education and training opportunities provided to non-Indigenous healthcare students and workforce (Downing et al. 2011). Variances in intercultural model preference and adoption, as well as discrepancies in access, frequency and quality of education and training programs subsequently produce a vast range of intercultural potential within the current and emerging Australian healthcare workforce. This wide variation in understanding is reflected in disparate Indigenous patient experiences and healthcare-related outcomes (Tran 2020; Gwynne et al. 2018).

The Australian Curriculum, Assessment and Reporting Authority (ACARA) has mandated Aboriginal and Torres Strait Islander Histories and Cultures and Intercultural Understanding for students from Foundation year to year 10 within Australian pre-tertiary education (ACARA 2018a; ACARA 2018b). However, despite this perceived commitment, contention remains with the curricula design and its potential to exacerbate colonial knowledge control, with many iterations of the framework undertaken (Lowe et al. 2021; Maxwell et al. 2018). Such debate has principally arisen due to limited Indigenous input into and control over the curricula design, as well as attempting to situate Indigenous knowledges within Western pedagogical frames. Some have even questioned the ability of non-Indigenous educators to implement the content in a meaningful, respectful and constructive way (Joyce and Routley 2020; Burgess and Lowe 2022; Kefu 2016; Nyholm 2022). Furthermore, a continuity gap persists between year 10 and commencement of tertiary studies.

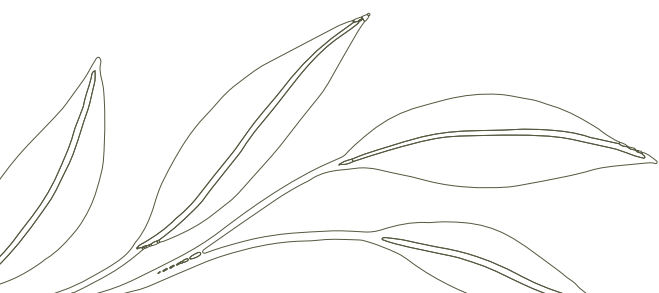
Given the importance of critical thinking and critical consciousness in Indigenous intercultural development (Pewewardy et al. 2018; Herzog et al. 2021), a stark divergence remains between a pre-tertiary focus on

knowledge acquisition of the cultural 'other' (Maxwell et al. 2018) and the critical understanding purported to appreciate diverse Indigenous realities, which is increasingly being encouraged in tertiary and post-graduate health professions education and training (Tascon and Gatwiri 2020; Browne and Varcoe 2006; Furlong and Wight 2011). If learners are to develop their intercultural potential applying a critical lens, then conformity in a purpose of critical consciousness is required across the educational stages.

While traditional health and education systems have historically reflected a silo model of operation, the benefits in collaboration and partnership to ensure swift knowledge translation and increased quality in clinical practice are increasingly being identified as approaches to address health inequalities in underserved populations (Koh et al. 2010). A similar partnership to support a life course approach to development is proposed between primary, secondary and tertiary education institutions, as well as tertiary and post-graduate health professions education and training institutions in Australia. Such partnerships for intercultural development would be directed by local Indigenous communities to increase awareness of intercultural education and provide a consistent Indigenous intercultural curricula pathway for students through to workforce.

Learning across the life course

Life course theory has gained prominent status within social science research since the early 20th century. Elder and colleagues (2003) perceive the life course as 'consisting of age-graded patterns that are embedded in social institutions and history'. The theory recognises the relationship between duration in a social environment and behavioural continuity, suggesting that the more that individuals are embedded in certain social systems, the more they are





likely to continue behaviours based on those systems throughout their lives (Elder et al. 2003). This relationship supports learners to be embedded in critical intercultural development processes early and continuously within meaningful and constructive learning environments.

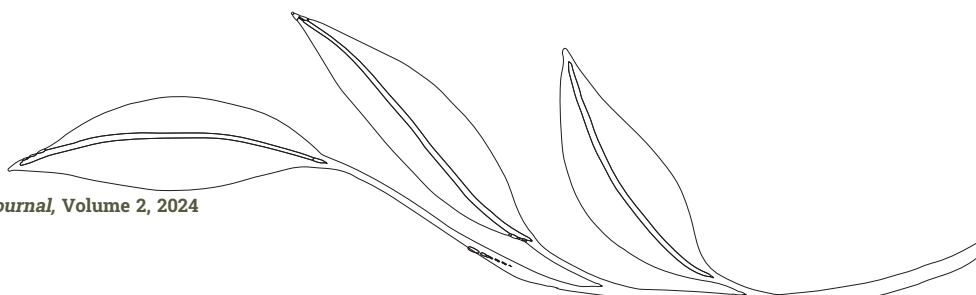
London (2011) defines lifelong learning as development after formal education, the learning that ‘builds on prior learning as it expands knowledge and skills in breadth and depth’. Lifelong learning is not a novel concept, described for centuries in literary works and practiced by Indigenous communities globally for millennia (King 1998). The theory of lifelong learning recognises that learning is a continuous process and occurs both inside and outside formal education spaces, with individual development being a primary outcome (London 2011). Lifelong learning has increased in popularity since its conception, primarily driven by local and global economic market interests (Vargas 2017). However, a particular interest in its relevance to social justice through self-reflection, perspective transformation and development of critical consciousness has gained momentum within increasingly inequitable societies (Vargas 2017; Kang 2007; Freire 1973).

Cropley and Knapper (2000) differentiate lifelong learning and lifelong education, asserting that ‘lifelong education can be thought of as a set of organisational and procedural guidelines for educational practice aimed at fostering learning throughout life’. Lifelong education recognises the significance of societal continuity and/or change, providing the tools to support social, political and economic stability across the life course (Billett 2018). Rather than a process of experiencing, as enacted within the concept of lifelong learning, lifelong education involves the provision of experiences informed by institutional and societal

agendas (Billett 2018). The concept of lifelong education has been differently applied across a range of contexts to enhance learners’ technical and abstract understanding (Chapman et al. 2005; Pype et al. 2014; Wals and Benavot 2017; Penney and Jess 2004). Lifewide learning, a concept that acknowledges the heterogeneous and simultaneous spaces in which learning occurs (Barnett 2011), provides a further opportunity to understand the multidimensional nature of knowledge development. When lifewide learning is considered, the relatively small ‘learning share’ that formal education holds for learners is increasingly appreciated.

A delineation in lifelong learning, lifelong education and lifewide learning concepts provides an opportunity to visualise intercultural development across all paradigms. Lifelong learning via personal experiences coupled with lifelong education as societal ‘grooming’ and lifewide learning as the extent of learning environments highlights the role of formal, informal and non-formal learning in intercultural development. Applying these concepts to Indigenous intercultural development allows for an appreciation of the formal, informal and non-formal learning environments in which students are situated. These environments can be physical, political, economic and/or social, and include classrooms, workplaces, households, social clubs and gatherings, community events and media (Eshach 2007).

Given the informal and non-formal influences on learning and development, applying the abovementioned concepts to curriculum pathways has its challenges. Despite this, Vinh and colleagues (2022) identified that the influence of formal education was greater than that of non-formal and informal learning experiences in adolescents. However, pervasive informal learning experiences are ever-





present within formal education environments and learners are not impervious to the impacts of such experiences within structured curricula (Rogers 2014). Given the influence of informal learning environments on intercultural development, it is imperative that formal education institutions play a significant role in developing critical thinking skills of learners to navigate and interpret such learning environments (Vinh et al. 2022).

Like in intercultural development, critical thinking skills are a key aspect of broader learning and development for pre-tertiary, tertiary and post-graduate learners. Critical thinking allows learners to interpret information considering a range of perspectives, and act according to those perspectives in the context of the learning. For example, secondary school students who are introduced to Indigenous concepts of kinship via a formal curriculum may interpret these systems as unimportant or irrelevant within contemporary Western societies. Those who take a critical approach to this concept may also consider this perspective and appreciate how these systems build social capital and a sense of purpose, responsibility and belonging for Indigenous peoples (Dudgeon and Bray 2019). Furthermore, such understanding in an ongoing context of marginalisation enables learners to appreciate the contribution of Indigenous kinship systems to maintaining social and emotional wellbeing (Garvey 2008). In turn, robust social and emotional wellbeing positively impacts on physical health, educational attainment and overall life expectancy (Henderson et al. 2007), revealing the significance of Indigenous kinship systems.

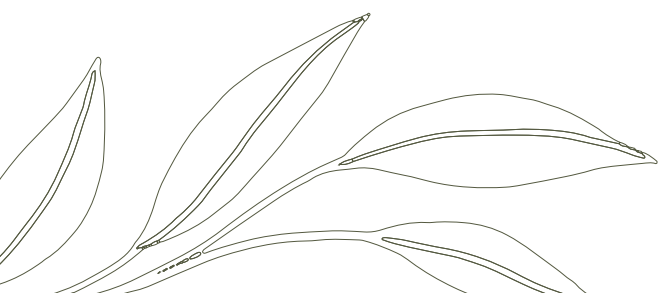
Establishing curriculum pathways to develop intercultural potential across formal education will further contribute to critical thinking development, and vice versa (Esen 2021; Bohlin 2013). A key example of a progressive curriculum pathway that extends

from early primary, throughout secondary education, and in many cases into tertiary education is Information and Communications Technology (ICT) (Gilbert 2019). Within the Australian context and many developed nations, ICT curriculum transcends education stages in a stepped design. ACARA rationalises this continuity so that learners can ‘access, create and communicate information and ideas, solve problems and work collaboratively in all learning areas at school and in their lives beyond school’ (ACARA 2018c). There is no doubt that ICT competency is a critical skill within contemporary society. However, as technologies continue to advance and increasing multicultural societies promote inclusivity and social justice, the Indigenous intercultural potential of its occupants must keep pace with this advancement if meaningful inclusivity is to be ensured.

Cumulative and transformative learning in intercultural education

Initiation of intercultural education and training during adulthood, with no prior informed foundational knowledge, skillset or experience, logically compounds the challenges associated with Indigenous intercultural development, including appreciating concepts such as unconscious bias and White privilege (Teal et al. 2012). Delayed promotion of self-reflection and immersion in Indigenous communities creates a conceptually challenging learning experience, given that those individuals are likely to possess fixed, possibly negative, stereotypical views of Indigenous peoples. An example of such views includes the maintained notion of inferiority associated with Indigenous populations, largely influenced by former colonial government policies and beliefs, and propagated via mainstream media channels (Fredericks et al. 2022).

Linking curricula and pedagogy in a progressive fashion across formal education is underpinned by a cumulative approach to learning. Gagne (1968) coined





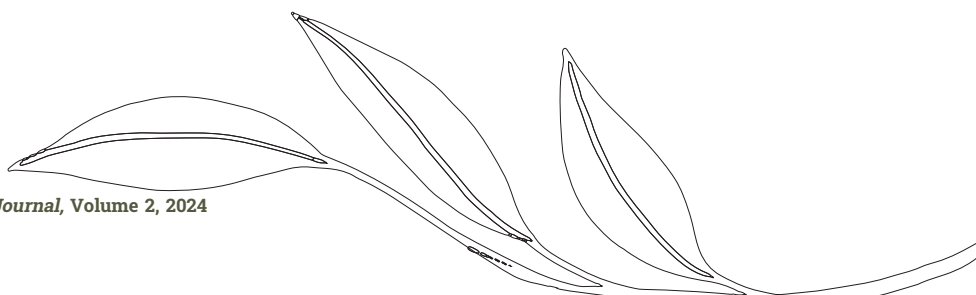
the theory of cumulative learning over half a century ago describing it as ‘...an ordered set of capabilities which build upon each other in progressive fashion through the processes of differentiation, recall, and transfer of learning’. He argued that for development to occur, learning must be cumulative, stating very concisely, ‘...behavioral development results from the cumulative effects of learning’. Gagne posed that cumulative learning resulting in development is a long-term process, occurring over a period of years. [Maton \(2009\)](#) applies Gagne’s original theory to explore the role of educational knowledge structures in hindering cumulative knowledge development via ‘anchoring meaning within its context of acquisition’. Given Gagne’s focus on the importance of the transference of learning to other contexts, the theory suggests that while knowledge may be bounded by the context in which it is constructed by the learner, it may also serve to enhance the cumulative learning process.

The European-based Dialogue and Argumentation for cultural Literacy Learning (DIALLS) project is a novel multinational prospective school-based cohort study that critically engages students aged 5 to 15 years in dialogue where differing perspectives are evident ([Maine and Vrikki 2021](#)). The research aims to facilitate greater awareness of student’s cultural identities, and to be tolerant, empathetic and inclusive of those who hold other cultural identities. Early findings of the project suggest that considered educator guidance facilitates critical thinking and independent sense-making in students that supports collaborative co-construction of knowledge ([Maine and McCaughran 2021](#)). While the study is ongoing, these findings in combination with Gagne’s theory support the early initiation of intercultural potential development as well as a lifelong approach to experiential learning in this field. Applying Gagne’s theory to Indigenous intercultural development while promoting ongoing

self-reflection and self-reflexivity would provide young people with a well-informed lens with which to critically examine and understand themselves and the diverse contexts of Indigenous peoples, reducing the reliance on radical transformative learning during adulthood.

Despite the idea of early development of Indigenous intercultural potential, much of the literature focuses on a transformative learning approach during adulthood ([Bullen and Roberts 2019a](#); [McDonald et al. 2018](#)). [Mezirow \(1994\)](#) defined his theory of transformative learning as ‘an orientation which holds that the way learners interpret and reinterpret their sense experience is central to making meaning and hence learning’ (p. 222). Evaluation and reinterpretation of our perceived worldview constitutes a significant component of Mezirow’s theory, where learners must undergo a process of learning-unlearning-relearning to achieve perspective transformation. The importance of transformative learning within the context of Indigenous intercultural development cannot be overstated; however, [Mezirow \(1981\)](#) developed the theory based on adult learners.

The authors argue that a sole focus on transformative learning during adulthood is concerned with a need to radically reconceptualise preconstructed perspectives attained during childhood, as opposed to developing well-informed foundational understandings through cumulative learning. As such, commencement of intercultural development during primary and early high school should consider both cumulative and transformative learning approaches by introducing and interrogating broad concepts of culture, social justice, power, racism, trauma, critical thinking and self-reflection, among others ([Figure 2](#)) ([Curtis et al. 2019](#); [Kumagai and Lypson 2009](#); [Fisher-Borne et al. 2015](#); [Browne et al. 2016](#); [Herzog et al. 2021](#)). These



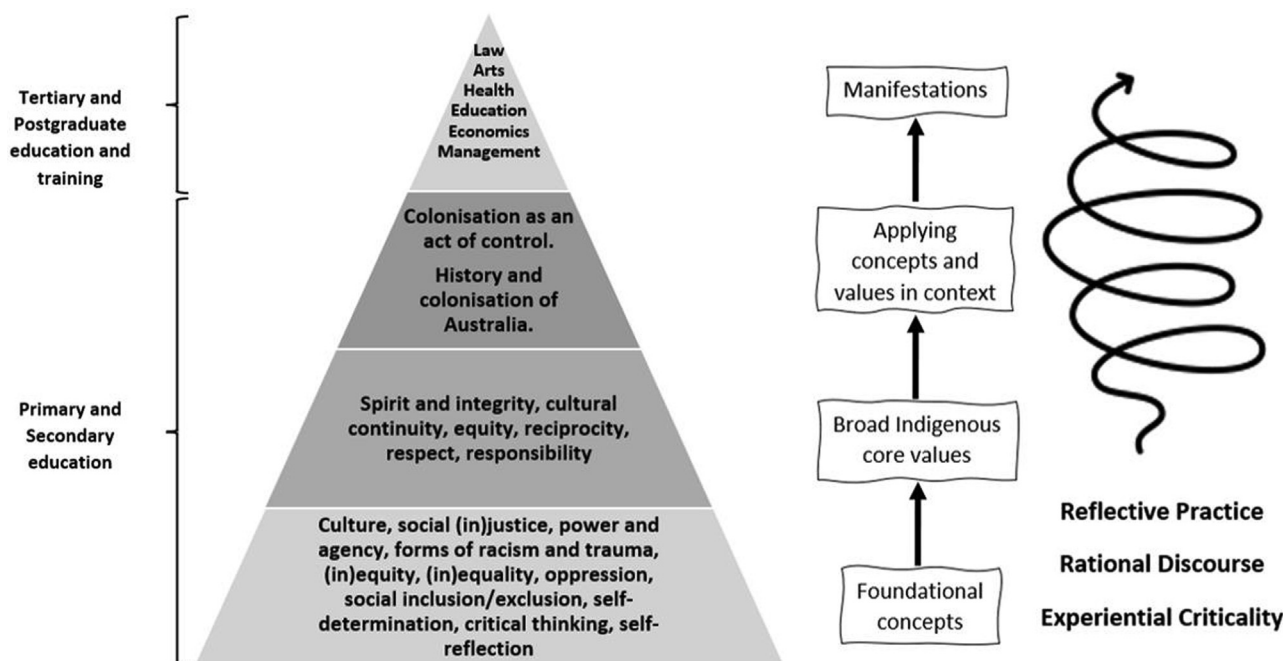


Figure 2: Cumulo-transformative learning in Indigenous intercultural potential development.

foundational understandings, in combination with broad Indigenous knowledges and core values, can inform attitudes and perspectives towards Indigenous and other socially marginalised peoples at a young age. This early introduction to broad concepts, alternative knowledges and core values is theorised to reduce the sole reliance on a traditional radical learning-unlearning-relearning approach associated with transformative Indigenous intercultural development during adult learning. It is hypothesised that this foundation would provide informed interpretations of Indigenous people's diverse contexts during the learner's transition into adulthood and beyond. This can be bolstered by applying conceptual understanding within differing health contexts, for example: the risks to physical health for those with varied lived experiences of intergenerational trauma.

While a structure of cumulative learning commencing at a young age is theoretically ideal, transformative

learning holds immense value in developing, changing and validating perspectives (Mezirow 1993). As such, components of transformative learning – including self-reflection, judicious dialogue and experiential criticality – are vital if learners are to make sense of their contexts (Mezirow 1997; Hoggan 2021). A similar approach to intercultural potential is proposed, whereby components of cumulative and transformative learning are integrated to create a learning framework that promotes progressive critical intercultural development (Figure 2). Hoggan (2021) supports the notion of transformative education throughout the life span but states that this may look different within the context of child and adolescent education due to potential differences in self-awareness, self-government, metacognition and social roles, manifesting in often constrained experiences. Integrating valuable components of each learning theory to align with the proposed curriculum pathway framework (Figure 2) will ensure the inclusion of key



components of learning to progress intercultural potential. For example, understanding the concept of self-reflection, including its importance in identifying biases and assumptions, prior to engaging in reflective practice, will lead to more meaningful outcomes for learners (Nelson and Sadler 2013). Thus, promoting reflective practice, rational discourse and the centrality of experience in the context of a cumulative learning curriculum provides an opportunity for perspectives and understandings to be regularly and judiciously developed, challenged and validated.

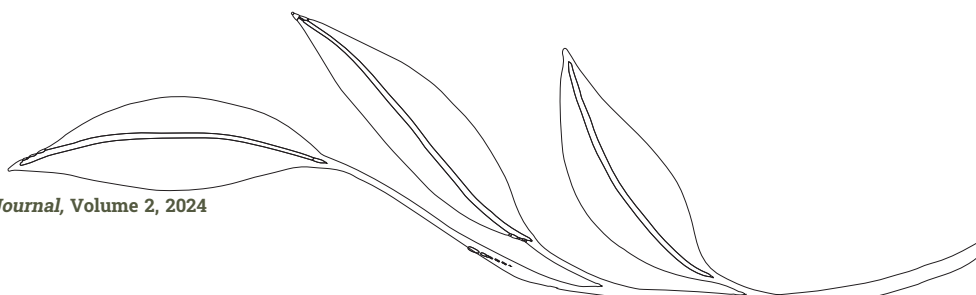
Learning by doing: The role of cultural immersion

While understanding foundational concepts, alternative knowledges and core values is an important step in the journey to developing intercultural potential for novice learners, the multidimensional and ongoing nature of intercultural development seeks an applied contextual approach to progress potential. Knowledge of different cultural norms and protocols, while intriguing, does not ensure the dynamicity of intercultural understanding required to provide appropriate healthcare to diverse Indigenous peoples and communities, and has been implicated in the *essentialisation* of Indigenous cultures (Shepherd 2019). To move beyond mere awareness, a critical component is required: immersion in Indigenous cultures and communities (Burgess 2019). Oigara (2022) defines cultural immersion as ‘actively integrating into an unfamiliar community, interacting with local people, and seeking to understand the way others live in that community by being there and engaging in daily life activities’. Without this lived experience of walking together with the community in which you serve, it is difficult to develop a genuine practical understanding of the needs of that community (Burgess 2019).

There is some evidence to indicate that immersion within Indigenous communities can provide an

important insight into both the self and local cultures and allows for a nuanced approach to engaging with Indigenous patients (Burgess 2019). Cultural immersion can promote a strengths-based approach and incorporate a sense of personal connection to Indigenous communities, something that is difficult to attain through didactic, detached learnings (Burgess 2019; Brock et al. 2019). Cultural immersion has proven important in advancing intercultural potential; however, its focus within health education and training has been relatively undervalued, until recently (Brock et al. 2019; Smith et al. 2015). Its importance primarily relates to an emotional stimulation, creating greater self-awareness, open-mindedness, empathy and an understanding of diversity in societal values and beliefs. Brock et al. (2019) found that those healthcare professionals who were immersed in different cultures and experienced an increase in consciousness and self-awareness were more likely to demonstrate a desire to learn more about cultural nuances. This motivation provides a platform with which to further increase understanding of the self, the strengths of, and challenges faced by different Indigenous communities, and alternative approaches to health service delivery, including the value in these alternative practices.

There are recognised risks in cultural immersion, including the potential to reinforce stereotypical perceptions of Indigenous peoples and communities (de Leeuw et al. 2021), contribute to the *essentialisation* of Indigenous cultures, learners acting as ‘cultural tourists’ (Crampton et al. 2003), and most importantly, compromising the cultural safety of community members who accommodate learners (Madjedi and Daya 2016). In addition, immersion activities may also perpetuate uncritical perceptions of privilege and disadvantage (Nixon 2019) by enacting sympathy rather than empathy, risking ‘White saviour complex’ in learners (Willuweit 2020).





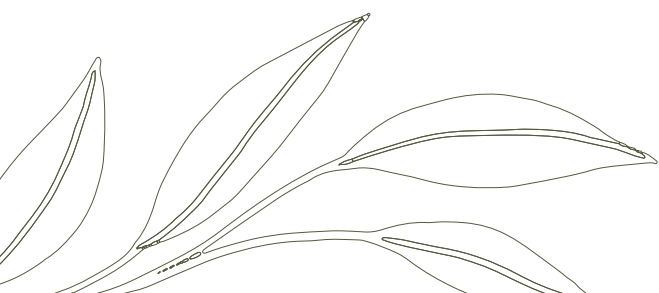
While these risks are ever-present, strategies to mitigate these are crucial to both the learner and the Indigenous community accommodating them. Principally, education institutions must develop mutually beneficial, trust-based relationships with Indigenous communities and understand that they have a great responsibility to ensure that members of that community are not subjected to culturally unsafe interactions. This is critical, as Indigenous communities often experience disenfranchisement, various forms of discrimination, and exploitation by non-Indigenous peoples and institutions (Gracey and King 2009; Fricker et al. 2023). Furthermore, it is the responsibility of education institutions to ensure that learners are comprehensively prepared to enter Indigenous communities as 'safe' participants (Mak et al. 2011; Thackrah et al. 2014). Learners must be able to apply a critical lens to culturally diverse communities, conscious of the myriad and varying structural and systemic inequities that continue to impact Indigenous peoples (Hudson and Maar 2014). For example, learners should be educated to consider how historical and ongoing policies of settler colonisation have created such inequities, rather than attributing blame to the community and its members.

A notable challenge of Indigenous cultural immersion placements is the burden placed on Indigenous communities to accommodate students' learning, biases and presuppositions (Madjedi and Daya 2016). Such a challenge can be complex and difficult to navigate, as learners must ensure that they do not cause distress to community members through ignorance of cultural protocols, while at the same time learning to recognise and understand these protocols via the immersion experience. Importantly, educational institutions must recognise the valuable opportunity in gaining permission from Indigenous communities to allow students 'front row' access

within community settings (Madjedi and Daya 2016). Consciously, these institutions should demonstrate reciprocity through ensuring learner cultural humility and negotiated compensation for Indigenous communities (Madjedi and Daya 2016; Ansell 2022). As educational institutions know what they want from the partnership – learner immersion – communities must also have an opportunity to voice their expectations of the immersion opportunity, compensatory or otherwise.

In terms of understanding, it is important that learners are cognisant of the significant diversity within and between Indigenous peoples and communities so as not to maintain essentialised notions of Indigeneity across all Indigenous populations, prior to, during and following immersion. Furthermore, there are Indigenous peoples in all settings and services, both mainstream and Indigenous-specific, such as hospitals and Aboriginal Medical Services. However, Indigenous peoples who access mainstream services may not always identify as Indigenous due to fear of racism as an ongoing function of colonial espoused discrimination (Davy et al. 2016). Learners must also be critical of and respect this notion, continuing to demonstrate cultural humility during all health service training encounters. Notwithstanding, while learners are almost certain to encounter Indigenous peoples within mainstream education and training settings, Indigenous-specific placements – both urban and rural – may better prepare learners to understand the often-complex realities of Indigenous consumers and aid in reducing bias and racism (de Leeuw et al. 2021; Ansell 2022).

Incorporating Indigenous cultural immersion opportunities into mainstream secondary curricula may enhance students' intercultural potential through applied reflective practice, beyond basic concepts of



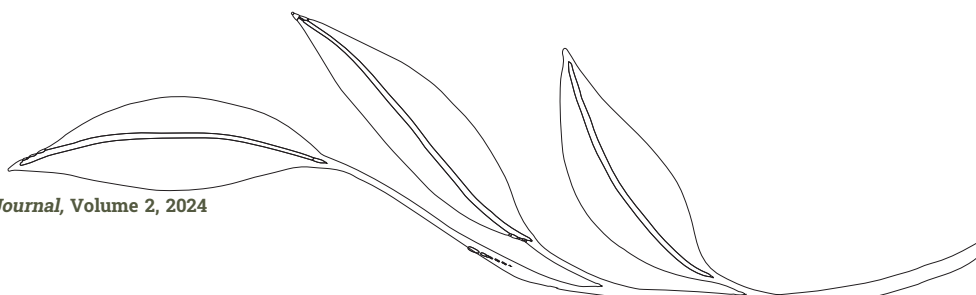


cultural awareness (Walton et al. 2015). This may lead to entry level health students who possess a nuanced understanding of Indigenous communities to challenge stereotypes of Indigenous populations, reduce the need for foundation-level Indigenous-related content within HPE, and reconsider the substantial reliance on transformative learning. A formal cultural immersion program within secondary school systems requires a genuine commitment from governing bodies, an endeavour that is likely to be met with apprehension due to the great effort in coordination, administration and associated cost. Nonetheless, the value in cultural immersion to develop Indigenous intercultural potential is supported (Burgess 2019; Brock et al. 2019; Smith et al. 2015; de Leeuw et al. 2021; Crampton et al. 2003; Thackrah et al. 2014; Ansell 2022).

One approach to address administrative and fiscal reservations held by governing bodies could involve the development of a remote cultural immersion program for learners. Such a program could span the pre-tertiary years, be developed, led and monitored by Indigenous communities, and be integrated within a national curriculum, linking subject matter with Indigenous perspectives and knowledges. The program could involve the development of accessible, strengths-based online learning materials for students to engage with (e.g. an interactive story that explores the pervasive impacts of racism on Indigenous peoples and the enduring resilience evident, an online module that explores how culture can improve outcomes for Indigenous peoples). Following such engagement, community members could link-in remotely via a teleconference platform (e.g. Zoom) to yarn with the students about the materials. This model would provide opportunities for the employment of Indigenous peoples who would like to share their cultures, perspectives and experiences, while

remaining within their community to fulfill cultural and community responsibilities. These remote Indigenous education officers, employed by government and non-government education organisations, could fulfill the responsibilities of their role by yarnning with different student cohorts across the state or nation. Ideally, each student cohort would yarn with a range of different officers to gain an appreciation for diversity in perspectives and experiences across different Indigenous communities. Employer support would be provided to the officers to develop online teaching and learning materials, resource equipment (e.g. laptops, internet), and provide ample remuneration for any ongoing consultation (i.e. supporting non-Indigenous educators to align core teaching material with Indigenous perspectives). This would significantly reduce the burden placed on communities to accommodate in-person immersion requests, while also allowing students to hear the perspectives of different Indigenous peoples – perspectives that are often silenced within the formal education space.

Access to ongoing cultural immersion opportunities throughout tertiary education and beyond to maintain and strengthen intercultural potential is also critical (Burgess 2019). Delayed or solitary immersion experiences into Indigenous cultural knowledge systems, practices and communities creates a particularly testing scenario for non-Indigenous health students and professionals. This is due to the complex development process, which demands an intensive learning-unlearning-relearning process to aid in recognition of unfavourable practices, such as unconscious bias (Bullen and Roberts 2019b). This can result in varying degrees of potential, depending on the individual, impacting on patient outcomes within the clinical setting (Van Schalkwyk et al. 2019).





Addressing the dissonant education pathways

The authors' experiences of teaching Indigenous health within tertiary education has revealed an array of intercultural potential of students, ranging from international students who have never heard about Indigenous peoples to Indigenous students who possess substantial knowledge and lived experience in different Indigenous cultures. While these two extremes are out of the scope of this paper, the spectrum between these two poles displays significant breadth. This often restricts initial teachings to focus on basic understandings and concepts of self-awareness and Indigenous cultures, rather than commencing with an emphasis on applied health-specific learnings, such as social and structural determinants of health for Indigenous peoples.

Streamlining formal Indigenous intercultural education from primary through to post-graduate education will provide a robust foundation with which discipline-specific intercultural learnings can build on, as dictated by the tertiary pathway and local community. The development of a nationwide primary and secondary Indigenous-specific curriculum for students, although contentious in its design, is a current foundation that could be reconceptualised by Indigenous communities. However, there is still a disconnect between year 10 and commencement of tertiary studies. This gap must be bridged to ensure ongoing exposure to Indigenous knowledge systems and cultures, including the diversity in and between local Indigenous contexts. Furthermore, establishing formal intercultural education pathways that link secondary and tertiary curricula and pedagogies would ensure consistency in the Indigenous intercultural educational approach based on age and stage. Facilitation of this proposal through formal trans-education partnerships spanning primary,

secondary and tertiary education would extend the current ACARA curriculum. This would ensure that Indigenous intercultural potential is appropriately maintained and developed through the student's formal education in a stepped model of progression.

Aligning the models

Within Australian HPE, students may have been exposed to a model of cultural awareness during secondary education, which provides very basic, static notions of Indigenous cultures, often leading to *essentialisation* of Indigenous populations (Shepherd 2019). When students commence tertiary studies, a more advanced model of intercultural development is applied, often cultural competence, responsiveness or safety (Phiri et al. 2010). However, this advanced model is regularly framed in the context of health and disease, creating a steep learning curve for novice students who may struggle to grasp the complex concepts and processes involved in such advanced models (Ley et al. 2021). Furthermore, advanced Indigenous intercultural models are relatively unrecognised within certain post-graduate health training disciplines, with teachings in the post-graduate clinical space traditionally focusing on basic notions such as cultural awareness and respect (NSW Ministry of Health 2022). This seeming demotion back to basic capability concepts reduces the likelihood of advancement of Indigenous intercultural potential during, arguably, the most important stage of the individual's career: service delivery.

A glaring concern within tertiary HPE, as with broader formal education, is a dissonance in intercultural models, content and approaches within Indigenous-specific curricula. This can be seen across the health disciplines, where varying intercultural models are advocated for and applied (Brottman et al. 2020). Such variability in model application results in health

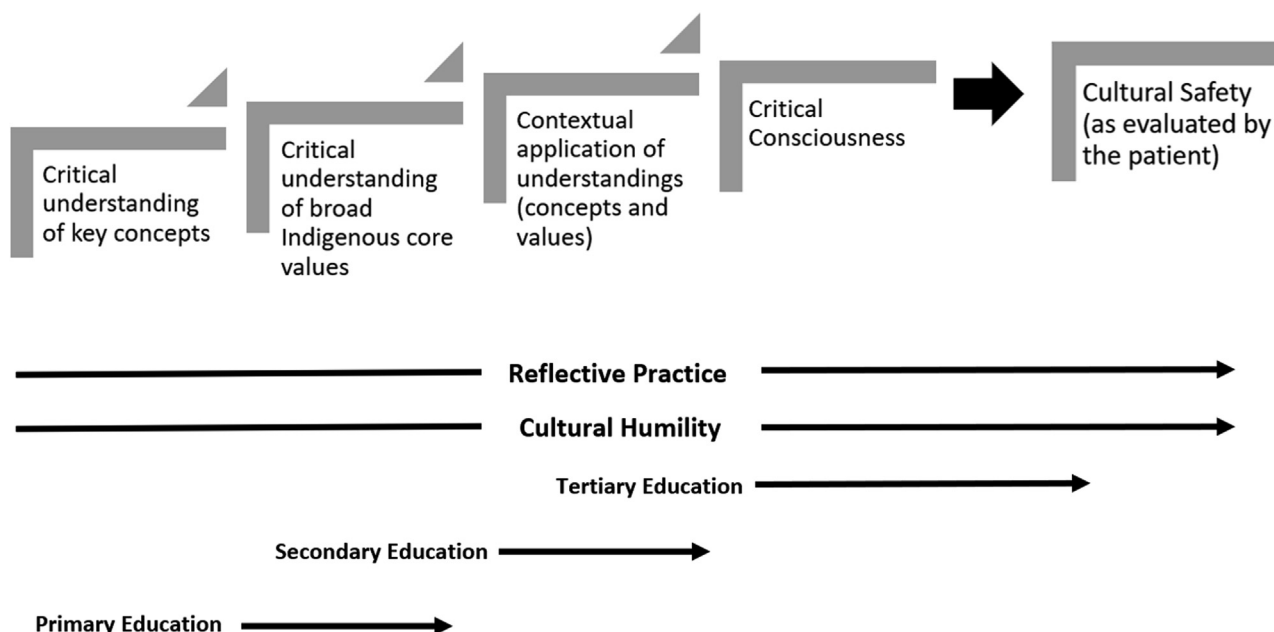
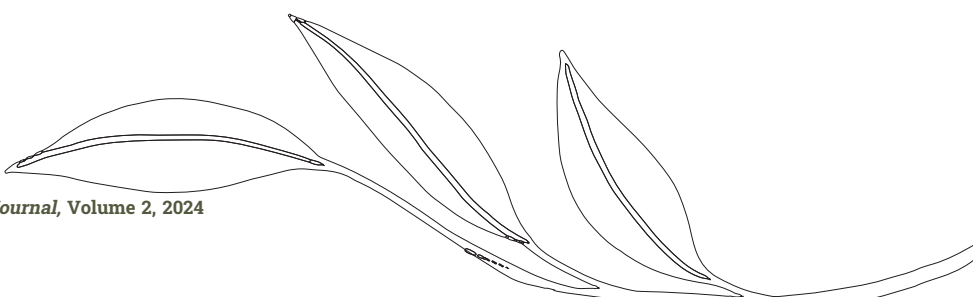


Figure 3: Stepped approach to Indigenous intercultural potential development.

graduates who possess differing levels of intercultural potential, which does not demonstrate consistency in graduate outcomes, as outlined within Universities Australia (UA) *National Best Practice Framework for Indigenous Cultural Competency in Australian Universities* (Universities Australia 2011). Arguably, an Indigenous health curriculum framework, such as the *Aboriginal and Torres Strait Islander Health Curriculum Framework* (Department of Health 2014), must be consistently applied across the HPE disciplines to ensure that post-graduate healthcare practice reflects this consistency.

A concerted effort in streamlining Indigenous intercultural education across formal stages requires consideration of the intercultural model/s that are to be applied. A nuanced approach to development requires scaffolding and consideration of the dynamicity of Indigenous cultures within a historical context of colonisation, dispossession, oppression and

displacement (Paradies 2016; Bainbridge et al. 2015), as well as a contemporary context of systemic racism and white privilege (Vass and Adams 2021). Such breadth and depth of understanding requires a stepped, incremental approach across the life course that considers and spans the intercultural model gamut (Figure 3). This would commence during primary and secondary education with the interrogation of concepts including culture, social (in)justice, power and agency, forms of racism and trauma, (in)equity, (in)equality, oppression, social inclusion/exclusion, self-determination, critical thinking, self-reflection, colonisation, broad Indigenous cultural values and knowledges, and truth-telling via an Indigenous lens. This should continue with advanced notions such as structural and systemic power differentials within clinical environments, community governance within health systems, and ongoing self-reflexivity in an applied context within the tertiary education setting. While a stepped approach is





promoted, where concepts are introduced during the primary and secondary years, these concepts should begin to inform critical dialogue during secondary education and into discipline-specific topics during tertiary and post-graduate education. A scaffolding approach to development across formal education stages should build upon and challenge prior understandings to create critically conscious health professionals.

A stepped approach that builds on past knowledges, reflections and experiences aligns with Gagne's theory of cumulative learning (Gagne 1968), whereby potential is developed through experiential process. It is important to note that while this process demonstrates theoretical linearity, practically, it is dynamic, and students may move back and forth through these steps at differing rates influenced by a range of contextual factors (Chen et al. 2018).

University and community expectations

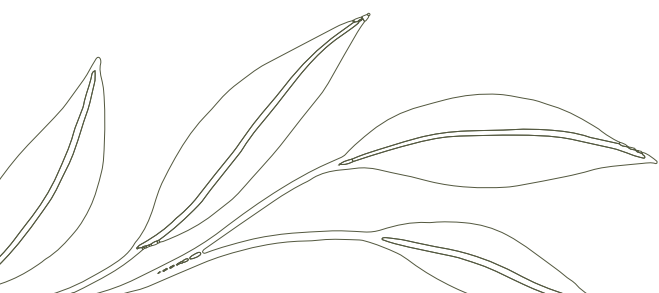
Despite the glaring shortcomings in the cultural competence model, the UA Indigenous strategy advocates for cultural safety within universities, underpinned by culturally competent non-Indigenous staff and students (Universities Australia 2022). To achieve this directive, students must demonstrate cultural competence during their studies, implying that this process should be underway from commencement of education. As the strategy suggests, increased opportunities for intercultural education and training for university students and staff is important to create culturally safe environments for Indigenous colleagues, and develops Indigenous cultural competency, as a defined graduate attribute (Universities Australia 2011). Given the life course approach to developing intercultural potential, such a target infers the need for students to commence this process prior to tertiary studies. This suggests that

primary and secondary education systems must play a role in providing robust, formal preparatory Indigenous intercultural education and immersion opportunities that align with UA expectations.

Indigenous communities must direct the streamlining of these intercultural trans-education pathways if they are to provide practical benefits to those communities (McCausland et al. 2021). Self-determination must be a priority in curricular design to ensure a sovereign approach that meets the needs of local Indigenous contexts (Curley et al. 2022; Tuck and Yang 2012). Moreover, Indigenous governance across the education stages should be formalised through national and local Indigenous curricula committees who inform content, teaching approaches, expectations of student potential at each stage, and expectations of educators (Walter and Aitken 2017).

Beyond tertiary education

Indigenous intercultural potential development within Australian post-graduate health professions training is relatively underdeveloped compared with tertiary education (Jongen et al. 2018). This is partly due to prioritisation of the maintenance and development of clinical competencies, such as procedural skills and diagnostic and management capabilities within the clinical context, with many post-graduate colleges not mandating Indigenous intercultural education (Royal Australian and New Zealand College of Radiologists 2021). Such a retraction in intercultural learnings, including their ongoing importance in healthcare settings, sends a message of relative insignificance to health professionals, who may interpret this within their clinical practice through providing culturally blind care, which is care that does not consider the cultural diversity of patients (Minnican and O'Toole 2020). While attention to Indigenous intercultural potential is moving in a positive direction in post-graduate health





education and training, many institutions remain ill-equipped to provide the complex level of training required for this advanced educational stage (McCalman et al. 2017).

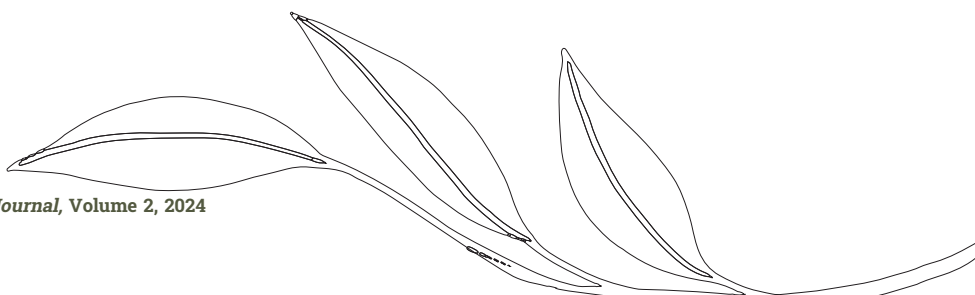
Inconsistency in intercultural model application across post-graduate training must be addressed to ensure that Indigenous patients are provided with culturally safe healthcare experiences regardless of the health professional they encounter. This should be reflected through formalised, regular, ongoing and immersive continuing professional development (CPD) opportunities provided by health professional colleges and employers. Furthermore, and in unison with CPD, healthcare services and professional colleges must advocate for structural and systemic change, conscious of how dominant models of healthcare perpetuate colonial control and oppression of Indigenous peoples and communities (Phillips-Beck et al. 2020; Ray et al. 2022). It is unrealistic to expect a healthcare workforce to consistently demonstrate culturally safe or responsive practice when such disparities in education and training opportunities exist. Until this issue is remedied, there will continue to be health services that perform unsatisfactorily in the eyes of local Indigenous communities, reflected through patient healthcare outcome measures such as patient satisfaction, DAMA and DNW for medical review.

Creating a discernible path forward

Developing a national Indigenous intercultural trans-education pathway for the future health workforce in Australia is a significant undertaking requiring leadership, devotion, investment and collaboration across multiple community, education and health organisations. A meaningful deconstruction and transformation of intercultural education should and must be governed by Indigenous peoples if it is to

provide benefit to Indigenous communities (Anthony-Stevens 2017). We must not fall into the trap of repeating former erroneous approaches to Indigenous affairs by allowing colonial rule over what should be an area that is constructed, led and maintained by Indigenous peoples (Strakosch 2019). If we are to realise genuine Indigenous self-determination and sovereignty, government and non-Indigenous players must take a giant leap back and be directed by Indigenous peoples. While collaboration with government and non-Indigenous institutions is needed to achieve such a goal, collaborative work must be guided by Indigenous terms. Under the direction of Indigenous peoples, collaboration will be required between government education departments, tertiary education institutions (including universities and vocational education providers), public and private health services, post-graduate health education and training organisations/colleges, and health accreditation bodies.

The Aboriginal Community Controlled Health Organisation (ACCHO) model provides a framework that can guide efforts for meaningful collaboration, pathway and program development, and governance. The ACCHO model would ensure local control over decision-making by establishing Community Education Boards. These Boards would develop and feedback decisions around educational content, pedagogical approach and expectations of the various stakeholders to realise success, whatever may be determined in any one context. Like the ACCHO model, ongoing government funding, as a portion of state and federal annual education budgets, could support the development and maintenance of a trans-educational approach to development. Formal agreements via the use of contracts (i.e. for funding accountability and Indigenous employment opportunities) and Memorandum of Understandings between Indigenous





communities, state and federal governments, and private education and training institutions would encourage ongoing commitment.

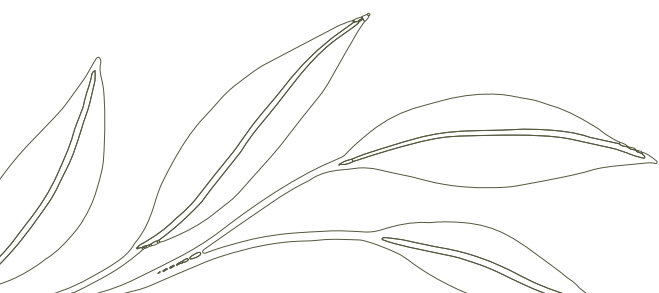
The ACARA framework (ACARA 2018a; ACARA 2018b) provides a controversial foundation that, in the first instance, must be reconceptualised by the sovereign voice and knowledges of Indigenous peoples and communities to ensure a self-determined preparatory framework. Such a reconceptualisation should initially focus on a critical understanding and interrogation of key concepts, collective Indigenous core values and Indigenous knowledges, prioritised within local Indigenous contexts. In this way, learners can critically engage with historical and contemporary Indigenous content, such as the colonisation of Australia, structural and systemic inequities and how they produce unequal outcomes, and the significance of Indigenous sovereignty in effectively addressing these inequities (Herzog et al. 2021). Granted this sovereignty, a stepped approach to Indigenous intercultural development can be enhanced for primary and secondary students. Culmination of experience guided by this approach, including providing opportunities for cultural immersion through pre-tertiary education, can provide a platform for ongoing development through advanced understandings and critical dialogue applied within a senior secondary context.

Formal measurement and assessment of these outcomes at the conclusion of both junior (i.e. year 10) and senior (i.e. year 12) secondary education would enable educators to track progress against community expectations and provide valuable data for quality improvement initiatives. It is important to note that objective measurement and assessment of intercultural ability has historically proven difficult, given personality variability and cultural diversity and fluidity, with further research required to evaluate

reliable techniques (Matsumoto and Hwang 2013). Rather than relying on assessment methods that target Indigenous cultural knowledges, the authors support a focus on student self-reflection ability (Ash and Clayton, 2004), while critically considering key concepts and broad Indigenous core values. This builds a foundational understanding where continued self-reflection in an applied context can enable learners to become critically conscious of colonial systems and structures that perpetuate varying degrees of inequity and inequality for Indigenous peoples and communities (Withall et al. 2021).

Extension into tertiary education for discipline-specific studies requires intensive collaboration between secondary and tertiary institutions to ensure that curricula provide continued, strengths-based and meaningful experiences for students. Linking a pre-tertiary and tertiary Indigenous intercultural framework can provide a continued approach for students transitioning from secondary to tertiary education. Moreover, for HPE-specific disciplines, an overarching framework, such as the *Aboriginal and Torres Strait Islander Health Curriculum Framework* (Department of Health 2014), could be aligned with a community-approved pre-tertiary framework, through Indigenous expert and health consumer direction, to ensure consistency and relevance of curriculum within a national and local context.

Continuation of Indigenous intercultural education and training at the post-graduate clinician level is much more nuanced and focused, involving specific approaches to specialist practice. Although the overarching principles apply across health specialties and disciplines, complexity of application of these principles within varying clinical and community health contexts can prove challenging (Shepherd et al. 2019). Providing regular, ongoing and prioritised cultural





immersion opportunities within these contexts is a sound approach to advancing intercultural potential throughout the clinician's career, significantly impacting on patient cultural safety (Buchanan et al. 2021). Given the many health professional roles providing input into patient care, post-graduate health accreditation bodies, educational colleges, and healthcare quality standards must recognise, implement and monitor consistent intercultural education and training that continues and enhances the approach applied during tertiary education.

The concept of critical allyship is a further consideration in developing the non-Indigenous education and health workforce to facilitate intercultural potential development. Nixon (2019) defines the practice of critical allyship as 'the orientation to guide action for people who find themselves in positions of privilege in relation to a particular system of inequality'. Educators are well placed to become critical allies in this space as they themselves will need to identify their positions of privilege and oppression to facilitate intercultural development of learners. Developing educator abilities to deliver meaningful content in an effective way requires a national approach that includes primary, secondary and tertiary educators.

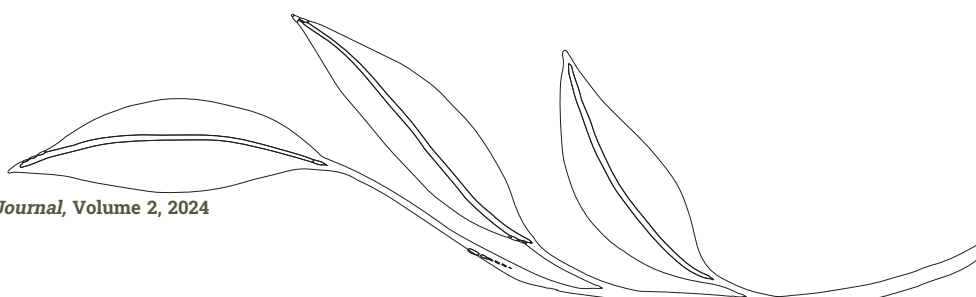
Discussion

The need for a trans-education approach to Indigenous intercultural potential development is evidenced through the principle of lifelong experiential learning to develop the critical attitudes, understandings and skills required to demonstrate continuous effective practice. The prevalent failure in health practitioner intercultural potential reflects a failed education and training system that snubs the relative value of Indigenous intercultural development in HPE, and formal education more broadly. While it is

a responsibility of all health professionals to demonstrate effective intercultural care within health services, a need to reconceptualise the design of intercultural education with particular emphasis on age of initiation has received little attention (Maine and Vrikki 2021; Couper 2019; Maine and McCaughran 2021).

A focus on transformative learning in the adult education space reflects, to a degree, both an undermining of reflective practice and critical Indigenous curriculum and pedagogy during primary and secondary education. Despite the many strengths of transformative learning, including its value in ongoing intercultural development conducive to self-reflectivity, self-reflexivity and cultural dynamicity, a lack of robust foundational understandings attained during early education delays intercultural potential development. Such a focus on a transformative approach demonstrates a flawed intercultural education system that is reactive and uninformed. Likened to the prevention vs. cure debate that has enthralled the public health world for centuries, precluding the need for intervention approaches that reverse prior learning is more advantageous than curing every one of their intercultural misinterpretations.

Isolated, periodic post-graduate Indigenous intercultural education and training opportunities within health professions have been questioned due to a lack of effective translative practice evidence. Unfortunately, this ineffective label has consumed the entire concept of intercultural development, rendering the notion as futile in the pursuit to improve healthcare-related outcomes for Indigenous peoples. Shepherd (2019) argues that the lack of translatable health outcomes associated with intercultural workshops involving healthcare professionals should result in such training being 'retired' until necessity and





utility of these can be evidenced within healthcare settings. While Shepherd's stance is validated by both a lack of efficacy evidence regarding improved healthcare outcomes and futility associated with standalone workshops, there is a failure by many to understand the broader context of intercultural development, and what effective development entails. This includes robust curricula design and delivery by Indigenous peoples, regular immersion in Indigenous ways of knowing, being and doing, and ongoing reflective and self-reflexive practice, which cannot be enabled through standalone workshops or sporadic online modules (Bainbridge et al. 2015).

The authors argue that the necessity of intercultural education and training is in fact evidenced through improved outcomes related to patient satisfaction and intervention concordance (Tremblay et al. 2020). However, translating these patient-related measures to enhanced health outcomes is difficult due to the determinants of health being multifaceted (World Health Organization 2017), and the conflict in health definitions between Western and Indigenous populations (National Aboriginal Community Controlled Health Organisation 2011). Notwithstanding, positive patient-reported experience measures (PREMs) are correlated with better health outcomes (Doyle et al. 2013).

Addressing the complex challenges to realising a trans-education model of intercultural development is not straightforward and requires a dismantling of the current structures that underpin education and health systems. Primarily, Indigenous sovereignty in decision-making is fundamental to ensuring that a trans-education approach is meaningful and impactful to both learners and Indigenous communities. Historically, Indigenous sovereignty or a 'handing over of power' from government and non-government

institutions to Indigenous communities has been fraught with tokenism and insincerity, primarily motivated by the advancement of colonial agendas (Curley et al. 2022; Tuck and Yang 2012). Within the education sphere, the enactment of Indigenous self-determination has been frivolous, with governing bodies set on maintaining control while determining the extent of Indigenous input they see as appropriate in progressing their social, political and economic objectives (Morrison et al. 2019). Several issues have arisen from this domination, namely the perpetuation of oppressive structures and systems, a paradigm that intercultural potential development, through critical consciousness, aims to identify and dismantle (Halman et al. 2017). As with many inequities, this irony is more visible to those who experience the oppressive forces compared with those who sustain and benefit from them (Nixon 2019).

Extending from Indigenous sovereignty, and in accordance with the cataclysmic structures of colonial politics, to achieve a trans-education pathway would require buy-in and support from several levels of government. Political agreement through policy reform, resourcing and financial restructuring of education and training creates substantial hurdles to this realisation. Nonetheless, reconstruction of political funding arrangements is a fundamental component identified in addressing Indigenous inequity and inequality (Yashadhana et al. 2021). It is the responsibility of governments to reform current funding structures to meet the needs of Indigenous peoples and communities; therefore, governments must ensure that communities are self-determined in planning appropriate funding support to accomplish a trans-education model within their region.

A trans-education model that encourages Indigenous sovereignty also presents another challenge: the





burden placed on Indigenous communities to direct curriculum and pedagogy reconstruction, contextualise content to meet the needs of local communities, and accommodate learners during cultural immersion activities. In the first instance, communities would decide whether a trans-education model of intercultural development would be suitable for their local context. If so, those members involved would require significant support to ensure that other obligations, including cultural and community responsibilities, are fulfilled. Exactly what 'support' looks like will no doubt differ between individuals and communities; however, community sovereignty should guide support packages provided by government and non-government education and health institutions. The creation of regional Indigenous governance committees across Australia would ensure that control is maintained by Indigenous peoples.

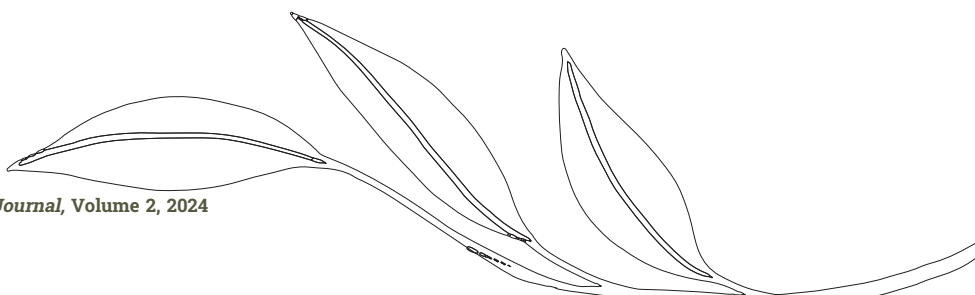
A theoretical challenge is the Indigenous intercultural development of immigrants and refugees, particularly those who come to Australia as health professions education students or established health professionals who have undertaken much or all of their formal education overseas. Many immigrant and refugee peoples may be aware of the impacts of colonisation of Indigenous communities within their home nation; however, the nuances between contexts regarding colonising methods and ensuing inequities means that they may be unaware of the Australian context. This diverse population of learners creates unique challenges for intercultural development educators, as conceptual understanding may be limited and significantly varied. Tertiary and health education institutions and colleges should engage with overseas learners to ensure that personalised learning plans are devised based on their current understanding (i.e. concepts, broad Indigenous core

values and knowledges, history of colonisation in Australia and its sweeping impacts).

As inviting as it may be to hypothesise, it is not the purpose of this article to propose absolute solutions to the above challenges. Challenges will likely vary depending on local context, and solutions will be determined by those Indigenous communities in which challenges arise.

Employing a partnership model through formalised collaboration agreements between education and health institutions and sovereign Indigenous communities may facilitate accuracy in exposure to understandings of Indigenous knowledges as well as structural and systemic inequities. Creating environments that promote cumulo-transformative learning could produce well-informed students and professionals who are able to apply understanding to a range of clinical and community contexts. Furthermore, cultural immersion opportunities permit experiential learning, allowing learners to pragmatically navigate intercultural dilemmas and formulate solutions through critically informed negotiation, when reflective and reflexive practice is employed (Jones et al. 2012). Across the health disciplines, Indigenous intercultural education and training demands a consistent approach to reflect a unified Australian healthcare workforce and contribute to reliable and favourable patient outcomes. Commencing this journey during adulthood creates a theoretical challenge to workforce intercultural development. Empirical studies are needed to compare the impacts of delayed vs. early initiation of development on health service performance regarding culturally safe provision of care for Indigenous peoples.

Devising and implementing a trans-education pathway will likely contribute to improving patient experience





outcomes and subsequent health outcomes. Furthermore, it may significantly contribute to initiatives such as 'Closing the Gap', reduce racism and implicit bias within the broader community, and may well be the catalyst for transformation within Australia's public systems, ensuring equity of access and equality in outcomes. While the prospect may be interpreted as grandiose, *wicked*² issues demand equally ambitious solutions that challenge the status quo and lead to advancements in the way societies practice.

Devising a community-controlled, context-driven approach to Indigenous intercultural education and training across the life-course for non-Indigenous peoples interested in pursuing a career in healthcare could contribute to:

- A greater understanding of the cultural, social and health needs of Indigenous Australians, including the socio-political constructs that continue to sustain the evident health disparities (Paradies 2016).
- Creating an intercultural educational framework that facilitates students' exposure to diverse Indigenous perspectives and experiences early in their socioecological development, allowing for an informed perspective of the self and Indigenous cultures and contexts.
- Developing health systems and institutions that recognise the importance of equity centred care, meaningfully impacting on patient outcomes at the clinical interface (Bainbridge et al. 2015).

Conclusion

This paper argues the need for a formalised trans-education approach to Indigenous intercultural potential development for Australian students,

particularly those planning a career in the health professions. Streamlining intercultural curricula and pedagogy across education stages from primary to post-graduate level would ensure reliability in educational approach, application and progression consistent with age and stage. Collaboration between education and health institutions, as directed by Indigenous communities, could facilitate such a vision of consistent, quality Indigenous intercultural education across the life course. This approach would not only benefit those working and studying within the health sector but would contribute to a robust level of Indigenous intercultural potential within greater society, addressing broader issues such as racism, implicit bias and social exclusion. Further research is needed to establish an empirical link between increased Indigenous intercultural potential of healthcare workers and improved health outcomes of Indigenous patients beyond a logic model.

Author contributions

P. Saunders: study conception and design, draft manuscript preparation. R. Dashwood and A. K. Doyle: input into and review of medical education component. A. Barnes and A. K. Doyle: input into and review of nursing education component. R. Dashwood, A. Barnes and A. K. Doyle: review and critique of draft manuscript. All authors reviewed and approved the final version of the manuscript.

Declaration of interests

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Funding

The authors received no funding for the development of this publication.

²The term 'wicked' refers to complex issues with no simple solutions.





Author biography

Paul Saunders is a Research Fellow, Indigenous Health, School of Medicine, Western Sydney University, Campbelltown, New South Wales, Australia.

Alison Barnes is an Associate Lecturer and First Nations Student Liaison, School of Nursing and Midwifery, Western Sydney University, Parramatta, New South Wales, Australia.

Ryan Dashwood is a Lecturer, Indigenous Health, School of Medicine, Western Sydney University, Campbelltown, NSW, Australia. He is also an Emergency Physician, Shoalhaven Hospital, Nowra, New South Wales, Australia.

Aunty Kerrie Doyle is the Associate Dean and Professor, Indigenous Health, School of Medicine, Western Sydney University, Campbelltown, New South Wales, Australia.

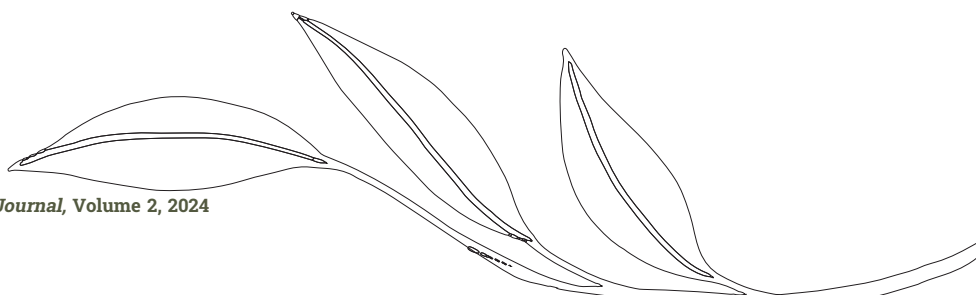
Author positionality

The authors of this article descend from the unceded lands of the Biripi, Eora, Wiradjuri and Yuin nations, and also acknowledge our European ancestry. We position ourselves not as cultural experts but as conscious mediators of Indigenous and Western health knowledge systems. Our understandings and experiences come together to form both unique and shared interpretations of teaching and learning that have manifested in diverse yet equally valid perspectives. While our journeys have been distinct and at times unconventional, we have all aligned on a path within the tertiary health education space. We have all held clinical roles as either doctors or nurses in a range of mainstream and Aboriginal health settings, and it is in these experiences, among others, that our interpretations of health and healthcare

education and training are both confirmed and challenged. We each view health differently yet holistically, and our aim as health professions educators is one of critical consciousness for students who travel with us. As we teach and learn in the Indigenous health space, we are constantly reminded of the fact that we do not hold all knowledge; we are but learners akin to the students we profess to teach. Our experiences have moulded our understanding of what appropriate and effective healthcare for Indigenous peoples looks like to 'us', but are critically conscious that perspectives are myriad, dynamic and equally legitimate. With this, we invite you to adopt a lens of critical consciousness while considering our position, and hope that lens continues to inform your perspectives; however they may be constructed now and into the future.

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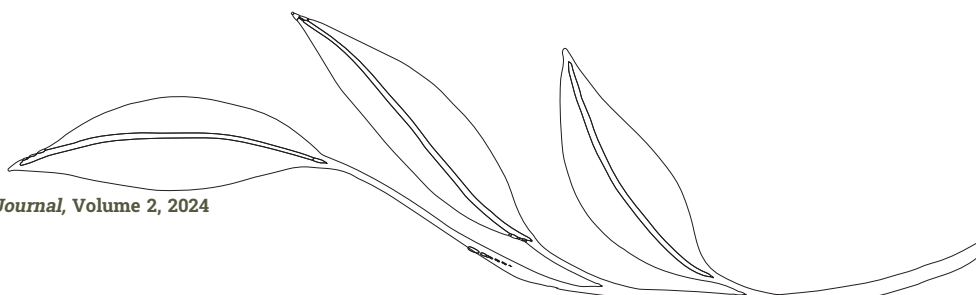
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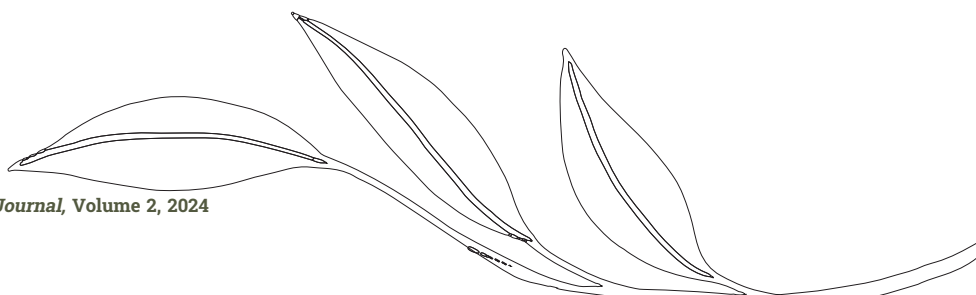


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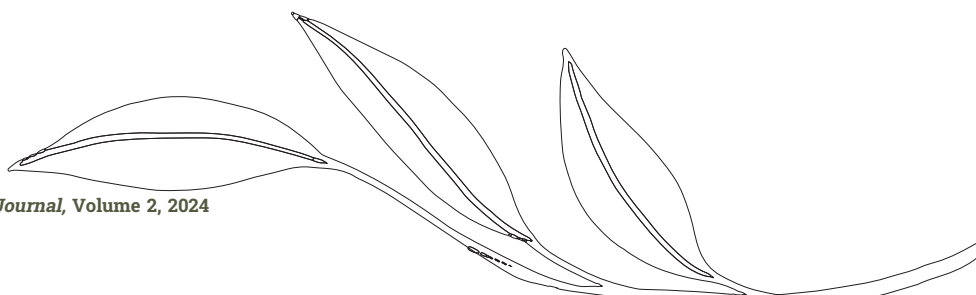
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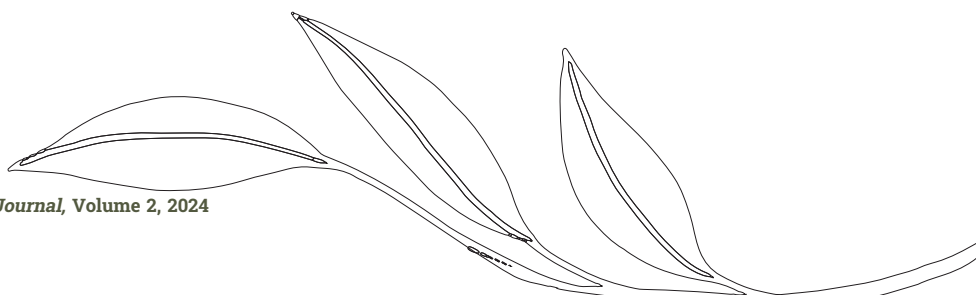
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