Nomination for Dr Elana Taipapaki Curtis

Te Kupenga Hauora MāoriFaculty of Medical & Health Sciences
The University of Auckland

2015

Tertiary Teaching Excellence Awards

Kaupapa Māori Category



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Glossary

BHSc Bachelor of Health Sciences

CertHSc Certificate in Health Sciences

CUAP Committee on University Academic Programmes

FMHS Faculty of Medical and Health Sciences

MAPAS Māori and Pacific Admission Scheme

MH301 MAORIHTH 301: Introduction to Māori Health

MHI Māori Health Intensive

MMI Multiple Mini-Interview

NWCS Ngāti Whātua Case Study

TKHM Te Kupenga Hauora Māori

Vision 20:20 The name given to the initiative encompassing MAPAS, the Certificate

in Health Sciences, and the Whakapiki Ake project

WAP Whakapiki Ake Project

Mihimihi

Ko Matawhaura te maunga kōhatu

Ko Te Rotoiti-i-Kite-ā-Ihenga te moana

Ko Ngāti Rongomai rāua ko Ngāti Pikiao ngā hapū

He uri tēnei o Te Arawa waka.

Tihei Mauriora!

Ngā Mātāpono - My Values

Eke Panuku! Eke Tangaroa!

Striving for excellence

Being Māori is central to my identity as a tertiary educator. I am passionate about sharing my identity with my students, and I aim to use this passion to excite others in their own teaching and learning. Growing up a proud Māori girl in West Auckland I was ten years old when I decided I wanted to become a Māori doctor. Even at this young age, I could see that things Māori were not considered to be the norm, or were even regarded as being inferior. Being dragged around to numerous hui I was exposed to the cultural renaissance occurring for many urban Māori at the time. I was also fortunate to have strong hapū and iwi connections maintained by regular travel home to my iwi of Te Arawa.

I wanted to make a difference for Māori, and show Māori ability to achieve excellence was normal, valid and legitimate. I received early educational experiences that valued my Māori identity - my early education at a progressive local primary school was one where excellence was rewarded in an environment in which we thrived as engaged and active learners.

My early experiences have instilled in me an innate sense of what fairness means and an appreciation of how power and privilege affect society. I regularly apply these insights in the classroom. As a tertiary educator, I believe in aiming for excellence in order to promote the rights of all my learners. This approach requires me to be open to critique, to develop engaging and effective teaching and learning methods, to evaluate my impact on students and staff around me, and wherever possible, to lead by example.

Education is a tool for social justice; its emancipatory power aligns with my own personal experience and I value being in a position to influence the lived reality of all my students and staff through the promotion and delivery of an excellent teaching and learning environment.

Mana – Leadership and Professional Development

Te amorangi ki mua, te hapai o ki muri.

The leader at the front and the workers behind the scenes

I am heavily involved in leading programme development alongside classroom teaching. As Director Vision 20:20, I provide academic leadership of multiple programmes including the *Certificate in Health Sciences* (CertHSc) delivering Māori and Pacific bridging foundation education; the Whakapiki Ake Project (WAP) focused on Māori student recruitment; and the *Māori and Pacific Admission Scheme* (MAPAS), providing Māori and Pacific student admission and support within the Faculty of Medical and Health Sciences.

Within my teaching responsibilities, I also provide academic leadership for course development and delivery of Māori health teaching intensives that require input from multiple educators and disciplines. Therefore, a large component of my teaching portfolio is focused on ensuring 'the back of the house' is well organised so that 'the front of the house,' or those delivering the teaching, can be supported to achieve excellence.

I was appointed Senior Lecturer and Kaiārahi (Academic Director) of the CertHSc in 2005. The CertHSc is a one-year, science-focused, bridging-foundation programme for Māori and Pacific students hoping to pursue a career in health at the University of Auckland. I returned to Aotearoa to take on this role because of the alignment of the CertHSc programme with my basic values and commitment to Māori educational success. At that time I was relatively inexperienced in the tertiary teaching sector as my main experience had been within clinical and public health medicine.

On my arrival, the CertHSc programme had a low Student Pass Rate (SPR) overall (52%) with particularly poor outcomes for Māori students (Curtis and Reid 2013). Of the 85 students enrolled that year, only 23 completed the programme. Of the 39 students recruited via Whakapiki Ake, only nine ended up completing the CertHSc. It was clear that despite best intentions, the CertHSc programme had a number of challenges.

Supported by my Head of Department and other colleagues with similar concerns, I began to instigate changes. It is important that CertHSc students are appropriately prepared for success to avoid setting them up for future failure. In order to address the low pass rate, student selection into the CertHSc programme needed review. Students with limited science exposure were being recruited into what is a heavily science-oriented curriculum. By necessity, I became involved in MAPAS responsible for CertHSc student admission, support and graduation. By the end of 2006, appropriate entry criteria had been developed for CertHSc applicants and I co-led the introduction of an innovative admissions process involving the development of a MAPAS-specific Multiple Mini Interview (MMI) and new cognitive testing introduced for all MAPAS

applicants (Curtis, Wikaire et al. 2015). Any MAPAS applicants who require additional preparation are directed to appropriate pathway programmes via individualised feedback sessions provided on the day of their MAPAS Interview.

I gradually increased my engagement with WAP to ensure increased alignment of Māori student recruitment with the new MAPAS and CertHSc admission and student support focus. I led a formal literature review examining "how to best recruit indigenous students into health professional careers" so that WAP could better align to evidence of best practice identified internationally and within Aotearoa (Curtis, Wikaire et al. 2012). The need for a comprehensive suite of recruitment interventions, including 'Early Exposure' interventions delivered well before Year 13 (the traditional focus of WAP recruitment) was identified.

Given my initial Kaiārahi role, I engaged in formal research to gather student feedback via qualitative research so that we could experience and understand, as educators and support staff, student critique (*Tātou Tātou/Success for All: Improving Māori student success in health professional degree-level programmes*, Curtis, Wikaire et al. 2014). The students identified their own concerns that the CertHSc programme was "spoon feeding" and that they did not feel adequately prepared for success within their first year of bachelor study. Research findings supported the need for multi-faceted; inclusive; culturally responsive; and engaging teaching and learning approaches.

I worked with academic staff to address these issues by examining our behaviour as educators. This required me to be actively involved in staff development so that we could increase our focus, as a collective of educators and support staff, on improving student outcomes. I facilitated MAPAS staff to examine their model of student engagement to increase professionalism within student relationships and promote the independent learning necessary for success within health professional study.

Individualised academic pathway planning was introduced where students were made aware of their current and projected grade point average (GPA) via one on one sessions with



academic staff at pivotal times within the academic year. Specific advice on how students can improve their academic performance is debated by CertHSc staff members with additional resources and academic interventions where necessary. MAPAS provided staff formalised their screening of student pastoral and facilitated issues cohort whakawhanaungatanga via regular MAPAS cohort lunches. CertHSc academic and pastoral support were aligned more closely and we have gradually moved to a programme where the development of a *CertHSc Learning Community* has become integral to our programme delivery.



We now see this wraparound, outside the academic classroom and support model, as being key to our dramatic increase in student success (Curtis, Reid et al. 2014). For example, the SPR within the CertHSc has improved dramatically, increasing to 98% in 2013. More importantly, the proportion of students who

enrolled in and completed the CertHSc increased from 18% to 76% for Māori, and 29% to 74% for Pacific by 2011 (Curtis and Reid 2013). Similarly, the overall FMHS undergraduate SPR increased from 89% in 2005 to 97% in 2013 for Māori, and from 81% in 2005 to 87% in 2013 for Pacific students. Alongside improved performance, the total number of Māori and Pacific students in different programmes across the FMHS has increased with 451 undergraduate MAPAS students enrolled in 2013 (206 Māori, 204 Pacific and 41 Māori/Pacific).

A Ministry of Health Research Fellowship for Workforce Development (*Vision 20:20 - Māori and Pacific Workforce Development. Te Hā - Exploring predictors of success*) which I led examined the MAPAS admissions process from 2008-2012 (Curtis, Wikaire et al. 2015). The research found that the combination of assessment tools utilised by the MAPAS admissions process contributes to entry recommendations that predict academic success. This research has now been extended to conduct a Total Cohort Analysis of the predictors of academic success for all students enrolled within the FMHS (by ethnicity).

The positive outcomes described above were also achieved by investing in constructive professional relationships across the faculty where the evidence of our success (and failure) were collaboratively reviewed and debated, helping to build trust amongst our colleagues and promoting our commitment to excellence. In turn, this has led to increasing support from faculty staff to ensure programme focus, funding and high-quality delivery are maintained.

Elana's positive manner engages colleagues; earning her the greatest of respect. She has helped change attitudes in the wider FMHS towards the values she espouses of indigenous rights; equity; disadvantage; privilege; power; access and quality. Whether in meetings, or one to one, she has helped many of us to reflect on our role as educators in a public institution and the lens through which we view our work.

Head of Department of Medicine

My first experience of a tertiary teaching and learning environment required me to lead effectively. It also required me to take some risks, and in hindsight, my newness to the tertiary sector allowed a fresh, naively 'brave' approach to introduce significant changes to multiple programmes.

Elana brought to the programme and particularly to Hikitia Te Ora, the Certificate in Health Sciences, an unrelenting focus on quality and the promotion of high standards within a supportive and inclusive framework. She gave a new focus to the programme and provided outstanding leadership in pathway education. The students, what they could do and what they could become, were at the centre of the programme. ...The students' progress was carefully tracked and students knew that they were in a teaching and learning relationship that valued them and would provide all that was possible to ensure that they were realising their potential.

Deputy Vice-Chancellor (Academic), 1999-2009

Figure 1 CertHSc Student Pass Rate (SPR), 2005-2013

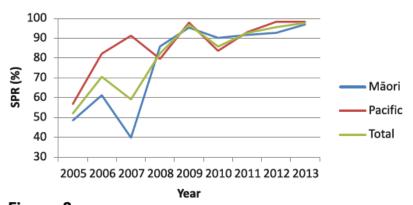
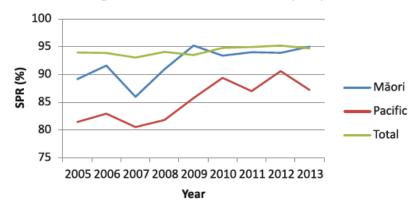


Figure 2
FMHS Undergraduate StudentPass Rate (SPR), 2005-2013



Whakaakoranga - Teaching Excellence

Kua takoto te manuka

The leaves of the manuka tree have been laid down in challenge

When I delivered my first course in Māori Health to my 2006 CertHSc students, I was by my own assessment, 'incredibly lacking'. As leadership had become the necessary priority, I was unable to devote enough time to course development, or development as a teacher. I unintentionally pitched the course above a foundation context. Student feedback was clear (only 50% of the students felt satisfied with the quality of the course overall) and on reflection I realised I needed to devote more time to my teaching development.

Although I had some opportunities to introduce innovative and effective teaching and learning methods into my early teaching (see the following sections) I recognised the need to apply this approach across all areas of my teaching. I also realised that I was not allowing my natural, high-energy, interactive and passionate approach to teaching delivery to direct development. Increasing my exposure to the evidence base on tertiary teaching and learning excellence, attending national and international conferences and becoming involved in education research all helped me to grow and develop as a tertiary educator. I relish input from colleagues and regularly design new teaching and learning interventions via collaborative processes.

Some examples of my approach to teaching are summarised in the following sections.

Teaching Māori Cultural Content and Skills: The CertHSc Cultural Wānanga

One area I was able to develop significantly in my 13H - Introduction to Māori Health course was the way in which CertHSc students were delivered Māori cultural content and skills. Prior to my arrival, students had weekly kapa haka practices over the semester, culminating in an assessed public performance. Reports from existing staff suggested that this assessment activity was unintentionally diverting Māori student commitment away from other assessments across the programme, particularly within their science subjects.

I replaced the existing cultural component with an intensive, two-day, marae stay, to be delivered across a weekend, with multiple, interactive cultural workshops that included kapa haka performance, alongside additional and important aspects of cultural skill development. Students gain an understanding of the powhiri process including the role of 'tapu' and 'noa', are exposed to the beauty that lies within kowhaiwhai and raranga artistry, explore the repository potential of whakairo and learn the practical aspects of laying a traditional hangi.

Engaging with iwi representatives to provide cultural workshops, making the workshops 'hands-on' for students and requiring students to learn and perform a full kapa haka or Pacific dance bracket had a transformative outcome for many of the CertHSc students. Hosting the wānanga as a noho-marae also helped to promote learning associated with immersion in a traditional Māori environment.

It was imperative to develop a safe learning environment for students where students' possible alienation from cultural activities could be overcome. To assist with this, I learned



and performed all cultural workshops alongside the students (including the kapa haka performance despite my very questionable poi skills) and ensuring that the cultural wānanga was promoted as a safe space for all students and staff to 'give it a go'. Embedding cultural content and activities within the curriculum helped students to identify more strongly with their indigenous culture:

...I was raised white, I was raised by my Mum so I found it a lot easier, it was a more accepting environment, or maybe I was more accepting of my heritage because going through the MAPAS programme it gave me an easy introduction into [being] Māori.....because they do teach you.

"Success For All" – research study student quote

Student connection overall and motivation to learn was enhanced by attending the cultural wānanga:

At... [the cultural wānanga] you got to know sort of everyone and like after that when we went back to course it was like completely mates with everyone... I think coming up to exams... being able to talk to everyone and like compare notes... and also have that support network, that was really good and it felt like a lot nicer than the first exams you know. It was a really cool environment.

"Success For All" – research study student quote

Taking Teaching and Learning into the Community: The CertHSc Health Careers Day

In the early years of my CertHSc teaching, I became involved in leading the delivery of a Health Careers Day designed specifically for CertHSc students. I wanted to introduce an expotype event where students could engage with Māori and Pacific health professionals and the training pathways available to them.

Hosting the Health Careers Day within the local Glen Innes Community at Ruapōtaka Marae also allowed us to get the students out of the lecture theatre and into a local Māori cultural context. Multiple health, community and tertiary education providers were coordinated to provide expo-stalls. Māori and Pacific health role models agreed to attend to share their personal journeys with students.

After a few years, the Health Careers Day expanded to include Māori secondary school students recruited via WAP from the Auckland region so that the CertHSc 'tuākana' could mentor younger Secondary School 'teina' via a buddy system encouraging interaction on the day. This short, but intensive teaching and learning tool encourages CertHSc students to confirm their health career goal by being connected to real-life health contexts in order to maintain motivation and drive:

Keep the buddying session with the Cert students, that was VERY beneficial for me!!! I got all my questions answered and it was awesome to see myself in their shoes. It was cool to hear what they have been through especially because it's still fresh in their minds as its still early in the year. So yeah that was my favourite part!!!!!!

WAP Student Evaluation, 2014

Engaging Non-Māori Learners in Māori Health: the Importance of a Safe Learning Environment

Ma whero ma pango ka oti ai te mahi

With red and black the work will be complete

In 2011-12, I took over course coordination of the MAORIHTH 301 course within the Bachelor of Health Sciences undergraduate programme. My student cohort changed from Māori and Pacific CertHSc students only, to students of predominantly non-Māori, non-Pacific ethnicity reflecting the different student mix within the BHSc cohort.

I have realised that it is very difficult to teach Māori health to students who have little understanding of basic Māori culture, society or history. This needed to be addressed within the course before introducing key Māori health issues (such as racism, privilege and health inequities).

I refined and expanded on the first two modules of learning within the course to increase delivery of this kind of content within lectures and tutorials. We aim to ensure that students are provided with opportunities to ask questions (within lectures and tutorials), debate contemporary Māori societal issues and are supported to present their own pēpeha in te reo Māori.

I initiated a MAORIHTH 301 marae visit, again to our Glen Innes local Ruāpotaka Marae, so that students could learn by participation and engagement within 'real' Māori settings. We have found that taking students out of their comfort zone, experiencing the power of the pōwhiri, requiring students to publically share their pepeha in te Reo Māori and providing opportunities to engage with local Māori health providers has supported the MAORIHTH 301 students to increase their understanding of Māori society and worldviews. This in turn allows greater engagement with the critical aspects determining health inequities which are introduced later in the course.

Elana was great – passionate and interested in her topic and communicated well without inducing any <u>quilt trips</u>. Thanks.

MH301 Student Evaluation Feedback, 2011

Since MAORIHTH 301 was first presented in 2010, I have received nothing but positive feedback from students. One recent comment simply stated "I wish all courses at the University were so well planned out, structured and delivered as MAORIHTH 301".

Manager, Undergraduate Teaching SOPH, 2008-2014

Using Innovation: The Ngāti Whātua Case Study

In 2012, I was tasked with leading the development and delivery of a new Māori health teaching and learning intervention. Intended to be used as the starting point for learning



across a four-day, inter-professional learning programme known as the Māori Health Intensive, the *Ngāti Whātua Case Study* (NWCS) needed to engage a cohort of 450 plus medical, nursing and pharmacy second year students within one lecture theatre for approximately two hours. Similar to MAORIHTH 301, it needed to be designed to provide an appropriate level of cultural context to students with varying levels of exposure to Māori society and history.

To achieve this we decided to share the detailed experience of one local hapū/iwi to expose students to the effects of colonisation, and then link this experience to contemporary health outcomes.

We take a team approach to delivery of the case study with different sessions designed utilising a mixture of multi-media, visual and live teaching and learning tools. Regular meetings with departmental staff, liaison with school representatives (involved in delivering the Māori Health Intensive) and coordinating oversight from the Associate Dean (Academic) helped to ensure that the case study presented a cohesive and appropriately pitched teaching tool.

The case study was developed with representatives of Ngāti Whātua Ki Ōrākei who oversaw the development of all teaching materials and provided iwi-based resources for use within the case study. Older and younger iwi representatives agreed to be interviewed for minivignettes, purpose-made for the case study, in order to share their memories and interpretation of what occurred at Bastion Point.

Completion of the NWCS required significant teaching input. Multi-media footage was designed to be interspersed with live teaching, involving multiple educators. I developed a quiz to engage student's prior knowledge and increase their active learning. I led the development of a PowerPoint, using photo imagery alongside spoken history to chronicle the documented experiences of Ngāti Whātua. An interactive role-play to help students understand the context of the signing of the Treaty of Waitangi from a Māori indigenous perspective is used, with pockets of more traditional teaching methods to deliver basic content linking colonisation to health outcomes.

As a migrant to NZ I had no idea about what Māori groups like Ngāti Whātua went through. I am glad I was here today — everyone should be shown what we learnt today.

Year 2 MHI Student, 2012

Student facilitators who were able to compare the old (contemporary lecture) and the new teaching session involving the NWCS noted the improvements:

Much better than last year. I found it really interesting and so did my group.

Year 2 MHI Student (2011) and MHI Facilitator (2012)

This year was definitely more interactive and caught my attention till the end. The explanations were simplified and easy to understand.

Year 2 MHI Student (2011) and MHI Facilitator (2012)

Our belief that the ownership of this case study remains with Ngāti Whātua Ki Ōrākei has allowed us to share all the case study resources so that they can deliver the content themselves. I have also been honoured to present the case study to representatives of the Ngāti Whātua Whai Whaia Management team and Te Puna O Ōkahukura staff at their request.

Building Student Confidence: Incorporating the Hui Process

Being involved in the delivery of Māori Health teaching to fourth-year medical students requires collaboration of many Te Kupenga Hauora Māori educators. In 2012, I was involved in reviewing the 1.5 day teaching programme and lead the incorporation of a new teaching method known as the Hui Process developed by University of Otago colleagues (Lacey, Huria et al. 2011). Specifically designed for medical students, the Hui Process utilises a small group workshop involving an interactive role-play with a trained actor. Students are taught how to engage appropriately with Māori patients by incorporating a "hui" process into clinical history-taking process (e.g. mihimihi, whakawhanaungatanga, kaupapa and poroporoaki). Fourth-year medical students are about to enter into clinical rotations of learning and having a framework for future clinical encounters with Māori patients helps them to build their confidence. Students appreciate teaching and learning that is relevant to their context and 'useful'.

Student evaluation undertaken by Te Kupenga Hauora Māori provided positive results for the newly introduced programme in 2012. Of the 179 student evaluations received, five out of the six sessions evaluated received a peak rating of 4/5 for session usefulness (with five being the most useful). The hui process received the most positive feedback for usefulness, peaking at 5/5.

Awesome teachers taking the sessions! Hui Process – so helpful to get some practical advice on how we may make interactions with Māori patients more successful.

Year 4 MBCHB Student, 2014

The Importance of a Constructively Aligned Curriculum: The Māori Health Intensive

In 2014, I became the lead for the four-day *Māori Health Intensive* (MHI) programme providing inter-professional educational experiences centred on Māori health teaching to approximately 500 second year medical, nursing and pharmacy students. When I examined the student evaluations and paperwork for this teaching programme I saw scope for reframing the learning objectives and looking at the effectiveness of the teaching methods used in the course. Student feedback prioritised more interactive teaching and learning sessions. Many wanted more sessions like the NWCS and staff input supported the need for a review of how we delivered our content across the remainder of the programme. The balance between learning



cultural content and health disparities-focused content also needed to be improved.

The curriculum needed to be constructively aligned to programme learning objectives alongside the Faculty's Māori Health Graduate Profile, Te Ara (Jones 2011). When this activity was undertaken, it became clear that we were under-utilising our teaching time and required new teaching and learning tools to target specific learning objectives more effectively.

A new programme was designed involving the development of four new workshops for small-group work on core content. Each workshop was designed to foreground peer-peer student learning with facilitation via academic staff. The workshops incorporated team-based learning; clinical problem-based learning and small-group work using interactive methods (e.g. flip cards, velcro boards), and we aimed to introduce a fun, safe, engaging workshop style. The workshop design required students to work collaboratively (and noisily) with the aim of providing experiential learning rather than passive acquisition of course content. Given the magnitude of re-development and change occurring within the MHI programme, liaising with existing teaching staff across multiple schools within the Faculty was paramount. The simple act of bringing people together helped to foster whanaungatanga amongst ourselves as teaching staff operating across a variety of disciplines.

444 students provided evaluation responses for MHI in 2014, and the two highest rated sessions included the NWCS and the Racism Workshop. Over 90% of all respondents either strongly agreed or agreed that both these sessions were useful.

I really responded well to the delivery of Treaty and racism materials. It wasn't too 'finger-wagging' or 'in your face' - but a respectful opportunity to reflect on issues and think about practices to improve.

MHI Student Evaluations, 2014

In addition, 90% of students either strongly agreed or agreed to the statement 'MHI allowed me to develop interventions at the level of social determinants, access to care and quality of care to reduce ethnic inequalities in health'. Similarly, evidence of actual learning appears to have occurred with 94% of students who strongly agreed or agreed to the statement 'MHI informed me to make links between the process of colonisation and how it impacts on contemporary health status'.

Given the limited Māori Health footprint in the Faculty's health professional curricula, these intensives and short teaching blocks provide important 'windows' into the programmes – so it is important that we get them right. And it is apparent that we are getting them right – the quality of teaching and learning has led to changing perceptions of Māori Health with students increasingly valuing it as an integral part of overall professional competency. This outstanding achievement is due in no small part to Elana's leadership, innovation and excellence.

Senior Lecturer, Te Kupenga Hauora Māori

Mātaki – Assessing Student Learning, Evaluation Of Learning And Teaching

He kōkonga whare, e kitea; he kōkonga ngākau, e kore e kitea.

A corner of a house may be seen and examined; not so the corners of the heart.

Assessment and Feedback Challenges – Attitudes and Acquisition

Assessment of Māori Health learning is challenging, and is further complicated by the intended aim to assess attitudinal change about the causes of Māori health disparities.

I have learnt the importance of investing time in the development of student assessment. If you set an essay question, will it be measuring what you want it to measure? Is an essay the best method? What is the role of personal reflection within your assessment matrix? Is this mix appropriate or are you expecting science students to suddenly develop extensive creative writing skills?

These considerations are explored in the assessment developments described below:

MAORIHTH 301 Assignment One

This assignment requires students to research their own ancestry and use this information in the development and public delivery of their personal pēpeha in te reo Māori within an immersion experience on a local marae. Students explore their own whakapapa (as opposed to ethnicity, nationality or citizenship) and then personally reflect on this experience within the written assignment. This assignment also requires students to provide both sides of a contemporary debate occurring within Māori society.

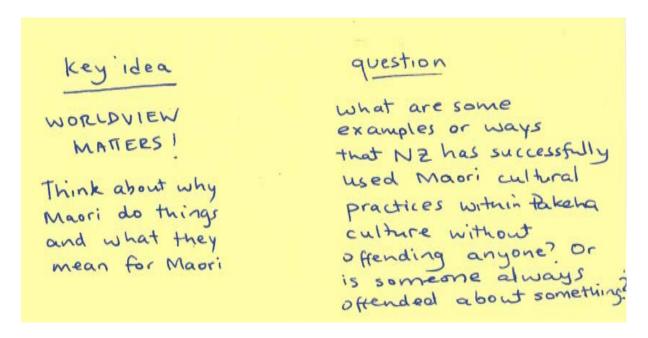
The assignment acts as a screening tool for our course. We can identify early any issues with writing quality and any major gaps in understanding of core Māori concepts. I provide substantial comments in feedback to students so that they can learn and improve for future 301 assignments. Student learning is assessed and a platform for our expectations within the course is provided to all students.

MHI E-Poster Group Presentation

I led the redevelopment of the group e-Poster assessment within the MHI to ensure all core learning objectives were able to be assessed. Students are now asked to present their personal pepeha within the group presentation (based on ancestry identification) and include specific requirements in e-Poster content to better match the stated learning objectives. This development was aligned with the new workshops so that students were provided with teaching and learning sessions designed to support the acquisition of core content and the e-Poster consequently became a vehicle by which they could display their learning within the group assessment.

MAORIHTH 301 'Ticket Out the Door'

Waiting until the end of the course to receive feedback on student learning does not allow for responsive teaching and learning. 'Ticket Out the Door' asks students to write on a post-it note one key idea they have learnt, and one thing they did not understand from the lecture, before leaving the lecture theatre. This weekly formative assessment of student learning allows me to respond to any areas of on-going confusion in my next lecture.



An example of 'Ticket out the Door' feedback

Support for the introduction of the 'Deconstruction Exercise' to MAORIHTH 301

In 2014, I attended the Leaders in Indigenous Medical Education (LIME) Connection IV conference in Darwin, Australia along with a number of my Te Kupenga Hauora Māori colleagues. We attended a presentation on an assessment tool used by academic staff at Flinders University known as the 'Deconstruction Exercise'. This assessment facilitated predominantly non-indigenous health students to deconstruct commonly held beliefs or questions about Aboriginal people or society. Students examine the unchallenged assumptions lying behind questions or statements on race and reflect on this within an essay assignment. We hosted Flinders University colleagues to explore whether we could incorporate this assessment. In 2014 I assisted Esther Willing (the new MAORIHTH 301 Co-Course Coordinator) to incorporate this assessment. Student feedback suggests this is 'one of the hardest, but most rewarding' assessments experienced by these third year BHSc students (personal communication, Esther Willing).

Overview of Student Evaluation

	2006	2008	2011	2012	2013
Agree or Strongly Agree with the following statements:	13H (16/59)	13H (13/16)	301 (24/38)	301 (26/36)	301 (38/55)
Course Evaluations					
Overall, I was satisfied with the quality of this course	50.0%	84.6%	95.8%	96.2%	94.7%
I received helpful feedback on my learning progress	31.3%	76.9%	79.2%	92.3%	94.7%
The assessment measured my learning fairly	56.3%	84.6%	-	-	-
Assessments supported the aims of the course	1	-	87.5%	92.3%	97.4%
Lecturer Evaluations					
	(16/59)	(12/16)	(22/38)	(26/36)	(38/55)
Overall, the lecturer was an effective teacher	68.8%	83.3%	100%	100%	94.7%
The lecturer was well prepared for the lectures	81.3%	91.7%	100%	96.2%	94.7%
The objectives of the lectures were clearly explained	68.8%	91.7%	95.5%	96.2%	100%

Looking Forward: Reflection Informing On-going Development

CertHSc Curriculum Review 2013

Although internal SPR issues have improved within the Certificate in Health Sciences programme, ex-CertHSc students remain academically challenged by core Stage 1 courses (e.g. CHEM 110, MEDSCI 142 and POPLHTH 111). We have been pro-active in undertaking a CertHSc Curriculum Review to explore how we can improve the academic performance of CertHSc students in their first year of degree-level study. As a consequence, significant changes to the CertHSc curriculum have been recently approved by CUAP.

I am leading the introduction of a new curriculum this year. This has involved constructive realignment of the new CertHSc courses to the revised CertHSc Graduate Profile, review of all course learning objectives, oversight for the development of new course assessments (including combined assessment topics across multiple CertHSc courses), and the introduction of new teaching and learning methods where appropriate. I am mentoring the Mathematics and Physics Course Co-ordinator to introduce a 'flipped classroom' approach to his teaching this year (Strayer 2007). This will involve the development of mini-videos of teaching for core

content that students will be required to review before class. In class students participate in interactive working group activities such as worksheets or 'homework in class', with the assistance of the lecturer. Teaching and learning becomes active rather than passive, and allows for increased individualised attention to students with different ability levels.

Assessing MAPAS Postgraduate Support

MAPAS has struggled to identify the postgraduate cohort (due to the absence of any formal admissions process for Māori and Pacific postgraduate students) and had limited resource to deliver postgraduate interventions. I mentored a junior MAPAS researcher to explore University data and produce the *MAPAS Postgraduate Report* which identified where Māori and Pacific students are enrolled within the FMHS and highlighted basic indicators of academic outcomes for postgraduate students (Faletau, Curtis et al. 2014). Following from this report we have been funded by a University of Auckland Learning Enhancement Grant to better identify the support needs of potential Māori and Pacific postgraduate students before they enter postgraduate study in order to provide them with the appropriate support available. This work builds on the lessons learnt within the development of the MAPAS undergraduate admissions process and delivery of MAPAS support under my leadership.

Awards

- University of Auckland Teaching Excellence Award for Innovation in Teaching (2014)
- FMHS Butland Award for Innovation in Teaching (2014)
- Ngārimu VC and 28th (Māori) Battalion Memorial Doctoral Scholarship (2014/15)
- New Zealand Association for Research in Education (NZARE) Group Award 'Success for All: Improving Māori and Pacifica success in degree-level studies at The University of Auckland' (2012).
- University of Auckland Excellence in Equity Awards for:
 - Tātou Tātou/Success for All: Improving Māori Student Success in Health Professional Degree-level Programmes' (2012).
 - o 'Vision 20:20, MAPAS Admissions Process' (2010).
 - o 'Success For All: Improving Māori and Pasifika success in degree-level studies at the University of Auckland' (2010).
- LIMElight Award (Leaders in Indigenous Education) for:
 - o 'Leading Innovation in Indigenous Student Recruitment, Support and Graduation' (2009).
 - Whakapiki Ake for 'Leading innovation in Indigenous student recruitment, support and graduation' (2013).

Conference Presentations

I have been invited to speak at a number of national and international medical and education conferences. Keynote presentations include:

- Hui Whakapiripiri. 'Re-search and Representation'. Auckland, 10 July 2014.
- LIME Connection V. 'Reimagining Space: Space Invaders and the New Frontier'. Darwin, Australia, 27 August 2013.
- Medical Deans Australia and New Zealand.
 'Indigenous health needs you! Becoming agents of change'. Auckland, 25 October 2013.
- Tuia Te Ako Ako Aotearoa Māori Tertiary Educators' Hui 'Tātou Tātou: Improving Māori Student Success.' Pipitea Marae, Wellington, 29 March, 2012.



Relevant Publications and Ngā Rauemi - References

- Airini, **Curtis E.,** Townsend S. et al. (2011). "Teaching for student success: Promising Practices in University Teaching." Pacific-Asian Education 23(1): 71-90.
- **Curtis, E.**, et al. (2015). "A tertiary approach to improving equity in health: Quantitative analysis of the Māori and Pacific Admission Scheme (MAPAS) process, 2008-2012." <u>International Journal for Equity in Health</u> 14(7).
- Curtis, E., et al. (2014). "What helps and hinders indigenous student success in higher education health programmes: A qualitative study using the Critical Incident Technique.." Higher Education Research & Development.
- Curtis, E., et al. (2014). Decolonising the Academy: The process of re-presenting indigenous health in tertiary teaching and learning. <u>Māori and Pasifika Higher Education Horizons</u>. F. Cram, H. Phillips, P. Sauni and C. Tuagalu. Bingley, U.K., Emerald Group Publishing Limited. 15: 147-166.
- **Curtis, E.** and P. Reid (2013). "Indigenous health workforce development: Challenges and successes of the Vision 20: 20 programme." <u>Australian & New Zealand Journal of Surgery</u> 83(2013): 49 54.

- **Curtis, E.**, et al. (2012). "Addressing indigenous health workforce inequities: A literature review exploring 'best' practice for recruitment into tertiary health programmes." <u>International Journal for Equity in Health 11(13)</u>: 1-15.
- **Curtis E**. et al. (2012). 'Research Report. Tātou Tātou Success For All: Improving Māori Student Success'. Ako Aotearoa National Centre for Tertiary Teaching Excellence.
- **Curtis, E.**, et al. (2012) Improving indigenous and ethnic minority student success in foundation health study. Teaching in Higher Education 1-14
- Dirks K., Salter, D., Curtis E. et al. (2006). 'Successes and Challenges with Hikitia Te
 Ora Certificate in Health Sciences of the University of Auckland'. In Engaging
 Students: Retention and Success. Bridging Education in New Zealand Conference
 Proceedings.
- Faletau, J., Wikaire, E. **Curtis, E.** (2014). Māori and Pacific Postgraduate support in the Faculty of Medical and Health Sciences. MAPAS. Auckland, University of Auckland.
- Jones, R. (2011). "Te Ara: A pathway to excellence in Indigenous health teaching and learning." Focus on Health Professional Education: A multi-disciplinary Journal 13(1): 23-34.
- Lacey, C., et al. (2011). "The Hui Process: a framework to enhance the doctor—patient relationship with Māori." The New Zealand Medical Journal 124(1347).
- Nepia, W. (2013). MAPAS Tutor Training Evaluation. Auckland, University of Auckland.
- Strayer, J. (2007). The Effects of the Classroom Flip on the Learning Environment:
 A comparison of learning activity in a traditional classroom and a flip classroom
 that used an intelligent tutoring system. Dissertation. Presented in Partial
 Fulfillment of the Requirements for the Degree Doctor of Philosophy in the
 Graduate School of The Ohio State University. Graduate School. Ohio, Ohio State
 University. Doctor of Philosophy.



Tohu Whakakapi - Closing Comment

Ehara taku toa i te toa takitahi, ēngari i te toa takitini

Anything I may have accomplished is a tribute to the many who have made it possible.

In preparing this teaching portfolio I want to acknowledge the many others who have contributed to teaching and learning excellence achieved across Vision 20:20 and Te Kupenga Hauora Māori. Whilst putting forward my contribution in this nomination, I am mindful that the ownership of the successes achieved to date are in reality collective, rather than, individual.

I remain committed to university teaching excellence that is student-centered, inclusive, effective and engaging. In order to achieve this, tertiary educators must open their teaching and learning practice to critique, be prepared to initiate change and where necessary challenge the academy to re-orient services to focus on student needs and rights. I hope that the evidence I have provided in this portfolio demonstrates how I have achieved this approach within my own career.

I began this journey as a ten year old, and I am still exploring. I am therefore grateful for the opportunity provided to me within the University of Auckland where I can actively contribute to Māori student success through continued commitment to teaching and learning excellence.

He mihi miharo. Tihei Mauriora.

