



THE LIMENETWORK

Leaders in Indigenous Medical Education

LIME CONNECTION VII

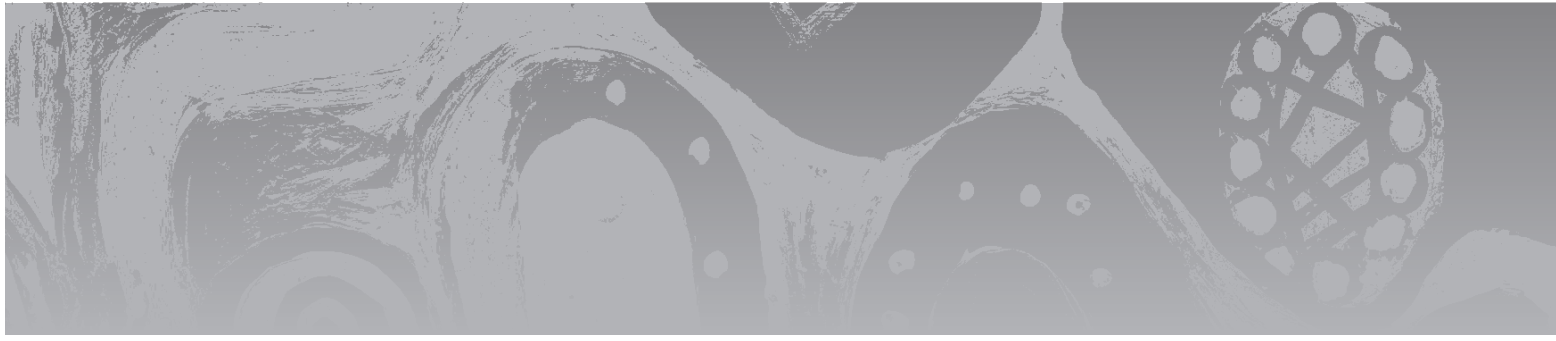
**The Future of Indigenous Health Education:
Leadership, Collaboration, Curriculum**

4-7 April 2017 Melbourne, Victoria, Australia

**CONFERENCE PROGRAM
ABSTRACTS & BIOGRAPHIES**

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Welcomes

Medical Deans Australia and New Zealand

On behalf of Medical Deans Australia and New Zealand (Medical Deans) it is my pleasure to welcome all delegates to LIME Connection VII, *The Future of Indigenous Health Education: Leadership, Collaboration, Curriculum*.

Medical Deans are committed to improving Indigenous health outcomes by supporting Indigenous medical students and promoting best practice in the teaching of Indigenous health in medical education. The Leaders in Indigenous Medical Education or LIME Connection conferences make an important contribution to these goals. They bring together educators, practitioners, students, community members as well as representatives of government, peak bodies and health services to discuss successes and share new approaches.

In the past 10 years there has been a significant increase in the number of Indigenous medical graduates however challenges remain. Many Indigenous doctors speak of the important role of the LIME Connections in sustaining them throughout the rigours of their medical training, as they provided them with opportunities for collaboration, mentoring and capacity building.

Together with its partner organisations, the Australian Indigenous Doctors' Association (AIDA) and Te Ohu Rata O Aotearoa (Te ORA) – Māori Medical Practitioners Association, Medical Deans has auspiced the biennial LIME Connection since the inaugural event in 2005. We wish to acknowledge the support of this conference from our members – Deakin University, Monash University and the University of Melbourne.

Medical Deans thank the Australian Government Department of Health for its continued funding of this important initiative. We also thank our hard working on-the-ground members, the medical schools and staff, who turn aspirations into a practical reality. I wish all delegates a fulfilling conference as we all work to advance the development, delivery and evaluation of quality Indigenous health initiatives.

Professor Richard Murray, Acting President, Medical Deans Australia and New Zealand

LIME Connection VII Committees

On behalf of the LIME Connection Organising Committee, we would like to take this opportunity to welcome you to the seventh LIME Connection in Melbourne, Victoria. We are excited to meet with our colleagues from across Australia, Aotearoa/New Zealand, the United States, and Canada at this important event.

We aim to provide a safe space for the sharing of knowledge and ideas about the future of Indigenous health education and the ways in which leadership, collaboration and attention to curriculum contribute to improved approaches to health professional education and beneficial outcomes for Indigenous peoples. LIME Connection VII will showcase a number of initiatives occurring nationally and internationally and will also highlight the work taking place within the local context.

The day at You Yangs National Park will be an important immersion experience providing an opportunity to meet with the Wadawurrung people and to gain an insight into the local culture, history and geography. It will open up conversations about the relationship between health and cultures from an Indigenous perspective and how we might engage with a diversity of Indigenous views, values and expectations to provide culturally safe health care practice.

We look forward to sharing stories, celebrating our achievements and meeting and greeting members of the LIME Network.

LIME Connection VII Organising and Scientific Committees



Welcomes

Host universities

Deakin, Melbourne and Monash Universities are pleased to welcome participants from Australia, Aotearoa/ New Zealand, Canada, the United States and elsewhere to the 2017 LIME Connection VII being held in Melbourne, Australia. This is a special event for us all and one that we are proud to host collectively.

We are pleased to have Ms Corrina Eccles (Wadawurrung) providing a Welcome to Country and Smoking Ceremony at the You Yangs Regional Park on Tuesday supported by Uncle Norm Stanley; and Aunty Di Kerr (Wurundjeri) and Aunty Carolyn Briggs (Boonwurrung) providing Welcomes to Country on Wednesday at Etihad Stadium. Welcome to Country is an important ceremony for the Aboriginal and Torres Strait Islander people of Australia. It provides the opportunity for the Traditional Owners to welcome visitors to their land and for visitors to accept the laws of the land and its peoples, and to be granted safe passage through Country along with access to its resources. It also promotes an awareness of, and respect for, Indigenous culture.

Graduating more Indigenous doctors and better educating all doctors to provide culturally safe care to Indigenous patients is important to all of our medical schools and is a priority for improving Indigenous health outcomes internationally. We believe the sharing that occurs at LIME Connections has contributed in a positive way to accelerating innovation in the field and deepening our understanding of what is working and why. It also provides us with the opportunity to look at the challenges we face and the ways these might be overcome. LIME Connection VII focuses on the ability to see how we can extend the learning that occurs in medical schools into the specialist medical education space – an important extension when it comes to comprehensive health care.

We are sure that all participants of the 2017 LIME Connection VII will enjoy the program and gain much by sharing their experience and knowledge. We look forward to greeting all of you, and especially the Indigenous student and community bursary recipients.

Thanks to you all for being part of the Connection.

Professor Shitij Kapur, Dean, Faculty of Medicine, Dentistry and Health Sciences, The University of Melbourne
Professor Michelle Leech, Deputy Dean (MBBS), Monash University
Professor Jon Watson, Dean of Medicine, Deakin Medical School, Deakin University



Welcomes

Australian Indigenous Doctors' Association

On behalf of the Australian Indigenous Doctors' Association, I have much pleasure in welcoming you to the LIME Connection VII in Melbourne, Victoria.

I would like to acknowledge the Wadawurrung, Wurundjeri and Boonwurrung peoples of the Kulin Nation on whose land we are meeting, and I pay my deepest respects to ancestors, both past and present. I pay my respects to the local Elders and their traditional knowledge that is embedded deep within this land.

The biennial LIME Connection events are an opportunity for us to come together and share our knowledge, learnings and research practices within Indigenous medical education. The theme of LIME Connection VII – *The Future of Indigenous Health Education: Leadership, Collaboration, Curriculum* – enables us to look forward and consider the many different innovations and important research projects that are currently underway in Indigenous medical education. Although we are continuously working to address gaps in teaching and curriculum concerning Aboriginal and Torres Strait Islander health, it is important to consider the academic rigour and achievements that exist in the sector. LIME Connection VII gives us an opportunity to do this.

Once again, I am pleased to be partnering with our colleagues at Medical Deans Australia and New Zealand and Te Ohu Rata o Aotearoa (Te ORA) – The Māori Medical Practitioners Association to co-auspice this important biennial event. We look forward to building upon these strong partnerships and continuing to share knowledge with our international counterparts.

I particularly wish to thank our Victoria-based colleagues at Monash, Melbourne and Deakin Universities for hosting LIME Connection VII, and the LIME Secretariat for its work in planning and delivering what I am sure will be an inspiring and enriching Connection.

Dr Kali Hayward, President, Australian Indigenous Doctors' Association

The LIME Network Program

The Leaders in Indigenous Medical Education (LIME) Network is a program of Medical Deans Australia and New Zealand and receives funding from the Australian Government Department of Health.

The LIME Network is dedicated to ensuring the quality and effectiveness of teaching and learning of Indigenous health in medical education, as well as best practice in the recruitment and graduation of Indigenous medical students.

We do this through encouraging and supporting collaboration within and between medical schools in Australia and Aotearoa/New Zealand and by building linkages with the community, specialist colleges and other health science sectors.

The LIME Network recognises and supports the primacy of Indigenous leadership and knowledge.

The aims of the LIME Network are designed to:

- Enable the continuing development and implementation of quality Indigenous health curriculum to improve medical education for all medical students
- Build on and strengthen appropriate recruitment and support initiatives for Indigenous students
- Build the capacity of those working in Indigenous health at medical schools
- Develop pathways for vertical integration of Indigenous health curriculum and student recruitment strategies with specialist colleges
- Strengthen Indigenous health initiatives across health disciplines
- Facilitate key relationships between Aboriginal Community Controlled Health Organisations and medical schools to improve collaboration, student placement opportunities and research initiatives.

The LIME Network Program and its predecessor projects have achieved significant outcomes including:

- The facilitation of bi-annual **Reference Group** meetings to provide the opportunity for those working in Indigenous health within medical schools to collaborate, share information, provide feedback and peer network
- The biennial **LIME Connection conference** to provide a forum for knowledge exchange and dissemination, and including the **LIMElight Awards** celebrating successes in the field
- The **Indigenous Medical Student and Community Bursary Scheme** providing the opportunity for networking and peer support at LIME Connection
- Building the evidence base of the efficacy of Indigenous health curriculum development and implementation, as well as Indigenous student recruitment and support to graduation initiatives through **publications such as the *Good Practice Case Studies* and the Special Edition of the *ANZAHPE Focus on Health Professional Education Journal***
- Developing and implementing **internal review tools** to support medical schools to reflect and evaluate their performance such as the LIME Accreditation tools and the Critical Reflection Tool
- Supporting Indigenous secondary school and mature age students to understand the pathways to studying medicine through the online **Indigenous Pathways into Medicine Resource and Indigenous Pathways into Medicine Videos**
- Strengthening capacity and sharing knowledge among network membership through Slice of LIME Seminars
- Publication of the tri-annual **LIME Network Newsletter** promoting best practice and sharing successes in the field
- Maintaining the **LIME Network Website** housing information on LIME Network projects, relevant resources and other news and events
- Developing a **Peer Support Statement and Strategy** that operates across universities
- Building linkages across health disciplines and with medical colleges through **networking and information sharing**
- Supporting collaboration between medical schools and their local Indigenous Community Controlled Health Organisations and Indigenous community members through the facilitation of **Regional Meetings**.

LIME Connection VII

The Future of Indigenous Health Education: Leadership, Collaboration, Curriculum

The seventh biennial Leaders in Indigenous Medical Education Network LIME Connection is being held in Melbourne, Australia in 2017.

The event is co-hosted by Deakin University, Monash University and the University of Melbourne.

The conference is encouraging strengths-based presentations relating to Indigenous health teaching and learning, curriculum development and research; community engagement; and the recruitment and graduation of Indigenous students in the health professions.

LIME Connection provides an opportunity for:

- collaboration, information sharing and networking across nations
- professional development and capacity-building
- linking with community, colleges and those from all health disciplines
- discussion and critique of current practices
- exploration of emerging tools and techniques to drive improvement in Indigenous health education.

LIME Connection is a leading international event in Indigenous health and health professional education for academics, students, community members, practitioners and policy makers. Speakers include Indigenous and non-Indigenous experts from Australia, Aotearoa/New Zealand, Hawai'i, Canada and further afield.

LIME Connection provides the space for robust discussion on leadership, curriculum innovation and collaboration in Indigenous health and health professional education. It provides an opportunity to celebrate successes and share new and evidenced-based approaches in the field.

The LIMelight Awards – honouring excellence in student recruitment, support and graduation; health curriculum implementation; community engagement; research and leadership – are also being presented.

LIME Connection is held under the auspices of Medical Deans Australia and New Zealand, the Australian Indigenous Doctors' Association and Te Ohu Rata O Aotearoa Māori Medical Practitioners Association.

The Connection is an outcome of the Leaders in Indigenous Medical Education Network Program.

Convenors

The LIME Connection Committee Members:

- Karen Adams Monash University
- Miriam Cavanagh The University of Notre Dame Australia, Sydney
- Shaun Ewen The University of Melbourne
- Rose Gilby Monash University
- Vicki Holliday University of Newcastle
- Tania Huria University of Otago, Christchurch
- Odette Mazel The LIME Network
- Candice McKenzie Deakin University
- Anita Mills Australian Indigenous Doctors' Association
- Justice Nelson The LIME Network
- David Paul The University of Notre Dame Australia, Fremantle
- Caitlin Ryan The LIME Network
- Samantha Smith The LIME Network
- Donald Whaleboat James Cook University

The LIME Connection Scientific Committee:

- Lilon Bandler The University of Sydney
- Miriam Cavanagh The University of Notre Dame Australia, Sydney
- Elana Curtis The University of Auckland
- Shaun Ewen The University of Melbourne
- Samia Goudie Australian National University
- Scott McCoombe Deakin University
- Dennis McDermott Flinders University South Australia
- David Paul The University of Notre Dame Australia, Fremantle
- Suzanne Pitama University of Otago, Christchurch
- Caitlin Ryan The LIME Network
- Scott Winch University of Wollongong
- LIME Secretariat (Support)

Acknowledgments

The LIMELight Awards Committee:

- James Angus The University of Melbourne
- Papaarangi Reid The University of Auckland
- Romlie Mokak The Lowitja Institute
- Peter O'Mara The University of Newcastle
- Suzanne Pitama University of Otago, Christchurch
- LIME Secretariat (Support)

The LIME Connection Bursary Committee:

- Tania Huria Te ORA Māori Medical Practitioners Association
- Rhys Jones Te ORA Māori Medical Practitioners Association
- Raegina Taylor Australian Indigenous Doctors' Association
- LIME Secretariat (Support)

Acknowledgments

In addition to committee members, auspice organisations, sponsors and bursary contributors, LIME staff would also like to thank the following people for their assistance during the organisation of this event:

- Jenn Johnston, Jo Johnston, Warwick Padgham, Nancy Palamara (The University of Melbourne)
- Rachel Tortorella (Inprint Design)
- Jane Yule (Brevity Comms)

Sponsors

The LIME Network is most appreciative of the generous sponsorship, both financial and in-kind, that all sponsoring organisations have shown towards LIME Connection VII. The event has received support from the following organisations:

Auspice organisations

- Medical Deans Australia and New Zealand
- Australian Indigenous Doctors' Association
- Te Ohu Rata o Aotearoa – The Māori Medical Practitioners Association

Host universities

- Deakin University
- Monash University
- The University of Melbourne

Major sponsors

- Australasian College for Emergency Medicine
- Flinders University Northern Territory
- Health Education and Training Institute
- Royal Australian College of General Practitioners
- Royal Australasian College of Physicians
- Royal Australasian College of Surgeons
- Victorian State Government

Sponsors

- Australian Medical Council
- City of Melbourne
- Institute of Koorie Education, Deakin University
- Northern Territory General Practice Education
- Royal Australian and New Zealand College of Psychiatrists
- Queensland Aboriginal and Islander Health Council

Indigenous Medical Student and Community Bursaries

To support the participation of students and community members in LIME Connection VII, bursary places were offered to Aboriginal, Torres Strait Islander and Māori medical students, as well as to community members who work with medical schools and have a strong interest in Indigenous health. Each bursary covers the costs of the registration, travel, accommodation and meals.

This year, bursary places were offered to:

- 31 Aboriginal, Torres Strait Islander and Māori medical students
- 4 Aboriginal, Torres Strait Islander and Māori community members

The purpose of the bursaries is to:

- Support and encourage those with a demonstrated interest in, and experience with, Aboriginal, Torres Strait Islander and Māori health to gain professional development and increased learning in the field
- Provide financial support to students who may be interested in presenting at the conference
- Highlight a community and student commitment to improving Aboriginal, Torres Strait Islander and Māori health to other delegates
- Increase and support leadership opportunities for those community members involved with Indigenous health
- Strengthen the active involvement of students and community with medical schools
- Encourage students to pursue a career in medical education through collegiality and inclusion.

Successful recipients of the bursary were selected on the basis of their:

- Demonstrated interest and experience with Aboriginal, Torres Strait Islander and/or Māori health
- Commitment to improving Aboriginal, Torres Strait Islander and/or Māori health in the future
- Active involvement with medical schools
- Approval by the relevant LIME Reference Group member.

Funding for Indigenous medical student and community bursaries

LIME Connection VII student and community bursaries have been funded by medical schools and departments in the following Australian and Aotearoa/New Zealand universities:

Australian National University, Curtin University, Flinders University, Griffith University, James Cook University, The University of Adelaide, The University of Auckland, The University of New South Wales, The University of Notre Dame Australia, Fremantle, The University of Queensland, The University of Sydney, University of Otago and Western Sydney University.

LIME Connection Symbol

The LIME Connection Symbol was made to signify the handing over of responsibility for LIME Connection to the next host university. The original symbol, designed and created by John Duggan of the Kamilaroi Nation (North West NSW), featured Mookaite Jasper and Obsidian spearheads on a blue background. This was reconfigured and added to in 2011 by Suzanne Pitama and Morehu Flutey-Henare while in the custodianship of the University of Otago.

At the bottom of the symbol is a traditional Māori design, completed for this piece by Morehu Flutey-Henare, which represents the mountain ranges of Aotearoa/New Zealand. It also encapsulates the traditional Māori proverbial saying (whakataukii):

Whaia te iti kahurangi, ki te tuohu koe me maungateitei – Pursue that which is precious, and do not be deterred by anything less than a lofty mountain.

This proverb encourages us to strive, set goals and to persevere.

In the middle of the symbol is a woven kete (made from florist wire by Morehu). A kete is the Māori word for a traditional woven basket. It is noted that many Indigenous populations used the materials they had available to weave baskets to store produce/products. In this token the kete represents the need for those working in Indigenous health to bring together their knowledge and resources to support and benefit all those who are attempting to support the development of Indigenous health within medical/health training.

Placed in the kete are two precious stones. The material chosen (Mookaite Jasper from Australia and Obsidian from Aotearoa/New Zealand) represents the lands of both peoples and they are also the preferred traditional raw materials utilised for tool making in both countries.

Mookaite Jasper, also called Australian Jasper, is a powerful healing stone that bestows strength, good health and stability to one's perspective of life. It aids in decision making and encourages versatility and acceptance of change. It also connects people to the energies of the Earth and with ancestor spirits. Obsidian, found in regions of Aotearoa/New Zealand, is a natural glass of volcanic origin that is formed by the rapid cooling of viscous lava and used to produce sharp blades and arrowheads. Obsidian has also been used in cardiac surgery, and has a cutting edge many times sharper than high-quality steel surgical scalpels.

The lime perspex background not only represents the LIME Network but, when placed with the light behind it, also illuminates the room. This illumination represents the development of Indigenous health curricula that has occurred, and that will continue to build, through the efforts of the LIME Network.

General Information

LOCATIONS

Monday 3 April

- Bursary Recipients and LIME Committee Members Dinner (6:30pm): Mama Rumaan, 161 Harbour Esplanade, Docklands (invitation only)

Tuesday 4 April

- Day 1 (Registration opens 7:45am): Lower Picnic Ground, Turntable Drive, You Yangs Regional Park, Little River – registration from 7:45am at Peppers Hotel, 679 La Trobe Street, Docklands and buses will depart from 8:30am. Alternatively meet on site at 10:00am
- Welcome Reception (6:30pm): Berth Restaurant Function Room – Level One, 45 Newquay Promenade, Docklands

Wednesday 5 April

- Day 2 (Registration opens 8:00am): Victory Rooms, Etihad Stadium entry via Door 9

Thursday 6 April

- Day 3 (Registration opens 8:00am): Victory Rooms, Etihad Stadium entry via Door 9
- Conference Dinner (6:30pm): Melbourne Museum, 11 Nicholson Street, Carlton (enter via Nicholson Street doorway)

Friday 7 April

- Day 4 (Registration opens 8:00am): Victory Rooms, Etihad Stadium entry via Door 9
- Closing Lunch (1:15pm): Woolshed Pub, 161 Harbour Esplanade, Docklands

APP AND PROGRAM

This year the LIME Connection Program will be available via an online app. We encourage all delegates to access the app to view the program, presentation abstracts, author biographies, information on social events, maps, and contact details for delegates. Printed copies of the full Conference Program are available to those who requested one at registration.

To get the app on your phone or tablet:

1. Access the App Store on iOS devices and the Play Store on Android
 - If you're using a Blackberry or Windows phone, you'll need to use the web version of the App, found at W: <https://crowd.cc/s/wsnG>.
2. Search for 'LIME 2017', then tap 'Download' or 'Install'. After installing, a new icon will appear on the home screen.

TWITTER

The LIME Network is on Twitter! Delegates are encouraged to tweet during the conference, using #LIME2017 – you can follow us @LIME__Network. During the event, we will be running a competition for the best conference photos. Tag your photos on Twitter with #LIME2017 to be in the running to win!

General Information

REGISTRATION DESK

The Registration Desk is located at **Peppers Hotel, 679 La Trobe Street, Docklands** (Tuesday) and **Etihad Stadium, Harbour Esplanade** entry via **Door 9** (Wednesday, Thursday, Friday). LIME staff members and event staff will be available at the Registration Desk throughout each day.

The Registration Desk will be open on:

- Tuesday 4 April at **Peppers Hotel Docklands** from 7:45am
- Wednesday 5 April at **Etihad Stadium** from 8:00am and throughout the day
- Thursday 6 April at **Etihad Stadium** from 8:00am and throughout the day
- Friday 7 April at **Etihad Stadium** from 8:00am to 12:30pm.

Delegates should collect their name badges and conference materials at the Registration Desk upon arrival.

PROGRAM CHANGES AND MESSAGES

A board near the Registration Desk will contain up-to-date information about program changes and will be the site for other messages to be posted on conference days.

PRESENTATIONS

All presenters must submit their PowerPoint presentations on a memory stick to the Registration Desk, prior to 8:45am on the morning of their session.

INTERNET FACILITIES

Wireless internet is available at Etihad Stadium. Access the internet by opening your wifi options and choosing Etihad Wifi. Then accept Etihad's terms and conditions.

MOBILE PHONES

Please ensure that all mobile phones are turned off or are on silent mode during conference sessions.

Melbourne Information

PLACES TO GO AROUND MELBOURNE

Melbourne is a vibrant city known for its food, arts and culture. For information on Melbourne and surrounds, see the following websites:

- Visit Melbourne – W: www.visitmelbourne.com/
- That's Melbourne – W: www.thatsmelbourne.com.au/visitors/pages/visitorinfo.aspx
- Trip Advisor – W: www.tripadvisor.com.au
- Discover Australia – W: www.discoveraustralia.com.au

Activities relating to Victorian Aboriginal culture

- Bunjilaka Aboriginal Cultural Centre – W: www.museumvictoria.com.au/bunjilaka/
- Koorie Heritage Trust – W: www.koorieheritagetrust.com.au
- Guided Aboriginal Walking Tours – W: www.koorieheritagetrust.com.au/cultural-education/tours/
- Activities relating to Victorian Aboriginal culture on That's Melbourne – W: www.thatsmelbourne.com.au/Placestogo/indigenous/Pages/indigenous.aspx

ACCOMMODATION

Following are listings of places to stay close to the conference venue:

- Peppers Docklands, 679 La Trobe Street, Docklands – T: 1300 987 600; or +61 7 5665 4450
- Quest Apartments, 750 Bourke Street, Docklands – T: +61 3 9630 1000
- The Sebel and Grand Mercure Docklands – T: 1300 789 200

Note: Peppers Docklands offers child-minding services. Simply contact the concierge desk via E: docklands.concierge@peppers.com.au or call T: +61 3 9190 0000, press #1 (Reception) & ask to speak with the concierge team.

MONEY

There are several currency exchanges at the airport and in the city and thousands of 24hr ATMs located around Melbourne. Visa, Mastercard, Amex and Diners Club cards are widely accepted, with payWave and PayPass available for transactions up to \$100 AUD. For up-to-date information about Australian dollar exchange rates, see www.xe.com.

CLIMATE

April is a pleasant month in Melbourne, often with spells of fine sunny weather lasting several days during which the temperature occasionally exceeds 25°C. The nights are quite cool with temperatures often falling below 10°C. Fog occasionally occurs during the early morning but generally clears to a sunny day. The average wind speed of 9 kilometers per hour is the lowest of any month. Prolonged heavy rain falls occasionally. More information can be found at www.melbourneaustralia.org/climate-weather.

Melbourne Information

GETTING AROUND IN MELBOURNE

Melbourne Airport

All information about the Melbourne Airport can be accessed at www.melbourneairport.com.au.

Please note that there is no public train service from Melbourne Airport. You can hail taxis in front of the terminal or use a shuttle service. Shuttle services include:

- SkyBus Airport Express – Frequent transportation to and from Melbourne Tullamarine International Airport and the City (Southern Cross Railway Station) from terminals every 10 minutes (less frequently between midnight and 6am) W: www.skybus.com.au.
- StarBus – For bookings call T: +61 3 8378 8700 or W: starbusshuttle.com.au/bookings/.

Avalon Airport

If you are arriving at Avalon Airport information about the airport can be found at:

W: <https://www.avalonairport.com.au>.

MyKi cards

MyKi is Melbourne's ticket to travel on the city's trains, trams and buses. It's a plastic smartcard with stored value which can be topped up and re-used again. Purchase your MyKi online at the PTV website, premium train stations, retail outlets displaying the MyKi sign (including 7-Elevens), or by calling 1800 800 007 (free from a land line) in Australia. PTV W: www.ptv.vic.gov.au/.

For flexible travel, buy a MyKi Visitor Pack from Melbourne Visitor Centre, Federation Square, the PTV Hub at Southern Cross Station (corner Swanston and Little Collins streets), SkyBus terminals and some hotels. Packs include a pre-loaded MyKi card with enough value for one day of travel in Zone 1 and 2, instructions on how to use MyKi, a Melbourne tram map and discount entry to Melbourne attractions. MyKi Visitor Pack W: www.ptv.vic.gov.au/tickets/myki/myki-visitor-value-pack/.

Outside of the **Free Tram Zone**, Melbourne has two transit zones (1 and 2), with a single price to travel across both. It is cheaper to travel in Zone 2 only. Train travel completed before 7.00am on a weekday is free.

Trains

Melbourne's metro trains run between the outer suburbs and Flinders Street Station in the city. The City Loop is Melbourne's underground system, with five stations in the central business district: Southern Cross, Flagstaff, Melbourne Central, Parliament and Flinders Street. Southern Cross Station is Melbourne's hub for regional and interstate trains. Plan your trip with Public Transport Victoria's journey planner at: www.ptv.vic.gov.au/.

Trams

Passengers can board trams at sign-posted stops displaying maps, route numbers and a timetable. Route numbers are also displayed on the front of the tram. Travel within the central area of Melbourne by tram is free, though you will need a MyKi card if you plan to start or finish your journey outside of this central area. For more information on the area covered by the Free Tram Zone and a downloadable map, go to Public Transport Victoria at www.ptv.vic.gov.au/.

Buses

Melbourne buses run frequently to major hubs, including shopping centres, schools, hospitals, leisure and sports venues, and some of Melbourne's biggest attractions. For people travelling further afield, Victoria's V/Line service gives access to regional towns and scenic attractions across the State. For details go to Public Transport Victoria at www.ptv.vic.gov.au/; or V/Line at www.vline.com.au/.

Melbourne Information

Night Network

The Night Network also operates on weekends with after-hours transport to many locations. For details go to Night Network at www.ptv.vic.gov.au/getting-around/night-network/night-network-overview/.

Car hire

A number of hire car companies operate out of Melbourne Airport and the city. Rental car desks are located in the airport terminal arrivals area. Cars can be picked up and dropped off at the rental car park, located at the arrivals end of the terminal. For more information see Melbourne Airport's website, or phone the numbers below:

- AVIS – T: +61 3 9338 1800; W: www.avis.com.au/car-rental/avisHome/home.ac
- Budget – T: +61 3 9241 6366; W: www.budget.com.au
- Europcar – T: +61 3 9241 6800; W: www.europcar.com.au
- Hertz – T: +61 3 9338 4044; W: www.hertz.com.au
- Redspot – T: +61 2 8303 2222; W: www.redspot.com.au
- Thrifty – T: +61 3 9241 6100; W: www.thrifty.com.au

Taxis and rideshare

Melbourne taxis are easy to spot, as they display a lamp on the cab roof and most are painted yellow, silver or white. You can book taxi cab pick-up for a set location, or take one from a cab rank at sign-posted spots. You may also hail a taxi in the street. If the rooftop lamp is lit, the taxi is usually unoccupied and available for hire. Rideshare trips with the Uber app are also increasingly popular in Melbourne. The app shows a fare estimate, the driver's picture, vehicle details and tracks the trip on a map.

Visitor shuttle

Explore the city on board the Melbourne Visitor Shuttle. Hop on and off at any of the 13 prominent stops along the route. Be taken to bustling markets, cultural precincts, lush gardens, shopping arcades, sporting stadiums and more. The shuttle operates daily, departing every 30 minutes from 9:30am to 4:30pm, except shuttle closure days; the full trip takes approximately 90 minutes. For a list of shuttle closure dates, please visit www.bestof.com.au/vic/tours/melbourne-visitor-shuttle.

Information on Melbourne sourced from:

- Visit Melbourne – W: www.visitmelbourne.com/
- That's Melbourne – W: www.thatsmelbourne.com.au/visitors/pages/visitorinfo.aspx

Venues, Culture, Art and Entertainment

Monday 3 April 2017

INDIGENOUS STUDENT AND COMMUNITY BURSARY AND LIME COMMITTEE MEMBERS DINNER – MAMA RUMAAN

6:30PM Mama Rumaan, 161 Harbour Esplanade, Docklands

This dinner is for Indigenous students and community bursary recipients and LIME Committee members. It is by invitation only.

Day 1: Tuesday 4 April 2017

YOU YANGS REGIONAL PARK

7:45AM – 5:30PM Meet at: Peppers Hotel, 679 La Trobe Street, Docklands at 7:45am

Day 1 of the conference will be held at the Lower Picnic Ground of the You Yangs Regional Park, Turntable Drive, Little River, Victoria.

Buses will leave from Peppers Hotel, Docklands at 8:30am and will take all participating delegates to the You Yangs Regional Park. The trip takes approximately 80 minutes. The buses will return to Peppers Hotel, Docklands at approximately 5:30pm.

The purpose of the day is to provide an opportunity for delegates to participate in a situated learning activity on Country. The day will begin with a Welcome to Country and following the keynote address and panel discussion, delegates will have the opportunity to participate in a number of activities run by Victorian Aboriginal community members. These will include: Walking the Journey to Big Rock Lookout; a koala tour; basket weaving; didgeridoo playing; a bushfood workshop; boomerang throwing and traditional ochre painting.

Note that there are NO ATMs at the You Yangs, and we recommend delegates bring cash if necessary. Morning tea, lunch and afternoon tea will be provided.

Delegates are asked to wear respectful clothing, appropriate walking shoes, bring sunscreen and hats, and stay hydrated throughout the day.

The Traditional Owners of the region are the Wadawurrung People.

Welcome to Country: Welcome to Country will be performed by Ms Corrina Eccles (Traditional Owner) and supported by Uncle Norm Stanley.

Dancers: The Deadly Dancers troupe is made up of young Aboriginal children from the Wadawurrung community. Dancing provides an opportunity for the children to connect to their culture and to each other. The dances represent local stories. Performing these dances gives the children the chance to share their cultural identity with pride.

Entertainment: Ms Renee Howell and Ms Emily Hutchinson – The Deadly Duo
Renee and Em form the Deadly Duo. With smooth harmonies and a dynamic repertoire of covers, these girls share more than 10 years experience entertaining with covers and acoustic originals. Sharing the stage with performers such as Uncle Archie Roach, Yirramal and Ezekial Oxe, the Deadly Duo are both honoured and humbled to be given the opportunity to advocate for reconciliation, and share original stories of their lives and their family through songs, including 'Arrente Woman' and 'Who am I?'

See the Conference Timetable (pp. 118–125) for further details regarding presentations on this day.

Venues, Culture, Art and Entertainment

WELCOME RECEPTION – BERTH RESTAURANT, DOCKLANDS

6:30PM – 9:00PM Berth Restaurant, 45 Newquay Promenade, Docklands

The Welcome Reception will be held at Berth Restaurant, Docklands. This will give delegates the opportunity to connect with other LIME Network members. Canapes will be served throughout the evening.

Welcome: Karen Adams, Monash University (see page 29) and Elana Curtis, The University of Auckland will welcome delegates to the event.

Elana Curtis, The University of Auckland

Elana (Te Arawa) is a Public Health Physician, Senior Lecturer and Director of Vision 20:20 at the University of Auckland's Te Kupenga Hauora Māori. She provides academic leadership of Hikitia Te Ora – Certificate in Health Sciences (bridging/foundation education), Māori and Pacific Admission Scheme (admission and retention support) and the Whakapiki Ake Project (Māori recruitment). Elana recently completed her Doctorate of Medicine focused on Indigenous health workforce development, and been involved in Kaupapa Māori Research investigating Indigenous and ethnic inequities within tertiary and health care contexts.

Entertainment: Alice Skye

Alice Skye is a singer/songwriter, Wergaia woman and universal little sister. Now living in Melbourne, home to Alice Skye is country Victoria. Growing up aside the Grampians left her with no shortage of inspiration. Music was unavoidable, it's just her and her piano. Influences include Missy Higgins, Regina Spektor and Mazzy Star. Alice uses the pairing of vocals and piano and has a true passion for the songwriting process. She has had two tracks playing on the Triple J platform for the past couple of years, and was one of eight winners of the Alukura Songwriting Competition chosen to record at the CAAMA Music studios in Alice Springs, while being mentored by the Stiff Gins. Alice has also recorded her first EP, which will be released through the CAAMA Music record label in 2017.

Dress code: Smart casual

Day 2: Wednesday 5 April 2017

CONFERENCE VENUE – ETIHAD STADIUM

8:00AM – 4:50PM Etihad Stadium, Docklands Melbourne: Entry via Door 9.

The Registration Desk will be open at 8:00am.

Welcome to Country: Welcome to Country will be performed by Aunty Di Kerr from the Wurundjeri peoples and Aunty Carolyn Briggs from the Boonwurrung peoples.

Dancers: Boonwurrung Dancers – Ngargee Murmindik Yan Yan

Ngargee Murmindik Yan Yan will be dancing 'Boonwurrung Wominjeka', meaning 'Boonwurrung Welcome' dance. The name of the dance group means 'Celebrating Young Men and Women'.

Speaker Gifts: Speaker gifts have been designed and created by Robert Kelly.

Robert is from Baluk Arts, a non-profit Victorian Aboriginal arts organisation based in Mornington owned by Aboriginal artists from Frankston, the Mornington Peninsula and Greater Melbourne. Baluk artists are from diverse Aboriginal backgrounds from all over Australia and the artworks they create reflect themes of identity in a contemporary cultural context.

Robert Kelly – Wadawurrung

Robert Kelly is a Wadawurrung man and has lived much of his life on the Mornington Peninsula. He is well known for his exquisite ochre clap sticks made from tea tree local to the Peninsula. As well as carving, Robert paints landscapes of culturally significant places on the Peninsula in pre-colonial times. Robert walks on the Country and absorbs the spirit of the land. Through this innate connection he imagines and paints how

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sites originally were, and creates significant carved objects transporting the viewer to times long ago. He has exhibited his work extensively within Victoria.

Keynote Speaker Gifts: Keynote speaker gifts have been designed and created by Leticia Ross.

The process of basket weaving is a holistic one. Baskets have many uses in Indigenous culture – from transporting food, carrying utensils to holding infants – but the most important part of basket weaving is within the process. When young weavers begin they are given knowledge, ancient knowledge gained through practical and verbal interactions with their Elders/teachers. Weavers learn the plants, where they're found, their other uses and the importance of listening to Elders' stories, of land, song and people. Without all of this it would carry no meaning. These baskets are made with raffia rather than a traditional plant product for quarantine purposes.

Additional Gifts: Message Sticks by Marbeangrook (Wurundjeri)

The importance of message sticks is significant. Before modern communication systems, Indigenous people used gestures and implements to send messages between one another. Message sticks provided a known or unknown visitor with information from the sender to the receiver. Some were painted or etched and even burnt with the message. The message stick could be described as a type of 'passport' that gave the carrier protection when entering or crossing through another group's Country. These mini message sticks offer the receiver a safe passage while on the land of the Wurundjeri people.

See the Conference Timetable (pp. 118–125) for further details regarding presentations on this day.

Day 3: Thursday 6 April 2017

CONFERENCE VENUE – ETIHAD STADIUM

8:00AM – 4:00PM Etihad Stadium, Docklands Melbourne: Entry via Door 9.

The Registration Desk will be open at 8:00am.

See the Conference Timetable (pp. 118–125) for further details regarding presentations on this day.

LIME CONNECTION DINNER AND LIMELIGHT AWARDS – MELBOURNE MUSEUM

6:30PM – 12:00AM Melbourne Museum, 11 Nicholson Street, Carlton (enter via Nicholson Street doorway)

Delegates are asked to make their own way to Melbourne Museum by 6:30pm. Route 30 or 35 Trams depart from Etihad Stadium/La Trobe Street (Stop D1) or Central Pier (Stop D2). Delegates should disembark at Stop 10 (Nicholson Street and Victoria Parade). This will take approximately 10 minutes and will ensure your journey is in the Free Tram Zone – you don't need a Myki ticket for this journey. Walk to the east side of the building to access the entrance. Please note that alcoholic drinks can be purchased via a cash and card bar during the night.

Dress code: Semi-formal

Master of Ceremonies: Suzanne Pitama, University of Otago

Dinner entertainment: Shauntai Batzke

Wiradjuri soprano Shauntai Batzke is touching the hearts of Australian and overseas audiences with her strong stage presence and luscious voice. In September 2016, Shauntai made her Sydney Opera House debut as 'Old Alice' in Short Black Opera's 5th season of Pecan Summer. This led to two Broadway World Awards nominations for Best Actress and Best Supporting Actress in an Opera. Shauntai is a principal artist with Short Black Opera Company, Australia's National Indigenous Opera Company, and was the proud recipient of the 2014 and 2015 Harold Blair Scholarship with the Melba Opera Trust.

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Earlier in 2016 Shauntai was asked to sing as the Soprano for the inaugural Directors Workshop at Lyric Opera Melbourne and in February 2016 was the featured singer for Native Dignity at the State Library of Victoria as part of Blak & Bright Festival. In July 2015, Shauntai had the privilege of singing at the inauguration of the new Governor of Victoria, the Hon. Linda Dessau AM at Government House in Melbourne. She also participated in the 'Canto De Las Americas' vocal workshops at the Belle Arti Center for the Arts, New York. After intensive training with industry leaders from the Metropolitan Opera House, Shauntai performed at the Steinway & Sons showroom, New York. In 2016, she was invited back to the Belle Arti Center for further training and is planning another return in 2017 to work with Belle Arti and Veronica Villaroel, Lucy Arner, Fransisco Casanova and Simon Saad and the Queens Symphony Orchestra. In 2014, Shauntai completed her Bachelor of Music at the Melbourne Conservatorium, University of Melbourne.

DJ: Dylan Clarke – DJ SADGE

DJ, producer, broadcaster and sound engineer, Dylan 'Sadge' Clarke, is a proud Wotjobaluk man from the Wimmera. A man of many talents Sadge played drums throughout his schooling and attended DJ night school in Melbourne's CBD to learn about the art of mixing. An award-winning producer and sound engineer, Sadge has helped create high-quality audiobooks, soundscapes, advertisements for broadcasting, radio programs, albums/EPs, music for film and television, and has pushed the limits with audio restoration and digitising analogue media. After producing SBS Radio's Living Black program for a short time, Sadge began working at the Victorian Aboriginal Community Controlled Health Organisation (VACCHO). Within one year of employment, Dylan managed to develop and produce the only weekly radio program focused entirely on Aboriginal health and wellbeing.

LIMElight Awards

The 2017 LIMELight Awards will be presented during the evening. The awards recognise the significant and outstanding work of staff, students and medical schools in the teaching and learning of Indigenous health in medical education, community engagement, research and Indigenous student recruitment and support. These awards acknowledge innovative programs or initiatives that address critical issues, bring people together collaboratively and implement innovative solutions.

Award categories:

- Excellence in Indigenous Health Curriculum Implementation
- Excellence in Indigenous Student Recruitment, Support and Graduation
- Excellence in Community Engagement
- Excellence in Indigenous Health Education Research
- Excellence in Indigenous Health Education Leadership
- Excellence in Indigenous Health Education Student Leadership.

LIMElight Awards Presenters: Aunty Di Kerr, Wurundjeri and Aunty Carolyn Briggs, Boonwurrung

Trophies: The LIMELight Awards have been designed and created by Mick Harding.

Mick Harding of Ngarga Warendj belongs to the Yowong-Illam-Baluk clan (Mansfield Region) of the Taungurung people. He lives with his family in the rolling foothills of Gippsland's Strzelecki ranges, and is an active member of the Taungurung, local and Victorian Indigenous communities. Through a journey of discovery about his own heritage and many years of honing his artistic talents, Mick has become a skilled artisan creating high-quality works in his purpose-built studio workshop on the family property.

Mick draws his inspiration from the compelling legends of his people, and weaves the images of those legends into each of his artworks. He creates unique woodcrafts and highly expressive prints, to which he adds great value by appending a story about the development of each individual piece and an overview of the legend depicted by the image. In the case of woodcraft, Mick also details the source of the timber used, linking the artwork to the environment it came from. These steps give the purchaser a clear cultural link to Indigenous heritage, and foster a greater understanding of that heritage.

Venues, Culture, Art and Entertainment

Day 4: Friday 7 April 2017

CONFERENCE VENUE – ETIHAD STADIUM

8:00AM – 1:00PM Etihad Stadium, Docklands Melbourne: Entry via Door 9.

The Registration Desk will be open at 8:00am.

See the Abstracts Program (pp. 26–113) and Conference Timetable (pp. 118–125) for further details.

Dancers: Djirri Djirri

We are a Wurundjeri women and girls dance group. Djirri Djirri means Willy Wagtail in Woiwurrung the language of the Wurundjeri people, the Traditional Owners of Greater Melbourne and surrounds. Our name, Djirri Djirri, is derived from the name of the little black dancing bird the Willy Wagtail in the Woiwurrung language of the Wurundjeri people, the Traditional Owners of Greater Melbourne and surrounds. We offer dance that is a contemporary interpretation of our culture with the essence of traditional dance/ceremony. All of our dances have a story about Creation, family and Country and accompanying songs are all in Woiwurrung. We have many children who we encourage to take on a leadership role through the use of language and knowledge exchange in dance creation.

Djirri Djirri Dance Group, with members of the Wurundjeri community, formed officially in 2013, after being part of other mixed dance groups. We have all been dancing for many years with some starting when they were just two years old. We also have a yidarki (didjeridoo) player who has permission to play from the custodians of the instrument.

LUNCH AND CLOSING EVENT – WOOLSHED PUB

1:15PM – 3:30PM Woolshed Pub, 161 Harbour Esplanade, Docklands

Following the final session of the conference, delegates are asked to make their way to the Closing Event for lunch and entertainment. The event will be held at the Woolshed Pub, located directly across Harbour Esplanade.

Music: Ian Tambo

Ian Tambo's vision is to raise awareness of Indigenous issues and connect with the audience through positive music, catchy lyrics and an unforgettable live show. The music is best described as an Indigenous soul funk band heavily influenced by Stevie Wonder, Al Green, Donny Hathaway and Andrae Crouch. Tambo's original compositions and productions have been likened to the classic soul sounds of Motown, Stax, and Atlantic Record Labels because of the captured raw emotion, vintage instrumentation, heart-felt lyrics and lush textures. The band has played alongside one of the great Indigenous legends – Bart Willoughby (No Fixed Address) – as well as Christine Anu, Last Konnection, Emma Donovan, Troy Caser-Daley, Red Eyes, DJ Raw, East Journey, Bryan Duncan, Doug McFarlane (ex-Little River Band) and Steve Grace.

Please note: the above activities are all included in the registration fee.

Photographer: Marley Holloway-Clarke

Marley Holloway-Clarke is a Warramunga woman who is currently in her second year of studying photography at the Victorian College of the Arts. She lives at Trinity Residential College at the University of Melbourne's Parkville campus during the semester but calls Tasmania home. Marley is a senior editor of Under Bunjil Indigenous collective magazine, which has just released its fourth volume.

Venue Maps

MELBOURNE VENUES - OVERVIEW



1. **Mama Rumaan**
161 Harbour Esplanade, Docklands
2. **Peppers Hotel**
679 La Trobe Street, Docklands
3. **Berth Restaurant**
45 Newquay Promenade, Docklands
4. **Etihad Stadium**
Docklands Melbourne: Entry via Door 9
5. **Melbourne Museum**
11 Nicholson Street, Carlton (enter via Nicholson Street doorway)
6. **Woolshed Pub**
161 Harbour Esplanade, Docklands

Situated Learning Day – Tuesday

**YOU YANGS REGIONAL PARK, LOWER PICNIC GROUND,
TURNTABLE DRIVE, LITTLE RIVER**



YOU YANGS REGIONAL PARK – LOWER PICNIC GROUND DETAIL



Welcome Reception – Tuesday

BERTH RESTAURANT 45 NEWQUAY PROMENADE, DOCKLANDS



Conference Venue – Wednesday, Thursday, Friday

**ETIHAD STADIUM, DOCKLANDS MELBOURNE, HARBOUR ESPLANADE
ENTER VIA DOOR 9**



Parking at Etihad Stadium

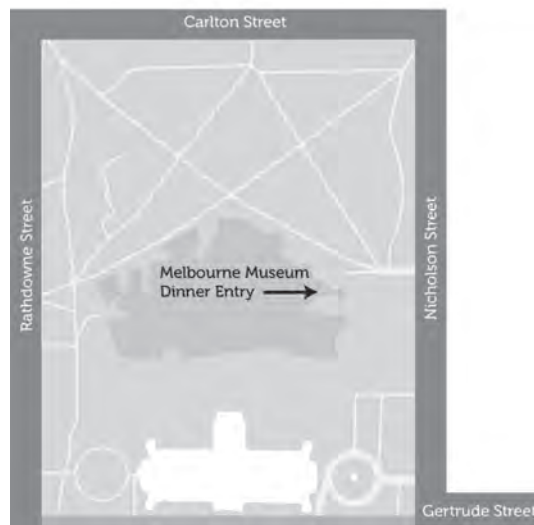
For parking details go to: <https://etihadstadium.com.au/car-park-options/>

LIME Connection VII Dinner – Thursday

MELBOURNE MUSEUM

11 NICHOLSON STREET, CARLTON

ENTER VIA NICHOLSON STREET DOORWAY



LIME Connection VII Dinner Travel

Route 30 or 35 Trams depart from Etihad Stadium/La Trobe St (Stop D1) or Central Pier (Stop D2). Delegates should disembark at Stop 10 (Nicholson Street and Victorian Parade). Walk to the east side of the building to access the entrance. NB: you don't need a Myki ticket for this journey.

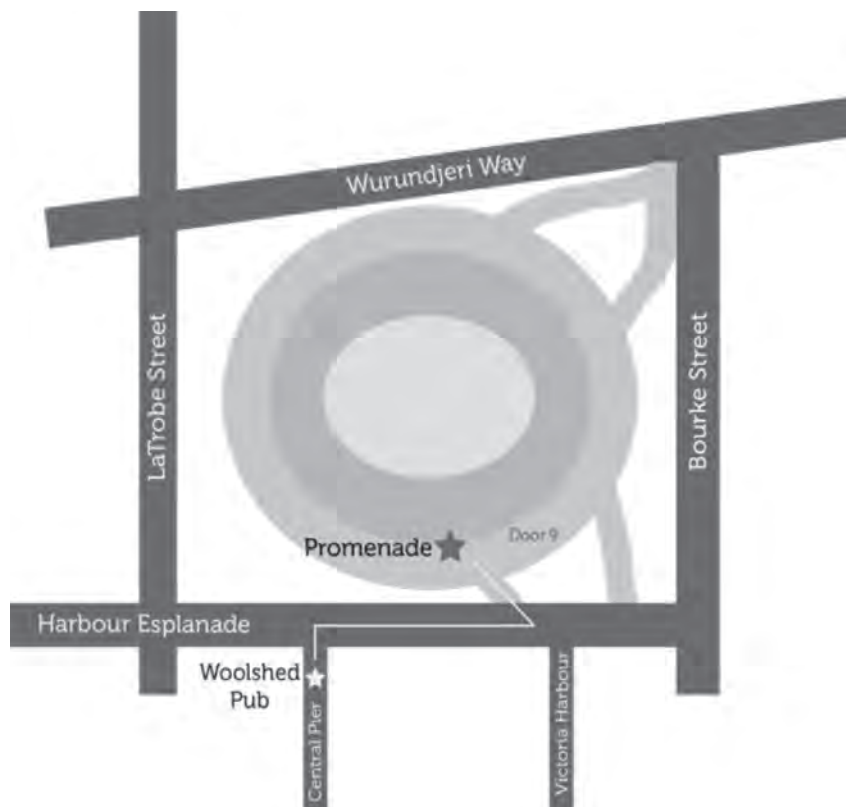
Parking is available at the venue, but closes at midnight. For more details go to: <https://museumvictoria.com.au/melbournemuseum/visiting/getting-here/>



Lunch and Closing Event – Friday

WOOLSHED PUB

161 HARBOUR ESPLANADE, DOCKLANDS



Abstracts and Presenters' Biographical Notes

Tuesday 4th April

Session – Welcome

Chair: Scott McCoombe

10:20–11:20am at You Yangs Regional Park, Lower Picnic Ground, Turntable Drive, Little River – Plenary Area

Presentation: Welcome to Country and Smoking Ceremony

Presenters:



Corrina Eccles, Traditional Owner

Corrina is a traditional Wadawurrung woman and great, great, great granddaughter of Queen Mary Robinson of the Wadawurrung clan. She has spent 15 years working at Wathaurong Aboriginal Co-operative supporting families and connecting children. Corrina is an approved VACCA carer who opens her heart and home to many Aboriginal children unable to live with family. She also manages an Aboriginal Dance Troupe called 'Deadly Dancers'. Corrina currently works at Deakin's Institute of Koorie Education as Student Wellbeing Officer, while also managing her own business – Mok-Borreeyn

Bagoork, meaning proud women in Wadawurrung language. The aim of the business is to deliver all things culture on Wadawurrung Country and support the employment of Aboriginal people to deliver and share their cultural passion and expertise in storytelling, art, dance and much more.



Uncle Norm Stanley (Harrison), Elder

Norm's heritage and bloodlines belong to the Kurnai of Bung Yarnda (Lake Tyers, Victoria) and the Western Desert Country north-east of Kalgoorlie, WA. He was born in Wadawurrung Country (Jillong, Geelong) in 1977. Norm's mum is a storyteller and healer, and his Daddio is a Lore Man and Ceremony Man. Norm is a storyteller, musician, artist, craftsman, dancer and all round cultural and Ceremonial Man. His mum is one of 11 boorais (babies), 10 girls and a boy. Norm is the eldest of four with three sisters. One of his sisters returned to her Dreaming when he was two. Norm is

the very proud father of four beautiful, talented girls himself – 20, 17, five and currently nine weeks.

Tuesday 4th April

Presentation: Welcome – Deakin University

Presenter:



Karen Dwyer, Deakin University

Karen is Professor of Medicine and Deputy Head at Deakin University's School of Medicine. She completed her medical degree at the University of Melbourne along with her physician training in nephrology. Karen has spent more than 15 years caring for patients with kidney disease including those on dialysis and following kidney transplantation. A highlight of her career has been to provide a visiting nephrology service to south-west Victoria. Karen has four children and enjoys keeping fit and being creative.

Presentation: Outline of the Day

Presenter:



Candice McKenzie, Deakin University

Candice is a proud Arende/Walpiri woman from Darwin, Northern Territory. She has worked across various government departments and NGOs with a focus on health, and is currently the Academic Coordinator of Indigenous Medical Education at Deakin University.

Performance:

**The Deadly Duo
Ms Renee Howell & Ms Emily Hutchinson**

See page 16.

Deadly Dancers

See page 16.

Tuesday 4th April

Session – Keynote Address

Chair: Scott McCoombe

11:20–12:10pm at You Yangs Regional Park, Lower Picnic Ground, Turntable Drive, Little River – Plenary Area

Presentation: A Perspective on Cultural Loads, Cultural Safety and Cultural Capacity Building

Author:

Associate Professor Richard Frankland, Associate Dean Inclusion and Diversity and Head of Wilin Centre for Indigenous Arts and Cultural Development, Victorian College of the Arts and Melbourne Conservatorium of Music, The University of Melbourne

Abstract:

Cultural Safety has been described as a place where you can practise your culture and language without fear of ridicule or condemnation, but is that all it is? What type of impact does the carrying of negative cultural loads have on cultural safety? And what does cultural capacity building provide in a healing context?

For the past 25 years Richard has worked on the frontline of Aboriginal affairs, in prisons, schools, in the field in communities, with NGOs and with government departments and agencies. He has also had the honour of working with some great heroes – child care workers, CEOs, program managers, counsellors... the list goes on – and needless to say has learnt a lot from all of those people.

About seven years ago, Richard co-authored a report in which his team interviewed some 131 people in six communities asking 90 questions about and around cultural safety, lateral violence and cultural capacity building. The data collated and analysed were amazing, inspiring, encouraging and intimidating.

Richard regularly uses these data in cultural awareness programs, in creating awareness about Indigenous cultural loads (to both Indigenous and non-Indigenous people) and in cultural capacity building. The journey to creating 'This is "Forever Business": A Framework for Maintaining and Restoring Cultural Safety in Aboriginal Victoria' has had a major impact on our lives as authors, and also on many of the readers.

This keynote address will be on accessing the wealth and power of cultural safety, determining what are cultural loads and a touch about what is cultural capacity building (mainly anecdotes).



Presenter:

Richard Frankland, The University of Melbourne

Associate Professor Richard Frankland is Associate Dean Inclusion and Diversity and Head of Wilin Centre for Indigenous Arts and Cultural Development at the University of Melbourne's Victorian College of the Arts and the Melbourne Conservatorium of Music.

A proud Gunditjmara man, Richard lives on Country in south-west Victoria. His roles include as an investigator for the Aboriginal Deaths in Custody Royal Commission, fisherman, musician, author, writer for theatre, screenwriter, director of stage and screen, theatrical producer, CEO, keynote speaker for theatrical institutions, workshop facilitator and keynote speaker on Indigenous issues (including lateral violence, cultural safety and community capacity building), associate dean and, most importantly, family man. Richard's lifelong work has been to facilitate the voice of Indigenous Australians via his many public personas. Richard constantly reminds people that: 'We are not a problem people, we are people with a problem and that problem was colonisation.'

Tuesday 4th April

Session – Panel 1

Facilitator: Karen Adams

12:40–1:20pm at You Yangs Regional Park, Lower Picnic Ground, Turntable Drive, Little River – Plenary Area

Presentation: Inclusion of Indigenous Knowledge in the Curriculum

Authors:

Ms Petah Atkinson, Lecturer, Gukwonderuk Indigenous Engagement Unit, Monash University

Ms Rose Gilby, Lecturer, Gukwonderuk Indigenous Engagement Unit, Monash University

Dr Glenn Harrison, Specialist Emergency Physician, Royal Melbourne Hospital and Epworth Hospital Geelong

Mr Rod Jackson, Chief Executive Officer, Wathaurong Aboriginal Co-operative

Ms Sharelle McGuirk, Koorie Workforce Talent Acquisition Officer, Barwon Health

Mr Tyson Yunkaporta, Senior Lecturer, Gukwonderuk Unit, Faculty of Medicine, Nursing and Health Sciences, Monash University

Abstract:

The panelists will share information and insights on the inclusion of Indigenous knowledge in health professional education, and the importance of engaging local community in curriculum design and implementation. They will discuss the varying approaches to community engagement and unpack some of the benefits and challenges.

Facilitator:



Karen Adams, Monash University

Associate Professor Karen Adams is Wiradjuri, and the Director of the Gukwonderuk Unit in the Faculty of Medicine, Nursing and Health Sciences at Monash University. Karen has a Bachelor of Nursing, a Graduate Diploma in Cultural and Heritage Interpretation, a Master in Applied Epidemiology and a PhD that focused on social network analysis. With more than 20 years experience as a health practitioner, health service manager, educator and researcher, Karen is passionate about developing and training Indigenous people for the health professions.

Presenters:



Petah Atkinson, Monash University

Petah is a Yorta Yorta woman with around 25 years of experience in Aboriginal health. She has spent her working life in Aboriginal Community Controlled Health Services and at universities teaching medical students in this area. Her background is in Public Health, Aboriginal Health and research, with particular interests in the Social Determinants of Health and Cultural Safety. Petah works as a Lecturer within the Gukwonderuk Indigenous Engagement Unit at Monash University and recently commenced a PhD.

Tuesday 4th April



Rose Gilby, Monash University

Rose is a health professional with 20 years of experience in direct clinical care. She has also spent 10 years teaching Indigenous and rural health perspectives to undergraduate and graduate students and health professionals. Rose has proven ability to drive effective community, industry and educational program response rates through engagement, to execute successful engagement to achieve program deliverables, and to deliver cultural awareness/safety programs to undergraduate, graduate health professional students and the health workforce. Rose is an outcomes thinker with diverse networks built on strong positive relationships.



Glenn Harrison, Royal Melbourne Hospital and Epworth Hospital Geelong

Glenn is a specialist emergency physician and Indigenous medical graduate from the University of Melbourne. A proud Koori, a descendant of the Wotjobaluk people from north-western Victoria, he works in the Emergency Department at Royal Melbourne Hospital (RMH) and Epworth Hospital Geelong as a senior staff specialist. A member of AIDA, Glenn is currently on the RMH Respecting Our Community committee and supervisor of the RMH Indigenous Internship program for Indigenous medical graduates. He is also a member of the Indigenous health subcommittee for the Australasian College for Emergency Medicine (ACEM) and heavily involved in the development of the ACEM Reconciliation Action Plan due to be released in 2017.



Rod Jackson, Wathaurong Aboriginal Co-operative

Rod has a strong background in health and Aboriginal issues. He is experienced in a number of areas in the not-for-profit space and enjoys the challenges that these organisations face in a commercial world. Rod is currently the CEO of Geelong's Wathaurong Aboriginal Co-operative Ltd which operates 42 programs including: Health Services; Early Education; Culture, Family and Children's Services; Community Services; Biodiversity and Land Management; Social Enterprises; Aboriginal Arts and Glass Manufacturing; Housing; and Justice.

Rod is also one of the Elders/Respected Persons at the Geelong Koori Court, a Director of VACCHO, a member of the Barwon Regional Partnership and an advisory member of Deakin University (Institute of Koorie Education).

Tuesday 4th April



Sharelle McGuirk, Barwon Health

Sharelle is a Wergeia/Wamba Wamba woman who has lived on Wadawurrung (Wathaurong) Country for 43 years. Educated in Geelong, she successfully completed her Bachelor of Arts (majoring in Journalism and Sociology) and Bachelor of Teaching (Primary and Secondary) at Deakin's Institute of Koorie Education. She has extensive experience in Aboriginal employment, education and training, and has held administrative positions in both the State and Commonwealth Public Services and at IKE. Currently she is employed at Barwon Health as the Koorie Workforce Talent

Acquisition Officer to implement its Aboriginal Employment Plan. Concurrently, she is into her second term as a voluntary Board Member (and Deputy Chairperson) at Wathaurong Aboriginal Co-operative, and is a Traditional Owner and member of the Barenji Gadgin Land Council.



Tyson Yunkaporta, Monash University

Tyson is Bama with two decades of experience in education at primary, secondary and tertiary levels. He has worked on more than a dozen Indigenous language programs and has created Indigenous pedagogy frameworks with communities all over Australia. Tyson's research interests are in the areas of Aboriginal cognition, and wellbeing arising from Indigenous ways of doing, knowing, being and valuing. He lives within strong connections to culture and community, and works strictly within the bounds of these relational disciplines in his academic projects. Tyson has won multiple awards for innovative approaches and thinking developed at the interface of these competing accountabilities.

Tuesday 4th April

Session – Situated Learning Activities

Chair: Candice McKenzie

1:20–3:20pm at You Yangs Regional Park, Lower Picnic Ground, Turntable Drive, Little River – Plenary Area

The situated learning activities in the afternoon will give delegates a chance to experience some of the activities undertaken with medical students at Deakin University during the cultural immersion curriculum. Activities will be conducted in two, 60 minute sessions with a changeover occurring at 2:20pm. Please note that the basket weaving is for women only, and the didgeridoo playing is for men only.

Activity:
Walking the Journey to Big Rock Lookout

Presenter:
Corrina Eccles, Traditional Owner

See page 26.

Activity:
Koala Tour

Presenter:



Melinda King

Mel is a young Wemba Wemba/Wergaia descendant who has been working with local wild koalas in the You Yangs and the Western Plains area since the age of 12. Mel's passion for conservation and sustainability has led her to be the Manager of Echidna Walkabouts koala research project that tracks wild koalas in a new and exciting low impact method at the You Yangs. Mel is also the author of the recently published children's book *Koala Clancy of the You Yangs* (which her sister Catherine Gibbs illustrated). Mel and Catherine have donated their book to 'The Koala Clancy

Foundation' and all proceeds go towards tree planting, weeding, koala carers' veterinarian bills and anything else they can do to help keep koalas in the wild.

Tuesday 4th April

Activity: Traditional Bushfood Workshop

Presenter:

Cassie Leatham



Cassie is from the Taungurung – Wurundjeri of the Kulin Nation. At a young age she demonstrated a talent in the arts using different mediums and now is an accomplished artist, Cassie has works in the Melbourne Museum and the National Gallery of Victoria, has won awards for reconciliation and was a finalist in the Victorian Indigenous Art Awards and in the Craft Victoria Awards. With her great knowledge of bushfoods and traditional medicinal uses with native plants, Cassie teaches both non-Indigenous and Indigenous participants in her programs and workshops. She also mentors young people and is a Cultural Educator who works in schools throughout Victoria and interstate. Cassie believes her teaching and skills break down barriers, and it is her passion to keep culture alive for future generations.

Activity: Basket Weaving (Women Only)

Presenter:

Bronwyn Razem



Bronwyn is an Indigenous Australian basket weaver and painter. She is a Gunditjmara woman of the Kirrae Whurrong clan of western Warrnambool on the Victorian coastline. Bronwyn's practice involves an exploration of her Indigenous heritage and identity, and she creates symbolic representations of places and events that are meaningful to her family. She integrates ochres, sand and other materials into her paintings, and also into her works drawn on the possum skin cloak traditions of her ancestors. Exhibitions include the solo show 'Symbols of Identity' (2006–07) and 'Ngathook mangnoorroo watanoo: I come from' (2008) both at Bunjilaka Gallery, Melbourne Museum, and 'Local story: Local voices' at the National Wool Museum, Geelong. Bronwyn was highly commended for the Deadly Art Award at the 2005 Victorian Indigenous Arts Awards, and she was short-listed for the Victorian Indigenous Arts Awards in 2006. In 2008, Bronwyn was chosen by the Australia Council for the Arts to be part of a delegation of Indigenous artists attending the 10th Pacific Arts Festival in Western Samoa.

Bronwyn's mother, Aunty Zelda Couzens, was a well-respected basket weaver and Elder who taught Bronwyn basket-making techniques. Bronwyn now regularly conducts basket-weaving workshops with Victorian Indigenous communities to facilitate the revival of cultural traditions. She has a Bachelor of Arts (Hons) from Deakin University.

Activity: Boomerang Throwing, Didgeridoo Playing (Men Only) and Traditional Ochre Painting

Presenter:

Uncle Norm Stanley

See page 26.

Wednesday 5th April

Wednesday 5th April

Session – Welcome

Chair: Cheryl Davis

9:00–10:15am at Etihad Stadium, Victory Room A – Plenary

Presentation: Welcome to Country

Presenters:



Aunty Di Kerr, Wurundjeri

Aunty Di is a respected Elder of the Wurundjeri Tribe. She is also a Mother, Grandmother, Aunty, and Great-Great-Great Aunty. Aunty Di has devoted many years to her local community as a mentor and foster carer. She has worked in various fields – including child care, education, native title, Stolen Generations support, and other community work – but her passion lies in the area of social, and emotional wellbeing of Aboriginal communities. Aunty Di is inspired by the women in her family and motivated by the resilience of her mother, grandmother and great grandmother. Working on Country makes her feel connected to her mother and grandmother: 'My Welcome is always done in their honour. That's why I wear my possum skin, because that's my mother's name – Walert, possum.' Today, she relishes the responsibility of guiding younger generations and works hard to uphold Aboriginal lore in a modern, urbanised world



Aunty Carolyn Briggs, Boonwurrung

Aunty Carolyn is known as an Arweet (or Elder) of the Boon Wurrung people. She has been involved in developing and supporting opportunities for Indigenous youth and Boon Wurrung culture since the age of 18. Aunty Carolyn is the great granddaughter of Louisa Briggs, a Boon Wurrung woman born near Melbourne in the 1830s. Her cultural knowledge and experience has been recognised with the NAIDOC award of National Aboriginal Elder of the Year in 2011, and her induction into the Victorian Honour Roll of Women in 2005.

Aunty Carolyn was involved in establishing the first Aboriginal Child Care Centre at Dandenong in the 1970s and has worked across many Aboriginal communities in Victoria. She is the Chairperson of the Boon Wurrung Foundation, which she set up to help connect Aboriginal youth to their heritage, and is also a member of the National Congress of Australia's First Peoples.

Aunty Carolyn has developed Indigenous employment strategies with the State government and is the former Director of La Trobe University's Aboriginal Tertiary Support Unit at Bendigo. As a mediator with the Victorian Equal Opportunities Commission, Aunty Carolyn was seconded to work with the Federal Attorney-General as Head Researcher for Victoria on the Muirhead recommendations to the Royal Commission into Aboriginal Deaths in Custody.

Aunty Carolyn has completed a Bachelor degree in Language and Linguistics in the hope of recording her Boon Wurrung language in oral and written form, and is currently completing her PhD in engaging urban Indigenous youth to understand Indigenous knowledge.

Wednesday 5th April

**Performance:
Dance Performance – Boonwurung Dancers**

See page 17.

**Presentation:
Welcome – The LIME Network**

Presenter:



Shaun Ewen, The University of Melbourne

Professor Shaun Ewen is the Foundation Director of the Melbourne Poche Centre for Indigenous Health and Associate Dean (Indigenous Development) for the Faculty of Medicine, Dentistry and Health Sciences at the University of Melbourne. He provides academic and Indigenous leadership for the Leaders in Indigenous Medical Education (LIME) project. Shaun has a background in Physiotherapy, Political Science, International Relations and Medical Education.

**Presentation:
Welcome – Monash University**

Presenter:



Michelle Leech, Monash University

Professor Michelle Leech is the Deputy Dean, MBBS at Monash University's Faculty of Medicine, Nursing and Health Sciences. She is also a Consultant Physician at Monash Health, where she is Deputy Director of Rheumatology, the chair of the Clinical Examination Committee of the Royal Australasian College of Physicians and head of the National Exam Panel of the College of Physicians. Michelle was the Medical Director of Arthritis Australia in 2014 and continues as a member of its Scientific Advisory Committee and Grants Assessment Committee. She joined the NHMRC Assigners Academy in 2015, and is currently the Medical Deans, Australia Executive Treasurer.

Wednesday 5th April

Presentation: Welcome – Australian Indigenous Doctors' Association

Presenter:



Kali Hayward, Australian Indigenous Doctors' Association

Dr Kali Hayward is a descendent of the Warnman people of Western Australia and graduated from the University of Adelaide with an MBBS and then obtained her Fellowship of the Royal Australian College of General Practitioners (FRACGP). She currently works as a GP at Nunkuwarrin Yunti Inc., which is the largest Aboriginal Community Controlled Health Service in South Australia. She also works as a Medical Educator/Cultural Educator for GPEx in South Australia and is the current President of the Australian Indigenous Doctors Association. Kali mentors Aboriginal and Torres Strait Islander medical students and GP Registrars, and has been heavily involved with the Indigenous GP Registrar Network (IGPRN) and the Indigenous Fellowship Excellence Program (IFEP) run by the Royal Australian College of General Practitioners (RACGP). Kali was the recipient of the GPET Aboriginal and Torres Strait Islander Health award in 2011 and in 2015 received the South Australian Premier's NAIDOC award.

Wednesday 5th April

Session – Keynote Address

Chair: Cheryl Davis

10:15–11:15am at Etihad Stadium, Victory Room A – Plenary

Presentation: Why Aren't We There Yet?

Author:

Professor Juli Coffin, Head of Campus and Director, The University of Notre Dame Australia, Broome

Abstract:

If we are in an age where everybody is on the same page around the importance of culture to health care for Aboriginal people, why aren't we there yet?

In this keynote address, Juli will explore some of the misconceptions around terminology, and the importance of utilising a framework to encompass and map out the ways in which we proceed in this vitally important area. After recently completing a five-year NHMRC grant for a Centre of Excellence around culture in health care, Juli has also explored and applied a model to predict and create community accountability within health services.

Some Aboriginal people have suggested there should be a new category on the death certificate, one which reads 'Death by racism'. To this very day we have countless examples of Aboriginal people not receiving adequate treatment due to judgments and bigoted behaviour from many of those who would not consider themselves racist – preconceived and outdated stereotypes are still alive and well within many health services. This has many applications to teaching and how we contextualise and utilise the current Aboriginal and Torres Strait Islander Health Curriculum Framework and other resources to truly meet the needs of all those involved in health care provision.

At the university level there is much we can do to create a more enriching experience of education around culture and ways of working, but what often happens is the disconnect from training to practice. Juli explores how we can get that disconnect into a space where it can be reconnected again and the reasoning around why we must provide more appropriate health care to Aboriginal Australia.

Presenter:



Juli Coffin, The University of Notre Dame Australia

Julianne (Juli) is an Aboriginal Western Australian who has traditional ties to her grandparents' Country in the Pilbara region (Nyangumarta). Born in Ngala, WA, she has lived the majority of her life in the Pilbara. Juli is the proud mother of three children and a graduate of Edith Cowan and James Cook Universities. A prominent Aboriginal researcher with expertise in cultural security, education and research across a diverse range of chronic diseases, nutrition, contextualising bullying, and health promotion, Juli holds a Bachelor of Education, a Master of Public Health and Tropical Medicine and a PhD. With a keen interest in Aboriginal languages and ways of learning, Juli is highly regarded by her peers as being creative and innovative around some of the particularly controversial and complex areas in Aboriginal health and education.



Wednesday 5th April

Session – Leadership: Recruitment

Chair: Miriam Cavanagh

11:45am–1:00pm at Etihad Stadium, Victory Room B

Presentation:

Opening a Pathway for Indigenous Students Interested in Studying Medicine at Deakin University

Authors:

Dr Colin Bell, Associate Professor, School of Medicine, Deakin University

Ms Candice McKenzie, Academic Coordinator of Indigenous Medical Education, School of Medicine, Deakin University

Ms Wendy Anders, Associate Director, Teaching and Learning, Institute of Koorie Education, Deakin University

Dr Jon Watson, Dean, School of Medicine, Deakin University

Abstract:

Introduction: Deakin University established a graduate entry course in Medicine in 2008. Once the School of Medicine was established, a partnership was formed with Deakin's Institute of Koorie Education to recruit Indigenous medical students, promote their wellbeing and help them succeed in the course.

Methods: Guided by the principles of the Healthy Futures Best Practice Framework, and a desire to start small and well, the first steps towards achieving this goal were (1) to establish an Indigenous Entry Stream (IES); (2) appoint an academic coordinator of Indigenous Medical Education; and (3) create a culturally safe learning environment for Indigenous students.

Results: The IES commenced in 2014. Deakin approved an allocation of up to 5 per cent of the cohort of 130 Commonwealth Supported Places per year at Deakin Medical School for Indigenous students. Application criteria include a grade point average greater than 5.0, completion of a written application and performance in an interview with a panel comprised of a member of AIDA, a traditional owner, and IKE and School of Medicine academic staff. The Graduate Australian Medical School Admissions Test or GAMSAT, is not required.

In 2015, Candice McKenzie, an Arende/Warlpiri woman from Darwin was appointed as Coordinator of Indigenous Medical Education, with her role also providing support to Indigenous students. One hundred teaching and professional staff at Deakin undertook cultural awareness training in 2015, with plans to offer it each year for new staff. The provision of this training for staff and students in the School has proved to be a key role for the Coordinator's position, together with the stewardship of the Indigenous medical students. The School has also allocated a culturally safe room for Indigenous students at the pre-clinical teaching campus, and funding has been made available for clinical schools to purchase Indigenous art, plaques or other items to make them more culturally inclusive. Three generous and locally sourced scholarships have been created for Indigenous students.

Conclusion: In 2017 we will have two IES students in the second and third years of the medical course and we anticipate having six students enrolled in Year 1. We anticipate that retaining students will be a challenge as the IES matures.

Presenter:

Candice McKenzie, Deakin University

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Wednesday 5th April

Presentation: Indigenous Medical Student Recruitment and Retention

Authors:

Mr Shane Drahm, Director, Aboriginal and Torres Strait Islander Studies Unit, Office of the Pro Vice-Chancellor (Indigenous Engagement), The University of Queensland

Ms Natalie Fraser, Manager, Student Services, Aboriginal and Torres Strait Islander Studies Unit, Office of the Pro Vice-Chancellor (Indigenous Engagement), The University of Queensland

Abstract:

Introduction: This paper explores the University of Queensland's (UQ) approach to growing its cohort of Indigenous medical and health science students through recruitment activities and alternative entry programs, and the support they receive once they are studying at UQ.

Methods: In 2013, UQ began its InspireU camp program, an aspiration-building and recruitment initiative led by Indigenous staff in collaboration with faculties, aimed at Indigenous Year 11 and 12 students. In 2015, the program was overhauled to focus on a more strength-based approach. A cost-benefit analysis also helped determine how many students we could potentially have a positive effect on, and how wide we could broaden our scope.

With this in mind, the following changes were made:

- Application guidelines more rigorous and directed towards students who are academically on a pathway to university.
- Program logo redesigned to be more culturally identifiable and colourful.
- Engagement program following the camp developed to include visiting students in their community both to meet their families and to deliver academic enabling sessions.
- Online tutoring program developed to assist students achieve university entry results.

In addition to the health-focused InspireU camp, UQ provided access to the MD (Doctor of Medicine) program through the Alternative Entry Scheme developed specifically for prospective MD students in 2014. Endorsed by the Committee for Academic Programs Policy, the scheme gives Indigenous students an opportunity to gain either provisional or graduate entry into the MD program without having to sit the UMAT or GAMSAT. Importantly, the process is managed by the Aboriginal and Torres Strait Islander Studies Unit at UQ, and applicants are assessed based on a variety of factors related specifically to entry into the MD program. We also reconstructed the ITAR MD Program to be a predominantly peer-led tutoring model.

Results: The guidelines in which students applied for the InspireU camp changed significantly following the 2013 camp as a result of only one Indigenous student applying to UQ and only one other applying to another university. Surprisingly, just by changing the language used in the application guidelines and taking a more targeted approach, the quality of applicants improved significantly.

As a result of the changes, 30 per cent of the initial health camp participants continued on to study at UQ. At the time of writing, 65 per cent of 2016 InspireU Health students have applied to UQ, and a further 25 per cent have applied to other Queensland universities.

The number of enrolments into the MD program have risen by 40 per cent since the beginning of the InspireU Health program and the MD Alternative Entry Scheme. As a result of students coming through these programs/schemes, they are much more likely to engage in the support services offered to Indigenous students by the Aboriginal and Torres Strait Islander Studies Unit.



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Discussion/Conclusion: Some themes that have influenced the strategic direction of both the outreach program and student support program for MD students at UQ include: aiming for continuous improvement; creating a model that eliminates the perception of it being a deficit model; and, developing a program that sets high expectations and is set up as a model of excellence. Universities need to be proactive in their approach and help build the pipeline of tertiary-ready students. Once studying at university, Indigenous students also require whole-of-institution support, particularly from faculties and schools.

One of our biggest challenges has been budget uncertainty as it has led to a lack of continuity of staff and familiar faces in the support unit. Student surveys have shown that connection and relatability to staff members are important factors that determine whether or not they will continue to engage with the unit and its services.

Future plans include developing a marketing and comms strategy to increase the number of Indigenous students engaging with the unit. Our latest data shows that those who do engage with the unit or its services, particularly with the tutoring program ITAR (formerly ITAS), have a 91 per cent success rate compared to 83 per cent for those who did not.

Presenter:
Shane Drahm, The University of Queensland

Shane is the Director of the Aboriginal and Torres Strait Islander Studies Unit at the University of Queensland. He is responsible for delivering the Unit's strategic direction and operations in line with the University's strategic and operational plans.



Wednesday 5th April

Presentation:

Increasing the Aboriginal Health Workforce in East Gippsland: A Research Project to Identify the Barriers to East Gippsland High School Students Becoming Health Professionals

Authors:

Dr Doris Paton, Chairperson, Centre of Excellence for Aboriginal Health in East Gippsland, Monash University

Ms Debra Blaber, Associate Director, Centre of Excellence for Aboriginal Health in East Gippsland, EMS Consulting

Dr Cassandra Anderson, Director, Centre of Excellence for Aboriginal Health in East Gippsland, Monash University

Dr Jane Greacen, Secretary, Centre of Excellence for Aboriginal Health in East Gippsland, Monash University

Abstract:

Introduction: The Centre of Excellence for Aboriginal Health in East Gippsland Ltd (CEAHEG), with the support of the Monash University School of Rural Health East Gippsland, conducted this research in 2013 with the aim of increasing the region's Aboriginal health workforce. The number of Aboriginal health professionals in East Gippsland is low. There are a few Aboriginal Health Workers and some nurses employed mainly in aged care facilities, but only one doctor has come from the local Aboriginal community. This has contributed to significant disparities in the health of Aboriginal and non-Aboriginal people in East Gippsland.

The CEAHEG research sought to identify barriers to high school student awareness and interest in the health professions, in particular, what strategies might encourage Aboriginal students to consider the health professions as a potential career. In this presentation CEAHEG will share its successes and strategies in addressing these barriers.

Methods: An extensive literature review of Australian and international reports and research was undertaken. In addition, surveys of, and interviews (both qualitative and quantitative) with, students and their parents/carers living in the East Gippsland region were also undertaken. Both Bairnsdale and Lakes Entrance Secondary Schools provided support for the distribution and collection of surveys and consent forms. Questions included in the surveys and interviews related to:

- student experience and success at school
- interest in pursuing a health profession
- interest in pursuing tertiary studies
- barriers to attending university faced by students in the region.

An initial focus on the use of written surveys, particularly for Aboriginal students and their parents/carers, proved to be problematic with poor response rates. As a result, the researchers decided to focus on face-to-face interviews. This is considered a much more appropriate research methodology for working with, consulting and interviewing members of Aboriginal communities. As is standard practice in research conducted by universities, parents/carers were paid for their participation.

Feedback and discussion sessions about the initial findings were held with community members and key service agencies, including representatives from the Local Indigenous Network, Local Learning and Employment Network, Local Aboriginal Education Consultative Groups, Victorian Aboriginal Education Association Incorporated or VAEAI, Gippsland and East Gippsland Aboriginal Cooperative, health professionals and academics, and the local School University Liaison Officer. Their suggestions and ideas were taken into account in formulating strategies for the future. Overall 98 parents/carers and students were interviewed and surveyed. Of these, 44 were Aboriginal parents/carers reporting on 42 students, and 11 were Aboriginal students. Other research participants responded by written survey.

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Results: In summary, the barriers to Aboriginal students in East Gippsland pursuing health careers reflect those found in research to date. These include poor school retention rates; negative school experiences – such as culturally insensitive curricula and teaching styles, and low expectations of teachers; lack of information and exposure to professionals and role models in the early years of secondary school; inappropriate subject choice (low take-up of Mathematics and Science in Years 11 and 12); lack of self-belief and confidence; a tendency to prefer to study at TAFE rather than at a university; family commitments/ obligations; and the time and financial costs associated with study, particularly at university.

Discussion: The research provided the basis for a two-day conference to consider strategies and programs within schools and the community to address the barriers to students considering a career in the health professions. Since then CEAHEG has established relationships with local primary and secondary schools in East Gippsland and run a number of camps called Just Looking @ Careers in Health.

We have also commenced a 10-week after school program with primary schoolchildren, teaching about health, which has the dual aim of increasing their knowledge about health and preventive health care, and their confidence to start considering health careers themselves. The teaching is delivered by young Aboriginal leaders who are themselves undertaking tertiary health professional training, and who are supported by CEAHEG.

Additional Authors: D. Paton, D. Blaber, C. Anderson, G. Bundle, J. Greacen, E. Mitchell, B. O'Shanassy and D. Campbell

Presenter:



Doris Paton, Monash University

Doris has a PHD, Masters and Graduate Diploma in Education, and has also completed a Bachelor of Arts and a Certificate IV Training and Assessment. A Gunai/Monaro Ngarigo woman from Gippsland, Doris speaks and teaches language from both Gunai and Monaro Ngarigo. Her long-term roles with the Victorian Aboriginal Corporation for Languages include as Vice-Chairperson and Treasurer, and she also worked for the Federation of Aboriginal and Torres Strait Island Corporation of Languages, which is focused on the protection of Indigenous languages and cultures. Doris is a Senior Lecturer at Monash University's School of Rural Health. She is also Chair of the Centre of Excellence for Aboriginal Health in East Gippsland, which aims to build the local Aboriginal health workforce.

Wednesday 5th April

Session – Curriculum Development

Chair: Scott Winch

11:45am–1:00pm at Etihad Stadium, Victory Room C

Presentation: Implementing and Evaluating Indigenous Curriculum in Year One

Author:

Dr Melissa Lewis, Assistant Professor, Family and Community Medicine, School of Medicine, University of Missouri

Abstract:

Introduction: Indigenous people experience some of the worst health disparities in the United States; yet, few medical training programs educate students regarding Indigenous health issues to equip them with the skills needed to minimise these inequities. Using collaborative and decolonising methods, faculty at University of Minnesota Medical School Duluth campus worked to create Indigenous health lectures in the pre-clinical curriculum to prepare students to work effectively with Indigenous populations. Lectures covered areas such as regionally specific cultural and spiritual practices, seasonal rounds, the history of Western medicine and Indigenous people, and life as an Indian Health Service doctor.

Methods: First year medical students (N=120; two first year classes – 2015 and 2016) were asked to complete a brief survey on their Indigenous health knowledge, cultural intelligence, social justice beliefs and personal identity three times – before Indigenous health lectures, at the completion of the lectures (two weeks later), and six months later. Paired samples t-tests were then run.

Results: We found that students had a significant increase in their Indigenous health knowledge and ethnocultural empathy after the lectures and maintained this gain at six months. Students also demonstrated an increase in cultural intelligence after the lectures and during follow-up, but this trend did not reach significance.

Discussion/Conclusions: To address the systemic barriers to health and wellbeing, as well as provider bias that Indigenous patients experience, we added seven hours of Indigenous health lectures to the curriculum of first year medical students. Our results indicate that cultural and regional-specific training is feasible, effective and long-lasting. While additional research is needed, cultural training may be an important part of improving patient-provider interactions as well as reducing health inequities.

Presenter:



Melissa Lewis, University of Missouri

Melissa (Cherokee Nation) is an Assistant Professor at the University of Missouri School of Medicine in the Department of Family and Community Medicine. She received her PhD in Medical Family Therapy and is a licensed marriage and family therapist and an American Association of Marriage and Family Therapy-approved supervisor. Her research interests span integrated care in Indigenous populations, implementing and evaluating Indigenous health content in medical education, examining the role of stress and trauma on cardiovascular disease in Indigenous populations, and interventions aimed to empower Indigenous families and communities by privileging Indigenous knowledge and practices.



Wednesday 5th April

Presentation: Monash Indigenous Health Students' VESPA

Authors:

Ms Peggy Swindle, Indigenous Academic Engagement Coordinator, Faculty of Medicine, Nursing and Health Sciences, Monash University

Dr Cicily Nesbit, Curriculum Assessment Lead, Indigenous Health, School of Medicine, Monash University

Abstract:

Introduction: Monash University medical students coined the term 'VESPA' as an acronym for a student-centred, peer-learning activity they developed about 10 years ago. In VESPA, aka the Vertically Enhanced Study Program Approach, students from across all year levels of the medical course voluntarily meet to revise study topics, share clinical case studies and support one another. In 2015 we introduced an educational support program for Indigenous medical students at Monash modelled on VESPA.

Methods: We took an informal approach when developing the Indigenous students' VESPA, aiming to gear the program sessions to the needs of the students attending. Early sessions covered:

- 'get to know each other' activities
- orientation to academic and other support services available through the broader university and the Yulendj program, including the Indigenous Tutorial Assistance Scheme
- 'checking in' regarding progress in studies, assignments and exam preparation
- clinical skills training and practice – aligned with curriculum
- opportunities to practice history-taking skills and mock OSCE (Objective Structured Clinical Exam) stations.

In 2016 we expanded the program to include a number of sessions with interdisciplinary Aboriginal health sciences students. These sessions covered topics such as:

- study support – electronic and other resources available
- interdisciplinary case studies
- Q&A opportunities with students further along in the course or their career
- experiential activities across health science disciplines
- introduction to traditional Aboriginal medicines.

Prior to these initiatives there had been limited opportunity for Indigenous health sciences students to meet each other, particularly across disciplines.

Results: Student involvement and feedback has been positive to date. Formal student/participant survey and feedback is still under development. All of the students involved in VESPA progressed satisfactorily to the next year of their course.

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Discussion/Conclusion: After the success of our early efforts, we have begun to formalise our content and objectives with greater input and direction from the Faculty's Gukwonderuk unit. Care is being taken to accommodate the diversities and sensitivities of identity that our students may be bringing through:

- Making students aware of all services, groups and events at Monash, including those aimed at Indigenous students.
- Creating a 'cohort effect' by establishing relationships, networks and informal support within the student group.
- Creating a safe and supportive environment and facilitate activities for students to affirm, express and strengthen their cultural identities.
- Facilitating activities to increase competence and confidence in both general academic and discipline specific skills.

Presenters:



Peggy Swindle, Monash University

Peggy is a proud Wiradjuri with ties to Healesville and Dandenong communities. On being introduced to university as an Indigenous pathways student, Peggy found she had to leave to focus on working. She eventually circled back to start a traineeship with Monash University, which progressed into a career spanning 18 years. Ever curious, Peggy took opportunities to expand across teams and institutes and developed unique expertise in a broad spectrum of tertiary student administration and support service roles. For most of the past 10 years, this experience and knowledge has been directed towards developing and supporting our Indigenous community in accessing and engaging with higher education.



Cicily Nesbit, Monash University

Cicily is a GP and medical educator working in the Monash University Medical School. She coordinates the Problem Based Learning subject running in Years 1 and 2, and works with the Gukwonderuk Indigenous Engagement Unit to develop and implement teaching and assessment of the Indigenous health curriculum over the five years of the medical course.



Wednesday 5th April

Presentation:
Maintaining the Status Quo or Gaining Momentum: Transitioning from Undergraduate to Graduate Entry on a Background of University Restructuring

Authors:

Dr Paula Edgill, Assistant Professor, Centre for Aboriginal Medical and Dental Health, The University of Western Australia

Mr Craig Allen, Deputy Director, Poche Centre for Indigenous Health, Flinders University Northern Territory

Dr Christine Clinch, Assistant Professor, Centre for Aboriginal Medical and Dental Health, The University of Western Australia

Abstract:

Introduction: At the University of Western Australia (UWA), the Centre for Aboriginal Medical and Dental Health (CAMDH) has implemented a comprehensive, horizontally and vertically integrated Aboriginal health curriculum, which also contains stand-alone, electives and selective within the undergraduate MBBS (Bachelor of Medicine and Bachelor of Surgery) medical program. Transitioning from an undergraduate MBBS into a postgraduate MD course required CAMDH to ensure a culturally safe and secure Aboriginal health teaching and learning environment. It also created an opportunity for CAMDH to develop and implement new teaching materials and assessments. CAMDH was committed to creating a stepwise learning pathway for students that contained both year and graduate level learning outcomes.

This presentation explores the implications for Aboriginal health curriculum content at UWA during the transition from an MBBS to an MD course, and at a time of change for the university and the Medical Faculty as they underwent restructure.

Aims: The objective of this project was to identify whether there has been:

- gains, decreases or no change to the number of Aboriginal Health teaching hours and teaching opportunities
- Medical Faculty collaboration and commitment to maintain the Aboriginal Health curriculum or if the Faculty has used this as an opportunity to develop and implement new teaching and assessments enhancing students' knowledge in Aboriginal Health
- marginalisation of Aboriginal Health practitioners within the Medical Faculty or if there is a mutual professional respect and deeper understanding for the need to change service delivery.

Methods: A combination of qualitative and quantitative data will highlight the changes to Aboriginal Health teaching from the MBBS course to the MD course, and the receptiveness and support from the Medical Faculty to these changes in the curriculum.

Results:

1. Quantitative – Comparative outline between the MBBS course and MD course of curriculum content and teaching hours in table and graph format.
2. Qualitative – Collaborative efforts between CAMDH and the Faculty.

Discussion/Conclusion: CAMDH has worked tirelessly, at all levels throughout the Faculty, to ensure that the Aboriginal Health curriculum is comprehensively implemented into the MD program. The discussion will highlight changes to the Aboriginal Health curriculum, and offer an analysis and discussion of successes, enablers and barriers.

Wednesday 5th April

Presenters:



Paula Edgill, The University of Western Australia

Paula is a Noongar woman. As a medical doctor, she works with culturally safe/secure clinical practices while delivering clinical services directly to community members at a local Aboriginal community controlled medical service. This is holistic clinical practice based on her own clinical experiences and practice. As an Assistant Professor with the CAMDH at UWA, Paula advocates passionately about the need for students to work within a holistic health care setting to achieve long-term, individual and systematic changes to produce better health outcomes.



Craig Allen, Flinders University Northern Territory

Craig is a Yandruwandha Yawarrawarrka man. With a background in psychology, Craig has worked extensively throughout the country supporting Aboriginal and Torres Strait Islander individuals, their families and communities. Craig works within the philosophy of Cultural Way First, a philosophy that has influenced his direct clinical practice and is reflected throughout his work at a local and national level. As Deputy Director, Poche Centre for Indigenous Health, Flinders University and previously as Assistant Professor with CAMDH at UWA, Craig has been teaching future generations of health practitioners about the importance of Aboriginal and Torres Strait Islander culture and how to better provide culturally safe/secure health services.



Christine Clinch, The University of Western Australia

Christine is a Badamia Woman of the Yamatji Nation. She graduated from Medicine at UWA in 2008. Prior to this she was an Aboriginal Health Worker for more than 14 years. Christine currently works as an Aboriginal academic with the CAMDH at UWA where she is involved with teaching Aboriginal health and developing medical curriculum. Christine is a strong advocate for the need to have a culturally safe non-Aboriginal health professional workforce, of both student and graduates, to ensure culturally appropriate health care provision for Aboriginal people, their communities and families.



Wednesday 5th April

Session – Workshop 1

11:45am–1:00pm at Etihad Stadium, Victory Room D

Presentation: Improving MCQs – New Formats and Style Tips

Authors:

Dr Mike Tweed, Convenor MBChB Assessment Programme, Otago Medical School, University of Otago, Wellington

Associate Professor Suzanne Pitama, Associate Dean Māori, Māori/Indigenous Health Institute, University of Otago, Christchurch

Ms Tania Huria, Senior Lecturer, Māori/Indigenous Health Institute, University of Otago, Christchurch

Dr Cameron Lacey, Senior Lecturer, Māori/Indigenous Health Institute, University of Otago, Christchurch

Abstract:

Rationale/aims/objectives: Multiple choice questions (MCQs) are used in many health care professional assessments. A common response system is choosing one from a list of five possibilities, with a score for a correct response. Although easy to implement and understand, these are not without limitations. The aim of this workshop is to help participants improve the quality of their assessments using MCQs.

Process/approach: There are different formats of questions and scoring systems that aim to improve the quality of the assessment. In addition, for any given format of question and scoring, further consideration of the style and wording can improve the quality of the assessment.

Results/learning outcomes to be achieved: By the end of the session participants will be able to return to their place of work and consider how MCQ response and scoring methods may be developed to better meet the purpose of their assessments by:

1. discussing benefits and limitations of commonly used response and scoring systems
2. discussing how these limitations might be overcome
3. increasing awareness of response and scoring systems, and tips on improving the style and wording of questions.

Using content provided by, and therefore relevant to, participants, small groups will consider benefits and limitations, then methods, style and wording tips used to improve MCQs.

Successes/impacts, challenges/limitations: Results of how Indigenous health has utilised MCQs at the University of Otago Medical School will be presented to open up a discussion on enablers and barriers to the design, implementation and evaluation of MCQs with an Indigenous health focus.

Indigenous leadership/collaboration, sustainability issues: This workshop will demonstrate the role of Indigenous leadership and collaboration with the Faculty assessment team to support the sustainability of MCQs within examinations at the Otago Medical School. During the discussion it is expected that collaboration, which should aid sustainability, in terms of question and reviewer banks will arise. Consideration could be given to joining MCQ collaborations already present (e.g. those for medical courses in Australia and Aotearoa/New Zealand) and including Indigenous health as a topic.

Wednesday 5th April

Presenters:



Mike Tweed, University of Otago, Wellington

Originally from England, Mike completed his undergraduate and postgraduate clinical training, and moved to Wellington in 2003. He has had a joint role within the University of Otago and the Wellington Regional Hospital since this time. At the University of Otago Medical School his current roles include: MBChB Assessment Convenor, Chair of the Assessment Committee, and Retained Knowledge (progress) Test Convenor. Mike is also doing a PHD, as a part-time candidate, on assessing insightfulness and foresightfulness using candidate certainty and response safety in MCQ tests. Within the

Royal Australasian College of Physicians he chairs the Adult Medicine Division Assessment Committee and is a member of the Adult Medicine Division Written Examination Committee. Within the hospital, Mike's roles are as a Respiratory Physician and Clinical Leader of Respiratory Medicine.



Cameron Lacey, University of Otago, Christchurch

Cameron (Te Atiawa) MBChB, FRANZCP, PhD, is a Senior Lecturer at the Māori Indigenous Health Unit, University of Otago Christchurch, a Psychiatrist working in old age psychiatry and the Medical Director for Westcoast District Health Board. He has clinical and research experience working with Māori and whānau. His research includes Hauora Māori, psychological medicine, cardiovascular disease, neurology and medical education. Cameron is Principal Investigator on a Health Research Council (HRC) funded project investigating Māori and Bipolar Disorder, and is a Named Investigator on

three HRC funded projects nearing completion. He is also Principal Investigator of a HRC Canterbury Medical Research Foundation funded project. His PhD examined the psychiatric comorbidity of depression in epilepsy, investigating both psychiatric and genetic risk factors.



Wednesday 5th April

Session – Curriculum: Teaching and Learning 1

Chair: Craig Allen

2:00–3:30pm at Etihad Stadium, Victory Room B

Presentation: Assessment for Capability in Indigenous Health Practice

Authors:

Associate Professor Clare Delany, Coordinator of Research Higher Degree Programs and final year of the Master of Clinical Education Program (EXCITE), Medical Education, The University of Melbourne

Dr Lachlan Doughney, Research Fellow, Melbourne Poche Centre for Indigenous Health, The University of Melbourne

Ms Shawana Andrews, Lecturer, School of Health Sciences, The University of Melbourne

Professor Shaun Ewen, Director, Melbourne Poche Centre for Indigenous Health and Associate Dean (Indigenous Health), Faculty of Medicine Dentistry and Health Sciences, The University of Melbourne

Abstract:

Introduction: Assessment in higher education is recognised as key to student engagement and learning. However, little has been written about assessment design and practice in Indigenous health education.

Methods: Using in-depth interview methods and constructivist methodology, we interviewed academics involved in teaching and designing Indigenous health assessment tasks in tertiary level health programs. We then compared this current practice with theory-based discussions of effective assessment for learning from higher education literature.

Results: Forty-one academics teaching Indigenous health content in health sciences disciplines participated in a semi-structured interview. Learning goals identified by participants centred on building students' understanding of the intersecting factors contributing to Indigenous peoples' health status, and developing critical and reflexive thinking skills about their role in contributing to Indigenous health and wellbeing. By contrast, many identified assessment tasks focused more narrowly on analysis and synthesis of factual information about Indigenous health as proposed to students by the teacher.

Discussion: To more closely align stated learning goals and assessment tasks based on our data, and to incorporate pedagogical ideals of effective assessment, we propose a capability approach to assessment for learning in Indigenous health education. We identify two core capabilities required for effective health practice with Indigenous peoples and/or contexts. These are to 1) engage in wide critical thinking that incorporates socio-medical knowledge frameworks to complement disciplinary-based reasoning; and 2) use 'extra clinical languages' to facilitate connections with people so as to acknowledge different identities and experiences and to enable clinical actions that are meaningful to diverse patient populations and individuals.

Conclusion: The capability approach to assessment synthesises empirical and theoretical components of effective assessment for Indigenous health education. It is designed to promote and build ongoing scholarship in Indigenous health education.

Acknowledgments: The Office for Learning and Teaching project team involved in the development of this work includes A/Professor Clare Delany (Co-chief Investigator), Professor Shaun Ewen (Co-chief Investigator), Professor Lou Harms, A/Professor Louisa Remedios, A/Professor Lilon Bandler, A/Professor Patricia Nicholson, Ms Shawana Andrews, Ms Lauren Kosta, A/Professor Wendy Edmondson, Professor Cindy Shannon, Professor Michael McCullough, A/Professor Papaarangi Reid, and Dr Lachlan Doughney (Project Manager).

Wednesday 5th April

Presenters:



Clare Delany, The University of Melbourne

Clare is Coordinator of Research Higher Degree Programs and the final year of the Master of Clinical Education Program (EXCITE) in the Department of Medical Education, Melbourne Medical School. She is also a clinical ethicist at the Children's Bioethics Centre at the Royal Children's Hospital Melbourne. Clare's research and teaching expertise is in clinical education, clinical reasoning and paediatric bioethics.



Shawana Andrews, The University of Melbourne

Shawana is a Palawa woman of the Trawlwoolway clan, Trowunna. She has a social work and public health background and has worked in Aboriginal health for 18 years doing project management, program development, teaching, community development and direct service delivery. She currently works as Lecturer in Indigenous Health at the Melbourne School of Health Sciences and leads the Indigenous Curriculum Framework development for the School. Shawana also leads the Billibellary's Walk project as part of broader university efforts to develop pedagogical tools to facilitate Indigenous curriculum development.



Wednesday 5th April

Presentation:
Collaborative Intercultural Teaching Partnerships as a Strategy to Build Indigenous Cultural Capability in Health Professional Education

Authors:

Ms Michelle Webb, Lecturer, Centre for Aboriginal Studies, Curtin University

Ms Pam McCrorie, Lecturer, Centre for Aboriginal Studies, Curtin University

Mr Jonathan Bullen, Learning Designer, Indigenous Curriculum and Pedagogy, Curtin Learning and Teaching, Curtin University

Dr Marika Guggisberg, Lecturer, School of Public Health, Curtin University

Abstract:

Introduction: Curtin's Centre for Aboriginal Studies (CAS) and Faculty of Health Sciences implemented a new unit, Indigenous Cultures and Health Behaviours to approximately 2500 first year students from 26 health disciplines. Co-teaching by staff from CAS and the Faculty is used as a model to build cultural capability through teaching in an intercultural and interprofessional context. A professional development (PD) program for staff was developed and evaluated.

Rationale: Staff teaching in Indigenous Cultures and Health Behaviours require robust skills in working collaboratively and intercultural facilitation with the capacity to develop culturally safe learning spaces for students to explore intercultural perspectives in an open, transparent and supportive way. Failure to prepare staff adequately risked both staff and students being exposed to culturally unsafe practice.

Aims:

- To develop and pilot a PD program for staff teaching in Indigenous Cultures and Health Behaviours to work and teach in a culturally safe, intercultural and IP context.
- To evaluate the impact of the PD program.

Methods: Staff from CAS and the Faculty of Health Sciences participated in a two-day PD program which incorporated the Working Together intercultural leadership program and modelled intercultural teaching leadership through facilitation by both Aboriginal and non-Indigenous staff. The SHARE tool and Confidence to Teach Indigenous Content in an Intercultural Space Questionnaire developed by Durey and others. were used as prompts for discussion. Ongoing support was provided through detailed tutor guides, tutor meetings and informal peer support.

Results: Staff focus groups indicated that the PD program, guides and meetings were important in preparing and supporting staff to work in intercultural interprofessional teaching.

Successes/Challenges: Despite all Faculty staff not being selected for their intercultural capability, teaching partnerships are proving successful. Tutors identified that having a co-tutor to help each other out in emotionally challenging situations is useful. They also felt able to model working interculturally and to share their experiences with students. Challenges include 'sitting with silence', tutors negotiating together in the intercultural space and the collaborative management of challenging students. An additional benefit has been Faculty staff considering the vertical integration of Indigenous content into discipline-specific curricula.

Additional Authors: Sue Jones (Curtin Learning and Teaching) and Melissa Davis (School of Psychology and Speech Pathology, Curtin University).

Wednesday 5th April

Presenters:



Michelle Webb, Curtin University

Michelle is a descendant of the Palawa people of Tasmania. She is the youngest daughter in a family of seven sisters and one brother. Michelle has a Bachelor of Arts in Journalism and Heritage Studies and a Master of Human Rights Practice. She has taught in CAS since 2001. She is currently enrolled in her PhD exploring the resilience and strengths of young Indigenous adults and their conceptualisations and understanding of mental health and wellbeing and the relationship between identity, living out on Country and 'good mental health'. Michelle is co-unit coordinator of Indigenous Cultures and Health Behaviours.



Pam McCrorie, Curtin University

Pam is a nurse and midwife and holds a Master of Medical Science. She has extensive experience teaching in higher education. Pam is also an experienced teacher in Indigenous cultures and health, working in partnership with Aboriginal and Torres Strait Islander colleagues. She has been a central contributor to the Unit design and the development of learning materials for students and tutor guides to support staff teaching in Indigenous Cultures and Health Behaviours.

Wednesday 5th April

Presentation: Our Stories, Our Selves, Looking to Culture in Addressing Self-awareness in Medical Education

Authors:

Dr Martina Leialoha Kamaka, Associate Professor, Department of Native Hawaiian Health, John A. Burns School of Medicine, University of Hawai'i

Ms Malina Kaulukukui, Retired MSW (Master in Social Work), School of Social Work, University of Hawai'i

Abstract:

Introduction: Self-awareness is a critical component of cultural competency training. Many medical schools use case scenarios to trigger self-reflection as students analyse their responses to certain situations. At the John A. Burns School of Medicine (JABSOM), the Department of Native Hawaiian Health decided to add a self-awareness training that was more consistent with our Indigenous framework. For Native Hawaiians and other Indigenous peoples, our place and our genealogies define who we are. We share information through storytelling. By using storytelling in this training, our aim was to take students out of their more Western-oriented scientific mindsets into a more intuitive and empathetic one.

Aims:

1. To utilise cultural ways of knowing into a medical school self-awareness curriculum.
2. To understand how self-awareness can improve patient physician communication.

Methods: The self-awareness curriculum at JABSOM consists of a series of three exercises in facilitated small group discussions involving the entire first year class. The first two exercises occur in the second month of their first year at our initial encounter with the students, who share stories about their sense of place and their genealogies. The third exercise, family as first culture, has students discuss the influence of family on their views around topics such as spirituality, gender roles, and power. The series order purposefully starts in a safe storytelling space and, over time, addresses more difficult topics. Due to scheduling challenges, the third exercise has not been utilised yearly.

Results: Over the past five years, 332 first year medical students, of whom 9.6 per cent are Native Hawaiian, have participated in our self-awareness curriculum. Evaluations show that 50 per cent strongly agreed, and another 44 per cent agreed, that they have a better understanding of how my 'sense of place' defines me. Four per cent were unsure and the rest disagreed. Qualitative analyses also show student awareness of how the exercises related to improving patient communication and mutual understanding.

Discussion: We have found these exercises to be helpful tools for assisting with self-awareness and enhancing student sensitivity toward patient communication. Challenges centre on finding curricular time so as to complete all three exercises.

Presenter:



Martina Leialoha Kamaka, University of Hawai'i

Martina, MD is a family physician who graduated from the Kamehameha Schools, the University of Notre Dame and the John A. Burns School of Medicine. After completing her Family Medicine residency in Lancaster, Pennsylvania, she worked in private practice both in Lancaster and Hawai'i. For the past 15 years, she has been teaching at JABSOM where she focuses on cultural competency training and Native Hawaiian/ Indigenous health-related issues. She is currently the President of the Ahahui o na Kauka, the Native Hawaiian Physicians Association.

Wednesday 5th April

Presentation: Exploring a Model for Collaborative Assessment in Indigenous Health Curriculum

Authors:

Mrs Alison Francis-Cracknell, Director of Clinical Education, Physiotherapy, Monash University

Ms Rose Gilby, Lecturer, Medicine, Nursing and Health Sciences, Gukwonderuk Indigenous Engagement Unit, Monash University

Ms Julia McCartan, Research Officer, Department of Nutrition and Dietetics, Gukwonderuk Indigenous Engagement Unit, Monash University

Abstract:

Introduction: In 2014–15, with funding from Monash’s Faculty of Medicine, Nursing and Health Sciences, work was undertaken to create an endorsed set of learning outcomes in the Indigenous health curriculum. As part of this process, a collaborative interdisciplinary Indigenous Health Curriculum Committee (IHCC) was established. In 2014, the Aboriginal and Torres Strait Islander Health Curriculum Framework was released to provide direction for health professional programs. Building upon previous work, the IHCC has now adopted this Framework and is continuing the interdisciplinary collaborative work in investigating assessment processes that fit within it. This presentation will describe preliminary findings of how we developed assessment across disciplines at the intermediate level using a programmatic approach.

Methods: Research design included a project team that liaised with our existing IHCC, and commenced with a literature review exploring best practice principles in assessing Indigenous health curriculum. A scoping exercise was then undertaken across health disciplines to gauge current approaches to assessment and future requirements. Action research and ‘yarning’ methods identified existing assessment opportunities for novice level learning outcomes, and the need for opportunities at other levels of learning.

Results: It was decided to focus upon assessment of the Framework’s intermediate level learning outcomes. Literature review findings suggested a need for assessment models at the intermediate level that incorporate formative assessment for learning and focus on the ongoing learning process. Suggested models include student self-reflection and peer assessment. This project focuses on piloting a programmatic approach that is aligned with the learning outcomes of the Framework. Work has now commenced, in collaboration with the IHCC, to create assessment resources that align with the ‘analyse’ and ‘examine’ intermediate learning outcomes and that meet the needs for scalability and integration using existing resources.

Conclusion: This project has enabled consolidation of interdisciplinary cross-faculty collaboration at Monash. A model of Indigenous health teaching and learning assessment at intermediate level has been identified and is being piloted. Further findings will be reported as they come to light and will be trialled in 2017 and 2018.

Presenters:

Rose Gilby, Monash University

See page 30.



Julia McCartan, Monash University

Julia is an accredited practising dietitian in Monash University’s Department of Nutrition and Dietetics and a Project Officer with the Gukwonderuk Unit. She has more than 12 years of professional experience in public health and community nutrition, health promotion project management and food systems research roles. Julia has worked together with Aboriginal communities on several public health nutrition projects, and is passionate about supporting the development of culturally capable health graduates.



Wednesday 5th April

Session – Curriculum: Cultural Competencies

Chair: Donald Whaleboat

2:00–3:30pm at Etihad Stadium, Victory Room C

Presentation: Indigenous Cultural Training in Advanced Pharmacy Practice Experience

Authors:

Dr Dee-Ann Carpenter, Assistant Professor, Department of Native Hawaiian Health, John A. Burns School of Medicine, University of Hawai'i

Dr Wesley Sumida, Associate Specialist, Lau Ola Clinic, Hilo Daniel K. Inouye College of Pharmacy, University of Hawai'i

Abstract:

Introduction: Senior year University of Hawai'i at Hilo Daniel K. Inouye College of Pharmacy students do a six-week Ambulatory Care rotation under a College of Pharmacy Associate Professor. One experiential site is the Lau Ola Clinic, in the Department of Native Hawaiian Health, University Health Partners, Faculty Practice of the John A. Burns School of Medicine. The Clinic is multidisciplinary (medical students/residents and physicians, psychologists and pharmacists), focusing on a patient-centered perspective that uses culture as the crux of patient care. Students become active participants in their own cultural learning.

We query whether the student pharmacist experience at the Clinic has enhanced students' ability to obtain one of the CAPE (Center for the Advancement of Pharmacy Education) outcomes involving cultural sensitivity, e.g. respect for diverse cultures and incorporation of patients' cultural beliefs and practices into health and wellness care plans. CAPE outcomes, which are similar to the cultural competency outcomes needed for medical students, focus on the knowledge, skills and attitudes that entry-level pharmacy graduates should possess.

Methods: Survey information in the form of multiple choice and open-ended questions were gathered from the Clinic's pharmacy students over the past 2.5 years and analysed. Qualitative results will be themed.

Results: Students valued the multidisciplinary environment, in and outside of the Clinic, that they shared with other medical professionals including medical students/residents. Quantitative themes included cultural activities, practices and beliefs, patient engagement and patient-centered care.

Discussion: A multidisciplinary setting with cultural learning opportunities is a great experiential learning environment for pharmacy and medical students/residents to gain knowledge, utilise tools and foster personal growth in bridging cultural differences. The present curriculum has been modified to reflect student feedback by enhancing interprofessional collaboration. We will use this modified curriculum for medical students in their Ambulatory Medicine block at the Lau Ola Clinic.

Students use these opportunities to enhance their cultural awareness and become great pharmacists, teaching others and becoming an integral part of their community. The right team of collaborators/partnerships in this multidisciplinary curricular design ensures sustainability.

Health professional training programs need to incorporate multidisciplinary training in Indigenous health so as to optimise learning to eliminate health disparities.

Wednesday 5th April

Presenters:



Dee-Ann Carpenter, University of Hawai'i

Dee-Ann is a Native Hawaiian Internal Medicine physician at the University Health Partners Lau Ola Clinic, Department of Native Hawaiian Health at JABSOM in Honolulu, Hawai'i. For the past three years, the multidisciplinary Lau Ola Clinic has been offering primary care, behavioural health and pharmacy services. Dee-Ann received her MD from the University of Hawai'i at Mānoa, JABSOM and completed her Internal Medicine residency with the University of Hawai'i Integrated Medical Residency Program. She has finished a Fellowship in Faculty Development through the Native Hawaiian Center of Excellence and in Medical Education at JABSOM.



Wesley Sumida, University of Hawai'i

Wesley is a Pharm.D. teaching at the University of Hawai'i at Hilo, Daniel K. Inouye College of Pharmacy. He is a graduate of the University of Washington School of Pharmacy and completed his residency at the University of Washington/Harborview Medical Center in Seattle, Washington. Wesley practised pharmacy for more than 20 years before joining the faculty at the College of Pharmacy. He currently teaches pharmacy students in the multidisciplinary University Health Partners Lau Ola Clinic, Department of Native Hawaiian Health at JABSOM in Honolulu, Hawai'i. His research interests include health disparities affecting Native Hawaiians and Pacific Islanders.



Wednesday 5th April

Presentation: Building Cultural Capabilities in Teachers and Students of Aboriginal and Torres Strait Islander Health

Authors:

Ms Petah Atkinson, Lecturer, PhD Student, Faculty of Medicine, Nursing and Health Sciences, Monash University

Dr Cicily Nesbit, Curriculum Assessment Lead, Indigenous Health, School of Medicine, Monash University

Abstract:

Introduction: In this presentation we describe the processes undertaken to improve the quality and delivery of Indigenous Health content across Monash University's Faculty of Medicine, Nursing and Health Sciences. For the past two years an Indigenous Health Curriculum Committee, comprised of interdisciplinary representatives, has overseen the development and implementation of scaffolded novice, intermediate and advanced Indigenous Health learning outcomes into the Health Science curriculum. This project will provide results of the approach taken within the School of Medicine, with a particular focus on embedding and assessing Indigenous Health curriculum for medical students and course tutors. Delivery of novice material commenced in 2015 and included distinct topics and blended content.

Methods: Faculty staff collaborated with the Gukwonderuk Indigenous Engagement Team to develop and deliver curriculum materials to support the achievement of novice learning outcomes focused on cultural safety and intercultural communication. Various teaching methods were employed including case-based videos featuring local Aboriginal people with real-life health service, experiential and online activities. Minor changes and improvements were made in 2016 in response to 2015 student and tutor feedback collected via anonymous online survey using Qualtrics (greater than 50% student responses) and deidentified student cohort exam assessment.

Results: We have now collected two years of triangulated data recording:

- i. student survey responses – relating to evaluation of case studies, including qualitative and quantitative data regarding importance of Indigenous Health content and capturing attitudes and experiences
- ii. tutor feedback – regarding delivery of the Indigenous Health curriculum and confidence in teaching (after training)
- iii. assessment data – early analysis of the student assessment data indicates satisfactory achievement in learning of the material based on exams scores, and highlights areas for attention in future teaching.

Conclusion: Further analysis of our data will guide us toward improved teaching and learning of the embedded Indigenous Health curriculum and aligning it with the Learning Outcomes provided by the 2016 Aboriginal and Torres Strait Islander Health Curriculum Framework. We will also use the data to refine our assessment methods, aiming to establish validated Faculty-wide assessment tools. This project focuses on the collaboration between our Indigenous Engagement Team and various Health Science disciplines within the Faculty, and demonstrates the way our curriculum development process has been built upon through consulting, implementing and assessing against the National Aboriginal and Torres Strait Islander Health Curriculum Framework.

Presenters:

Petah Atkinson, Monash University

See page 29.

Cicily Nesbit, Monash University

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Wednesday 5th April

Presentation:
Are Our Medical Students Achieving Cultural Capability as a Result of Our New Indigenous Health Curriculum?

Authors:

Dr Scott Winch, Academic Leader Indigenous Health, School of Medicine, University of Wollongong

Dr Karen Fildes, Lecturer, School of Medicine, University of Wollongong

Dr Teresa Treweek, Senior Lecturer, School of Medicine, University of Wollongong

Abstract:

Introduction: In alignment with the Committee of Deans of Australian Medical Schools (CDAMS) Indigenous Health Curriculum Framework, adopted by the Australian Medical Council in 2004, we have developed an innovative approach to teaching Indigenous Health in a community setting. Introductory sessions and lectures during the first month of the degree include topics such as cultural awareness, determinants of Indigenous health, social and emotional wellbeing, access to health care, health behaviour, and cross-cultural communication. Students then undergo four 3–4 hour Aboriginal community placements, developed in partnership with Aboriginal communities who define what programs are appropriate for their community, to develop their cultural capability further. The programs are funded by the School of Medicine and our medical students are then placed in the programs. This section of the study investigates the acceptability of the community model.

Methods: Semi-structured surveys were provided to students, service providers and community members to investigate the acceptability and appropriateness of the programs and student placements. Interviews were undertaken and thematically analysed using grounded theory and decolonising methodology to investigate emerging perspectives of students, service providers and community members.

Results: A total of 84 medical students participated in the program. This was undertaken across eight different programs run by Aboriginal organisations or communities in the Illawarra and Shoalhaven areas. The results of this study investigate the acceptability and appropriateness of the program for all stakeholders.

Conclusion: This program has been deemed a success and is now embedded into the University of Wollongong's medical curriculum. All sites have continued to deliver their programs which have been improved through the research and evaluation process.

Presenter:



Scott Winch, University of Wollongong

Scott (PhD, Master of Applied Epidemiology, Graduate Diploma in Health Service Management) is a Wiradjuri man, and the Academic Leader of Indigenous Health for the School of Medicine at the University of Wollongong. Scott started working in health as an Aboriginal Health Worker in 2001 before moving on to manage an Aboriginal Health Unit for a Local Health District for a number of years. He has also held the position of Manager of Public Health for the Aboriginal Health & Medical Research Council, NSW, and prior to his current appointment worked for the NSW Ministry of Health in Public Health.

Wednesday 5th April

Presentation: Are We Making a Difference? What Impact Does Cultural Awareness Education Have on Students' Attitudes?

Authors:

Professor Janie Smith, Professor of Innovations in Medical Education, Faculty of Health Sciences and Medicine, Bond University

Associate Professor Sally Sargeant, Assistant Professor in Behavioral Science, Faculty of Health Sciences and Medicine, Bond University

Associate Professor Shannon Springer, Discipline Lead in Aboriginal and Torres Strait Islander Health, Faculty of Health Sciences and Medicine, Bond University

Abstract:

Introduction: There is general consensus that to improve the health status of Aboriginal and Torres Strait Islander Australians all health professionals should be educated in how to work in a culturally safe way. Despite the many initiatives to teach cross-cultural education to health professionals as part of the usual curriculum for health professionals, there is little evidence that any of these programs have a long-term impact on the cultural safety of the students' practice once graduated. In fact, recent research indicates that training programs have been largely ineffective in improving doctors' cultural skills, their behaviour or health outcomes, and that some approaches to cross-cultural education are having the reverse effect and creating hostility and racism.

Methods: Since 2012 Bond University has been conducting a significant cultural awareness and Aboriginal and Torres Strait Islander Health program with its medical students. We have also been conducting a five-year longitudinal study to measure the impact of these cultural awareness activities on students' attitudes and behaviours using a validated cultural awareness and cultural competence scale survey. The survey is administered pre- and post-immersion at Year 1, in Year 3 and Year 5.

Results: Initial findings of the cultural awareness study (n=280) revealed positive shifts in various dimensions of cultural awareness among first year undergraduate medical students. The most notable differences occurred within knowledge acquisition, retention and dissemination (items 18_20, $p < 0.001$). The remaining statement (item 21) in this component was significant at the 95 per cent confidence interval ($p < 0.05$), which infers that students positioned themselves as making more effort to learn about how cultural factors affected health theory, delivery and behaviour following the cultural immersion. Institutional and curricular influences also showed positive directions after the immersion.

Conclusion: Cultural immersion has a great potential to elicit positive shifts in attitudinal and knowledge-related aspects of cultural awareness in the early stages of a medical curricula. Sharing this initial information will assist others who are teaching into these programs.

Presenter:



Janie Smith, Bond University

Janie is the Professor of Innovations in Medical Education at Bond University where she was instrumental in establishing the award-winning Indigenous Health program for the Faculty of Health Sciences and Medicine. Previously Janie ran her own national company, RhED Consulting Pty Ltd, where she undertook consultancies for health departments, universities, professional colleges, government and not-for-profit organisations. Janie is well published, being the author of the successful text *Australia's Rural, Remote and Indigenous Health*, which is used by many Australian universities and organisations.

Wednesday 5th April

Session – Workshop 2

2:00–3:30pm at Etihad Stadium, Victory Room D

Presentation:

Australian Medical Council Revised Accreditation Standards for Specialist Medical Colleges – What Do They Mean for Aboriginal and Torres Strait Islander and Māori Health?

Authors:

Associate Professor Shannon Springer, Discipline Lead for Aboriginal and Torres Strait Islander Health, Faculty of Health Sciences and Medicine, Bond University

Associate Professor Suzanne Pitama, Associate Dean Māori, Māori/Indigenous Health Institute, University of Otago, Christchurch

Professor Kate Leslie, Head of Anaesthesia Research, Royal Melbourne Hospital, The University of Melbourne

Professor Shaun Ewen, Director, Melbourne Poche Centre for Indigenous Health and Associate Dean (Indigenous Health), Faculty of Medicine Dentistry and Health Sciences, The University of Melbourne

Abstract:

Rationale/aims/objectives: Improving Indigenous health outcomes in Australia and New Zealand requires the medical profession to take philosophical, practical and strategic actions towards Indigenous peoples and their health needs. The Australian Medical Council (AMC) revised its accreditation standards for specialist medical training colleges in 2015, and for the first time included Indigenous-specific standards. Among the new AMC standards, five specifically address the health of Aboriginal and Torres Strait Islander peoples in Australia, and Māori in Aotearoa/New Zealand.

The two aims of this workshop are:

1. To outline the new Indigenous specific AMC standards.
2. To assist specialist colleges to develop further transformative strategies in seven key domains for improving Indigenous health outcomes in Australia and Aotearoa/New Zealand and to meet the standards – leadership and governance, partnership, health workforce development, advocacy strategy, curriculum and assessment, collaboration and celebration.

Process/approach/strategies to implement the workshop: The following represents the four-step process to deliver on the aims of this workshop.

1. Present the five new specific AMC Indigenous health standards to the whole delegation.
2. Present the seven key domains that can assist colleges to develop further a comprehensive organisation-wide strategy to meet these standards and improve Indigenous health.
3. Divide college representatives into groups and, depending on numbers, perhaps some colleges can join others; e.g. Ophthalmology may work with members from the Royal Australasian College of Surgeons (RACS). Provide each group with a framework to complete that will clearly outline:
 - The seven key domains
 - An explanation of each domain and how they work together to grow transformative change in an organisation and assist in meeting the standards
 - A table to document existing and new strategies against each of the domains for further development and implementation by the colleges.
4. Share with the whole delegation one new innovation from each group/table as a collective.

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Results/learning outcomes to be achieved: The outcomes offered in this workshop can assist colleges on their paths towards such transformative change and place them in good stead for successful accreditation against the Indigenous-specific standards. The aim of this workshop is to build on existing capacities and knowledge that has occurred in the colleges and at the undergraduate level.

Successes/impacts, challenges/limitations: The aspiration is that by applying the seven domains for consideration outlined in this workshop the medical profession will not only meet these standards but also improve Indigenous health outcomes. In addition, they will come to value Indigenous peoples' knowledge on health and wellbeing and the contribution they can make to the wider medical profession, and add to the overall excellence of the college activities. The limitation of this workshop depends on the participation of, and representation from, the various specialist medical training colleges. It also depends on the level of insight and understanding by college representatives as to their current level of Indigenous health initiatives and future direction.

Presenters:



Shannon Springer, Bond University

Shannon is a Fellow of the Royal Australian College of General Practitioners. Currently he is employed full-time at Bond University in the Health Sciences and Medicine Faculty as the Discipline Lead of Aboriginal and Torres Strait Islander Health. He practises clinically in Aboriginal Medical Services in and around Charleville, Queensland. Being an Aboriginal and South Sea Islander man from Mackay, North Queensland, his passion lies with Indigenous health and medical education.



Suzanne Pitama, University of Otago, Christchurch

Suzanne (Ngāti Kahungunu) is the Associate Dean Māori and the Director of the Māori/Indigenous Health Institute at the University of Otago, Christchurch. An educational psychologist, she has been involved in medical education for 15 years. Suzanne is also involved in a number of health research projects including those with a focus on Heart Disease and Chronic Kidney Disease. She is a named investigator on the Educating for Equity project, which explores the role of medical education in reducing health inequities. Suzanne's PhD focused on the place of Indigenous health curricula within medical schools.



Kate Leslie, AO, The University of Melbourne

Kate is Head of Research in the Department of Anaesthesia and Pain Management at the Royal Melbourne Hospital, and Honorary Professorial Fellow at the University of Melbourne and Monash University. A former president of the Australian and New Zealand College of Anaesthetists (ANZCA) and former Chair of the Council of Presidents of Medical Colleges, Kate currently chairs ANZCA's Clinical Trials Network. She is also a director of the AMC and Chair of its Specialist Education Accreditation Committee. Kate was awarded the Australian Medical Association Woman in Medicine Award and the ANZCA Orton Medal in 2014, and was appointed an Officer in the Order of Australia in 2016.

Shaun Ewen, The University of Melbourne

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Wednesday 5th April

Session – Panel 2

Facilitator: Lilon Bandler

3:50–4:50pm at Etihad Stadium, Victory Room A – Plenary

Presentation: Students and Recent Graduates

Authors:

Mr Ryan Bulger, Student, The University of Sydney

Dr Justin Gladman, Junior Medical Officer, Far West Local Health District Broken Hill

Dr Andrea McKivett, Clinical Research Associate, South Australian Health and Medical Research Institute

Ms Keriana Nepe, Student, The University of Auckland,

Dr Kennedy Sarich, PGY1 House Officer, Canterbury District Health Board

Abstract:

The panel of Indigenous medical students and recent graduates will discuss their experiences, and the journey from student to graduate. They will share their perspectives on strategic support for Indigenous health teaching within the curriculum, and barriers to engagement. Panellists will also share some key principles they believe would support Indigenous health curriculum development into the future.

Presenters:



Ryan Bulger, The University of Sydney

Ryan is a Wiradjuri man from New South Wales, Australia. A former teacher, he is passionate about the welfare of his people. Ryan is currently studying Medicine at the University of Sydney.



Justin Gladman, Far West Local Health District Broken Hill

Justin is a descendant of the Wiradjuri people. He is currently undertaking Rural Generalist Training in Broken Hill, has an appointment with the Anaesthetics Department at the Broken Hill Hospital, and also works with the Royal Flying Doctor Service as a GP Registrar. Justin is married to Melinda and they have four children. In the past he has worked in ACCHOs as a researcher, as well as teaching Aboriginal Health Workers.

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Andrea McKivett, South Australian Health and Medical Research Institute

Andrea is Gija from Halls Creek and grew up in Carnarvon, Western Australia. After being involved in the pre-Medicine program for Aboriginal students, Andrea completed her medical degree at UWA in 2011. She is passionate about both learning and social justice, which led her to complete a Master in Aboriginal Health. Her thesis explored decision-making and engagement of medical practitioners in the Aboriginal health field. Andrea has worked in clinical medicine, medical education and clinical research. She is planning to commence a PhD in 2017 looking at how identity and beliefs influence choice and meaning-making in health for Indigenous and non-Indigenous populations.



Keriana Nepe, The University of Auckland

Ko Titirangi te maunga
Ko Uawa-nui-a-Ruamatua te awa
Ko Te Aitanga a Hauiti te iwi
Ko Keriana Nepe ahau

Keriana is a sixth year medical student at the University of Auckland. She grew up in a small community on the East Coast of Aotearoa/New Zealand and has been interested in medicine for as long as she can remember! Based at Waikato Hospital in Hamilton, Keriana is thoroughly enjoying her time learning and growing within the program. Her professional interests are in Emergency Medicine, General Medicine, Orthopaedic Surgery and Anaesthetics. She is also passionate about Māori health and education, as well as the common goal of improving health and education outcomes for all Indigenous populations.



Kennedy Sarich, Canterbury District Health Board

Kennedy [Ngāpuhi Te Rarawa] is currently a PGY1 House Officer at the Canterbury District Health Board, her first job after graduating from Medicine at the University of Otago in 2016. Her three clinical years were spent at the Christchurch School of Medicine. Kennedy has been involved in various recruitment efforts to get Māori interested in health career,s as well as mentoring and student leadership groups. With a solid interest in research, she plans to pursue a career in public health, as well as heading further north, but sees value in getting a strong clinical grounding.

Thursday 6th April

Thursday 6th April

Session – Welcome: Thursday 6th April

Chair: Elana Curtis

8:50–9:10am at Etihad Stadium, Victory Room A – Plenary

Presentation: Welcome – The University of Melbourne

Presenter:



Shitij Kapur, The University of Melbourne

Professor Shitij Kapur, FRCPC, PhD, FMedSci is the Dean of the Faculty of Medicine, Dentistry and Health Sciences and the Assistant Vice-Chancellor (Health) at the University of Melbourne. A clinician–scientist with expertise in psychiatry, neuroscience and brain imaging, he trained as a Psychiatrist at the University of Pittsburgh, and undertook a PhD and Fellowship at the University of Toronto. Shitij is a Diplomate of the American Board of Psychiatry and Neurology, similarly Board Certified in Canada and has a specialist medical licence in the United Kingdom.

Presentation: Welcome – Te ORA Māori Medical Practitioners Association

Presenter:



Nathan Joseph, Te ORA Māori Medical Practitioners Association

Ngāti Tūwharetoa, Ngāti Maniapoto, Ngāti Raukawa, Ngāti Kahungunu, Rangitane, Tauranga Moana and Muaupoko, MBChB, Dip O&G, FRNZCGP. Dr Nathan Joseph was re-elected to the Te ORA Board at the September Annual General Meeting in 2016. Prior to this, he held various roles on the Board, including as Treasurer in 2006–07.

Thursday 6th April

Session – Keynote Address

Chair: Elana Curtis

9:10–10:10am at Etihad Stadium, Victory Room A – Plenary

Presentation: Two-Eyed Seeing

Author:

Dr Evan Adams, Chief Medical Officer, First Nations Health Authority, Canada

Abstract:

In this keynote address, Evan will discuss the importance of ensconcing an Indigenous perspective into medical education, including a traditional perspective on wellness and service. He will also discuss how the First Nations Health Authority (FNHA) is working to embed this Indigenous perspective, as well as cultural safety and humility, and quality measures, into the British Columbia health care system. He will explain the origin and concept of Two-Eyed Seeing – with its overarching message of learning to see from one eye with the strengths of Indigenous knowledges and ways of knowing, and from the other eye with the strengths of Western knowledges and ways of knowing – and learning to use both eyes together in a balanced and good way for the benefit of all. He will also explore other applications of Two-Eyed Seeing within this larger meaning, including learning how to look forward and back, and inwards and outwards at once.

Evan will go on to describe actions that the FNHA is taking in British Columbia to reframe and support addressing Indigenous health. More specifically and personally, he will describe growing up in Canada with the dichotomy of Indigenous roots and a Western trajectory, and learning how to balance them. He will extrapolate this to a vibrant and holistic vision of health and health systems, and healthy Indigenous individuals, families and communities.

As the Chief Medical Officer in a large First Nations health organisation of more than 600 staff, Evan's work focuses on improving the quality of health care programs for First Nations and other Indigenous people through wide-scale health system transformation. He is also responsible for supporting the health and wellness of communities as dictated by First Nations culture. In this address, Evan will examine how the FNHA is achieving these strategic priorities through collaboration, partnership and investment, and, equally importantly, through incorporating traditional approaches to practice, seeking culture as intervention and seeing culture as a social determinant of health.

Presenter:



Evan Adams, First Nations Health Authority, Canada

Evan is of Sliammon First Nation ancestry and is Chief Medical Officer for the First Nations Health Authority. In this role he provides leadership representing the FNHA, working closely with government partners on population and public health matters that affect First Nations and all British Columbians. Evan leads a team of physicians who focus on First Nations health and wellness with the aim of creating a unique health care model that will be the first of its kind in Canada. He contributes to the continued transformation of health care and responds to the wellness directives provided by First Nations communities. Evan is also notable for his acting career; he truly enjoys the arts.



Thursday 6th April

Session – Leadership: Support to Graduation

Chair: Rose Gilby

10:40–11:55am at Etihad Stadium, Victory Room B

Presentation:

The Challenge of Teaching about Health Disparities and Cultural Trauma: The Curriculum at JABSOM

Authors:

Dr Martina Leialoha Kamaka, Associate Professor, Department of Native Hawaiian Health, John A. Burns School of Medicine, University of Hawai'i

Ms Malina Kaulukukui, Retired MSW, School of Social Work, University of Hawai'i

Abstract:

Introduction: Indigenous populations suffer from significant health care disparities, the origins of which cannot be understood without considering the role of cultural trauma as it relates to the multiple losses (physical, spiritual, emotional), colonisation and racism experienced by Indigenous people. At the John A. Burns School of Medicine (JABSOM) at the University of Hawai'i, 90 per cent of the class is from Hawai'i, and yet most have little understanding of Native Hawaiian history or the origins of the current health disparities and cultural historical trauma suffered by Native Hawaiians. The Department of Native Hawaiian Health at JABSOM has developed a cultural competency curriculum focusing on Native Hawaiian health and health disparities that also includes components of Hawaiian history.

Aims:

1. Understanding the role of cultural historical trauma as it relates to health disparities.
2. Utilising art as a medium for healing from cultural trauma.

Methods: The contents of the cultural competency curriculum were guided by Native Hawaiian cultural values and practices. We attempted to address cultural trauma through multiple teaching methodologies. To introduce the topic of cultural trauma, we first incorporated lectures to discuss the social determinants of health as they relate to health disparities followed by lectures that give an overview of Hawaiian history. This was followed by small group exercises that explore the concept of loss and trauma. Finally, we utilised Indigenous art as a form of healing from cultural trauma. The latter was added last year through a collaboration involving a travelling mural painted by several prominent Native Hawaiian artists.

Results: The Department of Native Hawaiian Health is undergoing a comprehensive evaluation looking at the multiple teaching interventions it has utilised over the years. Preliminary evaluations from the cultural trauma-related curricula show that students value this training, and that the methodologies used have had a positive impact on their understanding not only of cultural trauma, but also of healing from it. Challenges have centred on curricular time constraints that have limited our ability to expose all of our students to every curricular component we have developed around cultural trauma.

Presenters:

Martina Leialoha Kamaka, University of Hawai'i

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Thursday 6th April

Presentation: Inner Qualities Versus Inequalities: Educating Change Agents in Indigenous Public Health

Authors:

Ms Sally Fitzpatrick, Student, School of Public Health and Community Medicine, UNSW Australia

Professor Melissa Haswell, Conjoint Professor, School of Public Health and Community Medicine, UNSW Australia

Dr Lois Meyer, Senior Research Fellow, Learning and Teaching, Postgraduate Programs, School of Public Health and Community Medicine, UNSW Australia

Dr Megan Williams, Research Fellow, Centre for Health Research, Western Sydney University

Abstract:

Introduction: Graduates of Medicine and Public Health need an enhanced understanding of Aboriginal and Torres Strait Islander health that has a strong emphasis on a deep and holistic approach to wellbeing. More broadly, to thrive as a health professional amid complexity and competing priorities requires leadership capacities that are nurturing for self and others in terms of personal wellbeing, including working within one's values, cultural humility and an appreciation of strengths. The challenge for educators is how to foster such inner qualities among students. This presentation highlights findings from a mixed-methods study of change occurring in students who complete Aboriginal Health and Wellbeing courses within a postgraduate Public Health program.

Methods: The study context is two externally delivered courses offered at an Australian university between 2010 and 2015. Both begin with a workshop, one using scenario planning and the other involving a three-day immersion in Stage 1 of the Aboriginal Family Wellbeing (FWB) program. Data collection included pre- and post-course testing using the Growth and Empowerment Measure (GEM) to assess group level changes. Descriptive and paired analyses were used to identify patterns of change, which form the basis of ongoing thematic analysis of post-course student feedback and online discussions.

Findings: A total of 147 students chose to participate, with a mean age of 35, and 74.5 per cent identifying as female and 7.4 per cent as Aboriginal and/or Torres Strait Islander. While the collection of return surveys was challenging, pre- and post-course matched pairs were obtained in 55 cases. Both GEM scales were internally consistent ($\alpha=0.8$), with statistically significant positive change detected in scales, subscales and individual scale items for the combined courses, as well as within the two courses ($n=26-29$; $p<0.05$). Effect sizes were generally medium to high ($d=0.43-1.34$). There was a greater breadth of change in the FWB group.

Conclusion: The findings indicate elements of positive growth and empowerment experienced by those students who provided pre- and post-course data. Of particular interest is their increased sense of 'knowing who I am' across both courses, 'having a voice' in the scenario planning group, and a 'sense of spirituality' and 'ability to deal with criticism' in the FWB group.

Presenter:



Sally Fitzpatrick, UNSW Australia

Sally is currently a Research Fellow at the Centre for Health Research, Western Sydney University, and is enrolled in a professional doctorate within UNSW Australia's Future Health Leaders Program. She has a strong background in teaching postgraduate Indigenous public health within an action research framework. Previously, Sally has contributed evidence-based program enhancements in Indigenous medical education, including the design and implementation of multimedia resources and 'critical friends' learning communities to enhance the learning experience of Aboriginal and Torres Strait Islander students in the postgraduate context.



Thursday 6th April

Presentation:
Recruitment, Retention and Enabling Pathways for Aboriginal and Torres Strait Islander Students into Medicine: Undergraduate Versus Graduate Entry

Authors:

Dr Christine Clinch, Assistant Professor, Centre for Aboriginal Medical and Dental Health, The University of Western Australia

Dr Paula Edgill, Assistant Professor, Centre for Aboriginal Medical and Dental Health, The University of Western Australia

Mr Craig Allen, Deputy Director, Poche Centre for Indigenous Health, Flinders University Northern Territory

Abstract:

Introduction: Aboriginal and Torres Strait Islander health professionals play an important role in improving health outcomes, given their unique ability to align clinical and socio-cultural skills to improve access to services, and to provide culturally appropriate care for Aboriginal and Torres Strait Islander people. Thus, the University of Western Australia or UWA has had long-term strategies to increase the representation of Aboriginal and Torres Strait Islander people as students, graduates and employees. To facilitate this, the Centre for Aboriginal Medical and Dental Health or CAMDH was established in 1996, at which time there had been only two Aboriginal graduates from the Medical School and three Aboriginal and Torres Strait Islander students studying Medicine at UWA.

CAMDH historically has had successful student recruitment, retention and enabling pathways into the undergraduate MBBS program. However, transitioning from an undergraduate MBBS to a postgraduate MD has required a review of these strategies to better meet students' needs. The UWA Medical School has initiated a range of changes to curriculum content and prerequisites into the MD, which has had significant implications for CAMDH's entry pathways, curriculum development and implementation, as well as teaching.

Aims: This presentation compares student recruitment, preparedness to enter into the program and retention of Aboriginal and Torres Strait Islander students between the previous undergraduate course and the new MD, and to identify factors that improve student success in graduating.

Methods: Comparisons were undertaken of the pathways into Medicine for Aboriginal and Torres Strait Islander students at UWA in the MBBS and in the current MD, highlighting the course structural differences, prerequisites for entry, need for different entry pathways and the impact on students.

Results: Aspirational quotas (10% of cohort = 20 places) have yet to be filled but enrolment numbers have improved significantly in the MD from 2014 to 2016. This has been unexpectedly higher than anticipated with greater numbers than during the MBBS. We currently have no graduates from the MD but expect to graduate five Aboriginal and Torres Strait Islander students of the first MD cohort in 2017.

Conclusion: The discussion will consider and analyse the contributing factors to the outcomes in recruitment and retention of students, highlighting enablers and challenges to success. It will also discuss collaborative efforts with the Faculty of Health and Medical Sciences to maintain and increase the numbers of Aboriginal and Torres Strait Islander graduates from UWA.



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Presenters:
Christine Clinch, The University of Western Australia

See page 47.

Paula Edgill, The University of Western Australia

See page 47.

Craig Allen, Flinders University Northern Territory

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Thursday 6th April

Session – Leadership: Specialist Medical Colleges 1

Chair: Shannon Springer

10:40–11:55am at Etihad Stadium, Victory Room C

Presentation:

The Royal Australian and New Zealand College of Psychiatrists' Aboriginal and Torres Strait Islander Mental Health E-learning Modules

Author:

Dr Jason Boon Leong Lee, Clinical Director, Rural, Remote and Indigenous Mental Health Services in Townsville, and Chair, Aboriginal and Torres Strait Islander Mental Health Committee, Royal Australian and New Zealand College of Psychiatrists

Abstract:

Introduction: In October 2014, the Royal Australian and New Zealand College of Psychiatrists (RANZCP) launched a series of four e-learning modules that are publicly accessible through the RANZCP website. The suite of resources were produced as a professional development tool for clinicians who work with Aboriginal and Torres Strait Islander consumers in a social and emotional wellbeing or mental health context.

Methods: The contents of the modules were developed by the RANZCP Aboriginal and Torres Strait Islander Mental Health Committee, which consists of psychiatrists working within Aboriginal and Torres Strait Islander communities and community members. The four modules specifically address areas of assessment, management, formulation and service development, while constantly espousing the core principles of engagement and development of a therapeutic alliance through respect and cultural safety. Previously developed resources, in the form of case studies, were also integrated into the new modules.

Results: The e-learning platform allows for various methods of information sharing, including videos of mock scenario roleplays, videos of expert panel discussions, text material and case studies as exemplars. Since their launch in October 2014, the modules have been among the most accessed on the RANZCP e-learning site.

Conclusion: The presentation will cover the methodology undertaken by the Committee to develop these modules, along with a brief overview of their contents. It will also describe the access and utility of these e-learning modules to date. It should be noted that these modules may be of use and interest to other health professionals, not just psychiatrists. They could also be educationally beneficial for students in the health sciences, and others working with Aboriginal and Torres Strait Islander people and communities, such as social workers and teachers.

Presenter:



Jason Boon Leong Lee, Royal Australian and New Zealand College of Psychiatrists

Jason is the Clinical Director for Rural, Remote and Indigenous Mental Health Services in Townsville, Far North Queensland. He has 10 years of experience providing outreach psychiatric and social and emotional wellbeing services to remote Aboriginal communities in the Lower Gulf of Carpentaria. With a passion for clinical teaching, Jason is a Senior Lecturer at James Cook University. He is also Clinical Academic and Chair of the Medical Education Committee for the Townsville Mental Health Service Group, and current Chair of the Aboriginal and Torres Strait Islander Mental Health Committee.



Thursday 6th April

Presentation:
Leadership, Excellence, Partnership and Advocacy: The Royal Australasian College of Surgeons Reconciliation Journey

Authors:

Dr David Murray, Chair, Indigenous Health Committee, Royal Australasian College of Surgeons

Associate Professor Kelvin Kong, Member, Indigenous Health Committee, Royal Australasian College of Surgeons

Abstract:

The Royal Australasian College of Surgeons or RACS is the leading advocate for surgical standards, professionalism and surgical education in Australia and Aotearoa/New Zealand. It also advocates that Australia's surgical community should demonstrate leadership in improving health care outcomes for Aboriginal and Torres Strait Islander peoples.

In June 2016, the RACS launched its Reconciliation Action Plan (RAP) 2016–2018, a public statement of our commitment to reconciliation and understanding between the College and Australia's Aboriginal and Torres Strait Islander peoples. The development of a RAP was a key action in the RACS Aboriginal and Torres Strait Islander Health Action Plan 2014–2016. The RAP complements and expands on the relevant actions identified in the Health Action Plan, which are underpinned by six guiding principles.

- Acknowledges the role of the RACS in Aboriginal and Torres Strait Islander health.
- Acknowledges changes to the culture and philosophy of the way the RACS conducts its business in respect to Aboriginal and Torres Strait Islander health.
- Embraces a whole-of-organisation approach to address Aboriginal and Torres Strait Islander health, where RACS staff and fellows are active participants.
- Promotes and adopts a best practice approach to workforce development, advocacy, education, leadership and excellence.
- Recognises that RACS engagement requires on-going improvement, development and evaluation.
- Ensures that the RACS will be an organisation that is culturally competent.

This presentation will provide an overview of how the Health Action Plan and the RAP were developed. It will also outline the key strategies being pursued to improve the cultural competency of the surgical workforce and to increase the number of Aboriginal and Torres Strait Islander medical specialists including surgeons.

Presenters:

David Murray, Royal Australasian College of Surgeons

David is a General Surgeon, specialising in upper gastrointestinal surgery, from the Darug people in the Sydney area. Australia's second Aboriginal and Torres Strait Islander surgeon, he is the current Chair of the RACS Indigenous Health Committee.

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Presentation: Kaua e Whakaarohia Te Mahinga Engari Te Otinga

Authors:

Dr Maxine Ronald, Deputy Chair, Indigenous Health Committee, Royal Australasian College of Surgeons

Professor Pat Alley, Chair, Māori Health Working Group, Indigenous Health Committee, Royal Australasian College of Surgeons

Abstract:

Kaua e whakaarohia te mahinga engari te otinga – Think not on the labour, rather reflect on the completion.

As part of its commitment to standards and professionalism, the Royal Australasian College of Surgeons strives to take informed and principled positions on the equitable provision of quality health care services for the people of Aotearoa/New Zealand. A Fellowship of the RACS stands for quality in surgical care, but quality cannot be truly present unless equity is accepted as an integral component. The College cannot uphold its principles without acknowledging and actively seeking to remedy the inequities of access, treatment and health outcomes for Māori, and the alarming under-representation of Māori within the surgical workforce.

In February 2016, the RACS Council approved the Māori Health Action Plan 2016–2018, which provides a clear vision on how surgery and surgeons can contribute to improved health outcomes for Māori. This vision supports:

- Acknowledgment of Māori health inequalities and advocacy for change.
- A surgical workforce that values cultural diversity and cultural competence and is representative of Māori within Aotearoa/New Zealand society.
- Evidence-based research on achieving equitable surgical outcomes for Māori.
- Provision of treatment and health care options to deliver the best outcomes for Māori patients.
- Incorporation of te ao Māori within the College's activities, image and culture.

This presentation will provide an overview of how the Māori Health Action Plan was developed, and give the key strategies being pursued by the RACS to address health inequalities and achieve equity in health outcomes for Māori.

Presenters:



Maxine Ronald, Royal Australasian College of Surgeons

Maxine is a General and Oncoplastic Breast Surgeon and a descendant of Nga Puhi and Ngati Wai. After completing her surgical training in Aotearoa/New Zealand she took up a Colorectal/Acute Surgical Unit fellowship in Fremantle Hospital, Perth. Following this she completed an Oncoplastic Fellowship at Royal Perth Hospital.

Maxine is Deputy Chair of the RACS Indigenous Health Committee, and has a special interest in improving Māori cancer health outcomes, which remain worse than for those who are non-Māori.



Thursday 6th April

Session – Workshop 3

10:40–11:55am at Etihad Stadium, Victory Room D

Presentation:

How to Integrate Indigenous Health Competencies and Clinical Skills into a Learning Session

Authors:

Associate Professor Suzanne Pitama, Associate Dean Māori, Māori/Indigenous Health Institute, University of Otago, Christchurch

Ms Tania Huria, Senior Lecturer, Māori/Indigenous Health Institute, University of Otago, Christchurch

Dr Cameron Lacey, Senior Lecturer, Māori/Indigenous Health Institute, University of Otago, Christchurch

Mr John Dean, Professional Practice Fellow, University of Otago Simulation Centre, University of Otago, Christchurch

Abstract:

Rationale/aims/objectives: To date, literature documenting the evaluation of teaching methods used in cultural competency are sparse. This workshop will utilise cultural competence in an Indigenous health context, and discuss how it can be taught alongside clinical contexts.

Process/approach: Specifically this workshop will focus on how the use of simulated patient learning sessions (including the use of hybrid models) have been developed at the University of Otago, which combines the Indigenous health and clinical skills curricula learning outcomes for 5th year medical students. It is hoped that this workshop will provide a base for attendees to consider how they might combine Indigenous health alongside clinical skills within their curricula.

Results/learning outcomes to be achieved: That attendees will utilise a framework designed for this workshop within their own curricula to navigate how to place cultural competency within a clinical context for learners. It is hoped this workshop will be interactive, so will require team work and role playing. Who should attend: Those with an interest in the fields of cultural competency, Indigenous health, clinical skills or dynamic teaching methods that combine learning outcomes from different disciplines. Level of workshop: Intermediate. It is expected that you will understand the field of cultural competence in health prior to attending this workshop.

The results from our evaluation of this learning method will be presented within this workshop, to support other curriculum developers identify possible signposts for success within their own institutions.

Indigenous leadership/collaboration, sustainability issues: This learning method was developed by the Indigenous health teaching team at the University of Otago, Christchurch campus in partnership with non-Māori colleagues involved with the Clinical Skills Unit, senior clinicians and Indigenous community stakeholders. This partnership has ensured the sustainability of the program, and a process to maintain its place within the Indigenous health curriculum.

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Presenters:
Suzanne Pitama, University of Otago, Christchurch

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Tania Huria, University of Otago, Christchurch

Tania (Ngai Tahu/Ngati Mutunga Wharekauri) contributes to the 4th and 5th year undergraduate teaching, and to the Educating for Equity, Chronic Kidney Disease & Māori and the Hauora Manawa Community Heart Studies. With a strong interest and clinical background in Indigenous Women's health, Tania has completed her Master of Public Health and is currently enrolled in a PhD at University of Otago, Christchurch on systemic perspectives of chronic kidney disease.

Cameron Lacey, University of Otago, Christchurch

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Thursday 6th April

Session – Poster Session

Chair: Paula Edgill

12:15–12:45pm at Etihad Stadium, Victory Room A

Presentation:

Reflecting on Our First Steps: Indigenisation of the Curriculum in Occupational Therapy and Physiotherapy

Authors:

Dr Caroline Robinson, Course Director, Faculty of Science, Charles Sturt University

Ms Chontel Gibson, Indigenous Academic Fellow, School of Community Health, Charles Sturt University

Dr Barb Hill, Co-coordinator of Curriculum and Pedagogy Co-coordinator, Charles Sturt University

Mr Brett Biles, Lecturer in Indigenous Studies, School of Indigenous Australian Studies, Charles Sturt University

Abstract:

Introduction: This poster explores the process of course review and curriculum design in the Bachelor of Occupational Therapy and the Bachelor of Physiotherapy at Charles Sturt University (CSU). The broader context for these course reviews is a requirement to address the 2008 Indigenous Education Strategy (IES), as part of a whole-of-institution approach to Indigenous education founded upon the principles of cultural competence, social justice and reconciliation. The CSU Indigenous Australian Content in Courses Policy provides guiding principles for Indigenisation of curricula.

Methods: The CSU course review process is enabled through 'CourseSpace', a collaborative online environment, which enables a backwards mapping process to ensure constructive alignment of assessment tasks with course and subject level outcomes. In relation to Indigenous Australian content in these courses, a range of standards inform learning outcomes: discipline-related cultural competency standards; CSU Indigenous Cultural Competency Pedagogical Framework; CSU graduate learning outcomes; and the national Aboriginal and Torres Strait Islander Health Curriculum Framework (ATSIHCF). The process involved the clarification of broad course level outcomes – cultural competence, ethics, commitment to social justice and reconciliation based on understanding the culture, experiences, histories and contemporary issues of Indigenous Australian communities. These elements were extended and elaborated to develop subject level outcomes which mapped to the five cultural capability domains and associated key descriptors in the ATSIHCF.

Results: Success was achieved in course and subject mapping to enable constructive alignment and the scaffolding of students' learning through the course. Challenges in this process included resistance from some non-Indigenous academics who conceived the addition of learning outcomes and Indigenous content to subjects as competition for existing discipline content, and themselves ill equipped to enable student learning in relation to Indigenous cultural competency. It is, therefore, important to retain oversight of the course and to undertake regular reviews to maintain the constructive alignment of subject learning outcomes, assessment tasks and subject content.

Discussion: The process of course review is iterative and discussions ongoing between the Occupational Therapy and Physiotherapy course teams and the School of Indigenous Australian Studies, as work proceeds towards approval of both courses by the Indigenous Board of Studies. Additionally, there is increased activity in the School of Community Health on developing existing collaborations and establishing new relationships

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with Indigenous community members and organisations. Authentic and genuine partnerships with Aboriginal communities are essential in developing and implementing Indigenous curricula but are not replacements for Indigenous academics. Governance structures require careful review and diversification, and this includes establishing positions for Indigenous academics within the School and disciplines.

Presenters:



Caroline Robinson, Charles Sturt University

Caroline is the Course Director for the School of Community Health, in the Faculty of Science at Charles Sturt University. She led the course review process for the Bachelor of Occupational Therapy and of Physiotherapy, working collaboratively with colleagues in the discipline teams and across the university. Caroline is a podiatrist and has gained extensive experience in allied health higher education over the past 25 years. Her PhD study explored the experience of allied health Honours students, and her more recent research has focused on inter-disciplinary collaboration, inter-professional practice and online learning.



Chontel Gibson, Charles Sturt University

Chontel is a Kamilaroi woman who, since graduating as an occupational therapist, has worked in many senior roles and positions. Chontel continues to lead and develop many changes in relation to Aboriginal and Torres Strait Islander health, allied health and occupational therapy. In higher education, she has transformed allied health practices through the inclusion of Indigenous content and pedagogies, and provided national support to develop culturally competent occupational therapy curricula. Chontel is currently an Indigenous Academic Fellow, completing a PhD in relation to older Aboriginal people and social and emotional wellbeing.



Thursday 6th April

Presentation:
Barwon Health: A Regional Aboriginal Employment and Reconciliation Journey

Author:

Ms Sharelle McGuirk, Koorie Workforce Talent Acquisition Officer, Workforce Directorate, Barwon Health

Abstract:

Introduction: This presentation will detail Barwon Health's journey to increasing its Aboriginal workforce across all areas of the organisation, focusing on community partnerships, organisational change, policy change/s, cultural awareness training, talent attraction, recruitment and retention, and governance.

Methods: Our Aboriginal staff are employed in identified and non-identified positions in both clinical and non-clinical areas within the organisation. Additionally, the Aboriginal Workforce Talent Acquisition Officer (identified) position has as its primary responsibility the implementation of the Aboriginal Employment Plan.

Results: Currently we employ 36 Aboriginal staff and an additional two trainees. We anticipate steady growth annually and regularly monitor our target. A review in August 2016 found that we have approximately 18.1 Aboriginal staff in Effective Full time Equivalent positions. Through our revised Aboriginal Employment Plan 2016–2020 we anticipate reaching our 1 per cent Aboriginal workforce employment target within the next 3 years.

Discussion: Changes in Leadership and budgetary problems have affected our recruitment capacity. However, desperate times call for innovative responses, most notably a whole-of-organisation approach to:

- A clear and concise communication strategy whereby all layers in the hierarchy support and commit to employing Aboriginal people.
- Senior staff and managers to contribute to our 1 per cent Aboriginal employment target with their respective departments/work areas.
- Embed cultural perspectives in all dimensions of the organisation from attraction, recruitment, induction, training, mentoring and retention of employees.
- Conduct ongoing progress monitoring of actions within the Aboriginal Employment Plan.
- Establish an identified senior leadership position to oversee, develop and implement strategic initiatives in Aboriginal health.
- Build on the business we already do by further identification of Aboriginal and/or Torres Strait Islander positions in strategic areas of operation and in student placements.

Employing Aboriginal people across Barwon Health assists in developing a culturally responsive and respectful organisation, which in turn improves the quality of care to Aboriginal patients and their families. This is also assisted by organisational changes in policies, procedures and guidelines with the introduction of Welcome to Country, Acknowledgment of Land, and Cultural and Ceremonial Leave policies.

Conclusion: In 2017 we will employ our first Junior Medical Officer with the view to steadily increasing our Aboriginal medical workforce during the life of the AEP. This also includes developing a strategic pathway for Aboriginal medical students transitioning from university to the workforce and beyond. We intend to use culturally relevant recruitment and retention strategies to establish our position as an employer of choice for Aboriginal people in this region.

Presenter:

Sharelle McGuirk, Barwon Health

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Presentation:
Preparing Indigenous Students to Enter Health Science Professions: A Literature Review

Authors:

Ms Lori Boyd, Senior Lecturer, Department of Medical Imaging and Radiation Sciences, Monash University

Ms Gloria Kristof, 4th Year Student, Bachelor of Radiography and Medical Imaging (Honours), Monash University

Dr Wendy MacLeod, Senior Lecturer, Department of Medical Imaging and Radiation Sciences, Monash University

Abstract:

Introduction: Indigenous students are under-represented in the health science professions, including radiography, which contributes to poor health outcomes among Aboriginal and Torres Strait Islander people.

Aims: The purpose of this literature review is to analyse the literature relevant for supporting Indigenous students to enter and complete health science education programs including radiography.

Methods: A review of the literature from Australia and Aotearoa/New Zealand was conducted to identify the barriers that prevent Indigenous students entering health professions and to consider enabling pedagogies and other supports to address these barriers.

Discussion: Barriers for Indigenous students entering health science courses include language difficulties, insufficient academic preparation, cultural issues, financial difficulties, racism and insufficient information on health science professional pathways. Universities in Australia have implemented supports to address some of these barriers including Indigenous student support centres, financial aid, transition and mentoring programs. One of the recommendations for teaching methodology is the application of the Both ways and 8ways approach (frameworks that use Aboriginal learning techniques). However, further widespread training is required for all educators in Australia to utilise these frameworks effectively. Other teaching methods include using six broad principles, online delivery lectures, an anti-racism approach and the use of culturally diverse instructional material.

Results: The findings of this literature review indicate that current Indigenous pedagogy is inconsistent throughout Australia. The review also confirms that there is limited evaluation of the efficiency of the existing teaching methods.

Conclusion: There are strategies to help Indigenous students to overcome the barriers for entering health science professions. However, problems such as inconsistent pedagogy and insufficient training for all educators in Australia are still present. Greater research is required to demonstrate the best pedagogy to employ with Indigenous students in Australia to enable them to enter educational programs in the health sciences including radiography.

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Presenters:



Lori Boyd, Monash University

Lori has more than 20 years of experience in educational leadership, curriculum development and teaching. She has held the positions of Chair at the Centre for Continuing Professional Education and Medical Radiation Sciences at the Michener Institute for Applied Health Sciences and the University of Toronto, as well as Director of Policy at the College of Medical Radiation Technologists of Ontario in Canada. Lori's research interests include: psychosocial theory, inter-professional practice, health ethics and cultural competence in the health science professions. Lori is currently a Senior Lecturer in the Bachelor of Radiography and Medical Imaging Program at Monash University.



Wendy MacLeod, Monash University

Wendy graduated from Medicine at Monash University in 1980. She then worked for several years in general practice and as an assistant surgeon before completing her Dip. Ed. at the University of Melbourne in 1992. Wendy has taught Biological Sciences in Melbourne tertiary educational institutes, including at RMIT, LaTrobe, Swinburne and Deakin Universities, and in 2001 won an RMIT University Teaching Award. She joined Monash as a staff member in 2009 and is currently a Senior Lecturer in the Bachelor of Radiography and Medical Imaging Program. In 2015 with colleagues Wendy initiated a program to enhance Indigenous science learning.

Thursday 6th April

Presentation: Teaching Aspects of Hauora Māori End of Life Care to Medical Students

Authors:

Ms Francis Kewene, Practice Fellow, Kōhatu, Centre for Hauora Māori, Dunedin School of Medicine, University of Otago, Dunedin

Mr Hata Temo, Kaumatua (Elder), Kōhatu, Centre for Hauora Māori, Dunedin School of Medicine, University of Otago, Dunedin

Mrs Anna Tiatia Fa'atoese Latu, Lecturer, Kōhatu, Centre for Hauora Māori, Dunedin School of Medicine, University of Otago, Dunedin

Abstract:

Aims: This presentation aims to describe the development of a new Indigenous end-of-life/palliative care teaching unit utilising pūrākau. Pūrākau are sophisticated and enduring explanations concerning the nature of reality and the human condition. It will also detail the rationale and learning objectives underpinning this newly developed 5th year medical student teaching unit.

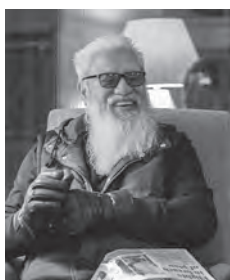
Discussion: The presentation will describe the potential gaps in knowledge that 5th year medical students have when working effectively with whānau during end-of-life care. It will discuss what pūrākau are and why this approach was utilised to develop a number of end-of-life specific pūrākau in collaboration with a local kaumatua (Elder) informed by his experiences when working with whānau in the hospital. It will then discuss why and how these pūrākau were implemented within the 5th year end-of-life teaching program by the Hauora Māori teaching team (Dunedin), and conclude with student evaluations and the implication this has for practice and quality improvement in the medical curriculum.

Presenters:



Francis Kewene, University of Otago, Dunedin

Francis (Tainui) BA, BHLthSc, DPH is a Practice Fellow within Kōhatu – Centre for Hauora Māori, and teaches into the Hauora Māori curriculum in the University of Otago Medical School. Francis has an accumulated 20 years' experience in Theatre in Health Education as an actor/facilitator and in Public Health working from an Indigenous perspective in health promotion and health protection.



Hata Temo, University of Otago, Dunedin

Hata (Ngāi Tūhoe) is Kaitohutohu Māori (Māori Advisor) at the Office of Māori Development, University of Otago. Until recently, Hata worked as Kaiāwhina (counsellor/advocate) and Kaumātua (Elder) at Dunedin Public Hospital where he supported the spiritual needs of tūrora (unwell) Māori. Today, Hata will be our kaikōrero (formal speaker), and will tautoko (support) our visit to Araiteuru.



Thursday 6th April

Session – Leadership: Creating Change, Decolonising the Institution 1

Chair: Shane Drahm

1:00–2:15pm at Etihad Stadium, Victory Room B

Presentation: Characterisations of Māori in Health Professional Education Environments

Authors:

Ms Caitlin Harrison, Masters Student, Te Kupenga Hauora Māori, The University of Auckland

Dr Rhys Jones, Senior Lecturer, Te Kupenga Hauora Māori, The University of Auckland

Dr Marcus Henning, Senior Lecturer, Centre for Medical and Health Sciences Education, The University of Auckland

Abstract:

Introduction: Formal Indigenous health curricula often exist in broader institutional contexts that tacitly condone racist discourses and attitudinal environments that are at odds with the goal of preparing students to be culturally safe health professionals. Recognition of the impact of informal and hidden curricula on learners has increased in recent years, yet few studies have provided empirical evidence about this aspect of health professional education.

Aims: This study sought to examine characterisations of Māori in learning environments at the University of Auckland's Faculty of Medical and Health Sciences.

Methods: We used a cross-sectional study design to elicit student perceptions of stereotype content in undergraduate health professional education environments. Selected cohorts of Medicine, Nursing and Pharmacy students were invited to complete a survey based on the Stereotype Content Model. This Model synthesises research on interpersonal and intergroup perception processes with patterns of stereotype content, revealing that warmth and competence perceptions are fundamental and universal to the impressions people form of each other when they meet. All social groups' stereotype content profiles can be linked to their relative social positioning and the degree to which they are perceived as competing with the dominant in-group. Qualities of interpersonal and intergroup discrimination have also been linked to warmth and competence perceptions.

For our study, students rated perceived warmth and competence characterisations pertaining to four target ethnic groups – Māori, Pacific Nations, Asian and Pākehā/European. Students completed eight stereotype content ratings on a five-point Likert scale – from 1 (not at all) to 5 (extremely) – in response to the following stem: How [warm, likable, sincere, good-natured, tolerant, competent, intelligent, confident] is this group, as characterised in your learning environments?

A qualitative extension question prompted students to explain their responses.

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Results: A total of 444 students completed the survey (response rate=78%). Characterisations of Māori warmth were rated lower than Pacific peoples, comparable to Pākehā/European and higher than characterisations of Asian peoples. In regard to competence characterisations, Māori were rated similar to Pacific Nations and lower than both Asian and Pākehā/European. Students described negative stereotypical portrayals of Māori in both formal teaching environments and informal learning sites.

Conclusion: The results of this study highlight a degree of incongruence between the University of Auckland's formal Māori Health curricula and messages conveyed in the broader institutional context. This is important because stereotyping is associated with distinct affective and behavioural responses that can lead to discriminatory practice and health care inequities. Our findings can be used as a basis for addressing aspects of the informal and hidden curricula that may undermine efforts to advance Indigenous health outcomes. Implications for institutional reform, faculty development and curriculum design will be discussed.

Presenter (via video):



Caitlin Harrison, The University of Auckland

Caitlin Harrison finished her Master of Public Health in late 2015. This paper presents work from her thesis, which reflects Caitlin's enduring interest in describing and critiquing the ways that educational institutions and their participants create, co-produce and reinforce unjust power hierarchies.



Thursday 6th April

Presentation: Educating for Indigenous Health Equity: A Consensus Statement

Authors:

Dr Rhys Jones, Senior Lecturer, Te Kupenga Hauora Māori, The University of Auckland

Professor Shaun Ewen, Director, Melbourne Poche Centre for Indigenous Health and Associate Dean (Indigenous Health), Faculty of Medicine Dentistry and Health Sciences, The University of Melbourne

Dr Lindsay Crowshoe, Assistant Professor, Department of Family Medicine, University of Calgary

Abstract:

Introduction: There have been significant recent advances in the emerging discipline of Indigenous Health in medical education. Despite this, there is limited evidence that medical education initiatives have resulted in better quality care or improved health outcomes for Indigenous populations. The purpose of this Consensus Statement is to articulate the key principles for improving the teaching of Indigenous Health in medical education.

Methods: The Statement was developed by drawing together evidence from research, evaluation and the experience of a selected group of medical education researchers with established expertise in Indigenous health. In the first phase, organic development of the ideas underpinning the statement occurred during research activities as part of the Educating for Equity project. In the second phase we refined and clarified these ideas using a systematic consensus-building process.

Results: The following key principles were identified:

- Colonisation lies at the root of health inequities between Indigenous and non-Indigenous populations; medical education institutions must engage in institutional decolonisation processes.
- Addressing racism and privilege at all levels is critical for improving Indigenous health outcomes.
- Medical education programs require a rigorously developed Indigenous Health curriculum.
- Institutional curricula need attention to ensure Indigenous Health principles are reinforced in all educational environments.
- Medical education institutions and health professionals must advocate for Indigenous health.

Embodying these principles requires significant investment in the development of Indigenous Health curricula.

Discussion: Medical education has been complicit in furthering the goals of colonisation and perpetuating inequitable structures, processes and outcomes. This Consensus Statement articulates how medical education institutions can meet their obligations to improve Indigenous health and reduce inequities.

Conclusions: Advancing the discipline of Indigenous Health through medical education requires the decolonisation of institutions, curricula and the workforce, as well as working to address broader factors that create and maintain health inequities.

Acknowledgments: This Consensus Statement is presented on behalf of the Educating for Equity international team.

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Presenter:



Rhys Jones, The University of Auckland

Rhys (Ngāti Kahungunu) is a Public Health Medicine Specialist. He is also Senior Lecturer and Director of Teaching at the University of Auckland's Te Kupenga Hauora Māori, where he oversees Māori Health teaching, learning and assessment in the Faculty of Medical and Health Sciences. His research interests include ethnic inequalities in and environmental influences on health, and Indigenous health in health professional education. Rhys is the International Lead Investigator of the Educating for Equity project, a research project examining how health professional education can reduce inequities and improve health outcomes for Indigenous populations.



Thursday 6th April

Presentation: Reconciliation? Canada's Truth and Reconciliation Commission Calls to Action and the Health Sciences Education Committee Response

Authors:

Ms Danielle Soucy, Director, Assistant Clinical Professor, Adjunct Assistant Professor, Aboriginal Students Health Sciences, Family Medicine, MSc Global Health, McMaster University

Dr Cornelia (Nel) Wieman, Faculty Advisor, Assistant Clinical Professor, President, Aboriginal Students Health Sciences, Psychiatry, McMaster University/Indigenous Physicians Association of Canada

Abstract:

Introduction: In 2016, the leadership of McMaster University's Faculty of Health Sciences (FHS) recognised a need to respond to the Prime Minister-endorsed 2015 Truth and Reconciliation Commission of Canada: Calls to Action, in particular Calls 22, 23 and 24 dealing with:

- Aboriginal healing practices, healers/Elders
- recruitment, support and retention of Aboriginal health trainees and cultural competency training for all health professionals and students
- medical schools requiring all students to take a course dealing with Aboriginal health issues, the United Nations Declaration on the Rights of Indigenous Peoples, Indigenous pedagogies, human rights and anti-racism.

The FHS, through its Health Sciences Education Committee (HSEC) was tasked with realising a curriculum inclusive of Indigenous issues.

Methods: The HSEC is comprised of all of the Deans of the various health programs within the FHS and includes: medicine, nursing, occupational therapy, physiotherapy, physician assistant and midwifery. The first step in their collective response was the development of an HSEC retreat dealing specifically with this topic. The goal of the retreat was to work collaboratively with the broad, local Indigenous community to develop an agenda geared toward a long-term strategic plan regarding curriculum with definitive benchmarks and defined outcomes. A nationally recognised Indigenous leader was engaged to steer the HSEC and Indigenous community members through the retreat process, so as to establish a collegial and collaborative relationship that would have positive momentum in moving forward with the development of appropriate and relevant curriculum.

Results: This presentation will discuss how the HSEC retreat was developed through multiple community engagements, namely, Indigenous communities (local urban and rural), Aboriginal health care organisations, the University's Indigenous programs and offices, as well as its academic communities and programs. It will also highlight the challenges in achieving buy-in from the decision makers and community stakeholders. Of critical importance was having the non-Indigenous academic leadership attain an understanding of the issues and to answer the core question of why is it necessary that they achieve reconciliation for themselves.

Strategies employed by the Aboriginal Students Health Sciences to ensure appropriate engagement and meaningful collaboration that is inclusive of all groups' interests to achieve the end goal include: choice of retreat location outside of the academic institution and within an Indigenous community; facilitation, agenda development and opening context by a well-respected Indigenous scholar; and a balanced representation of Indigenous and non-Indigenous stakeholders on the planning committee.

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Conclusion: Challenges experienced in the planning and implementation phases include: conveying the goals of the retreat and then embedding its outcomes in the long-term work of the HSEC rather than having just a superficial response; engaging the change leaders so that their place of power is disrupted by their own decision making and not one put upon them by external agendas; and changing the current academic systems through dismantling existing systems of power and privilege. These significant and necessary transformations are required for reconciliation as understood by Indigenous peoples.

Successes occurred in our ability to entrench Indigenous methodologies and knowledge in the development of a long-term strategy to implement core curriculum across various health professions' training programs that enhance all students' knowledge, skills and attitudes, and answer the Truth and Reconciliation Commission's Calls to Action on a Faculty-wide basis at a major Canadian university.

Presenters:



Danielle Soucy, McMaster University

In addition to her role as Director of the Aboriginal Students Health Sciences Office, Danielle is an Assistant Clinical Professor in Family Medicine and an Adjunct Assistant Professor for the MSc Global Health Program in which she teaches the Aboriginal Health Elective. Danielle was previously the Senior Policy Analyst/ Research Officer of the National Aboriginal Health Organisation where she worked closely with the IPAC and AFMC collaboration on Indigenous medical curriculum, recruitment and retention. She was concurrently the Managing Editor of the Journal of Aboriginal Health, and a founding member of the National Indigenous Health Sciences Circle.



Cornelia (Nel) Wieman, McMaster University/Indigenous Physicians Association of Canada

Cornelia (Nel) Wieman is Canada's first female Aboriginal Psychiatrist, the inaugural Director of the ASHS Office at McMaster University and the newly elected President of the Indigenous Physicians Association of Canada. She has served as Deputy Chair for Health Canada's Research Ethics Board, Co-Director of the Indigenous Health Research Development Program and the National Network of Aboriginal Mental Health Research. Cornelia is co-investigator on several Canadian Institutes of Health Research – Institute of Aboriginal Peoples' Health initiatives. The National Aboriginal Achievement Award and Queen Elizabeth II Diamond Jubilee Medal are just two of her career recognitions.



Thursday 6th April

Session – Leadership: Specialist Medical Colleges 2

Chair: David Paul

1:00–2:15pm at Etihad Stadium, Victory Room C

Presentation: No-one Has Ever Told Me I Can Do This

Authors:

Dr Tim Senior, Medical Advisor, RACGP Aboriginal and Torres Strait Islander Health, Royal Australian College of General Practitioners

Dr Simone Raye, Medical Educator, Chair, Indigenous General Practice Registrars Network, Northern Territory General Practice Education

Abstract:

Introduction: Aboriginal and Torres Strait Islander doctors are relatively unsupported following graduation from medical school and have significant difficulties navigating postgraduate and fellowship training pathways including the RACGP Fellowship pathway, which has the highest number of Aboriginal and Torres Strait Islander doctors. The Royal Australian College of General Practitioners and the Indigenous General Practice Registrars Network have collaborated to support Aboriginal and Torres Strait Islander General Practice Registrars and enable them to succeed in GP training.

Methods: The RACGP has responded to the problem of struggling GP Registrars by developing the Indigenous Fellowship Excellence Program, now named Yagila Wadamba (meaning 'learn to heal'). The program recruits Aboriginal and Torres Strait Islander GP Registrars in training, and runs a comprehensive face-to-face workshop in exam preparation, concentrating on the two written examinations, the Applied Knowledge Test and the Key Feature Problem. The two-day program sessions include: acknowledging achievements; staying strong culturally, exam question practice; online demonstration of exams; practical study advice; and stress management with the facilitation of an Aboriginal psychologist.

The IGPRN conducts two face-to-face workshops per year which all include a quality academic teaching program, local cultural activities, social networking and running a highly professional mock clinical exam as preparation for the FRACGP, Objective Structured Clinical Exam. The IFEP was designed to complement, not replicate, exam preparation provided by other colleges, faculties and regional training organisations, and the programs offered by the RACGP and the IGPRN complement each other.

Results: Feedback from the participants indicates that the program has been very successful in creating a safe space for registrars to share their uncertainties as well as their successes and solutions. Data from exam pass rates show that IFEP seems to be helping those registrars who are struggling to get through the exam. Those who are unsuccessful in the exam continue to receive support.

Conclusion: Indigenous GP Registrars have a unique set of challenges that can act as a barrier to achieving Fellowship. The RACGP and IGPRN have collaborated in supporting this group to increase their confidence and, ultimately, to build a supportive cohort of qualified Indigenous GPs.

Thursday 6th April

Presenters:



Tim Senior, Royal Australian College of General Practitioners

Tim works as a GP at the Aboriginal Community Controlled Health Service in South West Sydney. He writes on General Practice, the social causes of ill health and successfully crowd-funded Wonky Health and a column on Croakey which looks at the health effects of policy decisions – it is more interesting than it sounds! Tim won the Gavin Mooney Memorial Essay Competition for an article on the language used in climate change campaigning. He is the Medical Advisor of RACGP Aboriginal and Torres Strait Islander Health, previously worked as a Medical Educator and has practised in the Northern Territory and on Thursday Island, as well as in the UK. In his spare time, Tim grows some vegetables, brews some beer, plays some music and spends time with his wife, three daughters and a cat.



Simone Raye, Northern Territory General Practice Education

Simone is a GP based in Darwin. A proud Aboriginal woman descendant from the Jabbar Jabbar and Bardi people from the Dampier Peninsula in the Kimberleys, WA, she was born in the Northern Territory and has lived between Western Australia and the Northern Territory most of her life. Simone attended the University of Newcastle for her medical degree and currently works part-time in a General Practice in Darwin, as well as in her medical educator and cultural education roles with Northern Territory General Practice Education (NTGPE). With her interest in Aboriginal and Torres Strait Islander health, Simone chairs the Indigenous General Practice Registrars Network, is on the General Practice Registrars Australia Advisory Council and is a member of the board for the RACGP Faculty of Aboriginal and Torres Strait Islander Health.



Thursday 6th April

Presentation: Cultural Teaching Visits for GP Registrars

Authors:

Ms Elisabeth Heenan, Cultural Educator, Cultural Education Team, Northern Territory General Practice Education

Ms Patricia Rankine, Cultural Educator, Cultural Education Team, Northern Territory General Practice Education

Mr Richard Fejo, Cultural Educator, Cultural Education Team, Northern Territory General Practice Education

Mr Normie Grogan, Cultural Educator and NTGPE/AMSANT Liaison Officer, Cultural and Registrar Teams, Northern Territory General Practice Education

Abstract:

Introduction: Cultural awareness and safety training is considered of high importance for GPs working with Aboriginal and Torres Strait Islander people in Australia. Both the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine, Australia's major general practice training colleges, are committed to raising awareness about Aboriginal and Torres Strait Islander health. Thus, they have advocated for the delivery of culturally appropriate and safe health services and incorporated minimum requirements in both of their core curricula. Northern Territory General Practice Education or NTGPE is the regional training organisation that provides medical and cultural education specific to Aboriginal and Torres Strait Islander people to GP trainees in the Northern Territory as per these minimum requirements and beyond.

As part of the NTGPE's cultural awareness and safety program, Cultural Educators have been performing cultural teaching visits with GP trainees undertaking Aboriginal and Torres Strait Islander and Remote health placements alongside Medical Educators for many years. However, for the past two years they have been performing these visits independently. This presentation will give an overview of the GP training environment in the Northern Territory, the nature, specifics and assessment criteria of cultural as opposed to Medical Educator teaching visits, and the broad scope of practice of our Cultural Educators.

Methods: A Cultural Educator visits the GP Registrar in their Aboriginal and Torres Strait Islander training post – whether it is urban, rural, remote or very remote – and directly observes their practice from a cultural, communication and rapport perspective for a 3–4 hour clinical session. The aim of cultural teaching visits is to provide a formative assessment of the GP Registrar's cross-cultural competencies in the domains of the patient–doctor relationship, cross-cultural communication, cultural etiquette and patient understanding, particularly concentrating on rapport, empathy, respect, listening skills, language, body language, eye contact and patient comfort levels. The Cultural Educators have an assessment template they have designed themselves that is completed at each visit, and they provide onsite feedback and a report for the GP trainee, their supervisor and the NTGPE training and administration team.

Outcomes: GP Registrars are marked off as having completed a cultural teaching visit as part of their required Aboriginal and Torres Strait Islander training post through the NTGPE. Cultural Educators identify any trainees who they feel are struggling with rapport building, cultural appropriateness and safety, cross-cultural engagement, ability to demonstrate empathy, and/or their social and emotional wellbeing. They then notify the NTGPE training team who will discuss their progress and make further recommendations for training.

Discussion: GP trainees benefit from having an onsite Cultural Educator for individual face-to-face feedback and continuing cultural education. Cultural Educators have demonstrated strong cultural leadership within the construct of GP training at NTGPE using cultural knowledges to assess and inform on the cultural competencies of GP trainees. A future plan would be to evaluate these visits from the trainee perspective and not just the training providers.

Thursday 6th April

Presenters:



Elisabeth Heenan, Northern Territory General Practice Education

Elisabeth is a Tiwi woman from Milikapiti community on the Tiwi Islands, where she spent her childhood growing up surrounded by a large family. Her skin group from her mother's side is Mullet and her skin name from her father's side is Nambidjimba (her father being from Coniston, Central Australia). Elisabeth has spent a large portion of her life working in the health sector and has been working as a Cultural Educator with GP registrars and other health professionals for NTGPE since November 2011.



Patricia Rankine, Northern Territory General Practice Education

Patricia is from Alekerenge Community (south-east of Tennant Creek) but has been living in Mungkarta Community, south-west of Tennant Creek. Her clan group is Warlpiri/Kaditji but she also has connections with the Anmatjerra tribe around the Ti-Tree area in Central Australia. Patricia has been a Cultural Educator with NTGPE since December 2011 and is our resident expert on traditional kinship systems.



Richard Fejo, Northern Territory General Practice Education

Richard is a Larrakia Traditional Owner on his father's side (Darwin region) and Warumungu on his mother's side (Tennant Creek region). Richard commenced in the role of Aboriginal Cultural Educator with NTGPE in June 2009. He has always relied on the wisdom that has been handed down to him from his family and Elders, and having both a salt-water and a desert skin name has helped him in his work as he has travelled throughout the Northern Territory. As a Larrakia Traditional Owner he enjoys sharing his knowledge and experiences while training GPs in Darwin and elsewhere in the Northern Territory.



Normie Grogan, Northern Territory General Practice Education

Normie is a Kuku Yalanji man from Far North Queensland with family links to the Borroloola region. He recently worked for NT Health at Royal Darwin Hospital as an Alcohol and Other Drugs counsellor. Past employment also includes positions with Larrakia Nation, Menzies School of Health Research, Flinders University Medical Training Program and various Aboriginal and mainstream media, including the broadcasters ABC and SBS, around Australia. Normie currently works as a Cultural Educator with NTGPE and as a NTGPE/AMSANT (Aboriginal Medical Services Alliance Northern Territory) Liaison Officer.

Thursday 6th April

Presentation: Pou Whirinaki – Supporting Māori GP Trainees

Authors:

Dr Rawiri Keenan, Pou Whirinaki, Māori Health and Equity Team, Royal New Zealand College of General Practitioners

Ms Terina Moke, Tumuaki Māori, Māori Health and Equity Team, Royal New Zealand College of General Practitioners

Abstract:

Introduction: Both Australia and Aotearoa/New Zealand have a growing number of Indigenous doctors graduating and joining the medical workforce. While Māori doctors make up less than 5 per cent of the medical workforce, in 2016 the medical school intake came close to parity with the Aotearoa/New Zealand population average of 15 per cent. These doctors face a number of challenges in addition to those of other doctors in Aotearoa/New Zealand. The level of support given to them while training at university dramatically reduces to be almost non-existent once they enter the workforce. When entering postgraduate training with a medical college, these doctors rely on Te Ora (Māori doctors association) for their support. The Pou Whirinaki role within the Royal New Zealand College of General Practitioners (RNZCGP) focuses supporting Māori GP trainees. The role is one of mentor and educator as well as being a face for the college in recruiting Māori doctors into primary care.

Methods: Registrars entering the GP training program who received support from the Pou Whirinaki will be interviewed and their feedback sought on the support they received – both its strengths and weaknesses.

Discussion: This presentation aims to explain and discuss the role and scope of the Pou Whirinaki. Primarily focusing on what we have experienced since having the role within the RNZCGP over the past year, it will highlight the difficulties as well as the positive experiences of the Pou Whirinaki and registrars who received support. It is hoped that those attending will see what a pragmatic approach to supporting Māori trainees within postgraduate college training could look like.

Presenter:



Terina Moke, Royal New Zealand College of General Practitioners

Terina is the Tumuaki Māori leading the Māori health and equity team within the college. She has experience in Te Puni Kōkiri – Ministry of Māori Development and as CEO of Te Ohu Rata o Aotearoa (Te ORA) – Māori Medical Practitioners Association.



Thursday 6th April

Presentation:
The Australian Medical Council: Implementing a Visible Strategy for Indigenous Health and Engagement with Indigenous Health

Authors:

Associate Professor Greg Phillips, Co-Chair Indigenous Advisory Group, Australian Medical Council

Associate Professor Noel Hayman, Co-Chair Indigenous Advisory Group, Australian Medical Council

Associate Professor Jillian Sewell, President, Australian Medical Council

Ms Theanne Walters, Deputy Chief Executive Officer, Australian Medical Council

Abstract:

Introduction: The Australian Medical Council or AMC is an independent national standards, accreditation and assessment body for medical education and training. In 2014, it committed to a process of reflection and review to develop a visible strategy for engagement with Indigenous stakeholders in setting medical education standards, and assessment of international medical graduates. Central to this process was the AMC Indigenous Planning Advisory Group which brought together AMC leaders, Indigenous stakeholder organisations, and stakeholders in the AMC accreditation and assessment functions.

Methods: In developing its strategy the AMC has engaged in a dialogue with partner organisations, to build understanding of each other's purpose and the issues of concern to group members. The process was built on a critical review of AMC structures, processes and methods which, over a period of a year, led to recommendations to support robust and meaningful contributions to Indigenous health and engagement with Indigenous organisations.

Results: The AMC has supported recommendations to:

- develop a statement of AMC purpose and strategy for Indigenous health, a Reconciliation Action Plan, and collaboration agreements with AIDA, LIME and Te Ora
- strengthen Aboriginal and Torres Strait Islander and Māori representation on AMC committees
- assess the preparation of international medical graduates to practise as culturally safe practitioners in Australia
- review accreditation processes and support AMC teams to ensure Indigenous health is assessed even more accurately.

Discussion: The AMC is in the process of creating institutional change by bringing Aboriginal and Torres Strait Islander and Māori perspectives, knowledge and voices into its discourse and strategy. An effective governance strategy has been developed and the AMC is now working on the important strategic documents and actions that will underpin its contribution to Indigenous health and education.

Conclusion: By embedding the contribution of Aboriginal and Torres Strait Islander and Māori peoples and organisations, and making a stated commitment to actions, the Australian Medical Council will become an effective leader with a visible strategy for engagement with the Indigenous peoples of Australia and Aotearoa/ New Zealand, and contribute to the improvement of Indigenous health outcomes.

Additional Author: Ms Karin Oldfield.

Thursday 6th April

Presenter:



Jillian Sewell, AM, Australian Medical Council

Jill is a consultant paediatrician, Deputy Director of the Centre for Community Child Health at the Royal Children's Hospital Melbourne, and Clinical Director of the Children's Bioethics Centre. She is President of the Australian Medical Council, and has been a director and member of the council since 2009, including as chair of the AMC's standing committees and working groups. 2016 Jill is also a member of the AMC's Indigenous Advisory Group.



Thursday 6th April

Session – Workshop 4

1:00–2:15pm at Etihad Stadium, Victory Room D

Presentation: Book Club

Authors:

Dr Talila Milroy, Intern, Department of Medical Services, Royal Prince Alfred Hospital

Associate Professor Lilon Bandler, Associate Dean (Indigenous), Indigenous Health Education Unit, Sydney Medical School, The University of Sydney

Professor Shaun Ewen, Director, Melbourne Poche Centre for Indigenous Health and Associate Dean (Indigenous Health), Faculty of Medicine Dentistry and Health Sciences, The University of Melbourne

Abstract:

Aims:

- Allow delegates to explore the intersection of narrative and health
- Give delegates the opportunity to explore Aboriginal and Torres Strait Islander Australian literature, without any expectation of expertise
- Provide delegates with a way of thinking about cultural immersion for their own educational practice.

Process/approach/strategies to implement the workshop: Book clubs can be beneficial when learners use reflection to engage with and move between theory, research, reflection and practice (Lyons & Ray 2014). For this workshop, participants are asked to read *Is That You, Ruthie?* by Ruth Hegarty (159 pp., available for \$8 via Kindle Store). Talila Milroy will lead the workshop, with support from Shaun Ewen and Lilon Bandler.

Results/learning outcomes to be achieved: Book clubs emerge as a professional development opportunity that not only goes beyond skill acquisition, but also serves as a platform for social and intellectual engagement that allows the sharing of ideas, thoughts, feelings and reactions to texts (Burbank, Kauchak, & Bates 2010). It enables different types of learning through self-directed engagement and group participation (Lyons & Ray 2014). It supports the integration of theory with practice by allowing readers to share their knowledge, thoughts and experiences, using the themes of the text as a basis for discussion (Lyons & Ray 2014), the exploration of alternative perspectives and opportunities for reflective thinking about broader issues such as policy and professional dilemmas (Burbank, Kauchak, & Bates 2010).

We aim to encourage delegates to have conversations that inspire and encourage, and demonstrate a different way of thinking about cultural training that enables students to move away from tick-a-box attendance (Bandler 2015) to real enjoyment using Aboriginal and Torres Strait Islander Australian literature as a vehicle for engagement.

Successes/impacts, challenges/limitations: This workshop builds on the Book Club workshop presented at LIME Connection VI, and the introduction of the Sydney Medical Program Book Club led by Talila. In May 2016, when a small meeting of medical students gathered to discuss *Wild Cat Falling* by Mudrooroo, one of the students put it like this: 'It was great to hear the extremely varying thoughts of so many people on the one text. I think I enjoyed the book club more than the book itself, to see how many different readings of the text there were, and the different impressions.'

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Indigenous leadership/collaboration, sustainability issues: The success of that event has led to the inclusion of Book Club in the Sydney Medical School 2017 Indigenous health education program, with Talila advising on book choices and leading the group when she is available. However, her full-time work constraints make embedding a process essential so that it can be delivered long-term within a framework that doesn't depend on a single person's availability.

References:

Bandler, L. G. 2015, *More than Tick-a-Box*, Sydney Teaching Colloquium, University of Sydney, Sydney.

Burbank, M. D., Kauchak, D. & Bates, A. J. 2010, 'Book clubs as professional development opportunities for preservice teacher candidates and practicing teachers: An exploratory study', *The New Educator*, 6:56-73.

Hegarty, R. 1999, *Is That You Ruthie?*, University of Queensland Press, St Lucia, Qld.

Lyons, B. & Ray, C. 2014, 'The continuous quality improvement book club: Developing a book club to promote praxis', *Journal of Adult Education*, 43(1):19-21.

Presenters:



Talila Milroy, Royal Prince Alfred Hospital

Talila has a Bachelor degree in Medicine and Surgery from the University of Sydney as well as a Bachelor of Science with a major in Psychology. She was the only Indigenous graduate in the class of 2015 in the Sydney Medical Program. During her undergraduate years Talila worked in Sydney's Faculty of Economics and Business, the Garvan Institute and Moreton Consulting. She is passionate about Indigenous social justice, health care education, being a mum and cooking. Talila is also a writer with contributions to *OnTheWards* and *Croakey*.

Thursday 6th April

Session – Panel 3

Facilitator: Shaun Ewen

2:45–3:45pm at Etihad Stadium, Victory Room A – Plenary

Presentation: Reflections from the Field: Influencing Change

Authors:

Mr Adrian Carson, Chief Executive Officer, Institute for Urban Indigenous Health

Mr Craig Dukes, Chief Executive Officer, Australian Indigenous Doctors' Association

Professor Jacinta Elston, Associate Dean, Australian Aboriginal and Torres Strait Islander Education and Strategy, James Cook University

Associate Professor Papaarangi Reid, Tumuaki, Deputy Dean Māori, Te Kupenga Hauora Māori / Faculty of Medical and Health Sciences, The University of Auckland

Abstract:

This panel will bring together leaders from across the health science sectors to discuss their experience of the factors that are important to ensuring positive change in the fields of Indigenous health and education. They will reflect on their own motivations to be a change agent and the influences that have helped and hindered them pursue their professional goals.

Presenters:



Adrian Carson, Institute for Urban Indigenous Health

Adrian Carson has more than 20 years experience in Aboriginal and Torres Strait Islander health, having worked both with government in policy and program delivery roles and, for the past 13 years, with the Aboriginal and Torres Strait Islander Community Controlled Health Sector in Queensland. Adrian is the CEO of the Institute for Urban Indigenous Health, a regional community controlled organisation that has led the expansion of Community Controlled Health Services in south-east Queensland through the implementation of an innovative regional approach to the planning, development and delivery of an evidence-based and consistent model for comprehensive primary health care services across the region. Adrian is a former CEO of the Queensland Aboriginal & Islander Health Council (QAIHC) and is also a current Director of both QAIHC and the National Aboriginal Community Controlled Health Organisation.



Craig Dukes, Australian Indigenous Doctors' Association

Craig is the CEO of the Australian Indigenous Doctors' Association. He was formerly CEO of the National Aboriginal and Torres Strait Islander Health Worker Association, the inaugural CEO of Indigenous Allied Health Australia, Director of the Ngunnawal Indigenous Higher Education Centre at the University of Canberra and has maintained several positions as a Director in the Commonwealth Department of Health. Craig is a Mara and Jingili man from the Northern Territory who was raised in Emu Plains, NSW. He has a wealth of expertise following an extensive career in Aboriginal and Torres Strait Islander health.

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Jacinta Elston, James Cook University

Jacinta is an Aboriginal woman from Townsville in North Queensland who is Professor and Associate Dean Indigenous Health in the Division of Tropical Health and Medicine, and Co-Director of the Anton Breinl Centre for Health Systems Strengthening at James Cook University. In these roles, she provides Indigenous leadership and strategic advice in health. For more than two decades Jacinta has worked in higher education on Aboriginal and Torres Strait Islander health. She has been appointed to numerous committees, including the Advisory Council of Cancer Australia, and holds a Master of Public Health and Tropical Medicine. For more than three trienniums she has served on the NHMRC Research Committee, and participated as a member of the Research Agenda Working Group on Aboriginal and Torres Strait Islander Health.



Papaarangi Reid, The University of Auckland

Papaarangi is Tumuaki (Deputy Dean Māori) at the Faculty of Medical and Health Sciences and Head of Te Kupenga Hauora Māori at the University of Auckland. She holds science and medical degrees from the University of Auckland and is a specialist in public health medicine. She has tribal affiliations to Te Rarawa in the north and her research interests include analysing disparities between Indigenous and non-Indigenous citizens as a means of monitoring government commitment to Indigenous rights.



Thursday 6th April

Session – Launch: LIME Good Practice Case Studies Volume Four

Chair: David Paul

3:45–4pm at Etihad Stadium, Victory Room A – Plenary

Presentation:

Launch: LIME Good Practice Case Studies Volume Four

About:

Volume Four of the LIME Good Practice Case Studies showcases a collection of papers that were first presented at LIME Connection VI in Townsville, Queensland in 2015.

The papers all relate to the theme of Connection VI – ‘Knowledge Systems, Social Justice and Racism in Health Professional Education’.

They include reflections on race and racism in health professional education, immersion as a pedagogical approach to Indigenous health curriculum, teaching innovations and professional development.

Friday 7th April

Friday 7th April

Session – Leadership: Creating Change, Decolonising the Institution 2

Chair: Tania Huria

9:15–10:30am at Etihad Stadium, Victory Room B

Presentation:

A Critique on the Interventions to Reduce Implicit Bias in Medical Students

Author:

Ms Kamaia Pere, Medical Student and Researcher, Te Kupenga Hauora Māori, The University of Auckland

Dr Donna Cormack, Senior Research Fellow, Te Kupenga Hauora Māori, The University of Auckland

Dr Rhys Jones, Senior Lecturer, Te Kupenga Hauora Māori, The University of Auckland

Abstract:

Introduction: There is substantial evidence identifying racism as a key contributor to health inequalities. In Aotearoa/New Zealand this can be seen in Māori experiencing higher rates of discrimination, poorer quality of care and differential treatment in comparison to non-Māori. There has been an increasing interest in implicit bias to explain these inequitable outcomes, with research into the prevalence of, outcomes from and possible interventions into the implicit bias held by medical students – but progress is still limited. Thus, it is timely to evaluate the current interventions.

Methods: This project is grounded in by kaupapa Māori theory, providing a critical lens to analyse data by centralising Māori worldview and realities, emphasising structural analysis, rejecting deficit thinking, and whakapapa (interconnectivity) for transformation. The literature review will include an electronic search of CINAHL, EMBASE, ERIC, ProQuest, psycINFO and PubMed databases, and use PRISMA as a guiding framework.

Discussion: Due to the new and emerging nature of implicit bias it was necessary to broaden the study by expanding it to all health sciences students. We identified seven relevant studies, including two medical, three social psychology and two from other domains. A common theme throughout was the location of interventions on the individual student using various educational interventions ranging from teaching demonstrations to web-based games. I will discuss the findings of the review from a critical lens and what this means for Indigenous Health curriculum.

Conclusion: The thought behind implicit bias arose from psychology, locating the problem and solutions on the individual rather than the racial systems underpinning them. This research illustrates the importance of Indigenous knowledge and understanding when developing curricular interventions that involve Indigenous realities, such as implicit bias and racism. Moreover, it stresses that how we define and where we locate a problem will determine the solutions we seek.

Presenter:



Kamaia Pere, The University of Auckland

Kamaia's whakapapa connects her to Rongowhakaata and Te-Aitanga-A-Hauiti on the east coast of Aotearoa/New Zealand. While venturing through the confines of her medical degree she became increasingly unsettled with the hegemonic systems and medical curriculum and the doctors these produce. A series of awakening events and reconnecting to kaupapa Māori led Kamaia to defer the last year of her course to critique research on interventions to reduce 'implicit' bias among medical students. She has worked as a Māori health tutor and Whakapiki-Ake tuakana, and is involved in I Too Am Auckland, Grassroots and Te Oranga.

Friday 7th April

Presentation:
Assessing Racial/Ethnic Bias amongst Medical Students: The Bias and Decision Making in Medicine (BDMM) Study

Authors:

Dr Donna Cormack, Senior Research Fellow, Te Kupenga Hauora Māori, The University of Auckland

Dr Ricci Harris, Senior Research Fellow, Te Kupenga Hauora Māori, The University of Auckland

Dr James Stanley, Biostatistician, Department of Public Health, University of Otago, Wellington

Dr Elana Curtis, Senior Lecturer, Te Kupenga Hauora Māori, The University of Auckland

Abstract:

Introduction: Despite increasing recognition of the negative impacts of racism on Indigenous health, limited research has focused on racial/ethnic bias among health providers. This presentation reports on the Bias and Decision-Making in Medicine Study (Part I) assessing racial/ethnic bias towards Māori and Aotearoa/New Zealand Pākehā/Europeans among medical students in Aotearoa/New Zealand.

Methods: All final year Aotearoa/New Zealand medical students (n=888) across two years (2014 and 2015) were invited to participate in an anonymous web-based survey. The study assessed implicit and explicit racial/ethnic bias using Implicit Association Tests, questions about ethnic preference, warmth towards ethnic groups, perceptions of compliance and competence, and two chronic disease vignettes with patient ethnicity randomly assigned. Levels and patterning of racial/ethnic bias among medical students were examined.

Results: Among the 302 students who took part, participants overall had an implicit bias towards Aotearoa/New Zealand Europeans (mean d-score=0.39 for the ethnic preference IAT and mean d-score=0.20 for the ethnicity and compliant patient IAT). Racial/ethnic preference favouring Aotearoa/New Zealand Europeans was also found for explicit measures of ethnic preference, warmth, and perceptions of compliance and competence, but was less evident in the clinical vignettes. Patterning of racial/ethnic bias by student characteristics was inconsistent.

Discussion: In this first study of racial/ethnic bias in a medical student population in Aotearoa/New Zealand we found pro-Aotearoa/New Zealand European racial/ethnic bias in this student cohort. This likely reflects wider societal narratives about racial/ethnic groups. Understanding medical student racial/ethnic bias may provide opportunities to improve learning environments for both students and teachers, and reduce the impacts of racial/ethnic bias on ethnic and Indigenous health inequities in the future.

Additional Authors: Dr Rhys Jones and Dr Cameron Lacey.

Presenter:



Donna Cormack, The University of Auckland

Donna (Ngāti Mamoe, Ngāi Tahu) holds joint positions at Te Kupenga Hauora Māori, University of Auckland, and Te Rōpū Rangahau Māori a Eru Pōmare, University of Otago. Her areas of research interest are the construction of ethnicity, particularly in relation to measuring Māori health and inequalities, and the impacts of racism on Indigenous health. Donna's current research includes projects investigating the impacts of racism on health, racial or ethnic bias among health providers, and the quality of ethnicity data in the health sector. She is also involved in supervision and teaching in Māori health, ethnicity and health, and Kaupapa Māori research.



Friday 7th April

Presentation:
Ethnic Bias and Clinical Decision-Making in Medicine: A Study of New Zealand Medical Students

Authors:

Dr Ricci Harris, Senior Research Fellow, Te Kupenga Hauora Māori, The University of Auckland

Dr Donna Cormack, Senior Research Fellow, Te Kupenga Hauora Māori, The University of Auckland

Dr James Stanley, Biostatistician, Department of Public Health, University of Otago, Wellington

Dr Cameron Lacey, Senior Lecturer, Māori/Indigenous Health Institute, University of Otago, Christchurch

Abstract:

Introduction: Racial/ethnic bias among health professionals may negatively impact on health care and racial/ethnic health inequities. However, little is known about racial/ethnic bias among medical students. This presentation reports on the Bias and Decision-Making in Medicine Study (Part II) that examines ethnic bias and associations with clinical decision making among Aotearoa/New Zealand medical students.

Methods: All final year medical students in Aotearoa/New Zealand across two years (2014 and 2015) were invited to participate in a cross-sectional online study (n=888): 302 students participated. Its focus was on ethnic bias towards Māori (Indigenous population) or Aotearoa/New Zealand Europeans. Key components included two vignettes (CVD and depression) with randomised patient ethnicity, two implicit association tests and explicit ethnic bias questions. Associations between ethnic bias and clinical decision making were tested using linear regression.

Results: Ethnic bias favouring Aotearoa/New Zealand Europeans (compared to Māori) was evident among medical students. Few differential associations between measures of ethnic bias and clinical decision making by patient ethnicity were observed. For cardiovascular disease, implicit preference was associated with increased thrombolysis recommendation for Aotearoa/New Zealand European patients but not for Māori (slope difference 0.79, 95% CI 0.17–1.42). For depression, explicit preference for Aotearoa/New Zealand Europeans was associated with increased assessment of them benefiting from treatment but not for Māori (slope difference 0.32, 95% CI 0.07–0.58).

Discussion: While Aotearoa/New Zealand medical students demonstrated ethnic bias, associations with clinical decision making were inconsistent. Other studies suggest that racial/ethnic bias may be more consistently associated with patient-provider interactions. Understanding medical student racial/ethnic bias may provide opportunities to improve learning environments for both students and teachers, and to reduce impacts of racial/ethnic bias on ethnic and Indigenous health inequities in the future.

Conclusion:

- Racial ethnic bias among medical students is not always conscious and reflects wider societal beliefs and attitudes.
- Further research is needed to understand the health care implications of racial/ethnic bias, particularly within Indigenous populations.
- Medical education can play an important role in reducing and mitigating the effects of racial/ethnic bias.

Additional Authors: Dr Elana Curtis and Dr Rhys Jones.

Presenter:

Cameron Lacey, University of Otago, Christchurch

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Friday 7th April

Session – Curriculum: Teaching and Learning 2

Chair: Cristine Carriage

9:15–10:30am at Etihad Stadium, Victory Room C

Presentation:

TBL via Heart and Mind, How it Stacks up with Aboriginal Health

Authors:

Mr Haydyn Bromley, Lecturer, Poche Centre for Indigenous Health and Wellbeing, Flinders University, Adelaide

Professor Dennis McDermott, Director, Poche Centre for Indigenous Health and Wellbeing, Flinders University, Adelaide

Mr Bevin Wilson, Lecturer, Poche Centre for Indigenous Health and Wellbeing, Flinders University, Adelaide

Abstract:

Introduction: The successful delivery of Aboriginal health and cultural safety topics (subjects) requires a specialised pedagogy – along with the challenge of attitudinal and behavioural change. Unlike bio-medical, or clinical skills-specific areas of the curriculum that require less emotional buy-in, Aboriginal health can face a potentially derailing resistance from students. Their response to Aboriginal health and cultural safety material is profoundly connected to their perceptions of Aboriginal Australians in relation to a dominant narrative justifying 229 years of colonisation.

This presentation describes pedagogical innovation for maintaining the effective delivery of challenging Aboriginal health and cultural safety content in the face of tightening constraints on medical course expenditure and the introduction of Team Based Learning (TBL) pedagogy. TBL can be an effective, standardised approach, but one that is designed to support, through an iterative, peer-mediated mode of learning, student incorporation of bio-medical knowledge and best practice clinical approaches. At Flinders University, the potential consequences of these changes include a reduction in face-to-face teaching time, along with an increased reliance on peer-mediated teaching, rather than expert tutor facilitation. The development of alternative pedagogical modes that maintain student engagement with challenging material, along with the retention of a capacity for expertly facilitated student reflection, is crucial.

Discussion: How do we influence the changing tide that threatens and waters down the embedding of Aboriginal perspectives in curriculum? The loss of mediation by culturally recognised or specifically trained facilitators threatens the attainment of relevant Australian Medical Council Standards and Procedures that mandate effectiveness, competency and safety in Aboriginal health environments, as well as practitioner reflection on own attitudes, culture and values. Such threats to the effective implementation of Aboriginal-preferred modalities in medical education also clash with university expectations. Flinders Indigenous Engagement Framework Key Objectives and Key Goals specifically note a need for innovation in teaching and the embedding of Aboriginal perspectives in curricula.

Conclusion: This presentation will outline both our innovative measures to support medical graduate attainment of AMC Standards, and fresh approaches to maintaining a small group/personal approach when the TBL pedagogy is based on larger self-managed groups. In addition, we will examine ways to ensure mechanisms that continue to foster an indispensable critiquing and redressing of colonial and racialised narratives.

Friday 7th April

Presenters:



Haydyn Bromley, Flinders University, Adelaide

Haydyn is an Adnyamathanha, Narungga and Yarluyandi man living in Adelaide, South Australia. He has over 30 experience in education and training and currently lectures in the Poche Centre for Indigenous Health and Well-being at Flinders University. Haydyn is Unit Co-ordinator of the 1st and 2nd year Master of Medicine Aboriginal Health topics as part of the Health Professions and Society subject.



Dennis McDermott, Flinders University, Adelaide

Dennis is the Director of the Poche Centre for Indigenous Health and Well-Being at Flinders University. He is also the Associate Head of Faculty, Aboriginal and Torres Strait Islander Health within the Faculty of Medicine, Nursing and Health Sciences. Dennis is a psychologist, academic and poet. A Koori man, his mother's family are from Gadigal land (inner Sydney) with connections to Gamilaroi Country (north-west NSW). In 2014 he was awarded a National Senior Teaching Fellowship by the Australian Government's Office for Learning and Teaching.



Bevin Wilson, Flinders University, Adelaide

Bevin is an Associate Lecturer in the Poche Centre for Indigenous Health and Well-being at Flinders University. He is a Kurna/Nurrinjerri man, born in Barmera in the Riverland of South Australia, and has been teaching for the past 43 years. His involvement in the tertiary sector includes teaching 3rd year students in the School of Education at the University of South Australia, and 4th year students in the School of Education in the Faculty of Social Sciences at Flinders University.



Friday 7th April

Presentation:
Growing Opportunities: Building Capacity, Learning on Country

Authors:

Professor David Paul, Associate Dean Aboriginal Health, School of Medicine Fremantle, The University of Notre Dame Australia

Associate Professor Clive Walley, National Director Indigenous Education, Head Aboriginal Health Curriculum, School of Medicine Fremantle, The University of Notre Dame Australia

Dr Kim Isaacs, Lecturer, School of Medicine Fremantle, The University of Notre Dame Australia

Ms Louise Austen, Senior Lecturer, School of Medicine Fremantle, The University of Notre Dame Australia

Abstract:

Introduction: In this presentation we focus on the ways we have sought to achieve meaningful opportunities for students, during the first two years of the course, to develop their understanding of Aboriginal peoples' strengths and resilience with a particular focus on learning on Country with Aboriginal people. Key to these immersion experiences is the centrality of Aboriginal community self-determination and Aboriginal-led programs and strategies aimed at building capacity, strength and wellbeing within the Aboriginal community.

Methods: Through a series of compulsory, elective and selective opportunities we have increased opportunities for students to learn about Aboriginal histories, cultures, self-determination, resilience and survival on Country. In 2015 we commenced a range of on-Country experiences for students via field visits to local (compulsory) and more distance (elective) sites. This was expanded in 2016 and will increase further in 2017. The field trips vary from one day visits near Perth through to one- and six-week immersions in Broome, WA. We have focused on meaningful learning and engagement that aims to build knowledge and understanding.

Results: In two years we have been able to increase substantially the opportunities for students to spend time on Country with Aboriginal people. Students have consistently evaluated the field trips positively, with many indicating that, as a result of their engagement, working in Aboriginal health settings has become a more realistic future work choice. Further, there has been significant follow-up engagement from students post-field trips, e.g., 80 per cent of the Broome students have participated in a voluntary Aboriginal health seminar series.

The sites of engagement are a result of the strong connections and relationships between Aboriginal staff of the School of Medicine's Aboriginal Health Team and local communities – Binjareb (Pinjarra) and Yawuru (Broome). This has led to greater success than if those relationships did not exist, but it is also a risk if staff members change. While we acknowledge that positive evaluations do not necessarily translate to actual future work choices, we intend to monitor this as experience elsewhere shows that providing vertically integrated opportunities in medical school has a positive impact on student choices. Already we are seeing students actively choosing particular Rural Clinical School placements based on the exposure they have had to Aboriginal health in earlier years. The expanded version of the Broome experience has been funded for 2017, but the further expansion planned from 2018 is subject to consolidating funding and to expanding opportunities in the third and fourth years of the course.

Friday 7th April

Presenter:



David Paul, The University of Notre Dame Australia

David is the Associate Dean, Aboriginal Health with the School of Medicine Fremantle at the University of Notre Dame Australia. He has been an active member of the LIME Network and Reference Group since its inception and works towards building the capacity of the current and future health workforce to work more effectively in Aboriginal health settings, and with Aboriginal people and communities.



Friday 7th April

Presentation: Aboriginal Traditional Kinships Systems

Authors:

Ms Patricia Rankine, Cultural Educator, Cultural Education Team, Northern Territory General Practice Education

Mr Richard Fejo, Senior Cultural Educator, Cultural Education Team, Northern Territory General Practice Education

Ms Elisabeth Heenan, Cultural Educator, Cultural Education Team, Northern Territory General Practice Education

Dr Olivia O'Donoghue, Medical and Cultural Educator, Medical and Cultural Education Team, Northern Territory General Practice Education

Abstract:

Introduction: During general practice training in the Northern Territory, trainees are required to spend a minimum of 12 months in Indigenous and remote health settings. As part of our cultural orientation package we run a workshop on traditional Aboriginal kinship systems, which are not only an integral part of community organisation and social structure, but a strong and enduring aspect of everyday life in rural, remote and sometimes urban communities of the Northern Territory. Kinship, however, is not just restricted to family and community relationships, it is much broader and encompasses relationships to ancestral beings, objects, seasons, sites and land. It also contributes to the health and wellbeing of communities. During this short presentation we will endeavour to explain how we demonstrate kinship in a meaningful and interactive manner to our trainees to help them when they enter remote communities to start work.

Methods: During our cultural orientation and awareness program we run an interactive 1.5 hour workshop demonstrating the complexity of traditional Aboriginal kinship systems, in terms of family and social relationships and community structure, using one example from the Central Australian desert regions – 'the Kukatja Family'. Participants learn about and experience kinship by highlighting community and interpersonal relationships through the importance of skin names, the hierarchy of relationships in some communities, marriage lines from maternal and paternal perspectives and the philosophies pertaining to avoidance relationships. We also explore the more contemporary aspects of kinship.

This program is delivered by the Cultural Educational Team from Northern Territory General Practice Education, which is made up entirely of Aboriginal Cultural and Medical Educators from a diverse range of backgrounds and lived experiences – Mr Richard Fejo, Mr Normie Grogan, Ms Patricia Rankine, Ms Elisabeth Heenan, Dr Simone Raye and Dr Olivia O'Donoghue. We then collect written feedback after each workshop.

Outcomes for our trainees:

1. Increased understanding of the high importance and complexity of kinship systems for everyday community, social, spiritual and family life, health and wellbeing.
2. Knowledge as to the types of relationships that exist in communities including the importance of avoidance relationships.
3. The importance of skin names in determining community and social structures.
4. A basic understanding of the skin names and relationship structure of the Kukatja Family kinship system.
5. The ability to use this knowledge to better understand and work in the communities they will have the privilege of going to.
6. The ability to recognise those elements of traditional kinship systems that exist in more urban and contemporary community settings.

Friday 7th April

Conclusion: By taking the time to explain kinship in a more in-depth and interactive manner we have found that although we may not be able to teach trainees all there is to know about it, they do come away with a greater appreciation of its complexity, how integral it is to individuals and communities and its direct impact on people's health and wellbeing. Feedback from our participants is always positive and encouraging.

Presenters:

Patricia Rankine, Northern Territory General Practice Education

See page 91.

Richard Fejo, Northern Territory General Practice Education

See page 91.

Elisabeth Heenan, Northern Territory General Practice Education

See page 91.



Olivia O'Donoghue, Northern Territory General Practice Education

Olivia is a descendant of the Yankunytjatjara and the Narungga Nations people, and proudly identifies as an Aboriginal woman from both of these nations. She is a General Practitioner in an Aboriginal Community Controlled Medical Service in Darwin, as well as a Medical and Cultural Educator for Northern Territory General Practice Education, helping to train and shape the next wave of culturally appropriate and safe GPs.



Friday 7th April

**Presentation:
Demonstration of an Innovative Online Resource to Support Medical Student Placements
in Aboriginal Health**

Authors:

Mr Noel Roberts, Teaching Associate, Medical Student Programs, Eastern Health Clinical School, Monash University

Dr Chee Koh, Senior Lecturer, Medical Student Programs, Eastern Health Clinical School, Monash University

Dr Karen Donald, Senior Lecturer Clinical Skills, Medical Student Programs, Eastern Health Clinical School, Monash University

Associate Professor Jenepher Martin, Director, Medical Student Programs, Eastern Health Clinical School, Monash University

Abstract:

Introduction: This presentation is about an innovative online approach to extending medical students' understanding of cultural and clinical issues in Aboriginal health. Consultation with students and staff involved with the placement of Monash University medical students at Eastern Health Aboriginal Health Service in Healesville (60 km to the east of Melbourne) suggests there are limited practical resources for students to apply in the clinical–community interface when undertaking clinical placements in Aboriginal health. A new resource has thus been developed to complement the students' orientation to their placement at the Aboriginal Health Service in Healesville.

Methods:

1. A contact group to assist in shaping the resource was formed comprising representatives of the Aboriginal Health Service in Healesville, local GPs, Monash University academics involved in cultural awareness programs and medical students.
2. A conceptual model was developed using input from the contact group and student surveys to identify student perceptions of key skills, understandings and gaps.
3. An online initiative was selected to maximise accessibility.
4. Content that builds on and fills the gaps in students' learning uses a strengths-based and medical humanities approach and focuses on positive interaction with patients and the community. It was written around case studies that intertwine clinical and socio-cultural issues and drive student enquiry, which is facilitated by highlighting learning points and providing resources and links.
5. Using specialised software a prototype interactive online resource was created.

Outcomes: The prototype interactive online resource will be demonstrated during this presentation, showing the case study approach and inclusion of learning points and additional web-based resources. The results of preliminary testing will also be presented.

Conclusion: Preliminary testing of the prototype resource with medical students indicates that both the content and mode of presentation are suited to our objectives. We look forward to further refinement of this resource to support immersive experiences for students.

Friday 7th April

Presenters:



Noel Roberts, Monash University

Noel has been part of the Medical Student Program team since 2009. He has led a number of curriculum innovations including the integrated program for students of Monash and Deakin universities, the Patient Teaching Associate program and the Indigenous Health placement.



Karen Donald, Monash University

Karen has worked in allied health, and most recently medical education, for the past 20 years. A self-confessed geek, Karen is interested in the use of technology to facilitate clinical teaching and learning.

Friday 7th April

Session – Workshop 5

Facilitator: Karen Adams

9:15–10:30am at Etihad Stadium, Victory Room D

Presentation: Indigenous Student-led VESPA

Authors:

Monash University Students, Monash University

Abstract:

Rationale/aims/objectives: Provide a Vertically Enhanced Study Program Approach session facilitated by Indigenous health science students.

Process/approach/strategies to implement the workshop: The strategy for this workshop will mirror the current Indigenous VESPA implemented at Monash University, which is coordinated by the Gukwonderuk Unit in the Faculty of Medicine, Nursing and Health Sciences. The coordination involves working with peers (Indigenous students and health practitioners) to develop teaching activities that are then shared with Indigenous health science students. Indigenous students will lead this workshop (with support from Gukwonderuk staff) providing an opportunity for a personal experience of VESPA learning.

Results/learning outcomes to be achieved: At completion of the workshop, participants should be able to:

- Articulate a personal experience of participation in a VESPA workshop
- Describe a skill in an Indigenous medicine
- Analyse a case study with input from vertical and cross-discipline health science students.

Successes/impacts, challenges/limitations: Peer programs are known to have many benefits for participants and the VESPA sessions particularly allow learning and development of social networks. A challenge to the program has been finding time for students to coordinate meeting up in their busy schedules, which often involves clinical placements some distance from the Monash campus sites.

Indigenous leadership/collaboration, sustainability issues: The VESPA has been successfully running for two years, and involving students and senior Indigenous health professionals in case study discussions, clinical skills practice (including expert feedback) and learning about Indigenous medicines and health practices. Originally provided only for medical students, the VESPA has evolved into an interdisciplinary program in which students from various health disciplines have been involved in teaching each other, thereby allowing them to gain insight into their colleagues' discipline expertise. For instance, an Occupational Therapy student has led an experiential activity within the VESPA on impacts to daily living from eyesight loss.

Presenters:



Indigenous students (with support from Gukwonderuk staff), Faculty of Medicine, Nursing and Health Sciences, Monash University

Undergraduate Indigenous students in Monash's Faculty of Medicine, Nursing and Health Sciences study a range of disciplines including Medicine, Nursing, Physiotherapy, Psychology, Paramedics, Radiography, Occupational Therapy and Nutrition Science. They come from diverse cultural backgrounds, but all have a passion to become a health professional. This photo is of medicine bands made by the students as part of the Faculty's Indigenous VESPA.

Friday 7th April

Session – Keynote Address

Chair: Dennis McDermott

11:00am–12:10pm at Etihad Stadium, Victory Room A – Plenary

Presentation: Constructively Aligned Curricula, Culturally Safe Clinicians... and World Peace!

Author:

Dr Rhys Jones, Senior Lecturer, Te Kupenga Hauora Māori/Faculty of Medical and Health Sciences, The University of Auckland

Abstract:

To unlock the potential of medical education to improve Indigenous health outcomes, Indigenous health curricula need to be about more than simply creating culturally competent or safe clinicians. They must strive to promote learners' development as agents of change, while also contributing to a broader agenda of transformation – in our institutions, in the medical profession, and in the systems in which we are embedded. If these are the outcomes we are seeking to achieve, what does it mean for our work in Indigenous health education?

In this keynote address, Rhys will discuss the implications for Indigenous health leadership, collaboration and pedagogical development. How might we need to (re)design our teaching, learning and assessment? How should Indigenous health be positioned in medical curricula and what is its role at an institutional level? What does this mean for the ways in which we need to collaborate, both within and beyond our institutions, to achieve the 'big picture' outcomes?

Presenter:



Rhys Jones, The University of Auckland

Rhys (Ngāti Kahungunu) is a Public Health Medicine Specialist. He is also Senior Lecturer and Director of Teaching at the University of Auckland's Te Kupenga Hauora Māori, where he oversees Māori Health teaching, learning and assessment in the Faculty of Medical and Health Sciences. His research interests include ethnic inequalities in and environmental influences on health, and Indigenous health in health professional education. Rhys is the International Lead Investigator of the Educating for Equity project, a research project examining how health professional education can reduce inequities and improve health outcomes for Indigenous populations.

Friday 7th April

Session – Closing

Chair: Dennis McDermott

12:10–1:00pm at Etihad Stadium, Victory Room A – Plenary

Presentation: Closing Address



Richard Murray, Medical Deans Australia and New Zealand

Professor Richard Murray is the Dean of the College of Medicine and Dentistry at James Cook University. His career focus is public health, tropical medicine and underserved populations such as Aboriginal and rural peoples. Richard has been President of the Australian College of Rural and Remote Medicine and Chair of the Federation of Rural Australian Medical Educators. He is currently the Acting President of Medical Deans Australia and New Zealand. Richard worked for 14 years in the Kimberley, Western Australia, including 12 years as the Medical Director of the Kimberley Aboriginal

Medical Services Council, which included clinical, population health, teaching, research and medical administration and management roles.

Presentation: Closing Comments and Handover for LIME Connection VIII

Presenters:

Host university representatives – Deakin University, Monash University, The University of Melbourne

Performance: Djirri Djirri Dancers

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Acronyms

ACCHO	Aboriginal Community Controlled Health Organisation
ACEM	Australasian College for Emergency Medicine
AIDA	Australian Indigenous Doctors' Association
AMC	Australian Medical Council
AMSANT	Aboriginal Medical Services Alliance Northern Territory
CAMDH	Centre for Aboriginal Medical and Dental Health
CEAHEG	Centre of Excellence for Aboriginal Health in East Gippsland
CEO	Chief Executive Officer
CVD	cardiovascular disease
FNHA	First Nations Health Authority
GAMSAT	Graduate Medical School Admissions Test
GP	General Practitioner
GPET	General Practice Education and Training Ltd
HRC	Health Research Council
IEFP	Indigenous Fellowship Excellence Program
IES	Indigenous Entry Stream
IFEP	Indigenous Fellowship Excellence Program
IGPRN	Indigenous General Practice Registrars Network
IKE	Institute of Koorie Education
JABSOM	John A. Burns School of Medicine
LIME	Leaders in Indigenous Medical Education
MBBS	Bachelor of Medicine and Bachelor of Surgery
MCQ	Multiple Choice Questions
MD	Doctor of Medicine
MSC	Master of Science
NAIDOC	National Aborigines and Islanders Day Observance Committee
NGOs	non-government organisations
NTGPE	Northern Territory General Practice Education
PD	professional development
PGY1	Postgraduate Year 1
PhD	Doctor of Philosophy
QAIHC	Queensland Aboriginal & Islander Health Council

Acronyms

RACGP	Royal Australian College of General Practitioners
RACS	Royal Australasian College of Surgeons
RANZCP	Royal Australian and New Zealand College of Psychiatrists
RMH	Royal Melbourne Hospital
RNZCGP	Royal New Zealand College of General Practitioners
TBL	Team-based Learning
Te ORA	Te Ohu Rata O Aotearoa
UMAT	Undergraduate Medicine and Health Sciences Admission Test
UQ	The University of Queensland
UWA	University of Western Australia
VACCHO	Victorian Aboriginal Community Controlled Health Organisation
VESPA	Vertically Enhanced Study Program Approach

Conference Timetable

MONDAY 3RD APRIL – WELCOME DINNER (invitation only)

6:30–9:00pm

Bursary and LIME Committees Welcome Dinner (invitation only) – **Mama Rumaan**, 161 Harbour Esplanade, Docklands



TUESDAY 4TH APRIL – SITUATED LEARNING, YOU YANGS REGIONAL PARK

7:45–8:30am	Registration – Peppers Hotel, 679 La Trobe Street, Docklands
8:30–10:00am	Buses depart Peppers Hotel, Docklands Travel to You Yangs Regional Park – Lower Picnic Ground, Turntable Drive, Little River
10:00–10:20am	Bus arrivals at Lower Picnic Ground and Morning Tea
10:20–11:20am	Welcome Chair: <i>Scott McCoombe</i> <ul style="list-style-type: none"> • Corrina Eccles (Traditional Owner) supported by <u>Uncle Norm Stanley</u> – Welcome to Country and Smoking Ceremony • Deadly Dancers – Performance • Karen Dwyer, Deputy Head, School of Medicine, Deakin University – Welcome • Candice McKenzie, Academic Coordinator, Indigenous Medical Education, School of Medicine, Deakin University – Outline of the Day • The Deadly Duo: <u>Renee Howell</u> and <u>Emily Hutchinson</u> – Performance
11:20am–12:10pm	Keynote Address <u>Richard Frankland</u> , Associate Dean Inclusion and Diversity and <u>Head, Wilin Centre for Indigenous Arts and Cultural Development</u> , <u>The University of Melbourne</u> – <i>A Perspective on Cultural Loads, Cultural Safety and Cultural Capacity Building</i>
12:10–12:40pm	Lunch The Deadly Duo: <u>Renee Howell</u> and <u>Emily Hutchinson</u> – Performance
12:40–1:20pm	Panel 1 – Inclusion of Indigenous Knowledge in the Curriculum <i>Facilitator: Karen Adams</i> <ul style="list-style-type: none"> • Petah Atkinson – Lecturer, Monash University Rose Gilby – Lecturer, Monash University Glenn Harrison – Specialist Emergency Physician, Royal Melbourne Hospital and Epworth Hospital Geelong Rod Jackson – CEO, Wathaurong Aboriginal Co-operative Sharelle McGuirk – Koorie Workforce Talent Acquisition Officer, Barwon Health Tyson Yunkaporta – Senior Lecturer, Monash University
1:20–3:20pm	Situated Learning Activities <i>Chair: Candice McKenzie</i> <ul style="list-style-type: none"> • Walking the Journey to Big Rock Lookout – Corrina Eccles; Koala Tour – Melinda King; Traditional Bushfood Workshop – Cassie Leatham; Basket Weaving (Women Only) – Bronwyn Razem; Boomerang Throwing, Didgeridoo Playing (Men Only) and Traditional Ochre Painting – Uncle Norm Stanley
3:20–3:40pm	Afternoon Tea
3:40–5:30pm	Travel to Peppers Hotel, Docklands
6:30–9:00pm	Welcome Reception – Berth Restaurant, 45 Newquay Promenade, Docklands <ul style="list-style-type: none"> • <u>Karen Adams</u>, <u>Monash University</u> and <u>Etana Curtis</u>, <u>The University of Auckland</u> – Welcome • <u>Alice Skye</u> – Performance

WEDNESDAY 5TH APRIL – ETIHAD STADIUM

8:00–9:00am	Registration – Etihad Stadium, Docklands: Entry via Door 9	Victory Room A	Victory Room D
9:00–10:15am	<p>Welcome <i>Chair: Cheryl Davis</i></p> <ul style="list-style-type: none"> • Aunty Di Kerr, Wurundjeri and Aunty Carolyn Briggs, Boonwurung – Welcome to Country Boonwurung Dancers: Ngargee Murmindik Yan Yan – Performance • Shaun Ewen, Project Lead, LIME Network and Director, Melbourne Poche Centre for Indigenous Health – Welcome Michelle Leech, Deputy Dean (MBBS), Monash University – Welcome Kali Hayward, President, Australian Indigenous Doctors' Association – Welcome 		
10:15–11:15am	<p>Keynote Address</p> <p>Juli Coffin, Head of Campus and Director, The University of Notre Dame Australia, Broome – Why Aren't We There Yet?</p>		
11:15–11:45am	Morning Tea – Causeway	Victory Room C	Victory Room D
11:45am–1:00pm	<p>Leadership: Recruitment</p> <p><i>Chair: Miriam Cavanagh</i></p> <ul style="list-style-type: none"> • Opening a Pathway for Indigenous Students Interested in Studying Medicine at Deakin University – Candice McKenzie, Deakin University • Indigenous Medical Student Recruitment and Retention – Shane Drahm, The University of Queensland • Increasing the Aboriginal Health Workforce in East Gippsland: A Research Project to Identify the Barriers to East Gippsland High School Students Becoming Health Professionals – Doris Paton, Monash University • <i>Facilitated Discussion</i> 	<p>Curriculum Development</p> <p><i>Chair: Scott Winch</i></p> <ul style="list-style-type: none"> • Implementing and Evaluating Indigenous Curriculum in Year One – Melissa Lewis, University of Missouri • Monash Indigenous Health Students' VESPA – Peggy Swindle, Cicily Nesbit, Monash University • Maintaining Status Quo or Gaining Momentum: Transitioning from Undergraduate to Graduate Entry on a Background of University Restructuring – Paula Edgill, Craig Allen, Christine Clinch, The University of Western Australia • <i>Facilitated Discussion</i> 	<p>Workshop 1:</p> <p>Improving MCQs – New Formats and Style Tips</p> <ul style="list-style-type: none"> • Mike Tweed and Cameron Lacey, University of Otago, Christchurch
1:00–2:00pm	Lunch – Causeway		

	Victory Room B	Victory Room C	Victory Room D
2:00–3:30pm	<p>Curriculum: Teaching and Learning 1 <i>Chair: Craig Allen</i></p> <ul style="list-style-type: none"> • Assessment for Capability in Indigenous Health Practice – Clare Delany, Shawana Andrews, The University of Melbourne • Collaborative Intercultural Teaching Partnerships as a Strategy to Build Indigenous Cultural Capability in Health Professional Education – Michelle Webb, Pam McCrorie, Curtin University • Our Stories, Our Selves, Looking to Culture in Addressing Self-awareness in Medical Education – Martina Leialoha Kamaka, Dee-Ann Carpenter, University of Hawai'i • Exploring a Model for Collaborative Assessment in Indigenous Health Curriculum – Rose Gilby, Julia McCartan, Monash University • <i>Facilitated Discussion</i> 	<p>Curriculum: Cultural Competencies <i>Chair: Donald Whaleboat</i></p> <ul style="list-style-type: none"> • Indigenous Cultural Training in Advanced Pharmacy Practice Experience – Dee-Ann Carpenter, Wesley Sumida, University of Hawaii • Building Cultural Capabilities in Teachers and Students of Aboriginal and Torres Strait Islander Health – Petah Atkinson, Cicily Nesbit, Monash University • Are Our Medical Students Achieving Cultural Capability as a Result of Our New Indigenous Health Curriculum – Scott Winch, University of Wollongong • Are We Making a Difference? What Impact Does Cultural Awareness Education Have on Students' Attitudes? – Janie Smith, Bond University • <i>Facilitated Discussion</i> 	<p>Workshop 2: Australian Medical Council Revised Accreditation Standards for Specialist Medical Colleges – What Do They Mean for Aboriginal and Torres Strait Islander and Māori Health?</p> <ul style="list-style-type: none"> • Shannon Springer, Bond University, Suzanne Pitama, University of Otago, Christchurch, Kate Leslie and Shaun Ewen, The University of Melbourne
3:30–3:50pm	<i>Afternoon Tea – Causeway</i>		
3:50–4:50pm	Victory Room A		
	<p>Panel 2 – Students and Recent Graduates <i>Facilitator: Lilon Bandler</i></p> <ul style="list-style-type: none"> • Ryan Bulger – Student, The University of Sydney Justin Gladman – Graduate, Flinders University Andrea McKivett – Graduate, The University of Western Australia Keriana Nepe – Student, The University of Auckland Kennedy Sarich – Graduate, University of Otago 		
	<i>Free Evening</i>		

THURSDAY 6TH APRIL – ETIHAD STADIUM

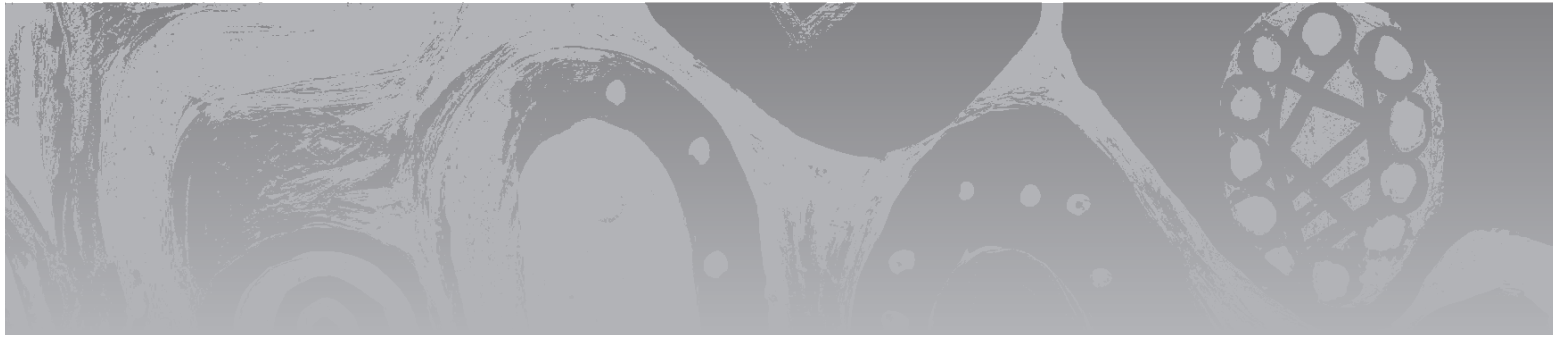
8:00–8:50am	Registration – Etihad Stadium, Docklands: Entry via Door 9			Victory Room A
8:50–10:10am	<p>Welcome <i>Chair: Elana Curtis</i></p> <ul style="list-style-type: none"> • Shitij Kapur, Dean, Faculty of Medicine, Dentistry and Health Sciences, The University of Melbourne – Welcome • Nathan Joseph, Chairperson, Te ORA Māori Medical Practitioners Association – Welcome <p>Keynote Address Evan Adams, Chief Medical Officer, First Nations Health Authority, Canada – Two-Eyed Seeing</p>			Victory Room A
10:10–10:40am	Morning Tea – Causeway			
10:40–11:55am	<p>Leadership: Support to Graduation <i>Chair: Rose Gilby</i></p> <ul style="list-style-type: none"> • The Challenge of Teaching about Health Disparities and Cultural Trauma: The Curriculum at JABSOM – Martina Leialoha Kamaka, University of Hawai'i • Inner Qualities Versus Inequalities: Educating Change Agents in Indigenous Public Health – Sally Fitzpatrick, UNSW Australia – Student Presentation • Recruitment, Retention and Enabling Pathways for Aboriginal and Torres Strait Islander Students into Medicine: Undergraduate Versus Graduate Entry – Christine Clinch, Paula Edgill, Craig Allen <p><i>Facilitated Discussion</i></p>	<p>Leadership: Specialist Medical Colleges 1 <i>Chair: Shannon Springer</i></p> <ul style="list-style-type: none"> • The RANZCP Aboriginal and Torres Strait Islander Mental Health E-learning Modules – Jason Boon Leong Lee, Royal Australian and New Zealand College of Psychiatrists • Leadership, Excellence, Partnership and Advocacy: The RACS Reconciliation Journey – David Murray, Royal Australasian College of Surgeons • Kāua e Whakaarohia Te Mahinga Engari Te Otinga – Maxine Ronald, Royal Australasian College of Surgeons <p><i>Facilitated Discussion</i></p>	<p>Workshop 3: How to Integrate Indigenous Health Competencies and Clinical Skills into a Learning Session</p> <ul style="list-style-type: none"> • Suzanne Pitama, Tania Huria, Cameron Lacey, University of Otago, Christchurch 	<p>Victory Room B</p> <p>Victory Room C</p> <p>Victory Room D</p>
11:55am–1:00pm	Lunch – Causeway			

Victory Room A	
12:15–12:45pm	<p>Poster Session <i>Chair: Paula Edgill</i></p> <ul style="list-style-type: none"> • Reflecting on Our First Steps: Indigenisation of the Curriculum in Occupational Therapy and Physiotherapy – Caroline Robinson, Chontel Gibson, Charles Sturt University • Barwon Health: A Regional Aboriginal Employment and Reconciliation Journey – Sharelle McGuirk, Barwon Health • Preparing Indigenous Students to Enter Health Science Professions: A Literature Review – Lori Boyd, Wendy MacLeod, Monash University • Teaching Aspects of Hauora Māori End of Life Care to Medical Students – Francis Kewene, Hata Temo, University of Otago, Dunedin
	<p style="text-align: center;">Victory Room B</p> <p>Leadership: Creating Change, Decolonising the Institution 1 <i>Chair: Shane Drahm</i></p> <ul style="list-style-type: none"> • Characterisations of Māori in Health Professional Education Environments – Caitlin Harrison, The University of Auckland – Student Presentation • Educating for Indigenous Health Equity: A Consensus Statement – Rhys Jones, The University of Auckland • Reconciliation? Canada's Truth and Reconciliation Commission Calls to Action and the Health Sciences Education Committee Response – Danielle Soucy, McMaster University, Cornelia Wieman, McMaster University/Indigenous Physicians Association of Canada • <i>Facilitated Discussion</i>
1:00–2:15pm	<p style="text-align: center;">Victory Room C</p> <p>Leadership: Specialist Medical Colleges 2 <i>Chair: David Paul</i></p> <ul style="list-style-type: none"> • No-one Has Ever Told Me I Can Do This – Tim Senior, RACGP, Simone Raye, Northern Territory General Practice Education • Cultural Teaching Visits for GP Registrars – Elisabeth Heenan, Patricia Rankine, Richard Fejo, Normie Grogan, Northern Territory General Practice Education • Pou Whirinaki – Supporting Māori GP Trainees – Terina Moke, Royal New Zealand College of General Practitioners • The AMC: Implementing a Visible Strategy for Indigenous Health and Engagement with Indigenous Health – Jillian Sewell, Australian Medical Council • <i>Facilitated Discussion</i>
2:15–2:45pm	<p style="text-align: center;">Victory Room A</p> <p><i>Afternoon Tea – Causeway</i></p>
2:45–3:45pm	<p>Panel 3 – Reflections from the Field: Influencing Change <i>Facilitator: Shaun Ewen</i></p> <ul style="list-style-type: none"> • Adrian Carson – CEO, Institute for Urban and Indigenous Health Craig Dukes – CEO, Australian Indigenous Doctors' Association Jacinta Elston – Associate Dean, Australian Aboriginal and Torres Strait Islander Education and Strategy, James Cook University Papaarangi Reid – Tumuaiki, Deputy Dean Māori, Te Kupenga Hauora Māori, The University of Auckland
3:45–4:00pm	<p>Launch: LIME Good Practice Case Studies Volume Four <i>Chair: David Paul</i></p>
6:30pm–Midnight	<p>Conference Dinner – Melbourne Museum, 11 Nicholson Street, Carlton (enter via Nicholson street doorway) <i>MC: Suzanne Pitama</i></p> <ul style="list-style-type: none"> • Aunty Di Kerr, Wurundjeri and Aunty Carolyn Briggs, Boonwurrung – LIMElight Awards Presenters Shauntai Batzke – Performance DJ Sadge – Performance
	<p style="text-align: center;">Victory Room D</p> <p>Workshop 4: Book Club</p> <ul style="list-style-type: none"> • Talila Milroy, Royal Prince Alfred Hospital <p>Please read a chapter of: R. Hegarty 1999, <i>Is That You Ruthie?</i>, University of Queensland Press, St Lucia, Qld.</p>

FRIDAY 7TH APRIL – ETIHAD STADIUM

8:00–9:15am	Registration – Etihad Stadium, Docklands: Entry via Door 9		
9:15–10:30am	<p style="text-align: center;">Victory Room B</p> <p>Leadership: Creating Change, Decolonising the Institution 2 <i>Chair: Tania Huria</i></p> <ul style="list-style-type: none"> • A Critique on the Interventions to Reduce Implicit Bias in Medical Students – Kamaia Pere, The University of Auckland – Student Presentation • Assessing Racial/Ethnic Bias amongst Medical Students: The Bias and Decision Making in Medicine (BDM) Study, Donna Cormack, The University of Auckland • Ethnic Bias and Clinical Decision-Making in Medicine: A Study of New Zealand Medical Students – Cameron Lacey, University of Otago, Christchurch • <i>Facilitated Discussion</i> 	<p style="text-align: center;">Victory Room C</p> <p>Curriculum: Teaching and Learning 2 <i>Chair: Cristine Carriage</i></p> <ul style="list-style-type: none"> • TBL via Heart and Mind, How it Stacks up with Aboriginal Health – Haydyn Bromley, Dennis McDermott, Bevin Wilson, Flinders University, Adelaide • Growing Opportunities: Building Capacity, Learning on Country – David Paul, Denise Groves, University of Notre Dame Australia • Aboriginal Traditional Kinships Systems – Patricia Rankine, Richard Fejo, Elisabeth Heenan, Olivia O'Donoghue, Northern Territory General Practice Education • Demonstration of an Innovative Online Resource to Support Medical Student Placements in Aboriginal Health – Noel Roberts, Karen Donald, Monash University • <i>Facilitated Discussion</i> 	<p style="text-align: center;">Victory Room D</p> <p>Workshop 5: Indigenous Student-led VESPA <i>Facilitator: Karen Adams</i></p> <ul style="list-style-type: none"> • Indigenous Students (with support from Gukwonderuk staff), Faculty of Medicine, Nursing and Health Sciences, Monash University – Student Presentation
10:30–11:00am	<i>Morning Tea – Causeway</i>		

Victory Room A	
11:00am–12:10pm	<p>Keynote Address <i>Chair: Dennis McDermott</i> Rhys Jones, Senior Lecturer, Te Kupenga Hauora Māori, The University of Auckland – Constructively Aligned Curricula, Culturally Safe Clinicians... and World Peace!</p>
12:10–1:00pm	<p>Closing</p> <ul style="list-style-type: none"> • Richard Murray, Acting President, Medical Deans Australia and New Zealand – Closing Address • <u>Host University Representatives</u> – Closing Comments and Handover for LIME Connection VIII • <u>Djirri Djirri Dancers</u> – Performance
1:00–1:15pm	<p><i>Walk to Woolshed Pub</i></p>
1:15–3:30pm	<p>Lunch and Closing Event – <i>Woolshed Pub, 161 Harbour Esplanade, Docklands</i></p> <ul style="list-style-type: none"> • <u>Ian Tambo</u> – Performance



NOTES

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