

CONFERENCE PROGRAM

Abstracts & Biographies

LIMECONNECTIONVIII

**Pouhine Poutama:
Embedding Indigenous
Health Education**

Hosted by University of
Otago, Christchurch

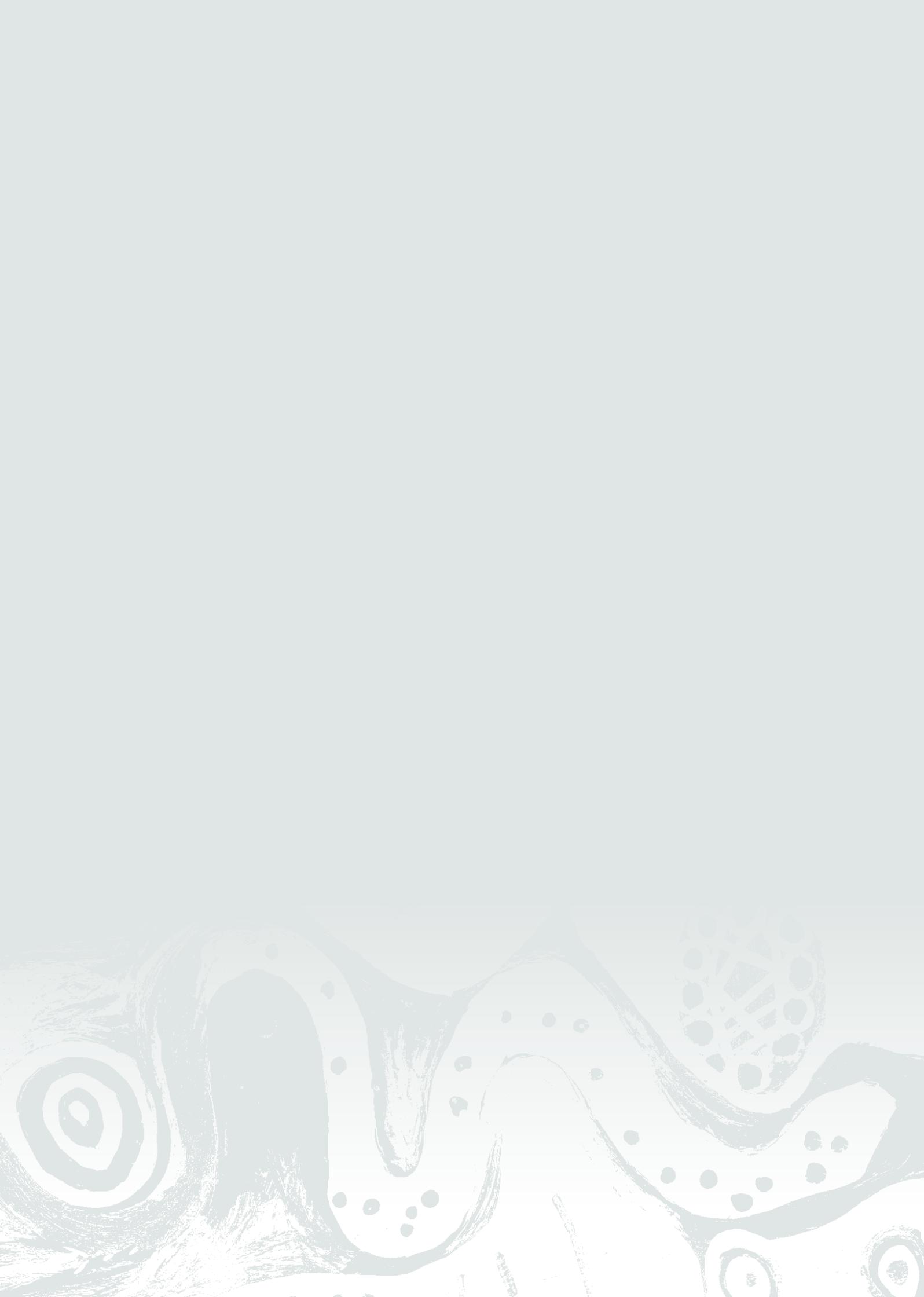
5–8 November 2019

Ōtautahi (Christchurch)
Aotearoa (New Zealand)



THE LIMENETWORK

Leaders in Indigenous Medical Education



LIMECONNECTIONVIII

**Pouhine Poutama:
Embedding Indigenous Health Education**

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Abstracts & Biographies

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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 hosted by the Faculty of Medicine, Dentistry and Health Sciences at the University of Melbourne.

Definition: In this document, we use the term 'Indigenous' to refer to the Aboriginal and Torres Strait Islander peoples of Australia and Māori in Aotearoa/New Zealand. The terms 'Aboriginal', 'Aboriginal and Torres Strait Islander peoples' and 'Indigenous' are used interchangeably with reference to the Australian context. The term 'Māori' and 'Indigenous' are used interchangeably with reference to the Aotearoa/New Zealand context.

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WELCOMES

E ngā rau, e ngā rahi, nga hau e whā, tēnei te mihi mahanui ki a koutou katoa. Nau mai haere mai ki Ōtautahi.

Medical Deans Australia and New Zealand

Tēnā koutou katoa

Ka mihi ki te iwi kainga, ki a Ngai Tahu

Ki a koutou katoa nau mai haere mai ki tēnei hui

On behalf of Medical Deans Australia and New Zealand (Medical Deans) it is my pleasure to welcome all delegates to LIME Connection VIII, Pouhine Poutama: Embedding Indigenous Health Education.

Medical Deans' member schools are committed to improving Indigenous health outcomes by supporting Indigenous medical students and promoting best practice in the teaching of Indigenous health in their medical programs. Over the past 10 years we have seen significant growth in the number of Indigenous medical graduates; however, we know that challenges remain, barriers persist, and more still needs to be done. The strength of shared aims, mutually respectful relationships, and effective collaborations cannot be underestimated, and this strength provides a basis for us all to continue to work to ensure equity, stamp out racism, and build a healthier future.

The Leaders in Indigenous Medical Education (LIME) Network and every LIME Connection conference make an important and valued 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 challenges, share new approaches, and forge strong and lasting connections. Many Indigenous doctors speak of the importance of the LIME Connections in providing opportunities for collaboration, mentoring and capacity building, and for sustaining them throughout the rigours of their medical training.

Medical Deans would like to thank our partner organisations, the Australian Indigenous Doctors' Association (AIDA) and Te Ohu Rata O Aotearoa (Te ORA) – Māori Medical Practitioners Association, for their continued support of the biennial LIME Connection since our inaugural event in 2005. We also thank our member institution, the University of Otago, for hosting the conference this year and for all the hard work, planning and organisation put in by their staff.

Medical Deans appreciates the continued funding of this important initiative from the Australian Government Department of Health. We also thank our diligent and committed on-the-ground members – the medical schools and their staff – who turn aspirations into a practical reality for so many.

I wish all delegates a stimulating and fulfilling conference and look forward to continuing our strong connections.

Nō reira tēnā koutou, tēnā koutou, tēnā koutou katoa



Professor Ian Symonds

President, Medical Deans Australia and New Zealand

LIME Connection VIII Committees

On behalf of the LIME Connection VIII Organising and Scientific Committees, we would like to take this opportunity to welcome you to the eighth LIME Connection in Ōtautahi (Christchurch). 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 VIII will showcase a number of initiatives occurring nationally and internationally, as well as highlighting the work taking place within the local context.

The day at Ōnuku Marae will be an important immersion experience providing an opportunity 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.

For the first time, LIME Connection will also include a series of sessions specifically for delegates from the Specialist Medical Colleges. Delegates will consider the relevant Australian Medical Council (AMC) Standards in Indigenous health education, sharing concerns and solutions. Importantly this will be the opportunity to work together across the sector to consider ensuring a culturally safe workplace.

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

LIME Connection VIII Organising and Scientific Committees

**Host university –
University of
Otago**

Tēnā koutou katoa

We warmly welcome participants from Australia, Aotearoa (New Zealand), Canada, the United States, Hawai'i and elsewhere to the 2019 LIME Connection VIII being held in Ōtautahi (Christchurch). This is a special event for us all, and one that we are proud to host.

Ōtautahi is located in Te Waipounamu (the South Island) of which Ngāi Tahu are the main Iwi (Tribe). Day 1 of the LIME Connection program will see delegates welcomed by Ngāi Tahu Mana Whenua who have played integral roles within the University of Otago, Christchurch (UOC) medical training program. Delegates will participate in a Pōwhiri at Ōnuku Marae, the site of UOC's Introduction to Hauora Māori Medical Training, and Te Marino Lenihan (Ngāi Tūāhuriri, Ngati Huirapa, Ngait Huikai) will lead the Mihi Whakatau on behalf of Ngāi Tūāhuriri at the Welcome reception at UOC.

University of Otago, Christchurch is a northern campus of the Dunedin-based University of Otago, Aotearoa's first university. Founded in 1869, UOC provides a research-led learning environment, and this year we are celebrating our 150th anniversary.

The UOC campus is the base for medical and postgraduate health education and health research in Ōtautahi. We collaborate closely in our research and student programs with the region's hospitals run by the Canterbury District Health Board, and other community health agencies. We have more than 1000 students on campus, including medical students in their three clinical years of training, and postgraduate health sciences students undertaking a range of programs to PhD level.

The theme of LIME Connection VIII – Pouhine Poutama: Embedding Indigenous Health Curricula – provides a platform for robust discussions regarding the role of health professional training institutions in addressing current Indigenous health inequities, as well as celebrating excellence in teaching and Indigenous leadership.

We are sure that all participants of LIME Connection VIII 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 Medical Student and Community Member bursary recipients.

Thanks to you all for being part of the LIME Connection VIII.



Professor David Murdoch

*Dean and Head of Campus – Ahorei, Manukura, Tumuaki Paenga
University of Otago, Christchurch – Te Whare Wānanga o Otāgo ki Ōtautahi*

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 LIME Network's aims are designed:

- To enable the continuing development and implementation of quality Indigenous health curriculum to improve medical education for all medical students.
- To build on and strengthen appropriate recruitment and support initiatives for Indigenous students.
- To build the capacity of those working in Indigenous health at medical schools.
- To develop pathways for vertical integration of Indigenous health curriculum and student recruitment strategies with specialist colleges.
- To strengthen Indigenous health initiatives across health disciplines.
- To 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 hosting the LIMELight Awards to celebrate successes in the field.
- The Indigenous Medical Student and Community Bursary Scheme to provide opportunities for networking and peer support at LIME Connection.
- Building the evidence base for 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 *LIME Good Practice Case Studies* and the Special Edition of the ANZAHPE journal *Focus on Health Professional Education*.
- Developing and implementing internal review tools – such as the LIME Accreditation tools and the Critical Reflection Tool – to support medical schools and specialist medical colleges to reflect and evaluate their performance.
- 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, as well as the Indigenous Pathways into Specialisation Resource.

-
- 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 by facilitating regional meetings.

Acknowledgments

The LIME Network would like to acknowledge the Elders attending LIME Connection VIII from both Australia and Aotearoa. We recognise their wisdom and knowledge and the important leadership role they hold as an integral part of the delegation.

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

- Svetlana Andrienko (Studio Elevenses)
- Jenn Johnston, Jo Johnston, Warwick Padgham (The University of Melbourne)
- Jane Yule (Brevity Comms).

LIMECONNECTIONVIII

Pouhine Poutama: Embedding Indigenous Health Education

The eighth biennial Leaders in Indigenous Medical Education Network LIME Connection will be held in Ōtautahi (Christchurch), Aotearoa (New Zealand) from 5–8 November 2019. The event is hosted by the University of Otago.

This year's theme is 'Pouhine Poutama: Embedding Indigenous Health Education'.

The LIME Connection VIII Scientific Committee, including host university representatives Associate Professor Suzanne Pitama and Ms Tania Huria, sought the support of Te Marino Lenihan (Ngāi Tūāhuriri, Ngati Huirapa, Ngait Huikai) to help develop the whakatauki (proverb) Pouhine Poutama into a conference theme. The theme needed to speak to the vertical and horizontal integration of knowledge, understanding and perspective (i.e. curriculum), and express, through deliberate juxtaposition, the complementary and essential union of Indigenous and non-Indigenous perspectives, knowledge and understanding. Vertical integration refers to the continuum of teaching and learning from universities to specialisation, while horizontal refers to connection and collaboration across all the health sciences.

The conference will encourage 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; and
- 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 is 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, will also be presented.

LIME Connection is supported by Medical Deans Australia and New Zealand, Te Ohu Rata O Aotearoa (Te ORA) Māori Medical Practitioners Association and the Australian Indigenous Doctors Association (AIDA). LIME Connection is an outcome of the Leaders in Indigenous Medical Education (LIME) Network Program.

Convenors

The LIME Connection VIII Organising Committee Members

Jasmin Boys	The LIME Network
Tarreen Callope	The LIME Network
Dylan Coleman	The University of Adelaide
Elana Curtis	The University of Auckland
Kerrie Hogan	Australian National University
Tania Huria	University of Otago, Christchurch
Candice McKenzie	Deakin University
David Murdoch	University of Otago, Christchurch
Amber Philpott	University of Otago, Christchurch
Te Oraitī Reedy	Te ORA Māori Medical Practitioners Association
Caitlin Ryan	The LIME Network
Tanya Schramm	University of Tasmania

The LIME Connection VIII Scientific Committee

Lilon Bandler	The University of Sydney
Tarneen Callope	The LIME Network
Elana Curtis	The University of Auckland
Cheryl Davis	Curtin University
Shaun Ewen	The University of Melbourne
Tania Huria	University of Otago, Christchurch
Scott McCoombe	Deakin University
David Paul	The University of Notre Dame Australia, Fremantle
Caitlin Ryan	The LIME Network
LIME Secretariat	(Support)

The LIMELight Awards Committee

Peter Crampton	University of Otago (former Dean)
Elana Curtis	The University of Auckland
Shaun Ewen	The University of Melbourne
Suzanne Pitama	University of Otago, Christchurch
Melissa Lewis	The University of Missouri
LIME Secretariat	(Support)

The LIME Connection VIII Bursary Committee

Te Oraiti Reedy	Te ORA Māori Medical Practitioners Association
Raegina Taylor	Australian Indigenous Doctors' Association
LIME Secretariat	(Support)

The LIME Network Team

Cindy Ahearn	Research Fellow
Lilon Bandler	Principal Research Fellow
Jasmin Boys	Project and Communications Officer
Tarneen Callope	Event and Project Co-ordinator
Shaun Ewen	Program Lead
Odette Mazel	Research Fellow and Senior Program Manager
Caitlin Ryan	Project Manager

The LIME Network Reference Group

Petah Atkinson	Monash University
Brett Biles	The University of New South Wales
Ngaree Blow	The University of Melbourne
Darryl Cameron	Flinders University
Miriam Cavanagh	The University of Notre Dame Australia, Sydney
Elana Curtis	The University of Auckland
Ryan Dashwood	Western Sydney University
Cheryl Davis	Curtin University
Shane Drahm	The University of Queensland
Paula Edgill	The University of Western Australia
Cameron Halliday	Griffith University
Tania Huria	University of Otago
Telphia Joseph	The University of New South Wales
Candice McKenzie	Deakin University
Andrea McKivett	The University of Adelaide
Peter O'Mara	The University of Newcastle
David Paul	The University of Notre Dame Australia, Fremantle
Tanya Schramm	University of Tasmania
Shannon Springer	Bond University
Stewart Sutherland	Australian National University
Teresa Treweek	University of Wollongong
Emma Walke	The University of Sydney
Donald Whaleboat	James Cook University

Sponsors

The LIME Network is most appreciative of the generous sponsorship and support shown towards LIME Connection VIII from the organisations listed here.

Support organisations

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

Host university

- University of Otago, Christchurch

Major sponsors

- Australasian College for Emergency Medicine
- The Royal Australasian College of Physicians
- The Royal Australasian College of Surgeons
- The Royal Australian College of General Practitioners

LIME sponsors

- Australian Medical Council
- The Royal Australian and New Zealand College of Ophthalmologists
- The Royal Australian and New Zealand College of Psychiatrists
- The Royal College of Pathologists Australia

Indigenous Medical Student and Community Bursaries

To support the participation of students and community members in LIME Connection VIII, 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 registration, travel, accommodation and meals.

This year, the following bursary places were offered:

- 20 Aboriginal, Torres Strait Islander and Māori medical students (in total)
- 10 Aboriginal, Torres Strait Islander and Māori community members (in total)

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 education to gain professional development and increased learning in the field;
- to provide financial support to students who may be interested in presenting at the conference;
- to highlight a community and student commitment to improving Aboriginal, Torres Strait Islander and Māori health education to other delegates;
- to increase and support leadership opportunities for those community members involved with Indigenous health education;
- to strengthen the active involvement of students and community with medical schools; and
- to encourage students to pursue a career in Indigenous health 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 and medical education;
- commitment to improving Aboriginal, Torres Strait Islander and/or Māori health in the future;
- active involvement with medical schools; and
- approval by the relevant LIME Reference Group member.

Funding for Indigenous medical student and community bursaries

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

- Australian National University
- Deakin University
- Flinders University
- Griffith University
- James Cook University
- Macquarie University
- The University of Adelaide
- The University of Melbourne
- The University of New South Wales
- The University of Notre Dame Australia, Fremantle
- The University of Queensland
- The University of Sydney
- The University of Western Australia
- University of Otago
- University of Wollongong
- Western Sydney University

LIMElight Awards

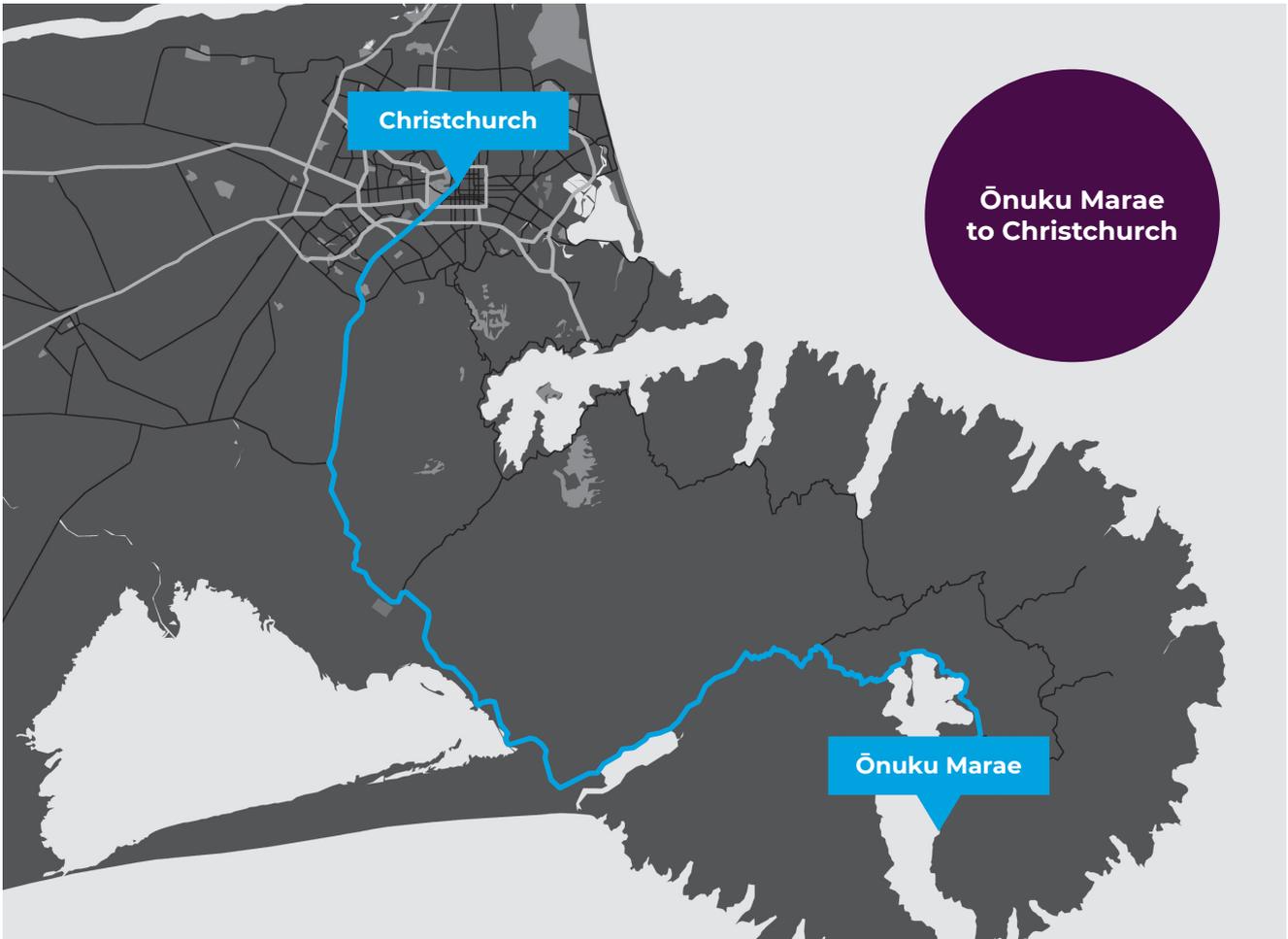
The LIMElight Awards are given in recognition of the significant and outstanding work staff, students and medical schools undertake in the teaching and learning of Indigenous health in medical education, as well as Indigenous student recruitment and support to graduation.

These awards acknowledge excellence in programs and initiatives that address critical issues, bring people together collaboratively and implement innovative solutions.

Award categories

- Sustained Excellence in Indigenous Health Curriculum Implementation
- Excellence in the Development of New and Innovative Indigenous Health Curriculum
- Sustained Excellence in Indigenous Student Recruitment, Support and Graduation
- Excellence in Developing New Indigenous Student Recruitment, Support and Graduation Initiatives
- Excellence in Community Engagement
- Excellence in Indigenous Health Education Research
- Excellence in Indigenous Health Education Leadership
- Excellence in Indigenous Health Education Student Leadership

The LIMElight Awards will be presented at The Christchurch Art Gallery Te Puna o Waiwhetū, on Thursday 7 November 2019.



Venue maps

Venues – Overview

- 1 Ōnuku Marae, Rapid number 389 Ōnuku Road RD1, Ōnuku
- 2 King of Snake Restaurant, 145 Victoria Street, Christchurch Central
- 3 University of Otago Medical School, 2 Riccarton Avenue, Christchurch Central
- 4 The Piano: Centre for Music and the Arts, 156 Armagh Street, Christchurch Central
- 5 The Christchurch Art Gallery – Te Puna o Waiwhetū, Montreal Street, Christchurch Central
- 6 The Piazza Marquee, 150 Armagh Street, Christchurch Central

Locations

Preconference: Monday 4 November 2019

Bursary recipients and Committee members Welcome Dinner King of Snake Restaurant, Christchurch

By invitation only

- 6:30–9:00pm
- King of Snake Restaurant, 145 Victoria Street, Christchurch Central
- This dinner is for Indigenous Medical Student and Community Member Bursary recipients and LIME Committee members, and is by invitation only
- There will be a cash bar available at the event for purchasing alcoholic beverages

Day 1: Tuesday 5 November 2019

Conference venue

Ōnuku Marae

- 8:00am–5:30pm
- Registration from 7:45am at Crowne Plaza Hotel, 764 Colombo Street, Christchurch Central
- Buses will depart Crowne Plaza from 7:45am to Ōnuku Marae, Rapid number 389 Ōnuku Road RD1, Ōnuku
- Alternatively, meet on site at 10:15am

Welcome reception

University of Otago Medical School

- 5:30–7:00pm
- University of Otago Medical School, 2 Riccarton Avenue, Christchurch Central
- This reception provides delegates with the opportunity to connect with other LIME Network members
- Canapes will be served throughout the evening
- Welcome: Te Marino Lenihan (Ngāi Tūāhuriri, Ngati Huirapa, Ngait Huikai) and Professor David Murdoch (University of Otago) will welcome delegates to the event
- Dress code: Smart casual

LIMEConnectionVIII

Pouhine Poutama: Embedding Indigenous Health Education **cont.**

Day 2: Wednesday 6 November 2019

Conference venue

The Piano: Centre for Music and the Arts

- 9:00am–4:30pm
- Registration opens 8:30am
- The Piano: Centre for Music and the Arts, 156 Armagh Street, Christchurch Central
- For security purposes, delegates must wear their conference lanyards to gain entry to the event

Day 3: Thursday 7 November 2019

Conference venue

The Piano: Centre for Music and the Arts

- 9:00am–4:30pm
- Registration opens 8:30am
- The Piano: Centre for Music and the Arts, 156 Armagh Street, Christchurch Central
- For security purposes, delegates must wear their conference lanyards to gain entry to the event

LIME Connection VIII Dinner and LIMELight Awards

The Christchurch Art Gallery Te Puna o Waiwhetū

- 6:30pm–Midnight
- The Christchurch Art Gallery Te Puna o Waiwhetū Montreal Street, Christchurch Central
- Delegates are asked to make their own way to The Christchurch Art Gallery Te Puna o Waiwhetū
- From Crowne Plaza, the Art Gallery is a 9-minute walk or a 3-minute car ride
- There will be a cash bar available at the event for purchasing alcoholic beverages
- Dress code: Semi-formal
- For security purposes, registered delegates will be issued with a wristband on arrival. Conference lanyards are not required.

Day 4: Friday 8 November 2019

Conference venue

The Piano: Centre for Music and the Arts

- 9:30am–12:30pm
- Registration opens 9am
- The Piano: Centre for Music and the Arts, 156 Armagh Street, Christchurch Central
- For security purposes, delegates must wear their conference lanyards to gain entry to the event

Hākari – Lunch and Closing Event

The Piazza Marquee, Christchurch

- 12:30–2pm
- The Piazza Marquee is located at 150 Armagh Street, Christchurch Central, next door to The Piano: Centre for Music and the Arts
- Following the final session of the conference, delegates are asked to make their way to the Hākari Closing Event for lunch and entertainment
- Local trade stalls will be in attendance – please bring cash if you would like to purchase goods

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

General information

LIME Connection 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 will not be provided (see 'Sustainability'), but a printable PDF of the program will be available on the LIME Connection website.

To get the app on your phone or tablet please visit the LIME Connection VIII website for instructions: <https://www.limeconnection.net.au/>.

Social media

Official Conference Hashtag: **#LIMEConnection2019**

Conference website: <https://www.limeconnection.net.au/>

 www.twitter.com/LIME_Network
Tag: **@LIME_Network**

 www.facebook.com/LIMEenetwork
Tag: **@LIMEenetwork**

 www.instagram.com/thelimenetwork
Tag: **@thelimenetwork**

Registration desk

The Registration Desk is located at Crowne Plaza Hotel, 764 Colombo Street, Christchurch Central (Tuesday) and The Piano: Centre for Music and the Arts, 156 Armagh Street, Christchurch Central (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 – Crowne Plaza Hotel from 7:45am
- Wednesday 5 April – The Piano: Centre for Music and the Arts from 8:30am and throughout the day
- Thursday 6 April – The Piano: Centre for Music and the Arts from 8:30am and throughout the day
- Friday 7 April – The Piano: Centre for Music and the Arts from 9:00am to 12:30pm.

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

Please note that for security purposes, delegates must wear their conference lanyards to gain entry to all conference events.

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 The Piano: Centre for Music and the Arts for delegates.

Username: **LIME**

Password: **#LIMEConnection2019**

Mobile phones

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

Sustainability

At the LIME Network we are committed to reducing our environmental impact on Ōtautahi during LIME Connection VIII, and would be grateful for your assistance in doing so.

We have removed the conference bag this year and will instead have an eSatchel with information from our sponsors and supporters displayed online and via the conference app.

This year's conference app will replace the heavy program to reduce paper waste, and is also a great way to get in touch with other delegates without the need to share a business card.

LIME Network Keep Cups will be available for you to use in place of disposable cups and lids. If you already have a keep cup and reusable water bottle, we recommend you pack it in your suitcase. Keep cups can be washed on site during the conference and available to take home (one per delegate) following the closing session.

Don't forget you can often offset your carbon emissions for the flight when booking your tickets, and share a ride with others, or use the LIME Scooters to get around the city.

Ōtautahi (Christchurch) information

About Ōtautahi

Ōtautahi was originally the name of a specific site in central Christchurch. It means the place of Tautahi and was adopted as the general name for Christchurch in the 1930s. Prior to this, Ngāi Tahu generally referred to the Ōtautahi (Christchurch) area as Karaitiana. Ōtautahi City is known as the 'Garden City' because of its many beautiful parks, gardens and tree-lined streets.

Kupu is a phone application that uses the camera in your phone to translate objects into te reo Māori (Māori language) instantly. You can download the app via the Apple Store or Google Play: <https://kupu.co.nz/>.

For more information please visit these websites:

- 100% Pure New Zealand: <https://www.newzealand.com/au/christchurch/>
- Trip advisor: <https://www.tripadvisor.com.au/>
- Quake Centre (Earthquake Centre): <http://www.quakecentre.co.nz/>
- Christchurch City Libraries: <https://my.christchurchcitylibraries.com/ti-kouka-whenua/otautahi/>

Activities relating to local Māori culture

- Ko Tāne: Māori Cultural Experience: <http://www.kotane.co.nz/>
- Māori art in Christchurch: <https://matapopore.co.nz/a-matter-of-trust-iwi-voice-in-christchurch-rebuild/>
- Matapopore Walking Tour: Embedding Ngai Tahu history into the post-quake landscape: <https://matapopore.co.nz/resources/>
- Canterbury Museum: Ngā Taonga tuku iho o nga tupuna: <https://www.canterburymuseum.com/whats-on/nga-taonga-tuku-iho-o-nga-tupuna/>

Accommodation

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

- The Crowne Plaza Christchurch: <https://christchurch.crowneplaza.com/>
- Distinction Christchurch: <https://www.distinctionhotelschristchurch.co.nz/>
- Quest Serviced Apartments Christchurch: <https://www.questapartments.co.nz/properties/south-island/christchurch/quest-christchurch/overview>
- BreakFree on Cashel: <https://www.breakfree.com.au/on-cashel/>
- Rydges Latimer Christchurch: <https://www.rydges.com/accommodation/new-zealand/latimer-christchurch/>
- Rendezvous Hotel Christchurch: <https://www.rendezvoushotels.com/hotel/christchurch>
- Heritage Christchurch: <https://www.heritagehotels.co.nz/heritage-christchurch>

Money

There is a currency exchange at Ōtautahi (Christchurch) Airport and multiple ATMs throughout the city. Visa and Mastercard are widely accepted with Amex cards accepted by most major vendors. To check the current exchange rates, please visit www.xe.com.

Climate

The climate in November in Ōtautahi is generally drier than previous Winter/Spring months, but you can expect some rain. The climate can be quite cool in November with daily (and overnight) temperatures generally ranging from 10–18°C.

Read more at www.whereandwhen.net or see the current forecast at <https://www.metservice.com/towns-cities/christchurch/christchurch-city>.

Getting around in Ōtautahi

Please visit www.christchurchnz.com for information on:

- Airport transport
- Buses, trains, tram
- Night Network
- Hop-on/Hop-off bus
- Taxis
- Ride share
- Car hire

Other ways to get around Ōtautahi:

- LIME Scooters:
<https://www.li.me/second-street/lime-down-under-auckland-and-christchurch-nz-join-e-scooter-movement>
- Bike hire:
<http://cyclingchristchurch.co.nz/bike-hire/>

Child-minding

Many hotels in Ōtautahi have child-minding facilities or a regular child-minding agency they could recommend to you. Alternatively, there are a few agencies listed below:

- Annies Nannies:
<https://www.anniesnannies.co.nz/>
- The Christchurch Babysitting Bureau:
<http://www.chcbabysitting.co.nz/>
- The Nanny Company:
<https://www.thenannycompany.co.nz/>

Medical services

Christchurch Hospital is located at 2 Riccarton Avenue, Christchurch Central. The closest medical centre to the conference venue is:

Christchurch Doctors

148 Hereford Street, Christchurch Central

T +64 3 366 3391

Cultural information, art and entertainment

Throughout the event

Photographers: Ariki Creative

Ariki Creative was established in 2007 as a design and advertising agency by Hori Te Ariki Mataki and his wife Ana Hoani. Focusing on design, illustration and animation for iwi, government and community organisations, Ariki Creative is passionate about providing authentic Māori design philosophy, cultural narratives and cultural values within its work. Over the past 10 years Ariki Creative has evolved into a digital creative agency adapting its organisational values to new mediums such as web development, mobile and virtual reality.

Ariki Creative is the lead organisation for the Digital Natives Aotearoa (DNA) collective based in Addington, Christchurch. The DNA collective comprises seven businesses committed to leveraging their networks, skills, real-world projects and passions to build Te Ao Hangarau as a beacon for, and incubator of, Māori digital design excellence. DNA has aspirations to take their mahi across Aotearoa and leverage both national and international partnerships to inspire and mentor upcoming digital natives.

At Ōnuku Marae

Day 1 of the conference will be held at Ōnuku Marae, Ōnuku, which is set in the scenic Akaroa Harbour. Buses will leave from Crowne Plaza Hotel, Christchurch Central from 8:00am and will take all participating delegates to Ōnuku Marae. The trip takes approximately 90 minutes. The buses will return to the University of Otago Medical School, Christchurch Central at approximately 5:30pm (in time for the Welcome Reception – see below).

Ōnuku Marae offers a stunning carved Whare Tīpuna (ancestral house), a new and contemporary wharekai (dining room), a beautiful original church and lush peaceful grounds. Delegates will come as guests, and leave as whanau (family).

The purpose of the day is to provide an opportunity for delegates to participate in conference activities where the University of Otago, Christchurch's immersed learning program is located.

LIMEConnectionVIII

Pouhine Poutama: Embedding Indigenous Health Education cont.

The day will begin with a Pōwhiri – a traditional Māori Welcome Ceremony that takes place when going onto a Marae. The purpose of the Pōwhiri is to remove the tapu of the Manuhiri (visitors) – to make them one with the Tāngata Whenua (People of the Land). It is a gradual process of the Manuhiri and the Tāngata Whenua coming together. The University of Otago, Dunedin and Wellington groups will lead the process of bringing on the LIME delegation.

Koha is a custom of reciprocity performed during the Pōwhiri. A Koha is a gift given by the Manuhiri to the Tangata Whenua. Traditionally this was food and delicacies or taonga (treasures); today this custom is still very much alive but the koha offered is mostly cash. The koha goes towards the running of the Marae, including supporting Mana Whenua who volunteer their time to ensure protocol is upheld. **It will be collected by a University of Otago staff member prior to the Pōwhiri, and we suggest a minimum koha of \$10.00 per person.**

Protocol for going onto the Marae involves wahine (women) at the front and tane (men) at the back. The delegation will go onto the Marae when the Kaikaranga (Women Caller) calls out to the delegation. We will have a Kaikaranga arranged to respond. Once we have entered the Marae (this may be outside), the University of Otago, Dunedin Kaumatua will speak on behalf of the delegation. Following on from his korero (talk) the delegation will be required to sing a waiata (song). The waiata that has been chosen is available on the LIME Connection VIII website. You will also get an opportunity to practise the waiata on the bus ride over to Ōnuku Marae.

At the conclusion of the korero (oratory) exchange there will be a Hariru (shaking of hands) and Hongi (the sharing of breath by pressing nose and forehead). If you are unsure don't worry, the home side will give you some advice; if all else fails follow what the person in front of you is doing. You can also watch a brief you tube clip on the LIME Connection VIII website.

Once the sharing of kai (food) signifies the end of the formal Pōwhiri, we will begin the day's program. Following the Pōwhiri will be a keynote address and panel discussion.

Morning tea, lunch and afternoon tea will be provided. Delegates are asked to wear respectful clothing.

FAQs

What do I wear to a Marae?

We suggest tidy smart casual (long pants and shirts for men and below the knee skirts or dresses for women). In November the weather can still be unsettled so we suggest you bring some layers in case it gets cold.

Once the Pōwhiri is finished can I go everywhere on the Marae?

Yes, you can. However, there are some protocols to be aware of. Firstly, no food or drinks (including water) are to be consumed inside the Whareniui (this is the carved meeting house) or directly out the front. You are also required to remove your shoes if you are entering the Whareniui.

There is an urupa (burial ground) across the road from Ōnuku Marae. It is clearly signposted but we do ask that you do not enter this area.

Can I take photos?

Yes, you can take photos except inside the Whareniui.

At the Welcome Reception

Entertainment: Henry Simpson

Henry Simpson is 23 years of age and currently studying law at the University of Canterbury in Christchurch, Aotearoa. Henry has been playing the guitar for 10 years and still thoroughly enjoys it.

At the Conference Venue

Plenary Panel Speaker Gifts: Kaitiaki Studios

These have been designed and created by Kaitiaki Studios, which aims to support, both artistically and creatively, the growth and future of a multicultural Aotearoa through whakapapa, whenua, inspiration and opportunity. Kaitiaki Studios offers graphic design, spatial design/public artworks, visual art and tattoo/tao moko. As an artist, Morgan Mathews has experience in many different creative sectors and in meeting the demands for Aotearoa-inspired artwork and designs at an international level. Kaitiaki Studios prides itself on its ability to include Māori design with reference to the local narratives or values of each individual client, and then convert personally designed drawings to vector images creating a unique product.

At the LIME Connection VIII Dinner and LIMELight Awards

Master of Ceremonies: Mr Julian Wilcox



Julian Wilcox (Ngā Puhī), first hit Aotearoa airwaves with Māori Television in 2004. Over the last decade, he has presented and produced a range of shows, including fronting the highly praised ANZAC Day coverage and Native Affairs.

Julian began work as the General Manager Communications at Te Runanga o Ngāi Tahu before being appointed as Chief Operating Officer in February 2016. He is currently leading the development of Haea Te Awa – the major strategic initiative that will equip Te Rūnanga o Ngāi Tahu towards the vision of tino rangatiratanga mō tātou, ā, mō kā uri ā muri ake nei (tino rangatiratanga for us and our children after us).

LIMELight Awards presenters

Associate Professor Suzanne Pitama, University of Otago



Suzanne joined the University of Otago in 2001 following a clinical background in child psychology. She has since developed a keen interest in medical education and completed her PhD (Otago) on examining the place of Indigenous health within medical education. Suzanne has been involved in a number of LIME projects as a past member of the LIME reference group, and is interested in the place of Indigenous health education in addressing Indigenous health inequities. Suzanne is the Faculty lead at the University of Otago for the Indigenous health curriculum.

Professor Shaun Ewen, The University of Melbourne



Shaun Ewen is Pro Vice-Chancellor (Indigenous) at the University of Melbourne and Foundation Director of the Melbourne Poche Centre for Indigenous Health in the Faculty of Medicine, Dentistry and Health Sciences at the University of Melbourne. He also held the position of Associate Dean (Indigenous Development) from its inception in 2010 until his appointment to Pro Vice-Chancellor in 2017. Shaun provides academic and Indigenous leadership for the Leaders in Indigenous Medical Education (LIME) project, a bi-national project of Medical Deans Australia and New Zealand. With a clinical background in physiotherapy, he holds postgraduate qualifications in international relations and education. Shaun's area of research expertise relates to Indigenous health and health professional education.

Dinner entertainment: The Wolfpack

The Wolfpack has been in the game since 2010 playing up and down the country. The band is made up of some of the finest musicians in Canterbury. All members are graduates of the Christchurch Jazz School and have performed nationally and internationally at private functions and weddings, on cruise ships and at all the big New Zealand music festivals. The Wolfpack brings everything from chill background to a high-energy dance set with everyone's favourite dance and party music. The band features: Ben Crosson -- Guitar and Vocals; H Kaa – Lead Vocals; Dave Crosson – Bass; Luke Smiley – Drums; and Ben Lill – Sax and Vocals.

Trophies: Kaitiaki Studios

The LIMELight Awards have been designed and created by Kaitiaki Studios (see page 16).

LIMEConnectionVIII

Pouhine Poutama: Embedding Indigenous Health Education **cont.**

At the Poroaki Farewell

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 in north-west New South Wales (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 Otago University.

The original symbol is now being housed in the LIME Offices, and a new symbol, the LIME Connection Message Stick, has been developed this year.

LIME Connection Message Stick

Message sticks are an ancient form of communication and are used by Indigenous people as a sign of respect when entering Country to which they don't belong. Message sticks are passed between different clans and language groups to establish information and transmit messages.

The LIME Connection Message Stick has been designed as a solid piece of wood decorated with symbols, artwork and significant objects. The crafted wood, painted serpent, shells and pounamu tell a story and represent Aboriginal, Torres Strait Islander and Māori people. Together they symbolise our spiritual and physical connection to the land and the sea and our connection to each other as Indigenous peoples.

The tracks on the Message Stick symbolise the journey of our peoples and the continuation of our connections and relationships. The diamonds represent our ancestors and the seed pods around the edges represent growth, new life and the possibilities for the future and new growth.

Aboriginal: The Carved Serpent represents Aboriginal people who respectfully acknowledge the serpent as an ancestral being who takes many forms and is known to have moved through the land creating rivers, mountains and waterholes. These creation stories are shared and interpreted in many different ways and in many different languages throughout Country.

Torres Strait Islander: The Pearl Shells represent Torres Strait Islander people, the ocean and our connection to the sea. Torres Strait Islander people consider the pearl shell to be more valuable than the pearl itself and often carve cultural designs, totems and traditional stories onto shells for jewellery and adornment in dance and ceremony.

Māori: The Pounamu represents Māori as it is highly valued and holds great cultural and spiritual value. Traditionally Pounamu was used to create weapons and tools, denote status and authority, for adornment and as a symbol of peace. The Koru/curl represents a young fern, which symbolises growth, peace and new life.

At the end of each LIME Connection Conference the Message Stick will be passed along from the last host to the next.



LIME Connection Symbol
Photo by Marley Holloway Clarke



LIME Connection Message Stick

Artists

Mr Mick Harding



The LIME Connection Message Stick was designed by Mick Harding of Ngarga Warendji. Mick belongs to the Najarak Baluk Clan (Heathcote region) and Yowong-Illam-Balak Clan (Mansfield region) of the Dhaagungwurrung 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. He draws his inspiration from the compelling legends of his people and weaves the images of those legends into each of his artworks. Mick 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.

Mr Bernard Singleton



Bernard Lee Singleton of Coen in Queensland's Cape York Peninsula descends from the Umpila peoples on the East Coast of Cape York and Yirrganydji/Djabuguy peoples of the Barron River. Primarily a craftsman and traditional performer, he has evolved his style to be an all-round cultural educator and practitioner. Recently moving into curatorial, gallery and exhibition work, Bernard also tests his hand in photography and media. Each individual work reflects a story or legend, an interpretation of daily life, hunting, gathering or a traditional practice most of which are generations old.

I will forever be inspired by the old stories of my Country and that is why it must be a foundation for all my artwork. I paint, craft and make artefacts to ground myself. It is known that these techniques, used over hundreds of years, become somewhat embedded in our DNA. So through the process of making a spear or shaping the figure of a spirit, I connect with my ancestors and they help bring my art to life. The totemic design that I adorn my craft with is called dadigal (fishbone). As with many craftsmen around the world, my work is a way for me to acknowledge and remember the times of my great-grandmothers and great-grandfathers. My designs are inspired by the laws of nature and the forms found in the creation stories around me. Using these basic forms or designs, I work to represent the bond of art and craft with language and story and the continuation of culture.

LIMEConnectionVIII

Pouhine Poutama: Embedding Indigenous Health Education **cont.**

Mr Raymond Austin



The pearl shells were carved by Raymond Austin, a Torres Strait Islander born on Thursday Island and raised by his Mum and Dad in Cairns. Raymond's mother is from the 'Arrgun' tribe from Badu Island. His father is from the Mareeba and Cairns area in North Queensland, and his history goes back to Sir Joseph Banks, the botanist who arrived with Captain Cook. Raymond is the eldest son and, along with his other siblings, was taught by his parents to cook, clean and to learn about his culture and language. He has also learnt from his Elders to hunt, dance, sing and respect others.

I have been a cultural performer for many years and learnt from my Elders how to make spears, boomerangs, Island dancing instruments and painting and carving artefacts out of pearl shells and animal bones. My knowledge and skills today are very important in teaching the younger generation to carry on our culture for the future.

Mr Paul Graham

The Koru Pounamu was carved by Paul Graham, who believes that working with authentic New Zealand Pounamu is both a passion and a privilege. His carving journey began in 2002 and his love for working with it continues to grow deeper. Paul feels lucky that he can have his family around him throughout the day while he works. He sees his carving as a continual journey and he makes every effort to improve and learn more about this precious taonga. Paul is very thankful to the Kaitiaki of Pounamu for the opportunity to be involved and he is looking forward to what the future brings.

Mr Josh Stephens and Ms Tara Stephens

This Taonga was carved from Tuatara Stone. We are a whānau team and we both contribute to our carvings. We feel this brings a balance to the energy of the stone. Tara is among the few female stone carvers and she is proud to be working with such a beautiful medium and feels a deep connection to the female essence of pounamu (Waitaiki). Josh has always been a whittler of wood and bone and in meeting Tara gained the opportunity to work with this precious taonga. We both continue to learn and grow in our craft and we are proud to be continuing the traditions of our ancestors. We are honoured to be a part of this kaupapa with Ngāi Tahu Pounamu and we support bringing authenticated, traceable pounamu to Aotearoa and the world.

E Kui ma, E koro ma, Rau Rangatira ma

Tena Koutou, Tena Koutou, Tena Tatou Katoa.

At the Hākari – Lunch and Closing Event

Performers: Te Pā o Rākaihautū

Te Pā o Rākaihautū is a unique 21st century pā wānanga (learning village) committed to educational success for the whole whānau – from early childhood, primary and secondary schooling to tertiary education – on the one site. Te Pā opened in January 2015. It is a Sec 156 designated character school that has set out to redefine how, where and when the best learning happens for our whānau. Te Pā does this by restoring culture, connection and Identity as a foundation to educational success; reconnecting our whānau with our places, communities, history and traditions; re-igniting a passion for learning; and pushing the reset button on Māori educational achievement.

We are excited to have tamariki from Te Pā Rākaihautū perform at the LIME Connection.

TUESDAY 5 NOVEMBER 2019

Day 1

Session

Keynote Presentation

Chair

Associate Professor
Suzanne Pitama,
University of Otago



12:00–1:00pm



Ōnuku Marae

Keynote presentation

Dr Hana O'Reagan, General Manager, Oranga, Te Rūnanga o Ngāi Tahu



Hana (Kāi Tahu, Kāti Māmoe, Waitaha) is the General Manager of Oranga/Wellbeing for Te Rūnanga o Ngāi Tahu. Her career has been largely focused on the areas of Māori language revitalisation and Māori educational achievement, while also being an active advocate of, and driver for, her own tribal language revitalisation strategy within Kāi Tahu.

Hana has previously been a lecturer at the University of Otago and has held management positions in the Māori Language Unit of Ngāi Tahu, the Christchurch Polytechnic Institute of Technology. Hana is also currently a New Zealand Fellow on the International Centre for Language Revitalisation and a member of Ngā Kaituhono. A proud mother of two children, she is committed to te reo in the home and intergenerational transmission of the language.

Session

Te Whare Wānanga o Otāgo 150th Celebration Te Rangi Hiroa Plenary

Chair

Professor Shaun Ewen,
The University of
Melbourne



1:00–2:00pm



Ōnuku Marae

Presentation

Indigenous knowledge, Indigenous health and the medical curriculum –
Successes and challenges

Panel members

Associate Professor Peter O'Mara, Head of Discipline Indigenous Health, University of Newcastle

Professor Papaarangi Reid, Head of Department of Māori Health, Faculty of Medical and Health Sciences, The University of Auckland

Dr Cornelia (Nel) Wieman, Senior Medical Officer – Mental Health & Wellness, Office of the Chief Medical Officer (OCMO), First Nations Health Authority

Abstract

This panel will bring together Indigenous leaders from Aotearoa, Australia and Canada to discuss their experience of embedding Indigenous health within curricula. The panel will draw together the ways in which Indigenous knowledge and leadership have demanded the embedding of Indigenous health as a necessity, in order for health professional programs to address the health inequities experienced by Indigenous peoples.

Te Rangi Hiroa (Sir Peter Buck) graduated in 1904 in medicine from the University of Otago, and later received a Doctorate of Medicine (MD) in 1910 with his doctoral thesis 'Medicine amongst the Māori, in ancient and modern times'. Te Rangi Hiroa was the first Māori medical graduate from a New Zealand University. The naming of this plenary, Te Rangi Hiroa, is in acknowledgment of the 150th Celebrations of Te Whare Wānanga o Otāgo, as well as the ongoing legacy of Indigenous leaders such as Te Rangi Hiroa.

◀ **Session**

**Te Whare Wānanga
o Otāgo 150th
Celebration Te Rangī
Hiroa Plenary**

Presenters



Associate Professor Peter O'Mara University of Newcastle

Peter is from the Wiradjuri people of NSW. He has worked with the Tobwabba Aboriginal Medical Service since 2002, and describes himself as an Aboriginal man who loves being a doctor. Working one-on-one with his patients, Peter finds a source of satisfaction in the knowledge that, in his own small way, his work contributes toward 'closing the gap' between Indigenous and non-Indigenous health outcomes. In 2008, he pursued his other passion – making good doctors – and took on the position of Associate Professor, Indigenous Medical Education and Head of Discipline, Indigenous Health at the University of Newcastle. Peter has been a member of the AIDA Board for eight years and president from 2009–12.



Professor Papaarangi Reid The University of Auckland

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



Dr Cornelia (Nel) Wieman First Nations Health Authority

Cornelia (Little Grand Rapids First Nation, Anishnawbe) is Canada's first female Indigenous psychiatrist. She was an Assistant Professor in the Faculty of Medicine and Dalla Lana School of Public Health at the University of Toronto where her research focus was First Nations youth suicide. She worked in emergency psychiatry at the Centre for Addictions and Mental Health. Most recently, Cornelia joined the First Nations Health Authority as a Senior Medical Officer – Mental Health and Wellness. She is currently serving as the President of the Indigenous Physicians Association of Canada and is an Adjunct Professor at Simon Fraser University.

WEDNESDAY 6 NOVEMBER 2019

Day 2

Session

Welcome and Keynote Presentation

Chair

Professor Shaun Ewen,
The University of
Melbourne



9:00–10:00am



The Piano: Centre for
Music and the Arts,
Concert Hall

Mihimihi Welcome LIME Network

Professor Shaun Ewen, LIME Project Lead, The University of Melbourne

Shaun is Pro Vice-Chancellor (Indigenous) and Foundation Director of the Melbourne Poche Centre for Indigenous Health in the Faculty of Medicine, Dentistry and Health Sciences at the University of Melbourne. He provides academic and Indigenous leadership for the LIME Network.

Keynote presentation

Mr Luke Pearson, Chief Executive Officer, IndigenousX



Luke is a Gamilaroi man and the founder and Chief Executive Officer of IndigenousX. He has worked as a teacher, mentor, counsellor, public speaker, collaborator, mediator, facilitator, events manager, researcher, evaluator, reporter and much more. Luke's passion for IndigenousX stems from his belief in the need to improve Indigenous media representation in Australia, and to have a platform on which individuals can tell their own stories in their own words.

Session

Plenary Launch – Good Practice Case Studies Resource and Indigenous Pathways into Specialisation

Chairs

Professor David Paul,
The University of Notre
Dame Australia, Fremantle

Dr Ngaree Blow,
The University of
Melbourne



10:45–11:00am



The Piano: Centre for
Music and the Arts,
Concert Hall

Presentation

Launch: LIME Good Practice Case Studies Volume Five

This fifth edition of the LIME Good Practice Case Studies showcases a collection of papers that were first presented at LIME Connection VII in Melbourne, Australia in 2017. The papers included in this volume are representative of the breadth and depth of the presentations from LIME Connection VII. The papers in Volume Five build on the those included in Volume One (2012), Two (2013), Three (2015) and Four (2017) to highlight best practice programs of work that are being conducted across Australia, Aotearoa (New Zealand) and further afield. The translation of these presentations into papers for publication is part of the LIME Network's ongoing commitment to advancing the discipline of Indigenous health education and to developing a body of work that builds the evidence base for informing good practice approaches in the field.

Authors

- **Dr Rhys Jones**, The University of Auckland, Aotearoa (New Zealand)
- **Dr Donna Cormack**, **Dr Ricci Harris**, The University of Auckland, **Dr James Stanley**, University of Otago, Wellington, **Dr Rhys Jones**, The University of Auckland, **Dr Cameron Lacey**, University of Otago, Christchurch and **Dr Elana Curtis**, The University of Auckland, Aotearoa (New Zealand)
- **Professor David Paul**, **Ms Louise Austen**, **Mr Denise Groves**, **Dr Kim Isaacs** and **Associate Professor Clive Walley**, The University of Notre Dame Australia, Fremantle, Australia
- **Ms Sally Fitzpatrick**, Western Sydney University, **Professor Melissa Haswell**, Queensland University of Technology, **Dr Megan Williams**, University of Technology Sydney, **Dr Lois Meyer**, UNSW Sydney, and **Professor Lisa Jackson Pulver AM**, The University of Sydney, Australia

◀ **Session**

**Plenary Launch –
Good Practice Case
Studies Resource and
Indigenous Pathways
into Specialisation**

LIME Good Practice Case Studies Review Committee members

- Ms Petah Atkinson (Monash University)
- Dr Ngaree Blow (The University of Melbourne)
- Associate Professor Elana Curtis (The University of Auckland)
- Ms Odette Mazel (LIME Network)
- Dr Scott McCoombe (Deakin University)
- Professor David Paul (The University of Notre Dame Australia, Fremantle)
- Ms Caitlin Ryan (LIME Network)

Presentation

Launch: Indigenous Pathways into Specialisation

The LIME Network Indigenous Pathways into Specialisation Online Resource is designed to help new medical graduates determine which Specialist Medical College might be the best fit for them, as they contemplate a specialisation traineeship.

This Resource is a searchable database which provides information comparing all Specialist Medical Colleges in Australia and Aotearoa/New Zealand. It details alternative entry pathways for Indigenous doctors, scholarship opportunities, and other support from the College. Each College provides details to contact the College for further information.

Session Plenary Panel

Chair

Professor David Tipene Leach, Te ORA Māori Medical Practitioners Association



11:00am–12:00pm



The Piano: Centre for Music and the Arts, Concert Hall

Presentation

Why cultural safety rather than cultural competency is required to achieve health equity

Authors

Associate Professor Elana Curtis, Associate Professor, Te Kupenga Hauora Māori, The University of Auckland

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

Professor Papaarangi Reid, Head of Department of Māori Health, Faculty of Medical and Health Sciences, The University of Auckland

Abstract

Additional author information: Elana Curtis (Te Arawa), Rhys Jones (Ngāti Kahungunu), David Tipene-Leach (Ngāti Kahungunu), Curtis Walker (Te Whakatōhea/Ngāti Porou), Belinda Loring, Sarah-Jane Paine (Tuhoe), Papaarangi Reid (Te Rarawa)

Rationale: Eliminating Indigenous and ethnic health inequities requires addressing the social determinants of health inequities including institutional racism. There is growing recognition of the importance of cultural competency and cultural safety at both individual health practitioner and organisational levels to achieve equitable health care delivery. However, there are mixed definitions and understandings of cultural competency and cultural safety, and how best to achieve them.

Aim: This presentation will review how concepts of cultural competency and cultural safety (and related terms such as cultural sensitivity, cultural humility) have been interpreted, and explore the unintended consequences of having a narrow or limited understanding of these concepts. It will present a definition of cultural safety that we believe to be more fit for purpose in achieving health equity, and identify the essential principles and practical steps to operationalise a cultural safety approach in medical education.

Learning objectives: Following this presentation, participants will be able:

- 1 to give a brief summary of the concepts of 'cultural competency' versus 'cultural safety';
- 2 to explain the limitations of having a narrow or limited understanding of 'cultural competency';
- 3 to identify a recommended definition of 'cultural safety' that can be applied within medical educational contexts; and
- 4 to describe the potential principles and practical steps that can be used to develop 'cultural safety' within medical educational settings.

Approach: Led by Indigenous experts in Māori health professional education the presentation will draw from the following sources (1):

- a an international literature review on cultural competency and safety;
- b a review of NZ cultural competency legislation, statements and initiatives;
- c inputs from a national Symposium on Cultural Competence and Māori Health; and
- d consultations with Te ORA members.

1 E. Curtis 2018, *Achieving Best Health Outcomes for Māori: Rationale for a Cultural Safety Framework*, draft document prepared by Te Ohu Rata o Aotearoa (Te ORA) for the Medical Council of New Zealand.

◀ **Session**
Plenary Panel

Presenters



Associate Professor Elana Curtis The University of Auckland

Elana Taipapaki (Te Arawa) is a Public Health Physician and the Director of Vision 20:20 at Te Kupenga Hauora Māori, University of Auckland. She provides strategic 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). She has a MD focused on Indigenous health workforce development and has been involved in Kaupapa Māori research investigating Indigenous and ethnic inequities within tertiary health professional study and health care contexts including breast cancer, cardiovascular disease and emergency department care.



Professor Papaarangi Reid The University of Auckland

Papaarangi is Tumuaiki and Head of the Department of Māori Health at the University of Auckland's Faculty of Medical and Health Sciences. She holds science and medical degrees from the University of Auckland and is a specialist in public health medicine. Papaarangi has tribal affiliations to Te Rarawa in the far north of Aotearoa, and her research interests include analysing disparities between Indigenous and non-Indigenous citizens as a means of monitoring government commitment to Indigenous rights.

Session

Learning and Teaching with Community

Chair

Dr Paula Edgill,
The University of
Western Australia



1:00–2:30pm



The Piano: Centre for
Music and the Arts,
Concert Hall

Presentation

Intercultural curriculum scaffolding to work in community for pharmacy and medical students

Authors

Dr Wesley Sumida, Associate Professor, Pharmacy Practice, Daniel K. Inouye College of Pharmacy

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

Abstract

Hō'okuikahi i Pu'ukoholā is a cultural gathering where strict Native Hawai'ian Protocol is honored. Ohua (groups) that attend are mainly Native Hawai'ian and typically individuals who don't seek Western medicine for their health care. Located in Kawaihae on Hawai'i Island, Pu'ukoholā is the heiau that Kamehameha used to unite the islands, and today, continues to be a place where living history is perpetuated through specific cultural activities.

In 2004, Kumu John Keola Lake, Kahuna Nui (High priest) of Pu'ukoholā, asked 'Ahahui o nā Kauka (AONK, Native Hawaiian Physician Organization) to participate in the annual Hō'okuikahi i Pu'ukoholā. Over years, this relationship blossomed into health screening and first aid for event participants and surrounding community who gather here. Joining AONK are students, residents and faculty of John A. Burns School of Medicine (JABSOM), Hawai'i Island Family Medicine Residency, Chaminade University School of Nursing and Daniel K. Inouye College of Pharmacy.

Health screenings are currently imbedded within the weekend activities. Initially, participating in cultural protocol, health screening, and first aid proved difficult. We 'learned by doing' and frequently encountered cultural missteps. Eventually, we recognised a more structured orientation was needed for students and faculty to engage with the participants by learning cultural professionalism, protocol and Native Hawai'ian hierarchy. Kumu Lake's halau (the Kahuna (priestly) group that runs the cultural protocol of Hō'okuikahi i pu'ukoholā) were gracious enough to orient all of our groups to the practices and protocols of the event.

The students and faculty who join us self-select, and in general, have a greater sense of awareness. This results in a willingness to learn more culturally appropriate behaviour in specific settings. Within each of our schools, our faculty starts with the basic cultural competence curricula, self-awareness, genealogy and sense of place. This year, we'll have a more structured orientation, to help with consistent learning of Native Hawai'ian culture and cultural activities specific to Ho/okuikahi I Puukoholā. Data gathered at the 2019 event will be discussed.

The Indigenous leadership at all schools collaborate to foster sustainability, and to cultivate future leaders (our students) by providing the necessary cultural skills to inspire service with Indigenous and diverse populations.

◀ **Session**
Learning and
Teaching with
Community

Presenters



Dr Wesley Sumida Daniel K. Inouye College of Pharmacy

Wesley is an Associate Professor with the Daniel K. Inouye College of Pharmacy. He is a graduate of University of Washington School of Pharmacy and completed his residency at the University of Washington/ Harborview Medical Center in Seattle. Wesley currently teaches pharmacy students in the University Medicine Faculty Practice Clinic (clinical practice plan of the John A. Burns School of Medicine in Honolulu, Hawai'i). His research interests include health disparities affecting Native Hawai'ians and Pacific Islanders, currently expounding the ambulatory curriculum for optimal cultural understanding of caring for patients that will be useful in the pharmacist's practice.



**Dr Dee-Ann Carpenter John A. Burns School of Medicine,
University of Hawai'i at Mānoa**

Dee-Ann is a Native Hawai'ian Internal Medicine physician and Assistant Professor at the University Health Partners of Hawai'i, the clinical practice of the John A. Burns School of Medicine in Honolulu, Hawai'i, where she does clinical teaching while also seeing patients. She received a BA from the University of Hawai'i (UH) at Mānoa, a MD degree from JABSOM, a finishing residency at UH, and an additional fourth-year residency in ambulatory care. In 2018 Dee-Ann received the prestigious UH Board of Regents' Medal for Excellence in Teaching, and 'Champion of Pharmacy Fall 2018'. She enjoys teaching cultural competency and clinical medicine to medical/pharmacy students/residents.

Presentation

Aboriginal and Torres Strait Islander voices in allied health care education

Authors

Ms Danielle Montgomery, PhD Candidate, Indigenous Health, University of Technology Sydney

Dr Megan Williams, Senior Lecturer, Indigenous Health, University of Technology Sydney

Professor Andrew Hayen, Acting Discipline Lead, Public Health, Public Health, Public Health, University of Technology Sydney

Abstract

Allied health and primary health care have been in the shadows of medicine, nursing and midwifery in terms of embedding Indigenous knowledges, graduate attributes and cultural safety considerations into tertiary curriculum. Little has occurred in allied health specifically or in the postgraduate context, which is rapidly growing and has varying accreditation requirements. Nor has there been much research with Indigenous communities about their allied health care needs, experiences, models of care or aspirations for the future. The Bunya Project outlined here is currently exploring both – the learning and teaching context, and the Indigenous community's relationship to allied health – with the aim of bringing them together to develop new and shared digital stories for tertiary education and community use.

The Bunya Project is a collaboration between six Indigenous community organisations and six university-based health disciplines, which are led by an Indigenous Health group from the faculty in which they are based. The group is comprised of a Wiradjuri senior lecturer, Barunggam teaching fellow, Muthi Muthi researcher and Wormi research assistant. The Indigenous health discipline has its own pedagogy that is sensitive to the postgraduate health context, and respectful of Indigenous Allied Health Australia's Cultural Responsiveness in Action Framework, Yunkaporta's 8-ways Aboriginal Pedagogy Framework, the National Health and Medical Research Council guidelines for Aboriginal and Torres Strait Islander health research and the team's current research in learning and teaching about Indigenous health.

The Bunya Project is inspired by the slow-growing Bunya tree, which throughout its development nourishes pinecones to form edible nuts that provide nutritious sustenance to the surrounding community. The project provides Indigenous community members with a coordinated and direct voice into allied health curriculum, moving towards learning 'from' and 'with' rather than 'about'.

The curriculum will include first-person digital stories specific to the six health disciplines, drawing on Indigenous people's leadership and expertise, models of cultural care, qualitative evidence from Indigenous people contextualised for mainstream students' learning, and processes of Indigenous self-determination in the health care pipeline from education to practice.

Bunya curriculum will also include content to challenge staff and students to reflect on how they perceive the world through a lens created by their own experiences, values and learning styles. First-person stories will be used to 'move' or 'disrupt' their ideas, supported by facilitated group sessions that are safe and pragmatic within a tertiary education context. Curriculum will be evaluated over 12 months via student surveys and interviews with tertiary staff and Indigenous community members.

◀ **Session**

Learning and Teaching with Community

Presenter



Ms Danielle Montgomery University of Technology Sydney

Danielle is a proud Barrunggam woman from the Condamine River area in Queensland. She has more than 10 years' experience across a variety of positions within education, student engagement and program development of building access for Aboriginal and Torres Strait Islander students. Drawing on her passion for Aboriginal education, Danielle explores, researches and implements appropriate and meaningful strategies to ensure education equity and relevance, with the aim of improving health outcomes for Indigenous people. As a Teaching Fellow in Indigenous Health, she is responsible for advocating for Indigenous ways of knowing, doing and being by embedding Indigenous perspectives into the curriculum and engaging in meaningful relationships with communities and stakeholders.

Presentation

The LIME Network as a mechanism for Indigenous student elective placements

Authors

Mr Matt Sollis, University of Otago, Christchurch

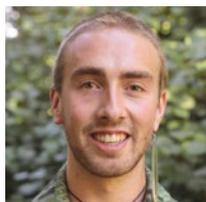
Abstract

In alignment with the theme Puhine Poutama, embedding Indigenous health education, this presentation documents how relationships and opportunities forged through LIME have enabled an international Indigenous student medical elective placement. The placement was coordinated through the Māori Indigenous Health Institute (MIHI), University of Otago, Christchurch, after one of its students had connected with Associate Professor Martina Kamaka and Assistant Professor Dee-Ann Carpenter, based in the Department of Native Hawai'ian Health at the John A. Burns School of Medicine, Hawai'i at the LIME conference in Melbourne.

The elective program was inclusive of a range of learning opportunities that extended the student's knowledge of Indigenous health and medical education. It involved being engaged in student learning sessions within the Indigenous health curriculum, and clinical placements within Indigenous communities supervised by Indigenous clinicians. The student elective created space for the discussion of Indigenous curriculum in Aotearoa (New Zealand), and its relevance and application to the Hawai'ian medical education program. Sessions were also developed that provided specific forums to discuss cultural knowledge and identity, and how these inform and support Indigenous health professionals and Indigenous medical education.

This presentation will highlight how Indigenous medical student electives, made possible from relationships forged through the LIME Network and Connection, support professional development and health education opportunities for future Indigenous health professionals.

Presenter



Mr Matt Sollis University of Otago, Christchurch

Matthew is a proud descendant of Ngāti Waewae, a sub-tribe of Poutini Ngāi Tahu, based at Arahura on the South Island's west coast. He was born and raised in his tūrangawaewae on the west coast and has since moved about the South Island for his medical training. A final-year medical student at the University of Otago, Christchurch, Matthew is completing this year in a regional placement in Nelson/Marlborough, New Zealand. He has a strong passion for Indigenous health equity and medical education.

Session

Student Support

Chair

Ms Miriam Cavanagh,
The University of Notre
Dame Australia, Sydney



1:00–2:30pm



The Piano: Centre for
Music and the Arts,
The Box

Presentation

Nindethana Dardee Wannik: Our ways of knowing, being and doing to grow Indigenous health professionals

Authors

Ms Petah Atkinson, PhD student/lecturer, Faculty Medicine, Nursing & Health Sciences, Monash University

Mrs Doris Paton, Lecturer, Faculty Medicine, Nursing Health Sciences, Monash University Gippsland

Abstract

Connection and relationships are important components of Indigenous ways of knowing, being and doing and, therefore, an important consideration in developing Indigenous health professionals. This work is based on the belief that being Indigenous is highly valued and that connection to culture and strength in identity is of benefit to the health professions. It is also based on valuing the overall strengths of people, and how these can be harnessed to realise the aspirations of Indigenous people wanting to become health care professionals. Having Indigenous health professionals strongly connected to culture and identity is a strength, particularly as they are more likely to influence health services and systems if they are confident in their professional role and who they are culturally. This strengths-based approach values and celebrates connection to culture and strength in identity as well as valuing health professions.

These programs have created spaces for school-aged children and their families to engage safely in considering a career in the health professions. Over the past three years up to 500 primary and secondary students have participated in targeted health-activity programs.

A re-set in student recruitment has led to a steady increase of enrolled university students in health professional courses, which has risen from 52 in 2016 to 93 in 2019. As a result, enrolment and retention rates have increased noticeably and the numbers of completions are anticipated to increase as students progress through their degree. These outcomes are directly related to the introduction in 2016 of an Indigenous Access Interview process. This process includes direct student advocacy for enrolment, and having ongoing direct personal, cultural connection and other support available to them. We have increased opportunities for students, Indigenous staff and practising Indigenous health professionals to encourage them to build connections with each other.

We argue that connection to, and valuing of, their indigeneity will prepare and position Indigenous health professionals to be the change agents who will improve health care for Indigenous communities. Essentially, without these processes we would be promoting an assimilationist Western worldview and paradigm of health care, which currently provides ill-equipped health care services to Indigenous peoples.

◀ **Session**
Student Support

Presenters



Ms Petah Atkinson Monash University

Petah is a Yorta Yorta woman with family connections to Kulin Nations. She has more than 25 years' experience in Aboriginal health, which includes many years in the Aboriginal community controlled health sector and universities teaching medical students about Aboriginal health. Petah's background is in public health, Aboriginal health and research, with particular interests in Social determinants of health, cultural safety and patients' perspectives in health care. She is currently a PhD student and lecturer and has published in national journals.



Mrs Doris Paton Monash University Gippsland

Doris a Senior Lecturer in the Gukwonderuk Unit at Monash University, Clayton. She teaches in the Schools of Rural Health in Gippsland, Victoria and supports the implementation of the Aboriginal and Torres Strait Islander Health Curriculum Framework.

Doris provides specialist knowledge to cultural context in policy, community capacity building and implementation of curriculum. She delivers activities that promote health as a career to primary and secondary Aboriginal students, as well as cultural training to community and agencies across Gippsland. Doris specialises in cultural knowledge, community knowledge and community history, and brings her knowledge into her teaching. Her interests also include quilt making, reading and travelling.

Presentation

Professional and cultural development of medical students mentoring adolescents in a predominantly Native Hawaiʻian community

Authors

Dr Malia Lee, Assistant Professor, Department of Native Hawaiʻian Health, John A. Burns School of Medicine, University of Hawaiʻi at Mānoa

Dr Kelli-Ann Voloch, Assistant Professor, Department of Native Hawaiʻian Health, John A. Burns School of Medicine, University of Hawaiʻi at Mānoa

Ms Sachi Kaulukukui, Junior Specialist, Department of Native Hawaiʻian Health, John A. Burns School of Medicine, University of Hawaiʻi at Mānoa

Ms Mai Smith, Evaluator, Department of Native Hawaiʻian Health, John A. Burns School of Medicine, University of Hawaiʻi at Mānoa

Abstract

Health care pathway programs aid communities in growing their own healers. At the University of Hawaiʻi John A. Burns School of Medicine, the Native Hawaiʻian Center of Excellence (NHCOE) has two community health electives to train first-year medical students (MS1s). The electives also provide a health care pathway for intermediate and high school students in Nānākuli, Hawaiʻi, which has one of the highest concentrations of Native Hawaiʻians in the world. Adolescent mentoring and culture-based service learning activities provide a setting for MS1s to develop a better understanding of professionalism and cultural humility in medicine. MS1s gain teaching and professional skills while learning about adolescents, community and Native Hawaiian culture. All NHCOE physician faculty in this initiative are Native Hawaiʻian, while the MS1s are diverse in ethnicity and include Native Hawaiian representation.

NHCOE faculty work with community and cultural experts to integrate Native Hawaiʻian protocol and practices into the curriculum, which includes traditional understanding of Native Hawaiʻian values, caring for the land and community, and developing a sense of place. Faculty guide MS1s to develop professional skills in medicine including teaching, compassion, empathy, communication and respect. This paper examines the program curriculum, training and impact on MS1s who have completed community health electives set in a rural, underserved community and school.

Methods: Mentors for adolescent student groups (Grades 7–12) are selected from among the MS1s for a 10-month school-based program. Orientation and preparation involves learning program objectives, the history of Nānākuli, Native Hawaiʻian values, sense of place, Native Hawaiʻian history, teen mentoring, and adolescent safety. Medical students teach monthly classes as guided by Department of Education core standards, teacher curricula, student needs, and relevant adolescent topics based on teacher observations. Mentoring activities include on-campus MS1 presentations on health care, academic, college and career planning, and off-campus culture/land-based service learning.

Results: Surveys and focus group responses from 42 medical students indicate an increased interest in working both in primary care careers and with adolescent populations. MS1s report developing skills in teaching, curriculum development, communicating with adolescents, mentoring and professionalism. Thematic analysis of qualitative data identifies students' professional growth in communication, humility, kindness, compassion, respect, responsibility, integrity, reflection/self-evaluation, developing a non-judgmental disposition, and cultural understanding.

◀ **Session**
Student Support

Presenters



Dr Malia Lee John A. Burns School of Medicine, University of Hawai'i at Mānoa

Malia is an Assistant Professor in the Department of Native Hawai'ian Health at the University of Hawai'i John A. Burns School of Medicine. She is a JABSOM graduate and Native Hawai'ian health scholar. After completing her residency in family medicine, Malia practised community health for 15 years before moving into an academic career. As the Director of the Native Hawai'ian Center of Excellence, she oversees programs supporting faculty and student development, medical workforce development, educational research and community engagement.



Dr Kelli-Ann Voloch John A. Burns School of Medicine, University of Hawai'i at Mānoa

Kelli-Ann is a Native Hawai'ian physician who received her medical degree from the John A. Burns School of Medicine at the University of Hawai'i at Mānoa. She has been a Pediatrician at the Waianae Coast Comprehensive Health Center since 2000, and an Assistant Professor in the Department of Native Hawai'ian Health, the 'Imi Ho'ōla Post-Baccalaureate program and in the NHC OE since 2010. Kelli-Ann completed a fellowship with the Office of Medical Education and NHC OE. She focuses on the humanism in medicine, community-based participatory research, mentorship, professionalism, and cultural sensitivity-related curricula.

Presentation

Tū Kahika, a culturally responsive foundation year scholarship

Authors

Ms Samantha Feeney, Professional Practice Fellow, Division of Health Sciences, Māori Health Workforce Development Unit, University of Otago, Dunedin

Ms Zoe Bristowe, Professional Practice Fellow, Division of Health Sciences, Māori Health Workforce Development Unit, University of Otago, Dunedin

Associate Professor Jo Baxter, Associate Dean Māori and Co-Director of the Māori Health Workforce Development Unit, Division of Health Sciences, Māori Health Workforce Development Unit, University of Otago, Dunedin

◀ **Session**
Student Support

Abstract

In 2010 the University of Otago launched Tū Kahika, a Foundation Year Health Sciences Scholarship Programme for Māori students. Since its inception, recipients of the scholarship have achieved many outstanding educational results and there have been substantial health workforce gains nationally. Tū Kahika has directly contributed to improved educational outcomes for Māori students from diverse communities, including through the successful entry and completion of restricted entry degrees in medicine, dentistry, physiotherapy, pharmacy, radiation therapy, oral health and nursing, as well as Bachelor of Sciences and Bachelor of Health Sciences degrees. Tū Kahika is a strengths-based, culturally responsive program supporting the academic success of Māori school leavers who aspire towards a career in health. The scholarship provides wrap-around academic and pastoral support, guaranteed placement in a University of Otago residential college, a financial contribution towards accommodation costs and the ongoing mentorship of Tū Kahika students. The program supports students in Tū Kahika (on average 15–19 students per year) through the University of Otago's Foundation Year Health Sciences course. It provides a platform for students to increase preparedness and eligibility for further health science study, with dual goals of positive Māori tertiary educational achievement and increasing the Māori representation in the health workforce.

The Tū Kahika scholarship is a holistic and transformative program that has 100 per cent student engagement, >95 per cent retention the following year, and high levels of academic achievement including entry into health professional programs. Outcomes indicate that the scholarship provides an effective first-year tertiary experience for Māori students, preparing them for their future health science study.

This presentation will discuss the Tū Kahika Scholarship, outlining the program design, outcomes and critical success factors, and feature a strong student voice highlighting the program's effectiveness in bridging the relationship between socio-economic and/or educational disadvantage and academic achievement in tertiary education. It will also illustrate how Indigenous strengths-based frameworks can be successful within 'mainstream' organisations and make a significant contribution to Indigenous health workforce development.

Presenter



Ms Samantha Feeney University of Otago, Dunedin

Sam is of Te Rarawa and Te Aupouri descent and is a University of Otago graduate with a Bachelor of Physical Education and a Master of Teaching and Learning qualification. With a background in education she works across the Māori Health Workforce Development Unit programs Te Ara Hauora and Tū Kahika. Sam enjoys working with a brilliant team of people dedicated to Māori health workforce development and Māori student success. She also works alongside Kōhatu, Centre for Hauora Māori lecturing into the Bachelor of Health Sciences subject, Hauora Māori in Practice: Working with Individuals and Whānau.

Session
Workshop 1

Chair

Dr Stewart Sutherland,
Australian National
University



1:00–2:30pm



The Piano: Centre for
Music and the Arts,
The Chamber

Presentation

The pedagogy of discomfort: Dimensions of resistance to teaching about Indigenous health, poverty and stigmatised groups

Authors

Dr Stewart Sutherland, Chair Aboriginal and Torres Strait Islander Health Framework,
Medical School, Australian National University

Ms Amanda Wingett, Lecturer, Medical School, Australian National University

Dr Christine Phillips, Associate Professor, Medical School, Australian National University

Abstract

Aim/objectives: To present a framework to understand the dimensions of resistance to teaching about Indigenous health, poverty and stigmatised groups, and to describe the case for a transformative 'pedagogy of discomfort' in this area.

Background: In this workshop we discuss the phenomenon of students' resistance to curricular material on populations facing structural inequality, stigma and the long-term impacts of colonialism. We problematise student requests for 'positive stories', 'more clinical information' on how to treat the marginalised group and for 'less political' material.

Discussion: We hypothesise that students resist teaching about complex issues related to marginalised and vulnerable groups if the teaching makes them feel emotionally uncomfortable. This appears to be the norm in teaching about Indigenous health, with lecturers often having to negotiate negative student feedback when delivering the standard Committee of Deans Australian Medical Schools (CDAMS) curriculum. A taxonomic analysis of student feedback on our teaching about marginalised or stigmatised groups over a decade indicates that the dimensions of resistance relate to students feeling uncomfortable and/or conflicted about 1) their own prejudices, 2) gaps in health and opportunity between Australian citizens, 3) the inability of medicine in itself to right inequality, and 4) stigmatising views expressed by mentors within medicine. A transformative pedagogy of discomfort will acknowledge and support students through emotionally disquieting educational experiences.

Issues/questions for exploration or ideas for discussion: How do we support students to recognise, accept and work through their discomfort? How do we support educators who deliver discomforting education? How do we incorporate this into feedback systems?

Presenters



Dr Stewart Sutherland Australian National University

Stewart was born and raised in Wellington, NSW the heart of Wiradjuri Country. For more than a decade he has worked in Indigenous health, in more recent years focusing on identity and mental health, particularly the social and emotional wellbeing of the Stolen Generations. Stewart finished his PHD at the Australian National University (ANU) in Canberra, the focus of which was the interplay between reconciliation (apology) and the social emotional wellbeing of people forcibly removed from their families. Stewart is working at the ANU School of Medicine as a Lecturer in Indigenous Health, where he is building on work of those before him.



Ms Amanda Wingett Australian National University

Amanda is a descendant of the Yandruwandha and Yawarrawarrka peoples from the Cooper Basin region. She is one of only a few identified Aboriginal nutritionists/dietitians in Australia. With a strong background in public health and nutrition, Amanda has a Master of Public Health (MPH) Nutrition by research. She has a wealth of experience in Aboriginal and Torres Strait Islander health, previously lecturing to medical, nutrition and dietetics, and population health courses in Aboriginal and Torres Strait Islander nutrition. An early career academic at ANU, Amanda is now an Associate Lecturer, Aboriginal and Torres Strait Islander Health in the School of Medicine.



Dr Christine Phillips Australian National University

Christine is a graduate of the University of Melbourne. She has extensive experience in refugee health and currently serves as Clinical Director of Companion House. Alongside her work in general practice, Christine is an Associate Professor at the ANU specialising in the sociology of medicine.

Session Curriculum Design and Review

Chair

Ms Petah Atkinson,
Monash University



3:00–4:30pm



The Piano: Centre for
Music and the Arts,
Concert Hall

Presentation

A thematic framework; establishing coherence across the curriculum

Authors

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

Professor Karen Dwyer, Deputy Head of School, Faculty Health, School of Medicine, Deakin University

Dr Bryony McNeil, Deputy Course Director, Faculty of Health, School of Medicine, Deakin University

Dr Scott McCoombe, Associate Head of School, International, Faculty of Health, School of Medicine, Deakin University

Abstract

Background: Following the engagement of an Indigenous academic in 2015 to assist in revising the current curriculum and alignment of the Indigenous medical education curriculum within the School of Medicine at Deakin University, a thematic framework has been used. Each thematic instruction is carefully considered to encourage active participation, positive contributions and experiential learning opportunities for students studying or staff working in medicine, optometry or medical imaging. This process strategically allows for emphasis to be given to interdisciplinary health care practice. The Indigenous health theme expands across time and culture, unpacks how health, culture and society interact, and highlights persistent issues and health inequities faced by Indigenous peoples and communities. Indigenous health includes scaffolded learning and assessment strategies related to the wider theme.

Aims and objectives: The purpose of this presentation is to describe how the use of a thematic framework and integrated curriculum provides and supports learning opportunities to develop culturally proficient health workers.

Process: The School of Medicine's Indigenous curriculum employs an integrated approach to teaching and learning using both vertical and horizontal approaches. Pedagogical principles and delivery of the curriculum ensure student understanding, explanation and description of key learnings, identification and analysis of culture, self and diversity, and, finally, the application of skills across all four years of their chosen course. Standards against which Indigenous health priorities are set and measured deliberately and skillfully align with the School of Medicine's aspirations and values, as well as the AMC Standards and the CDAMS Indigenous Health Curriculum Framework.

Challenges: Current challenges for Deakin University's School of Medicine include the development of a network of Indigenous and non-Indigenous medical educators with appropriate expertise to embed Indigenous health into the medical curriculum, particularly the clinical years, and to facilitate experiential learning opportunities. The School has recently designed an internal three-year strategic plan to emphasise its commitment to improving the health and wellbeing of Indigenous Australians through the education of Indigenous and non-Indigenous medical students and providing better support for educators.

Opportunities: Exposure to contextualised learning.

◀ **Session**
Curriculum Design
and Review

Presenter



Ms Candice McKenzie Deakin University

Candice is the academic coordinator for Indigenous Medical Education at Deakin University School of Medicine. A Warumunga, Walpiri woman with ancestral ties to Alice Springs, Tennant Creek and Darwin, Candice completed her Bachelor of Education (Primary) at Deakin University and is currently completing her MPH. She has spent much of her career working with Aboriginal and Torres Strait Islander people in the area(s) of health education.

Presentation

Teaching doctors about racism: Embedding health equity in Australian medical curriculum

Authors

Dr Ngaree Blow, Director of First Nations Health, Department of Medical Education, The University of Melbourne

Dr Alyce Wilson, Lecturer, Department of Medical Education, The University of Melbourne

Ms Jennifer Lacy-Nichols, Lecturer, School of Population and Global Health, The University of Melbourne

Abstract

Doctors are influential stakeholders both within the health system and at the frontline of providing health care for all members of society. As such, we argue that they have a moral obligation to have an in-depth comprehension of the social determinants of health. Although social determinants are often referred to in the medical curricula, teaching about them is often piecemeal, tokenistic and lacks relevance to the Australian context. Social determinants are, therefore, presented as information to be known rather than conditions to be changed and challenged (1). We have presented this model as a teaching tool for health equity to medical students, one that is inclusive of multiple lenses with applicability to diverse communities and contexts.

Serendipitous events and opportunities arose within the University of Melbourne to work in partnership with multiple departments to forge a new and more coherent pathway for teaching medical students about the social determinants of health. Undertaking a collaborative approach to develop a new model for teaching about health equity, we drew on the diverse expertise of the academics involved to refresh the social determinants teaching model and incorporate factors relevant to First Nations health, including colonisation and racism. We created three distinct visualisations of the model, including one familiar to medical doctors, to use as a teaching tool when discussing medical case studies and exploring public health concepts in medical practice. The revised model has greater applicability for Aboriginal and Torres Strait Islander communities and incorporates the unique needs of the Australian context. Our model has immediate relevance to clinicians, educators and researchers working to address health inequities through tackling the social determinants of health.

1 M. Sharma, A. D., Pinto & A. K. Kumagai 2018, 'Teaching the social determinants of health: A path to equity or a road to nowhere?', *Academic Medicine*, 93(1):25–30.

◀ **Session**
**Curriculum Design
and Review**

Presenters



Dr Ngaree Blow The University of Melbourne

Ngaree is a Noonuccal, Yorta-Yorta woman and doctor. She is currently working as the Director of First Nations Health at the University of Melbourne and as a Research Officer at the Murdoch Children's Research Institute. Ngaree has a keen interest in paediatric medicine and public health. A member of AIDA since 2011 she has been involved in many Indigenous health and education roles.

Presentation

MedTags – Enabling embedded curriculum

Authors

Dr Leanne Coombe, Academic Lead, Curriculum Design & Integration, Faculty of Medicine, The University of Queensland

Ms Jordana Stanford, Medical Student, Faculty of Medicine, The University of Queensland

Mr Shane Drahm, Director, Aboriginal and Torres Strait Islander Studies Unit, The University of Queensland

Abstract

Introduction: Prior to 2017, Indigenous health in the pre-clinical years (Phase 1) of the medical program at the University of Queensland (UQ) was largely confined to a single semester course, one of four in the Health, Society and Research stream. Along with the three other courses in this stream, it received very poor student evaluations in 2015. The following year, a review and redevelopment of these courses aimed to integrate content and embed Indigenous health across all four courses. The revised curriculum was developed and delivered from 2017 in partnership with the UQ Poche Centre for Indigenous Health and the Institute for Urban Indigenous Health, with the first cohort of students completing the new curriculum at the end of 2018.

Method: To oversee this process a faculty-level Indigenous Health Committee was established, which included Indigenous health sector and Indigenous student representation. One of its terms of reference is to monitor both the levels and quality of Indigenous health teaching. Consequently, the bespoke curriculum tagging system (MedTags) was modified to include a series of Indigenous health tags based on the AMC Standards, the CDAMS Indigenous Health Curriculum Framework and the National Indigenous Public Health Competency Framework. All learning activities in Phase 1 have since been mapped using these MedTags. A UQ Poche Centre Student Research Scholarship project was also completed in 2018, which captured Indigenous student voices about the current and desirable teaching of Indigenous health.

Results: The use of MedTags has enabled the levels of Indigenous health content to be closely monitored as ongoing adjustments are made to the curriculum in response to logistical issues, student feedback and input from stakeholders. Their use has also highlighted the lack of Indigenous health content across Phase 1 more broadly, leading to an audit of all Case-Based Learning in early 2019 to assess, and ultimately improve, the demographic representativeness of the 'virtual patients' encountered by students.

Discussion: The reliance on course coordinators to include Indigenous health content, and the (in)ability of staff to create culturally safe classrooms when delivering this content, are ongoing challenges. An online training program for teaching staff is currently under development to help address these issues.

◀ **Session**
Curriculum Design
and Review

Presenters



Dr Leanne Coombe The University of Queensland

Leanne is the Academic Lead, Curriculum Design & Integration for the Faculty of Medicine at the University of Queensland. She leads a range of curriculum design and curriculum mapping projects to integrate Indigenous health content using a strengths-based approach. Leanne is an affiliate of the UQ Poche Centre for Indigenous Health and is the only non-Indigenous Executive Board member for the Public Health Indigenous Leadership in Education Network. She is also a member of the World Federation of Public Health Associations' Public Health Professionals' Education and Training Working Group.



Ms Jordana Stanford The University of Queensland

Jordana (Jordie) is a Gamilaroi woman who grew up in north-western Sydney. She originally trained as a speech pathologist, graduating from the University of Sydney in 2012. Jordie worked in NSW Health for two years before moving to Brisbane to work as a Paediatric Speech Pathologist at the Institute for Urban Indigenous Health. This led her to study a MPH (Indigenous Health) and she is now a third-year medical student at UQ. Jordie has also been the student representative member on the Indigenous Health Committee, and is passionate about medical education content and methodologies and understanding Indigenous students' experiences.

Presentation

Five years on: Evaluating curricula change within a primary medical program

Authors

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

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

Abstract

This presentation reports on a five-year evaluation of successive cohorts of final year medical students (2014–18) at the School of Medicine, Fremantle campus, in relation to their preparedness to work with Aboriginal peoples, as a key measure of the effectiveness of an expanded Aboriginal health curriculum.

◀ Session Curriculum Design and Review

Since 2013, the School has substantially increased its commitment to Aboriginal health, with an increase in staffing of its Aboriginal Health Team (1.4 FTE to 4.1 FTE) that includes growing the number of Aboriginal staff from one to five. Over this period, the Aboriginal health curriculum and graduate learning outcomes have been revised and updated, and the content expanded and restructured thereby increasing its horizontal and vertical integration. Further, assessment is now across all years of the course. To help assess the effectiveness of the curriculum changes, a long-term evaluation program was implemented using a validated 25-item Aboriginal health evaluation questionnaire (1–2).

At the end of each academic year since 2014, final-year students have been invited to complete the five-point Likert scale Aboriginal health evaluation questionnaire, and five open-ended questions.

To date, 92 per cent of the students (465/507) have completed the survey with 75 per cent providing responses to the open-ended questions. The survey responses demonstrate a substantial positive shift in student-reported preparedness to practise across a range of items covering social priority, services, preparedness and future commitment. The survey reveals areas for development, such as understanding of equitable service delivery and effective strategies for change.

This project has been developed and led by the Aboriginal Health Team, which is responsible for the development, implementation and assessment of the Aboriginal health curriculum. The evaluation reported here provides an indication of the impact of the curriculum as a whole. While we continue to grow and refine the learning opportunities, it remains difficult to access meaningful clinical learning opportunities in Aboriginal health settings. Although we are increasing these opportunities, it remains easier to arrange elective and selective options rather than core learning for all. This remains our biggest challenge.

Acknowledgments: Dylan Griffiths undertook data collection and initial analysis; Professors Sandra Carr and Helen Milroy contributed to the development and validation of evaluation tool in 2003.

Presenter



Professor David Paul The University of Notre Dame Australia, Fremantle

David has worked at the University of Notre Dame Australia, Fremantle's School of Medicine since 2013. Prior to that, he was Deputy Director of the Centre for Aboriginal Medical and Dental Health at the University of Western Australia (UWA). His work and research interests include Indigenous recruitment and retention, cultural and organisational change, the development and implementation of Indigenous health curriculum, the preparedness of practitioners to work with Indigenous peoples, and self-determination and community control in Aboriginal health. David's work in Indigenous health and education has been recognised through several honours and awards including the LIME Network's Leadership Award (2011) for Outstanding Leadership by an Individual.

1 S. Carr, D. Paul & J. Bazen 2011, 'Integrated undergraduate Aboriginal health curricula: Validating a program evaluation survey tool', *Focus on Health Professional Education: A Multi-disciplinary Journal* 12(3):3–40.

2 D. Paul, S. Carr & H. Milroy 2006, 'Making a difference: The early impact of an Aboriginal health undergraduate medical program', *Medical Journal of Australia*, 184(10):522–5.

Session

Student Support 2

Chair

Associate Professor
Elana Curtis,
The University of Auckland



3:00–4:30pm



The Piano: Centre for
Music and the Arts,
The Chamber

Presentation

Enrolment is not a KPI

Authors

Associate Professor Lilon Bandler, Senior Research Fellow, LIME Network, The University of Melbourne

Dr Andrea McKivett, Lecturer, Adelaide Medical School, The University of Adelaide

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

Abstract

It is more than 10 years since Lawson et al. (1) examined the number of Indigenous medical students in each medical school across Australia, in response to the work of Minniecon and Kong (2). Their Healthy Futures report helped pave the way for medical schools to increase the number of Indigenous medical students; 2018 saw the commencement of the highest number of Indigenous students (3). However, completion rates for Indigenous students (estimated at 40–60%) are not at the same level as for non-Indigenous students (more than 90%) (4), and organisations (including medical schools) are keen to recruit and identify more Indigenous students and trainees. Recruitment numbers, rather than graduation numbers, are heralded as successes, and executive leaders report on commencements (3).

However, the lower rate of completion prompted us to reexamine the components contributing to the success of some medical programs that consistently support Indigenous students to graduation. Examining their approaches, and reviewing the work of others, we have built a framework for our own practice. We have identified vital points along the pathway for Indigenous medical graduates, from pre-admission to graduation and beyond, that are essential to this work. In particular, we have used the work of DiGregorio et al. (5) to acknowledge the pre-existing strengths of Indigenous students. Starting from the principles and ideas outlined previously, for the support and retention of Indigenous students studying at university (6–9), we have extended this to detailing the required personal and academic support, highlighting the need for structures that must be implemented at distinct points in time. The success of this safety net will lie in its flexibility to meet the particular needs of Indigenous students, while being robust enough to ensure that no student is left without. In addition, we articulate the case of holding medical schools accountable for progression issues, and thus committing to an active investment of expertise, time and relationship building to ensure a complete raft of resources that is responsive and able to meet student needs, as and when they arise, in a culturally secure setting.

- 1 Kerrie A. Lawson, Ruth M. Armstrong & Martin B Van Der Weyden 2007, 'Training Indigenous doctors for Australia: Shooting for goal', *Medical Journal of Australia*, 186(10):547–50.
- 2 Deanne Minniecon & Kelvin Kong 2005, *Healthy Futures: Defining Best Practice in the Recruitment and Retention of Indigenous Medical Students*, Australian Indigenous Doctors' Association, Manuka, ACT.
- 3 Medical Deans of Australia and New Zealand 2018, *Student Statistics Report, 2016–2017*, MDANZ, Sydney.
- 4 Medical Deans of Australia and New Zealand 2017, *Student Statistics Report, 2015–2016*, MDANZ, Sydney.
- 5 Kristie Daniel DiGregorio, Sally Farrington & Susan Page 2000, 'Listening to our students: Understanding the factors that affect Aboriginal and Torres Strait Islander students' academic success', *Higher Education Research & Development*, November, 19(3):297–309. Available at: <https://doi.org/10.1080/758484344>.
- 6 Nola D'Antoine & David J. Paul 2006, 'Pre-medicine and pre-dentistry program: Creating opportunity for Indigenous students', *Aboriginal and Islander Health Worker Journal*, 30(3).
- 7 David J. Paul 2013, 'Creating change: Building the capacity of the medical workforce in Aboriginal health', *ANZ Journal of Surgery*, 83:55–9.
- 8 Katelyn Barney 2018, 'Community gets you through: Success factors contributing to the retention of Aboriginal and Torres Strait Islander Higher Degree by Research (HDR) students', *Student Success*, 30 November, 9(4):13–23. Available at: <https://doi.org/10.5204/ssj.v9i4.654>.
- 9 Elana Taipapaki Curtis 2018, 'Vision 20:20 and Indigenous health workforce development: Institutional strategies and initiatives to attract underrepresented students into elite courses', in M. Shah & J. McKay (eds), *Achieving Equity and Quality in Higher Education*, Palgrave Studies in Excellence and Equity in Global Education, Springer Nature, London, pp. 119–42. Available at: https://doi.org/10.1007/978-3-319-78316-1_6.

Presenter



Associate Professor Lilon Bandler The University of Melbourne

Lilon is Associate Professor and Senior Research Fellow for the LIME Network working with the team on the Indigenous Health Curriculum Framework, the scoping study on a community of practice for all the health sciences, and the Specialist Medical Colleges project. She has been involved in medical education across the health care sector. At the Sydney Medical School (2006–19) Lilon managed the admission pathways and provided a comprehensive support program for Aboriginal and Torres Strait Islander medical students, and also developed, implemented and evaluated the Indigenous health education program. She continues to provide general practice (GP) services in rural and remote western NSW, Australia.

Presentation

Connecting recruitment, entry pathways and success programs for MD students

Authors

Mr Shane Drahm, Director, Aboriginal and Torres Strait Islander Studies Unit, The University of Queensland

Abstract

Recruitment and support of Indigenous students has become a focus of universities across Australia in recent years. This presentation explores the University of Queensland's approach to growing its cohort of Indigenous medical and health sciences students, and how it has developed alternative entry and student support programs to improve the success and graduation rates of Indigenous medical students.

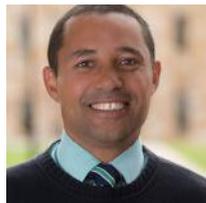
In 2015, UQ's aspiration-building and recruitment initiative, the InspireU program, was expanded to include a health-focused camp that targets students interested in pursuing medicine or other health sciences as part of their tertiary studies. Aimed at encouraging students to build relationships with UQ's Aboriginal and Torres Strait Islander Studies Unit staff, faculty representatives and peers prior to enrolment, InspireU has helped students to transition from school to tertiary study. In the inaugural InspireU health camp in 2015, approximately 50 per cent of the Year 12 camp participants applied to study in university health programs. That number increased to almost 90 per cent in 2018. Additionally, seven InspireU students have applied and/or transitioned into the UQ medicine program.

◀ **Session**
Student Support 2

Complementing the recruitment initiative is the alternative entry and support programs designed to improve the success and graduation rates of students studying medicine. Firstly, the Aboriginal and Torres Strait Islander Studies Unit constructed a rigorous alternative entry pathway at both the provisional and graduate entry stages, aimed at determining students' academic capability and their ability to adapt to, and meet the demands and intensity of, the MD program. Secondly, the Unit employed the services of two highly qualified academic support coordinators to help develop and implement a program designed specifically to support MD students. The success rate of Indigenous MD students has risen to 98.1 per cent in this short three-year period and, consequently, the retention and graduation rate has also risen dramatically.

Drawing upon our experiences at UQ, we will discuss institutional thinking around Indigenous student recruitment and offer some insights into incorporating successful changes within a student support context. We will also discuss the challenges of developing a recruitment and support strategy for a cohort of students in a constrained resource environment.

Presenters



Mr Shane Drahm The University of Queensland

Shane is the Director of the Aboriginal and Torres Strait Islander Studies Unit at the University of Queensland, and is passionate about increasing the number of Aboriginal and Torres Strait Islander students in higher education in an effort to build a the next generation of Indigenous leaders. As Director of the Unit, Shane is responsible for leading the implementation of UQ's strategic priorities in relation to Indigenous learning, discovery and engagement, and strengthening relationships between UQ and Aboriginal and Torres Strait Islander communities.



Professor Bronwyn Fredericks The University of Queensland

Bronwyn is Pro Vice-Chancellor (Indigenous Engagement) at the University of Queensland, and is Chair of UQ's Faculty of Medicine Indigenous Health Committee. She has also served twice as a Commissioner with the Queensland Productivity Commission.

Presentation

Connection: Exploring the power of gathering Indigenous medical students, residents, and physicians

Authors

Dr Terri-Leigh Aldred, Site Director, Indigenous Family Medicine Program, Faculty of Medicine, University of British Columbia

Dr Cornelia Wieman, Senior Medical Officer, Office of the Chief Medical Officer, First Nations Health Authority

Dr Evan Adams, Chief Medical Officer, Office of Chief Medical Officer, First Nations Health Authority

◀ **Session**
Student Support 2

Abstract

In 2002 the Indigenous Family Medicine Program (IFMP) accepted their first residents, thereby making the University of British Columbia (UBC) Family Medicine the first program in Canada to have a dedicated Indigenous health stream. Seventeen years later, IFMP remains the only program of its kind in the country. The IFMP is a great example of weaving Indigenous and non-Indigenous ways of knowing together to help support residents holistically while they train. The program utilises Indigenous ways of knowing, Elders, and ceremony to keep each other and our patients well. Over the years, as the residents graduated and started their own practices, many felt isolated, overwhelmed and burnt out. Alumni repeatedly contacted me asking for supports and events where they could connect with like-minded providers, which unfortunately didn't exist.

Thus, a 2.5-year journey began of planning the inaugural Indigenous Physician Network symposium, which was held from 8–10 March 2019. The event, co-facilitated by an Elder, gathered Indigenous physicians, residents, students, and key allied stakeholders together for a weekend of connection, medical education, cultural teachings and ceremony. The key themes emerging from the symposium were that participants want more opportunities to gather and they want to do so regularly. Given the geographical barriers in the large province of British Columbia (BC) many options including regional and local in-person gatherings, as well as, virtual opportunities with video conferencing and list-serves were explored. Participants reported that they felt personally restored and rejuvenated to continue their work, certainly a good leveraging point from which to advocate for sustainable funding for Indigenous physicians and learners to continue to gather.

The symposium explored the goals of gathering together, which included the opportunity to mentor junior colleagues, support one another, advocate collectively for our families and communities, and finally to help build sustainable health care systems that are equitable for Indigenous people in Canada. In this presentation we will review how the symposium was created, discuss the major themes that emerged, and how the feedback is informing the development of a sustainable Indigenous Physician Network in BC.

Presenters



Dr Terri-Leigh Aldred University of British Columbia

Terri is Carrier from the Tl'Azt'En Nation located north of Fort St James, BC. She has a Bachelor of Health Science and a Doctor of Medicine from the University of Alberta. In 2013 she completed her residency in the UBC Indigenous Family Medicine Program in Victoria. At present, Terri is the Site Director for the Indigenous Family Medicine Program, Family Physician for Carrier Sekani Family Services, Medical Director for the Prince George Foundry Clinic, and the Indigenous Lead for the Rural Coordination Centre of BC. She is passionate about Indigenous health, physician wellbeing and medical education. Sna Chaylia.



Dr Cornelia (Nel) Wieman First Nations Health Authority

Cornelia (Little Grand Rapids First Nation, Anishnawbe) is Canada's first female Indigenous psychiatrist. She was an Assistant Professor in the Faculty of Medicine and Dalla Lana School of Public Health at the University of Toronto where her research focus was First Nations youth suicide. She worked in emergency psychiatry at the Centre for Addictions and Mental Health. Most recently, Cornelia joined the First Nations Health Authority as a Senior Medical Officer – Mental Health and Wellness. She is currently serving as the President of the Indigenous Physicians Association of Canada and is an Adjunct Professor at Simon Fraser University.

Session

Poster Presentations

Chair

Mrs Catrina Felton Busch,
James Cook University



3:00–4:30pm



The Piano: Centre for
Music and the Arts,
The Box

Presentation

Kungun Yunnan Nunga way – Embedding Indigenous knowledges into Flinders Medical School curriculum

Authors

Mr Allan Sumner, Associate Lecturer, Poche Centre for Indigenous Health, Flinders University
Adelaide

Mr David Sjoberg, Associate Lecturer, Poche Centre for Indigenous Health, Flinders University
Adelaide

Abstract

In facilitating the Structured Clinical Instruction Modules at Flinders Medical School we believe it imperative to counter the persistence of the 'deficit' approach. To do this, we utilise an Indigenous led strengths-based approach. Our Indigenous health teaching with second-year students incorporates 'Nunga way' Indigenous methods to invoke a culturally safe teaching process that is informative to practice through the use of narrative methodology, comedic and musical methods.

Students often express positive responses such as: 'it was nice to be exposed to culturally safe comic relief'; 'The real value was listening to experience and stories'; and '...far and away the best Aboriginal health teaching in the course'.

We employ eight First Nations facilitators who have a wealth of experience in community, the health sector and tertiary teaching. Our plan to incorporate comedians and musicians, artisans and storytellers to facilitate our teaching of the Modules is part of our pedagogical approach at Poche Adelaide that prefaces 'Nunga way'. This method greatly assists in the discussions students have around privilege and inequity, and subsequent impacts on culturally safe health care. These sessions have been a resounding success, with many student evaluations expressing highly positive comments regarding the embedding of First Nations methodology into their medical education.

With all of the teaching and research resources that our tertiary institutions can access to facilitate Indigenous health teaching, the resounding response from students is that hearing the stories from Indigenous peoples themselves has proven the most valuable. The facilitators have all presided over discussions around identity tied into the revival of cultural knowledges and the importance of this process in addressing health issues from a First Nations' perspective. The lived experience of the facilitators ensures that a solid foundation in Indigenous knowledges drives the teaching, which many students express as key to their learning. We believe that the 'Nunga way' of embedding Indigenous knowledges in the medical school curriculum is crucial to our successful delivery of Indigenous health education.

◀ Session
Poster Presentations

Presenters



Mr Allan Sumner Flinders University Adelaide

Allan is of the Ngarrindjeri Nation from Ngarrindjeri Ruwe and the Kurangk. He is also of the Kaurna Nation from Tarndanyanga and the Yankunytjatjara people of Anangu Country. Allan's grounding in culture through Elders and community gives his teaching richness. With extensive experience working in the health sector as an Aboriginal Health Practitioner, he brings a wealth of lived experience from Aboriginal health services, tertiary Indigenous health education and Aboriginal communities across Australia. A well-known painter, sculptor, musician and graphic designer, Allan brings creativity to innovative decolonising teaching methodologies that embed Indigenous epistemologies into the curriculum.



Mr David Sjoberg Flinders University Adelaide

Dave is an Anglo-Celtic Australian with a commitment to social justice, educating about shared histories, critical thinking and facilitating difficult conversations around racism and privilege. He lectures in Indigenous health at Flinders University's College of Medicine and Public Health in Adelaide, Australia. Dave worked for eight years at Camp Coorong Race Relations and Cultural Education Centre, on the Kurangk on Ngarrindjeri Ruwe, where he was taught by Ngarrindjeri Elders in his role as a Race Relations Educator. Community-based lived experience has helped him to develop a strong human rights/Indigenous rights-based approach to curriculum development and teaching cultural safety.

Presentation

Developing an Indigenous health curriculum: Providing core Indigenous knowledges for health education at the University of Queensland

Authors

Mr Wayne Williams, Coordinator, Indigenous Curriculum, Rural Clinical School, The University of Queensland

Abstract

Background: Although there have been numerous attempts to define the gap in Indigenous knowledges and health in the field of medical education, these attempts have missed the mark in delivering vital information in a more holistic way for medical students. The concept of 'closing the gap' in Indigenous health outcomes is based on the idea that Indigenous Australians are represented as the 'deficit' in the 'closing the gap' equation.

◀ **Session**
Poster Presentations

Methods: Indigenous health content across medical curriculum identified the following key Issues:

- Limited formalised Indigenous health content and a need to increase that content in other courses, particularly the clinical sciences courses.
- Challenges mapping content on current course structures that are based on clinical rotations in Phase 1.
- Development and delivery of Indigenous health curriculum in Phase 1 relies heavily on external partnerships.

Results: The belief that Indigenous Australians are the single focus of support and resources to 'close the gap' detracts from the fact that the quality and appropriateness of these supports and resources, such as medical training and education, is severely lacking. Too often in the field of 'Indigenous Health Education', the focus is solely on the content and not the delivery and context of the learning journey. This project is designed not only to provide high-quality outcomes and learning objectives for the students, it is also focused on the manner of delivery and the development of educator competency and effectiveness. The development and implementation of a three-year, core course that directly delivers knowledge, experience and understanding about Indigenous knowledges for health education will change the dynamic between medical staff and Indigenous Australians.

Conclusion: Upon the implementation of this program, medical students will be exposed to a more wide-reaching and holistic experience that will equip them to work side by side with Indigenous Australians to improve our health outcomes and 'close the gap' in a meaningful and sustainable way.

Presenter



Mr Wayne Williams The University of Queensland

Wayne is a Wakka Wakka man from the South Burnett Region of Queensland. He completed his Bachelor of Education at the University of Southern Queensland, majoring in special education. Upon completion of his degree, Wayne worked for the Department of Education (Queensland) as a classroom teacher, Regional Manager of Indigenous Education, Principal Project Officer on the Embedding Aboriginal and Islander Perspectives in Schools Program, and Deputy Principal (Curriculum, Teaching and Learning) at the Hymba Yumba Indigenous Community Hub. He is currently the Coordinator, Indigenous Curriculum at the University of Queensland's Rural Clinical School in Toowoomba.

◀ Session
Poster Presentations

Presentation

Furthering Indigenous health and culture in medicine

Authors

Mr Matthew Genung, Medical Student, Max Rady College of Medicine, The University of Manitoba

Mr Zack Hall, Medical Student, Max Rady College of Medicine, The University of Manitoba

Dr Melinda Fowler, Executive Director, Ongomiizwin – Indigenous Institute of Health and Healing, Max Rady College of Medicine, The University of Manitoba

Abstract

Ongomiizwin Education, within the Indigenous Institute of Health and Healing, has a keen interest in attracting First Nations, Métis and Inuit peoples to health careers at the University of Manitoba. For over 150 years, Residential Schools operated in Canada with more than 150,000 children attendees. The Truth and Reconciliation Commission set forth in 2009 on a multi-year project of listening to survivors, communities and others affected by their experience of Residential Schools and put forth 94 Calls to Action to rectify the injustices of the Residential School system. The three-day Medical Student Entrance Interview workshop put on by Ongomiizwin Education works directly and indirectly to address calls to Action #22 (the value of Aboriginal healing practices), #23 (to increase the number of Aboriginal health care providers, ensure retention of Aboriginal health care professionals in communities, and provide cultural competency training for all health care professionals), and #24 (to provide all learners with teaching about Aboriginal health issues and Residential Schools).

Since 2015, the MSEI workshop has been supporting prospective Indigenous medical students at the University of Manitoba by providing cultural teachings, competency training, anti-racism education, and many other traditional values-based teaching. The workshop is directly working to increase the number of Indigenous people in medical school helping to produce more Indigenous physicians who have values that align with the Indigenous community. Since 2016, statistics have been kept on workshop attendees, which has shown that the majority of those accepted to the University of Manitoba through the Indigenous stream have attended the MSEI workshop. The workshop helps to create applicants that fit the selection committee's requirements for future Indigenous physicians. Since the start of keeping statistics for the MSEI workshop it can be shown that its attendees have a high success rate in their medical school application at the University of Manitoba and other schools across Canada.

This poster presentation will highlight the success of the MSEI workshop in increasing the number of strong, traditional and valued Indigenous physicians by comparing attendees versus non-attendees and their success with applying for medical school.

◀ **Session**
Poster Presentations

Presenters



Mr Matthew Genung The University of Manitoba

Matthew is a Métis medical student in his second year at the University of Manitoba. He first graduated with a BSc majoring in microbiology before undertaking medicine, with a special interest in infectious diseases. Matthew plays an active role in Indigenous affairs at the University's College of Medicine and takes pride in the work. Throughout his time at medical school he wants to gain experience working in remote northern Canadian locations with underserved communities and eventually, upon graduation, work full-time in those same locations.



Mr Zack Hall The University of Manitoba

Zack is a First Nations second-year medical student with an Arts degree in psychology and philosophy because he wanted to become more-rounded, and to work and help his community in the future. He has done past research in genetics and cancer epidemiology, and plans to continue research in Indigenous health. Zack has been a part of the MSEI workshop for the past three years, and will continue to be involved for as long as possible.

Presentation

The Manjaree Mia Kaart* Project: A reconciliation-in-action art project that builds respectful relationships and understandings based on Aboriginal kaartdijin (Nyoongar knowledge)

*Nyoongar meaning 'meeting place of learning, place of history and place of spiritual journey of knowledge'

Authors

Ms Janetia Knapp, Elder-Artist-Teacher

Ms Rommie Masarei, Executive Director, Admissions & Student Services, The University of Notre Dame Australia

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

Abstract

The need for a culturally safe space for Aboriginal students has been acknowledged and supported by the University of Notre Dame Australia, Fremantle and was the rationale for the Manjaree Mia Kaart art project. The project's aim was to create a large 5 x 2 metre past to present time-line of Aboriginal history to be hung in Manjaree (Nyoongar word for 'meeting place'), the new Aboriginal student space, following Reconciliation Week 2017. This presentation will provide a narrative on how the art project came about and why it was successful. It will demonstrate how the objective of providing a culturally appropriate project for Aboriginal students was also a catalyst that enhanced the University's culture of pastoral care for Aboriginal students.

◀ **Session**
Poster Presentations

Nyoongar kaartdijin is culturally appropriate for teaching Aboriginal history as is involving Nyoongar Elder–Artist Aunty Neta Knapp, who was central to the success of the project. In reflecting kaartdijin, no deadline was set which allowed the project to run for six weeks. Aboriginal students, many of whom were studying medicine, spoke of experiencing solace from study in the deep silences and reflection, yarning and sharing stories during the process. To maintain kaartdijin integrity, two members of the Aboriginal Health Team were available to facilitate discussions with visitors to Manjaree.

Sound leadership and strong relationships were key and, as project lead, Aunty Neta was assisted by Rommie Masarei, who fully supported both the concept and the Aboriginal kaartdijin ways. Pastoral care for all students is valued and the University needs to know why and how to provide this care for Aboriginal students. In her Executive Director role, the support from Rommie was structurally significant in embedding this know-how.

The success of the project has led to symbolic and tangible outcomes. The process based on kaartdijin symbolises a commitment to support Aboriginal students and knowledge. Aunty Neta has an increased presence across the campus running workshops and teaching, particularly to nursing students. A Reconciliation Action Plan is being created and is one of the strategic goals to provide further holistic care and cultural safety for Aboriginal students.

Presenters



Ms Janetia Knapp Elder-Artist-Teacher

Elder Janetia (Neta) is a Goreng Nyoongar woman, mother, grandmother and great-grandmother, born in Gnowangerup, a four-hour drive south-east of Perth, Western Australia. As a member of the Stolen Generations, Neta was removed from her family's boodja (Country) to a mission hundreds of kilometres away. Neta is interested in learning and gained a teaching degree and employment as a nurse. Combining her love of art and her teaching skills, Neta has taught many people about her earlier life experiences as well as Nyoongar art, culture and language. She is also a member of the new political organisation, the Western Australia Party.



Ms Louise Austen The University of Notre Dame Australia

Louise is a Whadjuk/Yuat Nyoongar woman from Western Australia, as well as mother and grandmother. Her father's great-grandmother's boodja (Country) is Whadjuk with family connections to Yuat boodja, north of Perth. Louise is currently a Senior Lecturer in Aboriginal Health for the School of Medicine at the University of Notre Dame Australia, Fremantle and previously coordinated the Indigenous Cultures and Health Unit for the Faculty of Health at Curtin University. Before tertiary lecturing, her early employment was in nursing, and later teaching and writing curricula for Aboriginal and environmental studies for the State Parks and Wildlife Service.

◀ **Session**

Poster Presentations

Presentation

Tasmanian Aboriginal History Timeline project: Takara milaythina lutrawita nika paywut = walked this Country forever

Authors

Dr Tanya Schramm, Senior Lecturer of Aboriginal and Torres Strait Islander Health Education, Faculty of Medicine, University of Tasmania

Ms Rosie Smith, Aboriginal Health Careers Officer, Rural Clinical School, University of Tasmania

Abstract

OUR HISTORY MATTERS; takara milaythina lutrawita nika paywuta = walked this Country forever The 'Tasmanian Aboriginal Timeline' project is led by the School of Medicine at the University of Tasmania (UTAS) in close collaboration with Aboriginal artists, Elders and families, the Aboriginal curators at the Tasmanian Museum and Art Gallery and Riawunna, the UTAS Aboriginal student support centre. The intent of the project is to create a welcoming and culturally safe environment for Aboriginal students, staff and community members in the UTAS Health Sciences Precinct, where the School of Medicine is based. It is also to offer an opportunity for awareness raising and education about the history of Aboriginal people since white settlement.

A key element of the project is the design and installation of an artwork comprising a timeline of the last 200-plus years and a number of interpretive panels, which will be installed in the precinct's walkway. The Tasmanian Aboriginal Timeline portrays palawa/pakana resilience and showcases the importance of art in the promotion of social inclusion, which is critical for Aboriginal health and wellbeing. Tasmanian Aboriginal people were denied their existence through successive government policies and the failure of the Tasmanian education system to teach children true Aboriginal history. We are the survivors of attempted genocide, and have been removed from our lands and been used for scientific research and experimentation. Tasmanian Aboriginal people continue to fight for identity, place and respect, as the first people of lutrawita and for the retention and protection of our history, our culture and our place.

OUR HISTORY MATTERS and to understand who we are as Tasmanian Aboriginal people, we must walk together to learn our history and to understand who we are today. The timeline and the artwork will promote awareness and understanding of Tasmanian Aboriginal history and the resilience, struggle and the survival of Aboriginal people in Tasmania to the present day. The project will support the School of Medicine's Aboriginal health curriculum as well as celebrating the successes of our Aboriginal students and graduating doctors. It was launched during Reconciliation Week 2019.

◀ **Session**
Poster Presentations

Presenters



Dr Tanya Schramm University of Tasmania

Tanya is a Palawa woman, currently employed by the University of Tasmania as Senior Lecturer of Aboriginal and Torres Strait Islander Health Education. She also works part-time as a GP in Hobart.



Ms Rosie Smith University of Tasmania

Rosie has held numerous positions over the years including employment in the local community and the State and Commonwealth governments as a solicitor/barrister in Tasmania, a legal field officer, a law clerk in the Deaths in Custody hearings, a judge's associate, a family support, health promotion officer, a health policy officer in a community organisation, a project officer in the then Department of Welfare, assisting Aboriginal people gain access to their personal records, and a project manager in the Aboriginal Torres Strait Commission overseeing the return of human remains and cultural material. She is currently employed as the Aboriginal Health Careers office at the University of Tasmania.

Presentation

Immersion on Country: A partnership with local Aboriginal community and University of New South Wales (UNSW) Medicine

Authors

Ms Telphia-Leanne Joseph, Associate Lecturer, School of Public Health & Community Medicine, University of New South Wales

Dr Adrienne Withall, Senior Lecturer/Senior Research Fellow (Ageing and Mental Health), School of Public Health & Community Medicine, University of New South Wales

Ms Ebony Lewis, Associate Lecturer, School of Public Health & Community Medicine, University of New South Wales

Ms Marcia Ella-Duncan, Consultant, Marcia Ella Consulting

Abstract

Background: Following LIME Connection VII, a working group was established by the University of New South Wales to review the Indigenous health teaching within the undergraduate medical program. The LIME Curriculum Assessment Tool was utilised to review the Indigenous content across the program and mapped to the Australian Medical Council accreditation standards.

Aim: A cultural Immersion day in Week 3 was held to facilitate first-year medical students', learnings about culture, Country and spirituality from members of the local La Perouse Aboriginal community. The day promotes their understanding of how connection to Country contributes to wellness and holistic health for Aboriginal* individuals and their communities.

* Aboriginal refers to the local community with whom the UNSW Medical program is partnering. Access to wider content for Aboriginal and Torres Strait Islander communities and diversity occur in complementary lectures.

◀ **Session**
Poster Presentations

Approach: The UNSW Medicine program has implemented curriculum changes to incorporate an increase in Aboriginal and Torres Strait Islander culture and health content for medical students. A significant contribution to these changes is a one-day 'cultural immersion' on 'Country', in partnership with the local La Perouse Aboriginal Land Council, and Aboriginal organisations (Marcia Ella Consulting and Kadoo Tours). UNSW developed an immersive experience that contained:

- a guided tour on Country, introducing cultural plants and places that continue to be significant to the local area post-invasion; and
- a historical exhibition on show at the La Perouse Aboriginal Land Council documenting families and their connection to 'Country' over the last 200 years.

Local health professionals, Elders, members of the Land Council and service providers shared with students their personal experiences and perspectives in engaging with the health system.

Learning outcomes: Students documented their immersive experience on their own devices, recording images or sites of significance to them on the day. Working in small groups they then presented their collated images together, frequently remarking on the community's strong connection to land, family relationships and the environment, as well as the importance of understanding the history of these First Peoples of Australia. Feedback has been very positive from the first-year students, senior students and academics who participated.

Presenters



Ms Telphia-Leanne Joseph University of New South Wales

Telphia-Leanne is a Wadjjarri Yamatji woman from Western Australia, whose Bachelor in Health Science (Aboriginal Health & Community Development) led her to an initial interest in environmental health and otitis media. She comes from a qualitative research base and teaches Aboriginal and Torres Strait Islander health subjects in the MPH and International Health at UNSW. Telphia-Leanne's Master of Philosophy evaluated the immunisation activities provided in Aboriginal Medical Services from NSW and their reporting procedures to the Australian Childhood Immunisation Register. Her PhD is looking at the Career Pathways for the Aboriginal and Torres Strait Islander Health Workforce.



Dr Adrienne Withall University of New South Wales

Adrienne is the Leader of the CHAMPION Team within the School of Public Health and Community Medicine at UNSW Australia, and a descendant of the Kurial-Yuin saltwater people. CHAMPION aims to promote care and cognitive health in at-risk populations, such as those with young onset dementia and their supporters, people with chronic drug and alcohol use, the homeless and the prison population. Identifying risk factors to enable early intervention and promote optimal care is at the forefront of her research. Adrienne also teaches into the undergraduate medical program and convenes the postgraduate courses Society and Health and Public Health Aspects

◀ **Session**
Poster Presentations



Ms Ebony Lewis University of New South Wales

Ebony has come from a background of emergency nursing with a passion for improving the end-of-life experience for older people with advanced chronic illness. She has extensive experience in geriatrics assessment and gerontology research. Ebony is currently contributing to projects on prognostic preferences in hospitals, identification of elders at-risk in residential aged care, and optimising advance care planning in general practice.

Presentation

Providing authenticity and learner flexibility in cultural training

Authors

Dr Kristen FitzGerald, Director of Education, General Practice Training Tasmania

Ms Raylene Foster, Chief Operations Officer, Tasmanian Aboriginal Centre

Dr Maureen Ryan, Senior Medical Educator, General Practice Training Tasmania

Ms Laurell Grubb, Aboriginal and Torres Strait Islander Health Training Project Officer, General Practice Training Tasmania

Abstract

A non-judgmental and respectful approach to Aboriginal health care is important in 'closing the gap'. This includes knowledge of the historical cultural, social, medical and health systems factors that have an impact on health care delivery for Aboriginal and Torres Strait islander peoples. General Practice Training Tasmania (GPTT) and the Tasmanian Aboriginal Centre have worked collaboratively to develop two Aboriginal health training options that go beyond the requirements of mandatory GP Registrar training to provide authentic cultural education. These options have been developed to recognise differing stages of learner experience and development by providing cultural education opportunities that are flexible, immersive, interactive and accredited for cultural training.

The three-day Aboriginal Cultural Education Camp is hosted annually by the Tasmanian Aboriginal Centre at trawtha makuminya, Aboriginal-owned land in Tasmania's central highlands. The weekend involves an official welcome, dance and music, yarning around the campfire, cultural activities such as basket weaving and clap stick making, guided walks with discussion about Aboriginal history, the land and stone tools, and a session of 'You Can't Ask That'. GPTT medical educators also participate in the camp and provide additional education.

The other option is an Aboriginal Health Cultural Awareness program, which is a continuous and blended learning activity that includes components designed to broaden GP Registrar knowledge and competence from any point in their spectrum of prior knowledge and experience. This option allows learners to tailor much of their learning experience to suit their individual needs while also completing some standardised mandatory components. Key components of the program include: undertaking an Aboriginal cultural activity of the learner's choosing; a visit and information session at the registrar's local Aboriginal Health Service; and completing an on-line module. Feedback collected from learners at key points throughout the program has been extremely positive and highlights the benefits of providing authenticity and flexibility to cultural training.

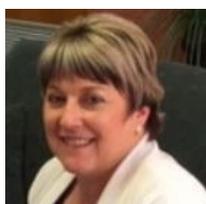
◀ **Session**
Poster Presentations

Presenters



Dr Kristen FitzGerald General Practice Training Tasmania

Kristen, Director of Education at GPTT, is a GP. She studied medicine at the University of Tasmania, undertook general practice training in Western Australia and Victoria, and completed a Master of Public Health and Tropical Medicine at James Cook University. Kristen has worked in a range of primary health care settings including private general practice, rural hospitals, Royal Flying Doctor Service, Aboriginal health, emergency departments, sexual assault services and in population health. She has educational roles in rural health and general practice at the University of Tasmania and Universiti Malaysia Sarawak.



Ms Raylene Foster Tasmanian Aboriginal Centre

Raylene took a six-month secondment at the Tasmanian Aboriginal Centre in 1995 and has been there for more than 20 years in various roles including Aboriginal Health Services Manager and her current position as Chief Operations Officer. She has a Graduate Certificate in Administration, an Advanced Diploma in Human Resources, a Diploma of Alcohol and Other Drugs and Mental Health, and is a facilitator of the SMART Recovery program. Passionate about children's wellbeing, Raylene works at keeping families connected to break the cycle of institutionalisation, separations and trauma-related illnesses.



Dr Maureen Ryan General Practice Training Tasmania

Maureen grew up at the foot of the Blue Mountains in NSW. After studying at the University of Sydney, she moved to Tasmania to study medicine and stayed on to complete her general practice training. Maureen has worked in various places throughout Australia, including remote Aboriginal communities, and has a particular interest in Indigenous health, chronic diseases, mental health, preventative health and medical education. When she's not practising medicine, Maureen enjoys swimming, bushwalking, gardening, kayaking, and spending time with her family and friends. She now resides near Cygnet with her husband and children on their blueberry farm.



Ms Laurell Grubb General Practice Training Tasmania

Laurell is the Aboriginal and Torres Strait Islander Policy Officer at GPTT coordinating the development and implementation of the Aboriginal and Torres Strait Islander Health Training Strategic Plan and the GPTT Reconciliation Action Plan. Laurell has a particular interest in the Indigenous health workforce given her experience implementing several key national Aboriginal health workforce programs. She has also worked within the population health, clinical training reform and health regulation within the Australian Department of Health. At a statewide level, Laurell has worked as Manager of Strategic Workforce and Education within the Tasmanian Department of Health implementing clinical training reform programs.

THURSDAY 7 NOVEMBER 2019

Day 3

Session Welcome and Keynote Presentation

Chair

Mr Kelvin Kong,
Hunter ENT



9:00–10:00am



The Piano: Centre for
Music and the Arts,
Concert Hall

Mihimihi Welcome Medical Deans Australia and New Zealand

Professor Ian Symonds, President, Medical Deans Australia and New Zealand

Keynote presentation

Dr Nadine Caron, Academic Physician, Surgery, University of British Columbia



Nadine is an Ojibway First Nations woman who was born and raised in Kamloops, British Columbia (BC). She graduated as a surgeon from BC's Medical School and, following her graduation, moved to San Francisco to complete her postgraduate fellowship training in endocrine surgical oncology at the University of California, San Francisco.

However, Nadine's love for British Columbia brought her home. Since January 2005, she has been working as a General and Endocrine Surgeon at Prince George Regional Hospital as well as a tenure-track faculty member in the University of British Columbia's Faculty of Medicine, Department of Surgery and teaching in the Northern Medical Program.

Nadine has served on numerous committees including the Province of British Columbia, Ministry of Health – Advisory Committee on Provincial Health Goals (members selected by BC's Minister of Health), British Columbia Medical Association – Committee on Health Promotion, and Native Physicians Association of Canada. She is currently Chair of the BC Medical Association's Committee on Aboriginal Health.

Session Plenary Panel

Chair

Professor
Papaarangi Reid,
The University of
Auckland



10:45am–12:00pm



The Piano: Centre for
Music and the Arts,
Concert Hall

Presentation

The place of Indigenous health curriculum within medical colleges: 3 case studies

Panel members

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

Associate Professor Martina Kamaka, Cultural Competence Development Specialist, Department of Native Hawaiʻian Health, John A. Burns School of Medicine, University of Hawaiʻi at Mānoa

Mr Kelvin Kong, Consultant Ear Nose and Throat Surgeon, Hunter ENT

Abstract

In 2015 the Australian Medical Council accreditation standards revision signalled the need for medical colleges to give a comprehensive report on their ability to meet Indigenous-specific standards, which had been required of medical schools since 2006. This presentation will present three case studies on the role of Indigenous health in medical college curriculum.

The first case study will present work that has been undertaken in a medical college in Australasia prior to the introduction of these standards, and discuss enablers and barriers to the design and implementation of curricula. It will also highlight the key lessons learnt for those currently working within medical colleges.

The second case study will highlight from an international space, how medical schools and medical colleges have enabled and supported vertical integration of curricula, including Indigenous medical curriculum. It will discuss how resourcing works within this space, and the complexities that may arise when medical college learners come from different medical schools with varying engagement in Indigenous health teaching.

The third case study will highlight current work being done by an undergraduate program in New Zealand that is developing vertical integration, due to requests from medical colleges and allied health professional programs. It will discuss learning taken from pilot programs, and subsequent developments, discuss navigating the resourcing of such programs, and the complexities of working within different institutional bodies.

It is hoped that this presentation will support Indigenous health educators, medical schools and medical colleges to consider how these case studies may support the design, implementation, assessment and resourcing of Indigenous health curriculum going forward.

Presenters



Associate Professor Suzanne Pitama University of Otago, Christchurch

Suzanne joined the University of Otago in 2001 following a clinical background in child psychology. She has since developed a keen interest in medical education and completed her PhD (Otago) on examining the place of Indigenous health within medical education. Suzanne has been involved in a number of LIME projects as a past member of the LIME reference group, and is interested in the place of Indigenous health education in addressing Indigenous health inequities. Suzanne is the faculty lead at the University of Otago for the Indigenous health curriculum.



Associate Professor Martina Kamaka John A. Burns School of Medicine, University of Hawai'i at Mānoa

Martina, a Native Hawai'ian physician and associate professor from Kāneohe, Hawai'i, received her medical degree from the JABSOM, the University of Hawai'i at Mānoa. After completing her family medicine residency in Lancaster, Pennsylvania, she worked in primary care until joining the faculty at JABSOM in 1999. She is passionate about cultural competency training and Indigenous health, and is actively involved in the 'Ahahui o nā Kauka (Association of Native Hawai'ian Physicians), the Pacific Region Indigenous Doctors Congress and the National Council for Asian and Pacific Islander Physicians.



Mr Kelvin Kong Hunter ENT

Kelvin graduated from the University of NSW in 1999, and embarked on his internship at St Vincent's Hospital in Sydney's Darlinghurst. He pursued a surgical career, completing resident medical officer and registrar positions at various attachments. Along the way, Kelvin has been privileged in serving urban, rural and remote communities. He was awarded his fellowship with the Royal Australasian College of Surgeons (RACS) in 2007, and is now practising in Newcastle as a surgeon specialising in paediatric and adult otolaryngology, head and neck surgery. Kelvin has also led the Indigenous health curriculum within the RACS.

Session Curriculum Design and Implementation

Chair

Mr Shane Drahm,
The University of
Queensland



1:00–2:30pm



The Piano: Centre for
Music and the Arts,
Concert Hall

Presentation

Developing a word-based ethnic preference Implicit Association Test (IAT) for use in teaching and research

Authors

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

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

Abstract

Health professional ethnic bias may contribute to the stark health inequities between Māori and Pākehā/NZ Europeans in Aotearoa, and has been identified as important in teaching health professional students. Research in Aotearoa, using an image-based Implicit Association Test, identified ethnic bias that favoured Pākehā/NZ Europeans, relative to Māori, among final-year medical students (1). The IAT has been shown to be a useful tool in teaching about, and mitigating, bias (2–3). As part of a broader curriculum on racism as a health determinant, including the role of ethnic bias, students can examine their own potential ethnic bias and reflect on this as part of their training.

This presentation will discuss the outcomes of a project undertaken to develop a locally specific IAT that could be used to assess ethnic preference for Māori relative to Pākehā/NZ Europeans in medical teaching and research. The aim of the project was to develop and test a word-based IAT with medical students to see if it worked in a similar way to the image-based IAT, and to develop supporting materials and documentation for use in teaching and research.

The presentation will discuss the methods we used to identify potential stimuli, and to construct test and build the IAT. The results of the testing of the IAT with a cohort of final-year medical students will be outlined, including discussion of how the word-based IAT performed relative to the image-based IAT. We will also present the material produced to support the use of the word-based IAT, and discuss the strengths and limitations of the IAT as a teaching and research tool as part of a broader approach to addressing the role of racism in Indigenous health.

Contributors: Dr Ricci Harris, Dr Rhys Jones, Associate Professor Elana Curtis, Dr James Stanley

- 1 D. Cormack, R. Harris, J. Stanley, C. Lacey, R. Jones & E. Curtis 2018, 'Ethnic bias amongst medical students in Aotearoa/New Zealand: Findings from the Bias and Decision Making in Medicine (BDMM) study', *PLoS ONE*, 13(8):e0201168.
- 2 M. van Ryn, R. Hardeman, S. M. Phelan, D. J. Burgess, J. F. Dovidio, J. Herrin, S. E. Burke, D. B. Nelson, S. Perry, M. Yeazel & J. M. Przedworski 2015, 'Medical school experiences associated with change in implicit racial bias among 3547 students: A medical student CHANGES study report', *Journal of General Internal Medicine*, 30(12):1748–56.
- 3 P. G. Devine, P. S. Forscher, A. J. Austin & W. T. L. Cox 2012, 'Long-term reduction in implicit race bias: A prejudice habit-breaking intervention', *Journal of Experimental Social Psychology*, 48:1267–78.

◀ **Session**
**Curriculum Design
and Implementation**

Presenters



Dr Donna Cormack The University of Auckland

Donna is a Senior Researcher and Lecturer at the University of Auckland's Te Kupenga Hauora Māori, with a joint position at Te Rōpū Rangahau Hauora a Eru Pōmare, University of Otago. She has experience researching health impacts of discrimination, particularly Indigenous experiences of racism. Donna has been involved in studies using both qualitative and quantitative research approaches.



Dr 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. He is also a Psychiatrist in old age psychiatry and the Medical Director for Westcoast District Health Board. Cameron 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 three Health Research Council-funded projects investigating Māori and mental illness, and is a Named Investigator on another three projects funded by the Council that are nearing completion.

Presentation

Don't you want to see your mo'opuna grow up? A Native Hawai'ian Cross-Cultural Standardized Patient Exercise for first-year medical students

Authors

Associate Professor Martina Kamaka, Associate Professor, Native Hawaiian Health, John A. Burns School of Medicine, University of Hawai'i at Mānoa

Dr Vanessa Wong, Assistant Professor, Native Hawaiian Health, John A. Burns School of Medicine, University of Hawai'i at Mānoa

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

Professor Gregory Gabriel Maskarinec, Director, Global Health and International Medicine, John A. Burns School of Medicine, University of Hawai'i at Mānoa

◀ Session
Curriculum Design
and Implementation

Abstract

Background: The John A. Burns School of Medicine's Department of Native Hawai'ian Health has developed a complex cross-cultural Standardized Patient (SP) exercise focused on Native Hawai'ians that helps prepare students for working with diverse patient populations. The SP exercise has been administered to medical students, halfway through their first year, since 2010.

Objective: Utilising a SP exercise so that students are better prepared to deliver high-quality health care, to be culturally sensitive, to respond appropriately to cultural practices – including traditional medical modalities, of which they may personally be unfamiliar – to recognise the role of cultural beliefs related to death and dying, and to appreciate how complex family dynamics may affect patient decisions.

Methodology: The design of the SP exercise approximates an actual patient encounter but focuses on history only and lasts 10 minutes. Students encounter both the patient, Mr Robert Kealoha, a 60+ year old Native Hawai'ian with end-stage renal disease who needs hemodialysis but is declining it, and his wife Pua, who has brought him to the clinic to encourage him to reconsider this decision, despite herself suffering from chronic illnesses and macular degeneration leading to vision problems and no longer being able to cook and drive. The patient proposes using traditional Hawai'ian therapies instead. At this point in the curriculum, many students have not yet been exposed to the therapy the patient proposes. After the encounter, students receive immediate feedback from the faculty preceptor and the standardised patients themselves as part of a debriefing process. In addition, a triangulated assessment process occurs wherein the faculty preceptor, the patients, and the students themselves complete similar assessment forms, allowing the students to compare their self-perceptions with the ratings of both the faculty and the SP.

Results: Preliminary results indicate that students value this teaching exercise. Students tend to rate themselves as more proficient than the patients do, and faculty scores are lower than the students' self-assessments.

Conclusion: We believe this is a useful teaching modality. An unexpected outcome is how much our 'patients' also value the encounters and really appreciate the ability to teach and give feedback to these 'doctors in training'.

Presenters



Associate Professor Martina Kamaka John A. Burns School of Medicine, University of Hawai'i at Mānoa

Martina, a Native Hawai'ian physician and associate professor from Kāneohe, Hawai'i, received her medical degree from the JABSOM, the University of Hawai'i at Mānoa. After completing her family medicine residency in Lancaster, Pennsylvania, she worked in primary care until joining the faculty at JABSOM in 1999. She is passionate about cultural competency training and Indigenous health, and is actively involved in the 'Ahahui o nā Kauka (Association of Native Hawai'ian Physicians), the Pacific Region Indigenous Doctors Congress and the National Council for Asian and Pacific Islander Physicians.

◀ **Session**
Curriculum Design
and Implementation



Dr Vanessa Wong John A. Burns School of Medicine, University of Hawai'i at Mānoa

Vanessa was born and raised in Guam and is a first-generation Micronesian–American whose family is originally from the Republic of Palau. She is a graduate of the 'Imi Ho'ōla Post-Baccalaureate program and the John A. Burns School of Medicine. She completed her residency in family medicine at the University of Hawai'i as well as fellowships in faculty development and medical education. Her dual appointment within the Department of Native Hawai'ian Health and the Office of Medical Education has been instrumental in incorporating and expanding the cultural competency curriculum within the medical school.



Dr Dee-Ann Carpenter John A. Burns School of Medicine, University of Hawai'i at Mānoa

Dee-Ann is a Native Hawai'ian Internal Medicine physician and Assistant Professor at the University Health Partners of Hawai'i, the clinical practice of the John A. Burns School of Medicine in Honolulu, Hawai'i, where she does clinical teaching while also seeing patients. She received a BA from the University of Hawai'i (UH) at Mānoa, a MD degree from JABSOM, a finishing residency at UH, and an additional fourth-year residency in ambulatory care. In 2018 Dee-Ann received the prestigious UH Board of Regents' Medal for Excellence in Teaching, and 'Champion of Pharmacy Fall 2018'. She enjoys teaching cultural competency and clinical medicine to medical/pharmacy students/residents.

Presentation

Do bedside tutorials have a role in teaching Indigenous health?

Authors

Dr Kennedy Sarich, Medical Registrar, Canterbury District Health Board

Mr Anthony Ali, Education Advisor, Department of the Dean, University of Otago, Christchurch

Abstract

Bedside tutorials are a learning method used frequently at the University of Otago, Christchurch, specifically for medical students in Years 4–6. A subset of bedside teaching these tutorials are, typically, scheduled small group teaching sessions at the bedside of a patient facilitated by a clinician–teacher. Clinicians who facilitate bedside tutorials vary in their levels of expertise and experience in clinical practice and curriculum engagement. Bedside tutorials are expected to cover both a broad range of content and explicit and implicit learning objectives. Their organisation is also relatively impromptu, with clinicians planning tutorials in the short time preceding the session dependent on which inpatients are imminently available and appropriate.

◀ **Session**
Curriculum Design
and Implementation

Although there is extensive literature on the uses and value of clinical teaching at a patient's bedside in a wider sense, there is a limited exploration of either bedside tutorials or formally scheduled small group sessions at the bedside. The purpose of this research was to explore the barriers and enablers to teaching and learning within bedside tutorials. Qualitative feedback was sought from both teachers and learners throughout 2018, including focus groups of current students (Years 4–6) (n= 35) and a written survey for teachers (n=27). To assist the applicability of this research to the clinical context, key stakeholders were interviewed prior to data collection to inform study design and also post-data collection to discuss the utility of results. Both students and clinicians were recruited via email to participate.

The focus groups were open forum with prompting questions for three main themes: student factors; teacher factors and systemic factors. The online survey involved 27 questions that allowed for both quantitative and qualitative data collection, including demographic questions to ascertain levels of experience clinically and in teaching, and questions regarding tutorial content, teaching and assessment methods (and associated rating scales for utility).

While many of the identified barriers and enablers were common between teacher and learner groups (i.e. preferred group size of three students, 30–60 minute optimal tutorial length and use of multisource resources), there were also a number of contrasting opinions between these groups with regard to certain themes (i.e. the use of peer feedback, 'tag-team' style of patient interaction and reported connection of what is taught and assessment). The research also provided insight into a number of other factors affecting bedside tutorials, including that only 1 teacher out of 27 identified Hauora Māori as a vertical module covered during their bedside tutorials. This presentation will elaborate on the barriers and enablers identified, and discuss learning points that may apply when using bedside tutorials as a learning method within the Indigenous health curriculum.

Presenter



Dr Kennedy Sarich Canterbury District Health Board

Kennedy (Ngāpuhi/Te Rarawa) is a Medical Registrar at Canterbury District Health Board. Having completed her final years of medical school at the University of Otago, Christchurch, she remained in Ōtautahi for the ensuing years and is now pursuing specialist training with the Royal Australasian College of Physicians, based primarily at Christchurch Public Hospital. Kennedy has continued her engagement with medical students both formally and informally in teaching, mentoring and research roles, and is also studying towards a postgraduate diploma in higher education.

Session Networks

Chair

Associate Professor
Elana Curtis,
The University of
Auckland



1:00–2:30pm



The Piano: Centre for
Music and the Arts,
The Chamber

Presentation

Establishing an Indigenous Physicians Leadership and Mentorship Network in British Columbia, Canada

Authors

Dr Cornelia (Nel) Wieman, Senior Medical Officer – Mental Health & Wellness, Office of the Chief Medical Officer, First Nations Health Authority

Dr Evan Adams, Chief Medical Officer, Office of the Chief Medical Officer, First Nations Health Authority

Dr Terri-Leigh Aldred, Site Director, Indigenous Family Medicine Program, Faculty of Medicine, University of British Columbia

Abstract

With Canada's Truth and Reconciliation Commission's 2015 final report came a set of 94 'Calls to Action' directed at various government and non-government parties. In the area of health, there were 7 Calls, including one directed at all levels of government both:

- 1 To increase the number of Aboriginal professionals working in the health care field.
- 2 To ensure the retention of Aboriginal health care providers in Aboriginal communities.

Given Canada's vast size, and recognising that supporting each other regionally may be a more effective mechanism to address this Call, a group of Indigenous physicians and academics as well as key stakeholders organised the first meeting of all Indigenous medical students, residents and physicians in British Columbia. The inaugural gathering of the group took place on 8–10 March 2019 at the Longhouse on the University of British Columbia campus.

A major part of the network development included facilitating a 'visioning exercise' using appreciative inquiry in order to determine the vision and future of the group. Groups were divided into medical students, residents, allies and stakeholders, and two physician groups. Each group was asked to discuss several questions in each category; organised in a 'what, who, how, why, where, when' framework. Examples of questions included: 'What do we want this network to look like?'; 'Who should comprise the membership of this network'; and 'How do we develop student and resident support, coaching and mentoring?'. Each group reported back to the larger group, and the facilitators (Wieman and Adams) then presented an integrated summary that included key themes, ideas, a vision for the future network, next steps and actions.

Some of the key themes that emerged included: the network being Indigenous-led (decolonised); having non-Indigenous allies not define the work; having a community- and culture-based focus; establishing a support network with continuity – from education through to career; nourishing excellence, cultural identity and maintaining connections; further developing mentoring; advocating for equity; and eliminating racism/systemic discrimination in the health care system. In this presentation, we will expand upon the process, emerging themes and next steps for the BC Indigenous Physicians Leadership and Mentorship Network.

◀ **Session
Networks**

Presenters



Dr Cornelia (Nel) Wieman First Nations Health Authority

Cornelia (Little Grand Rapids First Nation, Anishnawbe) is Canada's first female Indigenous psychiatrist. She was an Assistant Professor in the Faculty of Medicine and Dalla Lana School of Public Health at the University of Toronto where her research focus was First Nations youth suicide. She worked in emergency psychiatry at the Centre for Addictions and Mental Health. Most recently, Cornelia joined the First Nations Health Authority as a Senior Medical Officer – Mental Health and Wellness. She is currently serving as the President of the Indigenous Physicians Association of Canada and is an Adjunct Professor at Simon Fraser University.



Dr Terri-Leigh Aldred University of British Columbia

Terri is Carrier from the Tl'Aztl'En Nation located north of Fort St James, BC. She has a Bachelor of Health Science and a Doctor of Medicine from the University of Alberta. In 2013 she completed her residency in the UBC Indigenous Family Medicine Program in Victoria. At present, Terri is the Site Director for the Indigenous Family Medicine Program, Family Physician for Carrier Sekani Family Services, Medical Director for the Prince George Foundry Clinic, and the Indigenous Lead for the Rural Coordination Centre of BC. She is passionate about Indigenous health, physician wellbeing and medical education. Sna Chaylia.

Presentation

Indigenous efforts to provide intercultural health services in the Peruvian Amazon

Author

Dr Maria Amalia Pesantes, Universidad Peruana Cayetano Heredia

Abstract

Peru's Indigenous people represent around 26 per cent of the population. Most live in rural areas and face significant health inequalities when compared to national averages. The Peruvian Ministry of Health acknowledges that the health workforce ought to be trained to provide culturally appropriate care for these populations, yet there have been few efforts to include Indigenous health-related learning in health professional education. Most commonly, NGOs and international development organisations only offer training to ensure culturally appropriate care once health professionals are already working among Indigenous populations. While this is better than nothing, Indigenous health training in universities is long overdue.

In 2005, the Interethnic Association for the Development of the Peruvian Rainforest (AIDSESEP, an Indigenous organisation that represents people from the Amazon) developed a program to educate Indigenous youth as intercultural nurse technicians who would be well versed in both Western and Indigenous medicine. The program was rooted in the importance of strengthening Indigenous people's own cultural traditions, advocating for the use of Indigenous medical practices, and providing a grassroots response to the health needs of Indigenous people. The goal of this AIDSESEP initiative was to provide intercultural health care to Indigenous communities in the Peruvian Amazon and promote structural changes in the way government health services respond to the health needs and cultural characteristics of Indigenous people.

This presentation will describe the curricula developed by AIDSESEP and the pedagogical approach to incorporating traditional knowledge, and discuss the program's effect on the quality of the health care provided by Indigenous nurse technicians in primary health care facilities in the Peruvian Amazon. It will consider the implications for the teaching and learning of Indigenous health in medical education and how we might overcome the current hurdles for including Indigenous health in core curricula. There is much to learn from this program with regards to implementing community-led initiatives in partnership with universities.

Presenter



Dr Maria Amalia Pesantes Universidad Peruana Cayetano Heredia

Maria holds a PhD in Medical Anthropology from the University of Pittsburgh. Her research focuses on Indigenous health with an emphasis in the Peruvian Amazon and intercultural health efforts in Peru. Maria also conducts research around unequal access to primary health care among other vulnerable groups, such as immigrants and rural populations. She is currently a Research Associate at the Universidad Peruana Cayetano Heredia. In 2019, Maria received an APEC Women in Research Postdoctoral Fellowship, which enabled her to conduct research on the strategies used to integrate Indigenous health into medical curricula in Australia, with a view to informing similar efforts in Peru.

◀ **Session
Networks**

Presentation

Connection and collaboration across health sciences on Nyoongar Wadjuk boodja: A visible network of non-Indigenous Koordas as allies for Aboriginal and Torres Strait Islander students

Authors

Ms Cheryl Davis, Director, Indigenous Engagement Unit, Faculty of Health Sciences, Curtin University

Ms Bev Councillor, Curriculum Advisor, Course Quality, Curtin Learning and Teaching, Curtin University

Ms Kristy Indich, Indigenous Engagement Officer, Indigenous Engagement Unit, Faculty of Health Sciences, Curtin University

Abstract

This presentation reports on findings from the Balang Djurapin project, which developed a collaborative network of non-Indigenous Koordas (friend or mate in Nyoongar) across seven schools and 11 health professions within a large health sciences faculty at an Australian university based on Nyoongar Wadjuk boodja. Adapting the successful LGBTIQ+ 'Ally' program that builds staff capacity to provide safe zones for LGBTIQ+ students, the objective of the project was to recruit non-Indigenous staff to participate in professional learning to become allies for Indigenous students. Over the course of three professional learning workshops, each designed to facilitate and affirm decolonising practices and Indigenous intellectual sovereignty, participants engaged in and learnt about Aboriginal ways of working, experienced on-Country learning, and undertook a specialised workshop to facilitate respectful engagement with Indigenous students. The presentation will provide an overview of the project and the learning model and, importantly, the process for identifying Koordas from workshop participants.

Key project outcomes include capacity building the 'Koorda' network so its members 1) have greater confidence and knowledge to advocate and support students as well as an ability to create culturally safe learning spaces; 2) a deeper understanding of relationships and how to partner with Indigenous peoples resulting in a greater openness and confidence to engage with both students and the wider Nyoongar community; and 3) an increased ability to bring together, respectfully and in partnership, Indigenous and non-Indigenous perspectives in curricula. Central to the success of the project was Aboriginal leadership, which ensured culture was always at the centre; six of the seven project team members are Aboriginal including several senior academic staff. Recognising that the development of cultural capability is an ongoing journey, the Koorda network is collaboratively supported by the Indigenous project team, with plans to extend the learning and number of Koordas as a community of practice, as well as further research to evaluate its impact on the student experience.

Presenters



Ms Cheryl Davis Curtin University

Cheryl is a Yuet Balladong Yorga, who was born and raised on Wadjuk, Noongar Country, but feels lucky to be able to live and work on Noongar Boodjar. She is passionate about Indigenous education and working with Indigenous students to achieve their aspirations, and cites her own Mum as playing a significant role in her education. Cheryl is Curtin University's Director of Indigenous Engagement within the Faculty of Health Sciences, and believes in a strengths-based, relational approach to education, with 'culture' at the centre of all engagement within the Faculty.



Ms Bev Councillor Curtin University

Bev is a Wardandi Yorga with more than 15 years' experience teaching Indigenous and non-Indigenous students in higher education both at Curtin and Flinders Universities. She is currently based in Curtin Learning and Teaching as a Curriculum Advisor, and is also enrolled in a higher degree by research program, having completed and taught Indigenous research methodology units.



Ms Kristy Indich Curtin University

Kristy has a large family who originated from Moora, 177km north-east of Perth, Western Australia in the Wheatbelt region. Her clan groups are Yuat, Wadjuk and Yamajti from Perth up to the Geraldton area. Kristy has been employed at Curtin University for seven years as the Indigenous Engagement Officer. Her main role is to assist currently enrolled Aboriginal and Torres Strait Islander students as well as any Indigenous peoples looking to enrol into the Faculty of Health Sciences. It also includes academic, financial and wellbeing support, and directing students to necessary supports at the University while they are studying. Kristy finds it rewarding to see our Indigenous leaders start from first year university students and then see them graduate with their degrees and go on to better and bigger things, and to know she has been part of their journey.

Session

Specialist Medical College Delegates: Curriculum Initiatives

Chair

Associate Professor
Lilon Bandler,
The University of
Melbourne



1:00–2:30pm



The Piano: Centre for
Music and the Arts,
The Box

Presentation

Improving Aboriginal and Torres Strait Islander health outcomes through design and delivery of an intuitive and customised eLearning environment

Authors

Dr Alison Drechsler, Project Lead, Fellowship Services, Royal Australasian College of Surgeons

Mr Damien Loizou, Senior Project Officer, Fellowship Services, Royal Australasian College of Surgeons

Mr Paul Cargill, Manager Fellowship Services, Fellowship Services, Royal Australasian College of Surgeons

Abstract

Currently, much of the training in Indigenous health and cultural safety provided through the medical specialties, such as the Royal Australasian College of Surgeons, are within a one-size-fits-all concept with 'linear learning' at the 'foundation level'. This type of course may not suit all users and can result in a disparity between different RACS members. This disparity in learning levels can make the teaching, support and assessment of Indigenous health and cultural safety a challenging space. These challenges are also exacerbated by the cohort of RACS Fellows, a large group of highly dispersed and varied specialists. The courses currently available do not adapt appropriately to manage the differing needs of RACS members throughout the surgical education and training space through to Fellowship and beyond.

The aim of this project is to meet the 'closing the gap' objectives of improving Indigenous health outcomes and ensure cultural safety through broader and customised educational outcomes across the RACS. These objectives should support improved provision of culturally safe health care to Aboriginal and Torres Strait Islander patients, while also making RACS a more culturally safe option for Aboriginal and Torres Strait Islander trainees and Fellows.

The eLearning environment produced will utilise intuitive testing to determine the existing level of knowledge across a range of different Indigenous health and cultural safety learning outcomes. It will then adapt accordingly by customising the course experience for individual users to move into areas of new learning on top of their existing knowledge. The course is currently in the design phase and is expected to be released before the end of 2020.

The challenges ahead for this project are ensuring that the algorithm used is stringent enough to identify correctly the higher order thinking skills of users. Similarly, providing an eLearning course that is seen as a useful resource for the longer term by a range of users with varying current levels of understanding, location and specialty area will underpin its success and lead to improvements in health outcomes.

◀ Session**Specialist Medical
College Delegates:
Curriculum Initiatives****Presenter****Dr Alison Drechsler Royal Australasian College of Surgeons**

Alison has been recently appointed as the RACS Specialist Training Program Lead. This two-year project will include implementing significant improvements to the RACS Indigenous Health and Cultural Safety eLearning course, the various trainee programs and the skills and professional development areas. As part of this project, Alison will provide customised curriculum support to different areas of RACS to align the learning outcomes in the Indigenous health and cultural safety areas. This should result in improved health outcomes and a greater understanding of how to improve support for Aboriginal and Torres Strait Islander patients, families, communities and trainees.

Presentation**Embedding cultural safety in entry-level optometry training****Authors**

Ms Sian Lewis, Chief Executive Officer, Optometry Council of Australia and New Zealand

Dr Andrew Collins, Academic Director, School of Optometry and Vision Science, The University of Auckland

Ms Joleen Ryan, Lecturer in Indigenous Health, School of Medicine, Faculty of Health, Deakin University

Mr Mitchell Anjou, Academic Specialist and Senior Research Fellow, Indigenous Eye Health, Indigenous Health Equity Unit, Centre for Health Equity, The University of Melbourne

Abstract

The Optometry Council of Australia and New Zealand (OCANZ) is the independent national standards, accreditation and assessment body for optometry in Australia and Aotearoa (New Zealand). OCANZ is committed to improving eye health outcomes for Aboriginal and Torres Strait Islander and Māori peoples. To this end, it has recently formed an Indigenous Strategy Taskforce, as a partnership between OCANZ and Indigenous leaders and other stakeholders, with one of its goals being to embed cultural safety in entry-level optometry training. There are six accredited programs of study in Australia (five) and New Zealand (one) that train students for entry to optometry practice. While these programs have for many years been charged with teaching cultural awareness, since 2017 OCANZ has required them to integrate cultural competence for Aboriginal and Torres Strait Islander and Māori peoples within program learning outcomes.

◀ **Session**
Specialist Medical
College Delegates:
Curriculum Initiatives

To help optometry programs advance the implementation of cultural safety into pre-registration training, in November 2018 OCANZ launched the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework. The Framework is an adaptation of work completed for the Australian Government in 2014 to guide all health professions in how to develop culturally safe graduates. It contains three themes:

Theme 1: Integrating cultural safety into reflective practice and professionalism.

Theme 2: History and diversity of Aboriginal and/or Torres Strait Islander peoples, the post-colonial experience and implications for population health and health care practice.

Theme 3: Delivery of culturally safe eye health care in partnership with Aboriginal and/or Torres Strait Islander health professionals, organisations and communities.

Three workshops have been held with representatives of the optometry schools to support development and initiate the Framework, including a masterclass for reflective practice and teaching cultural safety. The Taskforce has now commenced planning to develop an Optometry Māori Health Curriculum Framework, while it continues to support the embedding activities for the Australian Indigenous framework. This presentation will discuss some early findings on the experience of establishing and implementing the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework and developing the Māori Framework.

Presenters



Ms Sian Lewis Optometry Council of Australia and New Zealand

Sian has been Chief Executive Officer of the Optometry Council since July 2014. She has more than 30 years' experience in tertiary education, including 15 years working for governments on national education policy. Sian is an expert on tertiary education quality assurance and regulation, and served for three years on the Australian Qualifications Framework Council. She is passionate about social justice and worked for several years as a mediator of human rights and residential tenancy disputes. While working for the Victorian Government, Sian managed vocational skills delivery to more than 110,000 disadvantaged Victorians at 320 community-owned and managed adult learning centres.



Dr Andrew Collins The University of Auckland

Andrew is the Academic Director for the Bachelor of Optometry program at the University of Auckland. He is also the Deputy Chair of the Optometry Council of Australia and New Zealand Board and a member of the Board's Indigenous Strategy Taskforce. Andrew is a registered optometrist and has worked in the School of Optometry and Vision Science at the University since 1994. His primary area of research is the development of myopia (short-sight), and he is leading the development of the Optometry Māori Health Curriculum Framework in conjunction with Māori partners.

◀ **Session**
**Specialist Medical
College Delegates:
Curriculum Initiatives**

Presentation

Assessing cultural competencies in general practitioners for the Northern Territory, Australia and beyond

Authors

Ms Gemina Corpus, Project Liaison Officer, Cultural Education Team, Northern Territory General Practice Education and Aboriginal Medical Services Alliance Northern Territory

Dr Olivia O'Donoghue, Lead Indigenous Medical Educator, Cultural and Medical Education Teams, Northern Territory General Practice Education

Abstract

Northern Territory General Practice Education (NTGPE) is the sole general practice training organisation based in the Northern Territory (NT). At NTGPE we have embedded extensive Australian Indigenous cultural and health education into our teaching curriculum. This is to better address the health and social needs of our local populations through fostering a more socially aware and effective health workforce.

Using a patient-centred care approach, the promotion of cultural safety for Indigenous clients accessing GP services is essential for practices servicing Indigenous peoples and populations. NTGPE delivers high-quality, cultural education and training to GP Registrars throughout their placements using face-to-face and online methods of delivery. All activities have comprehensive teaching plans with learning outcomes, teaching methodology and deliverables.

The challenge so far has been to measure the learning and attainment of specific cultural competencies adequately, especially in the context of continuing professional development and the diversity of Indigenous peoples and populations.

This interactive workshop will use a variety of small group activities that seek to share ideas around how cultural competency can be mapped from a base level understanding to meeting specific competencies for the purpose of assessing GP Registrars. We will examine what work is already being done in this space and expand on this to assist the design of assessment tools using a range of information-gathering methods to measure attainment of the competencies and rate their effectiveness over the registrar training period.

We aim to develop and outline guiding principles of cultural competency assessment and promote the advancement and innovation of cultural competency assessment tools and resources.

The intended result of the workshop is for participants to acquire greater awareness about cultural competencies in the design, delivery and assessment of cultural education, awareness, security and safety training, including the difference between each of these terms. This will culminate in the refinement of information and tools that demonstrate why, how, what and when we can measure the cultural competency of registrars throughout GP training and their placements.

◀ **Session**

**Specialist Medical
College Delegates:
Curriculum Initiatives**

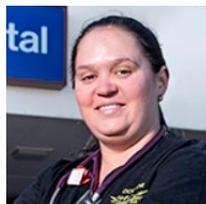
Presenters



Dr Olivia O'Donoghue Northern Territory General Practice Education (NTGPE)

Olivia is a descendant of the Yankunytjatjara and the Narungga Nations people, and proudly identifies as an Aboriginal woman from both of these nations. A GP now working in Darwin, she has worked in Aboriginal community controlled health services across the NT in both urban and remote communities.

Olivia works as a Medical and Cultural Educator for Northern Territory General Practice Education and is the Medical Director for Flinders NT, Regional Training Hub. She is passionate about clinical education and training culturally appropriate and safe GPs.



Dr Sarah Goddard Northern Territory General Practice Education (NTGPE)

Sarah, an Australian College of Rural & Remote Medicine Registrar training through NTGPE in Tennant Creek, NT, works both in general practice and emergency. A proud Kaytetye woman from the Barkly region who grew up in Tennant Creek, Sarah had the opportunity to return to her hometown two years ago when she joined the Australian General Practice Training program to undertake her rural generalist training. She is passionate about Aboriginal health, and emergency and rural medicine. From a young age, Sarah has been exposed to the health impacts of Indigenous people within her own family and always wanted to be a doctor.

Presentation

Auditing the audits – How well are we teaching equity in our audits? A review of general practice training 'Audits of Medical Practice' in Aotearoa (New Zealand)

Authors

Dr Rawiri Keenan, Senior Fellow, Medical Research Group, Te Whare wānanga o Waikato/The University of Waikato

Professor Brendon Hokowhitu, Dean, Faculty of Māori and Indigenous Studies, Te Whare wānanga o Waikato/The University of Waikato

Professor Ross Lawrenson, Professor of Population Health, Medical Research Group, Te Whare wānanga o Waikato/The University of Waikato

Mr Tengaruru Wi-Neera, Tumuaki Māori, Māori Health and Equity, Te Whare Tohu Rata o Aotearora/Royal New Zealand College of General Practitioners

◀ Session**Specialist Medical
College Delegates:
Curriculum Initiatives****Abstract**

In Aotearoa (New Zealand) all doctors are required to undertake an annual audit of their medical practice (1). This requirement, set by the Medical Council of New Zealand, does not set any specific requirements for a focus on outcome differences by ethnicity. The New Zealand General Practice Education Programme (GPEP) uses these audits as a teaching opportunity in highlighting the use of audit in changing behaviour, audit versus research and issues of equity. It is expected they will have an 'equity focus, that is, the medical topic being audited should have, at least a comparison between Māori and non-Māori. There has been no nationwide review of the submitted audits to review how well GPEP is achieving what it hopes from the teaching and use of audits; the audits are formative rather than summative. As part of a larger project looking at the equity-focused activities in primary care, we are undertaking a review of submitted audits. This project has been approved by the University of Waikato Health Ethics committee and is funded by the Health Research Council of New Zealand.

Methods: A retrospective review of the 2017/18 registrar cohort submitted audits.

Outcomes: The number and rates at which audit outcomes were reported on by ethnicity will be compared to look for any variation by training region. A secondary outcome will be the grouping of topics that registrars use for their audits.

Discussion: This presentation will discuss these initial results, and briefly outline what has been put in place this year (2018/19) in a bid to improve the equity focus of this registrar activity and the plans for re-auditing to evaluate these changes. There will also be a brief discussion on the process of implementing this change across the GPEP. The presentation will highlight the multiple levels of work and conversations that needed to occur for the implementation of this one minor change.

Presenter**Dr Rawiri Keenan Te Whare wānanga o Waikato/The
University of Waikato**

Te Atiawa/Taranaki: Rawiri is a Māori GP who has recently been the Pou Whirinaki for the Royal New Zealand College of General Practitioners, a role that supports both trainees and the College in the space of Māori health and equity. In 2018 he was awarded the Foxley Fellowship by the Health Research Council of New Zealand to look at equity and cultural competence activities in primary care. The project is supported by the College and the University of Waikato where Rawiri is based for the next two years.

1 Medical Council of New Zealand (MCNZ) 2011, Audit of medical practice 2011. Available at: <https://www.mcnz.org.nz/maintain-registration/recertification-and-professional-development/audit-of-medical-practice/>.

Session
**Students,
Curriculum and
Cultural Safety**

Chair

Associate Professor
Peter O'Mara,
The University of
Newcastle



3:00–4:30pm



The Piano: Centre for
Music and the Arts,
Concert Hall

Presentation

Fragility dancing and curricular revolution: Embedding Indigenous curriculum from UGME (Undergraduate Medical Education) to PGME (Postgraduate Medical Education) at McMaster University, Canada

Authors

Mr Joel Voth, Medical Student, Undergraduate Medicine, McMaster University

Dr Jillian Roberge, Resident, Emergency Medicine, McMaster University

Ms Danielle Soucy, Director/Assistant Professor, ISHS/Family Medicine, McMaster University

Abstract

Presentation objectives are to discuss processes, actions and responses of Indigenous health content inclusion in a discourse of 'fragility' within medical education at McMaster University. Two Indigenous-led and student-driven acts of curricular revolution will be explored at the undergraduate and postgraduate level.

After identifying a lack of curriculum, students developed the Indigenous Health Curriculum Action Group in 2016. Since then, the Group has led a multidisciplinary committee of Undergraduate Medical Education administrators in integrating education on the unique issues facing Indigenous peoples in health and the impacts of structural racism and ongoing colonisation in the Canadian health system. This led to incremental changes, such as students completing online modules on Indigenous history and health prior to entering the program, having Indigenous health resources within existing UGME Problem Based Learning cases and tutorials, and the addition of nine hours of dedicated content in the professional competencies curriculum. The Group continually challenges a system built to uphold white privilege and the fragility of its predominantly white administration, while it is also expected to be the cultural teachers for their peers and preceptors.

In 2018 The Royal College of Physicians and Surgeons of Canada released a mandate that all postgraduate medical education programs must have some training in Indigenous cultural safety. Concurrently, McMaster formed a subcommittee to examine and implement Indigenous postgraduate curriculum taking a two-pronged approach:

- 1** A compulsory, multidisciplinary academic day for all residents across all programs to introduce Indigenous cultural safety.
- 2** For each specialty program to select educational opportunities customised to how their specialty interacts with Indigenous peoples.

The targeted curricula include options for didactic teachings, partnership with Indigenous community members, and immersive education opportunities including a tour of a former Residential School and hearing survivors' lived experience to gain a better understanding of how racism impacts their Indigenous patients. Emergency medicine was chosen as the pilot program for the customised curriculum, and its design, methodology, rationale and planned evaluation will be discussed. From this presentation, participants will have a greater understanding of the different yet similar challenges of curricular revolution within the colonial fragility of medical education.

◀ **Session**
**Students, Curriculum
and Cultural Safety**

Presenters



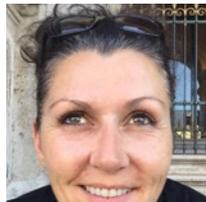
Mr Joel Voth McMaster University

Joel is a second-year medical student, member of the Métis nation and a mentor for the Indigenous Students Health Sciences Office at McMaster University. Previously, he was Director of Strategic Services in marketing and public relations with a focus on the public health sector. Joel has experience working with all levels of government and public health agencies across Canada to develop and implement strategic plans around improving access and public awareness in the health care system, particularly with Indigenous organisations and patient populations. He looks forward to translating this experience into direct patient care as a physician.



Dr Jillian Roberge McMaster University

Jillian is a Métis woman and an Emergency Medicine Resident at McMaster University. Prior to medical school, she worked as a sexual/reproductive health educator at a community health agency in Winnipeg. Throughout medical school, Jillian has been active in the Indigenous Students Health Sciences mentorship program, and has lent her time to lead the annual Medical School Entrance Interview workshop. She has also pursued a research project aimed at investigating Indigenous peoples' experiences in emergency departments. Jillian is looking forward to continuing to incorporate an emphasis on Indigenous health both in her residency training and her career going forward.



Ms Danielle Soucy McMaster University

Danielle is the Director of the Indigenous Students Health Sciences office, and an Assistant Professor with Family Medicine, MPH and an Adjunct with the MSc Global Health Program. She works to decrease barriers for Indigenous learners, mentor their professional development and leadership skills, and be a course supervisor, instructor and/or committee member. Danielle is committed to bringing an anti-Indigenous/critical race theory critique to health professions' education. Her research interests include equity, competency, and power and privilege within health professions' education, the broader social determinants of health, and the promotion and integration of Indigenous scholarship within health professions' curriculum.

◀ **Session**

**Students, Curriculum
and Cultural Safety**

Presentation

'Kia mou ki te aka matua': Māori language teaching in a medical school

Authors

Mr Jamie Yeates, Professional Practice Fellow, Hauora Māori, Public Health, University of Otago, Wellington

Mrs Bridget Robson, Director, TRRHAEP, Hauora Māori, Public Health, University of Otago, Wellington

Ms Jeannine Stairmand, Convener, Hauora Māori, Public Health, University of Otago, Wellington

Abstract

This year, due to a student-led call for more kaupapa Māori (Māori cultural content) in its medical curriculum, the University of Otago, Wellington has integrated te reo Māori language instruction as part of the public health and primary health care modules. Basic te reo Māori instruction is covered only twice with the fourth-year Advanced Learning in Medicine students in Hauora Māori teaching, and content is limited to developing a pepeha (statement of identity), pronunciation drilling and basic greetings. The current integrated modules build on the foundational linguistic skills and content gained in the introductory sessions but primarily focus on the use rather than acquisition of language. Beyond solely teaching the language, this module also seeks to inform the students of the socio-cultural history of te reo Māori in Aotearoa, current revitalisation policies and praxes, and highlight the benefits of linguistic relativity in best care practice. Though this te reo module is in its infancy, utilising wānanga kātōitoi (oral feedback sessions) in the final class and in the poroporoāki (farewell) session for the block has indicated a number of affirmative outcomes. These include: shifting students towards positive language attitudes; improvement in confidence for pronunciation; paying attention to language proficiencies when in clinical contexts; and more engagement with Māori language medical resources.

Challenges to the module are to be highlighted, namely a lack of resources (time and capable teaching staff) and the negative ideologies that students and educational staff hold towards non-European languages. As a cultural competency base module, it also runs the risk of alienating students from familiar teaching bases, as it is 'humanities' based rather than biomedical, potentially negatively impacting student attitudes to Māori language and culture at a 'macro' societal level.

However, we also want to draw attention to its successes, especially its impacts on students' burgeoning linguistic reflexivity and understanding of te reo Māori social context. We seek to reflect on the module's foreseeable future in terms of impacts and the longevity of the class itself. This also offers a chance to think on the parochial nature of the health sciences, and how the integration of disciplines and fields of knowledge considered incommensurable to health practice can, in fact, positively impact on both clinical and community spaces.

◀ **Session**
**Students, Curriculum
and Cultural Safety**

Presenters

Mr Jamie Yeates University of Otago, Wellington

Jamie (Te Āti Awa ki Te Tau Ihu; Te Pae o Rangitīkei) is a Professional Practice Fellow with the Hauora Māori teaching team at the University of Otago, Wellington. He is currently pursuing his Master in Anthropology and Māori Studies at Victoria University of Wellington.



Mrs Bridget Robson University of Otago, Wellington

Bridget (Ngāti Raukawa) is the director of Te Rōpū Rangahau Hauora a Eru Pōmare at the University of Otago, Wellington. Her research interests are in the areas of social and economic determinants of health, inequitable treatment in the health system, the impact of racism on health, and the development of kaupapa Māori epidemiology.



Ms Jeannine Stairmand University of Otago, Wellington

Jeannine (Ngati Porou) is a Research Fellow in the Cancer and Chronic Conditions (C3) research group, working on the C3 Qualitative Study: Cancer care journeys and clinical decision making, of which Professor Louise Signal is the Principal Investigator. A nurse with a Postgraduate Diploma in Public Health, Jeannine has worked in the Māori and public health fields for the past 20 years. Her interest in cancer stems from her work in Māori health, public health and health promotion, particularly breast and cervical screening.

Presentation

Te whakahaumarū taiao

Authors

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

Ms Billie Davis, Masters student, Te Kupenga Hauora Māori, The University of Auckland

Dr Sarah-Jane Paine, Senior Lecturer, Te Kupenga Hauora Māori, The University of Auckland

Abstract

A sustainable and flourishing Māori medical workforce is critical for the health sector, and significant progress towards increasing the number of Māori medical students and graduates has been made in recent years. However, there remains a need to ensure that medical education, training and work environments are safe, culturally competent and health enabling for Māori. This presentation will discuss a project examining the exposure of Māori medical students and doctors to discrimination, harassment and bullying in medical education, training and the workplace, and the impacts both on health and on training and workplace experiences and outcomes.

◀ **Session**
Students, Curriculum
and Cultural Safety

The project is a transformative mixed methods study underpinned by Kaupapa Māori, critical race and decolonial theories. It involves interviews and focus groups with Māori medical students and doctors, as well as a national survey, a review of the current policy and institutional environments, and a strategic review of interventions.

The presentation will provide an overview of the overall project, as well as present findings from the review of policy and institutions, and from the qualitative data collection with Māori medical students and doctors. It will identify the potential for developing targeted policies and strategies at institutional levels as part of the broader goal of developing an anti-racist and culturally competent medical learning and practice environment that supports Māori health gain and equity.

Presenters



Dr Donna Cormack The University of Auckland

Donna is a Senior Researcher and Lecturer at Te Kupenga Hauora Māori, University of Auckland, with a joint position at Te Rōpū Rangahau Hauora a Eru Pōmare, University of Otago. She has experience researching the health impacts of discrimination, particularly Indigenous experiences of racism, and has been involved in studies using both qualitative and quantitative research approaches.



Ms Billie Davis The University of Auckland

Billie (Ngāti Manu, Ngāpuhi) is currently undertaking a Master of Public Health at the University of Auckland on safe work and study environments for Māori medical students. Her focus is on Māori health, racism and the distribution of power within society. Billie also interned for the Auckland District Health Board's Faster Cancer Treatment Team.

Session

Patient-centred Clinical Teaching

Chair

Dr Tanya Schramm,
The University of
Tasmania



3:00–4:30pm



The Piano: Centre for
Music and the Arts,
The Box

Presentation

Improving patient care: Developing the Indigenous Health Toolkit

Authors

Dr Melissa Lewis, School of Medicine, The University of Missouri

Associate Professor Martina Kamaka, Cultural Competence Development Specialist,
Department of Native Hawaiian Health, John A. Burns School of Medicine, University of Hawai'i
at Mānoa

Abstract

Background and rationale: Indigenous people experience the worst health disparities in the United States, yet there are few programs to educate health care professionals about Indigenous health issues and equip them with the skills needed to minimise these inequities. We sought to create an Indigenous Health Toolkit for providers that could assist in improving care delivered to Indigenous populations while also being applicable across different settings.

Methods: A research team of experts from across the United States with experience in incorporating Indigenous health content into medical curriculum or other provider trainings was formed in 2018. The team shared and compared information about best practices on teaching health care providers about Indigenous health, and this became the foundation for a proposed Indigenous Health Toolkit. A pilot site was selected in the upper Midwest where needs assessments from patients and providers were included in the toolkit development. In 2019, baseline data asking about health care needs and preferences were collected from 10 health care providers and 200 patients.

Results: Patients identified several areas of strength and of concern regarding their health experiences, and requested more access to traditional medicine, more input from the community, and more time with their provider. Providers identified several key areas they are interested in learning more about to improve the care they deliver to Indigenous patients, including history, historical trauma, culture and health beliefs.

Next steps: The research team, health care leaders and Indigenous Elders in the region will meet in the Spring of 2019 to review the data and modify the toolkit, which will then be piloted with providers later in 2019.

Conclusion: To reduce Indigenous health disparities and address the systemic barriers to health and wellbeing, including provider bias experienced by Indigenous patients, medical education must include teaching about Indigenous health issues and incorporate Indigenous knowledge into the training. We believe that cultural and regional-specific training is feasible, and that an Indigenous Health Toolkit for providers could be a valuable asset. However, further research is needed to see whether this toolkit may be generalisable, with appropriate regional adaptations, across Indigenous communities.

◀ Session
Patient-centred
Clinical Teaching

Presenters



Dr Melissa Lewis The University of Missouri

Melissa is an Assistant Professor at the School of Medicine in the University of Missouri's Department of Family & Community Medicine, with a PhD in medical family therapy. An enrolled member of the Cherokee Nation of Oklahoma, her research interests span integrated health care models with Indigenous patients, preparing health care professionals to work with Indigenous populations effectively, examining the role of stress and trauma on cardiovascular disease in Indigenous populations, and interventions aimed at empowering Indigenous families and communities by privileging Indigenous knowledge and practices.



Associate Professor Martina Kamaka John A. Burns School of Medicine, University of Hawai'i at Mānoa

Martina, a Native Hawai'ian physician and associate professor from Kāneohe, Hawai'i, received her medical degree from the JABSOM, the University of Hawai'i at Mānoa. After completing her family medicine residency in Lancaster, Pennsylvania, she worked in primary care until joining the faculty at JABSOM in 1999. She is passionate about cultural competency training and Indigenous health, and is actively involved in the 'Ahahui o nā Kauka (Association of Native Hawai'ian Physicians), the Pacific Region Indigenous Doctors Congress and the National Council for Asian and Pacific Islander Physicians.

Presentation

Lessons we can learn from listening to whānau Māori talk about their experience of a paediatric admission

Authors

Dr Bridgette Masters-Awatere, Co-Director Māori & Psychology Research Unit, School of Psychology, Te Whare wānanga o Waikato/The University of Waikato

Dr Rebekah Graham, Research Assistant, School of Psychology, Te Whare wānanga o Waikato/The University of Waikato

Dr Polly Atatoa Carr, Associate Professor, NIDEA, Te Whare wānanga o Waikato/The University of Waikato

Dr Nina Scott, Clinical Director, Strategy & Funding, Waikato District Health Board, Waikato District Health Board

Abstract

A large proportion of Waikato tamariki Māori (children 0–4yrs) are admitted to hospital every year with diseases of poverty. New Zealanders think the health sector will provide essential preventative care for these children and their whānau. However, an audit found that was not the case and more than one-third of tamariki were readmitted within six months. In response, Harti Hauora Tamariki (HHT) tool was co-designed and implemented in 2015 and, two years later, the Health Research Council of New Zealand agreed to fund a randomised control trial of HHT at Waikato Hospital.

◀ **Session**
Patient-centred
Clinical Teaching

The presenters will discuss the findings from a series of qualitative interviews with whānau members of tamariki Māori who had been admitted to Waikato Hospital's paediatric ward between the July to November 2018 research period. Using a narrative approach, recipients of the HHT tool shared their views on barriers and facilitators to accessing health resources and primary care services.

Evidence from our interviews highlights how the HHT tool enabled better connection to health care services within the hospital and beyond. Despite the complex issues covered within the tool, interactions of a culturally appropriate and respectful manner fostered a positive experience for whānau. Observation of the narratives from whānau who received the HHT tool contrast strongly with whānau who did not, highlighting the ways in which usual care was inadequate.

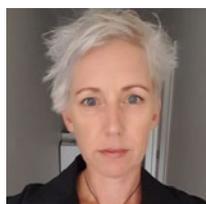
Although the Harti Hauora Tamariki tool has enhanced feelings of being in control of health, with the potential to reduce the likelihood of a hospital readmission, we recognise the importance of decolonising health services from within. Prevalent in our analysis were connections to the wider determinants of health, the impact of unconscious bias in the form of racism and classism, and ways to reduce existing health inequities. The importance of continuous quality improvement for both the tool and hospital staff are needed to address structural racism.

Presenters



**Dr Bridgette Masters-Awatere Te Whare wānanga o Waikato/
The University of Waikato**

Bridgette's research speciality for the past 15+ years has been in the area of Indigenous evaluation research. During that time she has led, been a team member, and/or supervised evaluations in the general area of Indigenous social wellbeing. Project areas include: family violence; intimate partner relationships; women's and children's health; tobacco, alcohol, drug use and reduction; positive learning environments (primary, secondary and tertiary institutions); cultural competency; and training. Currently, she is leading Kaupapa Māori focused research in the areas of obesity, cardiovascular disease and gestational diabetes.



**Dr Rebekah Graham Te Whare wānanga o Waikato/
The University of Waikato**

Rebekah is an emerging researcher in the area of health, food insecurity, poverty and social justice. Her PhD, conferred by Massey University in 2018, focused on the lived experiences of food insecurity within the context of poverty. Since then, Rebekah has been working in the area of health and social justice, with particular attention given to ensuring equitable access to resources, highlighting lived experiences of poverty and homelessness, and addressing inequities baked into systems and structures.

◀ **Session**
**Patient-centred
Clinical Teaching**

Presentation

Whakatere: Decolonising clinical reasoning

Authors

Dr Maia Melbourne-Wilcox, Clinical Lecturer, Māori Indigenous Health Institute, University of Otago, Christchurch

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

Dr Maira Patu, Clinical Lecturer, Māori Indigenous Health Institute, University of Otago, Christchurch

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

Abstract

Background: The Māori Indigenous Health Institute has been engaged in the development, implementation and evaluation of Indigenous medical curriculum at the University of Otago, Christchurch for the past 17 years. This has involved the application of both standardised medical education and Indigenous health pedagogies to Indigenous medical education based on the Hui Process and the Meihana Model (1–2).

Method: The aim of this presentation is to describe Whakatere – a teaching concept within the Meihana Model that has been developed to address the effects of colonisation on clinical reasoning. Teaching methods used in the fourth year of the medical course will be described. These include an online introductory module, a facilitated patient case and an assessment.

Discussion: Whakatere is a multi-stepped approach that was designed as a tool to integrate relevant patient and whānau history (including barriers and enablers) with best practice guidelines and epidemiological data to develop a patient-centred management plan. Students are introduced to the concept of Whakatere using an online animation prior to being in class, they are then taught how to apply Whakatere to a patient case within a facilitated environment. Once these steps have been completed, they are then required to submit a clinical case, which demonstrates the application of Whakatere to their clinical reasoning.

Conclusion: Whakatere is a teaching method that supports students to decolonise clinical reasoning.

Presenter



Dr Maia Melbourne-Wilcox University of Otago, Christchurch

With a MBChB, MSc (1st Class Hons), Maia (Tuhoē) is 4th year Co-convenor and Clinical Lecturer contributing to 5th, Trainee Intern and postgraduate teaching programs. A GP practising in the Canterbury District Health Board region, Maia's Masters topic was on the antimicrobial properties of rongoa (Māori traditional medicine). She has a passion for Hauora Māori and developing medical curriculum that provides students with practical competencies to address health inequities in Aotearoa.

1 C. Lacey, T. Huria, L. Beckert, M. Gilles & S. Pitama 2011, 'The Hui Process: A framework to enhance the doctor–patient relationship with Māori', *The New Zealand Medical Journal (Online)*, 124(1347).

2 S. Pitama, T. Huria & C. Lacey 2014, 'Improving Māori health through clinical assessment: Waikare o te Waka o Meihana', *The New Zealand Medical Journal (Online)*, 127(1393).

◀ **Session**
Patient-centred
Clinical Teaching

Presentation

Decolonising the discharge summary

Authors

Dr Maira Patu, Clinical Lecturer, MIHI, University of Otago, Christchurch

Abstract

Background: The Māori Indigenous Health Institute has been engaged in the development, implementation and evaluation of Indigenous medical curriculum at the University of Otago, Christchurch for the past 17 years. This has involved the application of standardised medical approaches and Indigenous pedagogies, namely the Hui Process (1) and the Meihana Model (2).

Trainee Interns are final-year students in their undergraduate medical degree. The main purpose of the Trainee Intern year is to transition the student into their first year as junior doctors, providing them with a 'hands-on' experience as a member of the medical team (3). Often this means students contributing to the care of patients (under supervision), which includes learning about and completing systemic processes such as discharge summaries. This presentation will describe the process and methods used to teach Trainee Intern students how to incorporate Hauora Māori within discharge summaries.

Method: We have worked alongside the medical education unit of our local District Health Board and reviewed how junior doctors are taught to write discharge summaries. We used the Meihana Model (2) and relevant epidemiology to develop a discharge summary that enables the students to review each patient's case in a critical manner that takes into account the impact of colonisation and racism, and current best practice guidelines. Students are required to comment on relevant whānau and social history, including enablers of care such as the use of Te Reo and/or future tikanga requirements.

Discussion: Discharge summaries are meant to be communication tools for clinicians and patients, but they are often hard to understand with information that is not important to future patient care. We are in the process of developing new methods of communication that clearly and concisely address the barriers to Māori health, which hopefully will give clinicians more time to consider these barriers. We also hope to reduce clinical bias by teaching students to review clinical decision making with local guidelines in mind.

Conclusion: Decolonising discharge summaries are viewed as a method to adjust a systemic process within the hospital environment that continues to marginalise Indigenous peoples.

Presenter



Dr Maira Patu University of Otago, Christchurch

Maira (Kai Tahu and Te Arawa) is a Senior Clinical Lecturer at the University of Otago, Christchurch and a General Practitioner at Linwood Medical Centre. Maira joined the University of Otago in 2016. She has since developed a keen interest in medical education and redesigned the Trainee Intern teaching module for Hauora Māori along with Associate Professor Suzanne Pitama. Maira is interested in inequities in health and how clinical practice is impacted by systemic and internal bias.

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- 1 C. Lacey, T. Huria, L. Beckert, M. Gilles & S. Pitama 2011, 'The Hui Process: A framework to enhance the doctor–patient relationship with Māori', *The New Zealand Medical Journal (Online)*, 124(1347).
 - 2 S. Pitama, T. Huria & C. Lacey 2014, 'Improving Māori health through clinical assessment: Waikare o te Waka o Meihana', *The New Zealand Medical Journal (Online)*, 127(1393).
 - 3 M. J. Tweed, W. Bagg, S. Child, T. J. Wilkinson & J. Weller 2010, 'How the trainee intern (TI) year can ease the transition from undergraduate education to postgraduate practice', *The New Zealand Medical Journal (Online)*, 123(1318).

Session
**Specialist
Medical Colleges
Workshop**

Chair

Associate Professor
Lilon Bandler,
The University of
Melbourne



3:00–4:30pm



The Piano: Centre for
Music and the Arts,
The Chamber

Presentation

Indigenous medical education for Specialist Medical Colleges – Curriculum development

Facilitators

Associate Professor Lilon Bandler, Senior Research Fellow, The LIME Network, The University of Melbourne

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

Dr Andrea McKivett, Lecturer, School of Medicine, The University of Adelaide

Ms Shawana Andrews, Senior Lecturer and Teaching Specialist, Indigenous Health, School of Health Sciences, The University of Melbourne

Abstract

The LIME Network and AIDA convened an Indigenous Health Education Workshop for Specialist Medical Colleges on 12–13 March 2019. All 16 Specialist Medical College in Australia participated, plus the Royal New Zealand College of General Practitioners, and evaluation of the event was positive (93% would recommend the workshop to colleagues).

Participants identified strengthening curriculum and developing learning and teaching opportunities – for trainees, Fellows, supervisors and staff – as a major activity that could be undertaken within their organisations to improve Indigenous health education initiatives. This workshop functions as a next step for the group, and aims to support Colleges to develop and strengthen their approach to the development of an Indigenous health curriculum.

The workshop, part of a planned series for the Specialist Medical Colleges, will support Indigenous health curriculum development with:

- opportunities to reflect on starting point, and direction (who decides and how);
- providing ideas, resources and contacts for assistance;
- networking and sharing opportunities, while also identifying current and potential partners to help achieve goals;
- developing a safe space for conversation; and
- encouraging a positive, ongoing learning journey for themselves and their organisations while clarifying current (and possible future) partnerships.

The workshop is designed both for those coordinating education across the Specialist Medical Colleges, as well as those responsible for developing, implementing and reviewing Aboriginal, Torres Strait Islander and Māori health curriculum within the Colleges.

◀ **Session**
**Specialist Medical
Colleges Workshop**

Objectives:

- Managing the development of a culturally safe learning and working environment and a meaningful curriculum that is constructively aligned.
- Increasing knowledge of pedagogical approaches to Aboriginal, Torres Strait Islander and Māori health in a vertically integrated context (university through to specialisation).
- Engaging with experienced Aboriginal, Torres Strait Islander and Māori health education academics interested in sharing knowledge and expertise.
- Considering workforce requirements to roll out curriculum, expertise and experience.
- Sharing experiences to increase collaboration and build on successes.
- Increasing the capability of trainees and Fellows to work effectively with Aboriginal, Torres Strait Islander and Māori peoples.
- Enabling participants to become agents for cultural safety and institutional change within Specialist Medical Colleges and the College training sector.

Presenters



Associate Professor Lilon Bandler The University of Melbourne

Lilon is Associate Professor and Senior Research Fellow for the LIME Network working with the team on the Indigenous Health Curriculum Framework, the scoping study on a Community of Practice for all the health sciences, and the Specialist Medical Colleges project. She has been involved in medical education across the health care sector. At the Sydney Medical School (2006–19), Lilon managed the admission pathways and provided a comprehensive support program for Aboriginal and Torres Strait Islander medical students, and also developed, implemented and evaluated the Indigenous health education program. She continues to provide GP services to rural and remote western NSW.



Professor David Paul The University of Notre Dame Australia, Fremantle

David has worked at the University of Notre Dame Australia, Fremantle's School of Medicine since 2013. Prior to that, he was Deputy Director of the Centre for Aboriginal Medical and Dental Health at the University of Western Australia (UWA). His work and research interests include Indigenous recruitment and retention, cultural and organisational change, the development and implementation of Indigenous health curriculum, the preparedness of practitioners to work with Indigenous peoples, and self-determination and community control in Aboriginal health. David's work in Indigenous health and education has been recognised through several honours and awards including the LIME Network's Leadership Award (2011) for Outstanding Leadership by an Individual.

◀ **Session**
Specialist Medical
Colleges Workshop



Dr Andrea McKivett The University of Adelaide

Andrea is an Aboriginal woman from the Kimberley in north-western Australia. She studied medicine at the University of Western Australia, followed by a Master in Aboriginal Health, and is now completing a PhD in medicine at the University of Adelaide. Andrea has experience in clinical medicine, qualitative research and medical education and currently works as a medical education academic in Indigenous health at the University of Adelaide. Prior to this, she held the roles of Clinical Research Associate at the South Australian Health and Medical Institute and Lecturer at the University of Notre Dame, Fremantle.



Ms Shawana Andrews The University of Melbourne

Shawana is a Trawlwoolway woman of north-east Tasmania. She has worked in Indigenous health for 20 years in a range of roles that extend from social work clinical practice to community development, program management, public health research and policy development. Shawana currently holds the position of Senior Lecturer and Teaching Specialist, Indigenous Health in the School of Health Sciences at the University of Melbourne. She has worked extensively with the Victorian Indigenous community in Australia throughout her clinical career and subsequently within academia. Shawana has published and presented widely on Indigenous health, family violence and research.

FRIDAY 8 NOVEMBER 2019

Day 4

Session Curriculum

Chair

Ms Cheryl Davis,
Curtin University



9:30–10:45am



The Piano: Centre for
Music and the Arts,
Concert Hall

◀ Session Plenary Panel

Presentation

Delivering an anti-racism, anti-colonial curriculum to family medicine residents

Authors

Dr Mandy Buss, The University of Manitoba

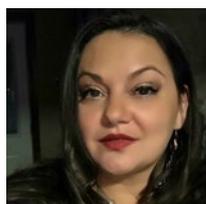
Abstract

Purpose: To describe the Indigenous health curriculum that was developed and delivered to the family medicine residents at the University of Manitoba in September 2017. It will describe the community-driven themes that were used to develop objectives addressing the colonial history that has impacted First Nations, Métis and Inuit peoples of Canada.

Rationale: First Nation, Métis, and Inuit peoples of Canada have experienced more than a century of poorer health in all health indicators. Colonisation has resulted in persistent, entrenched racism against Indigenous peoples, with these ideologies continuing to impact their access to health care and perpetuating poorer health outcomes and wellbeing. This is pervasive across all social determinants of health, such as access to education, housing, food and meaningful employment. Almost a century of forced Indian Residential Schools has left imprints of trauma on survivors but has also created intergenerational trauma in their descendants.

The Indigenous health curriculum educates family medicine residents about the colonial history of Canada and how colonisation has entrenched racist government policy that is ingrained in societal institutions and systems such as the health care, child welfare and criminal justice. This curriculum assists family medicine residents to examine, and reflect upon, their own biases in order to deliver culturally competent, safe health care. They discover how to recognise their own privilege and how this affects their delivery of health care. Through hearing Indigenous voices, they further understand the barriers experienced by Indigenous peoples seeking health care. This curriculum creates a foundation that assists family medicine residents to advocate for further system change. They learn to walk alongside Indigenous people in this journey towards fully equitable health care.

Presenter



Dr Mandy Buss The University of Manitoba

Aaniin Boozhoo, Kaaniimit Waawaate Ikwe nindizhinikaaz mukwa ndoodem. Mandy's English name is Mandy Buss, and she is Métis from Manitoba, Canada. Mandy grew up in a small rural community 45 minutes north-east of Winnipeg, Manitoba. She is a Family Medicine Physician who works at the University of Manitoba as an Assistant Professor. Mandy also works in the capacity of a physician preceptor with the Northern Remote Family Medicine Program, and is the Indigenous Health Lead for the Faculty of Family Medicine developing and delivering Indigenous health curriculum to Family Medicine Residents and faculty.

◀ Session
Curriculum

Presentation

More than good will: A review of governance and authentic engagement in embedding Indigenous cultural competence into allied health curricula

Authors

Dr Caroline Robinson, Associate Head of School and Discipline Lead in Podiatry, School of Community Health, Charles Sturt University

Mr Brett Biles, Lecturer, Indigenous Health, School of Nursing, Midwifery and Indigenous Health, Charles Sturt University

Ms Kay Skinner, Lecturer in Physiotherapy, School of Community Health, Charles Sturt University

Ms Melinda Lewis, GLO Courses & Resources Lead, Indigenous Cultural Competency, Gulaay Indigenous Australian Curriculum and Resources Team, Charles Sturt University

Abstract

Rationale: Charles Sturt University (CSU) endorsed its Indigenous Education Strategy in 2008, which provided a comprehensive framework for a whole-of-institution approach to embedding Indigenous education. This aligned with the Faculty of Science's engagement in curriculum development informed by Universities Australia's National Best Practice for Indigenous Cultural Competence (2011), its revised Indigenous Strategy 2017–2020, and the Aboriginal & Torres Strait Islander Health Curriculum Framework (2016) within CSU's Indigenous Content in Courses Policy (2016–20).

Aims: The project aims to identify the various factors and drivers that are essential to sustain curriculum innovation beyond the short term (1), and to encourage wider implementation of these factors across the institution to ensure sustainable collaborative Indigenous health education and cultural competency development within degrees (2).

Our presentation discusses a review of curriculum development in allied health, with a specific focus on the Bachelor of Physiotherapy. We draw on individual teacher reflections, student feedback and curriculum artefacts to build a historical and pedagogical narrative. This was achieved through authentic engagement with Indigenous and non-Indigenous stakeholders, the act of yarning to explore academic staff experiences, and an online survey to gain initial insights into students' perceptions of their cultural capability.

Results: Our comprehensive review identified several enabling factors, such as partnerships and collaboration within and outside the university; teaching and learning experiences integrated both vertically and horizontally into allied health degrees offering a scaffolded learning journey; and continuing good will from all involved. Emergent themes from the survey data focused on 'navigating the journey for and with students', and included scaffolding the process of change; professional socialisation and identity; and reframing the meaning and measures of 'academic success' in Indigenous cultural capability curriculum and professional practices.

- 1 C. Bajada, P. Kandlbinder & R. Trayler 2019, 'A general framework for cultivating innovations in higher education curriculum', *Higher Education Research & Development*, 38(1):1–14.
- 2 S. G. Pitama, S. C. Palmer, T. Huria, C. Lacey & T. Wilkinson 2018, 'Implementation and impact of indigenous health curricula: A systematic review', *Medical Education*, 52:898–909.

◀ Session Curriculum

Discussion/implications: Cultural capability curriculum is complex because both students and teachers are embedded in their own cultural context. Interaction and engagement with this work has enabled individual developmental journeys for academics, a collective journey for the School of Community Health, and positive progress in embedding Indigenous health education for graduates. To ensure cultural competence curricula is more than just an agenda item, the place of personal and professional goodwill was highlighted. These learnings can inform curriculum governance and strategy, and extend beyond allied health academics to discussions with Elder groups and their communities.

Presenters



Dr Caroline Robinson Charles Sturt University

Caroline is Associate Professor Podiatry/Associate Head of School of Community Health at Charles Sturt University. Previously she has worked as Course Director, with experience in quality assurance for curriculum, learning and teaching across a range of undergraduate and postgraduate health courses. Caroline's collaboration with CSU's School of Indigenous Australian Studies and Gulaay Indigenous Australian Curriculum and Resources Team informs her work in scaffolding Indigenous Australian course content to facilitate the students' cultural competence journey. Her current research looks at academic staff cultural competence in relation to learning and teaching, and developing cultural competence for allied health students.



Ms Kay Skinner Charles Sturt University

Kay's career in education and health, as an educator teaching physiotherapy students, has spanned three decades. She has been a Lecturer and Clinical Educator at CSU since 2010. Over the past five years, Kay has worked closely with CSU's Gulaay Indigenous Australian Curriculum and Resources team, the Indigenous Board of Studies, local Indigenous organisations, and colleagues within the School of Community Health to develop integrated and scaffolded learning experiences that aim to develop students' cultural capability as physiotherapists. She is also part of a team that is researching student and academic learning and teaching experiences in relation to cultural capability.

Presentation

Reimagining Māori health within a non-clinical curriculum

Authors

Mrs Arianna Nisa-Waller, Professional Practice Fellow, Kōhatu – Centre for Hauora Māori, University of Otago, Dunedin

Dr Esther Willing, Lecturer, Kōhatu – Centre for Hauora Māori, University of Otago, Dunedin

Mrs Tina Forrester, Teaching Fellow, Kōhatu – Centre for Hauora Māori, University of Otago, Dunedin

Associate Professor Jo Baxter, Associate Dean for Māori Health, Kōhatu – Centre for Hauora Māori, University of Otago, Dunedin

◀ **Session**
Curriculum

Abstract

Background: Teaching Indigenous health to both Indigenous and non-Indigenous students within a university setting presents a number of opportunities to develop a curriculum that positions Indigenous knowledge at the centre of learning.

Aims: This presentation will explore how we have developed and implemented a holistic learning environment, which draws upon mātauranga Māori (Indigenous knowledge) and ako (Māori ways of teaching and learning), for undergraduate students in a non-clinical health science program.

Approach: In reimagining the learning environment, we have drawn from a traditional wānanga approach to teaching and learning that encompasses Māori values such as whakawhanaungatanga, manaakitanga, arohatanga and rangatiratanga within a setting that empowers students to apply their own knowledge and experiences to the course content. We use a tikanga-enriched curriculum that includes practical skills such as pūrakau, whakatauki, karakia and mihimihi to guide the development of best practice for non-clinical health science students who will work with Māori individuals, whānau and communities. Focus groups with students provide the evidence base for the outcomes that will be presented.

Outcomes: Students develop a strong sense of their own worldview through a number of reflective practices, and some of these are assessed through reflective writing. Armed with knowledge of their own positionality, students are then able to engage with Māori individuals, whānau and communities in a meaningful way. They are comfortable interacting with te Ao Māori (the Māori world) and are able to take leadership roles in facilitating interactions with Māori patients and their whānau. Once acquired, these skills enable them to become agents of change within their future roles as health professionals.

Discussion: Reimagining how Māori health might be taught to non-clinical health science students presents unique challenges within university settings. This is because the normal approach to teaching focuses on lectures that transmit knowledge from the teacher to the student, rather than knowledge sharing in a co-constructed learning environment where the experiences of students contribute to the learning outcomes. Developing courses with this approach allows us to draw upon traditional Indigenous knowledge systems to transform our teaching in a way that normalises a Māori worldview in practice.

Presenters



Mrs Arianna Nisa-Waller University of Otago, Dunedin

Arianna is from Tauranga Moana with tribal affiliations to Ngāi Te Rangi and Ngāti Ranginui, and works as part of Kōhatu Centre for Hauora Māori at the University of Otago. She is currently working as a Professional Practice Fellow with a particular interest in Māori youth development and Indigenous advocacy and research.



Dr Esther Willing University of Otago, Dunedin

Esther is from Ngāti Toarangatira, Ngāti Koata me Ngā Ruahine. She is a Lecturer at the University of Otago, Dunedin and her research interests include health policy, health services research and Hauora Māori. She is interested in the way in which changes to health policy and the delivery of health services can reduce and eliminate the health inequities Māori experience in Aotearoa.

Session

Readiness to Practice

Chair

Ms Candice McKenzie,
Deakin University



9:30–10:45am



The Piano: Centre for
Music and the Arts,
The Chamber

Presentation

Transformative learning and cultural capabilities: Understanding factors associated with student preparedness to work with Indigenous people in health settings

Authors

Dr Jonathan Bullen, Senior Lecturer, Curtin University

Abstract

In response to international and national recognition of the profound disparity between Indigenous and non-Indigenous health outcomes, Australian tertiary health curriculum built around Indigenous knowledge and perspectives is now common, with these curricular offerings intended to develop the cultural capability of future health practitioners.

Literature around this curriculum consistently notes the transformative learning that students often experience in the form of powerful shifts in attitudes, behaviours and knowledge with respect to Indigenous Australian people and cultures. Despite this, there has been limited investigation of these student experiences beyond 1) relatively simple binary conceptualisations of transformation vs. non-transformation, and 2) the potential influence of transformative learning on students' preparedness to work in Indigenous health settings. Further, the predictors of these transformative learning experiences, and how these experiences are interpreted and articulated by educators and students, remain largely unexplored.

Five discrete studies were conducted across a semester-long Indigenous studies unit. A mixed methods sequential exploratory design was adopted to explore firstly those quantitative factors associated with health science students' shifts in attitudes and preparedness to work in Indigenous health settings, followed by a qualitative exploration of tutors' and students' perspectives of transformative learning experienced by students. The overarching aim of the research was to explore, through the lens of a transformative learning theory (1), the individual, pedagogical and contextual factors associated with the development of the students' cultural capabilities and preparedness to work in Indigenous health care settings.

Our findings provide support for Mezirow's (2003) transformative learning theory as a means of examining, interpreting and understanding student learning experiences within an Indigenous studies health curriculum. We found statistically significant changes in student attitudes and preparedness to work in Indigenous health contexts, thus highlighting transformative learning experiences as a potential mechanism for change. Tutor and student articulations of student transformative learning experiences provide further explanation of these findings, drawing attention to the contextual, pedagogical and individual factors associated with transformative learning. Within this presentation, findings from each of the project's five studies will be discussed, with recommendations to guide future development of Indigenous curriculum, and those tasked with designing and teaching it.

1 J. Mezirow 2003, 'Transformative learning as discourse', *Journal of Transformative Education*, 1(1):58–63.

◀ Session
Readiness to Practice

Presenter



Dr Jonathan Bullen Curtin University

Jon is a Bibbulman/Wardandi Nyoongar man, and a Senior Lecturer at Curtin University Medical School. He is a member of Curtin's Deputy Vice-Chancellor's Indigenous Leadership Group, an internal governance body focused on influencing Indigenous policy and strategy across the broader institution. Jon previously worked within Curtin's Learning and Teaching office as Learning Designer (Indigenous Curriculum & Pedagogy), and co-coordinated a large-scale Indigenous cultures and health unit. His PhD research explored how non-Indigenous students develop cultural capability to work with Aboriginal and Torres Strait Islander peoples.

Presentation

Healing conversations: Early findings using the two-eyed seeing approach to develop a tailored communication framework to improve clinical conversations between Australian Aboriginal peoples and health care practitioners

Authors

Dr Andrea McKivett, Lecturer, School of Medicine, The University of Adelaide

Professor Nicky Hudson, Adjunct Professor, School of Medicine, The University of Adelaide

Professor Dennis McDermott, Pro Vice-Chancellor, Indigenous, Office of Indigenous Strategy and Education, LaTrobe University

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

Abstract

Indigenous health disparities stem from the ongoing impact of colonisation, racism and marginalisation on Indigenous people's experience of wellbeing (1–5). Educational initiatives in Indigenous health must address these processes in a collaborative manner (6).

- 1 P. Dudgeon, M. Wright, Y. Paradies, D. Garvey, & I. Walker 2010, 'The social, cultural and historical context of Aboriginal and Torres Strait Islander Australians', in P. Dudgeon, H. Milroy & R. Walker (eds), *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*, pp. 25–42.
- 2 Y. Paradies, J. Ben, N. Denson, A. Elias, N. Priest, A. Pieterse A. Gupta, M. Kelaher & G. Gee 2015, 'Racism as a determinant of health: A systematic review and meta-analysis', *PloS One*, 10(9):e0138511.
- 3 A. Durey 2010, 'Reducing racism in Aboriginal health care in Australia: Where does cultural education fit?', *Australian and New Zealand Journal of Public Health*, 34:S87–S92.
- 4 R. Jones, L. Crowshoe, P. Reid, B. Calam, E. Curtis, M. Green, T. Huria, K. Jacklin, M. Kamaka, C. Lacey, J. Milroy, D. Paul, S. Pitama, L. Walker, G. Webb & S. Ewen 2019, 'Educating for Indigenous health equity: An international consensus statement', *Academic Medicine*, 94(5):512–9.
- 5 M. Gracey & M. King 2009, 'Indigenous health part 1: Determinants and disease patterns', *The Lancet*, 374(9683):65–75.
- 6 T. Mackean, R. Mokak, A. Carmichael, G. L. Phillips, D. Prideaux & T. R. Walters 2007, 'Reform in Australian medical schools: A collaborative approach to realising Indigenous health potential', *Medical Journal of Australia*, 186(10):544–6.

◀ Session Readiness to Practice

The two-eyed seeing approach put forward by Canadian First Nations' Elders offers opportunities to include, represent and value contributions from a wider range of worldviews and perspectives in medical education research and curriculum development (4,7,8). In the primary medical education research project Healing Conversations, two-eyed seeing is being used to develop a more effective and culturally sound communication framework to guide medical student learning. This research aims to bring together different perspectives to facilitate improved Indigenous clinical communication skills education in medical curricula (9).

This project draws on key medical education innovations in Indigenous health that are improving the quality of care and communication outcomes for Māori patients in New Zealand (10,11). This landmark work has demonstrated the successful adaptation of the Calgary–Cambridge guide to create the Meihana Model, which aims to assist health practitioners in their clinical interactions with Māori patients (12). As the health journey can be influenced by a range of important factors, the Model integrates colonisation, marginalisation, migration and racism (along with other key components) to guide the implementation of best clinical practice within the Māori community (12). This innovative research provides a leading example of how established communication frameworks can be adapted to suit the needs of targeted population groups (10).

The early qualitative findings of the first phase of data collection for Healing Conversations will be presented. The findings will draw on both Aboriginal community and health care practitioner perspectives regarding the initial proposed framework that has been published in the literature (9). The value in finding points of difference – to foster deeper critique and debate, as opposed to turning away from these challenges and avoiding them – will be explored in the presentation.

The need for solid Indigenous governance will also be discussed, along with the goal of reclaiming and meaningfully representing Indigenous perspectives and ways of being in medical curricula activities and structures.

Presenter



Dr Andrea McKivett The University of Adelaide

Andrea is an Aboriginal woman from the Kimberley in north-western Australia. She studied medicine at the University of Western Australia, followed by a Master in Aboriginal Health, and is now completing a PhD in medicine at the University of Adelaide. Andrea has experience in clinical medicine, qualitative research and medical education and currently works as a medical education academic in Indigenous health at the University of Adelaide. Prior to this, she held the roles of Clinical Research Associate at the South Australian Health and Medical Institute and Lecturer at the University of Notre Dame, Fremantle.

- 7 J. Carjuzaa & W. G. Ruff 2010, 'When Western epistemology and an Indigenous worldview meet: Culturally responsive assessment in practice', *Journal of Scholarship of Teaching and Learning*, 10(1):68–79.
- 8 C. Bartlett, M. Marshall, A. Marshall & M. Iwama 2012, 'Integrative science and two-eyed seeing: Enriching the discussion framework for healthy communities', in L. K. Hallstrom, N. Guehlstorf & M. Parkes (eds), *Beyond Intractability: Convergence and Opportunity at the Interface of Environmental, Health and Social Issues*, UBC Press, Vancouver, pp. 1–35.
- 9 A. McKivett, D. Paul & N. Hudson 2019, 'Healing conversations: Developing a practical framework for clinical communication between Aboriginal communities and healthcare practitioners', *Journal of Immigrant and Minority Health*, 21(3):596-605.
- 10 I. Al-Busaidi, T. Huria, S. Pitama & C. Lacey 2018, 'Māori Indigenous Health Framework in action: Addressing ethnic disparities in healthcare', *The New Zealand Medical Journal*, 131(1470):89–93.
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◀ **Session**
Readiness to Practice

Presentation

Final year medical student fitness to practise with Aboriginal peoples

Authors

Ms Petah Atkinson, PhD Student/Lecturer, Faculty of Medicine, Nursing & Health Science, Monash University

Abstract

The presentation will include an overview of this PhD research with a focus on Phase 1, which is investigating 'What do Aboriginal people describe as culturally appropriate and inappropriate practice in regard to the ATSIHCF five cultural capabilities?'.

In Australia, Aboriginal peoples have sustained a sophisticated relationship with the land and each other, including a health system that worked well. Following colonisation, they were excluded from Western medical practice until the first Aboriginal doctor, Helen Milroy, graduated in 1983.

A culturally capable health workforce is an important part of closing the health gap between Aboriginal peoples and other Australians. However, although the belief that improving practitioner skills, knowledge and attitudes will lead to better health outcomes, there is no evidence of this. Thus, there is a need to focus on evaluating the impacts of Indigenous health curriculum on patient outcomes.

Aim/objectives: This study hears from Aboriginal community members about their experiences of seeing doctors in medical clinics or hospitals and what is important or not important in the care they received.

Method: Yarning interviews were used to explore what fitness to practise is through real experiences. Yarning is an Indigenous cultural way of communicating. The Yarning interview questions are based on the learning outcomes within the ATSIHCF or Aboriginal and Torres Strait Islander Health Curriculum Framework. Importantly, using Yarning as a research method helps to ensure the research paradigm is culturally safe, which may have a positive impact on data validity.

Results: Data collection is complete and analysis has commenced, preliminary findings will be presented.

Discussion: Analysis of results will guide teaching, learning and assessment of Indigenous health curriculum through the development of Indigenous patient case studies.

Issues/questions for exploration or ideas for discussion:

- 1** What do Aboriginal people describe as culturally appropriate and inappropriate practice in regard to the national ATSIHCF five cultural capabilities?
- 2** What is important/not important for Aboriginal people in health care to receive?
- 3** Does engagement with the national ATSIHCF improve junior doctors' fitness to practise with Aboriginal people?

◀ **Session**
Readiness to Practice

Presenter



Ms Petah Atkinson Monash University

Petah is a Yorta Yorta woman with family connections to Kulin Nations. With more than 25 years' experience in Aboriginal health, her working life includes many years in the Aboriginal community controlled health sector and in universities teaching medical students about Aboriginal health. Petah's background is in public health, Aboriginal health and research, with particular interests in the social determinants of health, cultural safety and Aboriginal patients' perspectives in health care. She is currently a PhD student and lecturer and has published in national journals.

Session

Specialist Medical College Delegates: Recruitment, Retention and Support

Chair

Ms Tania Huria,
University of Otago



9:30–10:45am



The Piano: Centre for
Music and the Arts,
The Box

Presentation

RACS – One college two countries: Recruitment, selection and support

Author

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

Abstract

The Royal Australasian College of Surgeons is a bi-national medical college training medical specialists in nine specialities. The College established an Indigenous Health Committee to provide advice to the College Council on matters regarding Aboriginal, Torres Strait Islander and Māori health. In 2016, the Council approved a Reconciliation Action Plan in Australia and a Māori Health Action plan in New Zealand to lay out its strategy to support Aboriginal, Torres Strait Islander and Māori health across the two countries. These plans also have strategies for the recruitment, selection and support of Aboriginal, Torres Strait Islander and Māori doctors towards surgical Fellowship.

In support of recruitment, RACS has engaged strongly with AIDA, Te ORA and the LIME Network to make both surgeons and information about surgical training accessible to surgical aspirants. RACS' scholarship program has been built up over the past five years to support education and networking opportunities at RACS Annual Scientific Congress, and career enhancement for medical students and doctors in any activity that would support their application to surgery and to surgical education training.

The strategy in support of selection is laid out differently in the Reconciliation Action Plan and Māori Health Action Plan. In Australia, the Indigenous Health Committee has helped to develop an Aboriginal and Torres Strait Islander Surgical Trainee Selection Initiative guaranteeing training positions for surgical aspirants able to meet all of the requirements. In New Zealand the selection focus has been on developing admission criteria that acknowledge the value of applicants able to demonstrate competence in Māori health, and providing selection panels with the tools needed to assess this. In both countries the Indigenous Health Committee has sought to identify, and provide support to overcome, barriers to surgical training.

In 2019, RACS welcomed seven new Māori and two new Aboriginal doctors into surgical training. The College is currently considering its next strategic iterations designed to build on lessons learned and to improve support for the next generation of Aboriginal, Torres Strait Islander and Māori surgeons.

Presenter



Dr Rachelle Love Royal Australasian College of Surgeons

Rachelle is of Ngāpuhi and Te Arawa descent. An ENT-trained sleep surgeon in Ōtautahi, she is a member of RACS's Māori Health Advisory Group, an elected member of the National Board of RACS, and is on the Specialist Council for the New Zealand Medical Association. Rachelle's research interests are in Māori health, particularly cultural competency and cultural safety in surgical education, and in sleep surgery, where she is part of a multinational research group. She has two tamariki and a Pākēha husband who is from Central Otago.

◀ Session

**Specialist Medical
College Delegates:
Recruitment,
Retention and
Support**

Presentation

Supporting Indigenous applicants into emergency medicine

Authors

Ms Alicia Hewes, Education Development Coordinator, Education and Training, Australasian College for Emergency Medicine

Mrs Anna Kaider, General Manager, Education Program Development, Education and Training, Australasian College for Emergency Medicine

Dr Max Raos, Emergency, Australasian College for Emergency Medicine

Dr Elizabeth Mowatt, Emergency, Cairns Hospital/Australasian College for Emergency Medicine

Abstract

Specialist Medical Colleges recognise the importance of engaging and supporting their Indigenous trainees. By seeing this journey as a collaboration between the Colleges and the trainees, the Australasian College for Emergency Medicine (ACEM) is making concerted efforts to optimise support for trainees. In 2018, ACEM made a significant change in its selection process for specialist Emergency Medicine training and implemented the Selection into FACEM (Fellow of the Australasian College for Emergency Medicine) training process. This new process encourages entry into FACEM training for Aboriginal, Torres Strait Islander and Māori medical graduates. It is the result of ACEM staff and members working in collaboration with AIDA and Te ORA.

How ACEM can best support future Indigenous applicants is an evolving story, with direct engagement with Indigenous trainees, Fellows and prospective applicants an essential element. To overcome barriers effectively, we must first identify and understand them. Our next step will be to prioritise structured support for future applicants, so that their first application can also be their best application.

In this LIME Connection presentation, ACEM will examine the reasoning, design and implementation of FACEM training at ACEM. We will also outline our plans for continuing engagement with, and support of, our prospective and current Aboriginal, Torres Strait Islander and Māori trainees and Fellows. ACEM is seeking the next generation of Indigenous doctors, we are building a wharenui (protected place) where stories are listened to, Indigenous knowledge informs medical care, and training is flexible. Together we will make brighter futures for our health workforce and healthier futures for our whānau.

◀ **Session**
**Specialist Medical
College Delegates:
Recruitment,
Retention and
Support**

Presenters



**Mrs Anna Kaider Australasian College for Emergency
Medicine**

Anna has a BSc (Hons), Med. After a decade working in secondary and tertiary education, she joined the specialty medical education sector 12 years ago. Since then Anna has coordinated the redevelopment of diploma, fellowship and subspecialty curricula and training programs, and developed the Certificate of Obstetrics and Gynaecology for Médecins Sans Frontiers' women's health projects. She established ACEM's Education Development Unit in 2017 and coordinated the development of its FACEM training selection process. Grateful for an incredible group of colleagues, Anna enjoys developing and implementing educational initiatives and pursuing her keen interest in building medical workforce capacity.



Dr Max Raos Australasian College for Emergency Medicine

Max is an Emergency Medicine Specialist in Sydney, Australia. Born and raised in New Zealand he has a breadth of experience across urban and rural arenas of health care delivery. Max would most like to be thought of as a Māori MacGyver, using knowledge and creativity to solve problems on a tight deadline. His interests are education, disaster management, cross-cultural learning, ultrasound, communication and Indigenous health.

Presentation

Interest in ophthalmology specialty training amongst Māori and Pacific medical graduates in New Zealand

Authors

Dr Simone Freundlich, Non-vocational Ophthalmology Registrar, Ophthalmology, Auckland District Health Board

Dr William Cunningham, Consultant Ophthalmologist, Ophthalmology, Auckland District Health Board

Associate Professor Phillipa Poole, Head of Medicine, School of Medicine, The University of Auckland

Associate Professor Charles McGhee, Head of Ophthalmology, Ophthalmology, The University of Auckland

◀ **Session**
Specialist Medical
College Delegates:
Recruitment,
Retention and
Support

Abstract

Recently, the Royal Australian and New Zealand College of Ophthalmologists has identified only a small number of ophthalmology consultants and fellows who identify as Indigenous to New Zealand, Australia and the Torres Strait. Coupled with a growing body of research indicating that improving representation of Indigenous doctors can contribute to improved health outcomes for Indigenous populations, the Medical Council of New Zealand and the AMC have both emphasised the need for colleges to implement strategies that increase representation of Indigenous doctors in their respective specialties (1–3). The College is responding by encouraging medical graduates with Māori, Aboriginal and Torres Strait heritage towards formal ophthalmology training with the development of Indigenous committees, funding for research benefiting Indigenous communities in New Zealand and Australia, and points awarded for Indigenous heritage on the training scheme application. Research that identifies factors encouraging or deterring Indigenous doctors from pursuing formal ophthalmology training is an essential step in the implementation of appropriate future strategies to address the disparity in the number of Indigenous ophthalmologists in New Zealand and Australia.

The aim of this project is, firstly, to quantify the level of interest in ophthalmology as a career choice among graduates with Māori and Pacific heritage in New Zealand, using quantitative data collected by the Medical Schools Outcome Database project, a landmark longitudinal tracking study taking place in New Zealand and Australia. Secondly, through a qualitative approach with semi-structured interviews we hope to better understand key factors that encourage or deter these graduates towards formal ophthalmology training in New Zealand. We acknowledge that Māori are Indigenous to New Zealand, however we expanded our target population to include doctors with Pacific Island heritage. This is because New Zealand is home to the largest Pacific Island population worldwide, with existing research indicating that Pasifika populations also experience poorer health outcomes similar to those of Māori (4–5). Data analysis and collection at the time of this Abstract submission is ongoing, with completion of the project anticipated to be late August 2019.

Presenter



Dr Simone Freundlich Auckland District Health Board

Kia Ora: Simone is a third-year postgraduate student currently working as a non-vocational registrar in ophthalmology at Auckland District Health Board in her whakapapa includes links to Tainui in Waikato and Nga Puhi in Hokianga. Simone entered medical school with a passion to contribute towards improving Māori health and she hopes to achieve this through the field of ophthalmology.

Day 4: Friday 8 November 2019 cont.

Session

Keynote Presentation

Chair

Dr Cameron Lacey,
University of Otago



11:00–11:45am



The Piano: Centre for
Music and the Arts,
Concert Hall

Keynote presentation

Dr Moana Jackson, Director, Te Hau Tikanga, The Māori Law Commission



Moana is of Ngāti Kahungunu and Ngāti Porou descent. A Māori lawyer specialising in Treaty of Waitangi and constitutional issues, he was the co-founder of Ngā Kaiwhakamārama i ngā Ture (the Māori Legal Service) and is the Director of Te Hau Tikanga (The Māori Law Commission). Moana lectures in Ahunga Tikanga/Māori Laws at Te Wānanga o Raukawa, Ōtaki.

Session

Poroaki Farewell

Chair

Professor David Murdoch,
Ms Tania Huria &
Associate Professor
Suzanne Pitama,
University of Otago



11:45am–12:30pm



The Piano: Centre for
Music and the Arts,
Concert Hall

Presentation

Closing comments and handover for LIME Connection IX

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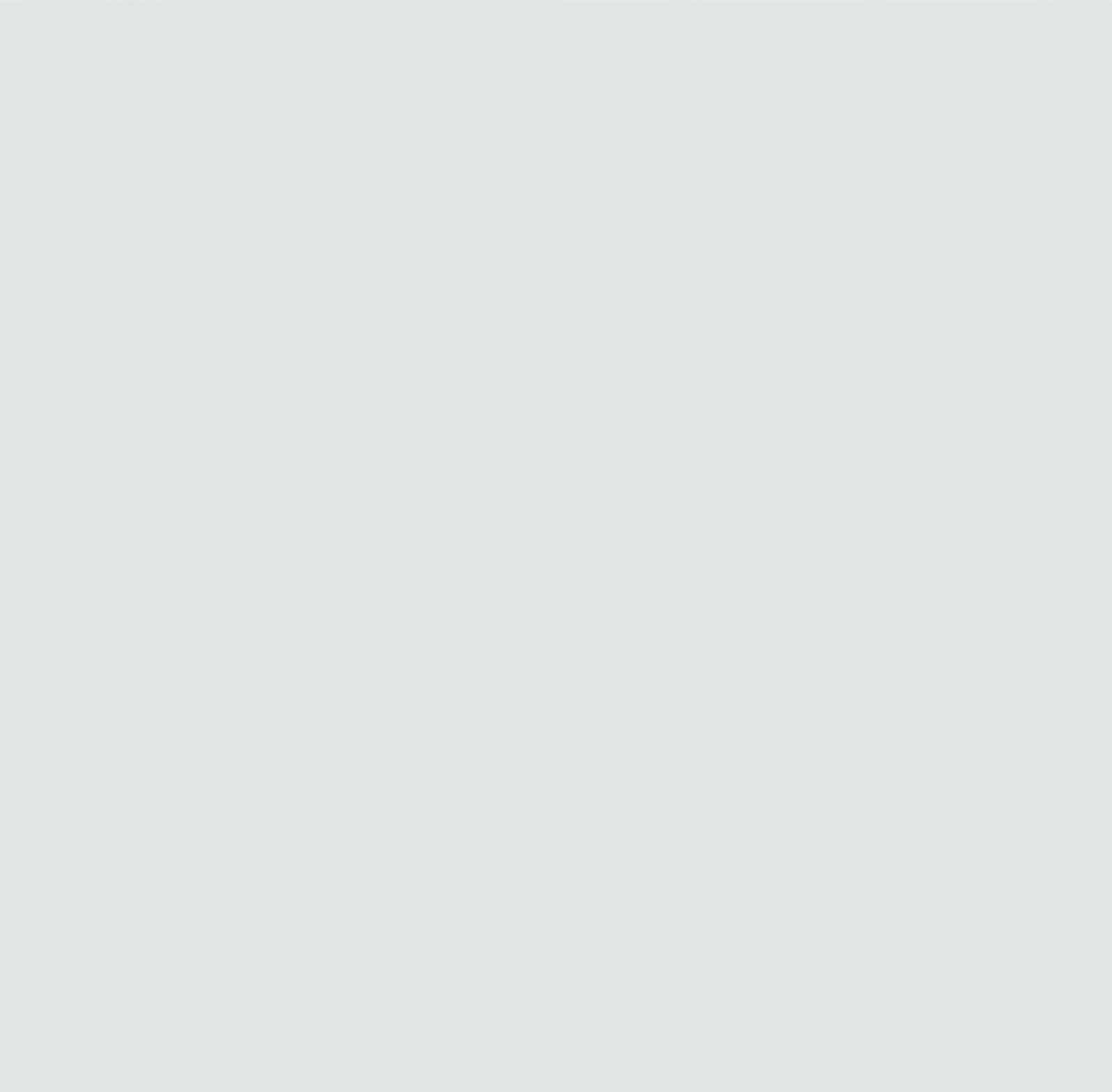
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ACRONYMS

ACEM	Australasian College for Emergency Medicine	NGOs	non-government organisations
AIDA	Australian Indigenous Doctors' Association	NHCOE	Native Hawai'ian Center of Excellence
AIDSESEP	Association for the Development of the Peruvian Rainforest	NSW	New South Wales
AMC	Australian Medical Council	NT	Northern Territory
ANU	Australian National University	NTGPE	Northern Territory General Practice Education
ATSIHCF	Aboriginal and Torres Strait Islander Health Curriculum Framework	OCHANZ	Optometry Council of Australia and New Zealand
BC	British Columbia	PhD	Doctor of Philosophy
BSc	Bachelor of Science	RACS	Royal Australasian College of Surgeons
CDAMS	Committee of Deans Australian Medical Schools	Te ORA	Te Ohu Rata O Aotearoa
CSU	Charles Sturt University	UBC	University of British Columbia
FRANZP	Fellow of the Royal Australian and New Zealand College of Psychiatrists	UH	University of Hawai'i
GP	General Practitioner	UNSW	University of New South Wales
GPEP	(New Zealand) General Practice Education Programme	UQ	The University of Queensland
GPTT	General Practice Training Tasmania	UTAS	The University of Tasmania
HHT	Harti Hauora Tamariki	UWA	University of Western Australia
IAT	Implicit Association Test	WA	Western Australia
IFMP	Indigenous Family Medicine Program		
JABSOM	John A. Burns School of Medicine		
LGBTIQ	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer		
LIME	Leaders in Indigenous Medical Education		
MBChB	Bachelor of Medicine, Bachelor of Surgery		
MD	Doctor of Medicine		
MDANZ	Medical Deans Australia and New Zealand		
Medical Deans	Medical Deans Australia and New Zealand		
MIHI	Māori Indigenous Health Institute		
MS1s	first year medical students		
MSEI	Medical School Entrance Interview		





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