

LIMECONNECTIONVI

Knowledge Systems, Social Justice and Racism in Health Professional Education

11-13 August 2015 Townsville, Queensland, Australia

CONFERENCE PROGRAM ABSTRACTS & BIOGRAPHIES

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Welcomes

Medical Deans Australia and New Zealand

On behalf of Medical Deans Australia and New Zealand (Medical Deans) it is our pleasure to welcome all delegates to LIME Connection VI: *Knowledge Systems, Social Justice and Racism in Health Professional Education*. It is wonderful to be able to hold these celebrations in Townsville at this beautiful time of year. We also wish to acknowledge the support of this conference from our member, James Cook University School of Medicine and Dentistry, based here in far north Queensland.

The LIME Network and the work of the LIME Reference Group is a very tangible reflection of Medical Deans' strong and sustained commitment to Indigenous health and to delivering doctors who will make a difference. Since its inception the Network has been hosted by the *Onemda* VicHealth Koori Health Unit and the Faculty of Medicine, Dentistry and Health Sciences at the University of Melbourne.

We thank the Australian Government Department of Health for their continued funding of this important initiative and their joint aspirations in Indigenous health education. We also thank our hard working on-the-ground members, the medical schools and staff, who turn these aspirations into a practical reality.

Together with its partner organisations, the Australian Indigenous Doctors' Association (AIDA) and Te Ohu Rata O Aotearoa (Te ORA) - Māori Medical Practitioners Association, Medical Deans has auspiced the biennial LIME Connection since the inaugural event in 2005. The Connection brings together educators and practitioners in medicine, students and community members, as well as representatives of government, peak bodies, health services and increasingly, allied health colleagues.

We wish all delegates a fulfilling and challenging conference as we all work to strengthen the integration of Indigenous health within medical education and to ensure better health outcomes for Indigenous peoples.

Professor Nicholas Glasgow, President, Medical Deans Professor Judy Searle, CEO, Medical Deans

LIME Connection VI Committee

On behalf of the LIME Connection Committee, we would like to take this opportunity to welcome you to the sixth LIME Connection in Townsville, Queensland. James Cook University, as host of this conference, is excited to have our colleagues from across Australia, Aotearoa, Hawaii, Canada and elsewhere join us for this important event.

We aim to provide a safe space for a mutual sharing of knowledge and ideas about implementing an Indigenous health curriculum within medical schools, and recruiting and graduating Indigenous students. LIME Connection VI will showcase a number of initiatives occurring nationally and internationally and will also highlight the work taking place within the local context here in north Queensland.

This year's conference theme encourages all of us to focus on how we deliver Indigenous health in medical education, through implementing evidenced-based practice and harnessing our collective energies to facilitate change and foster innovation. This is an exciting challenge, and we look forward to sharing stories, and meeting and greeting members of the LIME Network.

Donald Whaleboat and Jacinta Elston, James Cook University On behalf of the LIME Connection VI Committee

Welcomes

James Cook University

James Cook University is pleased to welcome participants from across Australia and New Zealand, from Canada and beyond, to the 2015 LIME Connection VI being held in Townsville. This is a special event for us and one that we are very proud to host.

The College of Medicine and Dentistry at James Cook University sees a future where Aboriginal peoples and Torres Strait Islanders, communities of the tropics, those living in rural and remote areas and our wider Asia Pacific region can be confident of good health and access to quality healthcare for themselves, their families and future generations. This was the founding vision for medicine, dentistry, pharmacy and our other professional programs. We embrace the notion of socially accountability in health professional education whereby we seek to align teaching, research partnerships, advocacy and leadership to priority community needs. This is an institution that is committed to social justice, to challenging convention and to pursuing excellence in all that we do.

The 21 Aboriginal and Torres Strait Islander doctors who have graduated from James Cook University since 2005 are part of that effort. They are to be found working in many places, but not least in communities such as Palm Island, Mount Isa and Barcaldine. There is also the important task of equipping all James Cook University graduates with the insights and abilities to work for and with Aboriginal and Torres Strait communities. Our non-Indigenous graduates are also to be found serving Aboriginal and Torres Strait Islander communities across the country. Both of these strands require long term effort to build pathways and provide support, an alignment of curriculum with authentic immersion experience and of course partnerships with Indigenous communities and organisations where there is a real two-way benefit.

I am sure that all participants of the 2015 LIME Connection VI will enjoy the program and gain much by sharing experience and knowledge. Thank you to the organising committee and to you for being part of the Connection.

Professor Richard Murray, Dean and Head of School, College of Medicine and Dentistry, James Cook University

Welcomes

Australian Indigenous Doctors' Association

On behalf of the Australian Indigenous Doctors' Association (AIDA), I have much pleasure in welcoming you to the LIME Connection VI in Townsville, Queensland.

I would like to acknowledge the Bindal and Wulgurukaba Peoples of the Townsville region on whose land we are meeting and I pay my deepest respects to ancestors, both past and present. I pay my respects to the local Elders and their traditional knowledge that is embedded deep within this land. The biennial LIME Connection events are an opportunity for us to come together and share our knowledge, learnings and research practices within Indigenous medical education.

The theme of LIME Connection VI Knowledge Systems, Social Justice and Racism in Health Professional Education is of great importance, as it highlights the need for strong structures and strong partnerships within Indigenous medical education. This year marks ten years since the signing of the inaugural Collaboration Agreement between AIDA and the Medical Deans of Australia and New Zealand. Throughout these ten years a number of significant achievements have been made, the most noteworthy being reaching population parity for Aboriginal and Torres Strait Islander medical student enrolment for the first time, in 2011. Under this long-standing agreement, AIDA and Medical Deans co-auspice these biennial LIME Connection with Te Ohu Rata o Aotearoa (TeORA) - The Māori Medical Practitioners Association. We look forward to building upon these strong partnerships and continuing to share knowledge with our international counterparts.

I particularly wish to thank our colleagues at James Cook University for hosting LIME Connection VI, and the LIME Secretariat for what I am sure will be an inspiring and enriching Connection.

Dr Tammy Kimpton, President, Australian Indigenous Doctors' Association

Te Ohu Rata o Aotearoa (Te ORA) – The Māori Medical Practitioners' Association

Na te hinengaro ka kite te ara whakamua mōu – Through our minds, we can think our way into success.

Te Ohu Rata o Aotearoa (Te ORA) - The Māori Medical Practitioners Association is pleased to auspice LIME Connection VI 2015. We extend our warm greetings to the tangata whenua (people of the land) of this country. Te ORA is pleased to support the theme of this year's conference, *Knowledge Systems, Social Justice and Racism in Health Professional Education.* We look forward to these days of the LIME Connection, because we know there is so much of value to learn and to share.

Dr Rawiri Jansen, Te Kaihautū (Chair), Te ORA The Māori Medical Practitioners' Association

The LIME Network Program

The Leaders in Indigenous Medical Education (LIME) Network is a program of Medical Deans Australia and New Zealand, supported by financial assistance from the Australian Government Department of Health.

LIME is a dynamic network 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 seek to do this through establishing a continuing bi-national presence that encourages and supports collaboration within and between medical schools in Australia and Aotearoa/New Zealand and by building linkages with the community and other health science sectors.

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

The aims of the LIME Network are designed to:

- Enable the continuing development and implementation of quality Indigenous health curriculum to improve medical education for all medical students;
- Build on and strengthen appropriate recruitment and support initiatives for Indigenous students;
- Build the capacity of those working in Indigenous health at medical schools;
- Develop pathways for vertical integration of Indigenous health curriculum and student recruitment strategies with specialist colleges;
- Strengthen Indigenous health initiatives across health disciplines; and
- 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 has significant outcomes including:

- The facilitation of bi-annual **Reference Group meetings** to provide the opportunity for those working in Indigenous health within medical schools to collaborate, share information, provide feedback and peer network;
- The biennial **LIME Connection conference** to provide a forum for knowledge exchange and dissemination, and including the **LIMElight Awards** celebrating successes in the field;
- The **Indigenous Medical Student and Community Bursary Scheme** providing the opportunity for networking and peer support at LIME Connection;
- 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;
- Building the evidence base of the efficacy of Indigenous health curriculum development and
 implementation, as well as Indigenous student recruitment and support to graduation initiatives through
 publications such as the Good Practice Case Studies and the Special Edition of the ANZAHPE Focus on
 Health Professional Education Journal;
- Developing and implementing **internal review tools** to support medical schools to reflect and evaluate their performance;
- Supporting Indigenous secondary school and mature age students to understand the pathways to studying
 medicine through the online Indigenous Pathways into Medicine Resource and Indigenous Pathways into
 Medicine Videos;
- Strengthening capacity and sharing knowledge among network membership through Slice of LIME Seminars;
- 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**; and
- Supporting collaboration between medical schools and their local Aboriginal Community Controlled Health Organisations and Indigenous community members through the facilitation of **Regional Meetings**.

LIME Connection VI

Knowledge Systems, Social Justice and Racism in Health Professional Education

The sixth biennial LIME Connection will be held in Townsville, Australia from 11–13 August 2015.

LIME Connection VI: Knowledge Systems, Social Justice and Racism in Health Professional Education will build on evidence based presentations from previous LIME Connection conferences and capture new initiatives, share successful methods and workshop visions for the future.

The theme encourages strengths based presentations relating to Indigenous health teaching and learning, curriculum development and research in health professional education, as well as models for community engagement and the recruitment and graduation of Indigenous students.

LIME Connection provides an opportunity for:

- Collaboration, information sharing and networking amongst peers;
- 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 outcomes for Indigenous health.

The conference also hosts the LIMElight Awards that acknowledge and celebrate the many successes in the field.

Keynote speakers will include experts in Indigenous health and medical education from Australia, Aotearoa/ New Zealand and Hawaii. The target audience includes Indigenous and non-Indigenous health professional educators, health practitioners, policy makers, students and community members.

LIME Connection VI is hosted by James Cook University and is held under the auspices of Medical Deans Australia and New Zealand, the Australian Indigenous Doctors' Association (AIDA) and Te Ohu Rata O Aotearoa (Te ORA) - Māori Medical Practitioners Association.

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

Convenors

The LIME Connection Committee Members:

Michelle Ballard
 James Cook University

• Jacinta Elston James Cook University

Rose Gilby Monash University

Jasmin Hunter Australian Indigenous Doctors' Association

Scott McCoombe
 Deakin University

Odette Mazel The LIME Network

Terina Moke
 Te Ohu Rata o Aotearoa (Te ORA)

Erin Nicholls
 The LIME Network

Warwick Padgham The LIME Network

Caitlin Ryan The LIME Network

Ruth Stewart James Cook University

Sonya van Bremen James Cook University

Donald Whaleboat James Cook University

The LIME Connection Scientific Committee:

Lilon Bandler The University of Sydney

• Elana Curtis Te Ohu Rata o Aotearoa (Te ORA)

• Jacinta Elston James Cook University

Shaun Ewen The LIME Network

Sally Fitzpatrick
 University of New South Wales

Jasmin Hunter Australian Indigenous Doctors' Association

Scott McCoombe
 Deakin University

Dennis McDermott
 Flinders University SA

Odette Mazel The LIME Network

David Paul University of Notre Dame, Fremantle

Suzanne Pitama
 Te Ohu Rata o Aotearoa (Te ORA)

Donald Whaleboat James Cook University

• LIME Secretariat (Support)



The LIMElight Awards Committee:

Maureen Davey
 University of Tasmania

Gaye Doolan
 Australian National University

Jasmin Hunter Australian Indigenous Doctors' Association

• Rawiri (David) Jansen Te Ohu Rata o Aotearoa (Te ORA)

• Neville Yeomans Former Medical Dean

LIME Secretariat (Support)

The LIME Connection Bursary Committee:

Jasmin Hunter Australian Indigenous Doctors' Association

• Tania Huria Te Ohu Rata o Aotearoa (Te ORA)

Rhys Jones
 Te Ohu Rata o Aotearoa (Te ORA)

LIME Secretariat (Support)

LIME Network Staff

Shaun Ewen

Odette Mazel

• Levi McKenzie-Kirkbright

- Frin Nicholls
- Caitlin Ryan

Acknowledgments

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

- Jenn Johnston, Jo Johnston, Levi McKenzie-Kirkbright, Nancy Palamara, Mitchell Old (The University of Melbourne);
- Rachel Tortorella (Inprint Design);
- Ashlee Keen (Townsville Enterprise Convention Bureau);
- Palm Island Arts Group, Jeff Jones, David O'Shea (Bwgcolman Community School);
- Carcia Nallajar (Ferdy's Haven Alcohol Rehabilitation Aboriginal Corporation);

- John Rawllings, Peter McKenna, Jennifer Ketchell (Joyce Palmer Health Service);
- Raymond Blackman, Vicki Stonehouse (Palm Island Children and Family Centre);
- Alf Lacey, Lyn Freckleton, (Palm Island Aboriginal Shire Council);
- Katie Roberts (SeaLink);
- Lynore Geia (presentations);
- Eddie Savage (catering);
 - Amanda Wilson (Campus Travel).

Sponsors

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

Auspice Organisations:

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

Host University:

• James Cook University

Wedge of LIME Major Sponsors:

- Australasian College for Emergency Medicine Foundation
- James Cook University
- Melbourne Poche Centre for Indigenous Health
- The Royal Australian College of Physicians
- Townsville Hospital and Health Service

Zest of LIME Sponsors:

- Australian College of Rural and Remote Medicine
- Australian Medical Council
- Diabetes Australia Queensland, National Diabetes Services Scheme
- Government of Western Australia, Department of Health
- Northern Territory General Practice Education
- Townsville Aboriginal and Islander Corporation for Health Services

Twist of LIME Sponsors:

- Queensland Aboriginal and Islander Health Council
- Tropical Medical Training

In-kind Support:

- Koori Mail
- Sealink Queensland
- Australian Indigenous Doctors' Association
- Te Ohu Rata o Aotearoa (Te ORA) The Māori Medical Practitioners Association

Indigenous Medical Student And Community Bursaries

To support participation of students and community members in LIME Connection VI, bursary places were offered to Aboriginal, Torres Strait Islander and Māori medical students and community members working with medical schools, with a strong interest in Indigenous health. Each bursary covers the costs of the preconference educational visit, registration, travel, accommodation and meals.

This year, bursary places were offered to:

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

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

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

Funding for Indigenous Medical Student and Community Bursaries:

LIME Connection VI student and community bursaries have been funded by the following Medical Schools and Departments across Australia and Aotearoa/New Zealand:

Australian National University, Bond University, Deakin University, Flinders University, Griffith University, James Cook University, The University of Adelaide, The University of Auckland, The University of Melbourne, The University of Newcastle, The University of New South Wales, The University of Notre Dame Fremantle, The University of Notre Dame Sydney, The University of Sydney, The University of Western Australia, University of Otago, University of Tasmania, University of Western Sydney and University of Wollongong.

In addition, the Cultural and Community Relations Grants at the University of Melbourne supported two non-Indigenous medical students to attend LIME Connection VI.

The University of Saskatchewan funded one Indigenous medical student to attend the event. A student presenter from University of British Colombia, and James Cook University were assisted to attend.

Indigenous Medical Student And Community Bursaries

Bursary Recipients - Students:

- Australian National University
 Charmaine Earnshaw
 Danielle Dries
- Deakin University Laura Alsop
- Flinders University SA Sarah Bormann
- The University of Auckland Asti Grard
 James Enright
 Joeli McGregor
 Kamaia Pere
 Maihi Brown
 Moerangi Tamati
- The University of Melbourne
 Gary Sit
 Kiri Gates
 Levi McKenzie-Kirkbright
 Ngaree Blow
- The University of Newcastle
 Nicole Payne
 Nicole Whitson
 Rebecca Gough
 Sarah-Rebekah Clark
- The University of Notre Dame, Fremantle Amanda Robinson
- The University of Queensland Kayla Arabena-Byrnes
- The University of Sydney Kersandra Begley
- The University of Western Australia Monique Juhe Kelly Langford
- University of Otago

 Anika Tiplady
 Chivala Heal
 Jake Aitken
 Josh Firmin
 Kennedy Sarich
 Matt Solis
 Natasha Martin
 Ricki-Lea Aitchison

Rueben Bennett Samantha Jackson

- University of Tasmania
 Nikki Randriamahefa
- University of Western Sydney Artiene Tatian

Bursary Recipients - Community:

- Deakin University Renee Owen
- The University of Auckland Dolly Taetae Paul Hannah Burgess
- The University of Melbourne Shane Charles
- The University of New South Wales Aunty Ali Golding
- The University of Notre Dame, Sydney Annalyse Crane
- University of Otago
 Amber Philpott

Other Assisted Students:

The following students were also assisted to attend:

- James Cook University
 Raquel Ball
- University of British Colombia Baillie Redfern
- University of Saskatchewan Jaylynn Arcand
- The University of Melbourne Bridget Fernando Nick Wilson

General Information

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. Print copies of the full Program will be available at the reception desk.

To get the app on your phone or tablet, visit http://eventmobi.com/limevi. For easy access, bookmark the app to your home screen:



2.



TWITTER

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

REGISTRATION DESK

The registration desk is located at James Cook University (Tuesday) and Rydges Southbank Townsville Convention Centre (Wednesday, Thursday). LIME staff members and event staff will be available at the registration desk throughout each day.

The registration desk will be open on:

- Tuesday 11 August at James Cook University from 8:00am and throughout the day;
- Wednesday 12 August at Rydges Southbank Townsville Convention Centre from 8:30am and throughout the day;
- Thursday 13 August at Rydges Southbank Townsville Convention Centre from 8:30am and throughout the day.

Delegates should collect their name badges and conference materials at the registration desk upon arrival. For those people attending the Palm Island visit, you can register at the Ferry terminal with LIME staff of Monday.

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 conference technicians, prior to 8:45am on the morning of their session. Please visit the Registration Desk to access the conference technicians.

INTERNET FACILITIES

Wireless internet is available at Rydges Southbank Townsville Convention Centre. Access the wireless via Network: Rydges Events; Password: Password1234. The city provides free wifi in Flinders Square.

MOBILE PHONES

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

Townsville Information

TOWNSVILLE

Townsville is the gateway to the Great Barrier Reef, tropical rainforests, islands, wetlands, national parks and historical, military and outback experiences. It is characterised by a relaxed lifestyle within the beauty of the city's natural surrounds.

In the Townsville CBD visitors can enjoy boutique shopping, alfresco dining and regular local markets. The CBD is connected with the Palmer Street dining and accommodation precinct, located a short walk from the hub of Flinders Square, over Victoria Bridge.

The Visitor Information Centre

The Visitor Information Centre is located at 280 Flinders Street, Townsville. For more information, call T: +61 7 4721 3660.

Castle Hill

Castle Hill is the large pink granite monolith that stands in the centre of Townsville - the perfect place for visitors to orientate themselves with the city. Take the easy drive to the top for views of Magnetic Island and Cleveland Bay, Townsville City and the Northern Beaches. Over 1000 locals run and walk up the hill everyday.

The Strand

Townsville's foreshore, The Strand, is a great place for views across Cleveland Bay to Magnetic Island, while enjoying BBQ facilities, swimming enclosures, freshwater showers, a waterpark, playgroups and waterfront dining.

Riverway

In this area you will find swimming lagoons, playgroups, a performance and arts centre and a sports stadium, situated on the banks of the Ross River. The Riverway precinct is good for families looking to enjoy the North Queensland outdoor lifestyle.

Billabong Sanctuary

Billabong Sanctuary is an interactive wildlife park set on 11 hectares of wilderness. Hold a koala, cuddle a wombat, smile at a crocodile or wrap a python around your neck. Animal talks and feedings occur throughout the day.

Museum of Tropical Queensland

The Museum of Tropical Queensland tells the story of the HMS Pandora, the ship sent by British Admiralty to capture the Bounty and her mutinous crew. The Museum also hosts visiting displays and touring exhibitions.

Reef HQ Aquarium

Reef HQ Aquarium is the world's largest living coral reef aquarium and national education centre for the Great Barrier Reef. Reef HQ Aquarium provides a Great Barrier Reef experience through education and entertainment. The Reef HQ Aquarium Turtle Hospital cares for and rehabilitates sick and injured marine turtles.

Jezzine Barracks

Jezzine Barracks holds special significance for the people of Townsville and the military personnel who have served there. The Barracks have been completely redeveloped and includes a costal path with magnificent views of Cleveland Bay and Magnetic Island, with disability access to Kissing Point headland. A new walkway connects the Strand with Pallarenda beach and interpretive facilities, waypoints and lookouts feature to showcases the rich Indigenous and military history in the area.



Botanic Gardens

Anderson Gardens is the largest botanic garden in Townsville, covering 25 hectares. Located in Mundingburra, the gardens contain tropical trees, palms, Pandanus and the World Cycad Collection.

Established in 1870, Queens Gardens are the oldest Botanic Gardens in Townsville. Covering four hectares, the Gardens are set against Castle Hill, offering a quiet, cool retreat from the nearby city centre. The emphasis of the current plant collection is on colonial ornamental plants with colourful, attractive flowers, foliage and fruit.

The Palmetum is a 17-hectare Botanic Garden displaying one of the largest and most diverse public collections of palms in the world. It has a range of habitats to suit flora originating from the dry tropics through to the wet tropic lowlands.

PLACES TO GO AROUND TOWNSVILLE

Magnetic Island

Magnetic Island is 8km from the mainland and features uncrowded beaches, coral reefs, wildlife and a community atmosphere. The island is 20 minutes from the city centre by regular, fast cat ferries. Two thirds of Magnetic Island is National Park with secluded but easily accessible bays and beaches. The Island has nearly 25 kilometres of walking tracks through protected national parks. The island comprises self-contained accommodation as well as backpacker hostels. There is a range of activities available including boat trips, guided tours, water sports, golf, diving expeditions, jet skiing, great fishing, horse riding and car hire.

Palm Island

Located 65kms northwest of Townsville, Palm Island is the traditional country of the Manbarra people and more recently, home of the Bwgcolman tribal people. Palm Island's assets include its unique Indigenous heritage and its location within the World Heritage listed Great Barrier Reef Marine Park. The waters of the area have aquaculture potential, such as for pearl and sea sponge farming. The area is also a renowned wild fishery for mackerel and coral trout.

Hinchinbrook Island

Hinchinbrook Island is North Queensland's largest national park island, with the neighbouring channel home to an impressive collection of marine life including dugong and green sea turtles. The Thorsborne Trail is 32kms of mountainous tropical terrain. The island is located just over 100km north of Townsville. Wallaman Falls in the Girringun National Park is Australia's highest, permanent single drop waterfall at almost 300m. The estuarine waterways are a haven for those who like fishing. The area is also close enough to the reef for game fishing, with many charter companies offering day trips.

Orpheus Island

Orpheus is part of the Palm Group of Islands located 110kms north of Townsville. This Island offers secluded, sheltered bays, reefs great for sailing and snorkelling and a resort.

For further tourism information on Townsville, see the following websites:

- Townsville North Queensland W: townsvillenorthqueensland.com.au
- Queensland Holidays W: queenslandholidays.com.au
- Townsville Local Tourism Network W: townsvilleinfo.com
- Townsville Airport W: townsvilleairport.com.au
- Trip Advisor W: tripadvisor.com.au
- Discover Australia W: discoveraustralia.com.au

Townsville Information

ACCOMMODATION

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

- Rydges Southbank Townsville, 23 Palmer Street, T: +61 7 4726 5265
- Ibis Townsville, 12 14 Palmer Street, T: +61 7 4753 2000
- Grand Hotel Townsville, 8 –10 Palmer Street, T: +61 7 4753 2800
- Oaks Gateway on Palmer, 2 Dibbs Street, T: +61 7 3246 1782
- Park Regis Anchorage, 51 Palmer Street, T: +61 7 4722 6200
- Quest Townsville, 30-34 Palmer Street, T: +61 7 4726 4444

MONEY

There are several banks and 24hr ATMs located around Townsville, including in Palmer Street. For up-to-date information about exchange rates, see www.xe.com.

CLIMATE

Townsville has a tropical climate and less rain than other tropical areas. During LIME Connection VI, expect mostly fine weather, warm days and cool nights. In August there is an average high of 26°C, an average low of 13°C, and relatively little rain.

For Townsville weather forecasts, visit W: bom.gov.au/qld/townsville/

GETTING AROUND IN TOWNSVILLE

Airport Shuttle

The Airport Shuttle operates from the Arrivals Hall near the luggage carousels. The shuttle travels to Sealink Magnetic Island Ferry Terminal and meets all ferry departures and arrivals as well as most Townsville City hotels. For more information contact:

T: +61 7 4728 5078, M: +61 422 240 225, E: admin@townsvilleairportshuttle.com.au

Buses

Sunbus operates throughout Townsville and surrounds. You can buy tickets on the bus. A bus timetable can be viewed at W: sunbus.com.au.

Car Hire

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

- AVIS T: + 61 7 4725 6522
- Budget T: + 61 7 4725 2344
- Hertz T: +61 7 4775 4821
- Europcar T: +61 13 13 90
- Thrifty T: +61 7 4725 4600

Parking within easy reach of the city should be easy to find, including off-street parking close to the commercial area or metered parking spots along city streets. Some hotels will offer complimentary parking.



Taxis

Taxis are available throughout Townsville and its surrounds. Taxi ranks can be found at Townsville Airport and outside Rydges Southbank Townsville in Palmer Street. You can call direct to book a taxi or request one at your hotel reception.

Taxi pricing is charged by meter, expect to pay around AU\$25.00 for a trip between Townsville Airport and the CBD district. Please note there is an AU\$3.00 Airport Toll that the passenger pays on top of their fare when catching a taxi from the airport.

Contact: T: 131 008, W: www.tsvtaxi.com.au.

MEDICAL SERVICES

The closest medical centres to the CBD are:

- For emergencies call T: 000
- The Townsville Hospital, 100 Angus Smith Drive, Douglas, T: +61 7 4433 1111
- Mater Hospital Pimlico, 21-37 Fulham Road, Pimlico, T: +61 7 4727 4444

Chemists are located in Stokes Street (over the bridge from Palmer Street).

Venues, Culture, Art and Entertainment

Monday 10 August 2015

PALM ISLAND PRE-CONFERENCE VISIT

7:00AM - 5:00PM Meet at: Rydges Southbank Townsville 23 Palmer Street, 7:00am.

A pre-conference visit to Palm Island will take place on Monday 10 August, for those who have pre-booked with their conference registration. A bus will leave from Rydges Southbank at 7:15am and will take all participating delegates to the ferry terminal for an 8:00am departure. The ferry to Palm Island takes approximately 90 minutes. The ferry will return to Townsville at 5pm. The fee for the Palm Island visit will be used to cover catering and transport costs, with any excess funds donated to the Palm Island community.

Activities will include a presentation on the history of Palm Island (Lynore Geia); community presentations from health services and schools; splitting into groups to visit various health services, undertake a yarning circle or participate in a walking tour run by Deniece Geia and Lawrence and Veronica Coutts, a market with stalls selling various artwork, crafts, and food, as well as a history tour.

Note that there are two ATMs on the Island, but we recommend delegates bring cash where possible. Morning tea, lunch and afternoon tea will be provided.

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

The local groups on Palm Island are the Manbarra and the Bwgcolman Peoples.

Please see the Timetable document for further information on the Palm Island visit.

Presenter:

Dr Lynore Geia, Senior Lecturer, Nursing, Midwifery and Nutrition, Division of Tropical Health and Medicine, James Cook University

Lynore is an Aboriginal and Torres Strait Islander, a Bwgcolman woman born and raised on the Aboriginal community of Palm Island, off the coast of North Queensland, Australia. Palm Island was a forced Aboriginal community (1918–early 1980s) under government legislation, now home to the Manbarra and Bwgcolman people. Lynore is a mother to three young men, and is a registered nurse and midwife, graduating with a Doctor of Philosophy in 2012. Lynore currently works as Senior Lecturer and Researcher in Nursing, Midwifery and Nutrition at James Cook University, Townsville. Lynore believes reconciliation between Aboriginal Australia and colonial Australia is crucial in all levels of government, governance and practice, and can be particularly meaningful and effective through forging individual relationships, learning and gaining understanding, forgiveness and building together, recognising and valuing the two. Lynore has carried a passion for working with community towards strategies to support and strengthen Aboriginal and Torres Strait Islander families. Lynore's work encompasses being a voice of advocacy at community and government level for her people.



Tuesday 11 August 2015

CONFERENCE VENUE – JAMES COOK UNIVERSITY

7:45AM - 5:00PM Meet at: Rydges Southbank Townsville 23 Palmer Street, 7:45am.

Buses will leave for James Cook University at 8:00am from the front of Rydges Southbank, returning at 5:00pm and 6:00pm. For those driving, please see map on page 25.

See the abstracts program and conference timetable for further details.

Welcome to Country: Welcome to Country will be performed by representatives from the Bindal and Wulgurukaba Peoples. The welcome session will include dances and music from local Aboriginal and Torres Strait Islander groups.

Dance Groups: Komet Torres Strait Islander Art and Culture and Wulgurukaba Walkabouts Dancers will perform during the Welcome Session.

Komet is the name of one of the eight tribes of Mer Island in the Torres Strait, which is the origin tribe of the Day Family. The Day family are a Torres Strait Islander Family Group based in Townsville, who preserve, maintain and promote traditional Meriam Torres Strait Islander Culture through dance performances, arts and craft and traditional catering. This knowledge has been passed down from generations of Meriam Elders of Mer Island. The Group's founder Mr Aicey Day has been instructing and demonstrating Meriam Culture in Townsville since 1990 and has passed cultural knowledge onto his children, who have been performing since they started walking. Mer Islands (or Murray Island) is situated in the Eastern Regions of the Torres Strait Islands and consists of three islands; Mer, Dauar and Waier. The Meriam People have maintained their traditional culture; song and dance remains an integral part of island life.

<u>Wulgurukaba Walkabouts Dancers</u> started dancing together in 1999 and their group includes dancers who range in age from 8-30 years old. They have danced at many events, including for all levels of government – local, state and federal, as well as at the National Native Conference 2012 in Townsville. Wulgurukaba is the language name for canoe people from the Townsville / Magnetic Island area, and the Walkabouts part of the group name represents the dancers that are not traditional owners from the Townsville / Magnetic Island area.

Catering: Eddie Savage will prepare a traditional Torres Strait Islander lunch, in a Kupp-Murri pit dug on site for this event.

Speaker gifts: Speaker gifts have been designed and created by artists from Bwgcolman Aboriginal Arts Corporation.

Keynote Speaker gifts: Keynote speaker gifts have been designed and created by Toby Cedar (CDA Balas Designs).

LAUNCH: ANTON BREINL RESEARCH CENTRE FOR HEALTH SYSTEMS STRENGTHENING 5:00PM – 6:00PM Courtyard, Medicine and Dentistry, James Cook University

Please join in celebrating the official launch of the Anton Breinl Research Centre for Health Systems Strengthening, following the first day of LIME Connection VI. Light refreshments will be served and a bus will return delegates to town at 6:00pm. The Research Centre brings together a multidisciplinary team of medical, nursing, public health and allied health researchers to build on James Cook University's strong record of rural, remote, Indigenous and tropical health research. The Centre will progress a highly collaborative program of translational research with a strong social justice focus, addressing issues of high importance and relevance to tropical communities. The Centre aims to progress health equity in partnership with Aboriginal peoples and Torres Strait Islanders, rural and remote populations, tropical populations in neighbouring countries and other underserved groups.

Venues, Culture, Art And Entertainment

Wednesday 12 August 2015

CONFERENCE VENUE – RYDGES SOUTHBANK TOWNSVILLE CONVENTION CENTRE 8:30AM – 4:05PM 23 Palmer Street. Townsville

See the abstracts program and conference timetable for further details.

LIME CONNECTION DINNER AND LIMELIGHT AWARDS - QUAYSIDE TERMINAL 5:45PM - 11:30PM Meet at: Rvdges Southbank Townsville 23 Palmer Street. 5:45pm.

5:45PM - 11:30PM Meet at: Ryages Southbank Townsville 23 Patmer Street, 5:45pm.

Delegates are asked to make their way to Rydges Southbank Townsville by 6:00pm to board buses to the venue for a 6:30pm start. The Quayside Terminal is approximately ten minutes' drive from Rydges Southbank. Busses will return from 9:30pm onwards. Note that alcoholic drinks can be purchased via a cash bar during the night.

Masters of Ceremonies:



Priscilla Page, James Cook University: Priscilla is a descendant of Waanyi and Kalkadoon groups in the Gulf of Carpentaria and North West Queensland. She has worked in improving health and well-being for Aboriginal and Torres Strait Islander people over many years, being involved in a range of health programs within the community, including development of Connect 'n' Grow, Indigenous Health - Growing Your Own project in North Queensland. She delivers Aboriginal and Torres Strait Islander cultural knowledge/learning to medical students at James Cook University and supports medical students on placement in rural and remote communities with high populations of Aboriginal and Torres Strait Islander people.



Shaun Solomon, James Cook University Mount Isa Centre for Rural and Remote Health: Shaun was appointed Head of Indigenous Health at the Mount Isa Centre for Rural and Remote Health (James Cook University) in 2012 and has held positions in the Office of Aboriginal and Torres Strait Islander Health (Department of Health and Ageing). He is affiliated with the Birri and Ewamain peoples of Northern Queensland. Shaun graduated from Sydney University (Graduate Diploma in Indigenous Health Promotion) and is a graduate and fellow of the Australian Rural Leadership Foundation. Shaun is a member of the Australian Health Promotion Association Indigenous Working Party Queensland Branch and is the current Chairperson of the Mount Isa Aboriginal

Community Controlled Health Service. His interest includes supporting Aboriginal Health Workers, chronic disease care and rural and remote health in outback Queensland

Music: The LIME Connection dinner will include music from local Aboriginal performers.



DJ Dubal-U: Dwayne Wyles is a wolgammay/girramay descendant from Ingham and surrounding areas. He has worked in the Townsville/Thuringowa area for over five years, and as DJ Dubal-U, has brought his unique sounds to dance floors throughout Queensland. His captivating sound blends genres of body-rockin' music; from classic hip hop to funk, R&B, soul, reggae, Island hits, '80s pop and rock. With his style, fierce determination, and golden touch on the wheels, DJ Dubal-U has performed and spun alongside renowned artists and selectors including Astro Black, DJ Jay Tee (Last Kinnection), DJ Returnagain (Impossible Odds), DJ J Funk (Black Wall Street), Yung Warriors (Obese Records), Mau Power, Indigenous Intrudaz, Pharaoh Monch and Jessica Mauboy. You can find DJ Dubal-U

on Facebook, Twitter and Soundcloud.



LIMElight Awards

The 2015 LIMElight Awards will be presented during the LIME Connection dinner. The awards recognise the significant and outstanding work of staff, students and medical schools in the teaching and learning of Indigenous health in medical education, as well as Indigenous student recruitment and support. These awards acknowledge innovative programs or initiatives which address critical issues, bring people together collaboratively and implement innovative solutions.

Award Categories:

- Leading Innovation in Indigenous Health Curriculum Implementation;
- Leading Innovation in Indigenous Student Recruitment Support and Graduation;
- Leading Innovation in Community Engagement;
- LIMElight Leadership Award for Outstanding Leadership by an Individual;
- LIMElight Student Award.

LIMElight Awards Presenters: Alf Lacey, Mayor, Palm Island Aboriginal Shire Council



Gracelyn Smallwood, James Cook University: Gracelyn is a Professor and Aboriginal leader with experience as a nurse, midwife and human rights activist. She completed a certificate in Indigenous mental health, Master of Science (Public Health), and PhD thesis. In 2007 she received the Deadly Award for Outstanding Achievement in Indigenous Health and an Australia Medal for service in public health. In 2013 Gracelyn received the United Nations Association of Queensland Award for contribution to public health and education. She served on Harvard University's editorial board for Health and Human Rights, and in 2014 was NAIDOC Person of the Year.

Trophies: The LIMElight Awards have been designed and created by artists from the Bwgcolman Community School, Palm Island. We thank the Bwgcolman Community School Secondary Industrial Technology and Design staff; Mr Murray Griffin HOD Secondary, Mr Gary Huxley and Mr Nathan Vaughan.

Venues, Culture, Art And Entertainment

Thursday 13 August 2015

CONFERENCE VENUE - RYDGES SOUTHBANK TOWNSVILLE CONVENTION CENTRE 8:30AM - 4:30PM 23 Palmer Street. Townsville

See the abstracts program and conference timetable for further details.

CLOSING EVENT - TOWNSVILLE YACHT CLUB

5:00PM - 6:30PM 1 Plume Street, Townsville

Following the final session of the conference, delegates are asked to make their way to the Closing Event for drinks and entertainment. The event will be held at the Townsville Yacht Club, located a short 3 minute walk from Rydges Southbank Townsville in Palmer Street. Connection delegates will have sole use of the deck, which overlooks the marina.

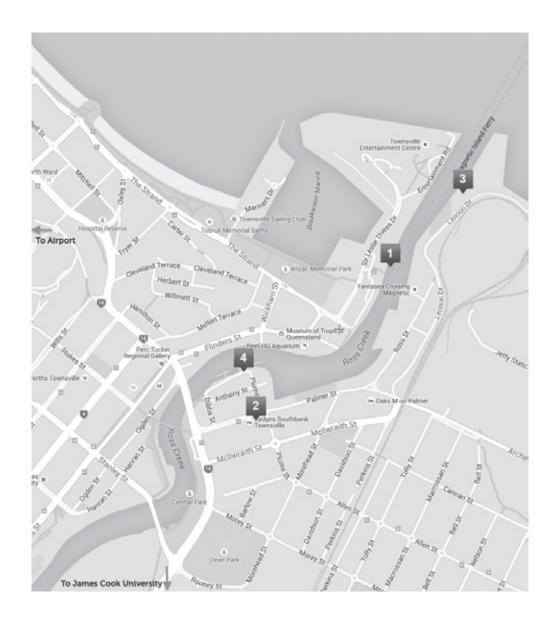


Music - Jacqueline Kosanovic: Jacqueline, of the Djaku-nde and Jangerie-Jangerie tribe and a local from Townsville, has had a love of singing and performing her entire life, participating in local musicals and performance from nine years old. Her knowledge of contemporary singing began under the mentoring of Tracey Osmond at The Voice Singing School when she was 11. The many opportunities to perform with The Voice encouraged her fondness of entertaining and she soon also found a passion for playing guitar and piano at live gigs in her duo. After nine years of vocal training and studying Vocal Pedagogy under Tracey, Jacqueline became a teacher at The Voice Singing School, helping others enjoy the gift of singing and performing.

Please note: the above activities, excluding the pre-conference Palm Island visit, are included in the registration fee.

Venue Maps

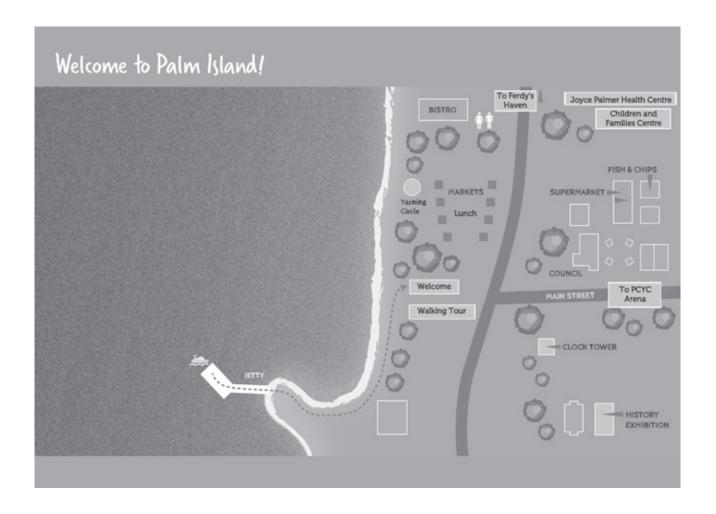
TOWNSVILLE VENUES - OVERVIEW



- 1. **Ferry Terminal** Palm Island Pre-Conference Visit SeaLink QLD Breakwater Terminal, Sir Leslie Thiess Drive
- 2. **Rydges Southbank Townsville Convention Centre** Conference (Wednesday/ Thursday) 23 Palmer Street
- 3. Quayside Terminal LIME Connection VI Dinner Venue, Lennon Drive
- 4. **Townsville Yacht Club** Closing Event Venue, 1 Plume Street

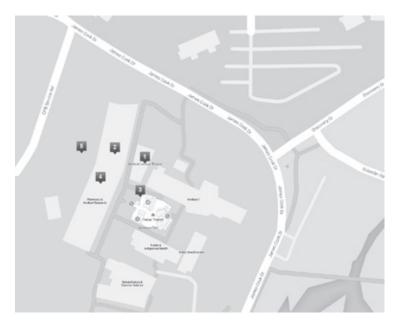
PALM ISLAND PRE-CONFERENCE VISIT – MONDAY

PALM ISLAND



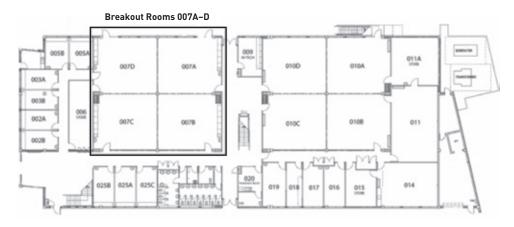
Conference Venue -Tuesday

JAMES COOK UNIVERSITY



- 1. Building 45: Medical Theatre, Room 002, Plenary Room
- 2. Building 46: Room 007 A-D, Breakout Rooms
- 3. Lunch Servery, catering
 - Anton Breinl Research Centre for Health Systems Strengthening Launch
- 4. Undercover area, catering
- 5. Kupp-Murri pit where the traditional Torres Strait Islander lunch will be prepared

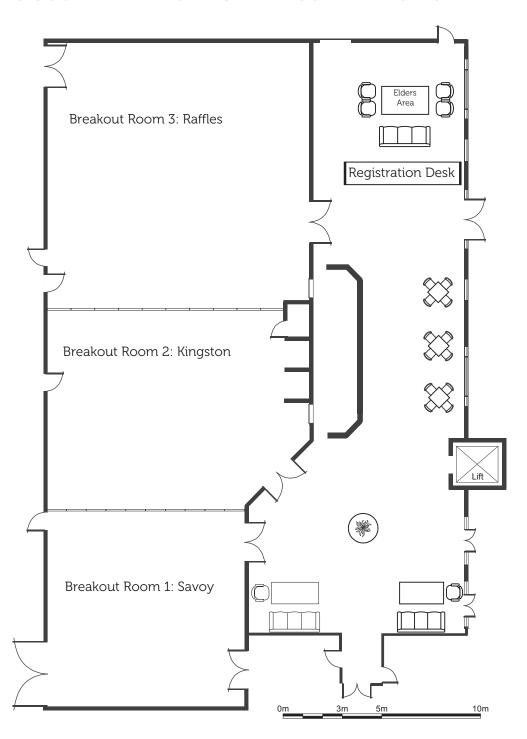
BUILDING 46 - BREAKOUT ROOMS 1-3



• Breakout Rooms 1-3 are located in Rooms 007A-D - Ground Floor, Building 46

Conference Venue – Wednesday and Thursday

RYDGES SOUTHBANK TOWNSVILLE CONVENTION CENTRE



LIME Connection VI Dinner - Wednesday

RYDGES SOUTHBANK TOWNSVILLE TO QUAYSIDE TERMINAL TOWNSVILLE – 10 MINUTES DRIVE



- (A) Rydges Southbank, Townsville 23 Palmer Street, South Townsville
- (B) Quayside Terminal, Townsville Lennon Drive, South Townsville

Closing Event -Thursday

RYDGES SOUTHBANK TOWNSVILLE TO TOWNSVILLE YACHT CLUB – 3 MINUTES WALKING



- (A) Rydges Southbank Townsville 23 Palmer Street, South Townsville
- (B) Yacht Club Marina
 1 Plume Street, Townsville City

Abstracts and Presenters Biographical Notes

Tuesday 11 August

Session: Welcome, Tuesday

Chair: Richard Murray

9-10:15am at James Cook University, Medical Theatre, Building 45, Room 002

Welcome to Country

Welcome to Country will be performed by representatives from the Bindal and Wulgurukaba Peoples. The welcome session will include dances and music from local Aboriginal and Torres Strait Islander groups.

James Cook University Welcome



Presenter:

Professor Richard Murray, Dean, College of Medicine and Dentistry, James Cook University

Richard is the Dean of the College of Medicine and Dentistry, James Cook University, and a member of the National Ice Taskforce. His career focus is public health, tropical medicine, and underserved populations such as Aboriginal and rural peoples. Richard has been President of the Australian College of Rural and Remote Medicine and Chair of the Federation of Rural Australian Medical Educators. Richard worked for 14 years

in the Kimberley, Western Australia, including 12 years as the Medical Director of the Kimberley Aboriginal Medical Services Council, which included clinical, population health, teaching, research and medical administration and management roles.

Medical Deans Australia and New Zealand Welcome

The LIME Network is a program of Medical Deans Australia and New Zealand, supported by financial assistance from the Australian Government Department of Health.

Presenter:



Professor Nicholas Glasgow, Dean, Medicine & Health Sciences, Australian National University

Nicholas is the President of Medical Deans Australia and New Zealand. A graduate of the University of Auckland, Nicholas is a general practitioner and palliative medicine specialist. He has held academic appointments at the University of the United Arab Emirates, the University of Sydney and The Australian National University. His doctoral thesis examined the interface between primary and secondary care in a rapidly developing country. Nicholas is recognised as an excellent teacher, primary health care

researcher and leader within primary health care, university and administrative settings.



Presentation: Human rights and first Australians' well-being

Author:

Professor Gracelyn Smallwood, Adjunct Professor, Division of Tropical Health and Medicine, James Cook University

Abstract:

Introduction: This paper is a defence of the Human Rights agenda in Indigenous health. Through a consideration of the non wellbeing of Indigenous Australians and unfolding of a personal narrative of my family, I am to represent what has happened to so many Indigenous families.

Discussion: Through a critical engagement with dominant intellectual positions I argue that many current day Indigenous experts and intellectuals have to a great extent colonised what passes for common sense in mainstream Australia. As such, their work calls for a measured reply and an unpacking of their positions through an analytical and reflective lens that draws on a number of case studies, some well known, even notorious and others, like the health intervention-horror story of my late nephew Lyji Vaggs. I could of course have chosen many more from our history, for truly it is littered with the wreckage of Indigenous lives and hopes, and it should be known amongst the many in the medical and health education sector why the suffering of all Indigenous people is not forgotten by me and my fellow activists.

Conclusion: I will conclude with a hope for a better Australia, one where reconciliation between Indigenous and non-Indigenous Australians is based on a full recognition of the rights of First Australians.

Presenter:



Professor Gracelyn Smallwood, Adjunct Professor, Division of Tropical Health and Medicine, James Cook University

Gracelyn is a Professor and Aboriginal leader with experience as a nurse, midwife and human rights activist. She completed a certificate in Indigenous mental health, Master of Science (Public Health), and PhD thesis. In 2007 she received the Deadly Award for Outstanding Achievement in Indigenous Health and an Australia Medal for service in public health. In 2013 Gracelyn received the United Nations Association of Queensland Award for contribution to public health and education. She served on Harvard

University's editorial board for Health and Human Rights, and in 2014 was NAIDOC Person of the Year.



Session: Keynote Address, Tuesday

Chair: Jacinta Elston

10:45-11:45am at James Cook University, Medical Theatre, Building 45, Room 002

Presentation:

Embodying race and encountering racism: cultural safety FOR Indigenous educators

Author-

Dr Chelsea Bond, Senior Lecturer, Oodgeroo Unit, Queensland University of Technology

Ahstract.

"You have to recognise the strong emotional ideological commitments people have to positions about race – this isn't an area where people think they know things but is very strongly charged emotionally and this fact has to be recognised and brought out" (Hall, 1983, 259-260). The Indigenous educator plays a critical role in embedding Indigenous perspectives and knowledges within the health sciences curriculum. We make a tremendous contribution personally, culturally and intellectually to the institutions in which we are employed, however our location as "the subject of inquiry and mode of instruction" (Hart, 2003, 15), is not entirely unproblematic. Our presence in the teaching and learning environment is a new frontier in which Indigenous bodies, knowledges and perspectives are encountered for the first time. These encounters can indeed be hostile, thus creating a culturally unsafe work environment for the Indigenous educator.

According to Williams (2008), cultural safety is defined as "an environment that is spiritually, socially and emotionally safe, as well as physically safe for people; where there is no assault, challenge or denial of their identity, of who they are and what they need". In teaching 'cultural safety' as a concept for our students, we require them to engage with and reflect upon their own cultural values, beliefs and assumptions, thus attempting to disrupt their "emotional ideological commitments" to race, ethnicity and Indigeneity. This task requires us to teach about the concepts of race, racism and whiteness, yet at the same time these concepts are operationalised within the teaching and learning environment, and most significantly for the Indigenous educator who embodies those imaginings. This presentation reflects upon the challenges inherent within this task from the perspective of an Indigenous educator and explores culturally safe Indigenous pedagogies developed as part of an Office of Learning and Teaching Fellowship undertaken across a number of Australian universities.

References: Hall, S (1983). Teaching Race. Early Child Development and Care, 10(4), 259-274; Hart, V (2003). Teaching black and teaching Back. Social Alternatives, 22(3), 12-16; Williams, R (2008). Cultural Safety – What does it mean for our work practice? Australian and New Zealand Journal of Public Health, 23(2), 213-214.



Presenter:



Dr Chelsea Bond, Queensland University of Technology

Chelsea is an Aboriginal (Munanjahli) and South Sea Islander Australian and a Senior Lecturer and Academic Advisor with the Oodgeroo Unit at Queensland University of Technology. Dr Bond has worked as an Aboriginal Health Worker and researcher in Indigenous communities across southeast Queensland for over 15 years.

Dr Bond's research has focused on interpreting and privileging Indigenous experiences of health and the health care system including critically examining the role of Aboriginal health workers, the narratives of Indigeneity produced within public health, and advocating for strength based community development approaches to Indigenous health promotion practice. Her PhD research, which examined the disjuncture between Indigenous and public health narratives of identity in an urban Aboriginal community, was awarded a Dean's Commendation for Academic Excellence placing her among the top ten per cent of her graduating year. Dr Bond has published a number of papers in relationship to strength-based health promotion practice, Indigenous social capital, racism and the conceptualisation of Aboriginality within public health. Dr Bond is an Australian Learning and Teaching Fellow, and an associate member of the National Indigenous Research and Knowledges Network.

Tuesday 11 August

Session: Knowledge Systems, Social Justice and Racism in our Institutions Panel

Chair: Shaun Ewen

11:45–1:00pm at James Cook University, Medical Theatre, Building 45, Room 002

Presentation:

Knowledge systems, social justice and racism in our institutions

Session Outline:

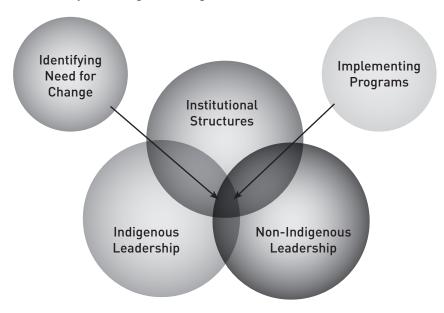
The Knowledge Systems, Social Justice and Racism in our Institutions Panel will explore the intersection between differing ways of being and doing: institutional structures, Indigenous leadership and non-Indigenous leadership, in furthering Indigenous health education.

The panel will discuss the critical importance of this intersection in relation to identifying needs and responsibility for institutional change, and implementing successful Indigenous health teaching and learning programs.

The panel will bring together faculty leaders with varying roles: those who have direct responsibility for implementing Indigenous health education, and those for which implementation is outside of the direct purview of their leadership role.

The session, which references previous senior leadership panels at LIME Connection IV (2011) and V (2013), will focus on a strengths-based, stimulating, and possibly provocative discussion within a safe environment for debate.

Intersections Between Ways of Being and Doing





Presenters:



Dr Catherine Cook, Associate Dean, First Nations, Metis, and Inuit Health, College of Medicine, University of Manitoba

Catherine has a joint role with the University of Manitoba as the Associate Dean, First Nations, Métis and Inuit Health, College of Medicine, and the Winnipeg Regional Health Authority as Vice-President of Population and Aboriginal Health. She is involved in teaching, student support, and research at the College of Medicine, University of Manitoba. Catherine practiced as a family physician in remote northern nursing stations before focusing on public health practice. She has held a range of positions including

Associate Director of the J.A. Hildes Northern Medical Unit; Regional Director of Health Programs for First Nations and Inuit Health, Manitoba Region; and various other roles.



Professor Annemarie Hennessy, Dean, School of Medicine, University of Western Sydney

Annemarie was Foundation Chair and is the current Dean of the School of Medicine, University of Western Sydney. She is a Renal Physician and Fellow of the Royal Australian College of Physicians with a research interest in hypertension and hypertension in pregnancy. She holds a Bachelor of Medicine and Bachelor of Surgery from the University of Queensland, a PhD from the University of Sydney and an MBA from the Australian Graduate School of Management. Annemarie has held positions in

hospital management, clinical service delivery planning, and workforce and vocational training, including past Chair of the Health Education and Training Institute.

Professor Richard Murray, Dean, College of Medicine and Dentistry, James Cook University See page 29



Associate Professor Papaarangi Reid, Tumuaki, Head of Department, Te Kupenga Hauora Māori, The University of Auckland

Papaarangi (Te Rarawa) is a graduate of the University of Auckland in science and medicine and is a specialist in Public Health Medicine. She is Tumuaki (Deputy Dean Māori) for the Faculty of Medical and Health Sciences and Head of Department for Te Kupenga Hauora Māori. A leading Māori health researcher and advocate, she was named the Public Health Champion of 2007 by the Public Health Association of New Zealand. Papaarangi's research interests include analysing disparities between Indigenous and

non-Indigenous citizens as a means of monitoring government commitment to Indigenous rights.

Tuesday 11 August

Session: Networks

Chair: Donald Whaleboat

2-3:15pm at James Cook University, Building 46, Breakout Room 1

Presentation:

International Indigenous academic health network

Authors:

Dr Catherine Cook, Associate Dean, First Nations, Metis, and Inuit Health, College of Medicine, University of Manitoba

Dr Marcia Anderson DeCoteau, Assistant Professor, Section Head for the Section of First Nations, Metis, and Inuit Health, College of Medicine, University of Manitoba

Dr Martina Kamaka, Associate Professor, Department of Native Hawaiian Health, John A. Burns School of Medicine, University of Hawaiia t Mānoa

Dr Dee Ann Carpenter, Assistant Professor, Department of Native Hawaiian Health, John A. Burns School of Medicine, University of Hawaiia t Mānoa

Additional Authors: Dr. Noel Hayman, Dr. Papaarangi Reid, Dr. Suzanne Pitama, Dr. Gayle Chacon

Abstract:

Introduction: The International Indigenous Health Network comprises academics and health professionals engaged in Indigenous medical education, clinical service and/or health research from Australia, Canada, Hawaii, and Aotearoa/New Zealand. The Network will facilitate student and faculty exchange programs between partner universities in three areas: medical education, including clinical skills training and curriculum development; health research and research capacity building; and health services, including health promotion. The Network will develop worldwide linkages among academic health programs to stimulate knowledge creation and mobilisation in cultural competency. The network identified as their needs: equitable representation of Indigenous physicians in the healthcare system and in faculty positions; resources to prepare Indigenous students for health careers; community engagement in medical education, health care and research; Indigenous control of research agendas and; the opportunity/ability to nurture the academic careers of Indigenous doctors.

Method: Network partners have been working together to set up the foundation of the network, to develop the structure and processes for exchanges, and to plan for future sustainability of the Network.

Results: The Network has identified goals and strategic directions that will guide development of its structure and activities.

Discussion: Building a foundation that is 'safe' culturally will help ensure faculty and student exchanges are enriching for staff, students and patients. Defining and measuring effectiveness of network activities to advance cultural competency will form an important part of evaluation. Once students and faculty are enrolled in the program there will be pre and post evaluations for students, faculty, and institutions. Annual reports will also be required of each partner institution.

Conclusion: The Network would now like to kick off the opening of this program by sharing the story of development of the program and information on how to become involved. The Network will advance universities' contribution to improved Indigenous health and wellbeing through the promotion of authentic engagement with Indigenous patients, students, faculty, providers, families, communities and Nations.

Presenter: Catherine Cook, University of Manitoba See page 33

Presentation:

Leaders In Indigenous Nursing and Midwifery Network

Author

Ms Janine Mohamed, CEO, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives

Abstract:

Introduction: In our presentation we will tell you about the journey of The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), particularly the work we have done connecting to schools of nursing and midwifery within universities over the last 18 months.

Method: 2014-15 is the second year of our five-year strategic plan. CATSINaM hosted a National Summit in October 2014 for nursing and midwifery peak bodies and educators to share knowledge and activity about cultural safety in the profession. The Summit explored the strengths and weaknesses of current work, and identify what needs to occur so we achieve increased understanding and shared commitment to cultural safety in the nursing and midwifery profession; enhanced recruitment and retention of Aboriginal and Torres Strait Islander nursing and midwifery students and graduates in the health workforce, and; better health outcomes for Aboriginal and Torres Strait Islander Australians through all nurses and midwives providing culturally safe services.

Results: Cultural safety is of central importance to CATSINaM, as we know how critical it is in closing the gap in the health workforce representation of Aboriginal and Torres Strait Islander Australians, and in both quality of life and life expectancy. A key focus is the recruitment and retention of Aboriginal and Torres Strait Islander students into the university system and the critical need for all health professionals to deliver culturally respectful health care to Aboriginal and Torres Strait Islander Australians.

Conclusion: The Summit explored ways to work together to achieve this work, including the establishment of a Leaders' in Indigenous Nursing and Midwifery Education Network (LINMEN). A steering group has been established to oversee the feasibility of establishing such a network including resources and funding sources and resources.

Presenter:



Janine Mohamed, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives

Janine is a proud Narrunga Kaurna woman from South Australia. Over the past 20 years she has worked in nursing, management, workforce and health policy, and project management in the Aboriginal and Torres Strait Islander health sector. Janine has spent much of those 20 years in the Aboriginal Community Controlled Health Sector at state and national levels and she has a passion for both increasing and supporting the Aboriginal and Torres Strait Islander health workforce. Janine has initiated and managed many Aboriginal and Torres Strait

Islander health workforce projects, including projects in workforce development and cultural safety.



Presentation:

National Aboriginal and Torres Strait Islander health curriculum framework for higher education

Authors:

Associate Professor Sue Jones, Director, Learning Design, Curtin Teaching and Learning, Curtin University

Ms Kate Taylor, Project Manager, Aboriginal and Torres Strait Islander Health Curriculum Framework, Curtin Teaching and Learning, Curtin University

Professor Dawn Bessarab, Director, Centre for Aboriginal Medical and Dental Health, The University of Western Australia

Associate Professor Marion Kickett, Director, Centre for Aboriginal Studies, Curtin University

Abstract:

Introduction: It is widely recognised that a culturally capable health workforce is vital if health services are to meet the health care needs of Aboriginal and Torres Strait Islander peoples. Higher education providers play a pivotal role in developing the cultural capabilities of the future health workforce. Embedding Aboriginal and Torres Strait Islander content across health curriculum is key to developing these capabilities. In 2013, Curtin University was contracted to develop a national Aboriginal and Torres Strait Islander Health Curriculum Framework to provide a model for implementing Aboriginal and Torres Strait Islander curriculum across health professional programs.

Method: The Framework was developed using a consultative, inclusive approach. Six workshops were held around Australia with a broad range of stakeholders who provided feedback and input. An online consultation process; interviews with key informants; case studies and desk-based research also informed development. Relationships/engagement with stakeholders from education, health, the Aboriginal and Torres Strait Islander community, and accreditation and regulatory bodies, has been integral to the process.

Results: The Framework includes a set of principles; graduate cultural capabilities; curriculum content; and assessment and learning outcomes, and is presented in a user-friendly package. The package includes guidelines to support higher education providers in implementing The Framework, and accreditation guidelines which suggest criteria that demonstrate Aboriginal and Torres Strait Islander curriculum is being delivered in line with (developing and improved) regulation standards.

Conclusion: Implementing Aboriginal and Torres Strait Islander curriculum has received considerable focus across indvidual disciplines and organisations, as well as from key networks such as LIME and CATSINaM. Increasing recognition of the importance of different health professions working together to provide culturally safe health care also calls for collaboration across health professions and a shared understanding of cultural capabilities required in service providers. The Framework is an inter-professional package that offers higher education providers with a tool to support effective implementation of Aboriginal and Torres Strait Islander curricula across health professional programs, while also providing individual health professions with a shared language and vehicle to support a more coordinated understanding of cultural capabilities required in the health workforce.

Presenters:



Sue Jones, Curtin University

Sue is Chair of the Australian Physiotherapy Council Accreditation Committee, Director of Learning Design and acting leader of 'Transforming Learning @ Curtin', Curtin University. As Dean of Teaching and Learning in Health Sciences, she spearheaded interprofessional education within health sciences curricula, and led the inclusion of a core first year unit on Indigenous Cultures and Health. One of her two Australian Learning and Teaching Council leadership grants focused specifically on intercultural academic leadership for teaching and learning in Indigenous culture and health. Sue leads the

Curtin project team in developing the Aboriginal and Torres Strait Islander Health Curriculum Framework.



Kate Taylor, Curtin University

Kate is a non-Indigenous woman with a Masters in International Health and an Advanced Diploma in Ayurveda. Kate has been working in Indigenous health, education and research for over 10 years. She has led an Aboriginal community-controlled health service research project, and been a research team member on projects aiming to improve cardiovascular health care for Indigenous people. She has lectured in Indigenous Cultures and Health at Curtin University and project managed a number of staff development initiatives aiming to develop teaching and cultural capabilities. Kate is

currently Project Manager of the Aboriginal and Torres Strait Islander Health Curriculum Framework project.



Dawn Bessarab, The University of Western Australia

Dawn is an Aboriginal woman of Bard (West Kimberley) and Yjindjarbandi (Pilbara) descent who is a Professor and the Director of the Centre for Aboriginal Medical and Dental Health at the University of Western Australia. Dawn is engaged in collaborative qualitative research addressing Aboriginal health issues. She is interested in Indigenous research methodologies, participatory action and translational research. She is actively involved in embedding Aboriginal knowledges into medical and social work curriculums in higher education. Dawn graduated with her PhD in 2007, both presenting and

publishing her work, and is a highly regarded senior social worker and researcher.



Marion Kickett, Curtin University

Marion is a Noongar woman from the Balardong language group, and is currently an Associated Professor and Director of the Centre for Aboriginal Studies at Curtin University. She has a nursing background and has worked extensively in education, teaching for over 17 years. She has an Honours in Aboriginal health and community development and recently gained her PhD, which investigated why some Aboriginal people are more resilient than others. Marion has coordinated the Indigenous Health and Cultures unit, she was a core research member of the Aboriginal Health, Education

and Research Unit, and she is acting Director of Marr Mooditj Aboriginal Health Training College.

Presentation: The LIME Network as a community of practice

Authors:

Professor Shaun Ewen, Director, Melbourne Poche Centre for Indigenous Health, The University of Melbourne Ms Odette Mazel, Research Fellow and Program Manager, The LIME Network, The University of Melbourne

Abstract

Introduction: The Leaders in Indigenous Medical Education (LIME) Network aims to improve the quality and effectiveness of Indigenous health in medical education as well as best practice in the recruitment and graduation of Indigenous medical students. Since its establishment in 2005 it has operated as a community of practice to further knowledge and innovation in this important area of health care education reform.

Approach: With funding from the Australian Government through Medical Deans Australia and New Zealand, the LIME Network brings together medical educators, deans, students, health professionals, government representatives and community members to enable innovation; encourage knowledge transfer; support learning and leadership; and build social capital (Wenger, 2002). This is achieved through sharing, collaboration and building on the successes occurring in the field.



Outcomes: The LIME Network has grown from having 35 members in its early years to currently involving 1300 people and organisations. Outcomes of the project involve a number of activities and resources that build linkages, encourage peer support and collaboration, provide quality review mechanisms and evidence-based approaches, as well as access to professional development activities. The benefit of having a funded body to drive the Network activities and outcomes is demonstrated with member appreciation of program activities, outputs, events and for the social ties that these enable.

Discussion: By reflecting on the LIME Network as a community of practice, its contribution to the acceleration of sharing and learning in the field and as a mobilising force to enable innovation, can be better understood.

Conclusions: As a conduit through which members can unite, the LIME Network has developed as a strong bi-national voice to advocate for change and influence organisational advancement in an effort to improve the quality of health care provided to Indigenous people.

Reference: Wenger E, McDermott R, Snyder W. Cultivating communities of practice Boston: Harvard Business School Press, 2002.

Presenters:



Shaun Ewen, The University of Melbourne

Shaun is the Foundation Director of the Melbourne Poche Centre for Indigenous Health in the Faculty of Medicine, Dentistry and Health Sciences. He has held the position of Associate Dean (Indigenous Development) since its inception in 2010. In this role he was charged with working across the faculty to oversee the implementation of the Reconciliation Action Plan. Shaun has a clinical background in physiotherapy, and holds postgraduate qualifications in international relations and education. His area of research expertise relates to Indigenous health and health professional education.



Odette Mazel, The University of Melbourne

Odette is the Research Fellow and Program Manager for the Leaders in Indigenous Medical Education (LIME) Network. She works with the other members of the LIME Team to plan, implement and evaluate strategies to ensure the quality and effectiveness of teaching and learning of Indigenous health in medical education and curricula. Odette has a Bachelor of Law and Arts and has recently completed her Masters Degree. She has previously worked on the Agreements, Treaties and Negotiated Settlements Project with Professor Marcia Langton and others.

Session: Graduates and Clinicians

Chair: Cheryl Davis

2-3:15pm at James Cook University, Building 46, Breakout Room 2

Presentation:

Building Indigenous research capacity in health: mainstreaming interventions in capacity building

Authors:

Professor Jacinta Elston, Professor and Associate Dean Indigenous Health, Division of Tropical Health and Medicine, James Cook University

Professor Sarah Larkins, Associate Dean, Research, College of Medicine and Dentistry, James Cook University

Abstract:

Introduction: James Cook University's Division of Tropical Health and Medicine is committed to training health professionals to respond to priority health needs of rural, remote, Aboriginal and Torres Strait Islander and tropical populations. Research into priority health and health service problems is an important part of that mission. To be truly culturally responsive, Indigenous health research should be designed and lead by Indigenous researchers. Training these researchers in methods and skills is an often neglected aspect of Indigenous education. This presentation aims to discuss strategies used and challenges to be overcome in training Indigenous health researchers in north Queensland.

Methods: The National Health and Medical Research Council funded Building Indigenous Research Capacity project was established to develop a cohort of Indigenous health researchers at James Cook University through mentoring, support and development. This process was so successful that the Division adopted the model more broadly in their establishment of a Doctoral Cohort Research Program. Lessons from the Building Indigenous Research Capacity project about supporting Indigenous researchers have been transferred to a mainstream setting, in the Doctoral Cohort Program, now up to its eighth cohort of research scholars (both Aboriginal and Torres Strait Islander and non-Indigenous). Factors that were vitally important in the success of the Building Indigenous Research Capacity model include individualised coaching and mentoring; peer/cohort support (both within and between residential blocks); and intensive research skills training and development. The challenge of the Doctoral Cohort Program is to meet the specific cultural needs of, and respond to/support Indigenous knowledge systems.

Results: Building Indigenous Research Capacity project outcomes to date include; four PhD completions, five masters, and seven continuing PhD students. The Doctoral Cohort Program is continuing that effort with six Aboriginal and Torres Strait Islander students (three from the Building Indigenous Research Capacity project). Importantly, a number of students have been mentored into Higher Degree Research programs through Graduate Certificates.

Conclusion: Improving Indigenous participation in the health research community requires a focus on important factors including strong Indigenous leadership and input, divisional support for the process, and culturally competent and respected mentors committed to Indigenous self-determination.



Presenters:



Jacinta Elston, James Cook University

Jacinta is an Aboriginal and South Sea Islander woman from Townsville and has worked in higher education on Aboriginal and Torres Strait Islander health for 25 years. She is Professor of Indigenous health in the Division of Tropical Health and Medicine at James Cook University where she provides Indigenous leadership and strategic advice in Aboriginal and Torres Strait Islander health. Jacinta is currently member of Cancer Australia's Advisory Council and she has served on numerous local, state and national committees.



Sarah Larkins, James Cook University

Sarah is a General Practitioner and Associate Dean of Research at James Cook University College of Medicine and Dentistry. Much of her clinical and research experience is in the community controlled sector.

Presentation:

Nicheportal: the Indigenous health and cultural competency online portal, showcasing inter-college collaboration

Authors:

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

Ms Melanie Thiedeman, Rural and Indigenous Health Project Officer, Royal Australasian College of Surgeons Ms Simone Beyfus, Project Manager, Royal Australasian College of Surgeons

Abstract:

Introduction: Competency in Indigenous Health within Specialist Medical Colleges is a priority for the Australian Medical Council. Nicheportal was developed in partnership with Colleges and the Australian Indigenous Doctors' Association (AIDA) as a resource centre to support specialists to become more culturally competent in Aboriginal and Torres Strait health. It aims to build on undergraduate Indigenous Health medical curriculum, ensure specialty specific postgraduate vocational needs are met and reinforce the necessity for continuing education in Indigenous health.

Method: Nicheportal provides links to learning activities and resources accredited or approved by the Colleges. It encourages a multi-disciplinary approach to Indigenous health care through engagement with other professionals, formation of networks and communities of practice. Nicheportal is overseen by a multi collegiate steering committee. Evaluation is supported by monthly site visit data, online feedback from users, and partner feedback via surveys.

Results: Nicheportal went live in October 2013. It has delivered positive outcomes and highlighted practicalities and challenges of inter-agency collaboration. Identified strengths of the project are: a growing bank of cross-specialty educational and training resources, offering self-learning opportunities and materials for incorporation by colleges; the uniqueness of content; a combined specialty project allowing resources to be shared; highlighting of diversity in specialist medical curriculum and training environments; promotion of multi-disciplinary approaches, and; preparing Colleges for introduction of accreditation standards in

Indigenous health by the Australian Medical Council, by disseminating information on best practices. Identified weaknesses of the project are: users are sent offsite to access activities and resources, and; some activities (online modules) are only open to the membership of a particular College.

Conclusion: Nicheportal targets a select audience of the medical workforce who contribute to Aboriginal and Torres Strait Islander health outcomes. Innovation is required to attract and train more specialists into Aboriginal and Torres Strait Islander health. Portal content needs to be relevant to learning outcome of the target audience. A continuation of funding in 2015 will permit the creation of new content, with support from AIDA, and updating/enhancing the user experience and learning outcomes. Nicheportal is funded through the Commonwealth Government's Rural Health Continuing Education Program.

Presenter-



Simone Beyfus, Royal Australasian College of Surgeons

Simone has previously worked as a Project Manager on a national simulation project, a program to support the work of Indigenous kinship carers, and an Urgent Care Clinic to achieve emergency department diversion from a major public hospital. She is currently employed by the Royal Australasian College of Surgeons to improve Nicheportal - so that it becomes a valuable resource for specialists working in Indigenous communities and with Indigenous people. Simone has a Masters of Science degree from the University of Melbourne, for which she submitted a thesis into the reasons behind

chronic school absenteeism.

Presentation: Increasing the numbers of Aboriginal and Torres Strait Islander specialists

Authors:

Dr Tammy Kimpton, President, Australian Indigenous Doctors' Association

Professor Malcolm Hopwood, President, The Royal Australian and New Zealand College of Psychiatrists

Abstract:

Introduction: The aim of this presentation is to provide an overview on the Australian Indigenous Doctors' Association's Medical College partnership activities, with specific focus on the our work with, and the work of, the Royal Australian and New Zealand College of Psychiatrists (RANZCP). Aboriginal and Torres Strait Islander people are more likely to access, and will experience better outcomes from services that are respectful and culturally safe. Likewise, Aboriginal and Torres Strait Islander medical students and doctors are more likely to stay and thrive in learning and working environments that demonstrate cultural safety.

Method: In 2013, AIDA formalised a Collaboration Agreement with the Committee of Presidents of Medical Colleges (CPMC). This Collaboration Agreement provides the platform to build and strengthen practical relationships with Medical Colleges to increase the Aboriginal and Torres Strait Islander medical specialist workforce. It contributes to improving Indigenous health outcomes with a focus on medical specialist cultural competence and understanding of cultural safety. The Collaboration Agreement articulates the strong and sustainable commitment of AIDA and CPMC to work in partnership under a number of principles. These include mutual regard and respect; inclusive decision making processes, valuing each others' unique contributions and cultural safety for all people in all spheres, with an understanding of the issues for Aboriginal and Torres Strait Islander people.

Results: The RANZCP visibly demonstrate their commitment and leadership to Aboriginal and Torres Strait Islander health at all levels through active CPMC participation and senior leadership attendance at key events such as the AIDA Conference. This is backed up at a governance level through working groups, policy statements and strategic frameworks.



Discussion: This presentation will outline priorities under the Collaboration Agreement and examples of RANZCP strategies to develop Aboriginal and Torres Strait Islander pathways to fellowship. These include sponsorship opportunities for students and junior doctors to attend the RANZCP Congress, establishing mentoring, and student/junior doctor forums.

Conclusion: We look to advance opportunities to work in partnership which support the building of Aboriginal and Torres Strait Islander medical specialist workforce; culturally safe health service delivery; and improved health outcomes for Aboriginal and Torres Strait Islander people.

Presenters:



Tammy Kimpton, Australian Indigenous Doctors' Association

Tammy, a Palawa woman from the west coast of Tasmania, graduated from the University of Newcastle in 2003. Tammy has been actively involved in Aboriginal and Torres Strait Islander medical education and training issues for a number of years. She has been a member of the Australian Indigenous Doctors' Association since its inception and is a founding member of the Indigenous General Practice Registrars Network, with considerable involvement with Australian General Practice Training. Tammy is a mother of three and a partner in a private practice with visiting rights to Scott Memorial Hospital, Scone, New South Wales.



Malcolm Hopwood, The Royal Australian and New Zealand College of Psychiatrists

Malcolm is a Professor of psychiatry at the University of Melbourne and is based at the Albert Road Clinic in Melbourne. At the Clinic he is Director of the Professorial Psychiatry Unit, which specialises in the assessment and treatment of complex mood and anxiety disorders. His research areas of interest include psychopharmacology and clinical aspects of mood and anxiety disorders. He has also led research into psychiatric aspects of Acquired Brain Injury and other neuropsychiatric disorders. Malcolm has held senior positions in the Royal Australian and New Zealand College of Psychiatrists

and in May 2015 he will become President of the College.

Presentation: Indigenous internship program

Authors:

Dr Glenn Harrison, Emergency Physician, Senior Staff Specialist, Emergency Department, Royal Melbourne Hospital and Australasian College for Emergency Medicine

Dr Victoria Atkinson, Director Medical Governance, Cardiothoracic Surgeon, Medical Administration, Department of Surgery, Royal Melbourne Hospital and Royal Australian College of Surgeons

Abstract:

Introduction: Melbourne Health has a commitment to promoting, developing and fostering improvements in Indigenous health for patients, the community and the Indigenous health workforce. 2015 saw the introduction of our inaugural Indigenous internship and was made available to a Victorian Indigenous final year medical student embarking on Internship for 2015.

Method: The Indigenous internship was the culmination of a six month process of consultation, support and integration across a number of services including Melbourne Health Clinical Governance, Medical Services and its Medical Advisory Council, the Victorian Department of Health, the Postgraduate Medical Council of Victoria, University of Melbourne and Monash University medical faculties, and the Australian Indigenous Doctors' Association. Widespread support and endorsement of this initiative helped to minimise and alleviate



any challenges in the internship development and implementation. Specific attention was made to emphasise the opportunity for graduates to broaden their intern experience with the myriad specialties and research services available through Melbourne Health and to ensure avoidance of any perceived tokenism.

Results: Melbourne Health has succeeded in initiating, attracting and building a developing cohort of Indigenous doctors and provision of specialist training and experience.

Conclusion: It is planned to increase our 2016 Indigenous internship to include both a Victorian and an interstate applicant. Specific outcomes, feedback and achievements are subject to further review throughout the year.

Presenter:



Glenn Harrison, Royal Melbourne Hospital and Australasian College for Emergency Medicine

Glenn is an Indigenous doctor who graduated from the University of Melbourne in 1995 and attained his fellowship with the Australasian College for Emergency Medicine in 2004. He previously held the position of Director of Emergency Medicine training at Royal Melbourne Hospital and he is a current member of both the Australasian College for Emergency Medicine Indigenous Health subcommittee and the Royal Melbourne Hospital Respecting Our Community committee. Glenn is a full time staff specialist in

the Emergency department at Royal Melbourne Hospital and he is a member of the Australian Indigenous Doctors' Association.

Session: Workshop 1

Chair: Scott Winch

2-3:15pm at James Cook University, Building 46, Breakout Room 3

Presentation:

Understanding how racism may impact on medical students and their clinical decision-making

Authors:

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

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

Dr Elana Taipapaki Curtis, Director Vision 20:20, Te Kupenga Hauora Māori, The University of Auckland Additional Authors: Dr. Cameron Lacey, Dr. James Stanley

Abstract:

This workshop will focus on how racism can influence knowledge systems in medical education and practice. There is compelling evidence of the negative impacts of racism on Indigenous health. An emerging area of research is the way in which racial/ethnic bias among health providers may influence healthcare interactions and health outcomes.

The presenters will discuss the conceptualisation of racial/ethnic bias within the broader phenomenon of societal racism that underpins understandings of race and racialisation in medical education and health care. They will discuss the development of a current research study designed to examine ethnic bias and decision making among medical students as an example of measuring aspects of this pathway. This includes measurement of explicit ethnic bias, implicit ethnic bias and differential management of patients by ethnicity through the use of chronic disease clinical vignettes.

Potential implications of this work in medical education and teaching strategies around Indigenous health will be discussed.

Learning objectives will include: A broader understanding of the pathways by which racism can impact on Indigenous health; Understanding how racism at a societal level may impact on student and health provider understandings of Indigenous health and; How to develop research studies to investigate these pathways.

Presenters:



Donna Cormack, The University of Auckland

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



Ricci Harris, The University of Auckland

Ricci (Ngāti Kahungunu, Ngāti Raukawa and Ngāti Tahu) is a public health physician and senior research fellow at Tomaiora Māori Health Research Group, University of Auckland. Her research focus is on Māori health and the investigation and elimination of ethnic health inequalities in Aotearoa/New Zealand, with a particular emphasis on the role of racism as a health determinant.



Rhys Jones, The University of Auckland

Rhys (Ngāti Kahungunu) is a public health physician and senior lecturer at Te Kupenga Hauora Māori, University of Auckland. He has a leadership role in Māori health curriculum development at the University and is heavily involved in research that seeks to advance Indigenous health education. Rhys is the international lead investigator of the Educating for Equity project, a collaboration between investigators in Australia, Canada and Aotearoa/New Zealand.



Session: Support to Graduation 1

Chair: Sally Fitzpatrick

3:45-5pm at James Cook University, Building 46, Breakout Room 1

Presentation:

From little things ... creating pathways, ensuring access for Aboriginal medical students

Authors:

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

Associate Professor Clive Walley, Head of Indigenous Health Curriculum, School of Medicine, The University of Notre Dame, Fremantle

Dr Andrea McKivett, Lecturer, Aboriginal Health, School of Medicine, The University of Notre Dame, Fremantle

Abstract:

Introduction: The School of Medicine, Fremantle is a relatively new school with its first cohort commencing in early 2005. The school expects to graduate practitioners who will: contribute meaningfully to addressing the health disparities experienced by Aboriginal peoples, and; contribute significantly to health care in rural, remote and other under-served populations in Western Australia. Despite these aims, it was not until 2014 that the first known Aboriginal or Torres Strait Islander students enrolled in the Bachelor of Medicine, Bachelor of Surgery program at Notre Dame in Fremantle. The school has been actively working towards making a more meaningful contribution to the Aboriginal health workforce and this paper reports on the strategies put in place to achieve this and the early outcomes of these strategies.

Methods: Since 2011 the school has developed and implemented a comprehensive, structured approach to Aboriginal health which includes: building a more substantial Aboriginal health team within the school; a comprehensive Aboriginal health curriculum within the Bachelor of Medicine, Bachelor of Surgery program; an Aboriginal student recruitment strategy across the university, not just into medicine, and; an alternative entry pathway for Aboriginal students to enter medicine.

Results: In 2013 the school trialled an informal alternative entry pathway for Aboriginal applicants, which enabled the school to enrol its first Aboriginal students. In early 2014 the school and the university formally approved a structured alternative entry pathway. In combination with implementation of some of the other strategies above, 2014 saw a substantial increase in the number of eligible applications for entry into medicine, and the school offered places to five Aboriginal students to commence in 2015.

Conclusions: Based on the recent experience at the University of Notre Dame in Fremantle, we conclude that a substantial change in Aboriginal student applications and enrolments can be achieved if there is a comprehensive approach in place that includes strong executive support, meaningful alternative entry pathways, and appropriate staffing to facilitate student support, preparation and entry into medicine.

Presenter:



David Paul, The University of Notre Dame, Fremantle

David has worked alongside Aboriginal people in Aboriginal led programs, including as a general medical practitioner at an Aboriginal Community Controlled Health Organisation; policy development; research; and education at local and national levels. His work as the Associate Dean of Aboriginal Health in Notre Dame's School of Medicine, Fremantle, is focused on successful strategies for the recruitment and retention of Aboriginal students in medicine, and ensuring future health practitioners are best prepared to work with Aboriginal people in healthcare. He is actively involved in researching effective educational

approaches that better build the capacity of the workforce in Aboriginal health.

Presentation:

Developing and implementing a junior roadshow for Māori high school students across mid/lower New Zealand

Authors:

Miss Kennedy Sarich, Medical Student, University of Otago, Christchurch

Ms Cazna Luke, Regional Manager, Te Waipounamu, Kia Ora Hauora

Abstract:

Introduction: In 2012 the Junior Roadshow was developed as a vehicle to promote health careers for Māori high school students' and was delivered by road-show facilitators (Māori tertiary health students). The road-show has now had three rotations, Mid/Lower Aotearoa/New Zealand in 2012 and 2013 and Christchurch in 2014.

Method: A one-hour program was developed that included an introduction with a visual aid, small group workshops, a wrap up and a short question and answer session. Secondary schools were recruited through Kia Ora Hauora, a Māori health careers program. Basic participant information was collected at each school and evaluation forms were completed by staff members at the schools. Qualitative feedback was also received from staff members and road show facilitators.

Results: 55 schools participated in 60 school visits over three years. These involved a total of 5000 secondary students of which over 80% were Māori. Evaluation forms were completed by 30 staff members who rated the relevance of the workshops at 4.9/5 and student engagement as 4.7/5. Feedback received from the 22 road-show facilitators identified that a key motivation for participating was the opportunity to give back and build a reciprocal relationship with their community. The road-show facilitators also reported that participating in the road-show had helped them develop and further refine skills in public speaking, teaching and engaging with rangatahi.

Discussion: The road-show has improved over time by taking staff and facilitator feedback into consideration. Noted strengths of the road-show include; use of tertiary health students, interactive workshops and flexibility. Further areas for improvement include; time appropriateness, workshop content and presenter training. Participation in the road-show has positively influenced the facilitators with many noting effects on personal and professional development. It also provides a unique vehicle for road-show facilitators to engage in social accountability to the community through schools.

Conclusion: While it is yet to be seen if the road-show influences high school student career choices, it is evident that there is a relationship between being a road-show facilitator and reporting positive professional development.



Presenter:



Kennedy Sarich, University of Otago, Christchurch

Kennedy (Ngāpuhi/Te Rarawa) is a fifth year medical student at the University of Otago, currently based in Christchurch. Kennedy has been involved with the Kia Ora Hauora program since its development in 2010 during her final year of high school. Through this relationship she has worked on a number of projects, most notably the Junior Roadshow where she has interacted with over 5000 high school students to date. Kennedy is active in supporting younger students within the University and is involved in both formal and informal mentoring programs.

Presentation: Indigenous student summer camp

Author:

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

Abstract:

Introduction: The educational outcomes of Indigenous people in Australia are significantly lower than their non-Indigenous peers, with 4.9% aged between 20-24 having attended university compared to 23.9% of non-Indigenous people.

Method: In December 2014, a two day University of Wollongong Camp was delivered. Thirty year nine and ten Aboriginal students attended from 16 high schools across New South Wales, recruited through the Indigenous Health Unit Community networks. Students participated in interactive sessions run by the different schools, as well as Indigenous health professionals, on different career paths. There was also an overview of the support services available. The students experienced the lifestyle of Wollongong including surfing lessons at Wollongong City beach while staying at the college residences.

Aims of the program are (1) Engagement with Tertiary Education to provide confidence in pursuing higher education in health; (2) Engagement with role models to provide confidence in pursuing a career in health; (3) Improved understanding of options in degrees in health; (4) Improved understanding of university lifestyle and; (5) Improved understanding of support services at University of Wollongong.

Results: Student were given a pre and post camp survey exploring barriers and enablers to attending university, to investigate the impact of the camp, as well as feedback on sessions and operations of the camp. The survey was completed by 23 of the 30 students. The barriers to attending university were categorised and had the following pre and post camp results. Barriers: Education 9%, 9%, Leaving Home 22%, 26%, Family 17%, 9%, Cost 43%, 57% and Support 9%, 0%. Enablers: Education 13%, 4%, Leaving Home 9%, 35%, Family 30%, 35%, Cost 22%, 35% and Support 26%, 17%. All sessions and operations were rated on a Likert scale: Nursing 4.17, Medicine 4.13, Indigenous Health 4.48, Exercise Science 4.43, Workforce 4.43, Food 4.13, Accommodation 3.92, Transport 4.21, Activities 4.4 and the overall experience 4.77.

Conclusion: The camp was effective in improving confidence of children in attending university, with better understanding of the supports and pathways available. Cost was an increased perceived barrier. All sessions were seen as very engaging and the overall camp was seen as successful. Residential camps are a proactive model for early engagement of Aboriginal students. We will continue to deliver the camp and look to increase participants numbers through locally targeted networks.

Presenter:



Scott Winch, University of Wollongong

Scott, a Wiradjuri man, is the Academic Leader of Indigenous Health at the University of Wollongong. Scott started working in health as an Aboriginal Health Worker before moving on to manage the Aboriginal Health Unit for Sydney South West Local Health District. He has also been the Manager of Public Health for the Aboriginal Health and Medical Research Council of New South Wales and worked for the New South Wales Ministry of Health in Public Health. Scott has a Graduate Diploma in Health Service Management, a Masters of Applied Epidemiology and he recently submitted his PhD.

Presentation:

Miyo maskihkiy: good medicine - increasing and retaining Indigenous students in medicine at the University of Saskatchewan

Authors:

Ms Valerie Arnault-Pelletier, Aboriginal Coordinator, College of Medicine, University of Saskatchewan Ms Jaylynn Arcand, Medical Student (Second Year), College of Medicine, University of Saskatchewan

Abstract:

Introduction: "...They will be our new warriors. Their training will be much longer and more demanding than it was in olden days. The long years of study will demand more determination, separation from home and family will demand endurance. But they will emerge with their hand held forward, not to receive welfare, but to grasp the place in society that is rightly ours." (Chief Dan George). I encourage and challenge all Aboriginal, Metis and Inuit youth to grasp and fight for their place in society, says Dr. Jodi Parent, Fond du Lac First Nation, Class of 2014, College of Medicine, University of Saskatchewan.

Method: Utilising recruitment methods such as career fairs, hands-on activities, and First Nations and Metis graduates, role models and Elders and Knowledge Keepers sessions, the University of Saskatchewan has successfully increased Aboriginal student recruitment over the past 30 years in various departments. The University has specific Aboriginal programs/strategies, and staff dedicated to increasing Aboriginal enrolment and retention. The new Gordon Oakes Red Bear Student Centre will be a hub for Aboriginal programming.

Discussion: We will outline Aboriginal programs/initiatives at the University, then focus on Health Sciences, the College of Medicine and Aboriginal initiatives. A second year Metis medical student will speak about her experiences, Indigenous content, and opportunities to enhance knowledge of Indigenous health in the College.

Outcomes: The increase in Aboriginal programming and student initiatives is due to a strong Aboriginal strategy and dedicated resources, supported by the College of Medicine. One commitment is hiring an Aboriginal Coordinator to develop programming and initiatives related to student recruitment and retention. The Aboriginal Coordinator plays a key role in student advising, coordinating an Aboriginal Mentorship Program, the Pre-Health Science/Pre-Med activities, First Nations Clerkship opportunities, Community Outreach activities and scholarship/bursary information.

Conclusion: Currently there are 36 First Nations and Metis students studying medicine, and strong student-led initiatives that play an active role in recruitment and success. The Indigenous Health Committee plays a key role in vetting Indigenous curriculum content, enhancing research opportunities, and advising the College of matters related to Indigenous people.



Presenters:



Valerie Arnault-Pelletier, University of Saskatchewan

Val is a Cree woman who situates herself from her Mother's community of Waterhen Lake First Nations, and her Grandmother's community of Beardy's and Okemasis First Nations. She worked with the Native Access Program to Nursing, University of Saskatchewan, Canada, for 16 years. In 2010, Val accepted a position as Aboriginal Coordinator with the College of Medicine. She is committed to helping provide an excellent student experience for those attending the University of Saskatchewan and studying in the College of Medicine. Val works collaboratively with Aboriginal and non-

Aboriginal students, faculty and staff to build relationships and linkages for successful outcomes.



Jaylynn Arcand, University of Saskatchewan

Jaylynn is a Métis medical student entering her third year. She is a passionate advocate for the improvement of Indigenous health outcomes and for Indigenous leadership in medicine and higher education. She has been Co-Chair of the Aboriginal Rural and Remote Health Student Group for the past two years and she is a regular volunteer at the Student Wellness Initiative Towards Community Health clinic. She has also participated in Making the Links Northern (Aboriginal) practicum experience and as a member of Student Council of the University of Saskatchewan Student Union she

advocates the needs and issues of Aboriginal students.

Session: Teaching and Learning 1

Chair: Scott McCoombe, Candice McKenzie

3:45-5pm at James Cook University, Building 46, Breakout Room 2

Presentation:

Indigenous health stream: from a trickle to a flow

Authors.

Ms Samia Goudie, Senior Lecturer Aboriginal and Torres Strait Islander Health, ANU Medical School, Australian National University

Ms Gaye Doolan, Co-ordinator of Indigenous Health and Student Engagement, ANU Medical School, Australian National University

Ms Danielle Dries, Medical Student, Australian National University

Abstract:

Introduction: In 2010, the Australian National University Medical School introduced the Indigenous Health Stream as an optional training opportunity for students with an interest in learning more about Aboriginal and Torres Strait Islander Health. The Stream has provided students with expanded learning opportunities to gain an enhanced Indigenous health experience.

Method: As we enter the sixth year we look back on the growth and impact the Stream has had on those medical students. In 2014 one of the students in the Stream undertook an evaluation of the Stream as his research project. We will present these findings during this session. The Medical School has also undertaken an evaluation of the program to ascertain the strengths, identify weaknesses and opportunities to further develop the Stream. In this presentation we hope to share the exciting journey of this initiative, through staff and student research, reflections and using digital stories, original art work and the School's evaluation process. We aim to broaden the picture of what is possible within, and alongside, a mainstream medical program.

Results: An increasing number of students have undertaken the rigorous process to enter the Stream and 2014 saw the largest cohort with seven students entering the Stream. In 2013 the first student in the Stream won the LIMElight Student Award for the commitment she made to Indigenous health during her time as a medical student.

Conclusion: The Stream has shown two way benefits through its overflow and its impact on the whole medical curriculum and specifically for the communities we work with and for those who enrol in it. The Indigenous health staff will present milestones within this journey, obstacles we have faced and continue to face. We will discuss the potential and hopes for the future for the Stream.

Presenters:



Samia Goudie, Australian National University

Samia is a Bundjalung, Mununjali woman and is the senior lecturer of Indigenous Health at the Australian National University Medical School. She has a long history of working both on the ground and within universities in Australia and overseas. She received a Fulbright Fellowship in 2007, which allowed her to travel across the United States of America, sharing her research on wellness and resilience with Indigenous communities, universities and Tribal Colleges. As a lecturer, Samia enjoys supporting, with others, the growth of the Indigenous Health stream.





Gaye Doolan, Australian National University

Gaye is a Palawa woman with family connection to North East Tasmania and has a Bachelor of Arts majoring in Indigenous Studies from the University of Tasmania. She has worked in Aboriginal and Torres Strait Islander health training for 12 years with both general practice registrars and medical students. Gaye is currently the Co-ordinator of Indigenous Health and Student Engagement at the Australian National University's Medical School and works jointly with Coast City Country General Practice Training as the Chair of its Aboriginal Health Training Committee.



Danielle Dries, Australian National University

Danielle is a third year Aboriginal medical student at the Australian National University. She completed her undergraduate qualification as a physiotherapist and continues to maintain strong links with the Indigenous Allied Health Australia where she acts as an Ambassador. A proud Kaurna-Meyunna woman originally from South Australia who has spent most of her life in Canberra, Danielle is a member of the Indigenous Health Stream, has been an active member of the ANU Rural Medical Society and has organised and actively participated in the Close the Gap conferences in 2014 and 2015.

Presentation: Wax on wax off: developing scaffolded novice curricula in medicine

Authors:

Associate Professor Karen Adams, Associate Professor, Indigenous Engaement Unit, Faculty of Medicine, Nursing and Health Sciences, Monash University

Dr Cicily Nesbit, PBL Subject Co-coordinator, School of Medicine, Monash University

Abstract:

Introduction: We describe the Indigenous health curriculum change management approach taken within Monash University's School of Medicine. In mid 2014 an interdisciplinary working group was formed of representatives from schools in Monash University's Faculty of Medicine, Nursing and Health Sciences. Supported by a Monash University Teaching and Learning Grant, the group used a participatory action research approach to collaborate on development of scaffolded novice, intermediate and advanced Indigenous health learning objectives. These were informed by recommended guidelines, evidenced based teaching practice and student and academic insights. Delivery of novice material in the School of Medicine began in 2015.

Method: This included recording and description of novice material development. In addition, tutors and students involved in change were invited to be surveyed. Tutors were surveyed on reflections on academic strengthening sessions, teaching confidence, teaching activities and asked to provide suggested improvements. Students were surveyed about usefulness and reflection on learning activities.

Results: The Faculty's Indigenous Engagement Unit and School of Medicine staff collaborated on curriculum materials to support delivery of novice learning objectives focused on cultural safety and intercultural communication. Student centred and flipped classroom approaches were employed including case based learning video scenarios, experiential activities and online interactivity. Students reported varying usefulness of these approaches. Case based learning tutors in the School of Medicine were supported to implement curriculum change with provision of a facilitators guide and academic strengthening sessions, which were considered useful tools.

Discussion: Preparing teaching staff to introduce new Indigenous health teaching was an important support. Students can provide insight into uselfulness of teaching techniques in this area.

Conclusion: Change management in this unique case study required focus on desired outcome with reflexivity to local environs and available resources. Thoughtful consideration of the novice in scaffolded development 'wax on wax off' was also a complex imperative.

Presenters:



Karen Adams, Monash University

Karen has over 25 years experience working in Indigenous health as a practitioner, educator and researcher. As a researcher she has recieved over AU\$1.5 million in funding to focus on participatory approaches to Indigenous health. As a practitioner she has worked in communicable disease, palliative care and community health. She began teaching in Indigenous health in 1998 coordinating curricula and teaching into multiple disciplines such as nursing, Aboriginal health work, medicine, natural therapies and health promotion. Karen's practice is focussed on approaches incorporating equity, strengths and compassion.



Cicily Nesbit, Monash University

Cicily graduated from the Bachelor of Medicine and Bachelor of Surgery at Monash University in 2001 and has been working as a general practitioner in the Yarra Ranges since 2006. She took on the role of coordinator for the pre-clinical Bachelor of Medicine and Bachelor of Surgery Problem Based Learning Course in mid-2014, bringing seven years of Problem Based Learning tutoring experience to the job, as well as years of experience supervising General Practitioner registrars in clinical practice. Cicily has an interest in preventative health, psychological medicine, Indigenous health and culture,

and reflective consultation skills. She is particularly committed to her new role in Indigenous student support in the health science faculty.

Presentation:

Results from the University of Otago LGBTI curriculum development group and implications for Indigenous health education

Authors:

Mrs Anika Tiplady, Medical Student, University of Otago, Christchurch

Ms Jen Desrosiers, Lecturer, MB ChB Co-Convenor, Population Health, University of Otago, Christchurch

Abstract:

Introduction: It is well established that marginalised minority populations bear a disproportionate burden of poorer health outcomes (Carson et al, 2012). To address such inequities, medical curricula has been developed to raise awareness and improve medical students' understanding of specific minority health needs. A recent literature search reveals an abundance of information on curriculum development regarding treating Indigenous patients, however very little information is revealed on improving medical students' competency in treating Indigenous lesbian, gay, bisexual, transgender and intersex (LGBTI) patients. The aim of this presentation is to document the findings of an LGBTI curriculum working group, tasked with development of an LGBTI curriculum at the University of Otago, and to explore the potential for development within the current Indigenous curriculum.

Approach: The University of Otago LGBTI curriculum development working group was established to identify knowledge areas in order to develop medical students' competence in offering patient centred care to LGBTI populations. This working group first met in December 2014 and meets on a monthly basis. It is comprised of 15 people and includes public health physicians, general practitioners, medical education advisors, nurses, social workers, students, members of the LGBTI community and NZ Aids Foundation counsellors.



Results: Results from the working group indicate there is a gap in the curriculum with regard to training University of Otago medical students to competently treat LGBTI patients. An outline curriculum has been drafted and further work is planned in the development of the program.

Discussion: The establishment and integration of an LGBTI medical curriculum at the University of Otago is underway. This presentation will discuss the current draft curriculum and also report on the challenges facing the curriculum development group. Results from this working group offer a challenge for Indigenous health educators and will provide key aspects for curriculum developers to consider. The inclusion and development of Indigenous LGBTI health in medical education will enhance understanding to further support efforts to achieve health and social equity.

Reference: Carson, KV et al (2012). Interventions for tobacco use prevention in Indigenous youth (Review). The Cochrane Collaboration. The Cochrane Library (8).

Presenter:



Anika Tiplady, University of Otago, Christchurch

Anika is a fifth year Māori medical student from the University of Otago. Of Ngai Tahu descent, Anika is a former New Zealand Army Officer and still maintains links with the New Zealand Defence Force. Her medical interests include emergency medicine, Indigenous healthcare and orthopedics. Outside of medicine, she is a keen football player and a novice multi sport athlete.

Presentation:

Determining the right balance of Indigenous health education in an undergraduate medical program in Australia: how did we do it?

Authors:

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

Associate Professor Janie Smith, Associate Professor (Medical Education), Academic Lead, Faculty of Health Sciences and Medicine, Bond University

Abstract:

Introduction: A recent evaluation found many universities struggled to meet the requirements of national standards in Indigenous health that Australian medical schools are expected to achieve (AMC, 2013; CDAMS, 2004). Bond University on the Gold Coast was no exception. In 2011, Bond commenced a curriculum renewal which included examining Indigenous health content and how to better embed the professional standards and guidelines (AMC, 2013; CDAMS, 2004; RACGP, 2011).

Method: The curriculum renewal process began with identifying existing Indigenous health content and mapping the CDAMS Indigenous Health Framework, Australian Medical Council Accreditation Standards and Royal Australian College of General Practitioners learning outcomes. The Working Group (cultural educators, Indigenous doctors) developed a range of strategies over the five years of the curriculum to foster cultural competency and Indigenous health education. The Indigenous health thread begins in year one with a cultural immersion that aims, through a cultural relativism approach, to develop awareness of self and looks at Indigenous health status within the context of history. We developed nine problem-based learning cases incorporating Indigenous patients and/or health, 10 large group resource sessions, a forum on racism and resilience and identified Indigenous clinical placement opportunities.



Results: The year one cultural immersion was received positively by the three cohorts of medical students (n=271) who experienced the two-day off-campus retreat. Evaluations suggested high levels of engagement, reflection and indications of a long-term impact: "...Day 2 activity where you rip out part of your culture from your poster – was very powerful and gave insights into how Aboriginal people would have felt" (2013). "This has been an eye-opening experience..." (2013).

Conclusion: Employing the right people, mapping process to outcomes, and having a documented implementation plan based on standards and guidelines, supported by strong leadership has underpinned the successful inclusion of Indigenous health in the renewed program. This presentation will detail Bond's experiences integrating Indigenous health within a medical program and provide evidence of impact on student learning.

References:

AMC (2013). Standards for assessment and accreditation of primary medical programs by the Australian Medical Council 2012. Australian Medical Council.

CDAMS (2004). CDAMS Indigenous Health Curriculum Framework. Melbourne: Committee of Deans of Australian Medical Schools.

RACGP (2011). RACGP curriculum for Australian general practice 2011, Aboriginal and Torres Strait Islander Health. Melbourne: Royal Australian College of General Practitioners.

Presenter:



Shannon Springer, Bond University

Shannon is an Aboriginal General Practitioner from Mackay, where he has been working at the local Aboriginal Medical Service for the past six years. He recently relocated to Gold Coast to further the Aboriginal and Torres Strait Islander Health curriculum at Bond University and develop a recruitment and retention program for Indigenous Students across Bond University's Health Sciences and Medicine Faculty. Shannon also works two days a week at Kalwun Health Service, the Aboriginal Medical Service for the Gold Coast.



Session: Workshop 2

Chair: Wendy Edmondson

3:45-5pm at James Cook University, Building 46, Breakout Room 3

Presentation:

LIME Connection VI book club: The Spirit Catches You and You Fall Down

Authors:

Professor Shaun Ewen, Associate Dean (Indigenous); Director, Melbourne Poche Centre for Indigenous Health, The University of Melbourne

Mr Warwick Padgham, Senior Project Officer, Melbourne Poche Centre for Indigenous Health, The University of Melbourne

Abstract:

This workshop is an informal 'book club' for LIME Connection VI delegates that will provide a space for the discussion of various topics in a relaxed, informal and engaged setting (wine and cheese will be provided to stimulate discussion). The text for the book club workshop is The Spirit Catches You and You All Fall Down, by Anne Fadiman. The text explores how a refugee family from the Hmong cultural group in Asia experience difficulties with a small hospital in California in the treatment of one of their children diagnosed with epilepsy.

The book club will use the prescribed text to assist participants to reflect on their own identities, experiences, culture and knowledge to challenge others in the workshop on new perspectives. As a form of social practice, it will encourage vigorous conversation around topics that, other than reading the novel, no participants are expected to be expert in. However, carefully thought out and well-articulated views from participants are of course welcome.

Various studies demonstrate that book clubs provide a congenial environment where participants can interact comfortably with, and learn from, different viewpoints than their own. Furthermore, varying interpretations of texts by group members is common, promoting further discussion and learning.

The proposed text includes clinical and social contexts, cross-cultural encounters, social challenges, and many LIME members with experience across these will contribute to the discussion. The discussants will draw from their own experience to further guide the conversation on new ideas, insights, and highlight key issues and pose challenging questions.

Other intended aims of the workshop include increased networking opportunities for delegates, an opportunity to 'clear' delegates heads from a full day's conference proceedings, encourage discussion and debate on cultural issues, as well as providing another opportunity for social engagement outside the normal conference program.

Presenters:

Shaun Ewen, The University of Melbourne See page 39.



Warwick Padgham, The University of Melbourne

Warwick is the Senior Project Officer at the Melbourne Poche Centre for Indigenous Health in the Faculty of Medicine, Dentistry and Health Sciences. His role focuses on one of the main goals for the Melbourne Poche Centre: achieving 20 new Indigenous PhD enrolments at the University in health by 2020. He previously worked with the LIME Network primarily organising the LIME Connection conference and other Network events. Warwick's education includes a Bachelor of Business from La Trobe University, a Post-Graduate Certificate in Professional Ethics from the University of Melbourne, and

he is currently undertaking a Master of Public Health.



Session: Welcome & Keynote Address, Wednesday

Chair: Papaarangi Reid

8:50-10:10am in the Rydges Plenary Room

AIDA Welcome

Dr Tammy Kimpton, President, Australian Indigenous Doctors' Association

See page 43.

Presentation:

Externalising a complicated situation: teaching racism in an Indigenous curriculum, a case study

Author:

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

Abstract:

The research of Harris et al (2006) and Paradies et al (2008) has been influential in providing a foundation for discourse around the effects of racism on the Indigenous peoples of Aotearoa and Australia. This work has also been an influential component of the development of medical curricula that acknowledges the influence of racism with respect to differential health status and well-being.

The University of Otago has been teaching undergraduate medical students and postgraduate students about the effects of racism on Māori patients and whanau (family) for the past 10 years. Over this period Tania Huria, Cameron Lacey and Suzanne Pitama (MIHI - Māori Indigenous Health Institute, University of Otago, Christchurch) have developed a framework (Lacey, 2010 and Pitama, 2014) and completed research (Huria, 2014) that provides a scaffold for medical students to explore the effects of racism with their patients and whanau.

This presentation will utilise a case study approach to explore teaching racism within an Indigenous health medical curriculum based on the Māori Indigenous Health Institute's experiences over the past 10 years. Delegates will be challenged to reflect on their experiences as well as provided with a space to explore solutions (through active participation) regarding externalising the complicated situation of teaching racism within Indigenous medical curricula.

References:

Harris, R et al (2006). Effects of self-reported racial discrimination and deprivation on Māori health and inequalities in New Zealand: cross-sectional study. The Lancet, 367(9527), 2005-2009.

Huria, T et al (2014). Working With Racism A Qualitative Study of the Perspectives of Māori (Indigenous Peoples of Aotearoa New Zealand) Registered Nurses on a Global Phenomenon. Journal of Transcultural Nursing, 25(4), 364-372.

Lacey, C et al (2011). The Hui process: a framework to enhance the doctor-patient relationship with Māori. NZ Med J, 124(1347), 72-8.

Paradies, Y et al (2008). The impact of racism on Indigenous health in Australia and Aotearoa: Towards a research agenda. Darwin: Cooperative Research Centre for Aboriginal Health, 38.



Pitama, S et al (2014). Improving Māori health through clinical assessment: Waikare o te Waka o Meihana. NZ Med J, 127, 1393.

Presenter:



Tania Huria, University of Otago, Christchurch

Tania (Ngai Tahu/Ngati Mutunga Wharekauri) is a Senior Lecturer in the Māori Indigenous Health Institute at the Univeristy of Otago, Christchurch. She contributes to the Advanced Learning in Medicine undergraduate teaching and is one of the developers of an Indigenous Health Framework that is used within the Advanced Learning in Medicine years at the University of Otago, along side Suzanne Pitama and Cameron Lacey. Tania, Suzanne and Cameron have published their framework in the New Zealand Medical Journal (2012 and 2014).

Tania has been a contributing author on several papers, including a paper outlining the findings of her Masters in Public Health thesis that explored Māori Registered Nurses experiences of racism within the Aoteoroa/New Zealand education and health systems in the Journal of Transcultural Nursing (2013). Tania has also contributed to the LIME Good Practice Case Studies Volume 2012 and 2013, outlining her research around student perceptions of usefulness of immersed learning environments and the experiences of Māori community members that have been involved in supporting the Indigenous medical curriculum at the University of Otago, Christchurch.

Tania also contributes to the Educating for Equity and the Hauora Manawa Community Heart studies. Tania has a strong interest in Hauora Wahine; she previously worked as the Clinical Coordinator for a Māori Provider and established a Wahine Ora service within Christchurch. She still runs community Wahine Ora clinics in the Canterbury District Health Board region, has completed her Masters of Public Health at the University of Canterbury and she is currently enrolled in a PhD at the University of Otago, Christchurch, investigating systemic perspectives of chronic kidney disease. Tania is a proud mum of two beautiful boys.

Session: Student Panel

Chair: Lilon Bandler

10:40-11:40am in the Rydges Plenary Room

Session Overview:

The panel of medical students will discuss the Indigenous medical student experience and the journey from student to graduate. Panellists will share what measures they see as strategically supporting Indigenous health teaching within the curriculum, and will highlight measures which have created barriers or prevented engagement in Indigenous health teaching during their studies. Panellists will share some key principles which they think would support Indigenous health curriculum development in the future.

Presenters:



Ms Raquel Ball, Medical Student (Third Year), James Cook University

Racquel is a third year medical student at James Cook University. She embarked on her journey into medicine in 2011, when she discharged from the Royal Australian Army. After two operations overseas she decided use her 'no guts, no glory' attitude and military discipline to dive into study and pursue a health professional career. Experiencing some difficulty in initial stages of applying for university, Racquel was forced to overcome adversity to be where she is today. Currently, she is optimistic about her future in medicine and is interested in pursuing a career in general surgery or emergency medicine.

Mr Rueben Bennett, Medical Student (Fifth Year), University of Otago, Wellington

Reuben Bennett is a Fifth Year Medical Student from the University of Otago, Aotearoa/ New Zealand studying in a rural township called Dannevirke in the North Island this year. During his studies he has been involved in a number of student groups, representing Māori students, the medical student union and encouraging young Māori into health careers. Outside of medicine his interests include reading and photography.



Ms Ngaree Blow, Medical Student (Fifth Year), The University of Melbourne

Ngaree is a proud Aboriginal woman from Bangerang and Yorta-yorta country in Victoria through her maternal side and Noonuccal country in Queensland on her paternal side. She is in her final year of the Doctor of Medicine and Masters of Public Health intercalated degree and is currently completing the Safe Sleeping for Infants in Victorian Aboriginal Communities research project as part of her assessment of the final year subject, the 'scholarly selective'. She is also the Melbourne University student representative for the Australian Indigenous Doctors' Association.



Mr James Enright, Medical Student (Third Year), The University of Auckland

Kia ora, Ko Ngā Puhi te iwi. Ko Hemi ōku ingoa. James is a third year medical student at the University of Auckland, New Zealand. Prior to entering Medicine he completed the Certificate in Health Sciences and the first year of a Bachelor of Health Sciences. Outside of class he enjoys singing with the Auckland Youth Choir and tutoring second year Māori and Pacific Medical students for the Principles of Medicine paper. James looks forward to sharing his experiences of the journey into Medicine. Tēnā koutou katoa.

Session: Launch - LIME Good Practice Case Studies Volume Three

Chair: Lilon Bandler

11:40-12pm in the Rydges Plenary Room

Session Overview:

The third edition of the LIME Good Practice Case Studies builds on the papers included in Volume One (2012) and Volume Two (2013) to showcase the outstanding programs of work that are being conducted in the field of Indigenous health in health professional education. All three volumes detail initiatives occurring across universities in Australia and Aotearoa/New Zealand as well as further afield. The case studies identify work being carried out in the areas of Indigenous student recruitment and support to graduation, community engagement, curriculum design, and teaching and learning.

The papers in this volume are drawn from presentations made at LIME Connection V in Darwin in 2013. 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. By acknowledging and celebrating the innovative work being championed here, we hope this publication inspires new initiatives and the development and support of current programs, thereby furthering our aim of enhancing the delivery of health professional education to improve health outcomes for Indigenous people.

Presenter:



Dr Lilon Bandler, Associate Dean (Indigenous), Centre for Values, Ethics and Law in Medicine, and Office of Medical Education (OME), Sydney Medical School, The University of Sydney

Lilon is a senior lecturer in the Indigenous Health Education Unit at the University of Sydney. She is responsible for the development, integration and implementation of comprehensive Indigenous health learning and teaching resources for the Sydney Medical Program as well as providing personal and academic support of Indigenous medical students and increasing the recruitment of Aboriginal and Torres Strait

Islander students to medicine. She has broad teaching experience across the spectrum of undergraduate and post graduate medical education, and has a special interest in teaching communication skills.

Session: Support to Graduation 2

Chair: Gaye Doolan

1-2:30pm in Rydges Breakout Room 1

Presentation:

Data speaks: identifying what predicts academic success for Indigenous and ethnic minority health professional students

Authors:

Ms Erena Wikaire, Researcher, Te Kupenga Hauora Māori, The University of Auckland
Dr Elana Taipapaki Curtis, Director Vision 20:20, Te Kupenga Hauora Māori, The University of Auckland
Dr Donna Cormack, Senior Research Fellow, Te Kupenga Hauora Māori, The University of Auckland

Abstract:

Introduction: Tertiary health education providers aim to achieve equitable student outcomes and widen participation. Understanding what predicts academic success for Indigenous and ethnic minority students in tertiary health professional degree-level programs is important, in order to address disparities in academic performance. While some evidence exists that offers qualitative explanations for impact factors, the literature lacks 'empirical' quantitative analysis that explores and compares predictors by ethnic group through to graduation.

Method: This study investigated predictors of academic success for Māori and Pacific students, compared to non-Māori non-Pacific, who entered undergraduate health professional programs within the University of Auckland. Research questions were: (1) What are the predictors of academic success for Māori and Pacific students enrolled in undergraduate health study? (2) Do Māori and Pacific predictors of academic success differ to other ethnic groups enrolled in undergraduate health study? Kaupapa Māori research methodology was used to analyse demographic, admission and academic data for all students who enrolled in undergraduate bachelor-level health programs 2002-2013. Multi-regression analysis was completed that identified predictive effect of admission variables (school decile, Auckland school, type of admission, bridging/foundation program, rank score, subject credits) and early academic results (first year Grade Point Average, first year passed all courses) on academic success (graduation, program Grade Point Average, graduation in minimum time, optimal outcome).

Results: In unadjusted models, significant differences between Māori, Pacific and non-Māori non-Pacific students were identified for all variables of interest. Māori and Pacific students showed lower Grade Point Averages, lower odds of graduating and graduating in the minimum time. Variables of interest accounted for some of the disparity between ethnic groups in academic outcomes, however, after controlling for demographic, application and early academic results, disparities in academic outcomes between ethnic groups remained.

Conclusion: Understanding what predicts academic success for Indigenous and ethnic minority students is important for achieving equity targets and widening participation in the health workforce. Our findings reinforce the need to explore how racialised environments may be operating within tertiary health programs and impacting on academic success for Indigenous and ethnic minority students.

Presenter:



Erena Wikaire, The University of Auckland

Erena is a Māori physiotherapist (Ngati Hine) who has experience in research concerned with Māori and Indigenous health and disability workforce development, Māori health scholarship funding programs, cultural competence, mental health assessment and documentation, and the psychosocial impact of advanced cancer on patients, carers and families in Māori and Indigenous populations. Erena is currently completing a Masters in Public Health and is employed as a researcher at Te Kupenga Hauora Māori, University of Auckland. Her ongoing research interests include Māori health workforce

development and addressing ethnic inequalities in health.

Presentation:

Lessons learnt from Indigenous students' feedback at Northern Territory Medical Program: a retrospective survey over the last 4 years

Authors:

Associate Professor Pascale Dettwiller, Director Rural Clinical School, School of Medicine, Flinders University NT Ms Kylie Parry, Medical Student (Third Year), School of Medicine NTMP, Flinders University, NT Ms Anne-Marie Nielsen, NTMP Year 3 Student, School of Medicine NTMP, Flinders University, NT Ms Cheryl Davis, Lecturer in Indigenous Health, NT Medical Program, Flinders University NT

Abstract:

Introduction: This project aimed to reveal, explore and thus develop an understanding of the experiences of Indigenous medical students studying at Flinders University's Northern Territory Medical Program.

Method: Quantitative and qualitative data was collected using a Survey Monkey questionnaire, which is completed by every enrolled Northern Territory Medical Program student, at the beginning and the end of each year, for the past four years of the program. Ethics approval was granted in 2011 for four years. For the purpose of this project, only the identified Indigenous student responses were included in the analysis. The tool consisted of a standardised set of questions ranging from check the box demographic data collection, to short answer questions aimed at gaining student experiences and perceptions regarding the Northern Territory Medical Program. Qualitative data analysis was gleaned from the short answers. Descriptive statistics were applied and graphs derived for the paper.

Results: The Northern Territory Medical Program feedback overall was quite negative. Any positive comments focused on the joy and interest of what the students were learning. Lack of personal and academic support were the main concerns students had regarding the course. Other concerns were the lack of transparency with funding and support processes, with perceptions of inequality voiced in this survey, and also concerns regarding racism and vertical and horizontal violence occurring.

Discussion: It is widely accepted that the health of Aboriginal Australians continues in significant disparity compared to the health of the mainstream Australian population. Currently the lack of culturally appropriate health service delivery impedes Aboriginal and Torres Strait Island peoples' access to mainstream health care. Hence, the Australian health sector continues to grapple with managing the lack of culturally appropriate health care delivery in conventional hospital/health care settings.

Conclusion: This situation has highlighted the continued urgency to increase the participation rates of Aboriginal doctors within the Australian healthcare workforce. The next step is to further explore the barriers/enablers identified in this project and gather information via individual interviews of students and staff.



Presenters:



Pascale Dettwiller, Flinders University NT

Pascale is Associate Professor and Director at the Katherine campus of the Flinders University Northern Territory Medical Program. She holds a Doctor of Pharmacy from Joseph Fourier University and several Bachelor and Diploma awards. She has also held Senior Clinical Pharmacist positions in regional health centres. Pascale has experience in teaching and mentoring health students, especially in rural medical schools and health practices. Her areas of research are medication management and safety, drug usage evaluation and medical Indigenous education. She is an advocate for interprofessional

practice and increased engagement with Aboriginal people at the Northern Territory Medical Program.



Cheryl Davis, Flinders University NT

Cheryl is a Lecturer in Indigenous Health for the Northern Territory Medical Program. She is a Yuet/Baladong woman from Noongar country of the south-west of Western Australia. Cheryl graduated with a bachelor of Health Science and Masters in Public Health and has worked in universities for the past 15 years. Cheryl's teaching experiences include Indigenous health, health policy, Australian Indigenous history, culture, families, mental health, Aboriginal health sector and health in an Indigenous context. Cheryl is passionate about improving the health and wellbeing of Aboriginal

people so we can have a quality of life equal to that of other Australians.

Presentation:

Recruitment and retention of Indigenous medical students at UBC: a student perspective

Authors:

Ms Baillie Redfern, Medical Student, Faculty of Medicine, The University of British Colombia

Mr James Andrew, Aboriginal Student Coordinator, Department of Family Practice medicine, The University of British Columbia

Abstract:

Introduction: Since 2001, the Faculty of Medicine has committed 5% of its annual complement of seats for First Nation, Métis and Inuit applicants. Aboriginal applicants can apply to the regular or the Aboriginal admission stream. However, it was found providing seats was not enough. In addition to the Aboriginal Admissions process, the faculty developed three programs that work synergistically to attract, retain and graduate Aboriginal physicians. These are an Aboriginal Pre-Admissions Workshop, Indigenous MD Orientation Days, and Indigenous Leadership and Mentorship Symposium. This will be presented by an Indigenous medical student.

Method: The preadmissions workshop provides First Nation, Métis and Inuit students with tools to successfully apply to the undergraduate MD. It provides information on course requirements, admissions procedures, medical curriculum and postgraduate programs, Medical College Admissions Test and interview preparedness. Indigenous MD Orientation Days for First Nation, Métis and Inuit incoming medical students were developed to provide academic support and cultural relevance prior to starting medical school. They happen before the MD program starts and introduce students to scholarly resources. This also provides opportunities for students to meet with MD program's Dean, Vice-Dean, and staff who can support students with academic, financial or emotional support. The Indigenous Leadership and Mentorship Symposium occurs during the year and includes Aboriginal medical students from all years of the MD undergraduate program, and Aboriginal residents. Students connect with peers, reflect on their experiences and share resources that contribute to success in the program, in a culturally respectful way.

Results: The University of British Columbia medical school has a class of 288 students. Of these students in each year of the program Aboriginal students in each graduating class are: five (MD2015), 10 (MD2016), 11 (MD2017) and nine (MD2018). Approximately 150 Indigenous premed students have attended our Aboriginal Pre-Admissions Workshop. The workshop celebrated its 10 year anniversary in 2013. Of the Indigenous MD students currently enrolled, 43% have attended the workshop.

Conclusion: The attrition rate for UBC Indigenous medical students is 1.9%. Our vision was to graduate 50 Aboriginal Physicians by 2020. As of May 2015 the program has graduated 54 Indigenous Physicians.

Presenter:



Baillie Redfern, The University of British Colombia

Baillie completed her Bachelor of Science (Honours) at the University of Ottawa in 2011 and her Masters of Science at the University of British Collumbia in 2013. Her graduate work is in medicinal plant genomics in the Genome Science and Technology Program. Baillie is also a board member of the BC Métis Federation and the Indigenous Physicians Association of Canada. Baillie volunteers with a number of organisations including One Match (Stem Cell), Aboriginal eMentoring, and has a special interest in rural Aboriginal emergency medicine and policy.

Presentation:

Taking a strategic approach to growing the Māori health workforce: outcomes and reflections from the University of Otago

Authors:

Associate Professor Joanne Baxter, Associate Professor and Associate Dean (Māori), Division of Health Science, University of Otago, Dunedin

Ms Zoe Bristowe, Program Manager, Māori Health Workforce Development Unit, University of Otago, Dunedin

Ms Sarona Fruean, Programme Lead / Business Manager, Māori Health Workforce Development Unit, University of Otago, Dunedin

Mr James Meager, Projects Manager / Programme Lead, Māori Health Workforce Development Unit, University of Otago, Dunedin

Abstract:

Introduction: In 2010 the University of Otago established the Māori Health Workforce Development Unit in partnership with the Ministry of Health. The goal is to increase the number of Māori gaining entry and graduating from health professional tertiary degrees.

Method: Over the past five years the Unit has implemented a co-ordinated suite of programs strategically delivered from secondary school to university graduation. Program development and implementation is informed by experience, international and nationally recognised research informing best practice in Indigenous education and tertiary transition, and research and practice incorporating metacognition, mindset theory, peer-assisted learning and self-efficacy. Research evaluating outcomes and effectiveness of program components is ongoing. In this presentation we describe the Unit's programs and present research findings, including outcomes and critical success factors.



Results: Following establishment of the Unit, Māori student academic outcomes have increased, leading to a significant increase in the number of Māori students entering health professional study. Outcomes since 2010 include a 100% increase in the number of Māori students gaining places in health professional programs, and a \rightarrow 95% retention rate in health professional study for Māori students. This pipeline growth is reflected in the total number of Māori students studying across health professional programs at Otago: in 2011 there were 132 Māori students and in 2015 there are 250. Māori now make up over 15% of medical and 12% of dental school intake. Professional development as Māori health practitioners is incorporated, with new initiatives commencing in 2015. Evaluation identified critical success factors including importance of supportive organisational leadership/policy; streamlined/integrated programs with clear goals,; programs centred within Māori values and approaches; use of evidence to guide development and delivery; responsive use of data/evaluation; program span from inspiration to graduation; and collaborative relationships internally and externally.

Conclusion: It is possible to increase the Māori health workforce through a co-ordinated suite of programs that recognise the importance of implementing culturally responsive, evidence-based work at the interface between health and education, and that encompass strategies from educational theory and practice. The focus on institutional change, equity and student excellence come together to ensure a strengths-based rather than deficit-based approach.

Presenter:



Joanne Baxter, University of Otago, Dunedin

Joanne (Ngai Tahu, Ngati Apa ki te Rā Tō) is an Associate Professor, public health medicine physician and epidemiologist. She has research experience in Māori mental health, Māori child health, health inequalities, hazardous drinking and successful Māori transitions to tertiary education. Joanne is the Director of the University of Otago Māori Health Workforce Development Unit and has a commitment to growing the Māori Health Workforce and supporting institutional responsiveness and change.

Session: Teaching and Learning 2

Chair: Jacinta Tobin

1-2:30pm in Rydges Breakout Room 2

Presentation:

Medical students' and clinical teachers' perceptions of Māori health teaching

Author:

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

Abstract.

Introduction: In order to advance Indigenous health as a discipline in medical education, it is instructive to identify factors that either support or undermine effective learning. The purpose of this paper is to explore the views of medical students and their clinical teachers with respect to Māori Health teaching, learning and assessment. The study was conducted at the University of Auckland by Rhys Jones, Marcus Henning, Ralph Pinnock, Boaz Shulruf and Susan Hawken.

Method: Surveys were administered to students early in their clinical training and clinical teachers about Māori Health teaching, learning and assessment in the medical program. Responses were analysed using descriptive statistics and inspection of the distribution of responses (skewness and kurtosis). A further open ended question was asked about suggested changes to the medical program and the responses relating to Māori Health were analysed using a summative content analysis approach.

Results: 276 medical students and 135 clinical teachers completed the survey (response rates of 80% and 69% respectively). Responses indicated that most students questioned the quality of Māori Health teaching and assessment, while many clinical teachers felt poorly prepared to teach and assess students in this area of the curriculum. The content analysis identified a range of views, often polarised, with responses at the negative end of the spectrum revealing resistance to Māori Health teaching and learning.

Discussion: There was striking concordance between medical student and clinical teacher responses, highlighting problems with teaching, learning and assessment of Māori Health in clinical settings. These findings suggest that medical students are currently not being adequately supported to achieve Indigenous health learning outcomes. This raises questions about the value and priority accorded to Māori Health in the institutional curriculum at the University of Auckland.

Conclusion: In order to address the issues raised by this study, solutions at multiple levels are required. It is important that educators are supported to provide high quality teaching, learning and assessment of Māori Health in all educational settings. At the institutional level, Māori Health needs to be consistently presented as a legitimate and integral component of the curriculum.

Presenter:

Rhys Jones, The University of Auckland

See page 46.



Presentation:

Enhancing understanding of culturally safe practice in Indigenous health: development of a matrix of practice

Authors:

Mr David Sjoberg, Associate Lecturer, Poche Centre for Indigenous Health and Wellbeing, Flinders University SA

Ms Elizabeth Withall, Research Assistant, Poche Centre for Indigenous Health and Wellbeing, Flinders University SA

Dr Annabelle Wilson, Senior Researcher, Poche Centre for Indigenous Health and Wellbeing, Flinders University

Dr Tamara Mackean, Senior Research Fellow, Poche Centre for Indigenous Health and Wellbeing, Flinders University

Additional authors: Wendy Edmondson, Courtney Ryder, Dennis McDermott

Abstract:

Introduction: This will present findings from a study conducted at Flinders University South Australia, by the Poche Centre for Indigenous Health and Well-Being, Adelaide. We aimed to elucidate whether the Indigenous health topics delivered to nursing and midwifery students influenced their practice and enhanced culturally-safe health care for Indigenous Australians. An aim was to analyse participant articulations the barriers and enablers to providing culturally safe care.

Method: Semi-structured interviews were used to enable participants to share experiences of cultural safety training and describe how it influenced their practice. This methodology enabled researchers to have control over topics of conversation, but also gave participants flexibility to discuss other relevant issues in detail. A qualitative approach was employed, as this aligns well with particular Indigenous research paradigms such as 'deep listening', or Dadirri, and 'yarning'. We chose to use open-ended questions and allow participants to answer questions in their own time

Results: A key outcome was the development of a Matrix of Practice, which combined cultural safety principles with a continuum of practice, such that attributes of practice were able to be mapped and give an indication of attributes needing further development. This study also showed that continuing training opportunities are essential to provide support for professionals experiencing barriers to culturally safe practice in the health services in which they work.

Conclusion: This study highlights the importance of a need for change at multiple levels, in order to deliver a health system which is culturally safe, accessible, and engaging to Indigenous people, and efficacious. The Matrix of Practice provides Indigenous health educators with several focal points for targeting their teaching, depending on where in the Matrix participants may be situated. Given that many students find Indigenous health education a transformative experience, it is useful to have a tool that can highlight increments along that transformative journey and note where participants may stumble, and what keeps the journey on track.

Presenter:



David Sjoberg, Flinders University SA

Dave is an Anglo-Celtic Australian with a commitment to social justice and educating non-Aboriginal people about a shared history. He lectures in Indigenous Health in the Faculty of Medicine, Nursing and Health Sciences at Flinders University. In his role as a race relations educator David was taught by Ngarrindjeri Elders at Camp Coorong. Community-based lived-experience has helped him develop a strong human rights based approach to curriculum development and teaching. He is currently enrolled in the Honours Program in the Flinders University School of Medicine researching a

phenomenological study of teaching in Indigenous health.

Presentation:

Collaborative academic strengthening in Indigenous health: an interdisciplinary experience

Authors:

Ms Alison Francis-Cracknell, Lecturer and Clinical Education Manager, Physiotherapy / Indigenous Engagement Unit, Monash University

Ms Rose Gilby, Lecturer, Medicine, Nursing and Health Sciences, Monash University

Associate Professor Karen Adams, Associate Professor, Indigenous Engaement Unit, Faculty of Medicine, Nursing and Health Sciences, Monash University

Abstract:

Introduction: In 2014, with the support of a Monash University Teaching and Learning Research grant, a working group of academics undertook a review of some existing Indigenous health curriculum guidelines and sought to achieve a set of multidisciplinary endorsed learning objectives.

Method: Discipline members of the Faculty of Medicine Nursing and Health Sciences and Faculty of Pharmacy/ Pharmaceutical Sciences were invited to nominate representatives to collaborate on gaining consensus on Indigenous health learning and teaching objectives. A committee of fifteen members was formed including Nursing, Radiography, Medicine, Occupational Therapy, Physiotherapy, Pharmacy, Emergency Community Health/Paramedicine, Nutrition and Dietetics and the School of Rural Health, to review various approaches being utilised. Using an action research approach and Delphi surveys, a review was conducted of existing guidelines and the emerging National Indigenous Health Curriculum Framework. The group identified items with either language or tasks specific to medicine that needed modification for interdisciplinary application.

Results: Consensus was obtained regarding what to include into the allied health professions undergraduate courses and set of 44 endorsed objectives were agreed upon. Working group members were required to undertake basic Cultural Safety training and needed to be positioned within their departments to facilitate change.

Discussion: Gaining interdisciplinary consensus has enabled the University to commence widely embraced implementation processes across all of the courses included. The importance of remaining aware of concurrent work occurring external to the University and the need to work in concert with this was also highlighted.

Conclusion: This work undertaken has now led to a second phase in 2015 involving academic strengthening, resource development and curriculum implementation.

Presenters:



Alison Francis-Cracknell, Monash University

Alison is a physiotherapist currently working with Monash University as Clinical Education Manager for the physiotherapy program and also as part-time Project Officer for the Faculty of Medicine, Nursing and Health Sciences Indigenous Engagement Unit. Alison has worked with Indigenous colleagues at Monash University and in local community based projects. She has extensive experience in her work in remote and urban Indigenous communities, community health and in international capacity building development in Vietnam. Alison has completed a Graduate Certificate in Health

Professional Education and has a keen interest in innovative curriculum design.





Rose Gilby, Monash University

Rose works in the Faculty of Medicine, Nursing and Health Sciences at Monash University. She has a background in health education and direct clinical services and is a member of the Cultural Educators and Cultural Mentors Network, where she takes on the important role of guiding registrars, junior doctors and staff to feel safe, comfortable and confident in the way they work and interact with Aboriginal and Torres Strait Islander people and their communities. Trained in the critical incident and stress management model, Rose is equipped to provide diffusion and debriefing sessions to

individuals and groups experiencing acute traumatic events.

Presentation:

Yes, this elective is biased: student knowledge translation in education and career, post Aboriginal Health Elective

Author:

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

Abstract:

Introduction: There is an epic gap in Aboriginal health education within the Faculty of Health Sciences at McMaster University. In response, the Aboriginal Health Elective was developed with the aim to provide students with knowledge and skills related to health care practice and policy from within Aboriginal contexts; enable students, with tools, to critique Western discourse and the ability to identify areas of need specific to Aboriginal Peoples health; and, put into practice concepts required to understand and manage health for and with Aboriginal Peoples in culturally competent and safe practices.

Method: The Aboriginal Health Elective enhances student learning through decolonising current teaching and learning practices within the faculty, via academic requirements, community engagement and 'non traditional' experts as educators. The elective is a series of 10 two-hour sessions led by Aboriginal scholars, health practitioners, community members and Elders from an Indigenous interdisciplinarity. Sessions include lectures, small group discussion and two site visits: an urban Aboriginal health centre and a local First Nations reserve.

Results: Data for end of course 2011-2014 suggests a strong mandate by students for Indigenous educators and curriculum in health sciences. Students responded to relevance of the curriculum to their education or career as very good to excellent (82%) and teaching by diverse Aboriginal lecturers as very good to excellent (88%).

Discussion: Responses were gathered from 136 students from an annual mean class size of 34, to measure what, if any, were long-term impacts on student learning through post elective follow up for years 2011-2014. This compared the evaluations at course end with either one or three years post elective. The evaluation explores more fully how the elective impacted learning in academia and into the workforce. A second evaluation will occur in 2017 for futher comparison.

Conclusion: The data presents a picture on how well and to what degree Aboriginal pedagogies are utilised by diverse students at undergraduate and graduate level in their education and career; for example, did this enabled them to meet a regiriment for a postion or academic opportunity.



Presenter:



Danielle Soucy, McMaster University

Danielle is the Director of the Aboriginal Students Health Sciences at McMaster University, Canada; Assistant Clinical Professor with the Department of Family Medicine; and adjunct Assistant Professor with the Masters of Science Global Health Program. She was the Senior Policy Analyst/Research Officer and Managing Editor of the Journal of Aboriginal Health at the National Aboriginal Health Organisation. She is a member of the Indigenous Health Educators Working Group and founding member of the National Indigenous Health Sciences Circle. Danielle received the President's

Award for Outstanding Service in 2012. She has researched and published on cultural competency and safety in health education, decolonisation, ethics, traditional health and women.



Session: Creating Change, Decolonising the Institution 1

Chair: Maureen Davey

1-2:30pm in Rydges Breakout Room 3

Presentation:

Overcoming barriers and forging new opportunities in higher education: building Indigenous strategy in the university sector

Author:

Professor Jacinta Elston, Professor and Associate Dean Indigenous Health, Division of Tropical Health and Medicine, James Cook University

Abstract:

Introduction: Forty years on from the 1965 Freedom Rides in New South Wales country towns, a multitude of policies, programs, schemes, reviews, inquires, grants and strategies have come and gone in Indigenous education, impacting on primary, secondary and tertiary sectors. The 'rides' organised and led by the late Charles Perkins, and the University of Sydney's 'Student Action for Aborigines' group, called for action against racism and discrimination experienced by Aboriginal people in education. At James Cook University an early wave of initiatives focused on teacher education and social work, however today the medical and health programs have established their presence and contribution in the north. This presentation reflects on national policy and practice in Indigenous higher education, and how it affects both the University and health and medical education efforts more generally. It seeks to provide insight for LIME Delegates as to the complexity of issues that are impacting on our sector.

Method: This presentation outlines how this history has impacted on James Cook University and the north Queensland Aboriginal and Torres Strait Islander communities. It assess the current imperatives and future challenges for the university in addressing ongoing barriers faced by Aboriginal and Torres Strait Islander people to university education and the knowledge economy that universities represent.

Results: At its highest-level, James Cook University has recently endorsed two key documents, the 'Australian Aboriginal and Torres Strait Islander Strategic Action Plan', and a Reconciliation Action Plan; alongside this it has a newly revised Indigenous Employment Strategy. In a period of organisational change, these documents represent an opportunity to bring about long-term institutional commitment to, and university wide adoption of, a system for improving access and outcomes for Aboriginal and Torres Strait Islander students and communities.

Conclusion: Current national Indigenous higher education policy, and the changing landscape of Indigenous affairs creates a policy and practice context that intersects with the medical and health education sector's commitment to improving health and wellbeing of Indigenous people. Our sector needs to understand the broader context of national Indigenous higher education policy and imperatives, in order to progress our efforts and work.

Presenter:

Jacinta Elston, James Cook University See page 41.

Wednesday 12 August

Presentation:

Reform through accreditation? Indigenous health and medical education

Authors:

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

Professor Shaun Ewen, Associate Dean (Indigenous); Director, Melbourne Poche Centre for Indigenous Health, The University of Melbourne

Dr Jenny Barrett, Research Fellow, Faculty of Medicine, Dentistry and Health Sciences, The University of Melbourne Ms Odette Mazel, Research Fellow and Program Manager, The LIME Network, The University of Melbourne Ms Karin Oldfield, Company Secretary Executive Officer, Director Services, Australian Medical Council

Abstract:

Introduction: Those charged with medical school accreditation have an opportunity to acknowledge inequalities in health outcomes and provide leadership, in addressing those inequalities, towards a reformed medical education. This paper details a bi-national review of medical schools' reporting against the Australian Medical Council's accreditation standards relating to Indigenous health.

Method: Using electronic search tools, the research team identified the occurrence and context of the terms Indigenous and/or Aboriginal and/or Torres Strait Islander and/or Māori in medical school accreditation reports to the Australian Medical Council, 2006-2014.

Results: This review found that reporting on Indigenous related activity (mission, staff and student recruitment, curriculum, clinical experience) has expanded since 2006, but gaps remain.

Discussion: The review raises questions about the concordance between accreditation standards and processes, and the opportunities they present for institutions to effect Indigenous development within their schools. More attention is needed to ensure both that mismatches are identified between the standard and each institution's response, and initiatives are designed to embrace the gaps and make improvements.

Conclusion: Including Indigenous-related Accreditation Standards has positively influenced medical school reporting on activities related to Indigenous development. The process will continue to consolidate the emerging discipline of Indigenous health as a core component of medical education. Sustained effort is required to understand and extend the influence of accreditation as a driver of change for medical schools in the field of Indigenous health.

Presenter:



Theanne Walters. Australian Medical Council

Theanne is the Deputy Chief Executive Officer of the Australian Medical Council. She manages policy development, and the accreditation of medical programs and organisations. Theanne has contributed to external evaluations and accreditation internationally via the World Federation for Medical Education and the Regional Association, Association for Medical Education in the Western Pacific Region. She is a senior advisor for World Federation for Medical Education. In Australia, Theanne is Deputy Chair of the Health Professions Accreditation Councils Forum, which is a

coalition of the independent accreditation councils for the regulated health professions.



Presentation:

'We need a paradigm shift ...': the influence of practitioner and setting factors on the health of Aboriginal peoples

Authors.

Dr Andrea McKivett, Lecturer, Aboriginal Health, School of Medicine Fremantle, The University of Notre Dame, Fremantle

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

Professor Shaun Ewen, Associate Dean (Indigenous); Director, Melbourne Poche Centre for Indigenous Health, The University of Melbourne

Professor Dawn Bessarab, Director, Centre for Aboriginal Medical and Dental Health, The University of Western Australia

Abstract:

Introduction: Disparities in health outcomes between Aboriginal and non-Aboriginal populations are a priority for action in our healthcare system. Multiple factors are recognised to play a part in maintaining health disparities; as health professional educators, closely considering the role of the medical practitioner and ways to address this is an area of increasing interest. This paper presents the findings of a Masters by research study which considered medical practitioner views and perceptions of the factors that influence best practice and engagement in Aboriginal health and health care. The project aimed to gain a deeper understanding of how to better prepare health professionals for working with Aboriginal peoples, both in undergraduate medical training and postgraduate learning experiences.

Method: This study used a qualitative approach through semi-structured interviews with medical practitioners, exploring their viewpoints, perceptions and experiences. Study participants came from a range of urban and rural sites and all were actively engaged in Aboriginal health and health care service delivery. A thematic analysis was undertaken of the transcribed interviews, looking for common themes and concepts.

Results: The Masters study found five main themes: unequal treatment; institutionalised racism; setting characteristics; role of the self and conflicting realities, and; the importance of patient-centred care. Embedded within the main themes were key notions of adherence, communication, self-determination and empowerment.

Discussion: Decision-making and engagement in Aboriginal health are influenced by a complexity of intertwining factors relating the decision-maker, their personal attitudes and experiences, in addition to the setting in which they practice and the broader context of the society in which they live. Having an understanding of the broader issues relating to Aboriginal health, and implementing this in a patient-centred context, was viewed to be the key in providing more effective healthcare to Aboriginal peoples. The setting characteristics that influence the ability of more effective care to be more likely to be achieved are related to time, practitioner support and appropriate frameworks for understanding health.

Conclusion: These findings provide areas to focus on when considering structural and educational approaches to improve health practitioner engagement and effectiveness.

Presenter:



Andrea McKivett, The University of Notre Dame, Fremantle

Andrea has an interest in building the capacity of the health workforce to effectively meet the health and healthcare needs of Aboriginal peoples. Her family are Gija from Halls Creek, Western Australia; they are her role models in advocating for improved health and equity for Aboriginal communities. Andrea's interest in health motivated her study in medicine, and her current work as a lecturer at Notre Dame University, Fremantle.

Wednesday 12 August

Session: Support to Graduation 3

Chair: Christine Carriage

2:35-4:05pm in Rydges Breakout Room 1

Presentation:

Pipeline promises: exploring factors that influence Māori and Pasifika student success within the Bachelor of Health Sciences

Authors:

Miss Hannah Burgess, Masters Student, Graduate Teaching Assistant, Te Kupenga Hauora Māori, The University of Auckland

Dr Elana Taipapaki Curtis, Director Vision 20:20, Te Kupenga Hauora Māori, The University of Auckland

Dr Matire Louise Ngarongoa Harwood, Senior Lecturer, Medical, Te Kupenga Hauora Māori, Faculty of Medical and Health Sciences, The University of Auckland

Abstract:

Introduction: In Aotearoa, Māori and Pasifika people face alarming disparities in health outcomes. Addressing the shortage of Māori and Pasifika health workforce is a key step to eliminating ethnic health disparities. Critical to this is ensuring Māori and Pasifika success within health professional tertiary programs. The Bachelor of Health Sciences is a non-clinical undergraduate health program offered at the University of Auckland, which prepares students for a career in public health. Stark inequities between Māori, Pacific and non-Māori non-Pacific student success are evident within this program. This research sought to better understand the Bachelor of Health Sciences students' lived reality and experiences, so that their voices could be both heard and privileged. This project aimed to investigate the factors that help or hinder Māori and Pasifika student success in the Bachelor of Health Sciences.

Method: This research was undertaken using a kaupapa Māori methodology, alongside Pasifika research methodology and critical theory. The intention of this approach is to present the student voice, privilege Māori and Pasifika world views, prevent a victim blaming analysis and ensure the structure of the Bachelor of Health Sciences is at the centre of enquiry. Two focus groups were conducted, one with six Pasifika students and one with five Māori students.

Results: Seven key themes that help and hinder student success emerged from the data: cohort connections; career pathways; teaching and learning quality; the tensions between medicine/public health; racism and stigma; structure of program not catering to the diverse realities of students; and Māori and Pasifika students – different experiences of the pipeline. The overarching importance of student whakawhanaungatanaga, experiences of 'othering', a hidden curriculum and the dual purpose of the Bachelor of Health Sciences (as being also a pathway into studying medicine) are key interrelated mechanisms through which student success is influenced within the program.

Conclusion: In order to overcome inequities within the Bachelor of Health Sciences degree and enhance helpful factors to success, the provision of a culturally-specific space, professional development to support culturally-relevant pedagogies and strengthened relationships with the public health sector are required.



Presenter:



Hannah Burgess, The University of Auckland

Hannah (Ngāti Tūwharetoa, Te Atihaunui a Pāpārangi) is a graduate of the Bachelor of Health Sciences and is currently undertaking a Masters of Public Health at the University of Auckland. Alongside her studies she is a graduate teaching assistant at Te Kupenga Hauora Māori, teaching Māori health to undergraduate students within the Faculty of Medical and Health Sciences.

Presentation: Indigenist medical student stress-coping model

Authors:

Dr Marcia Anderson DeCoteau, Assistant Professor, Section Head for the Section of First Nations, Metis, and Inuit Health, College of Medicine, University of Manitoba

Ms Amanda Woods, Research Associate, College of Medicine, University of Manitoba

Dr Barry Lavallee, Assistant Professor, Director of the Centre for Aboriginal Health Education, College of Medicine, University of Manitoba

Dr Catherine Cook, Associate Dean, First Nations, Metis, and Inuit Health, College of Medicine, University of Manitoba

Abstract:

Introduction: Indigenous medical students have little opportunity to share their medical school experiences, and often endure a gaze that sees them as inferior and encroaching on terrain that is not their own. Indigenous students can face insensitivity and lack of support from those who are meant to help them learn and develop their careers (Rafuse 1994). There can be assumptions that academic/social difficulties are more common among Indigenous students, resulting in a higher attrition rate.

Method: The Faculty of Medicine wanted to validate the assumption of high rates of attrition and understand processes that contribute to this perceived issue. In 2012 a study was undertaken that included nine semi-structured interviews with Indigenous people admitted to the Faculty of Medicine between 1980 and 2008. Participants had all graduated, to rule out creating potential difficulties for current students.

Results: Participants shared experiences of racism; stressors including financial and time pressures; additional expectations they faced as Indigenous students; and impacts on their lives and the lives of their families/communities. It became apparent that lives of Indigenous medical students are different to non-Indigenous students. We were interested in understanding how these differences and stressors were navigated by Indigenous students. We developed a modified model based on Walters and Simoni's (2002) Indigenist Stress-Coping Model, that posits the effect of life stressors on health is moderated by cultural factors that function as buffers, strengthening psychological/emotional health and mitigating effects of stressors. The model also describes stressors and cultural buffers experienced by Indigenous medical learners.

Discussion: Schools often focus on Indigenous support programs/offices that carry sole responsibility to function as buffers for Indigenous students, rather than examining Faculty's structures for ways to reduce stressors. This model will help highlight the necessity for schools of medicine to examine their structures, cultures, and discourses to reduce stress experienced by Indigenous students within the learning environments they create.

Conclusion: It is crucial that there be action of enhancing coping mechanisms through cultural buffers and addressing stressors that impact lives of Indigenous students. These responsibilities are shared between Indigenous student support programs and Faculties of Medicine.

Wednesday 12 August

Presenter:



Amanda Woods, University of Manitoba

Amanda is a Research Associate in the Section of First Nations, Métis, and Inuit Health in the Department of Community Health Sciences in the Faculty of Medicine at the University of Manitoba, Canada. Amanda has focused her academic learning and research career on issues related to Indigenous health in Canada. Areas of interest include health effects of residential schools on Indigenous peoples and other socioeconomic impacts on health, both historical and current. She is passionate about qualitative research and uncovering the deeper meaning within people's life experiences.

Presentation:

Building a supportive resilient community: representing a national Indigenous medical student culture

Authors:

Mr Artiene Tatian, Medical Student, AIDA Director (Student), Australian Indigenous Doctors' Association, University of Western Sydney

Ms Kersandra Begley, AIDA SRC Member Medical Student, Australian Indigenous Doctors' Association, The University of Sydney

Abstract:

Introduction: Culturally appropriate support networks are vital to the success of Indigenous medical students, providing professional, collegiate and cultural support that contributes to success throughout their medical degree. Numbers of first year Indigenous medical students reached population parity in 2011. However, graduation numbers are yet to correlate and more work is needed to support Indigenous medical students.

Method: Since 2008, the Australian Indigenous Doctors' Association (AIDA) Student Representative Committee has supported Australian Indigenous medical students under the broader aim of AIDA to grow Indigenous doctors. A core component of AIDA's governance structure, the Student Representative Committee connects Indigenous medical students with the strength of AIDA.

Results: Key achievements of the Student Representative Committee include publication of the Indigenous Medical Students' Guide to Internships (2013) and Guide to Medical School (2014). Student Representative Committee promotion of AIDA membership benefits resulted in twice as many Indigenous medical student memberships in 2015. Much of AIDA's policy in cultural safety and mentoring has been informed by AIDA student members, through the Student Representative Committee. Four past AIDA Student Directors returned to the AIDA Board, providing continuing organisational leadership. The AIDA Student Representative Committee also engages with other organisations such as the Australian Medical Student's Association and National Rural Health Students Network to expand their networks and advocate for Indigenous medical students.

Discussion: AIDA's Student Representative Committee is an opportunity to develop strong Indigenous leaders within medical schools and communities. It does this through experience on the Student Representative Committee itself, and by working with the AIDA Board to provide support mechanisms, including professional development opportunites, for the wider medical student membership.

Conclusion: This presentation will showcase successes and challenges of our strong, collegiate Indigenous medical student community, impacts on Indigenous medical student members and highlight partnerships with institutions and organisations to better support Indigenous medical students.



Presenters:



Artiene Tatian, University of Western Sydney

Artiene is a descendant of the Areente people of the Northern Territory in his final year of Bachelor of Medicine and Bachelor of Surgery at the University of Western Sydney. Artiene has a Bachelor of Science (Advanced) and is currently completing a concurrent Master of Indigenous Health. He is the current Australian Indigenous Doctors' Association Director (Student) and President of the University of Western Sydney Medical Society. He has publications in both chemistry and medicine with special interests in Indigenous health, ophthalmology, medical education, and rural and remote

practice. He is dedicated to the support and graduation of Indigenous medical students.



Kersandra Begley, Australian Indigenous Doctors' Association, The University of Sydney

Kersandra is an Awabakal woman from the mid-north coast of New South Wales but has lived in Sydney since birth. She is currently in the third year of her Bachelor of Medicine and Bachelor of Surgery and holds a Bachelor of Science majoring in Neuroscience and Anatomy, both from the University of Sydney. She has been a member of the Australian Indigenous Doctors' Association since 2011 and is proud to represent her university on the Student Representative Council in 2015. Kersandra's first LIME

Connection was Darwin 2013 and she believes that the support from fellow Indigenous students and doctors has been invaluable to her medical education.

Presentation:

Open to critique: predictive effects of academic outcomes within a bridging/foundation programme on first year tertiary study

Authors:

Dr Elana Taipapaki Curtis, Director Vision 20:20, Te Kupenga Hauora Māori, The University of Auckland Ms Erena Wikaire, Researcher, Te Kupenga Hauora Māori, The University of Auckland Dr Yannan Jiang, Senior Research Fellow, Department of Statistics, The University of Auckland Ms Louise McMillan, Assistant Analyst, Statistical Consulting Centre, The University of Auckland

Abstract:

Introduction: Bridging/foundation programs aim to boost the performance of Indigenous and ethnic minority students who are wanting to enter into health professional programs of study, yet lack the secondary school results or subject exposure to support direct entry. Despite an increasing literature-base describing bridging/foundation program structure and intentions, there remains little empirical evidence documenting the effectiveness of these programs with respect to undergraduate academic outcomes.

Method: This study aimed to explore the predictive effect of academic outcomes achieved within the Certificate of Health Sciences, an equity-targeted bridging/foundation program for Māori and Pacific students, on academic outcomes achieved within the first year of Bachelor-level tertiary health study. Research questions included: (1) What are the predictive effect(s) of Certificate of Health Sciences academic outcomes on first year tertiary academic outcomes? (2) Can areas of improvement be identified for Certificate of Health Sciences curriculum development? A Kaupapa Māori Research methodology was used and informed by Pacific methodology. Demographic and academic data was collected for Māori and Pacific students who completed the Certificate and entered the first year of Bachelor-level health study. Multivariate analysis



was used to identify the predictive effect of Certificate academic outcomes (individual course grades, Grade Point Average and 'passed all courses' for the year) on first year Bachelor academic outcomes (Grade Point Average, passed all courses, and course grades).

Results: A total of 111 Māori and Pacific students completed the Certificate of Health Sciences and subsequently enrolled in the first year of Bachelor study between 2009 and 2012. The average Grade Point Average was 5.23 (SD 1.45) for Certificate of Health Sciences year and 3.75 (SD 2.03) for first year Bachelor study. Certificate year Grade Point Average was a consistently significant predictor of first year Bachelor individual course grades, overall year Grade Point Average and passing all courses in the year. Academic results for each course within the Certificate of Health Sciences program are presented alongside Grade Point Average and passing all courses for the Certificate year overall.

Discussion: Our findings reinforce the importance of bridging/foundation programs for boosting ethnic minority student preparation for Bachelor level health study.

Presenter:



Elana Taipapaki Curtis, The University of Auckland

Elana is a Māori public health physician (Te Arawa) who has experience in research and policy concerned with eliminating ethnic and Indigenous inequalities in health. In 2004-2005, Elana was a Harkness Fellow in Healthcare Policy at the University of California, San Francisco, investigating ethnic disparities in breast cancer survival in the United States. Elana is currently employed as Senior Lecturer and she is the Kaiārahi/Director of the Vision 20:20 project at Te Kupenga Hauora Māori, University of Auckland. Ongoing research interests include ethnic disparities in cardiovascular disease, use of Kaupapa

Māori Research methodology and Indigenous health workforce development.



Session: Teaching and Learning 3

Chair: Dylan Coleman

2:35-4:05pm in Rydges Breakout Room 2

Presentation:

Do you know what's in your curriculum? The DoCTA database for teaching/learning on Aboriginal and Torres Strait Islander health

Authors:

Associate Professor Sophia Couzos, Associate Professor General Practice and Rural Medicine, College of Medicine and Dentistry, James Cook University

Ms Priscilla Page, Indigenous Health Academic, School of Medicine, James Cook University

Mr Matthew Murray, Director, Commonline Pty Ld

Abstract:

Introduction: The Database of Curriculum, Teaching and Assessment (DoCTA) was developed in 2014 for the School of Medicine to enable curriculum mapping. It is currently being used by academics and students across all years of the six-year medical course. The presentation will make specific reference to mapped parts of the curriculum that refer to the health of Aboriginal peoples and Torres Strait Islanders in the foundation years (one-three) of the course.

Method: This presentation will include a description of the design, development and use of the DoCTA in teaching and curriculum evaluation, with reference to the CDAMS Indigenous Health Curriculum Framework.

Results: There will be a demonstration of the DoCTA across years one- three of the James Cook University Bachelor of Medicine, Bachelor of Surgery course for curriculum pertaining to Aboriginal and Torres Strait Islander health and potential for the future. The presentation will cover how the database addresses the following: how can students and teachers know what is covered in the medical course week by week, what the expected learning outcomes are, what learning activities are on offer, and what's in store for them in the future years? If they have a specific interest such as the health of Aboriginal peoples, where in the course will these interests be explored? Are there specific gaps in the curriculum where more learning about health issues disproportionately affecting Aboriginal peoples could be included? Understanding the scope and detail around Aboriginal health teaching can help to scope out gaps in the curriculum on issues such as social justice with regards to differential access to health services, and how cultural undertandings can improve health.

Conclusion: The Database of Curriculum, Teaching and Assessment is a unique electronic database of the curriculum developed for the James Cook University School of Medicine enabling curriculum mapping, providing an integrated source of information and is accessible to students and teachers. There is potential for the database to help inform reporting on how the course is meeting student outcomes expected from the CDAMS Framework.

Wednesday 12 August

Presenters:



Sophia Couzos, James Cook University

Sophia is an Associate Professor in the General Practice and Rural Medicine discipline in the School of Medicine at James Cook University. She is a Public Health Physician and General Practitioner with 20 years experience working within both the National Aboriginal Community Controlled Health Organisation and remote Aboriginal community-controlled health services. She is Academic Coordinator of a full-year module called 'Ecology Of Health', and teaches fifth and sixth year medical students. Sophia has led large scale community-based participatory research and she is the

author of 'Aboriginal primary health care: an evidence-based approach' published by Oxford University Press.



Priscilla Page, James Cook University

Priscilla is a descendant of Waanyi and Kalkadoon groups in the Gulf of Carpentaria and North West Queensland. She has worked in improving health and well-being for Aboriginal and Torres Strait Islander people over many years, being involved in a range of health programs within the community, including development of Connect 'n' Grow, Indigenous Health - Growing Your Own project in North Queensland. She delivers Aboriginal and Torres Strait Islander cultural knowledge/learning to medical students at James Cook University and supports medical students on placement in rural and

remote communities with high populations of Aboriginal and Torres Strait Islander people.

Presentation:

Allied health professionals: training critical partners in improving Indigenous health outcomes

Authors:

Mr Bevin Wilson, Associate Lecturer, Poche Centre for Indigenous Health and Wellbeing, Flinders University SA Mrs Courtney Ryder, Lecturer, Poche Centre for Indigenous Health and Wellbeing, Flinders University SA Associate Professor Wendy Edmondson, Acting Director, Poche Centre for Indigenous Health and Wellbeing, Flinders University SA

Abstract:

Introduction: Australia's poor outcomes in Indigenous health have been clearly linked to policy development based on race theory and racialised views that continue to negatively impact on the social determinants of Indigenous health. The training of non-Indigenous health professionals to be culturally safe and appropriate in their practice is critically important. To assist in meeting the needs of training future health professionals, in 2013 the Poche Centre of Indigenous Health and Well-Being introduced the topic Indigenous Health for Health Sciences, focusing on Indigenous health for allied health students. The curriculum and pedagogical approaches utilised evolved from other Indigenous health topics in nursing and medicine. Modifications and adaptations were made to enhance the curriculum, shift the focus to allied health and include community partnerships.

Method: Student evaluation of teaching from this curriculum has been positive, with over 75% of each cohort commenting they had a worthwhile learning experience from undertaking this topic. The cohort (2013, 42 students; 2014, 72 students; 2015, 93 students) are from undergraduate degree areas including Bachelors of Health Science; Nutrition and Dietetics; Medical Science; Behavioural Science and Psychology, as well as Master of Physiotherapy and Master of Occupational Therapy.

Results: This feedback has been specifically linked to the changes made to enhance the curriculum. Evidence of curriculum evaluation for the topic will be provided through student evaluation of teaching, team teaching meetings and feedback from partnerships with the Indigenous community and Indigenous Allied Health Australia.



Discussion: This paper will provide a detailed account of the Topic Coordinator's journey in the development of the topic, including what occurred at stages in development of curriculum, what was useful, successes, barriers and how these were overcome, along with examining institutional resistance to the teaching of Aboriginal health.

Conclusion: The topic transpired from a nursing and midwifery topic which contained information generic to other topics, including Medicine. Whilst this was useful, it did not reflect the necessary structure of an allied health topic nor use literature specific to allied health. Given the complexity of topic development, it may take another two-three years before development is complete.

Presenters:



Bevin Wilson, Flinders University SA

Bevin trained as a secondary teacher with an education and health background. After teaching in the secondary school sector for 20 years Bevin was then recruited to Flinders University as an Associate Lecturer where he worked in Yunggorendi First Nation Centre for Higher Education and Research. He also has 20 years experience in the Government health sector as an employee within Aboriginal Health and as a committee member on numerous Indigenous Health Committees and Government Health Boards. He is currently employed in the Poche Centre for Indigenous Health and

Well-being and teaching in the Faculty of Health.



Courtney Ryder, Flinders University SA

Courtney is an Indigenous health lecturer at Flinders University Faculty of Medicine, Nursing and Health Sciences and the Poche Centre for Indigenous Health and Well-Being. Her role is focused on curriculum and pedagogical development where she has been theme and topic coordinator for Health Professions and Society and coordinates the Indigenous Health component. Currently her research work has a strong focus on assessing Cultural Safety along with innovative pedagogical approaches which allow future health professionals to mature into Culturally Safe health professionals.

Presentation: Looking through my eyes: unpacking the Indigenous experience of psychology education

Authors:

Ms Stacey Vervoort, Co-Director, Marumali Consultions

Associate Professor Dawn Darlaston-Jones, Co-ordinator, Behavioural Science, School of Arts and Sciences, The University of Notre Dame Australia

Abstract:

Introduction: Psychology, as both a discipline and a profession, has recently attempted to contribute to a social justice agenda through substantive reconciliation. This is evidenced through the Office of Learning and Teaching funded Australian Indigenous Psychology Education Project (AIPEP) which includes the Australian Psychological Society and Australian Indigenous Psychologists Association as partners. AIPEP aims to address the gap in wellbeing between Aboriginal and Torres Strait Islander peoples and other Australians by increasing Indigenous content and knowledge within the psychology curriculum and increasing the number of Aboriginal and Torres Strait Islander psychology students.

Method: A team of senior academics, led by Pat Dudgeon (University of Western Australia), have used qualitative and quantitative data strategies to investigate current curriculum content and examples of good practice; educational experiences of Indigenous psychologists and psychology graduates; and competencies

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required of psychologists who work with Aboriginal and Torres Strait Islander people and communities. The analysis of experiences of Indigenous students and the manner in which psychology is taught are fundamental to a better understanding of the status quo, and informing strategies for improvement. Thirteen Indigenous psychologists participated in a series of workshops to understand their experience of psychology education. The information gathered will inform curriculum frameworks and guidelines for the recruitment and retention of Aboriginal and Torres Strait Islander students in psychology courses.

Results: Key themes that emerged from workshops included the importance of psychology as a means of assisting Aboriginal and Torres Strait Islander peoples and communities, and a sense of isolation as a result of often being the only Indigenous student in a cohort. Issues included the lack of cultural knowledge in courses; understanding and respect on the part of both staff and non-Indigenous students; lack of Indigenous knowledges or ways of working; and the importance of Indigenous support systems.

Conclusion: The findings from this stage of the study offer insight into the ways that psychology education can be adjusted to more appropriately meet the needs of both Indigenous and non-Indigenous students and contribute to the cultural responsiveness of the profession.

Presenter:



Stacey Vervoort, Marumali Consultions

Stacey is a descendant of the Gamilaroi people of the Goondiwindi/Moree region of Queensland and northern New South Wales. Stacey's professional experience includes mentoring, project management, employee assistance counselling, workplace wellness and project development, client assessment, research, university teaching for trainee practitioners in Social and Emotional Wellbeing approaches to care, and group based training and development in cultural capacity. Stacey is a member of the Australian Indigenous Psychologists Association, the Australian Indigenous Psychology Education

Project National Reference Committee, and she was a facilitator of the Project's Indigenous psychologist workshops.

Presentation:

Application of hauora Māori and clinical skills in a simulated clinical setting

Authors:

Dr Suzanne Pitama, Associate Dean Māori, Māori/Indigenous Health Institute (MIHI), University of Otago, Christchurch

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

Dr MaryLeigh Moore, Senior Lecturer, Clinical Skills Director, University of Otago, Christchurch

Ms Hillary Katene, Teaching Fellow, University of Otago, Christchurch

Additional Authors: Jessica Cuddy, Assistant Research Fellow; Cameron Lacey, Senior Lecturer; Tania Huria, Senior Lecturer, University of Otago, Christchurch

Abstract:

Introduction: To date, literature on the evaluation of teaching methods in Indigenous medical curricula is sparse (Pitama, 2012). At the University of Otago, Christchurch the Indigenous curricula utilises a number of teaching methods, including a session with hybrid/simulated patients and multiple observer feedback. This presentation will report evaluation of one of these simulated teaching sessions, which investigated whether this session utilised appropriate and effective methods that are able to combine Hauora Māori and Clinical Skills learning objectives. The aims of this research were to explore whether the teaching session was effective in achieving both Hauora Māori and clinical skills learning objectives and whether this teaching method was acceptable to those involved in the session.



Methods: All fifth year undergraduate medical students (N=100), clinical assessors (N=10) and simulated patients (N=10) who participated in this teaching session were invited to participate in this research project. Two sources of data were collected: (1) observer feedback forms, which captured feedback from peers, clinical assessors, simulated patients and self-reflection on student performance within a clinical station, and (2) formal University of Otago course evaluation forms, which were designed to capture participant experiences within the session and explored acceptability of the session. Bio-statistical analysis of the data was undertaken focusing on specific investigation of student performance of subsequent rotations, correlation between participants for individual students and stations, acceptability of students holding multiple roles within the teaching session, acceptability of the teaching method to clinical assessors and simulated patients, acceptability of teaching session in being able to meet its learning objectives.

Discussion: The findings of this research highlighted that the method of utilising simulated patients was an effective teaching method for both Hauora Māori and Clinical Skills curricula, and that there was a high level of acceptability of this teaching method by all participant groups. Students also highlighted specific changes they wanted to make to their practice based on what they learnt from the teaching session.

Conclusion: The Indigenous health curriculum can include joint learning objectives from other clinical areas which provide an appropriate context for promoting transformative practice.

Presenter:



Suzanne Pitama, University of Otago, Christchurch

Suzanne (Ngāti Kahungunu) is the Director of the Māori/Indigenous Health Institute, University of Otago. Suzanne is a registered psychologist and has been involved in Māori health research for more than 18 years. She completed a PhD that focused on the design, implementation and impact of Indigenous health curricula in medical schools. She is a named investigator on the Educating for Equity project exploring the role of medical education in reducing health inequities. Suzanne is involved in a number of research projects including leading a Health Research Council funded project focusing

on the prevalence of cardiovascular disease in Māori communities (Hauora Manawa).

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Session: Workshop 3

Chair: Shannon Springer

2:35-4:05pm in Rydges Breakout Room 3

Presentation:

What should master's level assessment look like in Indigenous health education?

Authors:

Associate Professor Clare Delany, Associate Professor Ethics and Clinical Education and Coordinator Masters of Clinical Education, School of Health Sciences/Melbourne Medical School, The University of Melbourne

Professor Shaun Ewen, Associate Dean (Indigenous); Director, Melbourne Poche Centre for Indigenous Health, The University of Melbourne

Dr Lilon Bandler, Associate Dean (Indigenous), Centre for Values, Ethics and Law in Medicine, and Office of Medical Education (OME), Sydney Medical School, The University of Sydney

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

Abstract:

Health sciences students studying at master's level will be future primary practitioners and potentially leaders in Indigenous health care delivery. At this qualification level (AQF level nine), they are expected to achieve learning outcomes including extended understanding of Indigenous health and skills to investigate, analyse and generate complex ideas and concepts about the determinants of Indigenous health. Further, graduates are expected to be able to plan, implement and evaluate effective health care services for Indigenous peoples. This workshop will explore how academics can design assessment tasks (both formative and summative) to achieve master's level learning outcomes in Indigenous health programs.

The workshop will present and explore two key questions with participants: (1) What assessment strategies (formative and summative) can I use to ensure students achieve master's level learning outcomes? (2) What type of assessment strategies are likely to drive advanced understanding, high levels of critical thinking, creativity and motivation to keep learning in the area of Indigenous health?

Data will be presented detailing current assessment practices from a range of master's level programs offering Indigenous health from Australia and Aotearoa/New Zealand. The data derives from an Office of Learning and Teaching project examining the role of assessment in driving learning, in master's level Indigenous health programs. The data will be presented alongside theories and evidence from education literature about assessment at master's level. Participants will have an opportunity to access, compare and critique a range of assessment strategies designed to achieve specific learning outcomes.

Acknowledgements: the Office of Learning and Teaching project team includes Clare Delany Professor (University of Melbourne, chief investigator), Shaun Ewen (co-chief investigator), Cindy Shannon (University of Queensland), Wendy Edmondson (Flinders University), Michal McCullough (University of Melbourne), Louise Harms (University of Melbourne), Louisa Remedios (University of Melbourne), Papaariangi Reid (University of Auckland), Lilon Bandler (University of Sydney), Patricia Nicholson (University of Melbourne), Shawana Andrews (University of Melbourne), Lauren Kosta (University of Melbourne) and Lachlan Doughney (University of Melbourne).



Presenters:



Clare Delany, The University of Melbourne

Clare is Associate Professor in Clinical and Ethics Education at Melbourne Medical School and the School of Health Sciences, University of Melbourne. She is also a Clinical Ethicist at the Children's Bioethics Centre at the Royal Children's Hospital. Clare coordinates the Masters of Clinical Education at the Melbourne Medical School. She has published widely in pedagogical approaches in clinical education; teaching reflection and critical thinking; healthcare communication and clinical ethics. Clare currently co-leads an Office for Teaching and Learning projects investigating how to

assess Indigenous health curricula at Australian Qualifications Framework level nine.

Shaun Ewen, The University of Melbourne See page 39.

Lilon Bandler, The University of Sydney See page 62.



Lachlan Doughney, The University of Melbourne

Lachlan is a research fellow at the Melbourne Poche Centre for Indigenous health. He acts as project officer for an Office for Learning and Teaching project that focuses on how best to develop assessment that drives learning in Indigenous health curricula at the masters level. He has a research background in learning and teaching in higher education, and has published in the areas of English language proficiency, employability skills, and international students' learning needs.

Session: Welcome & Keynote Address, Thursday

Chair: Suzanne Pitama

9:00-10:10am in the Rydges Plenary Room

Te ORA Welcome

Dr Rhys Jones, Senior Lecturer, Te Kupenga Hauora Māori, The University of Auckland See page 46.

Presentation:

Mauli Ola: Pathways toward Social Justice for Native Hawaiians and Pacific Islanders in Hawai'i

Author:

Professor Joseph Keawe aimoku Kaholokula, Professor and Chair, Department of Native Hawaiian Health, John A. Burns School of Medicine, University of Hawaii at Mānoa

Abstract:

In Hawai'i, Native Hawaiians and Pacific Islanders are underrepresented in medicine and the health sciences, despite making up 30% of Hawai'i's multiethnic population and bearing the greatest burden of chronic disease, economic, and educational inequities. A social justice mandate is to increase Native Hawaiian and Pacific Islander representation in these fields to achieve Mauli Ola, or optimal health and wellbeing for all Native Hawaiians and Pacific Islanders.

It is assumed that, by increasing their representation, we can accelerate our progress toward ensuring optimal health care delivery and outcomes, relevant health equity research, and positive economic outcomes for these populations. Aside from the adverse effects of historical trauma and past compulsory U.S. acculturation strategies, many socio-cultural and political/institutional barriers (e.g., racism) to achieving Mauli Ola still remain, making these efforts challenging.

This keynote will cover: (1) the social and cultural determinants of health and relevant research for Native Hawaiians and Pacific Islanders, (2) Pacific values and principles to learning and engaging students and communities, and (3) long standing and new educational pathway initiatives to increase their representation in medicine and the health sciences.

Pathway programs for Native Hawaiian and Pacific Islanders are vital to increasing their representation in the health professions and sciences, achieving health equity on Indigenous terms, and assuming leadership roles. However, many challenges need to be overcome in delivering and sustaining these programs. Maintaining a strong and secure Indigenous identity among students while being trained in medicine and health sciences that often promote Euro-American values is one challenge. Another is the threat of legal action against Stateand Federally-funded programs that exclusively focus on Native Hawaiians and Pacific Islanders.

Ultimately, achieving social justice in the larger socio-political context is necessary to achieve social justice in medicine and the health sciences for Indigenous Peoples.



Presenter:



Joseph Keawe'aimoku Kaholokula, University of Hawai'i at Mānoa

Keawe is a Professor and Chair of Native Hawaiian Health in the John A. Burns School of Medicine at the University of Hawaii at Mānoa. He received his PhD in clinical psychology from the University of Hawaii at Mānoa in 2003 and completed a clinical health psychology post-doctoral fellowship in 2004 at the Triple Army Medical Center.

He is a National Institute on Minority Health and Health Disparities funded investigator whose community-based participatory research involves developing sustainable

community- and worksite-based health promotion strategies and programs to address cardiometabolic health disparities experienced by Native Hawaiians and other Pacific Islanders.

His research also examines how biological, behavioral, and psychosocial factors interplay to affect their risk for, and treatment of, cardiometabolic-related diseases, such as diabetes and heart disease. Among his various studies of Asians, Native Hawaiians, and Pacific Islanders, he has examined the effects of depression on cigarette smoking and diabetes management; of racism on physiological stress indices, hypertension, and psychological distress; of acculturation on the risk for depression and diabetes; and of community-placed interventions on reducing obesity, hypertension, and diabetes disparities.

Keawe is also a member of Halemua o Kūaliʻi, a Hawaiian cultural group dedicated to the revitalisation of traditional values and practices to build leaders in our Hawaiian communities.

Session: Community Partnerships

Chair: Peter O'Mara

10:50am-12:10pm in Rydges Breakout Room 1

Presentation:

Model for improving clinical training placement in Aboriginal and Torres Strait Islander Community Controlled Health Services in North Queensland

Authors:

Mr Donald Whaleboat, Senior Lecturer, College of Medicine and Dentistry, James Cook University

Professor Sarah Larkins, Associate Dean, Research, College of Medicine and Dentistry, James Cook University

Ms Leone Malamoo, Research Officer, College of Medicine and Dentistry, James Cook University

Professor Richard Murray, Dean, College of Medicine and Dentistry, James Cook University

Abstract:

Introduction: Preparing the future health workforce is critical to improve health outcomes for Indigenous Australians. Medical schools have a responsibility to produce graduates with knowledge, skills and attitude that aligned to the needs of this population. Strategies involve student recruitment, curriculum, and clinical training placements in Indigenous health. An important part of clinical training occurs in Aboriginal Community Controlled Health Services. The aim of this project was to design a best practice model for clinical training placement in Aboriginal Community Controlled Health Services that is sustainable and transferable across professions.

Method: Ethics approval was granted with reference to research in Indigenous communities, using Participatory Action Research with five Aboriginal Community Controlled Health Services in north Queensland. Data was collected using a survey questionnaire, yarning circle, focus group and interviews. Data analysis was conducted using descriptive analysis of quantitative data and an iterative process of thematic analysis for qualitative data. Respondents included medical practitioners, Indigenous health workers, nurses, allied health professionals and senior managers.

Results: Aboriginal Community Controlled Health Service staff recognised the relevance, importance and value of student placement in their communities. They identified barriers to clinical placements including limited access to clinical space; staff time constraints, and; length of student placement time not long enough to build rapport. They noted a need for comprehensive student placement schedules; a defined scope of practice for students; and the importance of regognising the multidisciplinary work environment. Key recommendations include: streamline orientation of medical students; develop standardised policy and procedures; develop clear teaching and learning outcomes with translation between university and Health Services; create a communication framework for university and Health Services; consider available space and access to resources for students; consider staff availability and rostering across multiple organisations; and develop overarching partnership agreements to optimise long term commitment to building future workforce, systems development, and health research.

Conclusion: Conducting the research enabled distribution of facility level ideas and peer support for organisations. Acknowledging the good will of Aboriginal Community Controlled Health Services and individuals to contribute to medical education, further work is needed to explore a supporting business framework.



Presenter:



Donald Whaleboat, James Cook University

Donald is a Meriam descendant from the Torres Strait and a member of the Indigenous community in Townsville. As a senior lecturer, Donald has a key role in Indigenous health medical education, research, partnerships and community engagement. He has over twenty years experience in health promotion, Indigenous primary health care, and workforce planning and development. As Chairperson Donald has lead the Townsville Aboriginal and Torres Strait Islander Corporation for Health Services through significant restructure, improved corporate governance, and enhanced community engagement.

Donald's other appointments include board member of Townsville Hospital and Health Service and member of the LIME Reference Group.

Presentation:

Student placements in ACCHOs: identifying the factors involved in successful placements for staff and students

Authors:

Mr Nick Wilson, Medical Student, The University of Melbourne

Professor Shaun Ewen, Associate Dean (Indigenous); Director, Melbourne Poche Centre for Indigenous Health, The University of Melbourne

Ms Odette Mazel, Research Fellow and Program Manager, The LIME Network, The University of Melbourne

Abstract:

Introduction: One of the barriers to effective delivery of healthcare to Aboriginal and Torres Strait Islander populations is a medical workforce not properly equip to service Indigenous communities. As such there have been significant changes to medical school curricula in Australia to ensure the next generation of medical professionals can better address the complexities of this area. One potential avenue for delivery of this content is through student placements in Aboriginal Community Controlled Health Organisations. This study aimed to investigate the factors that contribute to making student placements in Aboriginal Community Controlled Health Organisations a success. It examined the elements that helped and hindered the experience of both staff and medical students, in order to understand what constitutes a positive experience.

Method: A series of interviews were conducted with students from Victorian Universities and staff from Victorian Aboriginal Community Controlled Health Organisations. The interviews sought to explore the expectations that surround placements; the learning outcomes for the students; the structural elements that have an influence on student placements; and the overall benefits and challenges of placements within this setting. This data was then thematically analysed.

Results: The study found that student placements were of potential benefit to both the student and the organisation. However, areas for improvement were identified, including issues of co-ordination; managing the expectations and preparedness of the student; and addressing issues relating to the capacity of the health service. Overall, it was the opinion of participants that placements in this setting should be encouraged as a means of medical and cultural education.

Conclusion: Medical student placements in Aboriginal Community Controlled Health Organisations are important for the educational experience of students and can contribute positively to the services that host them. It is important, therefore that such placements are properly managed and supported. The study provides grounding for further research into the development of a framework for assisting successful student placements in Aboriginal Community Controlled Health Organisations and contributes to building

understanding of good practice in student placement design and developing relationships between medical schools and Aboriginal Community Controlled Health Organisations.

Presenter:



Nick Wilson, The University of Melbourne

Nick is a final year medical student from the University of Melbourne with a blossoming interest in Aboriginal and Torres Strait Islander health. He grew up on a beef farm in south west Victoria and intends to work rurally after graduation including, ideally, some time in remote medicine

Presentation:

Evaluation by senior medical students of a community and clinical attachment in Aboriginal Medical Services

Authors:

Ms Christine Carriage, Indigenous Program Officer, Deanery, University of Western Sydney
Ms Jenny Akers, Rural Program Manager, Deanery, School of Medince, Unviersity of Western Sydney

Abstract:

Introduction: The year five Indigenous Health Attachment has been operating for four years - by the end of 2015, 527 medical graduates will have participated. The program was evaluated for the first time by students in 2014. The program was developed provide the opportunity for medical students to engage with Aboriginal communities and experience Aboriginal health in urban, rural and remote settings. It provides a practical experience consulting with Aboriginal patients in a culturally safe environment, and reflects the School of Medicine's commitment to genuine engagement with Aboriginal community partners.

Method: This presentation will articulate the evaluation process undertaken and share analysis of the online student survey. Commentary will be provided on student journals that encapsulate the year five medical student experiences within an Aboriginal community setting.

Results: 93 (72%) students from the 2014 year five cohort responded to the survey. Survey results and journals demonstrate students grasped the holistic nature of Aboriginal patient care through experiencing Aboriginal health in a community setting. The data shows positive experiences, with the majority of respondents believing the attachment helped them understand how social determinants influence Aboriginal health (92%) and the impact of family, community and history on Aboriginal health (77%). A majority (81%) felt well supported by staff and felt their understanding of Aboriginal health issues improved. Many (79%) felt that working with Aboriginal people was valuable for their development as a doctor. For four years, Aboriginal Medical Service partners have also provided evaluation. In 2014, many respondents (67%) felt they developed good relationships with students, 67% felt satisfaction with roles and responsibility of supervision, 78% stated they wanted to influence the training of future health professionals and 94% agreed that the community benefit from activities of the students.

Discussion: The data highlights the impact of the Indigenous Health Attachment on students' knowledge and understanding of Aboriginal communities, its value to their development as doctors and the improvement in their communication skills with Aboriginal people. We will also describe the strengths and pitfalls encountered in the process and how this shaped the program to become effective for the community and students.



Presenters:



Christine Carriage, University of Western Sydney

Christine is the Indigenous Program Officer for the School of Medicine at the University of Western Sydney. She works closely with Aboriginal Medical Services and contributes to the development of the Aboriginal Health Curriculum. Throughout her career Christine has worked for various government departments such as Health, Land Council, Aboriginal Housing Office and Tharawal Aboriginal Corporation in a range of positions. Christine currently sits on the Tharawal Aboriginal Corporation and is a Director of the South Wester Sydney Local Health District board. Christine holds a Bachelor in

Community Management, Diploma in Community Management and Masters in Indigenous Health Studies.



Jenny Akers, Unviersity of Western Sydney

Jenny has 15 years of TAFE teaching experience in southwestern Sydney, which included co-ordinating the Aboriginal Literacy and Numeracy program at Macquarie Fields and Campbelltown TAFE. Jenny has held the role of Executive Officer at both the Royal Prince Alfred Clinical School and the Macarthur Clinical School. Recently she has been working as the Rural Program Manager at the University of Western Sydney. Alongside Christine Carriage, she has negotiated student placements in the Aboriginal Community Controlled Health Organisation. She acknowledges and thanks Christine Carriage for

teaching her the protocols and respect involved in authentic engagement with Aboriginal organisations.

Presentation:

Decentralised medical training promotes recruitment in underserved areas with high Aboriginal and Islander populations

Authors:

Professor Tarun Sen Gupta, Director of Medical Education, College of Medicine and Dentistry, James Cook University

Dr Torres Woolley, Evaluation Coordinator, College of Medicine and Dentistry, James Cook University

Abstract:

Introduction: This paper describes workforce impacts of the James Cook University decentralised medical training model on two northern Australian regions – Northern Territory and Mackay. The Northern Territory and Mackay areas experience significant challenges in recruiting medical professionals, and have high proportional Aboriginal, Torres Strait Islander (30%) and South Sea Islander (10%) populations. This presentation describes the likelihood of medical students practising in the Northern Territory or Mackay areas after graduation, if they undertake two years clinical experience there.

Methods: Clinical school location, postgraduate practice location each year for the first eight cohorts, and 'hometown at application to medical school' data for James Cook University medical graduates was retrieved from a longitudinal cohort study. Data was available for 499 graduates from 2006 to 2013 (93% of the total). An additional sample of graduates (n=16, response rate= 47%) who have practised in either the Northern Territory or Mackay regions responded to a survey exploring reasons for practising in that area.

Results: Overall, 53% and 37% of students respectively, who attended the Northern Territory and Mackay clinical schools and training hospital returned to these regions to practice. In both regions, approximately one-third of the medical students who attended the local clinical school and training hospital for years five-six but who were not from that region, later returned there to practise. This compares favourably with the proportion of Northern Territory-origin (two-thirds) and Mackay-origin (one-third) students who returned to practise medicine – many



of whom also attended the clinical school. Survey data supported the strong influence the local clinical training experience had on later choice of practice location: five out of six respondents who attended clinical schools and later practised in the region rated the influence their clinical experiences in years five-six had on their decision to return as 'strong' or 'very strong'. Reasons cited included first-hand experience of the learning environment provided by local clinical teachers, good support from the clinical school, and enjoying the close connection to a rural community.

Conclusion: These findings support decentralised medical training as a recruitment strategy for underserved regions.

Presenter:



Tarun Sen Gupta, James Cook University

Tarun is Director of Medical Education and Professor of Health Professional Education at Medicine and Dentistry, James Cook University. He was a foundation appointment when Medicine was established in 2000 as Head of the Discipline of General Practice and Rural Medicine group and led development of these components of the medical program and the network of community-based teaching practices across North Queensland. He is currently Co-Director of Queensland Health's Rural Generalist Pathway and has been involved with both the Royal Australian College of General Practitioners and the Australian

College of Rural and Remote Medicine on their postgraduate assessment processes.



Session: Creating Change, Decolonising the Institution 2

Chair: Elana Curtis

10:50am-12:10pm in Rydges Breakout Room 2

Presentation:

"Ko wai au - who am I?": an approach to teaching self-reflection and awareness

Authors:

Ms Anna Dawson, Hauora Māori Lecturer, Dunedin School of Medicine, University of Otago, Dunedin

Dr Joanne Baxter, Associate Professor and Associate Dean (Māori), Division of Health Science, University of Otago, Dunedin

Ms Francis Kewene, Hauora Māori Lecturer, Dunedin School of Medicine, University of Otago, Dunedin

Ahstract.

Introduction: Aotearoa/New Zealand's medical graduates must meet the needs of Māori, as culturally safe and competent clinicians. Medical graduates must also be motivated and equipped to tackle the broader issues contributing to inequity and act as 'agents of change'. The capacity for self-awareness and critical self-reflection underpins these learning goals. This presentation outlines the approach taken by the Dunedin-based Kōhatu - Centre for Hauora Māori - to the teaching of self-awareness and reflection among fifth year medical students, within the context of immersed marae-based teaching within a noho marae. Key learnings in relation to challenges and opportunities are highlighted.

Method: The self-reflective program is in three phases, with a foundation in a specific workshop entitled "Ko Wai Au – Who am I?", held over a half-day and evening, where students undertake an exercise that encourages them to reflect on their own beliefs and values. Firstly the students create of a book that includes: what is your culture, who are the most important people in your life and why, what are the things (tangible or nontangible) you value the most and why? The students then share their books with their peers in a small group during the evening. Finally students follow-up the noho with a reflective essay, handed in one month later. The essays detail an aspect or particular experience that engaged the students whilst at the noho.

Results: This workshop has been delivered annually to fifth year medical students over three years. We have formed an opinion about the effectiveness of this approach to teaching self-reflection on our observation, student evaluation and feedback and commentary within reflective essays on the impact of the workshops. While some students share how they have had transformational experiences, others share their excitement about getting into the workplace and wanting to make a difference for all New Zealanders, but especially Māori. Nearly all of the students appreciate the immersed marae setting, allowing them to build relationships with the locals, the place and each other.

Conclusion: We conclude that this approach to teaching self-reflection and awareness is very effective in supporting goals in relation to self-awareness and reflection.

Presenter:



Anna Dawson, University of Otago, Dunedin

Anna (Kāi Tahu, Arowhenua) currently convenes Hauora Māori in the Advanced Learning in Medicine program. She is also a Research Fellow in the Cancer Society's Social and Behavioural Research Unit and the Next Generation Study. She has recently completed her Master of Public Health looking at Cultural Competency for Researchers. Her passion for teaching and researching Hauora Māori is supported by her strong community connections and previous experience as a local health promoter.

Presentation:

Billibellary's walk: using Indigenous pedagogy to engage students with the concept of 'place' at the University of Melbourne

Authors:

Ms Shawana Andrews, Indigenous Health Lecturer, School of Health Sciences, The University of Melbourne Mr Warwick Padgham, Senior Project Officer, Melbourne Poche Centre for Indigenous Health, The University of Melbourne

Abstract:

Introduction: For centuries the Wurundjeri people have walked the grounds upon which the University of Melbourne now stands. Today, the University supports new teaching and learning methods for its students. Encouraging staff and students to interpret the University landscape pre colonisation, a multi disciplinary working group developed a self-guided Indigenous cultural walk around the University's Parkville campus. Conducted in partnership with the Wurundjeri community, the Billibellary's Walk project team identified ten stops of cultural/historical interest and developed a narrative for each which was made available online. The second phase of the project, saw the narrative converted into a self-guided smart phone application. One ongoing challenge was to create deeper rather than superficial learning experiences and there was pedagogic strength in developing opportunities for experiential learning, such as story telling and yarning.

Method: The project team consulted throughout the life of the project with local community, using an action research method to weave Indigenous culture and stories into an experience that enables participants to engage with Wurundjeri Country. Whilst the smart phone application was formally launched in March 2015, the narrative has been available for two years and is in great demand, and has been taken up broadly across the University.

Discussion: Billibellary's Walk is currently being evaluated over the academic year (2015) and has provided a pedagogically unique teaching and learning tool for both staff and students. The Walk is being evaluated for its relevance to teaching and learning, interest/enjoyment, understanding of concepts and how informative it was. A significant challenge was demand for the Walk. Employing the smartphone application enabled the Walk to be sustainable for larger groups, although not eliminating the need for some participants to be led by a guide.

Conclusion: The project has contributed to the Indigenous teaching and learning evidence base, in particular the effectiveness of using local Indigenous knowledge and pedagogy. The Walk has been self-sustaining through the application technology and website, both of which can be updated and added to over time, and its applicability across disciplines has also enabled it to be a feature throughout the university teaching and learning space.



Presenters:



Shawana Andrews, The University of Melbourne

Shawana is a Palawa woman of the Trawlwoolway clan, Trowunna. She has a social work and public health background and has worked in Aboriginal health for 17 years doing project management, program development, teaching, community development and direct service delivery. She currently works as Lecturer in Indigenous Health at the Melbourne School of Health Sciences and leads the Indigenous Curriculum Framework development for the School. Shawana also leads the Billibellary's Walk project as part of broader university efforts to develop Indigenous pedagogical tools to facilitate Indigenous curriculum development.

Warwick Padgham, The University of Melbourne See page 58.

Presentation:

Having the hard conversations: developing a good practice framework to reduce resistance to Indigenous health and cultural safety

Authors:

Professor Dennis McDermott, Director, National Senior Teaching Fellow, Poche Centre for Indigenous Health and Well-Being, Office of Learning and Teaching, Flinders University SA

Dr Angela Lawless, Director, Southgate Solutions, Southgate Centre for Health, Society and Equity, Flinders University SA

Dr Tamara MacKean, Senior Research Fellow, Poche Centre for Indigenous Health and Wellbeing, Flinders University

Associate Professor Wendy Edmondson, Acting Director, Poche Centre for Indigenous Health and Wellbeing, Flinders University SA

Abstract:

Introduction: Many students and health professionals, alike, struggle to engage fully with Indigenous health curricula. Both content and pedagogy can disturb. Where students respond with resistance – and in particular with disengagement - teaching and learning can fail (McDermott and Sjoberg, 2012). Future efficacy in Indigenous health is jeopardised. Institutions can also resist. Where Indigenous leadership of pedagogical approach is not seen as central, subject comprehensiveness may be diluted and a subject's mandatory status threatened. Whether overt or covert, institutional resistance can operate to constrain, or deny the validity of, appropriate funding, staffing, curriculum space, time-tabling, inclusion of strengths-based/non-deficit approaches, and Indigenous-preferred curriculum. This presentation reports on a developing Good Practice Framework that forms a key component of a National Senior Teaching Fellowship (Australian Government Office of Learning and Teaching).

Method: A rapid review of the literature was drawn on to create a discussion paper for consideration at a two-day symposium/roundtable involving ninety participants. Additionally, sixteen expert informants - Indigenous/non-Indigenous health and education academics, plus health professionals, from several countries – participated in semi-structured interviews to clarify both the phenomena involved in 'resistance' and effective counter-measures.

Results: Data analysis of the expert informant interviews - along with with symposium presentations, panel outcomes and roundtable discussions - informed the development, then refining, of a draft Good Practice Framework.

Discussion: This presentation outlines the development of a Good Practice Framework that aims to clarify and address barriers to, and enablers of, student progress along an often disquieting educational journey. Additionally, the framework aims to embed investigation of individual and institutional resistance into health professional course accreditation processes.

Conclusion: This work potentially contributes to improved student / professional development participant engagement with challenging aspects of Indigenous health and cultural safety education, along with more-comprehensive, yet more-nuanced, organisational change measures to dilute institutional resistance. When complete, the Good Practice Framework will be disseminated by media, academic publication, and workshops - augmented by video and printed educational resources.

Reference: McDermott, D and Sjoberg D (2012). Managing a diverse student discomfort with an Indigenous health curriculum. LIME good practice case studies. Melbourne: The University of Melbourne.

Presenter:



Dennis McDermott, Flinders University SA

Dennis is a Professor at Flinders University and on leave as Director of the Poche Centre for Indigenous Health and Well-Being. He is also a 2014-15 National Senior Teaching Fellow. Dennis is a psychologist, academic and poet. A Koori man, his mother's family are from Gadigal land of inner Sydney with connections to Gamilaroi country of north-west NSW. Dennis' teaching and research interests encompass early childhood, social determinants of Indigenous health, racism, incarceration, policy, equity, Indigenous social, spiritual and emotional well-being, workforce development,

Indigenous health pedagogy, and the nexus of culture and context in service delivery. Dennis' teaching and research interests encompass early childhood, social determinants of Indigenous health, racism, incarceration, policy, equity, Indigenous social, spiritual and emotional well-being, workforce development, Indigenous health pedagogy, and the nexus of culture and context in service delivery.

Presentation:

Unsafe learning environments: Indigenous medical students experiences of racism

Authors:

Dr Marcia Anderson DeCoteau, Assistant Professor, Section Head for the Section of First Nations, Metis, and Inuit Health, College of Medicine, University of Manitoba

Ms Amanda Woods, Research Associate, College of Medicine, University of Manitoba

Dr Barry Lavallee, Assistant Professor, Director of the Centre for Aboriginal Health Education, College of Medicine, University of Manitoba

Dr Catherine Cook, Associate Dean, First Nations, Metis, and Inuit Health, College of Medicine, University of Manitoba

Abstract:

Introduction: Indigenous learners experience structural and systematic violence within the medical school and their learning environments; however little has been described in the literature in terms of changes to address these issues. This violence, represented by the universal experiences of racial micro-aggressions and racism, must be addressed as an ethical and rights-based imperative for the successful recruitment and retention of Indigenous medical students.



Method: In 2012 the Faculty of Medicine approached the Section of First Nations, Métis and Inuit Health asking for research on the outcomes of Indigenous medical students. Due to the perception of high rates of attrition, the faculty wanted to validate this assumption and understand the processes that might be contributing to this perceived issue. Nine semi-structured interviews were conducted with self-declared Indigenous people who had been admitted to the University of Manitoba, Faculty of Medicine between the years 1980 and 2008. Participants had all graduated, to rule out creating potential difficulties for current students.

Results: Eight of the nine participants had graduated medicine with a modal time of four years. The sample size is too small to do a formal statistical analysis and comment on attrition rates which we felt would be distracting from critical issues emerging from the data. This presentation will focus on two powerful themes that emerged from the data: struggles with Indigenous identity at different points in time and the universal experiences of racism within the medical school learning environment. Participants experienced multiple levels of racism within an organisational culture that actively discouraged challenging or reporting the experiences.

Discussion: The data highlights the critical need to turn the gaze from the students as the primary or sole source of academic or social difficulties to the structure, policies, and discourses of the Faculty that create an unsafe learning environment for Indigenous medical students.

Conclusion: Recommendations have been developed ranging from Indigenous representation on the faculty and in decision-making processes to reassessment of procedures for reporting experiences of racism. Indigenous student support services are necessary but not sufficient: Indigenous students also have the right to safe learning environments which promote, not demean, their Indigenous identity.

Presenter: Amanda Woods, University of Manitoba See page 78.

Session: Poster Session 1

Chair: Craig Allen

10:50am-12:10pm in Rydges Breakout Room 3

Presentation:

Indigenous health workforce building: university Indigenous students' and lecturers' interactions

Author:

Mr Stephen Corporal, Indigenous Project Officer, Griffith Health Executive, Griffith University

Abstract:

Introduction: Previous research highlights the need to increase the Indigenous health workforce including Indigenous health professionals. Interaction between Indigenous students and academics in a University health faculty is important in building the Indigenous health workforce. The aim of this research is to explore whether interactions between academic staff and Indigenous health students contributes to student retention.

Method: This research project utilises Race Theory (Identity), Goffman's Dramaturgical Theory (Roles) and Self-fulfilling Prophecy (Expectations) as a framework to guide questions, with Indigenous methodology to guide engagement within the research methods. A purposive sample of approximately thirty participants was sought from health faculty academics and Indigenous students. Semi-structured interviews were digitally recorded, transcribed and analysed.

Results: The research is up to the data collection stage with initial data collected. Initial data suggests that first year academics have some understanding of Indigenous identity and issues but would like to know more. Indigenous students saw identity as important in community and university. Many students and academics stated that students were seen as role models and some students said their roles in community carried through to university, such mother, provider, helper and leader. Students and academics suggest family roles can be a reason to stay or leave studies. Students and academics suggest that expectations of students and their families to complete are high but may also be the reason students leave. The first year academics stated that their expectations of Indigenous students are the same as other students.

Discussion: The process has highlighted issues in relation to identity, roles and expectations of the Indigenous students, such as the identification of students at university, roles in their family, and high expectations. The issues may be both problematic and positive and there could be benefit from further cultural competency training of academics, cultural safety for students and families, and increased knowledge of the university system for Indigenous communities, families and individuals.

Conclusion: This is research by an Aboriginal PhD student will contribute to the body of knowledge within the higher education system and in Aboriginal and Torres Strait Islander communities.

Presenter:



Stephen Corporal, Griffith University

Stephen is an Eastern Arrernte man, born in Townsville. He did counselling and welfare work within the Brisbane Aboriginal and Torres Strait Islander community for more than 10 years before completing the Bachelor of Social Work and Bachelor of Arts (Psychology) degrees at the University of Queensland and subsequent Masters of Social Policy at James Cook University. Stephen was Senior Student Support Officer at the University of Queensland Indigenous Unit 2005-2009, and Indigenous Recruitment Manager at the School of Medicine until 2011, and he is currently employed as Project Officer at Griffith

University Health where he is doing his PhD.



Presentation:

What is the lived experience of learning about Indigenous health and does it change you?

Author:

Ms Sally Fitzpatrick, Lecturer, Muru Marri, School of Public Health and Community Medicine, The University of New South Wales

Abstract:

Introduction: Very little is known about the lived experience of postgraduate students who learn about Indigenous health. While there is an evolving scholarship in Australia around the teaching of Indigenous health, the literature is scant around the transformative learning processes that take place for students and what the students feel these might mean for their professional practice.

Method: Student evaluations from Muru Marri's two Indigenous health electives show high student satisfaction; and early quantitative data from an opt-in two arm empowerment measure administered at the beginning and end of the semester is pointing to changes taking place over the period of each course; but what happens next? This presentation is a critical reflection of my thinking after one year in a professional doctorate program, which is exploring the meaning and lived experience of student alumni from the School of Public Health and Community Medicine's Indigenous health electives, of whom several are Aboriginal and the majority are non-Indigenous.

Results: I will explore the overarching as well as the immediate contexts of the student's learning; how Muru Marri operationalises a transformative, blended learning setting; our methodological questions and approaches, as well as the challenges posed by being a non-Indigenous doctoral student translating the work of the Muru Marri collective, so as to enhance our own practice as well as the practice of others in the field.

Presenter:



Sally Fitzpatrick, The University of New South Wales

Sally is a lecturer with Muru Marri in the School of Public Health and Community Medicine at the University of New South Wales. Her professional doctorate is examining the meaning and experience of learning about Indigenous health. She also collaborates in Muru Marri's research into Indigenous social and emotional wellbeing and healing. Sally is a key contributor to Muru Marri's specialist stream of the Master of Public Health: Aboriginal Health and Wellbeing. Sally is proud to be a part of the Muru Marri team which, in 2014, won the Vice Chancellor's Award for Teaching Excellence in

Programs that Enhance Learning.

Presentation:

'Everyone should do this rotation': medical student and registrar experiences of placement in an urban Aboriginal and Torres Strait Islander primary health care setting

Authors:

Dr Wendy Foley, Education and Training Coordinator, Southern Qld Centre of Excellence in Aboriginal and Torres Strait Islander Primary Health Care, Queensland Health

Associate Professor Noel Hayman, Clinical Director, Southern Qld Centre of Excellence in Aboriginal and Torres Strait Islander Primary Health Care, Queensland Health

Abstract:

Introduction: The Southern Queensland Centre of Excellence in Aboriginal and Torres Strait Islander Primary Health Care recently invested in an Education and Training Coordinator position to support education throughout the service. In 2014 all students were debriefed by the Coordinator at placement completion. Key

learning experiences and factors facilitating learning identified by medical students and are presented. As this was not conducted as a research project, no ethics approval was sought.

Methods: As part of an audit of student experiences, all 20 medical students and registrars were invited at the end of their placements to participate in a semi-structured debriefing interview. The debriefings ranged from 20-60 minutes and covered activities during placement; key learnings, especially those pertaining to working in an Aboriginal and Torres Strait Islander community; aspects of placement enjoyed/disliked, and; suggestions for future placements. Detailed notes were taken and a thematic analysis was conducted.

Results: 14 of the 15 medical students and all five registrars participated. Two are Indigenous. The two themes presented here relate to learning environment and new knowledge/insights gained. All participants described a positive learning environment, characterised by a well organised program, welcoming staff and patient acceptance, good clinic facilities, good patient contact opportunities and exposure to a variety of medical issues and clinical supervisors. New knowledge/insights gained included increased understanding of Indigenous community and social/health issues. Participants learned importance of respect/trust in engagement and gained cultural awareness through Indigenous patient engagement. For some, this challenged previously held stereotypes and brought to life sterile 'text book knowledge'. All participants increased professional and clinical skills and some mentioned improvement in interpersonal skills. They learned about culturally safe health care by observing supervisors.

Discussion: Participants indicated that well supported placements in urban Indigenous primary health care can lead to valued clinical and cultural learning. They reported feeling better equipped to work with Indigenous patients and some indicated a desire to work in Indigenous health in the future.

Conclusion: This presentation provides evidence that these placements provide valuable opportunities for students to learn about Indigenous people and culturally safe health care in an urban context.

Presenter:



Wendy Foley, Queensland Health

Since late 2014 Wendy has been working as the Education and Training Coordinator in the Southern Queensland Centre of Excellence in Aboriginal and Torres Strait Islander Primary Health Care, where she has worked since 2009 in community nutrition and research roles. Wendy has worked in a variety of education settings since the 1970s, including teaching in the tertiary sector in Australia, Asia and the Pacific, lecturing and researching in the area of Indigenous nutrition since 1999.

Presentation:

Engaging medical students in Indigenous health through non-traditional learning

Authors:

Ms Natalie Ngu, Medical Student (Hons), Faculty of Medicine, Nursing and Health Sciences, Monash University

Ms Nahkita Wolfe, Medical Student (Hons), Faculty of Medicine, Nursing and Health Sciences, Monash University

Associate Professor Karen Adams, Associate Professor, Indigenous Engaement Unit, Faculty of Medicine, Nursing and Health Sciences, Monash University



Abstract:

Introduction: The identification of Indigenous health 'gaps' continues to be a focus of Australian medical education, with limited acknowledgement of negative impacts this messaging may have on Indigenous identity (Tsey et al 2010). The complex contributors to adverse health outcomes and associated stereotypes are often not adequately explored in medical education. A need was identified to investigate innovative ways to engage medical students in Indigenous health and strengthen their capacity to provide culturally appropriate care to Indigenous patients, through a strengths-based dialogue.

Method: A social event was organised featuring guest speakers and films from Black Screen Australia that explored the historical, political, social and cultural factors contributing to Indigenous health outcomes. This was complemented by an evening where professionals encouraged students to start shifting conversations at both individual and community levels. These non-traditional learning environments facilitated a safe platform for discussion that would not have been achievable in a classroom. We used an action research (Dick, 2002) method of evaluation. Students relayed through anecdotal feedback the successes and shortcomings of each event, allowing insight into current progress and refining plans for future events. Formal evaluations, such as surveys, will be developed in the future.

Results: The evaluation results demonstrated that the events were successful in fostering discussion and collaboration. Student involvement through interactive activities provided an effective vehicle through which to deliver knowledge and encourage further engagement in Indigenous health. We were restricted by funding limitations but liaising with the university medical faculty and collaborating with Indigenous leaders including Karen Adams, Mary Guthrie, Leanne Sumner and Scott Gorringe, opened opportunities for future innovative health education initiatives. Further, affiliations with the Lowitja Institute, Murrimatters Consulting, Monash Health and the General Practice Students Network have strengthened our resource base.

Conclusion: Ongoing partnerships with these organisations will provide the support needed to sustain the progress made and to continue to challenge future medical professionals' deficits-based approach to Indigenous health

References:

Tsey, K WM et al (2010). Empowerment and Indigenous Australian health: a synthesis of findings from Family Wellbeing formative research. Health Soc Care Community, 18(2), 169-79.

Dick, B (2002). Action Research: Action Learning, Action Research Association Inc., http://www.alarassociation.org/pages/about-us [13/02/2015].

Presenters:



Natalie Ngu, Monash University

Natalie is a final year medical student at Monash University in Melbourne. She is particularly interested in children's health, which she has explored through clinical research and mentoring a child with a disability. Natalie is involved in the General Practice Students' Network, the John Flynn Rural Placement program and the National Donor Advisory Committee for the Australian Red Cross. She is also keen to continue her involvement in Indigenous health research and advocacy beyond medical school.



Nahkita Wolfe, Monash University

Nahkita is a medical and honours research student at Monash University, Melbourne. She is passionate about public health, and her key areas of interest are advocacy, human rights and Indigenous health. Nahkita is a leader and volunteer for many organisations, including Monash University's student-run global health short course - Torque, the Australian Indigenous Mentoring Experience, and the Australian Medical Students Association. She has also recently completed an internship at the United Nations' World Food Programme, where she helped develop policy and an online

advocacy platform to promote equitable access to health services for all.

Presentation:

The Vision 20:20 database: the benefits of a student support database system

Authors:

Mr William Nepia, MAPAS Student Support Advisor, Te Kupenga Hauora Māori, The University of Auckland

Miss Susanadaisy Jensen, MAPAS Advisor, Te Kupenga Hauora Māori, The University of Auckland

Abstract:

Introduction: The Vision 20:20 database is a unique tool in providing student support services to our Māori and Pacific Admission Scheme (MAPAS), within the Faculty of Medical and Health Sciences. This system was first established in 2011 and designed to support four initiatives: the Whakapiki Ake Project, MAPAS general admissions, MAPAS support, and the Certificate in Health Sciences. This presentation will focus on the MAPAS support function.

Method: A prototype database was designed to track student engagement and admissions for MAPAS applicants. Through a series of discussions with MAPAS and the Director of Vision 20:20, the database was redeveloped to incorporate qualitative and quantitative data, and then out-sourced to a database consultant.

Results: A total of five MAPAS Advisors and one Senior Academic utilise the database daily. With the high functionality of the database, MAPAS staff can track student engagement, monitor academic progress, record student interventions and advocate for 460 undergraduate students at examiner's meetings. The MAPAS support function allows us to build a comprehensive year by year profile of our students' journeys. The information allows us to ensure that we are delivering the best possible outcomes for our students. The MAPAS support function of the database includes: student details; ancestry – verified ancestry information; admission details – entry scores and information collected during MAPAS Interviews; academic details – courses and grades achieved; MAPAS Student Support – detailed notes on academic and pastoral support; student engagement – attendance statistics for all MAPAS tutorials and events; MAPAS Reporting – analyses various data sets. Discussion: This is an evolving resource that will change to reflect student needs. Its potential lies in future developments that will allow us to link student intervention and engagement data with our academic outcomes. Further development is also warranted at postgraduate level.

Conclusion: The implementation of this database allows us to accumulate knowledge on how to support our Indigenous students to achieve success, contributing to the Vision 20:20 objective of increasing the number of Māori and Pacific health professionals to 10% of the health workforce in Aotearoa/New Zealand by the year 2020.



Presenters:



William Nepia, The University of Auckland

Ko Tainui te waka. Ko Waikato te awa. Ko Ngāti Wairere, raua Ko Ngāti Whawhakia, raua Ko Ngāti Mahuta ō oku hapū. Ko Waikato te iwi. Ko William Nepia toku ingoa.

William has worked in student support for over 10 years with a passion for finding different ways of improving educational outcomes for Indigenous Māori tertiary students. William has a Bachelor of Education from Massey University, Aoteoroa/New Zealand, and he is now studying his Masters of Education while continuing his role as an

advisor at the University of Aukland's Māori and Pacific Admission Scheme.



Susanadaisy Jensen, The University of Auckland

Susanadaisy is from Samoa and although she was born and raised in Auckland she has maintained a strong connection to her home community, particularly the villages of Vaiala and Sato'alepai. Susanadaisy completed her Bachelor of Arts at the University of Auckland and a Graduate Diploma in Tertiary teaching at the Auckland University of Technology. She has worked in student support for the past eight years and aspires to contribute in different ways that can be beneficial for Māori and Pacific tertiary students to have positive experiences at university.

Presentation:

Building cultural competence in medical students to improve the health and wellbeing of Indigenous Australians in the clinical space

Authors:

Dr Annie Simmons, Associate Lecturer, School of Medicine, Deakin University

Ms Vera Webber, Senior Aboriginal Service Development Officer, Eastern Health

Dr Scott McCoombe, Lecturer/Researcher, School of Medicine, Deakin University

Associate Professor Colin Bell, Associate Professor in Public Health Medicine, School of Medicine, Deakin University

Abstract:

Introduction: Integrating public health medicine with clinical practice provides the best opportunity for medical practitioners to improve the health of individuals and populations. As such, clinical care for Indigenous Australians will improve if practitioners recognise cultural values and beliefs about health and upstream social determinants such as colonisation.

Methods: The purpose of this paper is to describe a Cultural Teaching and Learning package designed for third year Bachelor of Medicine/Bachelor of Surgery students at Deakin University to practice cultural competence in clinical settings.

Results: The package is underpinned by the pedagogical model in the National Best Practice Framework for Indigenous Cultural Competency in Australian Universities and was designed to encourage graduates to enhance the health and wellbeing of rural, remote, Indigenous and marginalised individuals and communities – a School of Medicine course learning outcome. By third year, the package supports students to apply knowledge and skills attained from their year one/two cultural immersion program to the clinical setting through: a self-directed module to broaden clinical and community care thinking to the social determinants of health; a three-hour workshop strengthened by engagement with Aboriginal Hospital Liaison Officers who provide practical

strategies for working together and cultural considerations of Indigenous patients in clinical settings; and an Indigenous case study assessing students' application of preventive medicine, health system enhancement and identification of advocacy roles of trainee practitioners.

Discussion: Preliminary evaluation of student assessments and workshop feedback indicates: deeper understanding of factors contributing to the health and wellbeing of Indigenous patients; greater awareness of the role and function of Aboriginal Hospital Liaison Officers; practical strategies to implement in the clinical setting with identification of feasible roles for professional practice; increased confidence in approaching, communicating with and caring for Indigenous patients in the clinical setting, and; confidence engaging with an Aboriginal Hospital Liaison Officer in the clinical setting. Further evaluation is planned to assess cultural proficiency of year four students upon completion of their clinical training.

Conclusion: Aboriginal Hospital Liaison Officers report Indigenous patients often feel alienated and uncomfortable in clinical settings. We believe these are positive steps towards improving clinical care for Indigenous patients.

Presenter:



Scott McCoombe. Deakin University

Scott McCoombe is Lecturer in Public Health in the School of Medicine at Deakin University. His research and teaching involve rural health, cultural awareness, communicable and non-communicable disease epidemiology and community health.

Presentation:

Experiences of JCU MBBS graduates in remote northern Australian towns with high proportional Indigenous populations

Authors:

Dr Torres Woolley, Evaluation Coordinator, College of Medicine and Dentistry, James Cook University
Mr Donald Whaleboat, Senior Lecturer, College of Medicine and Dentistry, James Cook University
Dr Roy Rasalam, Head of Clinical Skills Unit, College of Medicine and Dentistry, James Cook University

Abstract:

Introduction: Over 65% of James Cook University medical graduates are practising outside of major cities (compared to 20% of all Australian clinicians), including around 5% who choose to practise in remote northern Australian towns. Many of these remote towns, such as Mount Isa, Katherine, and the islands of Elcho, Palm and Thursday, have high proportional Aboriginal and Torres Strait Islander populations. Little is known about the challenges and pressures for Australian doctors practising in remote locations with high proportional Indigenous populations; including community expectations around advocacy and leadership roles for graduates from Aboriginal or Torres Strait Islander cultures, and challenges around cross-cultural communication and community acceptance for all graduates. This project aims to compare the experiences of non-Indigenous versus Indigenous James Cook University medical graduates who choose to work in remote northern Australian towns, with respect to patient encounters and community expectations.



Methods: A qualitative approach involving interviews with 20 medical graduates (total) from non-Indigenous and Aboriginal or Torres Strait Islander cultures who have practised in Mt Isa, Katherine, Elcho Island, Palm Island or Thursday Island was undertaken. Particpiants were identified through the School's longitudinal tracking database. Analysis will involve a 'grounded theory' approach to develop concepts from interview data, while providing rigour, validity and reliability by following the Diekelmann et al (1989) seven steps of phenomenological research. The Medical School's 'Aboriginal and Torres Strait Islander Peoples Medicine Working Group' was informed of the study, and will be approached for feedback on the interview questions.

Results: Interviews were undertaken in May and June 2015. Open-ended questions asked about graduates' prior exposure to remote communities and Indigenous Australian culture; motivations for remote practice, and if this changed during their undergraduate years or post graduation; experiences in the remote towns, including patient encounters with Indigenous peoples, community expectations around advocacy and leadership roles, and the challenges of remote living; and intentions for future practice and engagement with Aboriginal and Torres Strait communities.

Conclusion: Findings will be used to inform James Cook University of any additional required knowledge and skills around cross-cultural communication and safety, and performing advocacy and leadership roles in small communities.

Presenter:



Torres Woolley, James Cook University

Torres was born on Thursday Island in the Torres Strait, and now works at the James Cook University medical school evaluating the program and learning activities. His research is mostly associated with publishing the School's innovative learning activities, tracking graduates and their impacts in the community, and helping to 'Close-the-Gap' between White Australian and Aboriginal and Torres Strait Islander Health in the North Queensland region through helping the School's lecturers identify additional knowledge, skills and attitudes our medical graduates need to better communicate with, and serve

the health needs of, Aboriginal and Torres Strait Islander patients.

Presentation: Community engagement and partnership case presentation

Author:

Dr Jill Bestic, Senior Lecturer, Rural Clinical School, Medical School, Australian National University

Abstract:

Introduction: The learning objectives of this presentation are (1) Understand how, as a medical educator, reflection on real experiences can contribute to student understanding of remote area medical work; (2) Understand the benefits of community engagement and partnership and; (3) Understand how Art can be effective in building community engagement. Strategies for effective engagement between remote medical practitioners and local Indigenous populations they support are poorly understood, and, as a result, often poorly practiced. This paper will present a case from my own clinical experience in Yuendumu, a Warlpiri Community 270 kilometers north west of Alice Springs that demonstrates how community engagement can be structured around Art. The aim is to explore the value of broader community engagement to better understand a patient's situation within the community and to promote medical compliance; to build my relationship with the community and; to foster engagement between other medical practitioners, students and the Canberra community with two remote Indigenous communities.



Methods: A range of outreach, education and fund-raising activities were used, including (1) medical care of patients; (2) teaching of medical students; (3) engagement with the Art community in Yuendumu and; (4) an exhibition and sale of Yuendumu art in my suburban Canberra garden.

Results: Through these activities I developed a personal belief in friendship within patient communities, improved my ability to support patients and other community members, expanded my understanding of remote medical practice, shared my learnings with medical students at the Australian National University and built connections between urban medical and remote communities. I recognise that my ongoing teaching and supervision when in Yuendumu has been influenced by establishing and maintaining community engagement over distance and time.

Conclusion: In going beyond our defined role as medical practitioners we can be effective in community engagement and creating new partnerships, we can have unplanned experiences that we can reflect on, that enhance our teaching of medical students.

Presenter:



Jill Bestic, Australian National University

Jill is an experienced rural and urban General Practitioner who is currently working in medical education at the Australian National University. Jill has a passion for remote area work and her career has enabled and continues to enable her to have experiences that are personally valuable.



Session: Assessment

Chair: Maree Toombs

1-2:20pm in Rydges Breakout Room 1

Presentation:

Faculty development for assessment of Indigenous health

Author:

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

Abstract-

Introduction: Vertical and horizontal integration of Indigenous health in medical curricula means that non-specialist educators must share the responsibility for teaching, learning and assessment. At the University of Auckland, students' performance in the Hauora Māori (Māori Health) Domain is assessed in each clinical attachment using a standardised Clinical Supervisor Report form. However the quality of this assessment is highly questionable. This paper reviews the development of the Clinical Supervisor Report form and interventions to build capability among clinical supervisors to improve the assessment of Māori Health.

Method: The Clinical Supervisor Report form was redesigned to include three explicit competency areas in the Hauora Māori Domain (Critical Reflection, Commitment to Equity and Cultural Safety). Interventions to improve assessment included: (1) presentations at clinical departments' teaching meetings; (2) educational modules in formal courses for clinical educators; (3) a session in teaching workshops for clinical teachers, and; (4) an online educational resource to provide clinical teachers with guidance on how to assess students in the Hauora Māori Domain, addressing each of the three competency areas in detail.

Results: Brief educational sessions with clinical teachers were useful for raising awareness but were unable to provide the detailed knowledge and skills required to help supervisors assess students in the Hauora Māori Domain. Participants expressed a desire to better understand each of the competency areas to enable them to 'know when they see it'. There was considerable demand for the online resource and strong support for the general approach.

Discussion: Defining explicit competency areas within the Hauora Māori Domain and formalising these on the standard clinical assessment form has laid the groundwork for engaging clinical teachers. The requirement for supervisors to assess students in this domain provides an incentive for faculty development which can contribute to more effective teaching, learning and assessment of Indigenous health.

Conclusion: Capability building for non-specialist staff is an essential element of improving the assessment of Indigenous health in medical education. It is extremely challenging but, based on initial feedback, the approaches described in this paper could make valuable contributions.

Presenter:

Rhys Jones, The University of Auckland See page 46.

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Presentation:

What can be learnt from using Indigenous patient logbooks in medical education?

Authors:

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

Dr Suzanne Pitama, Associate Dean Māori, Māori/Indigenous Health Institute (MIHI), University of Otago, Christchurch

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

Abstract:

Introduction: Logbooks to record student experiences in medical education have been widely used. However their value as a tool to enhance learning or assessment continues to be debated. The use of logbooks in Indigenous medical education curriculum has received little attention and this presentation will discuss the development, evaluation and refinement of Hauora Māori patient logbooks.

Method: All medical students at University of Otago, Christchurch have completed Hauora Māori logbooks for the last five years as part of the Hauora Māori curriculum. Students' evaluation of the learning objectives and usefulness of the logbooks were assessed and utilised to refine the use of the logbooks.

Results: Student evaluations indicate that logbooks are useful to increase awareness of ethnicity in the health system. Some negative criticisms occurred during the early years of use such as promoting 'Māori patient hunting' for the simple purpose of completing the assignment without any educational benefit. Subsequent development has led to linking the logbook to identification of health disparity information and Indigenous health research.

Discussion: The use of Indigenous patient logbooks can promote awareness of ethnicity in the health system, increased awareness of epidemiology and knowledge of Indigenous health research. Careful discussion about their purpose and learning objectives is required to ensure students' participation is authentic.

Conclusion: The use of Indigenous patient logbooks can complement an Indigenous health curriculum when clearly linked to learning objectives.

Presenter:



Cameron Lacey, University of Otago, Christchurch

Cameron began psychiatry training in Christchurch and after being awarded a Ministry of Health Henry Rongomau Bennett Scholarship worked with Te Korowai Atawhai (Māori Mental Health Service). He completed advanced training in neuropsychiatry in Melbourne. Cameron returned to Christchurch in 2008 to work with the Māori/Indigenous Health Institute and West Coast District Health Board. His current Hauora Māori research includes the integration of Indigenous health into clinical practice in medical education.



Presentation:

Judging a book by its cover: a visual artwork assessment for medical students

Authors:

Mr Craig Allen, Lecturer, Centre for Aboriginal Medical and Dental Health, The University of Western Australia

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

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

Abstract.

Introduction: At the University of Western Australia, the Centre for Aboriginal Medical and Dental Health has implemented a comprehensive horizontally and vertically integrated Aboriginal health curriculum within the new post graduate Doctor of Medicine degree.

Methods: Transitioning from a Bachelor of Medicine, Bachelor of Surgery into a postgraduate Doctor of Medicine course, while continuing a stepwise learning pathway for students guided by year and graduate level learning outcomes, has created an opportunity for developing and implementing new teaching materials and assessments.

Results: One such innovation has been the introduction of a visual arts assessment of students early understanding of Aboriginal health and culture. After some instruction, students describe and visually depict their understanding of Aboriginal health and culture.

Conclusion: This presentation explains the approach applied to the development and implementation of this assessment, describes the initial and subsequent responses from Faculty and explores not just the learning experiences for students but the longer term influence this assessment has had on student engagement in subsequent learning activities over the years that follow.

Presenter:



Craig Allen, The University of Western Australia

Craig is a Yandruwandha Yawarrawarrka man with a background in psychology. He has worked throughout the country supporting Aboriginal and Torres Strait Islander individuals, families and communities. Craig follows the philosophy of cultural way first, which has influenced his clinical practice and influences his work at local and national levels. He is an Assistant Professor with the Centre for Aboriginal Medical and Dental Health at the University of Western Australia. In this role Craig has been teaching future generations of health practitioners the importance of Aboriginal and Torres Strait

Islander culture and how to better provide culturally safe and secure health services.

Presentation:

Meaningful, integrated assessment and academic writing in an Aboriginal and/or Torres Strait Islander health course

Authors:

Ms Michelle Dickson, Lecturer and Course Coordinator, Indigenous Health Programs, Sydney School of Public Health, The University of Sydney

Dr Jo Lander, Director, Teaching and Learning; Associate Dean, Learning and Teaching, Sydney School of Public Health, Sydney Medical School, The University of Sydney

Abstract:

Introduction: The Graduate Diploma in Indigenous Health Promotion, available only to Aboriginal and Torres Strait Islander students, is run in block mode (six sequential blocks of seven-ten days across one year). The Graduate Diploma has been offered for 17 years, and has graduated 174 students. Course participants come with extensive professional skills and experience in the health sector. Most students have had limited previous exposure to academic literacies, including writing academic text. This fact, and the delivery mode, posed two dilemmas for assessment: how to develop assessment which relates to both community and professional needs and allows for a gradual development of skills over time, and how to improve students' academic writing skills.

Method:The Graduate Diploma uses a community engaged teaching and learning approach, so places high value on learning and assessment opportunities embedded in, or developed in collaboration with, community. Throughout their study students complete assessment events that are explicitly connected to the work they do, and to the community they live in or work with. The course coordinator, an Aboriginal academic, started lecturing on the program in 2010. Midway through 2013 she transitioned into the role of course coordinator, making it an Indigenous-led program by 2014.

Results: The presentation will utilise data (assessment samples) to demonstrate three work-and community-integrated assessment tasks that were developed for the whole year, avoiding fragmentation across units of study, and included a range of assessment types, for example self and peer assessment. We will show how they are closely integrated with teaching in the blocks. We will also show how academic writing skills development was integrated with content and the requirements of one of the assessment tasks, and will report on student evaluation data of these initiatives.

Conclusion: This model could be customised to meet other teaching and learning programs. This presentation's audience will be challenged to consider how they might, using the above model, either (1) develop an assessment activity spanning more than one unit of study, (2) develop an authentic work-integrated assessment task, or (3) integrate academic writing skills development with content and assessment before the fact (rather than as feedback).

Presenter:



Michelle Dickson, The University of Sydney

Michelle is an Australian Aboriginal (Darkinjung/Ngarigo) academic in the School of Public Health, The University of Sydney. She is the course-coordinator and lecturer on the Graduate Diploma of Indigenous Health Promotion Program and has particular interest in community development, health empowerment and uniting education and community. Michelle has a strong background in Indigenous education, employment, teaching, research, development and evaluation. Her PhD thesis is exploring the work of Aboriginal and Torres Strait Islander people in the health sector. Michelle worked

clinically in mental health, specifically in the alcohol and other drug sector and in health promotion.



Session: Creating Change, Decolonising the Institution 3

Chair: Dennis McDermott

1-2:20pm in Rydges Breakout Room 2

Presentation:

'I imagined her to be ...': exploring declared Indigeniety and its influence on students clinical decisions

Authors:

Professor Shaun Ewen, Associate Dean (Indigenous); Director, Melbourne Poche Centre for Indigenous Health, The University of Melbourne

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

Dr Jenny Barrett, Research Fellow, Faculty of Medicine, Dentistry and Health Sciences, The University of Melbourne

Associate Professor Deb Askew, Research Director, Queensland Health (Inala Indigenous Health Service), The University of Queensland

Abstract:

Introduction: This paper reports on a study that continues the investigation into ways practitioner behaviour may contribute to disparities in health care and health outcomes in the Australian and Hawaiian settings. We used paper-based patient scenarios to investigate final year medical students' decision-making. In answering the research question 'In what ways does identifying ethnicity influence clinical decision-making?', we sought answers to three sub-questions: (1) What are the factors/assumptions that influence heath professional clinical decisions? (2) What is the influence of declared Indigeniety in chronic disease management decisions and processes? (3) What is the context that influences participant responses?

Methods: In this qualitative study, 30 participants were given a one page vignette developed specifically for the project. Students provided written responses to five written questions on the case. There were two versions of the case: for half of the participants the patient Liz was described as Aboriginal or Native Hawaiian; in the other half, Liz's ethnicity was not described. In interviews, participants expanded on their written responses to elaborate their thoughts behind the clinical decisions they had made.

Results: Systematic analysis of the written responses and transcripts revealed four main themes: perceptions of the patient as a person; constructions of the person as a patient; anticipations of dynamics and priorities in the patient-student/doctor interactions; and the value of particular teaching and learning experiences and settings.

Conclusion: We found that the declaration of a patient's ethnicity influenced students' broad constructions of the patient and their anticipation of the consultation with her. However, their clinical responses to the paper-based case were similar regardless of the patient's declared ethnicity. This can be seen as a positive, a move away from treating all patients the same, to treating each patient according to need. It may reflect the gains being made in Indigenous health curricula in university medical courses. Further research should investigate effects on students of vocational medical training programs and associated clinical/hospital experiences. The research is a project of the Educating for Equity project which is an International Collaborative Indigenous Health Research Project funded by the NHMRC, Grant ID 634586.

Presenter:

Shaun Ewen, The University of Melbourne See page 39.

Presentation:

Shifting understandings: do scenario based clinical decisions change with immersion?

Authors:

Associate Professor Deb Askew, Research Director, Queensland Health (Inala Indigenous Health Service), The University of Queensland

Professor Shaun Ewen, Associate Dean (Indigenous); Director, Melbourne Poche Centre for Indigenous Health, The University of Melbourne

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

Dr Jenny Barrett, Research Fellow, Faculty of Medicine, Dentistry and Health Sciences, The University of Melbourne

Abstract:

Introduction: This paper reports a study conducted at the Inala Indigenous Health Service as part of the Educating for Equity Decision Making in Health sub-project. We used a paper-based patient scenario to explore student and registrar clinical decision-making and how this is influenced by a clinical placement in an Indigenous specific comprehensive primary health care service. The study's research question was: 'does immersion in an Indigenous primary health care service influence clinical decision-making?'. We also sought answers to three sub-questions: (1) What are the factors/assumptions that influence medical student/registrar clinical decision-making? (2) What are the contextual influences on participant responses? (3) How do participants' understand the influence of the immersion experience on their clinical decision-making?

Methods: This qualitative study involved all medical students and registrars (general practitioner, paediatrician and psychiatrist) placed at the health service during 2014. When their placement commenced, participants were given a project specific vignette describing a middle-aged Aboriginal woman. Participants provided written responses to five questions enquiring about clinical care of this woman. Semi-structured interviews then explored participants' written responses and assumptions underpinning their clinical decision-making. On completion of their placement, students were asked to review their earlier responses and reflect on changes in their knowledge, understanding or assumptions about Aboriginal health and health care.

Results: A preliminary thematic analysis and comparison of the pre and post placement responses revealed a consistent shift away from a narrow focus on biomedical care and, to some extent, therapeutic nihilism. Participants displayed an increased understanding of the complexities contained in the vignette, an increased awareness of the necessity of addressing social determinants of health, and an increased perception of how their previous assumptions were based on negative stereotypical characterisations of Aboriginal peoples.

Conclusion: We found that a clinical placement in an Indigenous specific comprehensive primary health care service expanded participants' perceptions and understanding of strengths and resilience of Aboriginal peoples and communities, and enabled a more inclusive approach to clinical care. The research is a project of the Educating for Equity project: an International Collaborative Indigenous Health Research Project funded by the NHMRC, Grant ID 634586.



Presenter:



Deb Askew, The University of Queensland

Deborah is an Associate Professor and also the Research Director at the Southern Queensland Centre of Excellence in Aboriginal and Torres Strait Islander Primary Health Care in Brisbane. The Centre of Excellence is a Queensland Government comprehensive primary health care centre previously known as Inala Indigenous Health Service.

Presentation: Critical insights into students' learning journeys in Aboriginal health

Author:

Associate Professor Wendy Edmondson, Acting Director, Poche Centre for Indigenous Health and Wellbeing, Flinders University SA

Abstract:

Introduction: The teaching of Indigenous health through the Poche Centre for Indigenous Health and Well-Being, Adelaide, at Flinders University, in medicine and health sciences, includes a reflection on practice component, where students are asked to discuss their personal learning journeys as they examine the concept of cultural safety, and historical, social, cultural and contemporary issues in relation to Indigenous health. Health sciences students are asked to critically examine the implications for their future professional practice as they are exposed to new, and often challenging, perspectives on Indigenous heath.

Method: As part of their assessment, health sciences students are required to write critical reflections on material presented and discussed during Indigenous health tutorials, including examination of shifts in personal and professional attitudes and beliefs. In addition, students provide feedback on the topic and their perceptions on the learning experience. This information has been collated, in a de-identified manner, to identify key themes.

Results: Students demonstrate enhanced criticality, and improved self-reflection on issues such as cultural safety, power, whiteness, privilege, racism, and the impact of one's own values on professional practice. There is also increased knowledge around social determinants of health, impact of colonisation, and barriers to Indigenous health care, and understanding of implications of this increased criticality and knowledge for professional practice.

Discussion: All but a minority students report a shift in knowledge and understanding of Indigenous health. Many describe the transformative nature of their learning, while others remain unmoved or discomforted, often questioning the rationale for teaching Indigenous to the apparent exclusion of other cultures. The reflections are wide-ranging and offer critical insights into students' learning journeys.

Conclusion: We will discuss key themes emerging from the student reflections, and implications for the development of effective teaching methodologies, curriculum content, and student engagement. Importantly, this information may be used to ensure students are learning in culturally safe spaces free from experiencing disempowerment or feeling demeaned. Students have been given a voice to express their perceptions and Poche Indigenous health educators have considered this information to further improve and enhance the learning experience for health sciences students.



Presenter:



Wendy Edmondson, Flinders University SA

Wendy, a Badimia and Amungu Aboriginal woman, has worked in Aboriginal education and Aboriginal health for nearly 37 years. She has worked across state and federal governments, universities, and the Aboriginal community controlled health sector. She is currently acting Director of thePoche Centre for Indigenous Health and Well-being at Flinders University. In addition, Wendy is Associate Head of Faculty Aboriginal and Torres Strait Islander Health.

Presentation: A theory of everything (important to us)

Author:

Associate Professor Papaarangi Reid, Tumuaki, Head of Department, Te Kupenga Hauora Māori, The University of Auckland

Abstract:

Introduction: In much of medical science, the theoretical underpinning is left unexplained or taken-for-granted in the usual manner of positivism. This absence of debate about theory can lead to the uncritical use of words such as 'evidence', 'proof' and 'truth' in a field that is continually developing and new knowledge is continuously emerging.

Discussion: In medical education, there is a mixed history of theoretical debate where the silence heard in medical science is contrasted by strong theoretical traditions from education, psychology, ethics and the humanities. Overlapping these traditions, theories stemming from Indigenous knowledge and value systems are emerging in the discussion.

Conclusion: In this presentation, Kaupapa Māori Theory, as an example of Indigenous theory, is discussed in relation to medical education and Indigenous medical education in particular.

Presenter:

Papaarangi Reid, The University of Auckland See page 34.



Session: Poster Session 2

Chair: Miriam Cavanagh

1-2:20pm in Rydges Breakout Room 3

Presentation:

Focusing a decolonised lens on Indigenous health teaching within health sciences

Author:

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

Abstract.

Introduction: In 2012 the School of Health Sciences employed its first Indigenous lecturer, whose role it is to contribute to teaching, learning and curriculum development, and lead Indigenous-focused research. The school is developing an Indigenous Curriculum Framework in response to the University's Reconciliation Action Plan. The aim of this curriculum framework is to provide all six disciplines within the Melbourne School of Health Sciences a means to develop and structure Indigenous health teaching. All disciplines are mandated to teach Indigenous content to varying degrees and collectively mandated to achieve a masters level nine standard of teaching by the Australian Qualifications Framework. This curriculum framework is not intended to merely facilitate the minimum standard but is aimed at graduating health science students who will effectively contribute to health needs and priorities of Indigenous communities.

Method: The framework is being developed using a three-tiered approach of Aboriginal community engagement and consultation, School of Health Science curriculum consultation and feedback, and review of current literature, frameworks and curriculum models and standards.

Results: A preliminary audit of all entry to practice courses across the school in 2014 determined the following challenges in implementing an Indigenous health curriculum framework: teaching Indigenous content is disparate and unco-ordinated, and is not linked to any particular Indigenous-specific curriculum framework; the Indigenous content that is being taught is often not assessed; there is limited knowledge and confidence of teaching staff; and staff understanding of the content and its relevance/importance is limited.

Discussion: The Framework promotes engagement of Indigenous community through curriculum principles and promotes opportunities for Indigenous people to contribute to teaching as a priority that fosters Indigenous capacity building and which in turn supports future Indigenous leaders. Aligned with an Office of Learning and Teaching project examining the role of assessment of Indigenous content at masters level health sciences programs, this Framework will be sustainable and built upon over time. It will contribute to the University building Indigenous leadership and to the evidence base for Indigenous curriculum development and delivery, where the complex transition to graduate education has occurred rapidly.

Presenter:

Shawana Andrews, The University of Melbourne See page 97.

Presentation:

Rites of passage: what I have learnt from setting up pathways into medical schools

Author:

Mr Stephen Corporal, Indigenous Project Officer, Griffith Health Executive, Griffith University

Abstract:

Introduction: Pathways or 'Rites of Passage' for Indigenous students at Schools of Medicine are important for increasing Indigenous Doctors. This presentation will discuss creating Indigenous Pathways at University of Queensland and Griffith University Schools of Medicine to increase numbers of Indigenous medical students.

Method: The development of the Indigenous Pathway started with employment of an Indigenous staff member. A committee of university staff and students (both Indigenous and non-Indigenous) oversaw the project. The Indigenous staff member developed the pathway in consultation with the committee through researching government and university strategies and policies. There was a focus on balance between support and academic rigor; cultural, financial and academic support for students; and recruiting. Success of the pathway was reliant on sustainability, numbers of students recruited and numbers graduating.

Results: In 2009 there were nine Indigenous medical students in the Bachelor of Medicine, Bachelor of Surgery (MBBS) program at University of Queensland, with three graduating that year and one leaving. In 2010 the new Indigenous pathway recruited seven graduate students into the program and two undergraduate students into the dual MBBS/Science and MBBS/Health Science programs, increasing enrollement to 14 Indigenous medical students in 2010. Since its inception seven Indigenous medical students have graduated through this pathway at University of Queensland. In 2012 at Griffith University there was one Indigenous medical student and in 2014 there were 10.

Discussion: Both initiatives are increasing the numbers of Indigenous students being recruited and graduating. Challenges include setting the level between support and academic rigor; supportting students appropriately (especially in first year); finding appropirate mentors/ support staff; recruiting students; and sustainability of the pathway with ongoing champions. Support from Head of School and Health Faculty Deans is crucial. Further, Indigenous and non-Indigenous staff members must understand the relevant policies. Indigenous leadership and contribution at all levels was crucial at the two universities.

Conclusion: Development of the pathways 'Rites of Passage' into medicine at two universities has highlighted the complex processes involved in initiatives to train and graduate Indigenous medical doctors.

Presenter: Stephen Corporal, Griffith University See page 100.



Presentation:

Does student recruitment work in Universities, or do we have to step outside? Transforming community perceptions of university

Authors:

Ms Rose Gilby, Lecturer, Medicine, Nursing and Health Sciences, Monash University

Professor Wayne Hodgson, Deputy Dean Education, Faculty of Medicine, Nursing and Health Sciences, Monash University

Abstract:

Introduction: The aim of the Faculty of Medicine Nursing and Health Science Mildura Indigenous Program is to build confidence and inform individuals and families in relation to career opportunities and course requirements in health professional courses. This has involved the development of a rural area based student recruitment program to ensure Indigenous secondary students and significant family members are appropriately informed of pathways into Monash University health courses. This presentation will provide information on development of the program which is undertaken in community, and discuss how the program is building knowledge of pathways into university and informing further development of Faculty admissions processes. Information will provide insight into barriers, enablers and successes of engaging Indigenous students and families outside of generic student recruitment strategies.

Method: The area based student recruitment academy program is enacted by a structured reference group which consist of Faculty leadership; Traditional Owners; industry; educational and health groups who have links to state and National affiliations. Integral to further development of the program has been engagment with significant others central to the student, in unstructured and informal settings. A quality improvement action research method has been employed to describe the ongoing development and refinement of the program.

Results: This program is identifying a need for area based student recruitment programs linked to the Indigenous community, that largely exists outside Universities/Tertiary Institutions, to develop confidence and a vision to career pathways to health professions. Strategies have been developed to ensure Indigenous students and their significant others are engaged early within secondary school to build confidence around pathways into university. This important if we are to increase applicants from rural areas.

Conclusions: Area based student recruitment activities outside Universities ensure local connection to programs, whilst building engagement and strengthening confidence in career opportunities and course requirements. Student recruitment activities within Universities require a comprehensive approach to engage Indigenous student and significant family members.

Presenters: Rose Gilby, Monash University See page 71.



Wayne Hodgson, Monash University

Wayne is responsible for overseeing the education activities of the Faculty of Medicine, Nursing and Health Sciences at Monash University, globally. Wayne is a winner of the Faculty's Jubilee Teaching Prize and continues to teach pharmacology in a range of courses. He played a key role in the development and implementation of ePharmacology, an on-line resource to facilitate the learning of students enrolled in health courses. His research examines the relationship between admissions criteria and subsequent performance at university. Wayne is also an internationally renowned toxinologist

responsible for pharmacologically characterising a wide range of spider, snake and marine venoms.

Presentation:

Aboriginal health sciences initiative: building pathways to success

Author:

Ms Kara Paul, Director/Programs Manager, Aboriginal Health Sciences Initiative and Aboriginal Health Sciences Success Program, Dalhousie University

Abstract:

Introduction: In Canada Aboriginal people are the fastest growing demographic and make up four percent of the national population. Aboriginal Canadians continue to experience higher mortality rates and lower quality of health then the non-Aboriginal Canadians. The creation of the Aboriginal Health Sciences Initiative at Dalhousie University seeks to contribute to narrowing of this inequity.

Methods: The Aboriginal Health Sciences Initiative's mandate is to significantly increase the number of Aboriginal health care providers in the Atlantic Region of Canada. In an attempt to accomplish this goal, the Aboriginal Health Sciences Initiative has implemented an aggressive outreach strategy that serves to educate potential Aboriginal students about the varieties of health sciences programs and professions; and to facilitate clear pathways to health care professions, from middle school to undergraduate programs to health professional programs. The Aboriginal Health Sciences Junior University Programs aims to promote health careers, and engage Aboriginal children to experience university life as a student studying health careers.

Results: In addition to presenting the western paradigm of education, we incorporate Aboriginal perspectives through Mi'kmaq teaching of tradition concepts of science and medicine. The next step in the Aboriginal Health Sciences Initiative pathway to health careers is the academic program the Aboriginal Health Sciences Success Program. The Program is a cohort model that blends full time university study with university science preparation.

Conclusion: Upon completion of the the Aboriginal Health Sciences Success Program, students gain the knowledge needed for successful university study and all the prerequisites necessary to gain entry into undergraduate health science and sciences programs, building a foundation of success to professional programing.

Presenter:



Kara Paul, Dalhousie University

Kara was raised in the Mi'kmaq First Nation community of Eskasoni, Nova Scotia, and earned her Bachelor of Science (Biology) at Acadia University. After working for Eskasoni Fish and Wildlife Commission and Unama'ki Institute of Natural Resources, Kara completed the Aboriginal Health Enrichment Pilot at Dalhousie University. In 2009 she began work at Dalhousie University with the Mi'kmaq and Maliseet community developing the Aboriginal Health Sciences Initiative, increasing Aboriginal enrolment in Health Sciences. Kara also oversees the Aboriginal Health Sciences Success Program and is the Dalhousie

representative for the Atlantic Aboriginal Advisors Group and the National Indigenous Health Sciences Circle.



Presentation:

The mental health website Indigenous scale: quality assessment of online health information sites about depression for Aboriginal and Torres Strait Islander Australians

Authors.

Ms Charmaine Earnshaw, Medical Student, College of Medicine, Biology and Environment, Australian National University

Dr Christine Phillips, Associate Professor, Social Foundations of Medicine, ANU College of Medicine, Biology and Environment, Australian National University

Abstract:

Introduction: Aboriginal people have high rates of depression, and suicide. Online health information and assessment material may be of particular relevance to Aboriginal people, since shame and lack of health services may both limit their access to mainstream health care. The population is skewed towards younger people, who are likely to have a higher acceptance for online modes of information and treatment. Australia is at the forefront of online mental health literacy delivery. However, there are no tools assessing the quality of online mental health information for Aboriginal people.

Methods: We developed the Mental Health Website Indigenous Scale, a ten-item assessment tool for online mental health sites, covering content and structure of sites, with a particular focus on their cultural sensitivity. We applied this to the most visited mental health sites in Australia.

Results: Beyond Blue was the highest ranking site, and Sane Australia's site the lowest ranking site. High ranking sites focused on both content and structure, with depth of knowledge and good balance being a factor that distinguished all good sites from lower rating sites. Very few sites addressed Indigenous issues. None used Indigenous-sensitive self-assessment tools.

Conclusion: Our study did not rate self-management tools, though these are likely to increase in future. Privacy protections will need to be built in to all aspects of the sites. All sites should include Indigenous self-assessment tools, and incorporate the roles of Elders in healing.

Presenter:



Charmaine Earnshaw, Australian National University

Charmaine is a woman from the Breem Creek mob in Tasmania, with Singaporean and British heritage as well. She is currently a second year medical student at the Australian National University. She completed a Bachelor of Science majoring in Biochemistry and Biotechnology at Queensland University of Technology. Charmaine has lived in Canberra for the past five years working in the Australian Federal Police Biology labs before starting her Bachelor of Medicine and Bachelor of Surgery.

Presentation: AIDA mentoring program

Author:

Ms Kate Thomann, Chief Executive Officer, Australian Indigenous Doctors' Association

Ahstract.

Introduction: The Australian Indigenous Doctors' Association (AIDA) has developed a Mentoring Framework to provide and promote strategies that guide organisations to develop and implement sustainable mentoring programs to support Aboriginal and Torres Strait Islander medical students and doctors. Informed by the framework is the AIDA Mentoring Program, which is offered as one of the benefits of membership. It aims

to embed mentoring as a key strategy in our work, to assist access to skill acquisition and knowledge; facilitate career, personal and professional development; and increase engagement with AIDA members. The program commenced in 2014 and currently has approximately 30 mentoring pairs across different medical specialisations and regions in Australia. Our 2015 membership renewal process has generated a further 140 or so people either wanting to be mentored or be a mentor.

Method: We have designed the Mentoring program to be flexible as per the varying needs of our diverse membership group. As the program is still in its infancy, we are yet to fully evaluate its operation and outcomes. Even so – at this early stage we have realised: there is a keen interest in mentoring from our membership group; Medical Colleges are interested in developing specific mentoring programs for students and doctors; and participants like flexibility.

Discussion: One of the key challenges with the AIDA Mentoring program is getting the contact levels right – both between our Secretariat and program participants, as well as between mentees and mentors. Key things that we have learned even in the early stages of implementation are to have realistic expectations of how much contact people will have, and to consider a variety of communications means. We are also learning that given the different stages people are at in their careers, contact requirements between mentees and mentors are likely to vary.

Conclusion: As the mentoring program continues to grow, our organisation is considering how it is best managed into the future. This includes continuing to work with Medical Colleges to encourage them to develop their own tailored mentoring programs for Aboriginal and Torres Strait Islander medical students and doctors.

Presenter:

Kate Thomann, Australian Indigenous Doctors' Association



Kate is from a proud Wiradjuri family and lived most of her life in Canberra. During this time she managed several national Indigenous programs including: stolen generations and bringing them home; social and emotional well-being; substance use, including volatile substance use and petrol sniffing; and Indigenous broadcasting, contemporary Indigenous music, language and culture. Kate was appointed Chief Executive Officer to the Australian Indigenous Doctor's Association in 2014 with significant experience supporting key Commonwealth Indigenous health initiatives including the Standing Council for Aboriginal and Torres Strait Islander Health, the National Indigenous Drug

Advisory Council, and the National Indigenous Health Equality Council.

Presentation:

Addressing the education gaps for health professionals working in Aboriginal Community Controlled Health Services

Authors:

Ms Sarah Bock, Director, eLearning Development, LoveLearning

Dr Natasha Pavlin, Lead Medical Educator, Northern Territory General Practice Education

Ms Leanne Pena, AMSANT Officer GP Registrar Training Support, Cultural Mentoring Program, Aboriginal Medical Services Alliance Network and Northern Territory General Practice Education

Abstract:

Introduction: In the Northern Territory, many General Practice Registrars (GPs in training) will undertake at least one placement in an Aboriginal Community Controlled Health Service (ACCHS), representing an opportunity to attract the Registrar to a career in the sector. Yet Registrars are often inadequately prepared for



these placements, which can lead to misunderstandings, conflict and frustration for the Registrars, ACCHS staff and patients.

Method: The Aboriginal Medical Service Alliance of the Northern Territory (AMSANT) supported one of their Registrars on placement to initiate research into this issue. Thirteen audio interviews were conducted with key figures in the sector including a board member, CEOs, established General Practitioners, Aboriginal and Torres Strait Islander Health Practitioners and General PractitionersRegistrars.

Results: The interviewees identified many common issues, concerns and education gaps. These concerns were organised into five themes: (1) Differences between ACCHS and mainstream general practice; (2) The role of the Aboriginal and Torres Strait Islander Health Practitioner; (3) Challenges of working at an ACCHS; (4) Common misunderstandings between General Practitioners and staff at ACCHS and (5) Advice for General Practice Registrars about to start at an ACCHS.

Discussion: AMSANT and Northern Territory General Practice Education (NTGPE) agreed to address the gaps identified in the research. A project was initiated to develop an online induction resource for General Practice Registrars working in ACCHS. This involved collaboration between Registrars, General Practitioners, clinic staff, Aboriginal and Torres Strait Islander Health Practitioners and web developers, and resulted in a series of free online educational resources: the Working Well resources.

Conclusion: The Working Well project is a collaborative exercise between NTGPE and AMSANT, as well as with AMSANT member services, particularly Danila Dilba and Ngalkanbuy. AMSANT has a strong relationship with the project's collaborators, and will continue to work together to ensure they are producing doctors in the Northern Territory that are culturally aware and are helping to close the gap. The importance of training doctors in communities with sufficient cultural knowledge and understanding from an AMSANT perspective cannot be understated.

Resource links: Working Well: www.ntgpe.org/workingwell.

Presenters:



Sarah Bock, LoveLearning

Sarah is an award-winning eLearning designer specialising in developing collaborative online education strategies and resources for the health sector. Her 15 years of experience includes developing a virtual hospital eLearning tool with the School of Nursing and Midwifery at the University of Notre Dame's Broome campus and developing interactive learning resources for General Practice Registrars with Northern Territory General Practice Education.



Natasha Pavlin, Northern Territory General Practice Education

Natasha studied Medicine at University of Queensland and completed prevocational doctor experience across rural/regional Queensland and New South Wales, subsequently moving to far Western Victoria to train in General Practice. Natasha spent nearly 10 years living in the tiny community of Natimuk and working in Horsham in far western Victoria. Her career has included work in Aboriginal Community Controlled Health and mainstream General Practice, rural hospitals, Universities, Divisions of General Practice and Regional Training. She was Public Health Medical Officer for Aboriginal Medical

Services Alliance of the Northern Territory and now works as a Lead Medical Educator at NTGPE.



Leanne Pena, Aboriginal Medical Services Alliance Network and Northern Territory General Practice Education

Leanne has a Masters of Indigenous Social Policy and a Graduate Diploma of Education in secondary education. Her experience mainly relates to Indigenous education and she is passionate about the links between education and health. As such, she uses opportunities and platforms as an educator to deliver material on health promotion and preventative care for Indigenous people. Leanne is currently a Project Officer between the Aboriginal Medical Services Alliance of the Northern Territory and Northern

Territory General Practice Education. In this role she is developing a more productive model for the expansion of Indigenous heath training for General Practice registrars.

Presentation:

Sharing with care in the digital arena: exploring clinicians' perspectives of e-health's impact on closing the gap in Aboriginal and Torres Strait Islander health

Author

Dr Aditya Prakash Mallik, Academic General Practice (GP) Registrar, Australian Indigenous Doctors' Association, Australian National University

Abstract:

Introduction: Quality health care for Aboriginal and Torres Strait Islander patients' needs to be responsive and sensitive to cultural differences. E-health systems should be culturally safe and reflective of the needs of Indigenous patients. The inaugural Australian Indigenous Doctors' Association academic post provided the opportunity to study opinions of health care professionals caring for Indigenous people, and to understand the potential of the e-Health Record to contribute to closing the gap. Ongoing evolution in health related information technology demands adjustment in thoughts and health service delivery practices. The Australian initiative of e-Health Record is an innovative platform for sharing important information between health professionals and organisations, assisting a patient's access to faster and safer treatment. In this environment, an important element of research is demonstrating consultation and engagement with all stakeholders involved in implementation of e-Health Record. Relevant research and evaluation have not kept pace with the rapid evolution and proliferation of e-Health tools, resulting in a paucity of published literature about its application with Indigenous populations.

Method: This project is driven by the view that corollary research is useful to highlight issues end users might have with advances in health information technologies. The aim is to look into the opportunities e-Health Record brings, and the challenges it faces, to incorporate it into the current health care delivery practices for Indigenous people. Via Survey Monkey, I surveyed experiences and views of e-Health Record from one third of 114 Australian Indigenous Doctors' Association members, using a total population (purposive) sampling method. I subsequently conducted a small number of semi-structured interviews. Both quantitative and qualitative data were gathered. The quantitative data mainly consisted of Likert scales, these data were analysed with SPSS. The qualitative data were manually examined for themes.

Results: Currently ongoing - this research will study, capture and disseminate findings at appropriate academic platforms in relation to e-Health Record's role in closing the gap.

Conclusion: This study provides useful findings on the barriers and facilitators to effective implementation of e-Health Record in the context of Indigenous health, and examines its relevance to closing the gap.



Presenter:



Aditya Prakash Mallik, Australian Indigenous Doctors' Association, Australian National University

Aditya is General Practitioner registrar working at Australian Indigenous Doctors' Association and Winnunga Nimmityjah Aboriginal Health Service in Canberra. He gained experience at different Queensland hospitals as a resident and registrar before moving to general practice in the Snowy Mountains and the south coast of New South Wales. Aditya has undertaken a Diploma in Child Health and Graduate Certificates in public health and mental health. He has deferred his dermatology Postgraduate Certificate

to complete his General Practitioner training. Aditya has recently developed a keen interest in e-health in primary care and is fascinated by the opportunity it offers Australian Indigenous communities.

Presentation:

Research in partnership: The Australian Indigenous Doctors' Association and South Australian Health and Medical Research Institute

Authors:

Dr Tammy Kimpton, President, Australian Indigenous Doctors' Association

Professor Alex Brown, Deputy Director Theme Leader, Wardliparingga Aboriginal Research Unit, South Australian Health and Medical Research Institute

Professor Ngiare Brown, Professor of Indigenous Health and Education, School of Medicine, University of Wollongong

Abstract:

Introduction: This presentation provides an overview on the Australian Indigenous Doctors' Association (AIDA) research partnership activities, including development and delivery of a Research Master Class. In 2013, AIDA formalised a Research Agenda to create and apply an evidence base to inform research, policy and programs that impact Aboriginal and Torres Strait Islander medical students and doctors, as well as health outcomes of Indigenous people. It is widely recognised that research has been undertaken on Aboriginal and Torres Strait Islander people, with little benefit returned to those affected by research activities.

Method: In 2013, AIDA and Wardliparingga Aboriginal Research Unit at South Australian Health and Medical Research Institute (SAHMRI) collaborated to develop an introduction to research for AIDA members. SAHMRI undertook surveys to identify AIDA member's views on research priorities, interests and experiences with research.

Results: The first AIDA-SAHMRI Research Masterclass was held in Sydney in August 2014. It focused on providing participants with a basic understanding of how they can develop their own research project. Facilitators Alex Brown, Ngiare Brown and Carol Davy generously shared expertise and knowledge. Feedback was positive. Participants recommended we reconvene the workshop in 2015. The second workshop was held June 2015 in Darwin.

Discussion: Research must be driven by Aboriginal and Torres Strait Islander people, address priorities of local communities, and be based on culturally safe methodologies. One aim of AIDA is to strengthen capacity of members to utilise research to improve quality of care, and the way health services provide care to Aboriginal and Torres Strait Islander peoples. Drawing upon existing partnerships and collaborations is a mechanism for building research capacity of Indigenous medical student and doctors.



Conclusion: The Research Agenda recognises the importance of evidence base to inform research, policy and programs. We support research which protects and maintains integrity of Indigenous knowledge and cultures; fosters the highest ethical and scientific standards and applies best-practice guidelines; builds on successes and lessons learnt from previous research, evaluations and reviews; is consultative and collaborative, including acting on priorities identified by communities; and builds capacity of Aboriginal and Torres Strait Islander individuals, organisations and communities.

Presenter:

Tammy Kimpton, Australian Indigenous Doctors' Association See page 43.



Session: Closing

Chair: Shaun Ewen

3-4:30pm in the Rydges Plenary Room

Presentation:

Indigenous Leaders Reflections Panel

Reflections and closing comments from Keynote Speakers and Indigenous leaders.

Presenters:

Chelsea Bond, Queensland University of Technology See Page 32.

Jacinta Elston, James Cook University See Page 41.

Tania Huria, University of Otago, Christchurch See Page 60.

Joseph Keawe'aimoku Kaholokula, University of Hawai'l at M?noa See Page 89.

Closing Comments

Professor Shaun Ewen, LIME Network Program Lead

James Cook University Representatives



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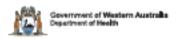
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