

Conference Program

Abstracts & Biographies

LIMECONNECTIONX

Decolonising Education – through critique
to transformative learning and teaching

22–25 October 2023
Ngambri & Ngunnawal Country
Canberra, Australia



THE LIMEN NETWORK

Leaders in Indigenous Medical Education

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A downloadable PDF of this publication can be obtained from <https://limenetwork.net.au/events-hub/lime-connection-x/>.

Leaders in Indigenous Medical Education (LIME) Network

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The Leaders in Indigenous Medical Education (LIME) Network is a program of Medical Deans Australia and New Zealand, and receives funding from the Australian Government Department of Health. The LIME Network is hosted by the Faculty of Medicine, Dentistry and Health Sciences at the University of Melbourne.

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

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Welcomes

Medical Deans Australia and New Zealand

On behalf of Medical Deans Australia and New Zealand it is my pleasure to welcome delegates to this tenth biennial LIME Connection conference, hosted here on beautiful Ngambri and Ngunnawal Country by the Australian National University.

Medical Deans and its member schools across Australia and New Zealand are committed to equitable health outcomes for Indigenous peoples, and we support this goal through our Indigenous Health Strategy – by prioritising the growth of Indigenous doctors and Indigenous medical academics in the health workforces of Australia and New Zealand, and the education of non-Indigenous medical students who are culturally safe and technically capable doctors when they graduate.

Medical Deans' partnership with the Leaders in Indigenous Medical Education (LIME) Network has spanned 25 years, with the first LIME Connection being held in 2005. Since then, we have seen important changes for the better in these priority areas, but we're very aware that challenges remain and there remains a lot of work to do.

The LIME Network and the LIME Connection conferences make an important and valued contribution to these shared goals. They bring together educators, researchers, practitioners, students, and community to discuss successes and challenges, share new approaches, learn from and support each other, and forge strong and lasting connections. This LIME Connection X provides wonderful and unique opportunities for collaboration, capacity building and connections to continue and accelerate this work.

The theme of this year's conference is decolonising education; vital to exploring and addressing biases and limitations in curricula, pedagogy, and assessment, and to the consideration of the legacies of colonialism and its influence and impact on education.

Medical Deans appreciates the continued funding of this important initiative from the Australian Government Department of Health and Aged Care, and thank our partner organisations, Australian Indigenous Doctors Association (AIDA) and Te Ohu Rata O Aotearoa (Te ORA) Māori Medical Practitioners Association for their continued support of LIME Connection.

I wish all the delegates of Connection X an inspiring few days as we share, listen, talk and think about the transformative power of learning and teaching through the prism of the conference theme.



Professor Michelle Leech
MDANZ President

LIME Connection X Committees

On behalf of the LIME Connection X Committees, we would like to take this opportunity to welcome you to the tenth LIME Connection on Ngambri and Ngunnawal Country (Canberra) Australia. We are excited to meet with our colleagues from across Australia, Aotearoa (New Zealand), the United States, and Canada at this important event.

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

The day at Kambri, Australian National University will hold space for the local community and elders to welcome the delegation onto their country, followed by sharing of local cultural knowledge.

Aunty Dr Matilda House Williams and Paul Girrawah House JP have offered the LIME Connection committee cultural support through the conference organising process and will continue to do so through the events.

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

LIME Connection X Organising and Scientific Committees

Host University

It is with great pleasure that I welcome you to LIME Connection X, the first in person LIME Connection meeting to be held since the meeting in Ōtautahi (Christchurch) in 2019. On behalf of ANU I wish to extend a warm welcome to Ngambri and Ngunnawal lands and Canberra, our truly 'bush capital' of Australia.

ANU and the National Convention Centre, where the meeting will be held, both on the north side of Canberra, close to the shores of Lake Burley Griffith. ANU was founded in 1946, immediately after the end of World War II, with an explicit role to help Australia reach its potential as a country, and the world, beginning the challenging process of recovery from the disaster of global conflict.

ANU has long been committed to the generation of fundamental knowledge: "first, to know the nature of things" and as such is a research intense university but with a commitment to deliver education in a manner that provides for a student experience as good as anywhere in the world. ANU has a commitment within its strategic plan to "Respecting, Celebrating and Learning from First Nations Peoples" and I hope we can live up to this by hosting you in this beautiful city for to LIME Connection X.

The theme for the meeting is Decolonising education – through critique to transformative learning and teaching. Successful decolonisation of educational programs will involve challenging discussions, to question the structures of power and influence of established cultural norms. It is fundamentally a disruptive process requiring open thinking and robust honest dialogue.

We very much hope that LIME Connection X can set the scene for this. That everyone in attendance can engage in open and robust discussions, which are respectful and considerate. To develop education programs that embody these principles requires us to commit and work with them ourselves to institute the sorts of changes that most of us wish to see. Our medical programs should take on these challenges to ensure that we can start to address the ongoing and unacceptable gaps in health outcomes that are experienced by Indigenous populations, in Australia, Aotearoa (New Zealand) and around the world.

I hope that everyone is able to make the most of a truly exciting and stimulating program that is an offer across the course of LIME Connection X.



Paul Fitzgerald

Director, School of Medicine and Psychology
The Australian National University

The LIME Network Program

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

The LIME Network 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 retention of Indigenous medical students and trainees.

We do this through establishing a continuing bi-national presence that encourages and supports collaboration within and between medical education institutions in Australia and Aotearoa/New Zealand and by building linkages with local Indigenous communities and with other health science sectors.

The LIME Network is a program of Medical Deans Australia and New Zealand and receives funding from the Australian Government Department of Health and Aged Care*.

Broadly, the aims of the LIME Network are to:

- 1 Enable the continued development and implementation of quality Indigenous health curriculum
- 2 Promote and support effective teaching of Aboriginal and Torres Strait Islander health in medical education;
- 3 Promote best practice in the recruitment and retention of Aboriginal and Torres Strait Islander medical students.

The project's objectives and activities of the LIME Network are designed to:

- Enable continued development and implementation of quality Indigenous health curriculum in medical schools
- Improve education for all health students to support the increased provision of culturally safe care to Aboriginal and Torres Strait Islander people
- Build on and strengthen appropriate recruitment and retention initiatives for Aboriginal and Torres Strait Islander medical students into medical school
- Build the capacity of those working in Indigenous health at medical schools to provide culturally safe education to Aboriginal and Torres Strait Islander students

- Develop pathways for vertical integration of Indigenous health curriculum and student recruitment strategies with specialist colleges
- Strengthen Indigenous health initiatives across health disciplines
- Facilitate key relationships between Indigenous community controlled health organisations and medical schools to improve collaboration, student placement opportunities and research initiatives

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

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

- The facilitation of **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 transfer and dissemination
- Publication of the **LIME Network Newsletter** promoting best practice and sharing successes in the field
- Maintaining the **LIME Network Website** housing information on LIME Network projects 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 retention initiatives through publications such as the **Good Practice Case Studies Booklet** 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 high school students to understand the pathways to studying medicine through the online **Pathways into Medicine Resource**
- **Building linkages** across health disciplines and with medical colleges through networking and information sharing
- Supporting collaboration between medical schools and their local Indigenous Community Controlled Health Organisations through the facilitation of **Regional Meetings**.

* The LIME Network is hosted by the Faculty of Medicine, Dentistry and Health Sciences at The University of Melbourne.

LIMECONNECTIONX

Decolonising Education – through critique to transformative learning and teaching

The tenth biennial Leaders in Indigenous Medical Education (LIME) Network LIME Connection conference will be hosted by the Australian National University on Ngambri & Ngunnawal Country, Canberra, Australia from 22–25 October 2023.

LIME Connection X theme Decolonising education – through critique to transformative learning and teaching.

Decolonisation requires an interrogation of the processes, culture and assumptions of power. It is to seek transformation through education; to critique the replication of existing structures and ways of thinking. It is a disruption, seeking to broaden thinking beyond accepted knowledge, practice, theory and research.

LIME Connection provides an opportunity for:

- Collaboration, information sharing and networking across nations;
- Professional development and capacity-building;
- Linking with community, colleges and those from all health disciplines;
- Discussion and critique of current practices; and
- Exploration of emerging tools and techniques to drive improvement in Indigenous health education.

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

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

The LIMELight Awards, honouring excellence in student recruitment, support and graduation, health curriculum implementation, community engagement and leadership, will also be presented.

LIME Connection is supported by Medical Deans Australia and New Zealand, Te Ohu Rata O Aotearoa (Te ORA) Māori Medical Practitioners Association and the Australian Indigenous Doctors Association (AIDA).

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

LIME Connection X Elder and Cultural knowledge guidance

LIME Connection X has been created in consultation with Aunty Dr Matilda Williams-House and Paul Girrawah House JP. The LIME Network and LIME Connection Committees are thankful for their guidance while planning this event.



Dr Matilda Williams-House, Ngambri/NGunnawal/Wiradyuri Elder who has dedicated her life to the pursuit of social justice for Indigenous people. One of ten children, she was born and raised on Erambie-Cowra Aboriginal

reserve, Hollywood Aboriginal reserve at Yass and Ngambri-Kamberri Country and has multiple Wiradyuri, Walgalu and Wallaballoo ancestries. In the early 1960's Dr House married and began raising her family of four children on Ngambri Country. In early 1970's she began working as an Aboriginal liaison/social officer at the Department of Aboriginal Affairs in Canberra, assisting Aboriginal people with health, education, welfare and employment. A tireless supporter of the Aboriginal Tent Embassy since its founding in 1972, she helped found the ACT/NSW Aboriginal Legal Service, Ngambri Local Aboriginal Land Council in Queanbeyan in the 1980s. She had a key role in establishing Winnunga-Nimmitjah Aboriginal Medical Service and the Australian National University's Tjabal Indigenous Higher Education Centre in 1989, which provides support for Aboriginal and Torres Strait Islander students. In 2006, Dr House was named Canberra Citizen of the Year. On the eve of the National Apology to the Stolen Generations in February 2008, she became the first person to perform the Welcome to Country at the 42nd opening of Federal Parliament. Her contribution to her community was recognised by the ANU with the conferral of the Degree of Doctor of the University in 2017.

Aunty Dr Matilda House-Williams, was awarded the **National NAIDOC Female Elder of the year at the 2023 National NAIDOC Week Awards**. Aunty Dr Matilda was recognised for being a "powerhouse for Aboriginal and Torres Strait Islander advocacy".



Paul Girrawah House JP has multiple First Nation ancestries from the South-East Canberra region, including the Ngambri-Ngurmal (Walgalu), Pajong (Gundungurra), Wallaballoo (Ngunnawal) and Erambie/Brungle (Wiradyuri) family

groups. Paul acknowledges his diverse First Nation history, he particularly identifies as a descendant of Onyong aka Jindoomang, Ngambri Leader/Law Man from Weereewaa (Lake George) and Henry 'Black Harry' Williams from Namadgi who were both multilingual, essentially Walgalu--Wiradjuri speaking warriors and – Wallaballoo man William Lane aka 'Billy the Bull' – Murrjinille. Paul was born at the old Canberra hospital in the centre of his ancestral country and strongly acknowledges his First Nation matriarch ancestors, in particular his mother Aunty Dr Matilda Williams-House and grandmother, Ms Pearl Simpson-Wedge. Paul completed a Bachelor of Community Management from Macquarie University, and Graduate Certificate in Wiradjuri Language, Culture and Heritage and Management from CSU. Paul provided the Welcome to Country for the 47th Opening of Federal Parliament in 2022. Paul is Board Director, Ngambri Local Aboriginal Land Council, Member Indigenous Reference Group, National Museum of Australia and Australian Government Voice Referendum Engagement Group. Paul works on country with the ANU, First Nations Portfolio as a Senior Community Engagement Officer.

Mandaang guwu

Convenors

The LIME Connection X Organising Committee Members

Lilon Bandler	The LIME Network
Shayne Bellingham	The LIME Network
Jasmin Boys	The LIME Network
Shanel Cubillo	The LIME Network
Terri Jacobs	Australian National University
Candice McKenzie	The LIME Network
Talila Milroy	The LIME Network
Stewart Sutherland	Australian National University
Annette Tunnicliffe	The LIME Network

The LIME Connection X Scientific Committee

Lilon Bandler	The LIME Network
Shayne Bellingham	The LIME Network
Candice McKenzie	The LIME Network
Talila Milroy	The LIME Network
David Paul	University of Notre Dame
Paul Saunders	Western Sydney University
Jeannine Stairmand	University of Otago
Stewart Sutherland	Australian National University
Jade Tamatea	Auckland University
Maria McKay	Wollongong University
LIME Secretariat	(Support)

The LIMELight Awards Committee

Lilon Bandler	The LIME Network
Shayne Bellingham	The LIME Network
Jasmin Boys	The LIME Network
Shanel Cubillo	The LIME Network
Miriam Cavanagh	University of Notre Dame
Jeannine Stairmand	University of Otago

The LIME Connection X Bursary Committee

Lilon Bandler	The LIME Network
Shayne Bellingham	The LIME Network
Shanel Cubillo	The LIME Network
Christine Carriage	AIDA
Te Oraitia Reedy	Te ORA Māori Medical Practitioners Association

The LIME Network Team

Lilon Bandler	The LIME Network
Shayne Bellingham	The LIME Network
Jasmin Boys	The LIME Network
Shanel Cubillo	The LIME Network
Candice McKenzie	The LIME Network
Talila Milroy	The LIME Network
Annette Tunnicliffe	The LIME Network

The LIME Network Reference Group

Stewart Sutherland	Australian National University
Nicole Mercer	Deakin University
Kathleen Martin	Flinders University
Kay Brumpton	Griffith University
Donald Whaleboat	James Cook University
John Hunter	Macquarie University
Kym Thomas	The University of Adelaide
Jade Tamatea	The University of Auckland
Peter O'Mara	The University of Newcastle
Cheryl Davis	The University of Notre Dame – Fremantle
Miriam Cavanagh	The University of Notre Dame – Sydney
Mel Muscat	The University of Queensland
Emma Walke	The University of Sydney
Christine Clinch	The University of Western Australia
Sophie Pitt	University of New South Wales
Jeannine Stairmand	University of Otago
Tanya Schramm	University of Tasmania
Maria Mackay	University of Wollongong
Paul Saunders	Western Sydney University

Sponsors

The LIME Network is most appreciative of the generous sponsorship that all sponsoring organisations have shown towards LIME Connection X. The event has received support from the following organisations:

Support organisations

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

Host university

- The Australian National University

Major sponsors

- The Australian Medical Council
- Australasian College for Emergency Medicine
- Royal Australasian College of Physicians
- Royal Australasian College of Surgeons
- The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

LIME sponsors

- The Australian and New Zealand College of Anaesthetists
- The Royal Australasian College of Medical Administrators
- The Australasian College of Dermatologists
- Gayaa Dhuwi (Proud Spirit) Australia
- Royal Australian and New Zealand College of Psychiatrists

Acknowledgments

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

- Svetlana Andrienko (Studio Elevenses)
- Aunty Dr Matilda House Williams and Paul Girrawah House JP

Indigenous Medical Student and Community Bursaries

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

This year, bursary places were offered to:

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

The purpose of the bursaries is to:

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

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

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

Funding for Indigenous medical student and community bursaries

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

- Deakin University
- Griffith University
- The University of Adelaide
- The University of Auckland
- The University of Melbourne
- The University of New South Wales
- The University of Notre Dame
- The University of Queensland
- The University of Sydney
- The University of Western Australia
- University of Otago
- University of Wollongong
- Western Sydney University

LIMElight Awards

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

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

Award categories

- The Dennis McDermott Memorial Award for Excellence in Cultural Safety
- Excellence in Community Engagement
- Excellence in Indigenous Health Curriculum Development and Implementation
- Excellence in Indigenous Student Recruitment, Support and Graduation
- Excellence in Indigenous Health Education Student Work

The LIMElight Awards will be presented during dinner at the National Museum Australia on Tuesday 24 October 2023.

LIME Connection Symbol

The LIME Connection Symbol was made to signify the handing over of responsibility for LIME Connection to the next host university.

The original symbol, designed and created by John Duggan of the Kamilaroi Nation (North West NSW), featured Mookaite Jasper and Obsidian spearheads on a blue background. This was reconfigured and added to in 2011 by Suzanne Pitama and Morehu Flutey-Henare while in the custodianship of Otago University.

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



The LIME Connection Message Stick

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

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

Aboriginal

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

Torres Strait Islander

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

Māori

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

Text written by Tarneen Callope



Artists

Mick Harding



The Message Stick was designed by Mick Harding of Ngarga Warendji, he belongs to the Najarak Baluk Clan (Heathcote Region) and Yowong-Illam-Balak Clan (Mansfield Region) of the Dhaagungwurring people. He lives with his family in the rolling foothills of Gippsland's Strzelecki ranges, and is an active member of the Taungurung, local and Victorian Indigenous communities. Through a journey of discovery about his own heritage and many years of honing his artistic talents, Mick has become a skilled artisan creating high-quality works in his purpose-built studio workshop on the family property. Mick draws his inspiration from the compelling legends of his people and weaves the images of those legends into each of his artworks. He creates unique woodcrafts and highly expressive prints, to which he adds great value by appending a story about the development of each individual piece and an overview of the legend depicted by the image. In the case of woodcraft, Mick also details the source of the timber used, linking the artwork to the environment it came from. These steps give the purchaser a clear cultural link to Indigenous heritage and foster a greater understanding of that heritage.

Bernard Singleton



Bernard Lee Singleton of Coen in Cape York Peninsula in QLD descends from the Umpila Peoples on the East Coast of Cape York and Yirrganydji/Djabuguy Peoples of the Barron River. Bernard is a primarily a craftsman and traditional performer who's evolved his style to be an all-round cultural educator and practitioner. Recently evolving into curatorial, gallery and exhibitions, Bernard also tests his hand in photography and media.

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

Raymond Austin



The pearl shells were carved by Raymond Austin a Torres Strait Islander. Raymond was born in Thursday island raised by his Mum and Dad. Raymond's mother is from the "Arrgun" tribe from Badu Island. His father is from the Mareeba and

Cairns area in North Queensland and his history goes back to Sir Joseph Banks who was Botanist came with Captain Cook. Raymond is the eldest son and both parents raised him in Cairns along with his other Siblings. They have taught him to cook, clean and to learn about his culture and language. Raymond has also learnt from his Elders to hunt, dance, sing and respect others. "I have been a cultural performer for many years and learnt from my Elders how to make spears, boomerangs, Island dancing instruments and painting and carving artefacts' out of Pearl shells and animal bones. My knowledge and skills today are very important in teaching the younger generation to carry on our culture for the future."

Paul Graham

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

Josh and Tara Stephens

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

E Kui ma, E koro ma,Rau Rangatira ma

Tena Koutou, Tena Koutou, Tena Tatou Katoa.

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

Closing Event

The LIME Connection X closing event will be held at the National Convention Centre Canberra and will include lunch, entertainment, workshops and local artist stalls.

Workshop and stall holders will be:

Nula Weaving	Woven art and jewellery
Marara Designs	Engraved art & education resources
Nungala Creative	Apparel, jewellery and prints
Soul Reign	Painted art
Wurrumay Collective	Beauty products
Burrunju Art Gallery	Aboriginal art
Narelle Hutchings	Traditional bush medicine
NPY Women's Council	Books & bush medicine

Locations

Saturday 21 October 2023

Bursary Recipients and Committee Members Welcome Dinner – Monster Kitchen


 **Monster Kitchen and Bar**
Ground / 25 Edinburgh Avenue
Canberra ACT 2601

This dinner is for Indigenous Medical Student and Community Member bursary recipients and LIME Committee members. It is by invitation only.

Day 1 Sunday 22 October 2023

Kambri – The Australian National University

 12:30pm–5:30pm

 **Kambri, The Australian National University**
154 University Avenue
Acton ACT 2601

Registration from 11:00am


Fresh fruit will be available from 11:00am

Afternoon tea served 3:30pm–4:00pm

Welcome to country and cultural learnings by Aunty Dr Matilda House Williams and Paul Girrawah House JP

Welcome Reception – The Australian National University

 5:30pm–7pm



 **Kambri, The Australian National University**
154 University Avenue
Acton ACT 2601

This will provide delegates the opportunity to connect with other LIME Network members



Dinner will be served throughout the evening



Dress code: Smart casual

Day 2 Monday 23 October 2023



Conference Venue – National Convention Centre Canberra	 9:00am–5:15pm
	 National Convention Centre Canberra 31 Constitution Avenue Canberra
Registration opens 8:00am	



Day 3 Tuesday 24 October 2023

Conference Venue – National Convention Centre Canberra	 9:00am–4:00pm
	 National Convention Centre Canberra 31 Constitution Avenue Canberra
Registration opens 8:00am	

LIME Connection X Dinner and LIMELight Awards – The National Museum Of Australia	 6:30pm–11:00pm
	 The National Museum of Australia Lawson Crescent Acton
Delegates are asked to make their own way to and from The National Museum of Australia	
From the National Convention Centre Canberra to The National Museum of Australia it is a 3-minute drive (2.2km)	
Dress code: Semi-formal	

Day 4 Wednesday 25 October 2023

Conference Venue – National Convention Centre Canberra	 9:00am–1:00pm
	 National Convention Centre Canberra 31 Constitution Avenue Canberra
Registration opens 9:15am	

Lunch and Closing Event, National Convention Centre Canberra	 1:00pm–3:00pm
	 National Convention Centre Canberra 31 Constitution Avenue Canberra
Following the final session of the conference, delegates are asked to make their way to the Closing Event for lunch and market stalls.	

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



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. Printed copies of the full Conference Program will not be provided to everyone (see 'Sustainability'), but you can read through a few copies at the conference venue or a printable PDF of the program will be available on the LIME Connection tab on the LIME Network Website.

To get the app on your phone or tablet please visit the LIME Connection X Website for instructions:

<https://limenetwork.net.au/events-hub/lime-connection-x/>

Social media

Official Conference Hashtag #LIMEConnectionX

Conference website <https://limenetwork.net.au/events-hub/lime-connection-x/>

X (Twitter) www.twitter.com/LIME__Network
Tag: @LIME__Network

Facebook www.facebook.com/LIMEnetwork
Tag: @LIMEnetwork

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

Registration desk

The Registration Desk is located at Kambri, The Australian National University, 154 University Avenue, Acton (Sunday) and National Convention Centre Canberra, 31 Constitution Avenue, Canberra (Monday, Tuesday and Wednesday). LIME staff members and event staff will be available at the Registration Desk during break periods throughout each day.

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

Program changes and messages

Messages will be sent via your conference app, please ensure you turn push notifications on to keep up to date. A screen near the Registration Desk will also 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 to lime-connection@unimelb.edu.au on Monday, 16 October 2023.

Internet facilities

Wireless internet is available at The National Convention Centre for delegates.

To connect to the National Convention Centre Canberra internet, please follow the steps below. For cabled codes please commence at step 2.

- Turn on Wi-Fi and select NCCC Wireless on your device
- Open your preferred web browser i.e. Internet Explorer, Google Chrome, Safari
- The Reivernet log-in page will open automatically, if this does not occur, please type in portal.reivernet.com into your URL box
- Click "Select" under "Visitors"
- Enter your internet code **vshgvy** into the text box and select connect

Please see the NCCC team at reception for further assistance or contact the 24-hour Reivernet Helpdesk on 1300 300 472.

Mobile phones

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

Sustainability

The LIME Network are committed to reducing our environmental impact during LIME Connection X and would be grateful for your assistance in doing so.

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

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

LIME Network Keep Cups will be available for you to use in place of disposable cups and lids. If you already have a keep cup and reusable water bottle, we recommend you pack it in your suitcase. It is your responsibility to wash your keep cup between coffees through the conference. The coffee carts on site do not have washing facilities.

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

Canberra Information

Ngambri, Ngunnawal and Ngarigu Country

The Ngambri, Ngunnawal and Ngarigu peoples have lived in the country that is now the Canberra region for more than 20,000 years.

The ACT Government recognises the Ngunnawal people as traditional custodians of the ACT and surrounding region. The Government acknowledges that other people and families also have a traditional connection to the lands of the ACT and region and we respect this connection to country.

The Ngambri (Kamberri) ancestors were the custodians of the country southwest of what is now Lake George, which includes the modern ACT. The area next to Black Mountain — and what is now known as Sullivan's Creek — is of particular significance to the Ngambri (Kamberri). The name 'Canberra' derives from that of their ancestral group, the Kamberri.

The Territory acknowledges the right of Aboriginal people to self-determination and recognises that there is re-emerging knowledge about their history and connections with the land. The Territory acknowledges that those identifying as Ngambri (Kamberri) have determined they are traditional custodians of land within the ACT and surrounding region.

Non-conference activities relating to local Aboriginal culture

Dhawura Cultural Tour

<https://www.thunderstone.net.au/copy-of-services>

Burrunju Aboriginal Art Gallery

<https://www.burrunju-aboriginal-arts.org.au/>

Tidbinbilla Nature Reserve

<https://www.tidbinbilla.act.gov.au/>

Namarag – Molonglo River Reserve

<https://www.parks.act.gov.au/find-a-park/molonglo-river-reserve/namarag>

Climate

Canberra has an average maximum daytime temperature in October of 19.9°C (67.82°F). The average minimum temperature goes down to around 6.0°C (42.8°F) (often the minimum temperature is noted at night).

Rainfall during October is moderate with an average of 64mm (2.5 inches). There are generally around 13 rainy days.

Read more at <https://weather-and-climate.com/canberra-October-averages>

Getting around in Canberra

Please visit <https://visitcanberra.com.au> for information on:

- Buses
- Light rail
- Airport transfers
- Red Explorer loop bus
- Cycle
- E-scooter
- Taxi
- Ride share
- Hire car

Medical services

Canberra Hospital is located at Yamba Drive, Garran.

There is a 24 hour Emergency Department for life-threatening emergencies.

And a walk-in Centre for non-life-threatening injury and illness, open 7.30am to 10pm every day

In an emergency, dial 000 for ambulance, fire or police.

<https://www.canberrahealthservices.act.gov.au/home>

Cultural Information, Art and Entertainment

Throughout the Event

Photographer: This is Creative

This is Creative are an Australian creative agency specialising in event management, video production and content creation. They are here to tell companies stories – whether through a first-class event, powerful video campaign or results driven photography and design. The agency was established by siblings Kate and Nathan Dukes from a shared love of storytelling.

This is Creative proudly partner with OzHarvest to provide meals for 100 people for each video project we complete.

This is Creative is a 100% Australian Indigenous owned and operated business, certified with Supply Nation.

At Ngambri (Kambri)

Day 1 of the conference will be held at Ngambri (Kambri) which is the cultural hub of the Australian National University.

For the traditional custodians of this land, Ngambri (Kambri) has been a meeting place for thousands of years. The name was gifted to the ANU by representatives of the Little Gudgenby River Tribal Council, Buru Ngunawal Aboriginal Corporation, King Brown Tribal Group, and the Ngarigu Currawong Clan.

The Ngambri (Kambri) cultural precinct offers a new educational, physical, creative and social experience in a village setting. In time, this contemporary community space hopes to bring the spirit of placemaking and gathering to the ANU.

Ngambri (Kambri) is the living heart of the Australian National University, located in the centre of the Acton campus.

Abuzz with activity, this new precinct boasts tree-lined avenues and spectacular outlooks over Sullivan's Creek and the mountains, and is easily accessible via many means.

Aunty Dr Matilda House and Paul Girrawah House JP will perform the Welcome to Country and Smoking Ceremony.

Paul Girrawah House JP will be performing on his glass yidaki (didgeridoo) created in collaboration with glassblower Tom Rowney, accompanied by Ruben House.

Jullergung Cultural Dance Group will perform during the welcome session. The Jullergung Cultural Dance Group are made up of young dancers who have been learning their traditional dance.

There may be some walking involved during this session so please wear layers for outside activities and comfortable shoes.

Our first Keynote, Professor Ian Anderson AO will address the delegation after a Welcome from Professor Russell Gruen, Dean of the College of Health and Medicine at Australian National University.

Walking

Kambri was conceived and developed with a people-first approach, which is reflected in the well-lit and pleasant pedestrian routes that connect with the surrounding communities and facilitate active transport opportunities.

Public Transport

The ANU campus is served by Transport Canberra's high frequency 'Rapid' bus services. For more information on these, check out Transport Canberra's Journey Planner.

Bicycle

Kambri is extremely bike-friendly – in fact the Acton campus has over forty enclosures with enough storage for more than 2,000 bikes. The best way to find out about bicycle shelters on campus is to look under 'outdoor facilities' on ANU maps.

Taxi

The taxi and Uber rank is conveniently located directly outside the Cultural Centre, giving easy access to all visitors coming and going.

FAQ

What do I wear?

We suggest smart casual attire and comfortable shoes for a short walk. In October the weather can still be unsettled so we suggest that you take some layers in case it gets wet or cold.

Can I take photos?

Yes you can take photos *with permission from* Auntie Dr Matilda House Williams and / or Paul Girrawah House JP. Please be mindful not to share photos on social media without consent.

At the Welcome Reception

Catering: Bella's Feast

About Bella: "It's been a while since I knocked the taste buds off Pete Evans and Manu Fieldel when my sister and I won My Kitchen Rules in 2011.

Since then, I've worked as resident chef on The Morning Show for 4 years, kept busy as the home cooking expert for Lifestyle Food, and most importantly produced and hosted my own TV show Kitchen Rescue which aired on Channel 10 for 2 series and is now aired on Netflix Internationally.

But it's not media that drives this passionate foodie... I love to eat, but more important than that, I LOVE to feed!

Showcasing the Canberra region is paramount to our ethos, with local olive oil, lamb, mushrooms, wines, and specialty products sourced from small producers in the area. We only use the freshest seasonal ingredients to make your experience delicious and unforgettable."

At the Conference Venue

Speaker Gifts

Speaker gifts have been designed and created by Catherine Manuell Design and jeweller Thomas Coen.

At the LIME Connection X Dinner and LIMELight Awards

Master of Ceremonies: Professor Papaarangi Reid



Papaarangi is a member of Te Rarawa iwi in North Hokianga and since 2006 she has been Tumuaki (Deputy Dean – Māori) and Head of Te Kupenga Hauora Māori at the Faculty of Medical and Health Sciences, University of Auckland.

She is an alumnus of this university, graduating in science and medicine with post-graduate qualifications in obstetrics and community health. She is a specialist in public health medicine and a Fellow of the New Zealand College of Public Health Medicine. She was also awarded an honorary fellowship by the Royal Australasian College of Surgeons.

Papaarangi is most noted for her long-standing work holding governments to account for inequities, especially in health outcomes for Māori and other Indigenous peoples. She believes that equity for Indigenous citizens is a symbol of government commitment to Indigenous rights. She is committed to increasing the number of Māori and Pacifica graduates in health professions and thereby changing the face of the New Zealand health workforce and improving the cultural safety of health services.

She has well over a hundred publications and is sought after internationally as a collaborator and commentator in Indigenous health and health equity. She is a member of the leadership team of Ngā Pae o Te Māramatanga, New Zealand's Māori Centre of Research Excellence. She has been a member of WHO and UNICEF Commissions and been part of other international collaborations, committees and councils. She is an honorary Professor at The University of Melbourne. Her work has been recognised by a number of awards including being named Public Health Champion in 2007 by the New Zealand Public Health Association, two awards from Te Ohu Rata o Aotearoa, a leadership award from the LIME Network and awards for her early work in Māori tobacco control.

Dinner Entertainment: Stewart Barton



Stewart Barton is a young local talent – singer, songwriter and guitarist – that has already made a huge impression on the music community in Canberra and beyond.

Always having had music around him including hearing his older siblings guitar, sax and violin in the early years, he was immersed in music. Initially self taught then took up group guitar classes at school. With the support of his family, he started performing and then grew in confidence to put himself out there in talent shows around Canberra – this is where he got noticed by the wider community.

He's been very lucky to either play support for well know artists (Bill Chambers) after being spotted by the Country Music Association of Canberra (CMAC) and had the amazing opportunity to meet and jam with Tommy Emmanuel!

Stewart is working on building his brand and resume as an artist plus grow as a singer, songwriter and perform

<https://www.countryrocks.com.au/stewart-barton>

Trophies

The LIMELight Awards have been designed and created by Wathaurong Glass

In 1998 Wathaurong Glass was formed to express Aboriginal art in glass, the techniques used to produce our products include the use of kiln forming (slumping glass), sandblasting or any other technique we feel is suitable to achieve the desired result. Great pride is taken in producing unique artwork with a net result of high-quality glass products, current products including slumped Windows & Doors glass to Australian standards, Kitchen & Bathroom Splashbacks, Artistic Platters, Bowls and corporate gifts / Awards / trophies etc. We have & will continue to work on commercial commissions that don't have cultural connotations such as producing glass light lenses, corporate logos & kiln formed textured glass and more. Located in Geelong, Australia we supply and arrange delivery of all our products like kitchen & bathroom splashbacks, custom made Shower Screen, kiln formed Window and Door glass and other glass art pieces Australia wide.

The name "WATHAURONG" (wathawurrung or wadda wurrung) is a recognised tribe, it consisted of 25 groups (clans). The boundaries of Wathaurong are from Geelong (Victoria), North to Werribee River, Northwest to Bacchus Marsh, South West to Cressy, South East to Colac, East to Lorne & North back to Geelong encompassing the Bellarine Peninsula.

All our staff are Aboriginal & the company is a not-for-profit business owned by Wathaurong Aboriginal Co-operative LTD which is an Aboriginal community control organisation, Wathaurong Glass LTD is structured so that the community of Wathaurong All our staff are Aboriginal & the company is a not-for-profit business owned by Wathaurong Aboriginal Co- & the broader community will be the beneficiaries of any profit. Were possible we purchase from the local community as we believe it is better for Geelong and the environment (Less Transport Emissions).

Session Keynote Presentation

Chair

Professor Russell Gruen,
The Australian National
University

🕒 4:30–5:30pm

📍 Kambri, The
Australian National
University

Keynote presentation

Professor Ian Anderson AO, University of Tasmania



Professor Ian Anderson is the Deputy Vice-Chancellor (Academic) at the University of Tasmania. As an academic and public servant he has made significant contributions to Indigenous health and education. His extensive background in research, including public health and the social and cultural determinants of health, has enabled him to provide invaluable insights into program and policy development in these fields.

A palawa man, Professor Anderson was born in Devonport and is deeply connected to his traditional culture and community through his ties to Tebrakunna country in northeast Tasmania. He has an unwavering dedication to preserving and honouring his heritage. His non-Aboriginal family are largely of convict descent from across lutruwita/Tasmania.

Professor Anderson graduated from the University of Melbourne as a medical doctor in 1989 and was later awarded an honorary Doctor of Medicine. He was also awarded his PhD in Sociology and Anthropology in 2006. He is currently a public health physician and member of the Faculty of Public Health Medicine in the Royal Australian College of Physicians.

He was the first Indigenous Australian to be appointed as Deputy Vice Chancellor of an Australian University, and founded the Murra Indigenous Business Masterclass program at the Melbourne Business School, which has helped to increase the number of Indigenous people in senior leadership roles in the business sector.

Professor Anderson has been a national policy leader in Indigenous affairs, and higher education policy and programs. During his more than 20 years of working in higher education, he has promoted access to higher education for Indigenous Australians and for Australians from regional areas and educationally disadvantaged communities.

Through his exceptional leadership skills, extensive research contributions, and dedication, Professor Anderson has made significant contributions to Indigenous education and health in Australia.

Some of his other past roles include:

- Chair of the National Indigenous Health Equality Council; the National Aboriginal and Torres Strait Islander Health Council and Co-Chair for the Aboriginal and Torres Strait Islander Higher Education Council for the Australian Government .
- Deputy Vice-Chancellor (Student and University Experience) at the Australian National University (ANU) from March 2020 to 2022.
- Deputy Secretary for the Prime Minister and Cabinet and the Deputy Chief Executive Officer at National Indigenous Australians Agency at a Federal Government level.



**Session
Keynote
Presentation**

- Foundation Chair of Indigenous Health, Foundation Chair of Indigenous higher education, Assistant Vice-Chancellor Indigenous Higher Education Policy, and Pro Vice-Chancellor (Engagement) at the University of Melbourne.
- Director of Research for the Lowitja Institute and related Cooperative Research Centre for Aboriginal Health.
- Medical Adviser for Aboriginal and Torres Strait Islander Health for the Commonwealth Department of Aboriginal Health in the late 1990s

Professor Anderson was awarded the Order of Australia in 2017 and in 2018 he was elected a member of the Academy of Social Sciences Australian and the Australian Academy of Health and Medical Sciences.

As a highly respected figure, Professor Anderson has inspired countless individuals and left an indelible mark on Indigenous education and health. He hopes his legacy will continue to inspire future generations of Indigenous leaders and scholars, to follow in his footsteps and continue the critical work of advancing Indigenous education and health in Australia.

MONDAY 23 OCTOBER 2023

Day 2 / National Convention Centre Canberra

Session Keynote Presentation

Chair

Dr Paul Saunders,
Western Sydney
University

🕒 9:30–10:30am

📍 The Ballroom

Keynote presentation

Dr Andrea McKivett



Dr Andrea McKivett is a Gija health academic from the Kimberley with Scottish and Irish ancestry.

Andrea graduated in medicine from the University of Western Australia. Since then she has had deep involvement in Aboriginal Health Professional research and education activities that promote health equity and social justice for Aboriginal and Torres Strait Islander peoples.

After studying medicine Andrea completed a Masters in Aboriginal Health at the University of Western Australia. Her work explored the variety of influences on clinical decision-making and engagement in Aboriginal health. She was particularly interested in ways health professional education can promote meaningful engagement and equitable healthcare practice, recognising that healthcare institutions can contribute to the maintenance of health disparities.

More recently Dr McKivett has completed her PhD at the University of Adelaide in Indigenous medical education. Her work was guided by her interest in healthcare inequity and the fundamental importance of communication to improving care for Indigenous Australians in clinical practice. Drawing upon learnings from Indigenous scholars in Canada and Aotearoa to guide her theoretical approach she developed a communication framework to assist healthcare practitioners have more effective clinical conversations with Aboriginal patients and their families.

Dr McKivett's work is guided by a strong approach to Indigenous Governance. For her PhD research she collaborated with an Indigenous Governance Group who informed her approach, and strengthened the process and outcomes of the work.

Dr McKivett has worked as an academic and researcher at the University of Notre Dame Fremantle, the South Australian Health and Medical Research Institute, the University of Adelaide and Flinders University.

Session

Interdisciplinary

Chair

Mel Muscat, University of Queensland

 11:00am–12:15pm

 The Ballroom

Presentation

Achieving the Hauora Māori learning outcomes for Year 5 medical students in psychiatry: a single-centre qualitative study in Aotearoa/New Zealand

Authors

Dr Rātahi Bell, Primary Researcher, Te Kupenga Hauora Māori (The University of Auckland)

Dr Jade Tamatea, Project Co-Supervisor, Te Kupenga Hauora Māori (The University of Auckland)

Associate Professor David Menkes, Project Co-Supervisor, Te Kupenga Hauora Māori (The University of Auckland)

Associate Professor Rhys Jones, Principle Supervisor, Te Kupenga Hauora Māori (The University of Auckland)

Abstract

Background

The focus on delivering quality Hauora Māori (Māori Health) teaching in health professional programmes is increasing. This is particularly relevant to psychiatry, where the models of care are often at odds with Māori cultural norms. To date, Hauora Māori (HM) education for medical students in psychiatry has not been critically evaluated and factors influencing their acquisition remain poorly understood.

Aims

This study investigated the learning experiences of Year 5 medical students completing their psychiatry attachments in Waikato, Aotearoa, to identify factors influencing their achievement of intended HM learning outcomes. Within this, the study also aimed to uncover any differences in the learning experiences of Māori students and identify factors specific to their achievement.

Methods

Utilising a Kaupapa Māori Research methodology and qualitative research methods, focus group interviews explored students' HM learning experience. An additional Māori-specific focus group explored for experiences distinct to their non-Māori peers. The data underwent thematic analyses to identify factors influencing the achievement of the HM learning outcomes across these groups.

Results

The study identified commonalities and differences between the curriculum experience of Māori and non-Māori students in their HM learning operating at formal, informal and hidden curriculum levels. For Māori students, these influencing factors aligned strongly with their cultural identity and were represented by the themes of haepapa (responsibility), whanaungatanga (relationality), and pono (integrity). These themes were dynamic in nature with dual influence as enablers or hinderers of learning and highlighted a relationship between their cultural identity and professional identity formation. Specific hinderers included identification with patient experiences, cultural loading, and differential learning opportunities. Conversely, specific enablers included the receipt of mentorship with Māori seniors, the fostering of peer-group cohesion with other Māori, and building connections with Māori patients.



Session Interdisciplinary

Conclusions

The study findings reinforce the need to improve HM education at all curriculum levels. Additionally, the unique learning experience of Māori students elucidated distinct challenges affecting their achievement as they negotiated their cultural identity with the social norms of a Western institution. Identifying that Māori student learning is identity-mediated reinforces the need to decolonise teaching practices and learning environments to enhance student achievement.

Presenter

Dr Rātahi Bell / Te Kupenga Hauora Māori (The University of Auckland)

Dr Rātahi Bell is a Māori psychiatry registrar and forensic advanced trainee of the Royal Australia and New Zealand College of Psychiatrists (RANZCP) based in Waikato, Aotearoa. He is of Tainui descent with whakapapa to the Ngāti Maniapoto iwi (tribe). Dr Bell is a postgraduate student at The University of Auckland (MHSc) and his thesis researched the Hauora Māori education of medical students within the clinical psychiatry curriculum. He is passionate about health equity for Māori accessing mental health services and the development of a culturally safe and proficient medical profession toward delivering these outcomes.

Session Interdisciplinary

Presentation

Indigenous Knowledges in postgraduate Epidemiology – weaving an interface

Chair

Mel Muscat, University of Queensland

Authors

Dr Sadia Hossain, Research Fellow, Western Sydney University

Ms Pip Henderson, Research Assistant, Flinders University

 11:00am–12:15pm

Associate Professor Courtney Ryder, Discipline Lead, Flinders University

 The Ballroom

Abstract

Introduction to Epidemiological Research Methods is the only core epidemiology MPH topic at Flinders University. Graduates are expected to understand epidemiological health measures and apply these to describe disease occurrence, interpret results, and critically evaluate research outputs.

Noting that Epidemiology is traditionally less likely to engage with Indigenous knowledges, we sought to Indigenise this topic as an approach to interrogating the accepted white possessive logic in processes, approaches and assumptions in Epidemiology. This included building students' knowledge on colonising constructors and dominant knowledge in epidemiological research and how this contributes to the deficit data narrative creating harmful policies, practices and assumptions of and about First Nations' peoples. We aimed to develop students' capacity to develop decolonising lenses across the whole spectrum of planning epidemiological studies and interventions, data collection, analysis and interpretation.

We sought to disrupt the status quo and broaden student's thinking by decentering Western knowledges and ensuring Indigenous knowledge and perspectives were woven throughout modules and assessments. To achieve this we drew from principles articulated within literature and engaged in ongoing critical reflexivity, relationality through yarning and high levels of accountability. We also interviewed epidemiologists to gain insights about key graduate skill sets for working with and for First Nations' peoples' population health.



Session Interdisciplinary

Respecting the importance of students' experiences, we sought students' post-topic opinions. Survey results provided insights pertaining to their opinions about health equity, health professionals' responsibilities, cultural influences on patient and provider beliefs and attitudes that inform decision making.

From this, and to extend capabilities of other academics, we drafted a framework for Indigenising tertiary topics within our College. This was further developed in collaboration with an Indigenous Reference Group with the intention for broader utilisation to transform students' learning, and translate knowledge to support key education actions in the university's Reconciliation Action Plan.

This presentation will demonstrate the feasibility and processes of weaving Indigenous perspectives with an existing Epidemiology subject for MPH, share students' experiences of taking an Indigenised Epidemiology topic, as well as provide an outline of our proposed framework for Indigenisation of tertiary subjects.

Presenters

Dr Sadia Hossain / Western Sydney University

Dr Sadia Hossain is a Lecturer in Public Health and an Epidemiologist by training. She teaches undergraduate and postgraduate epidemiology and has a broad public health research interest. Sadia is keen to harness data skills for better equity research. Currently Sadia is involved in several projects exploring First Nations' health including road traffic injury, traumatic brain injury and codesigned interventions with and for First Nations' peoples. She was the CIA (supervised by CI Ryder) in Flinders University's College of Medicine and Public Health Capacity Building Grant to implement Indigenous Knowledges into the core epidemiology topics.

Ms Pip Henderson / Flinders University

Pip Henderson is a non-Indigenous woman living on Kaurna Yerta with her children. She is a PhD Candidate and Research Assistant in the College of Medicine and Public Health at Flinders University. Her PhD researcher explores culturally responsive teaching and supporting educators to identify, recognise, and disrupt whiteness through tailored professional development. Her areas of research interest also include decolonising education and community development through sport.


Associate Professor Courtney Ryder / Flinders University

Associate Professor Courtney Ryder is the Discipline Lead for Injury Studies in the College of Medicine and Public Health. As an Aboriginal injury epidemiologist, her research is leading new ways of working with Indigenous Data through knowledge interface methodology and Indigenous Data sovereignty to change the deficit discourse surrounding Aboriginal and Torres Strait Islander health statistics. Ryder is recognised for her work in cultural safety and Aboriginal health education. With over a decade of experience in design and coordination of large and complex topics, this work has transformed student education, and is being used to train clinical burns teams at Westmead Hospital.

Session
Interdisciplinary

Chair

Mel Muscat, University of Queensland

 11:00am–12:15pm

 The Ballroom

Presentation

Lyfe Languages: The universal medical translator

Authors

Mr Yarlalu Thomas, Medical Student, Lyfe Languages

Abstract

Lyfe Languages – Linguistic and cultural differences, as well as the prevalence of medical jargon, contribute to the ability of Indigenous Australians to engage with the health systems and receive effective treatment. This is also evident globally for other First Nations groups who speak an Indigenous language .

The Lyfe Languages project aims to break down communication barriers by translating medical resources and terminology into Indigenous languages. By utilising new technologies, it strives to promote equitable transformation of health, well-being, and connected communities. The ultimate goal is to create a universal medical translator in the form of a mobile application, serving non-English speaking First Nations individuals and aiding them throughout their healthcare journeys.

The project aims to improve patient understanding of their condition/s, enhanced ability to give free, prior, and informed consent to procedures, better comprehension of management and treatment plans, and overall holistic health improvement for Indigenous Australians.

Furthermore, the project fosters social impact by involving youth as Lyfe Language Champions, encouraging them to connect with their elders and facilitating the transfer of knowledge, culture, and self-identity development.

Lyfe Languages aims to contribute to closing the gap for First Nations people across Australia, recognising that systemic change begins with effective communication and meaningful conversations.

Presenter

Mr Yarlalu Thomas / Lyfe Languages


Yarlalu Thomas is a Nyangumarta Pitjikirli student from Warralong community. He's the first in his community to complete high school and is now pursuing a Bachelor of Medical Science and Doctor of Medicine (MD) at the University of Western Australia. As the recipient of the Roy Hill Community Foundation Fellowship, Yarlalu has worked with organisations like WA Register of Developmental Anomalies, Genetic Services WA, and Cliniface to improve genetic healthcare for remote Indigenous populations. He's also launched the UNESCO-endorsed Lyfe Languages project, translating medical terms into Indigenous languages globally, combining modern knowledge with ancient wisdom. Creating the Universal Medical Translator.

Session

Interdisciplinary

Chair

Mel Muscat, University of Queensland

 11:00am–12:15pm

 The Ballroom

Presentation

Outcome measures for Māori with non-traumatic dental presentations: a retrospective observational study and Kaupapa Māori approach examining inequities in dental care.

Authors

Mr Sam Cameron-Dunn, Trainee Intern, University of Otago

Dr Calum Fisher, MBChB BDS(Hons) MRACDS(PDS), University of Otago

Dr Tania Huria, BA(Cant) BNS(Chch Poly IT) MPH(Otago) RCpN, University of Otago

Dr Andrew McCombie, BSc BA(Hons) PhD(Otago), University of Otago

Mrs Angela Forbes, PhD candidate, University of Otago

Dr Laura Joyce, Emergency Medicine Specialist – MBChB FACEM BMedSc(Hons) MMedEd CCPU, University of Otago

Abstract

Aim

To assess the outcome measures and equity of care of patients with non-traumatic dental presentations (NTDP) to Christchurch Emergency Department (ED) in Aotearoa New Zealand.

Methods

A retrospective observational study was conducted to review NTDP to Christchurch ED over a 2-year period (2018-2020). Key pre-admission variables included: deprivation, age, triage score, and prioritised ethnicity. Outcome variables included: time until seen, ED length of stay, hospital admission rates, and hospital length of stay. Generalised linear regression models controlled for age and deprivation. A Kaupapa Māori (KM) approach was used to analyse the data, placing Māori ethnicity as the reference category instead of New Zealand European. This approach aligns with the KM research principle of taking a non-deficit perspective and recognising systemic factors in shaping health outcomes. In using a KM approach, we aim to identify privilege and highlight the systemic issues that contribute to NTDP presenting to the ED.

Results

There were a total of 2034 NTDP over the study period. Compared to census data, Māori (27.0% vs 9.4%) and Pacific Peoples (6.9% vs 3.2%) were over-represented, while Europeans were under-represented (59.5% vs 82.43%). Māori experienced shorter wait times to be seen by a doctor (45 minutes, 95% CI 22-86) compared to Europeans (56 minutes, 95% CI 24-97) and Pacific Peoples (54 minutes, 95% CI 23-97). ED length of stay was similar between all groups. Māori (reference) had the highest age standardised incidence of admission, compared to Pacific Peoples (RR 0.54, 95% CI 0.18- 1.58), European (RR 0.30, 95% CI 0.19-0.48) and Other ethnicities (RR 0.33, 95% CI 0.16-0.65). Median hospital length of stay was shorter for Māori admissions (0.9 days, IQR 0.4-2.3) compared to Pacific Peoples (3.8 days, IQR 1.8-3.9), and European (2.0 days, IQR 1.0-3.7).



Session Interdisciplinary

Conclusion

To our knowledge, this is the first paper to employ Kaupapa Māori methodology in examining NTDP patients presenting to the ED. The study confirms previously reported demographic disparities among patients seeking dental care at the ED and underscores the need to address significant upstream challenges concerning accessibility and delivery of clinical service. By examining patient-level data, we can identify unconscious and systemic biases within the health system. Highlighting inequities in healthcare provision and outcomes for Māori represents the first step in educating all healthcare professionals about the existence of these inequities, allowing us to find solutions. These solutions include, firstly, establishing oral health initiatives providing disadvantaged groups with relationship continuity, flexible consultation hours, transport options, and waived fees. Secondly, re-evaluation of national benefit thresholds is needed to address 'in-work poverty' for patients who fail to meet funding criteria for subsidies but still face financial pressure to prioritise other basic necessities over health service engagement. Thirdly, extending benefit support packages to include preventative and rehabilitative dental services, rather than purely interventional dental services at the time of presentation. Upon examination of the care provided in the ED, predominantly positive findings exist for Māori. Our findings provide further evidence to support reorientation of oral health services that provide high quality, equitable care for Māori.

Presenter

Mr Sam Cameron-Dunn / University of Otago

My name is Sam Cameron-Dunn, a final year medical student studying at the University of Otago. I am of Ngāi Tahu descent and currently based at Nelson Hospital. I hold an interest in equity research. When I'm not in the hospital, you'll likely find me mountain biking, skiing, or somewhere in the mountains.


Session

Student Support and Pastoral Care

Chair

Professor Suzanna Pitama, University of Otago

 11:00am–12:15pm

 Murray Room

Presentation

A Causal Layered Analysis: How Oppression Impacts the Retainment of Indigenous Medical Students in Australia.

Authors

Mrs Mahatia Minniecon, Final Yr Medical Student, Deakin University

Abstract

Achieving genuine control and independence over health, social, and emotional well-being, as well as closing the health burden gap experienced by Aboriginal and Torres Strait Islander peoples, necessitates equitable representation within the healthcare workforce. Aligned with the vision outlined in the Aboriginal and Torres Strait Islander Health Workforce Strategy (2023-2035), the growth of the Indigenous Health workforce relies on an adequate presence within higher education. While substantial efforts have been made over the past two decades to cultivate an Indigenous medical workforce, with encouraging recruitment rates, current systems have been shown to fail in maintaining Indigenous medical students at levels that would allow parity to be achieved. This analysis will explore complex factors affecting the retention of Indigenous medical students in Australian universities, with a particular focus on the impact of oppression.

Analysis of the different types of oppression influencing retention; including ideological, institutional, internalised, and interpersonal, will take place; utilising a strategic foresight method created by futurist Sohail Inayatullah to unpack oppressive issues at an empirical, systematic, worldview and myth/metaphor level. Scrutinizing these layers will shed light on the ways in which oppression, as a pervasive force, affects the retention of Indigenous medical students by providing a deeper and more holistic understanding of the impacts and potential ways forward.

This study contributes to the broader dialogue on equitable representation in the healthcare workforce and endeavours to inform strategies and policies aimed at fostering the retention of Indigenous medical students. By addressing the multifaceted challenges associated with retention, this analysis seeks to advance efforts in closing the gap in health burden and empowering Aboriginal and Torres Strait Islander communities to exercise greater control over their health, social, and emotional well-being.

Keywords

Higher education; Equity; Indigenous medical students; Oppression; Retention

Presenter

Mrs Mahatia Minniecon / Deakin University

Mahatia Minniecon, a proud Yorta Yorta/Kabi Kabi woman and descendant of the South Sea Islander people, is a MD4 student at Warrnambool Clinical School, Deakin University. With a bachelor's degree in Nursing and a Masters in Infectious Disease Intelligence, she served in the Royal Australian AirForce for six years and is currently sponsored by the ADF for medical training. Mahatia's career through Indigenous Pathways highlights the importance of alternative education access. She advocates for improved support and retention of Indigenous students in health professions, striving for a culturally safe environment where future generations can confidently advocate for themselves and patients.

Session

Student Support and Pastoral Care

Chair

Professor Suzanna Pitama, University of Otago

🕒 11:00am–12:15pm

📍 Murray Room

Presentation

Cultural Connection and Community Building at the Annual Indigenous Medical Education Gathering

Authors

Meghan MacGillivray, Indigenous Initiatives Manager, The University Of British Columbia

James Andrew, Associate Director, Indigenous Initiatives, The University Of British Columbia

Abstract

Rationale

The University of British Columbia's MD Undergraduate Program has grown significantly, graduating over 130 Indigenous physicians in the past 20 years. Despite this growth, Indigenous medical students experience isolation and disconnect from culture throughout their medical education, especially those who relocate far from traditional territories and communities to attend medical school. The Indigenous Pathway program therefore developed the Indigenous Medical Education Gathering, a gathering that brings together Indigenous medical students, residents, physicians and Elders for relationship-building, mentorship and connection to culture and community.

Process

All Indigenous medical students in the program are supported to attend this annual three-day event that includes sharing circles facilitated by Elders to help ground students in Indigenous ways, cultural activities (e.g. traditional dancing and making medicine pouches), mentorship, and Indigenous physician-led professional development sessions. The program has collaborated with provincial and national Indigenous organizations for financial and administrative support.

Outcomes

Approximately 70 Indigenous medical students, residents, and physicians attended the last gathering. Many Indigenous graduates return to provide mentorship and support, and approximately thirty percent of graduates transition to UBC faculty members. This includes Indigenous medical education leaders who are able to advocate for improvements to curriculum based on challenges discussed at the gathering. Narrative from students demonstrates that they especially appreciate the Elder-led sharing circle where they learn from each other's experiences, and the opportunity to connect with Indigenous physicians. After the gathering, students felt more confident incorporating Indigenous ways into their practice.

Impact

This initiative has been an essential part of decolonizing medical education in our program, as it provides whole person networked support for Indigenous students. What's more, the co-construction that occurs between Indigenous Elders, faculty, staff, and learners through discussion of challenges has resulted in the development of initiatives that will improve and ensure curricular offerings are more supportive of Indigenous learners. For example, based on a need identified at the gathering, Indigenous students will now be given priority access to Indigenous preceptors and to clinical placement locations. In future years, there are plans for an interdisciplinary event through the inclusion of Indigenous students and practitioners from other health professions.



Session Student Support and Pastoral Care

Presenters

Meghan MacGillivray / The University Of British Columbia

Meghan MacGillivray is a member of the Métis Nation of British Columbia, with Métis roots in the Red River Settlement. She works at the University of British Columbia as the Indigenous Initiatives Manager for the Faculty of Medicine's MD Program. In her role, she has the privilege of recruiting and supporting Indigenous applicants to the MD Program, and supporting Indigenous medical students through their medical school journey.

James Andrew / The University Of British Columbia


James Andrew, a member of Lil'wat Nation's Mount Currie Band, has been with the University of British Columbia for more than 25 years. Twenty-one of those years has been with the Faculty of Medicine as the Indigenous Student Initiatives Manager where his role was to recruit and support the Indigenous medical students thru the Indigenous Pathway. He is currently the Associate Director of Indigenous Initiatives, Office of the Vice Dean, Education, Faculty of Medicine where he works with the other health profession program on Indigenous health initiatives.

Session Student Support and Pastoral Care

Chair

Professor Suzanna
Pitama, University of
Otago

 11:00am–12:15pm

 Murray Room

Presentation

Racism, discrimination, bullying and harassment for Māori medical students: results from the Te Whakahaumarū Taiao study

Authors

Dr Donna Cormack, Associate Professor, Te Kupenga Hauora Māori, University Of Auckland

Dr Claire Gooder, Research Fellow, University Of Auckland

Abstract

Medical education, training and work environments should be safe and health-enabling for medical students. However, exposure to unsafe environments and mistreatment has been documented for medical students internationally and in the domestic context. Te Whakahaumarū Taiao: safe environments for Māori medical practitioners (TWT) is a Māori-led, HRC-funded study exploring racism, discrimination, harassment and bullying for Māori medical students and doctors in New Zealand. As well as measuring exposures to these mistreatments, the study looks at how they impact health, wellbeing, and career outcomes.

Guided by Kaupapa Māori Theory, Critical Race Theory, and decolonial approaches to intersectionality, the study took a transformative mixed methods approach, using quantitative and qualitative data collection and analysis methods. The presentation will share findings from the national survey with Māori medical students (n=205) on their exposure to racism, discrimination, harassment, bullying and everyday racism in their medical school and training environments. The survey was developed by the Te Whakahaumarū Taiao team, project advisors and expert reviewers to be relevant and appropriate for Indigenous students, recognising that medical school and training spaces for Māori are already racialised because of the primary structuring forces of colonialism and other systems of oppression.



Session
Student Support
and Pastoral Care

The survey was in the field in late 2021 and early 2022 and achieved a 48% response rate. The survey identified that racism was experienced both directly and witnessed at the highest rates, but that students also had high exposure to other forms of discrimination, bullying, harassment and multiple types of everyday racism. These exposures mean Māori medical students are experiencing their learning in unsafe environments. Just over half (52%) of the students had high or very high levels of distress (using the K-10 measure) and one quarter said they had considered or had taken a break from medicine because of racism, discrimination, bullying and harassment in their medical education and training.

This talk will explore the survey findings alongside an overview from a strategic review of interventions, intended to support medical schools and related institutions to act urgently to ensure the safety of medical education, training, and work environments for Indigenous students.

Presenters

Dr Donna Cormack / University Of Auckland

Associate Professor Donna Cormack (Kāi Tahu, Kāti Māmoe – she/her/ia) is the lead researcher on the project Te Whakahaumarū Taiao: Safe environments for Māori practitioners. Donna is a teacher and researcher whose work focuses on racism and health, on Māori data sovereignty, data justice and data harms for Indigenous peoples, and on transformative and anti-colonial approaches to research and teaching in Indigenous health

Dr Claire Gooder / Research Fellow, University Of Auckland

Dr Claire Gooder (Pākehā – she/her) is a research fellow on the project Te Whakahaumarū Taiao. She researches in the areas of racism, marginalisation, discrimination and belonging within mainstream/Western health and education contexts. She works at Te Kupenga Hauora Māori and lives in Tāmaki Makaurau with her family.

Session

Student Support and Pastoral Care

Chair

Professor Suzanna Pitama, University of Otago

🕒 11:00am–12:15pm

📍 Murray Room

Presentation

At the Foot of the Mountain: Taking the First Steps Towards Reconciliation and Decolonization as a Faculty of Medicine

Authors

Dr Daniel Tham, Writer And Grant Team Facilitator, University Of British Columbia

Ms Courtney Kohnen, Manager, Heath Engagement, University Of British Columbia

Dr Michael Allard, Vice Dean, Health Engagement, University Of British Columbia

Abstract

Canada's colonial settler history included targeted government policies and actions intended to forcibly integrate and systematically dispossess Indigenous Peoples of their lands, cultures, and freedoms, resulting in a legacy of inequity, trauma, discrimination, and racism.

In 2015, the Truth and Reconciliation Commission of Canada released its findings regarding the Indian residential school system, together with 94 Calls to Action laying out a path to reconciliation. The Faculty of Medicine at the University of British Columbia (UBC) launched its response to these Calls to Action (Response) in 2021 detailing commitments toward establishing mutually respectful relationships with Indigenous Peoples and, building upon efforts already underway, to decolonize learning spaces, admissions processes, and curricula, and make all aspects of the Faculty culturally safe and free from discrimination and racism.

Creation of the Response was assisted and informed by input and feedback from Indigenous students, alumni, faculty, staff, and leaders at UBC and from Indigenous peoples and organizations outside UBC. As a living, evolving document, the commitments have recently undergone significant revision to more fully incorporate principles laid out in the United Nations Declaration on the Rights of Indigenous Peoples and other landmark regional and national documents.

The commitments have also been organized by areas of focus in the Faculty's own 2021-2026 Strategic Plan moving the Response from intention to action with implementation enacted in partnership with Indigenous Peoples and organizations, including co-creation of accountability mechanisms and metrics. Our presentation will reflect upon these efforts, including key initiatives such as the Indigenous MD Admissions Pathway and the UBC 23/24 Indigenous Cultural Safety Program. It will include frank discussion of lessons learned and challenges faced by a colonial institution as it moves from aspiration to action in decolonization and reconciling with Indigenous peoples for a better future together.

Presenters

Ms Courtney Kohnen / Manager, Heath Engagement, University Of British Columbia


Courtney Kohnen is the Manager, Health Engagement and Partnerships at the University of British Columbia Faculty of Medicine in Vancouver, Canada. She is a white settler living on the unceded territories of the x^wməθk^wəyəm, Skwxwú7mesh, and səilwətaʔ Nations. She holds a Master in Health Administration, and has an interest in learning health systems and how research can be better integrated into the health system to enable more equitable and better care for populations facing marginalization.

Dr Michael Allard / Vice Dean, Health Engagement, University Of British Columbia

As Vice Dean, Health Engagement, Dr Allard works with health authorities, other health sector partners, academic organizations, and government to optimize academic activities and foster their integration in support of the B.C. health system. He also provides Faculty leadership in matters of Indigenous relationships and reconciliation. Dr Allard, an alumnus of UBC, is a Cardiovascular Pathologist at St. Paul's Hospital and a Professor and former Head of the UBC Department of Pathology and Laboratory Medicine.

Session**Workshop: Shared sovereignty in the cycle of AMC standards**

Belinda Gibb & Daan Verhoeven, The Australian Medical Council

 11:00am–12:30pm

 Fitzroy Room

Presentation

Shared sovereignty in the cycle of AMC standards

Authors

Belinda Gibb, The Australian Medical Council

Daan Verhoeven, The Australian Medical Council

Abstract

The Australian Medical Council (AMC) recently released revised medical school standards, which will come into effect from 1 January 2024. One of the most significant changes to the medical school standards is a strong focus on cultural safety in all aspects of medical education. In reviewing and developing the standards, the AMC followed a shared sovereignty process. A Sub Group established by the AMC Aboriginal and/or Torres Strait Islander and Māori Committee developed the standards related to Aboriginal and/or Torres Strait Islander and Māori health, overseen and advised by AMC governance. The Sub Group was informed by detailed input from Aboriginal and/or Torres Strait Islander and Māori staff in medical schools through Yarning Circles, and from Aboriginal and/or Torres Strait Islander and Māori health peak bodies through nominated Sub Group membership and targeted consultation.

The result is a set of standards in which Aboriginal and/or Torres Strait Islander and Māori expertise is deeply embedded. The voices of Aboriginal and/or Torres Strait Islander and Māori people are reflected in the language about cultural safety and Aboriginal and/or Torres Strait Islander and Māori health and wellbeing.

To assist with implementation of the standards, the AMC is developing a Guidance Matrix. The aim of the Guidance Matrix is to provide context to medical schools about accreditation expectations and to share practice. The matrix includes Explanation, Evidence, Examples and Resources sections to assist schools in implementing the standards. LIME Reference Group members and medical schools have received detailed drafts of the Explanation and Evidence sections for feedback and review.

Outline of workshop

The AMC sees shared sovereignty and embedding Aboriginal and/or Torres Strait Islander and Māori leadership as a continual process. This does not end when the policy is set, rather it is a continuous cycle including at the steps of drafting, consultation, implementation and evaluation.

Reflecting this, the workshop session will focus on the opportunities and challenges particularly Aboriginal and/or Torres Strait Islander and Māori people in medical education see in implementing the medical school standards. The session of sharing, yarning and collecting ideas will help the AMC shape the Guidance Matrix so that the accreditation approach does justice to the leadership of Aboriginal and/or Torres Strait Islander and Māori people.



Session
Workshop: Shared
sovereignty in
the cycle of AMC
standards

Presenters

Belinda Gibb / The Australian Medical Council

Belinda Gibb is a proud Dharug woman, the traditional Custodians of Sydney, Australia. She has over 25 years' experience in education, policy and program delivery, in both government and the not for profit sector.

With senior manager roles in Government Agencies, and Aboriginal and Torres Strait Islander organisations, such as the Healing Foundation, Community First Development, and as CEO at Australia's leading Indigenous education provider, the Australian Indigenous Leadership Centre (AILC). She is currently the Manager of Indigenous Policy and Programs at the Australian Medical Council, working closely with the executive, staff and AMC Committees to grow the knowledge of the AMC around Cultural Safety and Indigenous Health, and ensure it is imbedded across all their policy and programs, both internally and externally.

Belinda also sits on the Boards of Dharug Strategic Management Group, whose purpose is the advancement of culture and wellbeing of the Dharug people, exercising care and stewardship over elements of Dharug Nura (Country) that return to Dharug care, and CRANaplus, the peak professional body for the remote and isolated health workforce, and is an Independent Aboriginal and Torres Strait Islander Advisor for the ACT Government Working with Vulnerable People Committee.

Daan Verhoeven / The Australian Medical Council


Daan Verhoeven is a non-Indigenous American-Dutch man and the Manager, Medical School Assessments at the Australian Medical Council. In this role, Daan oversees the medical school standards review and manages the AMC's program of medical school accreditation visits. Daan's academic background is in social science, and he holds a Masters in Diplomacy from the Australian National University.

Note: you must register to attend this workshop via the conference app.

Session Workforce

Chair

Dr Ryan Dashwood,
Staff Specialist
Emergency Physician,
Shoalhaven District
Memorial Hospital and
Lecturer Indigenous
Health at Western Sydney
Univeristy

 1:15–2:00pm

 The Ballroom

Presentation

Leaders in Indigenous Pharmacy Profession Education (LIPPE) Network-Transforming from within

Authors

Ms Aleena Williams, Member, Australian Pharmacy Council

Mr Alex Burke, Member, Australian Pharmacy Council

Mr Lloyd Dolan, Member, Australian Pharmacy Council

Ms Chastina Heck, Member, Australian Pharmacy Council

Professor Faye McMillan AM, Member, Australian Pharmacy Council

Ms Anna Tiatia Fa'atoese Latu, Member, Australian Pharmacy Council

Dr Leanne Te Karu, Member, Australian Pharmacy Council

Abstract

Decolonisation requires institutions to acknowledge and take responsibility for how structures generate and perpetuate racial disadvantage in Australia. At the Australian Pharmacy Council (APC), we take accept this responsibility and are using our position in the pharmacy profession to generate change through empowering Indigenous pharmacists. We are enabling Indigenous leadership within our institution so that Indigenous values can shape the context of education and practice in pharmacy.

Our goal is to transform pharmacy education and professional practice. Our journey began in 2019 when we reached out to four Indigenous pharmacists to yarn about their lived experience within the pharmacy profession. Together we built robust relationships and deep connections which have transformed the APC and extended beyond our staff to APC Board members, committees, and subject matter experts with whom we work. Under the leadership of our Indigenous pharmacists, we seek to extend this transformational journey to the wider pharmacist workforce.

In May 2022, the Indigenous Health Strategy Group (IHSG), a group of Indigenous pharmacists and professionals set up to advise the Board of the APC, announced the establishment of the Leaders in Indigenous Pharmacy Profession Education (LIPPE) Network. The Network is a partnership of the APC and the Council of Pharmacy Schools (Australia and New Zealand) (CPS) and is operated by the IHSG. LIPPE is a global demonstration of enabling Indigenous leadership in the delivery of pharmacist education and the recruitment and retention of Indigenous pharmacy students.

The LIPPE network was conceptualised and has grown with allies. LIPPE mantra is to build capacity – the number of pharmacist professionals and students, strengthen capability – knowledge and skills and increase allyship – role of non-Indigenous people. We seek to expand partnerships and collaboration with Indigenous communities and other health disciplines. We will share the LIPPE journey and seek LIME Network delegate input on how the LIPPE model can contribute to decolonising education as strengths-based approach to Indigenous health.

Presenter


Ms Aleena Williams / Australian Pharmacy Council

Aleena is a Yugambah woman from South-East Queensland. She is a registered pharmacist with a background in rural and remote pharmacy practice where she has supervised pharmacy students and early career pharmacists. Aleena brings a lived experience of working as a pharmacist while maintaining connections to community and country. She is a Board Director and member of APC's Indigenous Health Strategy Group.

Session Workforce

Chair

Dr Ryan Dashwood,
Staff Specialist
Emergency Physician,
Shoalhaven District
Memorial Hospital and
Lecturer Indigenous
Health at Western Sydney
Univeristy

 1:15–2:00pm

 The Ballroom

Presentation

Tū Tauria Hauora: Aspiring to equity in Aotearoa New Zealand's health sciences education and health workforce.

Author

Dr Griffin Leonard, Professional Practice Fellow, Māori Health Workforce Development Unit, University Of Otago

Abstract

Tū Tauria Hauora is a programme of tautoko (support) and whakawhanake (development) for tauria Māori (Māori students) studying health professional programmes at the University of Otago. The programme is a collaboration of Te Aka Whai Ora (the Māori Health Authority) and the University of Otago, and seeks to address the under-representation of Māori in Aotearoa New Zealand's health workforce. Māori comprise approximately 17% of Aotearoa New Zealand's population, yet account for only 2%–4% of the workforce across most health professions. Tū Tauria Hauora aims to increase the number of Māori health professionals by ensuring that tauria Māori have access to strengths-based, kaupapa Māori (grounded in Māori principles) support and professional development opportunities throughout their studies.

Tū Tauria Hauora supports student retention, qualification completion and workforce transition. Treating students as health professionals/leaders in training, it provides not only academic and pastoral support, but also professional and cultural development opportunities that facilitate the transition from being a student to a health professional. The programme's aims also require that staff work closely with faculty, in order to ensure that admissions, curriculum, assessment and progress/welfare monitoring processes are equitable.

Tū Tauria Hauora supports and provides opportunities to Māori students enrolled in eight programmes of study across four campuses. The implementation of this programme holds lessons for the development of culturally responsive student support and development across diverse health sciences education contexts. Notable outcomes include:

- Increasing the number of tauria Māori in Otago's eight health professional programmes from 186 to 420, since 2012.
- The proportion of domestic students studying health professional programmes at Otago that are Māori is approaching population parity, at 15.4%.
- Course completion rates of 97%.
- Historically large graduating cohorts in various health professional disciplines.

This presentation will outline the key aspects of Tū Tauria Hauora. These include the programme's underpinning values and organising principles, core programme of work, limitations/challenges and outcomes. With a mind to promoting discussion and learning between attendees, the critical success factors identified in running the programme will be discussed, along with aspirations for how the programme could be extended and strengthened in the future.

Presenters


Dr Griffin Leonard / University Of Otago


He uri ahau nō Te Arawa, Aerana me Kōtirana. Ko Griffin Manawaroa Leonard tōku ingoa. I am a professional practice fellow within the Māori Health Workforce Development Unit (MHWDU), University of Otago. My practice and research concern the relationship between equitable health workforce development and the implementation of strengths-based, culturally responsive pedagogy within tertiary health sciences education. I contribute to the design, implementation and evaluation of a number of Division of Health Sciences programmes aimed at attracting and retaining tauria Māori (Māori students) to/within health sciences qualifications, as well as facilitating successful transition to the health workforce.

Session Interdisciplinary

Chair

Sophie Pitt, University
of New South Wales

 1:15–2:00pm

 Murray Room

Presentation

Indigenous Health Curriculum in Canadian Medicine: an understanding of non-Indigenous Medical Educators Perceptions of Professional Competency for the Integration and Delivery of Indigenous Health Curriculum

Author

Danielle Soucy, Executive Director, National Consortium For Indigenous Medical Education

Abstract

If the Canadian medical education system is to increase curriculum on Indigenous health in medical schools as outlined in the Truth and Reconciliation's Commissions (TRC) Call to Action, it needs instructors with cultural competency in that domain. As most instructors are non-Indigenous Medical Educators (NIMEs) medical educators urgently need to understand what it means to be culturally competent within Indigenous health and engagement with the TRC Calls to Action #24 which states: "We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues.... This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism (TRC, 2015, 3)." This research presentation centres around understanding what constitutes the competency to teach Indigenous health curriculum (IHC) in undergraduate medical education by NIMEs.

Using Critical Race Theory (CRT) for analysis three areas are explored:

- 1 Understanding competency
- 2 The role of Indigenous health in medicine, and
- 3 Medical learner perspectives.

One-to-one interviews with Indigenous learners and medical educators, frontline non-Indigenous medical educators, and senior leadership from across Canadian medical schools were conducted. The informant data allowed for a more robust understanding of what competency to teach Indigenous health means when the various players involved in systems of Indigenous health curriculum share their views on NIMEs and to account for how Indigenous and western knowledge often differ in conceptualization and expression.

Analysis provided recommendations for NIME training, and a snapshot of NIME professional competencies from both their perspectives and that of those receiving their teaching. From this research an initial framework of ethical standards for the teaching of Indigenous health within various health professions was developed. This framework can be incredibly useful first step in developing territorial based standards as developed by the local Indigenous communities in which medical schools are situated. It can also provide support for the regulatory, policy, and academic bodies of medicine in addressing the TRC Call to Action #24.

Presenter

Danielle Soucy / National Consortium For Indigenous Medical Education


Danielle is the Executive Director for the National Consortium for Indigenous Medical Education (NCIME) and a Ph.D. Candidate in the Department of Health, Aging and Society, at McMaster University, Canada, where she holds a Social Science and Humanities Research Council (SSHRC) Doctoral Fellowship. From 2009-2020 she was the Director of the Indigenous Students Health Sciences office at McMaster University and awarded the LIMELight 2019 award for Excellence in Developing New Indigenous Students Recruitment, Support, and Graduation Initiatives. Prior to McMaster she was a Senior Policy Analyst and Research Officer for the now sunset National Aboriginal Health Organization (NAHO).


Session

Interdisciplinary

Chair

Sophie Pitt, University of New South Wales

 1:15–2:00pm

 Murray Room

Presentation

Media discourse analysis: Exploring medical students' future contribution to anti-racism and re-Indigenisation by deepening understanding of colonisation, marginalisation and racism

Authors

Ms Jeannine Stairmand, Senior Lecturer, University Of Otago

Ms Rhiannon Jones, Professional Practice Fellow, University Of Otago

Dr Nohoana Findlay, Professional Practice Fellow, University Of Otago

Dr Jake Aitken, Senior Professional Practice Fellow, University Of Otago

Ms Bridget Robson, Associate Dean Māori, University Of Otago

Abstract

Rationale

Colonisation as a primary determinant of health, results in health inequities and continues to adversely impact on the health and wellbeing of Māori whānau, providers and communities in Aotearoa/New Zealand. Colonisation is a key component of the University of Otago undergraduate medical education programme curriculum (MB ChB). Along with racism, migration and marginalisation, Colonisation forms a core component of Waikare o te Waka o Meihana (Meihana model), an Indigenous clinical framework used to enable health practitioners to work effectively with Māori patients and whānau. For over 180 years, media reporting has been used as a means of portraying Māori in a negative light, thereby reinforcing the ongoing process of colonisation. More recent examination of various mass media, show the framing of people and groups including Indigenous people has continued to be marginalising. The media have failed Māori by not providing fair media time, instead reporting has often been inaccurate, othering, and unbalanced.

Aims

This presentation will describe a media discourse activity delivered within an Indigenous health curriculum undertaken with 4th year medical students at the University of Otago, Wellington. The media discourse activity is designed to develop students' critical analysis skills and to further enhance student understanding of:

- 1 colonisation and racism
- 2 how colonisation and racism apply to Hauora Māori, and
- 3 the doctor's roles in contributing to anti-racism and re-indigenisation.

Approach

The presentation will describe how the media discourse activity was designed, pre-session preparations, details about session content, how the session, was conducted and the provision of a student debrief session at the completion of the activity. The presentation will then discuss preliminary results from students and staff evaluation. We will discuss how this activity contributes to student confidence in their understanding of racism, impacts on the health of Māori and in exploring Māori patient experiences of racism. The presentation will conclude with challenges and limitations, and future planning for evaluation of this media discourse activity.

Presenter

The Hauora Māori teaching team / University of Otago

The Hauora Māori teaching team based at the University of Otago Wellington campus consisting of Indigenous whānau Rhiannon Jones (maternity leave), Jeannine Stairmand, Nohoana Findlay, Jake Aitken and Bridget Robson offer this presentation to LIME conference attendees. The team teaches into the Bachelor of Medicine and Bachelor of Surgery (4th/ALM4 and 5th year/ALM5 medical students). Hauora Māori team members have a diverse range of skills and are trained in the fields of Hauora Māori, medicine, dietetics, nursing and research. Jeannine convenes the Hauora Māori ALM4 and ALM5 vertical modules at the Wellington campus.

Session

Workshop: Expert perspectives on the assessment of Indigenous health in medical schools

Associate Professor Lilon Bandler & Dr Talila Milroy, The LIME Network

🕒 1:00–2:30pm

📍 Fitzroy Room

Presentation

Expert perspectives on the assessment of Indigenous health in medical schools

Authors

Associate Professor Lilon Bandler, The LIME Network, The University of Melbourne

Dr Talila Milroy, The LIME Network, The University of Melbourne

Abstract

This workshop will explore how experts in Indigenous health education assess learning outcomes of Indigenous health content in medical school curriculums. The workshop will involve pre-reading of three very short example assessment items. During the workshop these assessment examples will be discussed. You will be part of a group (maximum 20 people) of other expert Indigenous health education academics. There will be some structured discussion questions regarding the assessment items and how you currently assess similar content.

Findings from this workshop will be published as a report, by the Leaders in Indigenous Medical Education (LIME) Network. This report will be available online and a copy will be sent directly to all participants.

The workshop will be facilitated by Associate Professor Lilon Bandler and observed by Dr Talila Milroy, and it will be audio-recorded.

Presenters

Associate Professor Lilon Bandler / The LIME Network

Associate Professor Lilon Bandler is the Senior Research Fellow for the LIME Network, working with the team on the Indigenous Health Curriculum Framework, the scoping study on a Community of Practice for all the health sciences, and the work with specialist medical colleges.

She has been involved in medical education across the healthcare sector. At the Sydney Medical School (2006–2019) she managed the admission pathways and provided a comprehensive support program for Aboriginal and Torres Strait Islander medical students. She developed, implemented and evaluated the Indigenous health education program.

She is the Medical Director of Wayside Healthcare, at Wayside Chapel, Sydney.

Dr Talila Milroy / The LIME Network


Dr Talila Milroy is a Yindjibarndi and Palyku General Practitioner and researcher from Western Australia. She graduated from the University of Sydney in 2015 and was awarded her Fellowship of Royal Australian College of General Practitioners in 2022. She has research interests in Aboriginal health and women's and children's health. She completed a RACGP Academic Post in 2020 which explored experiences of racism for Indigenous GP trainees. Previous research has included studies on pelvic floor dysfunction for Aboriginal women and Aboriginal people's stolen wages. She currently works clinically with a multidisciplinary primary care clinic for Aboriginal women and families and contributes to general practice teaching at UWA Medical School.

Note: you must register to attend this workshop. Please email Lilon Bandler at lbandler@unimelb.edu.au to register.

Session Curriculum

Chair

Associate Professor
Elana Curtis, University
of Auckland

 2:30–3:30pm

 The Ballroom

Presentation

Extending Culturally safe learning in clinical areas through cultural humility

Author

Mr Witana Petley, Lecturer, Otago University, Kōhatu

Abstract

Cultural safety and cultural competency are staple components for health workers in Aotearoa New Zealand. For working Health professionals and students in Tertiary education the concept of cultural safety is a topic that remains difficult to comprehend and translate into practical action within clinical spaces and scenarios. A few suggested reasons for this were that tasks related to the development of cultural safety in students and clinicians are actually more accurately defined as cultural competency development, where actionable tasks are lacking in depth; and the clinical environments are not yet adequately prepared to work with students and clinicians specifically wanting to develop cultural safety.

A novel approach that has been utilised to create the ideal environment to improve cultural safety development is through utilising cultural humility. Cultural humility is an approach to sociocultural differences that is “self-first” which emphasizes intersectionality and understanding one’s own implicit biases. When cultural humility is utilised to frame a teaching environment it can allow cultural safety development through ongoing reflection and introspection. Additionally, cultural humility builds from a basis of cultural competency that allows students and clinicians to make the “correct mistakes” on the way to becoming a cultural safe practitioner. With Cultural Humility it is possible to expand our safe teaching environments in the classroom to health professional clinical areas.

This presentation aims to develop understanding on how to use cultural humility to continue our development of cultural safety in clinical areas for students and clinicians. The presenter will highlight the key points with relation to how it was utilised in the ‘Cultural Humility Hui’ of Dunedin Hospital between 2019–2022.

Presenter


Mr Witana Petley / Otago University, Kōhatu

Ko Ngāti Porou, Ngāti Ranginui me Ngāi Te Rangi ngā iwi. I tipu ake ahau ki Putaruru, i waenganui o ngā rohe o Waikato, Raukawa me Maniapoto. Ko Witana Petley tōku ingoa.

Session Curriculum

Chair

Associate Professor
Elana Curtis, University
of Auckland

 2:30–3:30pm

 The Ballroom

Presentation

Changing the tide: decolonising legal curriculum stories from Melbourne Law School

Authors

Dr Eddie Cubillo, Director of the Indigenous Law and Justice Hub, Melbourne Law School, University Of Melbourne

Ms Jaynaya Dwyer, Lecturer, University of Melbourne

Abstract

Australian law schools are only beginning a process of reckoning with their role in the Australian colonial project. How we might decolonise legal education and equip future lawyers with the skills and knowledge to work alongside Indigenous peoples in their justice work is underexplored. We have much to learn from health disciplines' education work, as well as the ways in which legal professional education is beginning to transform in other settler-colonial states.

The presentation will outline reflections from an Associate-Dean of Indigenous Programs at Melbourne Law School, a Larrakia, Wadjigan and Central Arrente man, and a non-Indigenous colleague at the Indigenous Law and Justice Hub on some of the interventions, experimentation and innovations they have been working with in how to teach law students to consider their responsibilities regarding Indigenous Law and Justice on Aboriginal and Torres Strait Islander Country into the future. We hope to engage in a cross-disciplinary conversation at LIME, sharing lessons and tactics for institutional change.

In this presentation we share stories of seeking to make strategic intervention in legal education cultures. We are in the process of substantially reforming the compulsory curriculum at Melbourne Law School (MLS), a leading post-graduate law school. Through a formal curriculum review, our aim is to support teachers in the process of embedding Indigenous knowledges and perspectives and responding to the crisis in justice outcomes for First Nations peoples across all areas of law. The authors have also led significant experimentation in elective offerings focusing on Indigenous justice. Taking lessons primarily from our own experiences to date, we reflect on what a decolonised legal education might look like.

Presenters

Dr Eddie Cubillo / University Of Melbourne

Eddie is a Larrakia, Wadjigan and Central Arrente man. Eddie is the Director of the Indigenous Law and Justice Hub and Associate-Dean of Indigenous Programs at the Melbourne Law School, and is intent on enhancing First Nations access to justice. He recently completed his PhD on the Self-Determination of Aboriginal and Torres Strait Islander Legal Services.

Ms Jaynaya Dwyer / University of Melbourne


Jaynaya Dwyer is a Researcher and Lecturer at the Indigenous Law and Justice Hub in the Melbourne Law School, University of Melbourne.

Jaynaya is a non-Indigenous lawyer of Anglo-Indian and Irish heritage, who grew up on Wurundjeri Country. She is lucky to be learning about First Nations justice and decolonisation of legal practice at the Hub's first Research Fellow, where she undertakes broad work on the review of the MLS Juris Doctor Curriculum, hosts the White Noise podcast and teaches a number of the Hub's new elective subjects, including developing courses taught through traveling to different First Nations Country.

Session Curriculum

Chair

Associate Professor
Elana Curtis, University
of Auckland

 2:30–3:30pm

 The Ballroom

Presentation

Deepening the Ripples of Medical Education

Author

Mr Wayne Williams, The University Of Queensland

Abstract

The sessions cover topics and content that have been identified by the Indigenous communities in where our students will be placed, in consultation with the Academic Lead. This was achieved by engaging with and listening to what the communities wanted our students to know when they began working in their towns. Topics such as, Colonisation, Intergenerational Trauma, Racism, Cultural Safety, White Privilege, Strengths Based Approaches, and an understanding of traditional Indigenous Healing Methods and Medicines are discussed.

Rather than enforce a “graded assessment” on the students, they are asked to respond to four self-reflection questions which assist them in identifying the effect of the program on their current and future practice. The feedback from students over the duration has been overwhelmingly in favour of the sessions.

“Deepening the Ripples of Medical Education” The Rural and Remote Medicine program at UQ is currently delivering a game changing program for our medical students. The program has evolved from an on-line module, to a fully comprehensive and culturally inclusive program where students engage and participate in “On-Country” experiences with Traditional Custodians (TC’s) across Queensland.

Before their placements, students engage in a Cultural Immersion with TC’s from their placement sites. These sessions are developed and delivered by the TC’s, in collaboration with the Academic Lead.

The presenters provide valuable, authentic experiences and knowledge for our students, additionally they become Cultural Mentors for the students on placement . TC’s are remunerated by the University at an academic rate which reflects the value of their time as well as the value and empowerment of their knowledges and connection to country.

During their placements, students attend four, 90-minute ZOOM sessions as the core of their Indigenous Health and History (IHH) component of the program. These sessions are delivered by the Indigenous Academic Lead for IHH. Each session is conducted as a yarn, not the colonised way of “I speak”.

Presenter

Mr Wayne Williams / The University Of Queensland


Wayne Williams is a proud Wakka Wakka man, with family and community connections around the Burnett region of Queensland. He is currently the Academic Lead for Indigenous Health Education at the University of Queensland, Rural Clinical School, Course Co-ordinator for the UQ School of Public health Post Graduate Course (Medi7002) and the Academic Lead for the Rural and Remote Medicine, Indigenous Health, and History Program.


In 2020, Wayne was the winner of the “Award for Programs That Enhance Learning” at UQ for his outstanding success with the Rural and Remote Indigenous Health and History program.

Session Workforce

Chair

Dr Kay Brumpton,
Griffith University

 2:30–3:30pm

 Murray Room

Presentation

Ask the Specialist Plus: communication and cultural safety training for healthcare providers

Authors

Stuart Yiwarr McGrath, Researcher, Menzies School of Health Research

Tiana Alley, Research Assistant, Menzies School of Health Research

Dr Vicki Kerrigan, Senior Research Fellow, Menzies School of Health Research

Abstract

Background

First Nations peoples in colonised countries often feel culturally unsafe in hospitals, leading to high self-discharge rates, psychological distress and premature death. To address racism in healthcare, institutions have promised to deliver cultural safety training but there is limited evidence on how to teach cultural safety. To that end, we created Ask the Specialist Plus: a training program that focuses on improving healthcare providers intercultural communication skills to improve cultural safety. Our aim is to describe training implementation and to evaluate the training according to participants.

Methods

Inspired by cultural safety, Critical Race Theory and Freirean pedagogy, Ask the Specialist Plus was piloted at Royal Darwin Hospital in Australia's Northern Territory in 2021. The format combined listening to an episode of a podcast called Ask the Specialist with weekly, one-hour face-to-face discussions with First Nations Specialists outside the clinical environment over 7 to 8 weeks. Weekly surveys evaluated teaching domains using five-point Likert scales and via free text comments. Results were presented following Kirkpatrick's evaluation model.

Results

15 sessions of Ask the Specialist Plus training were delivered. 90% of participants found the training valuable. Attendees enjoyed the unique format including use of the podcast as a catalyst for discussions. Delivery over two months allowed for flexibility to accommodate clinical demands and shift work. Students through to senior staff learnt new skills, discussed institutionally racist systems and committed to behaviour change. Considering racism is commonly denied in healthcare, the receptiveness of staff to discussing racism was noteworthy. The pilot also contributed to evidence that when cultural safety is co-taught by educators who represent racial and gender differences participants benefit.

Conclusion

The Ask the Specialist Plus training program provides an effective model for cultural safety training with high potential to achieve behaviour change among diverse healthcare providers. The training provided practical information on how to improve communication and fostered critical consciousness among healthcare providers. The program demonstrated that training delivered weekly over two months to clinical departments can lead to positive changes through cycles of learning, action, and reflection.

Funding

Stuart Yiwarr McGrath was supported by NHMRC GNT 113193. Vicki Kerrigan was supported by an Australian Government Research Training Program Scholarship.



Session Workforce

Presenters

Tiana Alley / Menzies School of Health Research

Tiana Alley is an Alawa and Mara woman from Darwin NT. Starting at Menzies School of Health Research in 2019 as a trainee, she has worked to improve the cascade of care for individuals living with chronic hepatitis B in the NT through evaluating the Hep B Story App and working along-side translators to translate the Hep B Story App. (The Hep B team have successfully released the app in 10 different Aboriginal languages). She is currently working as a research assistant for the Communicate Study Partnership – A collaborative program working towards ensuring more Aboriginal patients receive culturally safe healthcare.


Dr Vicki Kerrigan / Menzies School of Health Research


Vicki Kerrigan is a White settler with Irish heritage. At Menzies School of Health Research, she collaborates with First Nations leaders, NT Health and the NT Aboriginal Interpreter Service to explore culturally safe communication praxis. Vicki worked for 20 years at ABC radio including Radio National Triple J and ABC Darwin.

Session Workforce

Chair

Dr Kay Brumpton,
Griffith University

 2:30–3:30pm

 Murray Room

Presentation

Changing perspectives: The Aboriginal Health Podcast assessment

Authors

Dr Julia Vnuk, Lecturer, Aboriginal Health, Adelaide Rural Clinical School, University of Adelaide

Mr Kym Thomas, Aboriginal Health Academic, Adelaide Rural Clinical School, University of Adelaide

Abstract

Rationale

The Adelaide Rural Clinical School (ARCS) podcast assessment contributes to decolonising the curriculum by its significance within the curriculum, what it assesses and how it helps to build cultural capabilities. It is a hurdle assessment task that supports students to develop new perspectives to work effectively with Aboriginal colleagues, patients and communities.

Process

The assessment involves small groups of students researching and creating a podcast that discusses an Aboriginal health topic of their choice relevant to their rural placement context.

Students are guided to use a culturally safe approach and are challenged to see their topic from an Aboriginal perspective by privileging Indigenous authors, interviewing a key stakeholder, and demonstrating a strengths-based approach. A written reflection accompanies each submission to demonstrate critical reflective skills.

This significant assessment occurs over the course of the 5th year MBBS for students undertaking a longitudinal rural placement. The ARCS Aboriginal Health Team provides students with a communication skills workshop and written feedback on their proposed podcast topic and interview, to support respectful community engagement.

Marking of the summative assessment is undertaken by a marking panel consisting of Aboriginal and non-Aboriginal clinicians and academics from the University of Adelaide and community.



Session Workforce

Outcomes

Thoughtful engagement with the podcast and critical reflection task enables a transformative learning experience personally and socially, with students building trustful relationships with Aboriginal health professionals and organisations. Students develop new perspectives regarding the social and economic burden of illness, the importance of culture as a strength, successful culturally safe community-led healthcare and the role of Aboriginal Health Practitioners.

Students transformed their view of themselves and expressed a commitment to keep learning from Aboriginal people about culturally safe care, and advocate for equity in health outcomes.

This assessment is in its third year and is an established assessment within the Rural Medicine course. It was developed to meet Australian Qualifications Framework level 9 in anticipation of the medical course's transition to BMD. A formal evaluation of the podcast assessment by ARCS will assist with advocating for inclusion of this assessment across 5th year level cohort.

Presenters

Mr Kym Thomas / University of Adelaide

Kym Thomas is a highly respected Nukunu Aboriginal man from South Australia, whose professional career spans over 25 years in Aboriginal health and education and has held prominent senior positions. Kym's career achievements have had a strong focus on the social determinants of health and their contribution to improving health and wellbeing outcomes for Aboriginal people in SA, particularly people from rural, remote, and regional locations. Kym recently conducted independent research with the University of Adelaide, Adelaide Rural Clinical School, leading qualitative research with a focus on the challenges of home care service delivery for ageing Aboriginal people.

Dr Julia Vnuk / University of Adelaide

Dr Julia Vnuk lives in Port Augusta, SA. She graduated from the University of Adelaide in 1985, and has worked with Aboriginal Community Controlled Health Services, mainly in rural and remote SA, as a GP, in public health roles and in workforce training. Her main interest has been to support culturally safe health service models, including the state-wide Aboriginal Family Birthing Program, and the Learning Centre and Well Women's House at Pika Wiya Health Service Aboriginal Corporation. Julia now works as a lecturer in the Aboriginal Health Team in the Adelaide Rural Clinical School (University of Adelaide).

Session Workforce

Chair

Dr Kay Brumpton,
Griffith University

2:30–3:30pm

Murray Room

Presentation

The Evaluation of a Self-Determined Indigenous Residency Site

Authors

Dr Elder Roberta Price, University Of British Columbia, Faculty of Medicine

Dr Terri Aldred, University Of British Columbia

Dr Cassandra Felske-Durksen, University Of British Columbia

Dr Sarah De Leeuw, University Of British Columbia

Helen Hsu, University Of British Columbia

Carlea Remodo, University Of British Columbia

Dr Rebecca Howse, Indigenous Health Curriculum Lead, University Of British Columbia

Dr Rita Wakelin, University Of British Columbia

Dr Emily Green, University Of British Columbia

Dr Neil Webb, University Of British Columbia

Abstract

Background

The University of British Columbia's (UBC) Indigenous Family Medicine (IFM) residency site is a unique self-determined physician training site designed to train doctors for culturally safe care to Indigenous people and their communities.

Objective

Our objective was a site evaluation using Indigenous research methods that asked questions most important to our community.

Methods

We used a mixed methods qualitative approach, including storytelling-based reflections about how the site impacted its community of participants. Twenty-two participants, recruited via email, attended 3 sharing circles held in 2021: twenty-five participants separately completed an electronic survey. Study facilitators undertook narrative thematic analysis of sharing circle transcripts. Themes were further conceptualized using a medicine wheel framework.

Results

Sharing circle stories articulated diverse experiences navigating non-Indigenous and Indigenous approaches to medicine. Participants spoke about racism, feelings of tension, gratitude for relationship-based medicine, and family-like support from their learning community. Stories detailed personal journeys of healing through to reconnection with personal identity and culture; stories also voiced experiences of Western (deficit-based) and Indigenous (strengths-based) hidden curricula. Qualitative survey data indicated an overwhelming majority of IFM residents go on to provide care for Indigenous people, and/or serve roles in Indigenous Health.

Conclusions

Residents in the Indigenous Family Medicine site experience transformative support and training that carries into practice as Indigenous Health physicians: learnings have applicability for other residency sites seeking to disrupt colonial medical systems.

Presenter

Dr Rebecca Howse / University Of British Columbia

Dr Rebecca Howse is Cree-Métis from Alberta, Canada. She completed medical school at the University of Alberta and graduated from the Indigenous Family Medicine residency training site through the University of British Columbia in 2015. She is an addictions physician and the co-lead for the First Nations Health Authority Virtual Substance Use pathway, which supports Indigenous patients with substance use treatment across British Columbia. She also works as a family physician. She works with UBC UGME as the Indigenous Health Curriculum lead and in PGME as an Anti-Racism, Equity, Diversity and Inclusion Faculty Co-Lead. She is passionate about decolonizing healthcare.

Session Plenary Panel

Chair

Dr Glenn Harrison,
Emergency Physician &
Board Director at AIDA

🕒 3:45–4:45pm

📍 The Ballroom

Presentation

Career pathways for specialist medical trainees

Panel members

Dr Alicia Veasey, Obstetrician & Gynaecologist

Dr Olivia O'Donoghue, Indigenous General Practice Registrar Network, RACGP & Board Director at AIDA

Mrs Mahatia Minniecon, Bachelor of Medicine student, Deakin University

Dr Rebecca Alvarez, North Shore General Practice



Dr Alicia Veasey

Dr Alicia Veasey, a proud Torres Strait Islander cis-woman, has worked within the health sectors for the past 20 years. From an AIN to RN and now as an Obstetrician & Gynaecologist, with a subspeciality in Paediatric & Adolescent Gynaecology. She is currently a Staff Specialist at Lismore Base Hospital, and is the Obstetrician & Medical Lead for Waijungbah Jarjums at Gold Coast Health. Alicia is also Co-Chair of the Queensland Aboriginal and Torres Strait Islander Clinical Network within Clinical Excellence Queensland (Qld Health), where she works to decolonise clinical governance structures and ensure cultural governance is embedded within all aspects of health systems.

Alicia has a Masters of Public Health, Masters of Health Management and is currently completing a Masters of Social Change Leadership with the prestigious Atlantic Fellows for Social Equity program. She currently sits on the Australia Health Review journal's Editorial Advisory Board, and has previously been a Director for the Australian Indigenous Doctors' Association Board of Directors, was a founding member of Health Workforce Australia's Future Health Leaders Council and was a delegate with the National Congress of Australia's First Peoples. She currently resides on beautiful Bundjalung Country with her husband and three jarjums.



Dr Olivia O'Donoghue

Dr Olivia O'Donoghue is descendant from the Yankunytjtjara and the Narungga Nations people. Olivia is an RACGP Fellow currently living and working in South Australia. Olivia has significant experience living and working in urban and remote Northern Territory, including Aboriginal Community Controlled Health Services. Olivia has worked as a Cultural and Medical Educator in the general practice training space since 2014, including six years with Northern Territory General Practice Education (NTGPE).

Olivia is currently the Medical Educator for the Indigenous General Practice Registrar Network (IGPRN). IGPRN is a national network that provides clinical education, exam preparation support, mentorship, advocacy and cultural support to Aboriginal and Torres Strait Islander GPs in training.

Olivia is also currently the first Aboriginal and Torres Strait Islander Censor for the RACGP representing National Faculty of Aboriginal and Torres Strait Islander Health on matters pertaining to the quality assurance processes for education, training, policy and assessment. Including support and advocacy for Aboriginal and Torres Strait Islander doctors undertaking RACGP training.



**Session
Plenary Panel**



Mahatia Minniecon

Mahatia Minniecon, a proud Yorta Yorta/Kabi Kabi woman and descendant of the South Sea Islander people, is a MD4 student at Warrnambool Clinical School, Deakin University. With a bachelor's degree in Nursing and a Masters in Infectious Disease Intelligence, she served in the Royal Australian AirForce for six years and is currently sponsored by the ADF for medical training. Mahatia's career through

Indigenous Pathways highlights the importance of alternative education access. She advocates for improved support and retention of Indigenous students in health professions, striving for a culturally safe environment where future generations can confidently advocate for themselves and patients.



Dr Rebecca Alvarez

Dr Rebecca Alvarez (Bec) is a proud Ngunnawal woman and originally from Canberra. She graduated from Deakin University in 2020, following graduation she completed her intern year at the Canberra Hospital and residency year at the Townsville University Hospital. She has also completed a Diploma in Child Health through the Sydney Child Health Program. She is interested in all aspect of general

practice however has a special interest in Indigenous Health, Women's Health, Mental Health and LGBTQI+ Health.

TUESDAY 24 OCTOBER 2023

Day 3 / National Convention Centre Canberra

Session Keynote Presentation

Chair

Associate Professor
Lilon Bandler,
LIME Network

🕒 9:15–10:15am

📍 The Ballroom

Keynote presentation

Professor Eve Tuck, University of Toronto



Eve Tuck is Professor of Critical Race and Indigenous Studies at the Ontario Institute for Studies in Education (OISE), University of Toronto. She is Canada Research Chair of Indigenous Methodologies with Youth and Communities. She is the founding director of the Tkaronto CIRCLE Lab.

Tuck is Unanga̓ and is an enrolled member of the Aleut Community of St. Paul Island, Alaska. She grew up outside of her community, living in Pennsylvania as a child, and New York City as a young adult. She earned a PhD in Urban Education from The Graduate Center, The City University of New York in 2008.

Tuck was a William T Grant Scholar (2015–2020) and was a Ford Foundation Postdoctoral Fellow (2011–2012). Tuck was recognized in May 2021 with an honorary doctorate from Emily Carr University of Art and Design, in Vancouver. She was recognized with a Spencer Foundation Mentor Award in 2022, and the Mike Charleston Award for Distinguished Contributions to Indigenous Education in 2023.

Tuck's work is on collaborative Indigenous research, Indigenous feminisms, and land education. As a whole, her research focuses on how Indigenous social thought can be engaged to create more fair and just social policy, more meaningful social movements, and robust approaches to decolonization.

Tuck is co-editor with K. Wayne Yang of a book series with Routledge, titled *Indigenous and Decolonizing Studies in Education*. To learn more about the series and proposing a book to the series, click [here](#). From 2015–2019, Tuck was the co-editor with K. Wayne Yang of *Critical Ethnic Studies*, a journal published by University of Minnesota Press.

Under Tuck's leadership, The Tkaronto CIRCLE Lab released the Collaborative Indigenous Research Digital Garden, and the Land Education Dreambook, in 2022. She makes a podcast with graduate students at OISE, University of Toronto, called *The Henceforward*, on relationships between Indigenous and Black communities on Turtle Island.

Tuck is the author of more than 25 peer reviewed articles. Her most widely-engaged articles include "Suspending Damage, a letter to communities," published by Harvard Educational Review in 2009; "Decolonization is Not a Metaphor," co-authored with K. Wayne Yang and published in 2012 by *Decolonization: Indigeneity, Education and Society*, "Breaking Up with Deleuze" published in 2010 by *International Journal of Qualitative Inquiry*, and "A Glossary of Haunting," co-authored with C. Ree, and "Visiting as an Indigenous Feminist Practice," with Haliehana Stepetin, Rebecca Beaulne-Stuebing, and Jo Billows.

Photo: Portrait by Red Works



Session Keynote Presentation

Tuck has been recognized with an early career award from the Committee on Scholars of Color in Education of the American Educational Research Association, and several book and article awards.

She is the co-creator of the Citation Practices Challenge, an effort to be more intentional about our citation practices, to more fully consider the politics of citation

Presentation

What are your theories of change these days? And the Collaborative Indigenous Research Digital Garden

In this Keynote presentation, Eve Tuck will share recent work, and work done over the past decades, to consider the role of thinking together about our theories of change in our pedagogical and research practice. She will present ideas about how thinking about theories of change can be important not only in mentoring relationships, but also in our research collaborations with communities and youth. To provide an example of theories of change in action, Tuck will describe a new research resource, the Collaborative Indigenous Research Digital Garden.

Session Student Support and Pastoral Care

Chair

Dr Peter O'mara,
The University of
Newcastle

 10:45am–12:15pm

 The Ballroom

Presentation

Hikitia te Ora, student and staff perspectives: a pilot study

Authors

Mr William Nepia, Professional Teaching Fellow, Waipapa Taumata Rau, the University of Auckland

Miss Tracey Winter, Professional Teaching Fellow, Waipapa Taumata Rau, the University of Auckland

Dr Anneka Anderson, Senior Lecturer and Director of Hikitia te Ora, Waipapa Taumata Rau, the University of Auckland

Dr John P Egan, Associate Dean – Learning & Teaching, Waipapa Taumata Rau, the University of Auckland

Dr Luis Camacho, Professional Teaching Fellow, Waipapa Taumata Rau, the University of Auckland

Dr Petelo Raass, Professional Teaching Fellow, Waipapa Taumata Rau, the University of Auckland

Mrs Kanewa Stokes, Whakapiki Ake Manager, Waipapa Taumata Rau, the University of Auckland

Professor Papaarangi Reid, Tumuaki, Waipapa Taumata Rau, the University of Auckland

Abstract

Introduction

Boosting the performance of Indigenous and ethnic minority students who want to enter health professional programmes is a key aim for Hikitia te Ora. This pilot study extends from previous research that explored the predictive effects of academic outcomes in bridging/foundations programmes. It delves into how learning transfers from Hikitia te Ora to the students' subsequent studies, identifying key learning [skills and] competencies that influence academic success for Māori and Pacific students and the extent to which academic staff view these students' preparation for university study.



Session Student Support and Pastoral Care

Method

The research is positioned under a Kaupapa Māori research methodology. This study is based on a qualitative research design with semi-structured individual interviews with students (n=6) who have completed Hikitia te Ora and with staff who teach in undergraduate programmes (n=4) in the Faculty of Medical and Health Sciences, Waipapa Taumata Rau. These data have been transcribed verbatim and coded thematically.

Results

The results will discuss significant themes from student experiences, including their subject matter knowledge preparation, study competency transfer, and experiences seeking support from peers, staff, and student support. Additionally, data will be collected from staff members. The insights gained from this pilot study will also inform the design of a more extensive study focusing on identifying the key learning competencies to inform academic success in health programmes, particularly Hikitia te Ora, for Māori and Pacific students.

Discussion

The outcomes of this study will highlight student and staff experiences of competencies that facilitate academic success. We expect our findings to be of significant interest to health education providers to Indigenous students.

Presenter

Mr William Nepia / The University of Auckland

William (Waikato/Tainui) is a Professional Teaching Fellow for the Certificate in Health Sciences at Te Kupenga Hauora Māori, University of Auckland. He holds an education degree and completing a Master of Education at Massey University. William is passionate about Indigenous health equity education and improving educational outcomes for Māori tertiary students.

Session Student Support and Pastoral Care

Chair

Dr Peter O'mara,
The University of
Newcastle

 10:45am–12:15pm

 The Ballroom

Presentation

Experiencing Media Issues When Reporting on Indigenous Excellence

Authors

Mr James Andrew, Associate Director, Indigenous Initiatives, University of British Columbia

Ms Katie White, Executive Direction, Creativity & Communications, University of British Columbia

Abstract

Rationale

The goal of the Indigenous MD Admissions Pathway (the Pathway) is to increase the number of Indigenous physicians. For more than 20 years, the Faculty's communications team has worked closely with the Pathway's Admissions team to share inspiring stories of the impact and success of the Pathway, which has graduated more than 130 Indigenous physicians. However well intended, communications and marketing efforts were not always immune to some criticism and repercussions. Therefore, effective strategies were developed to inform and prepare our Indigenous medical students and graduates interested in participating in these communications and marketing activities.



Session Student Support and Pastoral Care

Process

Together, the Indigenous MD Admissions and Communications and Marketing teams develop stories on the pathway annually. This involves putting a call out to our medical students and graduates and anyone interested in participating, must first fill out a consent form. Stories are posted on the Faculty and UBC's digital channels and range from individual achievements of Indigenous medical students, residents, physicians and staff celebrating the milestones and impact of the Pathway. Many stories have led to excellent local and national media coverage in print, radio and television, including the Pathway's success of graduating 50 Indigenous physicians five years sooner than the set goal in 2020. Any external and national media interested in covering stories on the Pathway, must first consult and get approval from the communications team before proceeding.

Results

Sharing external-facing stories can attract Indigenous-specific racism and criticism. Therefore, many Indigenous medical students are reluctant to expose themselves to potential racist and stereotypical comments. This is why it is critically important to meet with the students to fully brief and prepare them for the communications or marketing activity beforehand. The goal is to have them understand how they will be featured and identified – and made aware of the potential negative aspects before agreeing to participate. On the positive side, students are also made aware of the targeted audiences for the activity, which will always include Indigenous youth and Indigenous communities. Furthermore, if at any time a student wishes to change their mind and withdraw from the activity – during production or in-market – this request must be respected and immediate action is to be taken.

Presenters

Mr James Andrew / University of British Columbia

James Andrew, a member of Lil'wat Nation, has been with the University of British Columbia for more than 25 years. Twenty-one of those years has been with the Faculty of Medicine as the Indigenous Student Initiatives Manager where his role was to recruit and support the Indigenous medical students thru the Indigenous Pathway. He recently received the inaugural Indigenous Health Advocacy Award, Association of Faculties of Medicine of Canada. James is currently the Associate Director of Indigenous Initiatives, Office of the Vice Dean, Education, Faculty of Medicine where he works with the other health profession program on Indigenous health initiatives.

Ms Katie White / University of British Columbia

Ms Katie White is currently the Faculty of Medicine's Executive Director of the Office of Creative & Communications. She engages, supports and advises senior leaders, colleagues, faculty, staff and partners around the province to drive strategic communications initiatives that preserve and enhance the Faculty's reputation, while fostering engagement and inclusivity. This also includes working with the Faculty's Indigenous Initiatives programs. Her office recently received two 2023 Gold Quill Awards from the International Association of Business Communicators (IABC), recognizing Pathways Magazine and the Faculty's strategic plan, Building the Future: 2021-2026, for global excellence in communications.

Session

Student Support and Pastoral Care

Chair

Dr Peter O'mara,
The University of
Newcastle

🕒 10:45am–12:15pm

📍 The Ballroom

Presentation

Progress towards selecting medical students to reflect the society they will serve? A nationwide cross-sectional study in Aotearoa New Zealand

Authors

Associate Professor Elana Curtis, Associate Professor – Medical, University Of Auckland

Professor Warwick Bagg, Deputy Dean, University Of Auckland

Professor Peter Crampton, Professor of Public Health, University Of Otago

Abstract

Aim

To determine the sociodemographic profile of all students enrolled to study medicine in Aotearoa New Zealand (NZ).

Design

Observational, cross-sectional study. Data were sought from the Universities of Auckland and Otago, the two NZ tertiary education institutions providing medical education, for the period 2016-2020 inclusive. Variables of interest: gender, citizenship, ethnicity, rural classification, socioeconomic deprivation, school type and school socioeconomic scores. Institutional ethics approval was provided. Analyses carried out using R statistics software.

Results

2858 students were enrolled to study medicine between 2016 and 2020 inclusive. There were more females (59.1%) enrolled to study medicine than males (40.9%) and the majority (96.5%) were in the 18–29 year age range. Māori students (rate ratio 0.92; 95% CI 0.84 to 1.0) and Pacific students (rate ratio 0.85; CI 0.73 to 0.98) had lower overall rates of enrolment. For all ethnic groups, irrespective of rural or urban origin, enrolment rates had a nearly log-linear negative relationship with increasing small area socioeconomic deprivation of students' home address. Enrolments were lower for students from rural areas compared with those from urban areas rate ratio 0.53 (0.46-0.61). Overall NZ's medical students do not reflect the diverse communities they will serve, with underrepresentation of Māori and Pacific students, and students who come from low socioeconomic and rural backgrounds.

Conclusions

To meaningfully address these issues we suggest the following policy changes: 1) Universities commit and act to Indigenise institutional ways of knowing and being. 2) Selection policies are reviewed to ensure that communities in greatest need of doctors are prioritised for enrolment into medicine. Specifically, the impact of low socioeconomic status should be factored into selection decisions. 3) The Government fund more New Zealanders to study medicine and reduce reliance on importing overseas trained doctors.

Funding

Ministry of Health Māori health workforce development contract with the University of Otago, ref 359211/02

Presenters

Associate Professor Elana Curtis / Associate Professor – Medical, University Of Auckland

Dr Elana Taipapaki Curtis (Ngāti Rongomai, Ngāti Pīkiao, Te Arawa) is a Māori public health physician. Elana is an associate professor at the University of Auckland and was the director of Vision 20:20 at Te Kupenga Hauora Māori, within the Faculty of Medical and Health Sciences.

Professor Warwick Bagg / Deputy Dean, University Of Auckland

Professor Warwick Bagg is Deputy Dean of the Faculty of Medical and Health Sciences, University of Auckland and works as an endocrinologist. Previously, Professor Bagg was Head of the Medical Programme at the same institution for 10 years.

Session

Student Support and Pastoral Care

Chair

Dr Peter O'mara,
The University of
Newcastle

 10:45am–12:15pm

 The Ballroom

Presentation

Wānanga – An Indigenous approach to studying for medical students' final exam

Author

Dr Mairarangi Haimona, Registrar, Te Whatu Ora

Abstract

Rationale

Wānanga is the Māori term for a place or time to discuss, deliberate and share knowledge. Māori values guide wānanga delivery and have been recognised as a past and present teaching method, including in the Hauora Māori modules of the medical school curriculum in Aotearoa.

Aim

To deliver a wānanga for Indigenous Māori and Pasifika students to study for final medical school exams at the University of Otago, Wellington campus.

Process

The idea of this project was initiated by Māori medical students and supportive staff. An elected committee lead the organisation of the wānanga. Funding was secured from University and Māori health workforce development organisations. Key concepts such as whakatau (welcome), karakia (prayer), tikanga Māori (Māori culturally correct ways), whakawhanaungatanga (relationship development), tuakana me te teina (mentorship) was promoted throughout the wānanga. Students prior to the wānanga had input into the educational sessions planned. These were delivered by experts in the respected fields and junior doctors to further foster the tuakana me te teina relationships. The wānanga also had guest speakers and a hākiri (feast).

Results

25 Indigenous students attend the wānanga in total. A mixture of students attended from different campuses and used to ZOOM to attend. Subjective feedback was very encouraging. Positive themes of the wānanga included supportive environment, informative and inspiring.

Discussion

A study wānanga for Indigenous medical students prior to their final exams showed objective and subjective benefits. Furthermore, this wānanga allowed the opportunity to further develop an important tuakana me te teina relationship between medical students and doctors.

References

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Pihama, L; Smith, K; Taki, M; Lee, J. A Literature Review on Kaupapa Maori and Maori Education Pedagogy. November 2004.

Presenter

Dr Mairarangi Haimona / Te Whatu Ora


Nei he uri no Waikato and Te Awara. I am a surgical registrar from Wellington Hospital, Aotearoa. I have a keen interest in general surgery, Māori health research and Hauora Māori teaching.

Session Curriculum

Chair

Jeannine Stairmand,
The University of Otago

 10:45am–12:15pm

 Murray Room

Presentation

Me he pipiwharauora, takoto te pai, takoto te pai.
Like the flight of the shining cuckoo, harbinger of good for people.

Authors

Dr Maia Melbourne-Wilcox, Pou Whirinaki, RNZCGP

Te Oraitī Reedy, Tumuaki Māori and Head of Equity,

Abstract

Aims

As an educational provider, The Royal New Zealand College of General Practitioners (RNZCGP) has a responsibility to help eliminate Māori health inequities. This presentation provides an overview of how our equity team within RNZCGP, have proactively begun decolonising our curriculum and registrar training programme (GPEP).

Objectives

Our society and the systems in which we live and work, are colonial and racialised. Our curriculum and training programme needed to be updated to acknowledge this and reflect our obligations under Te Tiriti (The Treaty of Waitangi). Updated curriculum documents included a new graduate profile and 'Hauora Māori Competency course,' which purposefully and unapologetically centres Māori. The focus shifted from 'cultural awareness' to evidence-based solutions that improve Māori health outcomes. A new Curriculum Domain – Te Tiriti o Waitangi, was created to compliment, and sit alongside a revised Equity Domain. Documents were all written and finalised by a group of expert Māori General Practitioners and academics.

Our teaching programme, Te Ahunga, was developed from these same philosophies and is embedded within Te Ao Māori (Māori worldview). It includes two-day noho marae (marae stay) which occurs regionally across Aotearoa in partnership with mana whenua (Māori custodians of the land). Implementation has been standardised and is delivered by Hauora Māori Medical Educators and key personnel from our team. Mana Whenua are integral and provide insight into the local history and other content specific to their region.

Results / Outcomes

The updated documents were incorporated into a revised RNZCGP curriculum. Our feedback has been overwhelmingly positive and well received by stakeholders and registrars alike. This process has also driven further change with core content being integrated into GPEP summative assessments.

Discussion

Our decolonisation journey is far from over and further review and analysis is required. Horizontal integration of our content is required across the entire curriculum. As are online resources that will support further learning opportunities, in a more sustainable way.

We need to further grow our partnerships, Hauora Māori work force and provide an opportunity for all others involved in the GPEP programme to upskill their Hauora Māori understanding and competencies as well.



Session Curriculum

Presenter

Dr Maia Melbourne-Wilcox / (Tuhoe, Ngāti Pōrou) FRNZCGP, MBChB (Auck), MSc – 1st class Hons. (Waikato)


Maia is a General Practitioner and Pou Whirinaki, for the Royal New Zealand College of General Practitioners (RNZCGP) where she provides leadership and support on hauora Māori topics and pastoral support to Māori registrars. Maia has been involved with Hauora Māori Medical Education for nine years, starting initially with the Māori Indigenous Health Innovation (MIHI – University of Otago, Christchurch). Maia has always focused on developing curriculum that supports transformative educational opportunities and experiences to ensure clinical practice supports Māori health equity in Aotearoa.

Session Curriculum

Chair

Jeannine Stairmand,
The University of Otago

 10:45am–12:15pm

 Murray Room

Presentation

The Indigenous Speakers Series at the UBC Faculty of Medicine

Author

Derek Thompson, Director, Indigenous UBC Faculty Of Medicine

Abstract

This presentation will highlight the context and relevance of the UBC Faculty of Medicine's Indigenous Speakers Series. This Series is an original and important platform to begin, continue and advance the many conversations about the processes we know generally as Truth and Reconciliation in Canada. It's an opportunity for Indigenous students, staff and faculty to see and hear themselves inside these conversations, and for non-Indigenous individuals to reflect on their own perceptions of what it means to be a colonial or new settler. The Series is an opportunity to think about decolonization as the taking back of the way that Indigenous peoples understand their identity, sense of belonging, and place, and it's about the recovery of all things that were either stolen or dispossessed from them – family, language, lands, humanities, ceremonies, and safety. This talk is also about the need for us to come together and work towards decolonizing our minds, and experience the liberation of our hearts, and to define the reconciled balance between the past and present.

<https://redi.med.ubc.ca/indigenous-initiatives-speakers-series/>

Presenter


Derek Thompson / UBC Faculty Of Medicine


Derek Thompson – Thlaapkiituup is from the Ditidaht First Nation, 1 of 14 Nuuchahnulth communities along the west coast of Vancouver Island in British Columbia, Canada. Derek is the Director, Indigenous Engagement, and he brings over 30 years of experience working with First Nations organizations and communities across the province and country to achieve wellness through health and related services. His mission is to foster trust and mutual respect amongst students, staff and faculty in an effort to create an understanding of the commitments made by the Faculty of Medicine to strengthen the relationship with Indigenous peoples and communities.

Session Curriculum

Chair

Jeannine Stairmand,
The University of Otago

 10:45am–12:15pm

 Murray Room

Presentation

Expanding a medical student's perspective of health beyond the construct of biomedicine

Authors

Mrs Suzanne Bain-Donohue, Lecturer, Australian National University

Ms Amanda Wingett, Lecturer, Australian National University

Abstract

Many medical students struggle to grasp the concept of Indigenous health frameworks as the medical education system is entrenched in the Western construct of biomedicine. Students commonly conflate social determinants of health with the 7 domains identified in the National strategic framework for Aboriginal and Torres Strait Islander Peoples' mental health and social and emotional wellbeing 2017- 2023. Without consciousness or acknowledgment that other worldviews exist within society, the coloniser worldview will inadvertently or advertently force their own on others, often with destructive consequences.

As Aboriginal educators, how can we help medical students gain an understanding and respect for perspectives outside their own cultural dogma and how do we move fellow medical educators to incorporate different worldviews in their teaching? Short of immersion in an Indigenous community, expanding a medical student's perspective to allow them to practise in a culturally safe and respectful manner is often restricted to several lectures and a few cultural activities a year during their medical education degree. By giving permission and encouraging students to explore the creation of their own worldview, a consciousness of intent and subsequent critique of incompleteness may allow, when comparing their own worldview to another, a move from cognitive dissonance to consonance. Thereby, opening a door for recognition of the strengths of another worldview and that biomedicine is only one model that can be used for healthcare. It is essential students understand individuals' and communities' healthcare delivery for Indigenous peoples differs from Western worldviews.

This presentation aims to identify the barriers and opportunities that allow students to develop an appreciation and respect of, and ability to operate within other worldviews of healthcare other than their dominant Western one.

Presenters

Mrs Suzanne Bain-Donohue / Australian National University

Ms Amanda Wingett / Australian National University


Amanda Wingett and Suzanne Bain Donohue are Lecturers in Indigenous Health at the ANU School of Medicine and Psychology. They are Yandruwandha and Yawarrawarrka from the Cooper Basin, South Australia and Wonnarua from near Denman, NSW, respectively.

Session Curriculum

Chair

Jeannine Stairmand,
The University of Otago

 10:45am–12:15pm

 Murray Room

Presentation

Cultural safety and health equity: A partnership approach to advancing the medical profession in Aotearoa New Zealand

Authors

Mr Richard Tankersley, Kaitiaki Mana Māori | Chief Māori Adviser, Te Kaunihera Rata O Aotearoa | Medical Council of New Zealand

Ms Kiri Rikihana, Deputy Chief Executive, Medical Council of New Zealand

Ms Joan Simeon, Chief Executive, Medical Council of New Zealand

Abstract

The medical regulator in Aotearoa New Zealand, Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand (Council) established cultural safety, partnership and health equity as one of its five strategic directions in 2016. The key outcome of this is for improved health outcomes for Māori. Council entered into a strategic partnership with Te Ohu Rata o Aotearoa (Te ORA) to provide governance and leadership to this strategic direction.

Council has regulatory levers for accrediting medical training providers, and setting standards of ethical conduct and behaviour, as well as clinical and cultural competence, and cultural safety. The publication in 2019 of Council's Statement on cultural safety laid out the meaning of cultural safety and why it is important, alongside the expectations for every doctor's practice to be culturally safe. Council commissioned a report, in partnership with Te ORA, to collect baseline data of the current state of cultural safety and health equity delivered by doctors and experienced by Māori patients and their whanau, to be used for future evaluation.

Council is using its accreditation standards for training providers to embed a focus on cultural safety and health equity across the medical education continuum, from the medical schools, prevocational medical training for interns in their first two years of practice, vocational specialist training and recertification programmes for lifelong learning, strengthening cultural safety in these over several years. Council is also working to enhance the understanding of cultural safety and health equity for international medical graduates as it applies to the Aotearoa New Zealand context.

Council's other regulatory processes are as culturally bound as they are in any organisation; these are being regularly reviewed, with cultural safety being included in training for the people who investigate concerns around professional conduct and performance, as well as those who work as vocational practice assessors.

This oral presentation will describe the journey of change and how Council has used these regulatory levers, in addition to its organisational influence and leadership, to achieve change.

Presenter

Mr Richard Tankersley / Medical Council of New Zealand

Richard Tankersley (Kāi Tahu, Kāti Māmoe, Waitaha) is passionate about kaupapa Māori, health equity, diversity and inclusion, and making connections. He trained as a Māori Mental Health Worker in 1993, developing as a Māori cultural specialist over the last 30 years, mostly in the iwi, community and non-profit sectors. His role as Kaitiaki Mana Māori in the Executive of Aotearoa New Zealand's medical regulator sees him contributing across the organisation, with a focus on te reo and tikanga Māori, Te Tiriti o Waitangi, cultural safety and health equity. Richard lives and works in Te Whanganui-a-Tara | Wellington, New Zealand.

Session**Workshop:
Your thoughts –
Patients’
perception of
cultural safety**

Dr Kay Brumpton,
Griffith University

 10:45am–12:15pm

 Fitzroy Room

Presentation

Your thoughts – Patients’ perception of cultural safety

Authors

Dr Kay Brumpton, Rural Medical Education Australia, Toowoomba, Australia; James Cook University, Townsville, Australia; Griffith University Rural Clinical School, Toowoomba, Australia

Dr Rebecca Evans, James Cook University, Townsville, Australia

Dr Raelene Ward, University of Southern Queensland, Toowoomba, Australia

Dr Hannah Woodall, Rural Medical Education Australia, Toowoomba, Australia

Professor Tarun Sen Gupta, James Cook University, Townsville, Australia

Abstract**Introduction/Background**

How do you know if your health professional learner is delivering culturally safe care?

What determines if a health care consultation is culturally safe?

Are there identifiable objective measures of cultural safety in a consultation?

In 2019 AHPRA released a consensus statement defining cultural safety defining as:

Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

We conducted semi-structured interviews with 69 general practice patients from a remote Aboriginal Medical Service (AMS), two regional AMSs and mainstream practices exploring this definition of cultural safety and what this ‘looks-like’ in practice.

Before undertaking the next stage of our research project (taking the interview findings to yarning groups / modified nominal groups (mNGT)) we are keen to hear from LIME delegates about our findings:

What does this data say to you?

What is your initial or emotional response to the findings?

What are you curious about? What surprises you?

What would you like to see asked at the yarning group / mNGT?

What does it mean within your context?

Can cultural safety be objectively assessed in a consultation?

Purpose/Objectives

To kick-off this workshop we will introduce findings from our research project exploring how Aboriginal and Torres Strait Islander patients perceive cultural safety in general practice. Skilled education facilitators will then guide participants through a mix of small and large group activities to actively engage with the findings and discuss how the research might shape how we determine what is a culturally safe consultation.



Presenters

Kay Brumpton / Griffith University

Kay's home country is on Gunagarri land near Mitchell in south-west Queensland. Her family ties are to the Bidjara people from close to the Carnarvon Ranges (debated whether through direct descent or early settler relationship). Kay moved away from the region to study medicine and now lives and work in Toowoomba, Qld. Her connections with the community are now mostly through running early childhood centres in Mitchell, Charleville and Surat.

Kay is the Subdean for the Griffith Rural Medical Program predominantly delivering a longitudinal integrated clerkship for 50 medical students on year long rural placements. Kay works with an amazing team as a general practitioner in an ACCHO Goolburri Aboriginal Health Advancement. She is also in the very early stages of a PhD through James Cook University looking at assessment of Indigenous cultural competency in the primary care setting. As an Executive Director of a not-for-profit medical education company, Kay is privileged to support delivery teaching and learning activities to a variety of learners (eg ALS, continuing professional development, VET courses).

Note: you must register to attend this workshop via the conference app.

Session Plenary Panel

Chair

Professor Shaun Ewen,
Deputy Vice Chancellor,
Griffith University

🕒 1:15–2:15pm

📍 The Ballroom

Presentation

Decolonising education across the tertiary sector

Panel members

Dr Eddie Cubillo, Melbourne Law School, University of Melbourne

Dr Kelly Menzel, Gnibi College of Indigenous Australian Peoples, Southern Cross University

Dr Vicki Kerrigan, Menzies School of Health Research

Renata Watene, Occhiali Optometrist & University of Auckland



Dr Eddie Cubillo

Dr Eddie Cubillo is a descendant of the Larrakia, Wadjigan and Central Arrernte peoples in the Northern Territory.

He obtained a Bachelor of Laws Degree in 2002 and was admitted to the Supreme Court of the Northern Territory.

Eddie has been a former Chair of the Aboriginal and Torres Strait Islander Commission (ATSIC) Yilli Rreung Regional Council, the North Australian Aboriginal Justice Agency (NAAJA) and the Aboriginal Justice Advisory Committee.

Eddie's other past roles include Anti-Discrimination Commissioner of the Northern Territory, Executive Officer of the National Aboriginal & Torres Strait Islander Legal Service (NATSILS) and Director of Community Engagement in the Royal Commission into the Protection and Detention of Children in the Northern Territory.

He completed a PhD in 2021 and was the Associate Dean (Indigenous Programs) until recently, & continues as the Director of the Indigenous Law and Justice Hub at the University of Melbourne's Law School.



Dr Kelly Menzel

Dr Kelly Menzel is a proud Ngadjuri woman from mid-north South Australia with ancestral connections to Bundjalung Nation in northern NSW. Kelly has a PhD in Indigenous Knowledges and has been an academic for 23 years. She is the Associate Dean, Education, Gnibi College Southern Cross University, Lismore.



Dr Vicki Kerrigan

Vicki Kerrigan is a White settler with Irish heritage. At Menzies School of Health Research, she collaborates with First Nations leaders, NT Health and the NT Aboriginal Interpreter Service to explore culturally safe communication praxis. Vicki worked for 20 years at ABC radio including Radio National Triple J and ABC Darwin.



**Session
Plenary Panel**



Renata Watene

Renata Watene is one only of a few Māori Optometrists in Aotearoa. She has whakapapa (lineage) to Ngā Puhi and Tainui (tribes).

Renata's journey began with a desire to address inequalities and disparities in eye health outcomes for Māori and other Indigenous populations. With over 20 years of experience in the field, Renata is a respected figure known for her expertise, compassion, and commitment to making a positive difference in people's lives through Indigenous models of care that are accessible and focus on intergenerational gains. Currently, she is the Senior Optometrist and Director of her own two clinics – Occhiali Optometrist, the only 100% Indigenous-owned and operated clinics in the Auckland/Northern region amongst the highest population of Indigenous people in NZ.


Renata is the current Chair of the Strategic Indigenous Taskforce for Optometry Council of Australia and New Zealand, an elected member of the NZ Association of Optometry, a selected NIB Iwi Partnership Board member, and a past Ministerial Appointment to the Waitemata District Health Board.

Session

Plenary Panel

Chair

Associate Professor
Nicole Mercer,
Deakin University

 2:45–3:45pm

 The Ballroom

Presentation

Looking ahead – Student Panel

Panel Members

Kyle Ryan, University of Queensland

Tessa Shepherd, Auckland University

Yarlalu Thomas, University of Western Australia

Zoe Cotter, The University of Otago

Thomas Harrington, The University of Sydney

Thomas Harrington

Thomas Harrington is a proud Indigenous man with ties to the Bundjalung Nation in northern New South Wales. He grew up on Dharug country in Western Sydney and previously lived, studied, and worked on the land of the Gadigal People of the Eora Nation. He now currently resides in Lismore, on Widjabul Wia-bal lands of the Bundjalung nation where he is completing a year-long placement as part of his studies. In 2020, Thomas graduated from a Bachelor of Science majoring in Anatomy and Histology and is now currently enrolled in the Doctor of Medicine postgraduate degree at the University of Sydney. Alongside his study, Thomas is involved in numerous initiatives such as a NSW representative for a governance project with The South Australian Health and Medical Research Institute (SAHMRI) as well as the postgraduate representative for the Faculty of Medicine and Health which informs the Indigenous Strategy and Services (ISS) Committee. In the past, he has been a youth mentor for Indigenous students and has been an activist for Indigenous students on campus. Thomas has a deep passion for medical equity and justice, with a passion for medical education and empowering mob to achieve academic success.

Kyle Ryan

I am a Yuggera Ugarapul man from South-East Queensland and have cultural and community connections to the Inala, Queensland. I am currently a third-year medical student at The University of Queensland in my Doctorate of Medicine program. I currently am the Student Director of the Australian Indigenous Doctors Association as well as being Executive Board Director for Inala Wangarra, a local Aboriginal Community Controlled Organisation. Over my medical education, I have grown a deep-rooted and strong desire to advocate for better outcomes for Aboriginal and Torres Strait Islander communities. Through this, I have developed a passion to advocate for better medical education standards regarding teaching Aboriginal and Torres Strait Islander Health, as this will improve Australia's future medical workforce. Additionally, I also hold interests in improving Aboriginal and Torres Strait Islander medical student retention and recruitment and better supporting our mob within our university spaces. After I graduate medical school, I have hopes to pursue a career in Rural Generalism and work with communities all around Australia to celebrate their strengths and improve their wellbeing.



Session Plenary Panel

Tessa Shepherd

Ko Te Ramaroa a Kupe me Whiria ngā maunga
Ko Punakitere te awa
Ko Hokianga te moana
Ko Ngātokimatawahaorua te waka
Ko Pakanae me Māhuhu-ki-te-Rangi ngā marae
Ko Ngāti Wharara me Ngāti Tautahi ngā hapu
Ko Ngāpuhi te iwi
Ko Tessa Shepherd tōku ingoa

Tēnā koutou katoa,

Firstly I would like to mihi to the original custodians of this land, the Ngunnawal and Ngambri peoples. My name is Tessa shepherd. I am a proud Māori (Ngāpuhi, Ngati Hine) and Fijian wahine. I am in my final year of Medical school at The University of Auckland and I will be working in Hawkes Bay next year following graduation. I am extremely passionate about Māori health and te reo Māori (Māori language). My interests lie in rural health and public health and I hope to one day return to my papakāinga (ancestral home) in Northland to be amongst my whānau and work with the rural communities living there. Kia ora!

Yarlalu Thomas

Yarlalu Thomas is a Nyangumarta Pitjkarli student from Warralong community. He's the first in his community to complete high school and is now pursuing a Bachelor of Medical Science and Doctor of Medicine (MD) at the University of Western Australia. As the recipient of the Roy Hill Community Foundation Fellowship, Yarlalu has worked with organizations like WA Register of Developmental Anomalies, Genetic Services WA, and Cliniface to improve genetic healthcare for remote Indigenous populations. He's also launched the UNESCO-endorsed Lyfe Languages project, translating medical terms into Indigenous languages globally, combining modern knowledge with ancient wisdom. Creating the Universal Medical Translator.

Zoe Cotter

Ko Zoe Cotter tōku ingoa. I am of Kāi Tahu, Rongowhakaata, Ngāti Kahungunu ki Wairoa, Ngāti Porou, Moriori, and Irish decent. I am a sixth-year medical student or Trainee Intern at the University of Otago based at the Dunedin campus, in Aotearoa New Zealand. I have had a unique journey into medical school after leaving school at 15 years of age, being a Registered Nurse with 9 years of clinical experience and obtaining a Bachelor of Science as part of the process. I am now nearing the end of the journey and have been fortunate to serve my hāpori of Ngāti Kahungunu as House Officer in 2024. I am passionate about supporting the achievement of Māori Health Equity through understanding and delivering effective healthcare to Māori that responds to our needs and embraces of strengths of collectivism, nurturing relationships, reciprocity, and leadership.

Hobbies include hiking, history, and travel.

Session

Interdisciplinary

Chair

Professor David Paul,
University of
Notre Dame

🕒 9:30–10:45am

📍 The Ballroom

Presentation

Queer Indigenous Health Matters: Combatting Racism and Homophobia in Healthcare Settings

Author

Dr Todd Fernando, Commissioner for LGBTIQ+ Communities, Victorian Government

Abstract

This paper explores the pressing need to transform medical education in Australia, drawing particular attention to the importance of intersectionality in understanding the health needs of queer Indigenous Australians. Drawing from my PhD research project, this paper uncovers the raw and unspoken experiences of these individuals, revealing their encounters with racism, homophobia, and cultural insensitivity in mainstream health settings.

Highlighting the urgency to create culturally safe spaces, it offers deep insights into how heteronormative structures and colonisation have perpetuated health disparities and discrimination. The core objective of this paper is to instigate a critical dialogue that challenges systemic barriers, re-evaluates current practices, and encourages the incorporation of cultural responsiveness in our teaching to transform the education and training of our healthcare workforce.

The narratives shared in this research illuminate the critical need to reimagine healthcare environments that respect and affirm queer and gender-diverse Indigenous identities. Centering the voices and experiences of queer Indigenous Australians, it underscores the vital role of education in cultivating such spaces, driving transformative learning that ensures equitable healthcare access.

With this work, stakeholders are invited to reflect on the current state of healthcare, join a movement that champions the rights of queer Indigenous Australians, and foster inclusive policies. This paper advocates for healthcare environments that embrace diversity and provide support to those who have been marginalised, thereby reshaping medical education and healthcare provision.

Keywords

Indigenous sexualities, cultural responsiveness, medical education, health disparities, transformative learning, health equity, LGBTIQ+, queer, brotherboys, sistergirls.

Presenter


Dr Todd Fernando / Victorian Government

Todd Fernando is a descendant of the Kalarie peoples of the Wiradjuri nation, and identifies as queer with pronouns he/him. Todd is the Victorian Commissioner for LGBTIQ+ Communities and works closely with Victoria's LGBTIQ+ communities to provide crucial advice to the Victorian Government on the development of policies, services and programs that are inclusive and meet the needs of our diverse communities. Todd is also an accomplished consultant and public intellectual with extensive research experience working with both First Nations and LGBTIQ+ communities. Todd has expertise in reforming social policy and cultural safety frameworks in public and private sectors across Australia.

Session Interdisciplinary

Chair

Professor David Paul,
University of
Notre Dame

 9:30–10:45am

 The Ballroom

Presentation

Decolonising medical education: a critical need for abolitionist teaching and theorising

Authors

Dr Donna Cormack, Te Kupenga Hauora Maori/Lakes DHB, University of Otago

Dr Jaclyn Aramoana, Te Kupenga Hauora Maori/Lakes DHB, University of Otago

Abstract

Abolition, as described by Ruth Wilson Gilmore "... is a movement to end systemic violence including the interpersonal vulnerabilities and displacements that keep the system going". The COVID-19 pandemic brought attention to health impacts of incarceration in New Zealand and globally, with some increase in conversations about the need for decarceration. In 2020, the American Public Health Association recommended a shift away from "carceral systems" towards abolition. Abolition theorists note, however, that carceral approaches are not only limited to policing and prisons, but also exist in medicine and public health.

Despite international leadership, there is a lack of focus on abolitionist theorising and approaches in medical education and training in New Zealand. The effects of this are seen in clinical practice through the punitive and carceral approaches to incarcerated peoples, particularly in the participation by clinicians in what Kaba and Ritchie describe as "soft policing", where clinicians and health institutions become extensions of policing and prisons through aiding in the surveillance and restraining, in rights-limiting ways, of incarcerated people. In essence, medical curricula that remain unfocused on abolitionist theory, and fail to engage in the teaching of students of these theories, must question their roles in maintaining the police state and their commitment to decolonisation.

This presentation will discuss abolition as a critical component of efforts to 'decolonise' medical education, by presenting this topic in two parts. The first talks of the need for medical education to utilise medical curricula and training to focus on the abolition of prisons and other carceral systems, including engaging in the ways that it is in itself embodying carceral approaches, forms of "policing" and punitive practices that also need to be abolished. This includes medical education that commits to fostering an understanding of the carceral state and a doctor's duty of care to uphold patient rights. The second will use case examples from clinical medicine to illustrate the ways medicine is deployed as a form of "soft policing", thus entrenching anti-abolitionist, colonial approaches to healthcare, as a way to open conversations about strategies of refusal and resistance.

Presenters

Dr Donna Moana Cormack

Associate Professor Donna Cormack (Kāi Tahu, Kāti Māmoe – she/her/ia) is a teacher and researcher whose work focuses on racism and health, on Māori Data Sovereignty, data justice and data harms for Indigenous peoples, and on transformative and anti-colonial approaches to research and teaching in Indigenous health.


Dr Jaclyn Aramoana

Jaclyn Aramoana (Waikato, she/her/ia) is a postgraduate student in Kaupapa Māori theory and research currently living in Rotorua, New Zealand. Her interests include home renovation, gardening, hockey coaching, and abolitionist approaches to clinical medicine (where she also works as a surgical registrar), in particular understanding how clinical medicine normalises carcerality.

Session Interdisciplinary

Chair

Professor David Paul,
University of
Notre Dame

 9:30–10:45am

 The Ballroom

Presentation

The National Consortium for Indigenous Medical Education (NCIME): Phase I, Moving from concept to strategic change in medical education 2021–2024.

Authors

MD Marcia Anderson, Executive Committee Member/Founder, National Consortium For Indigenous Medical Education

Danielle Soucy, Executive Director, National Consortium For Indigenous Medical Education

Abstract

The NCIME is an Indigenous led and designed Consortium comprised of medical education partnerships vital to changing medical education in Canada. In 2021 NCIME was awarded funding for three years to deliver on fundamental, innovative, anti-racist, and decolonizing changes to Indigenous health and medical education in Canada. With the establishment of our Elders and Knowledge Keepers Circle to guide and inform our work and resulting from our six Indigenous lead work groups we have produced a catalogue of resources, learning and training programs and frameworks to radically change how Indigenous health is taught in the academy and during clerkship and training.

The six core themes the working groups explored are:

- 1 Assessment of Indigenous studies, cultural safety, and anti-racism.
- 2 Anti-racism, policies, processes, and implementation support.
- 3 Improving cultural safety in curriculum.
- 4 Indigenous student admissions and transitions.
- 5 Indigenous faculty recruitment and retention, and
- 6 Indigenous physician wellness and joy in work.

NCIME also developed an Indigenous data sovereignty statement and framework that transforms Indigenous data collection from institutionally defined processes to an Indigenous defined and principled approach asserting Indigenous data sovereignty.

The presentation will provide an overview of the outcomes of our first three years of NCIME from concept to implementation and discuss the challenges, successes, and lessons learned for an Indigenous led and distinctions based (First Nations, Inuit, and Métis) approach to decolonizing medical education in Canada. Discussion will include stakeholder and partner engagement and highlight the Indigenous Faculty Development Program, the Anti-racism learning module pilot, and Indigenous data agreements. We will conclude with a brief snapshot of the Phase II of the Consortium and the ongoing work with our partners the Royal College of Physicians and Surgeons of Canada, the Association of Faculties of Medicine of Canada, the Indigenous Physicians Association of Canada, the Medical Council of Canada, and the College of Family Physicians of Canada. All of which is underscored by the use of diverse Indigenous approaches to teaching and learning that respects the traditional lands on which medical schools reside.



Session Interdisciplinary

Presenters

MD Marcia Anderson / National Consortium For Indigenous Medical Education

Marcia Anderson is Cree-Anishinaabe physician who practices Internal Medicine and is the Vice-Dean, Indigenous Health and the Executive Director of Indigenous Academic Affairs in the Ongomiizwin Indigenous Institute of Health and Healing, University of Manitoba. She's the founding Chair of the National Consortium for Indigenous Medical Education; Chair of the Indigenous Health Network for the Association of Faculties of Medicine of Canada; Past President of the Indigenous Physicians Association of Canada and Past Chair of the Pacific Region Indigenous Doctors Congress. The Women's Executive Network named her one of the 100 most powerful women in Canada in 2022.


Danielle Soucy / National Consortium For Indigenous Medical Education

Danielle is the Executive Director for the National Consortium for Indigenous Medical Education (NCIME) and a Ph.D. Candidate in the Department of Health, Aging and Society, at McMaster University, Canada, where she holds a Social Science and Humanities Research Council (SSHRC) Doctoral Fellowship. From 2009-2020 she was the Director of the Indigenous Students Health Sciences office at McMaster University and awarded the LIMELight 2019 award for Excellence in Developing New Indigenous Students Recruitment, Support, and Graduation Initiatives. Prior to McMaster she was a Senior Policy Analyst and Research Officer for the now sunset National Aboriginal Health Organization (NAHO).

Session Interdisciplinary

Chair

Professor David Paul,
University of
Notre Dame

 9:30–10:45am

 The Ballroom

Presentation

Whānau Māori Birth Perspectives: A Grounded Narrative Approach to Decolonising Transformative Indigenous Medical Education

Author

Mrs Arianna Nisa-Waller, Hauora Māori Lecturer, University of Otago, Division of Health Sciences, Kōhatu: Centre for Hauora Māori

Abstract

Much scholarly work has been done to develop research-led medical education teaching and methodologies that prioritise health equity through an Indigenous lens. There are many Indigenous knowledge systems and frameworks that honour the process of supporting translation and meaning making for Māori individuals and whānau. Through such knowledge systems opportunities to decolonise medical education occur enabling transformation of medical education.

In global Indigenous cultures, stories (narratives) are a common repository of knowledge and can facilitate a deeper reflective process to develop culturally safe practice for medical students. Calls to deliver health care that is holistic in nature and aligned with patient needs are increasingly prevalent. Opportunities to use stories as part of medical education provides opportunities for students to develop skills in decolonising medical care and learning for the benefit of their future patients.



Session Interdisciplinary

With a focus on improving whānau-centred maternity health outcomes, Arianna will discuss an Indigenous narrative inquiry approach that shares the experiences of Māori families in relation to hapūtanga (pregnancy), whakawhānau (birth) and mātuatanga (parenthood) with medical students. This approach is taught during marae-based medical education teaching to support an Indigenous-led discussion on best practice in women's and children's health domains. The sharing of Māori birthing narratives is grounded in Kaupapa Māori theory and has the benefit of highlighting patient perspectives of clinical care while facilitating a discussion on challenges within the health care system. Medical students are encouraged to reflect on these narratives and through deconstruction can reflect on how these experiences can be declonised as part of their learning within the curriculum. There is growing recognition that the patient experience matters therefore, harnessing discussions on providing whānau centred care is at the heart of best practice.

This is just one resource that has been developed to further connect medical students to strengths-based solutions for improved health care provision. Using Indigenous knowledge structures and experiences supports the decolonisation of this education experience supporting learning and reflection among the medical student group. The sharing of health care narratives within this innovative model provides opportunities to improve clinical practice, grow the implementation of Māori centred values in clinical practice and provides a context for understanding trauma-informed care led by whānau voice within medical education.

Presenter

Mrs Arianna Nisa-Waller / University of Otago


Arianna has proud whakapapa linkages to Tauranga Moana. She is a Hauora Māori lecturer based in Te Puna Aronui o Kōhatu: Centre for Hauora Māori. Arianna is the academic lead of the Māori Health undergraduate programme, and teaches women's and children's health into the hauora Māori medical curriculum. Arianna is passionate about incorporating te ao Māori practices in teaching and research environments. Arianna utilises qualitative methods to explore whānau-centred experiences of the health care system across the lifecourse. Her research focuses on the broad areas of women's health related to whakairatangata (conception), hapūtanga (pregnancy), whakawhānau (birth) and mātuatanga (parenthood).


Session

Student Support and Pastoral Care

Chair

James Andrew,
The University of
British Columbia

 9:30–10:45am

 Murray Room

Presentation

Measuring the perception of cultural safety with students and academics

Author

Associate Professor Maria Mackay, University of Wollongong

Abstract

Background and Aim/s

Cultural Safety has emerged as a significant consideration for health professionals. From a nursing and midwifery perspective, the development of Cultural Safety curriculum is largely due to the advocacy of Aboriginal and Torres Strait Islander professional bodies such as and research from the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) for the nursing profession.

This presentation will share the findings from a research project that was undertaken collaboratively with students and nurse academics as co-researchers and aimed to aims to measure the self-perception of cultural safety among nursing students and academics within the School of Nursing. To achieve this the objectives of the study were:

- 1 develop a survey that will measure cultural safety amongst nursing students and academics, and
- 2 to measure the self-perception of Cultural Safety among nursing students and academics to inform future curriculum develop and training for academics. It is hoped that this presentation's findings will inform the approach to embedding cultural safety within medical schools.

Methods

The research was undertaken using mixed methods. For the qualitative part of the study, an online survey was developed using the learning outcomes from the CATSINaM Curriculum. The participants for this part were students who offered to students enrolled in the Bachelor of Nursing and staff who were employed either permanent or casually as academics in the School of Nursing.

The second part of the study followed the validation of the survey and included a sample of 28 staff completing Cultural Safety Training and participating in a qualitative research yarning circle to share their learning from the training. The Cultural Safety Survey was administered post-pre survey after the completion of the training.

Results and Conclusions

This presentation will share the results and implications for developing approaches to cultural safety. The tool to measure cultural safety that was validated in this research has the opportunity to be used across other disciplines. The findings have demonstrated that without an intervention to raise their self-perception of their level of cultural safety, both students and staff rate themselves as being very culturally safe in their practice. The embedding of cultural humility is an essential part of the cultural safety cycle with a curriculum that leads to professional registration.

Presenter

Associate Professor Maria Mackay / University of Wollongong

Associate Professor Maria Mackay is a Wiradjuri woman and an academic within the Ngarruwan Ngadju First Peoples Health and Wellbeing Research Centre, University of Wollongong (UOW). She is the Academic Lead in Indigenous Health within the Graduate School of Medicine. Maria has experience in healthcare and has been a paediatric nurse, midwife and health manager. Her current research interests include embedding Indigenous knowledges into curriculum, cultural safety among students and academics and person-centred practice.

Session

Student Support and Pastoral Care

Chair

James Andrew,
The University of
British Columbia

🕒 9:30–10:45am

📍 Murray Room

Presentation

The Indigenous Health Stream, Educating Medical Students in understanding working with people and Communities

Authors

Dr Stewart Sutherland, Australian National University

Professor Christine Phillips, Australian National University

Abstract

The Australian National University Medical School (ANUMS) established an Indigenous Health Stream (IHS) for medical students. The aim was to provide extra-curriculum work for students interested in Indigenous Health, to ensure a more competent medical workforce for Aboriginal and Torres Strait Islander health and thereby work towards Closing Health Inequity Outcomes. The IHS is an enrichment programs convened by Indigenous academics. It is a competitive entry program, which is always oversubscribed.

Students participate in focused training and attend: cultural immersion programs, Indigenous Health conferences e.g. LIME Connections X; and the Pacific Region Indigenous Doctors Congress, and six week medical placement in an rural /remote Aboriginal Community, and three day on Country Cultural program.

This presentation will discuss the successes of this culturally safe, Indigenous run program particularly within research. All students in the IHS undertake their substantial research in an area of Aboriginal and Torres Strait Islander health. Of the 90 student graduating from the Stream, there have been 15 projects undertaken at the local Aboriginal Medical service. Most projects produced recommendations which were utilised by the service e.g. Characterising health promotion in Aboriginal and Torres Strait Islander languages: A content analysis of COVID-19 and maternal health resources.

Importantly, this Indigenised and Indigenous led enrichment program has created a supportive network of students and graduates who are committed to understanding Indigenous health and culture. As one student said "I think the Indigenous health stream is very successful. We are definitely better prepared to provide better health care to Aboriginal and Torres Strait Islander peoples".

Presenters

Dr Stewart Sutherland / Australian National University

Stewart was born and raised in Wellington NSW the heart of Wiradjuri country. For over 20 years he has worked in Indigenous health, in more recent years focusing on identity, Culture and Environment, and mental health particularly Social and Emotional Wellbeing of the Stolen Generations/Residential Schools and people forcibly removed from their families.

Stewart's PHD, at the Australian National University Canberra, focus of which was the interplay between reconciliation (apology) and the social emotional wellbeing of people forcibly removed from their families.

Stewart is working at the ANU School of Medicine as the Senior lecturer of Aboriginal and Torres Strait Islander Health, where he is building on work of those before him, to ensure that Indigenous health and people are at the core of the curriculum and school.



Session Student Support and Pastoral Care

Professor Christine Phillips / Australian National University

Christine is a general practitioner and health services researcher. She leads the Social Foundations of Medicine group at the ANU Medical School, where she instituted a curriculum integrating the social sciences of medicine and health across all four years of the curriculum. Christine is Medical Director of Companion House Medical Service, the ACT's refugee health care service, and has over twenty-five years of clinical experience working in primary care in the context of deep urban poverty, in settings including drug and alcohol medicine, elder care, and prison health. She is a past Chair of the Refugee Health Network of Australia, an organisation she co-founded in 2009, and has been an Advisor for UNHCR, the World Health Organisation, the Migration Council of Australia, and state and federal departments of health and human services. In 2021, she led the development of the WHO competency standards and curriculum guide for health workers working with refugees and migrants.

Awards include: Member of the Order of Australia (2020) for services to medical education, refugee and migrant health and medicine; University of New England Distinguished Alumnus (2020); Australian Awards for University Teaching Citation for Teaching Excellence (2014); ANU Vice Chancellor's Awards for excellence in teaching (2014), community outreach and engagement (2011), and programs that enhance learning (2015); ANU International Women's Day Award for gender equity (2012); ACT Health Australia Day Award for Companion House Medical Service (2010); Rotary Australia Evaluation of Rural Health Award (2008); ANU JG Crawford Medal (1999). Her work in refugee health led to her inclusion in the National Library of Australia's Australian Women's Archive project.

Session Student Support and Pastoral Care

Chair

James Andrew,
The University of
British Columbia

🕒 9:30–10:45am

📍 Murray Room

Presentation

A national cross-sectional study of the sociodemographic characteristics of Aotearoa New Zealand's regulated health workforce pre-registration students. A mirror on society?

Authors

Associate Professor Elana Curtis, University Of Auckland

Professor Warwick Bagg, Deputy Dean, University Of Auckland

Professor Peter Crampton, Professor of Public Health, University Of Auckland

Abstract

Aim

To describe the sociodemographic characteristics of students enrolled in tertiary institution health professional programmes in Aotearoa New Zealand (NZ)

Design

Observational, cross-sectional study. Data were sought from all NZ tertiary education institutions for all eligible students accepted into the first 'professional' year of a health professional programme for the five-year period 2016-2020 inclusive. Variables of interest: gender, citizenship, ethnicity, rural classification, socioeconomic deprivation, school type and school socioeconomic scores. Institutional ethics approval was provided. Analyses carried out using R statistics software.



Session Student Support and Pastoral Care

Results

Ten out of 23 institutions submitted data for 19694 students representing: both of the NZ's medicine and pharmacy programmes, sole dentistry programme, all oral health programmes, two of the three physiotherapy programmes, two of the three medical laboratory science programmes, three of the five midwifery programmes and nine of country's eighteen nursing programmes. NZ's health workforce pre-registration students do not reflect the diverse communities they will serve in several important dimensions. There is systematic underrepresentation of students who identify as Māori and Pacific, and students who come from low socioeconomic and rural backgrounds. The enrolment rate for Māori students is about 99 per 100,000 eligible population and for some Pacific ethnic groups is lower still, compared with 152 per 100,000 for the NZ European ethnic group. The unadjusted rate ratio for enrolment for both Māori and Pacific students vs 'NZ European and Other' students is approximately 0.7.

Conclusions

We recommend that:

- 1 there should be a nationally-coordinated system for collecting and reporting on the sociodemographic characteristics of the health workforce pre-registration
- 2 that mechanisms be developed to allow the agencies that fund tertiary education to base their funding decisions directly on the projected health workforce needs of the health system, and
- 3 that tertiary education funding decisions be based on Te Tiriti o Waitangi and have a strong pro-equity focus.

Funding

Ministry of Health Māori health workforce development contract with the University of Otago, ref 359211/02

Presenters

Associate Professor Elana Curtis / University Of Auckland

Dr Elana Taipapaki Curtis (Ngāti Rongomai, Ngāti Pikiao, Te Arawa) is a Māori public health physician. Elana is an associate professor at the University of Auckland and was the director of Vision 20:20 at Te Kupenga Hauora Māori, within the Faculty of Medical and Health Sciences.

Professor Warwick Bagg / Deputy Dean, University Of Auckland


Professor Warwick Bagg is Deputy Dean of the Faculty of Medical and Health Sciences, University of Auckland and works as an endocrinologist. Previously, Professor Bagg was Head of the Medical Programme at the same institution for 10 years.


Session

Student Support and Pastoral Care

Chair

James Andrew,
The University of
British Columbia

 9:30–10:45am

 Murray Room

Presentation

Turning the Tide, Decolonising the Academy

Author

Associate Professor Cheryl Davis, The University of Notre Dame

Abstract

The discipline of medicine and medical education is steeped in elitism and power. Medicine represents power/knowledge. (Foucault). First Nation academics are reminded on a regular basis of the hierarchy, prestige and colonial structures within the academy/institution. Despite the colonial foundations on which medical education is built, Indigenous health education is now a priority for the Australian Medical Council and Medical Deans of Australia and New Zealand. What is needed is a 'dismantling of the master's house (Audre Lorde). Challenging the academy, contesting governance structures and barriers to change the discourse from a deficit model in Indigenous health to a strength-based approach in Medical Schools is still the challenge. There needs to be a decolonisation of minds if we are to graduate more Indigenous doctors.

Battiste (2013, 69) noted that 'ongoing struggle of Aboriginal academics and scholars is the recognition of their expertise and knowledge is further exacerbated when their professional experience and qualification are undervalued and deemed as invalid'. Challenging the lack of good governance and transparency is wearing. Doing it daily is exhausting.

The Aboriginal Health Team's clinicians are often not expected to write exam questions with robust clinical scenarios and reasoning, and when we do it is received with surprise. At other times AHT staff are expected to do work for other domains without the lead of Aboriginal Health being part of the decision.

In this presentation we outline the struggles and achievements we have negotiated in our space to build a culturally safe space for the Team to work and learn.

Decolonising the academy is not a smooth process but a necessity, to ensure better outcomes for both staff and students. The job is not done yet and we outline the next steps that are required in our space.

Battiste, M. (2013). *Decolonising Education: Nourishing the Learning Spirit*. Purich Publishing, Vancouver, BC:Canada. Pp.69.

Minniecon, D & Kong, K (2005) *Healthy Futures: Defining best practice in the recruitment and retention of Indigenous Medical students*. Australian Indigenous Doctor's Association, Canberra.

http://www.aida.org.au/pdf/HealthyFutures/Healthy_Futures_Report.pdf

Presenter

Associate Professor Cheryl Davis / The University of Notre Dame

Cheryl 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 20 years. Cheryl is currently a PhD Candidate research project investigating issues relating to Indigenous higher education outcomes for students interested in health and medical careers.

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.

Session
Keynote
Presentation

Chair

Dr Jade Tamatea,
The University of
Auckland

🕒 11:15am–12:15pm

📍 The Ballroom

Keynote presentation

Associate Professor Te Kawehau Hoskins, Auckland University



Te Kawehau is an Associate Professor in Te Puna Wānanga (The School of Māori and Indigenous Education) and Ihonuku Pro-Vice Chancellor Māori at Waipapa Taumata Rau, The University of Auckland. She researches in the areas of Indigenous – Māori philosophies, including Kaupapa Māori; and the politics and ethics of Indigenous-settler relations. Te Kawehau has a longstanding research and practice focus on Te Tiriti (The Treaty of Waitangi) in educational governance and policy and Māori community agency in these settings. She is currently leading conversations about Indigenisation in University settings,

He aha ngā hau | what are the winds?

Decolonising approaches may amount to little more than shifting the equity dial if Indigenous communities and actors aren't leading that work guided by Indigenous thinking and practice. What if, instead of interrogating colonial 'processes, culture and assumptions of power', we interrogate our own understanding and practices of power, and set about implementing them in our everyday social and institutional settings? This kind of approach doesn't discount decolonising efforts and would certainly have decolonising effects. It may offer though more than 'critiques' and 'disruptions' of coloniality. A focus on our Indigenous powers can move our attention away from the coloniser (whose ways we already know rather intimately) and towards spaces of creative and productive theory and action. Towards the maximisation of Indigenous powers within the complex and shifting forces and relationships of our worlds. In Māori worlds, 'hau' is both wind, and a catalysing and always relational force. There are many kinds of hau, and this talk thinks about the hau that might animate our decolonising and indigenising work.

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Acronyms

ACCHO	Aboriginal Community Controlled Health Organisation	MCQ	Multiple Choice Questions
ACEM	Australasian College for Emergency Medicine	MD	Doctor of Medicine
AIDA	Australian Indigenous Doctors' Association	MSC	Master of Science
AMC	Australian Medical Council	NAIDOC	National Aborigines and Islanders Day Observance Committee
AMSANT	Aboriginal Medical Services Alliance Northern Territory	NGOs	non-government organisations
CAMDH	Centre for Aboriginal Medical and Dental Health	NTGPE	Northern Territory General Practice Education
CEAHEG	Centre of Excellence for Aboriginal Health in East Gippsland	PD	professional development
CEO	Chief Executive Officer	PGY1	Postgraduate Year 1
CVD	cardiovascular disease	PhD	Doctor of Philosophy
FNHA	First Nations Health Authority	QAIHC	Queensland Aboriginal & Islander Health Council
GAMSAT	Graduate Medical School Admissions Test	RACGP	Royal Australian College of General Practitioners
GP	General Practitioner	RACS	Royal Australasian College of Surgeons
GPET	General Practice Education and Training Ltd	RANZCP	Royal Australian and New Zealand College of Psychiatrists
HRC	Health Research Council	RMH	Royal Melbourne Hospital
IEFP	Indigenous Fellowship Excellence Program	RNZCGP	Royal New Zealand College of General Practitioners
IES	Indigenous Entry Stream	TBL	Team-based Learning
IFEP	Indigenous Fellowship Excellence Program	Te ORA	Te Ohu Rata O Aotearoa
IGPRN	Indigenous General Practice Registrars Network	UMAT	Undergraduate Medicine and Health Sciences Admission Test
IKE	Institute of Koorie Education	UQ	The University of Queensland
JABSOM	John A. Burns School of Medicine	UWA	University of Western Australia
LIME	Leaders in Indigenous Medical Education	VACCHO	Victorian Aboriginal Community Controlled Health Organisation
MBBS	Bachelor of Medicine and Bachelor of Surgery	VESPA	Vertically Enhanced Study Program Approach



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and Kevin Murray