



THE LIMENETWORK
Leaders in Indigenous Medical Education

NEWSLETTER

ISSUE NO. 8 / March 2012

LIME WELCOME

Welcome to the eighth edition of the Leaders in Indigenous Medical Education (LIME) Network Newsletter. The Newsletter is published three times per year (March, July and November) and includes the latest information about issues concerning Indigenous health and medical education. The Newsletter is designed as a resource for Indigenous and non-Indigenous medical educators, students, medical practitioners, policy makers, nursing and allied health professionals and educators, community members and all those interested in improving Indigenous health outcomes.

The Newsletter is a collaborative publication that encourages information sharing between LIME Network members. It aims to celebrate the many successes occurring in Indigenous health, while also contributing positively to areas in which improvement is necessary. If you have an article, a story,

a picture or information about a project or an event of interest, [we would love to hear from you](#) – please contact us on the details below.

We hope you enjoy this edition of the LIME Network Newsletter and encourage your contributions for future publications.

The LIME Network Project Team

The Project Team includes Dr Shaun Ewen, Ms Margo Collins, Ms Caitlin Ryan, Ms Erin Nicholls, Ms Alice Wilkin and Ms Odette Mazel (currently on maternity leave). If you have any questions, queries or good ideas, please contact us on **E:** <lime-network@unimelb.edu.au> or **T:** +61 3 8344 9160.

[You can find out more about us on the LIME Network website:](#)
W: <www.limenetwork.net.au>

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by Michelle Smith
and Kevin Murray

NEWSLETTER DESIGN
by Inprint Design



Waipapa Marae, The University of Auckland, Day 1 at LIME Connection IV
Photo: Auckland University Photographic Society

LIME NETWORK UPDATE

LIME GOOD PRACTICE CASE STUDIES BOOKLET

The LIME Good Practice Case Studies booklet has now been published and is available to members on the [LIME website](#). Please see page 4 for further information.

LIME REGIONAL MEETINGS

Following on from previous Regional meetings held in Melbourne (2008), Newcastle (2010) and Darwin (2011), the LIME Network will be facilitating a one-day meeting in May to bring together university staff, community members, staff from Aboriginal Medical Services/ Aboriginal Community Controlled Health Organisations (ACCHOs) and medical students, to discuss issues of partnerships between organisations.

Discussions will focus particularly on medical student placements within the community. Previous meetings have provided a valuable space for staff from the various stakeholder groups who host student medical placements, to together discuss the successes and challenges of such partnerships.

Meetings have also provided an opportunity to work on solutions to the common issues of sufficiently resourcing placements, finding time to manage placements, two-way benefits of the student placement arrangements (for universities as well as ACCHOs) and developing clear communication between

LIME REFERENCE GROUP

The most recent bi-annual [Reference Group](#) meeting was held in Auckland, Aotearoa/ New Zealand on 28 November 2011, in conjunction with LIME Connection IV.

Reference Group members discussed a number of current and future projects such as the Good Practice Case Studies booklet, the development of pathways into medicine resources for future students, to complement existing resources (such as those developed by AIDA), upcoming Regional meetings, the LIME History project, and

the potential for a national level meeting this year to focus on medical student placements in Aboriginal Medical Services.

The 23 Reference Group members in attendance, representing 17 medical schools, also discussed opportunities for capitalising on the important position of the LIME Network as a platform to share knowledge across Australia and Aotearoa/ New Zealand, and developed core objectives for the LIME Network for 2012. The next Reference Group meeting will be held in the coming months.



The LIME Reference Group in Auckland, November 2011

all involved about the desired outcomes of medical student placements.

This next Regional meeting will be held in Queensland and will be co-hosted by universities based around the Gold Coast area. Anyone in the area working in an Aboriginal Medical Service or other community organisation which interacts with medical schools is encouraged to contact us to get involved. For more information please email us via

E: <lime-network@unimelb.edu.au>.

LIME RESEARCH

In February 2012 a paper written by LIME staff members Shaun Ewen and Odette Mazel, with former LIME staff member Deb Knoche, was published in *Academic Medicine*. The paper, *Exposing the Hidden Curriculum Influencing Medical Education on the Health of Indigenous People in Australia and New Zealand: The Role of the Critical Reflection Tool*, discusses the disparity in health status between Indigenous and non-Indigenous

people in Australia and Aotearoa/ New Zealand, and efforts to address this through medical education. The paper focuses on the contribution of the Committee of Deans of Australian Medical Schools' [Indigenous Health Curriculum Framework](#) towards curriculum reform, coupled with the role of the hidden curriculum in influencing the teaching and learning of Indigenous health during medical training. The article looks to the [Critical Reflection Tool](#) as a potential resource through which educators might begin to identify the dimensions of their institution's hidden curricula.

The paper is available via the [Academic Medicine website](#).

LIME NETWORK WEBSITE

The [LIME Network website](#) continues to be expanded and updated in order to keep members informed of relevant Indigenous medical education [news](#), [scholarships](#), [jobs and grants](#), as well as [conferences](#), [workshops and events](#).

A new [Resources and LIME Publications](#) section now houses the [LIME Newsletters](#), the [Projects of Interest Database](#) and the [Resources Database](#) – all of which are regularly updated with new information. This section

LIME CONNECTION IV

After more than a year of planning, [LIME Connection IV](#) was held in Auckland, Aotearoa/ New Zealand from 29 November – 1 December 2011. 210 delegates attended the three-day event, experiencing highlights which included a traditional welcome hosted at Waipapa Marae on Day One, excellent keynote sessions over the course of the event, the presentation of the LIMELight Awards and the LIME Connection IV Dinner.

Delegate evaluations included many extremely positive thoughts regarding the event, for example *"The gift of love, support, similar strategies, has been inspiring and given me the courage and strength to carry on. Thank you!"*

Several media reports have been published talking about the success of the LIME Connection. You can view the reports via [the website](#).

Turn to page 8 to read more about the event

also now includes the [LIME Good Practice Case Studies](#) booklet, which is available for download.

The [LIME Connection IV pages](#) now house photos from the event (accessible to members only) and the Post Conference Report.

If you have any suggestions about resources, projects of interest or news and events, please contact us via **E:** lime-network@unimelb.edu.au or **T:** +61 3 8344 9160.

LIME HISTORY PROJECT

The LIME team is continuing to work on writing up the history of

the LIME Network Project and its predecessor projects, with the aim of highlighting this history as a continuum which incorporates both informal and formal aspects, as well as the development of the Network over time.

Tim Haynes at the University of Wollongong, with support from LIME Reference Group member Louise Lawler, undertook further interviews in late 2011 to inform the document, and the LIME Secretariat is now working with Louise and Tim to finalise the document.

For more information on this project, you can contact us on **T:** +61 3 8344 9160.

SAVE THE DATE! LIME CONNECTION V WILL BE HELD IN DARWIN, AUGUST 2013. THE EVENT WILL BE CO-HOSTED BY FLINDERS UNIVERSITY AND CHARLES DARWIN UNIVERSITY.

TEACHING AND LEARNING

GOOD PRACTICE CASE STUDIES

In 2011, the LIME Network began working on the production of a Good Practice Case Studies resource, showcasing strong and diverse projects being undertaken in the recruitment and retention of Indigenous medical students, Indigenous health curriculum design, teaching and learning and community engagement in both Australia and Aotearoa/ New Zealand. The Good Practice Case Studies booklet is the first in a series of publications which will share this work with a wide audience.

It is hoped that this initiative will assist both established and newer medical schools to learn from, and be inspired by, each other and together develop new programs and strategies in Indigenous medical education inspired by those that have proven successful elsewhere, to ensure all medical students graduate with knowledge and expertise in Indigenous health.

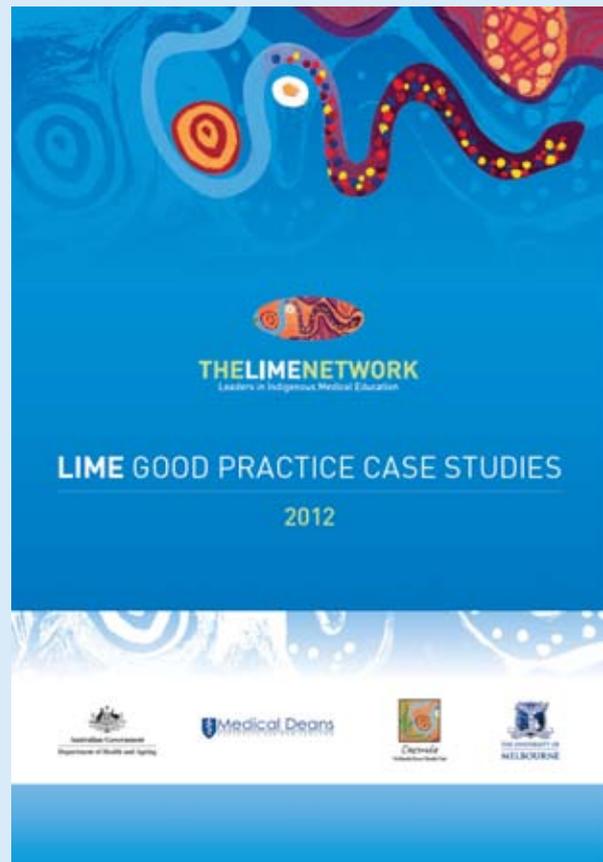
As a relatively young field, it is important that Indigenous medical education grows its evidence base through research and programs within medical schools that are sustained over time and are assessed and evaluated regularly to ensure good practice. Thus it is hoped that the Good Practice Case Studies booklet will also further contribute to the growing evidence-based body of work in Indigenous medical education.

Following the 2007 inclusion of Indigenous health in the Australian Medical Council (AMC) accreditation standards for medical education, it has still often been individual Indigenous health 'champions' who have devised and driven Indigenous medical education initiatives within the context of other preexisting teaching and research responsibilities. By acknowledging and supporting the work of the many Indigenous health 'champions', we hope this publication contributes to increased numbers of Indigenous medical students, strengthened Indigenous health curricula and improved health outcomes for Indigenous peoples in Australia and Aotearoa/New Zealand.

During the development of this resource, the LIME Good Practice Case Studies Review Committee (David Paul, Maree Toombs, Gerard Finnigan and Jane MacLeod) provided expert peer review of all submissions and also generously provided guidance and advice on all aspects of the publication.

The Good Practice Case Studies booklet has now been published and is available to LIME Network members on the [LIME website](#). The resource has been provided to a number of organisations, including universities, various Government departments and the Australian Medical Council.

If you would like a copy of the LIME Good Practice Case Study resource, please contact us on **E:** lime-network@unimelb.edu.au or **T:** +61 3 8344 9160.



MEDICAL DEANS – AUSTRALIAN INDIGENOUS DOCTORS’ ASSOCIATION NATIONAL MEDICAL EDUCATION REVIEW

The Medical Deans Australia and New Zealand (Medical Deans) – Australian Indigenous Doctors’ Association (AIDA) review of the implementation of the Medical Deans’ Indigenous Health Curriculum Framework and AIDA’s Healthy Futures Report within Australian Medical Schools is now in its final stages.

In total 275 medical school staff and students participated in interviews and focus groups in all medical schools across the country, and 16 of the 19 Australian medical schools (Notre Dame Sydney and Fremantle reviewed separately) provided completed audit proformas for the Review. The research revealed numerous key findings, consistent across the majority of schools, relating to the implementation of Indigenous Health curricula and Indigenous medical student recruitment and retention. These findings, presented in the report, have informed a set of relevant recommendations, which were developed in close consultation with the Review Steering Committee and Technical Reference Group.

Both Medical Deans and AIDA wish to acknowledge the contributions of all who took the time to participate in and contribute to this Review, including many members of the LIME Network who have made significant contributions in sharing their wealth of experience and knowledge in the field of medical education.

The report and its findings will be available in the public domain in early March. The Review Project was funded by the Australian Government Department of Health and Ageing.

For more information on the Review please contact Joe Cavanagh on **T:** +61 2 9114 1682, +61 409 969 656, or **E:** <jcavanagh@medicaldeans.org.au>.

CAPACITY BUILDING FOR INDIGENOUS MEDICAL ACADEMIC LEADERSHIP: PROJECT UPDATE

The Capacity Building for Indigenous Medical Academic Leadership project to identify methods for increasing the number of Indigenous medical academics, is currently in its final stage. An immense amount of good will was shown at the Forum held in October last year with attendance in excess of 75 representatives from key organisations including partnering Indigenous organisations, medical schools, jurisdictions and workforce agencies. From the discussions a final report has been compiled and will shortly undergo a final review and endorsement from the lead organisations, AIDA and Medical Deans.

Both AIDA and Medical Deans would like to warmly thank participants at the Forum and particularly those who provided feedback to the circulated draft over the December/January period. Additionally, thanks are extended to Greg Phillips for his facilitation of the event, Papaarangi Reid for an inspiring evening address and the Steering Committee for their expert guidance, comprising Prof Helen Milroy (Co-Chair: CAMDH, UWA), Prof Richard Murray (Co-

Chair: JCU), Prof Della Yarnold (Flinders NT), Prof Paul Worley (Flinders), Dr Christine Clinch (CAMDH, UWA), Dr Ngiare Brown (AIDA) and Prof John McCallum (NHMRC).

The final endorsed report will form an important basis for Medical Deans’ new Indigenous Health Expert Advisory Group (IHEAG) to consider strategies and priorities to pursue over the next 2-3 years. The report was circulated to all participants and stakeholders at the end of February.

For further information please contact Rebecca Astles-Phillips via **E:** <astles@medicaldeans.org.au>.

UNIVERSITY OF BRITISH COLUMBIA ABORIGINAL PEOPLE’S HEALTH NEWSLETTER

The Division of Aboriginal People’s Health, within the Faculty of Medicine at University of British Columbia (UBC), exists to support and develop Aboriginal health programs, curriculum, research and advocacy with Aboriginal communities and partners on local, national and international levels.

Their latest newsletter is out and features information regarding:

- Canada’s involvement in the Educating for Equity project
- UBC’s Learning Circle projects
- Aboriginal admissions at UBC medicine.

For more information please visit the website **W:** <www.aboriginalhealth.med.ubc.ca>.

GRADUATES AND CLINICIANS INFORMATION

THE EDUCATING FOR EQUITY PROJECT WEBSITE

The tri-nation project Educating for Equity has recently [launched its website](#). The project, which is an international collaboration between Indigenous health academics in Australia, Aotearoa/ New Zealand and Canada, aims to begin to address ongoing disparity in health outcomes between Indigenous and non-Indigenous peoples with a particular emphasis on the chronic disease burden. The Educating for Equity project will help contribute to improving health professionals' knowledge, attitudes and behaviours in relation to Indigenous peoples' experiences of chronic disease, and will also widely share experiences and approaches to Indigenous health teaching and learning in the area of chronic disease. Please visit the website for further information **W:** www.educating4equity.net/.

PACIFIC REGION INDIGENOUS DOCTORS' CONGRESS (PRIDOC) TO MEET IN CENTRAL AUSTRALIA

'What do you get when you cross two Māori, an Hawaiian, an Aboriginal, a game of golf, a kangaroo and a couple of beers? PRIDoC!' Ngi Brown (2008)

The genesis of the Pacific Region Indigenous Doctors' Congress (PRIDoC) was a natural extension of the personal, professional and cultural friendships forged between individual members and their associations over many years.

A practice developed of inviting senior/executive members of

our 'sister' organisations to each other's annual meetings. In 2001, prior to the Australian Indigenous Doctors' Association (AIDA) Annual General Meeting, during a brief road trip with Peter Jansen and Rhys Tapsell (Te ORA, New Zealand), Martina Kamaka (Aha Hui o Na Kauka, Hawai'i), and Ngiare Brown (AIDA) a profound comment was made..... wouldn't it be great if we could open up an opportunity to share this professional relationship and exchange cultural knowledge with all of our members?

As we were able to outvote Martina, Hawai'i was chosen to play host to what became the first PRIDoC event! Within 12 months, as a result of an extraordinary amount of hard work, long hours and unparalleled generosity, PRIDoC 2002 was staged in Honolulu. It is remembered as a landmark event, highly emotional, founded on pride and optimism.

The primary objective of PRIDoC is to foster high standards of medical care for Indigenous peoples of the Pacific region. The biennial event provides a culturally safe space for Indigenous and sovereign peoples of the Pacific to share clinical, health and research knowledge; identify barriers and challenges; and more importantly, discuss the successes and the innovations progressing under Indigenous leadership.

PRIDoC is now a registered entity and charitable trust, with a constitution and governance structure. Membership is association based, that is, open to national Indigenous physician's associations. In addition to the PRIDoC Council, there are

working parties for workforce development; and health rights and sovereignty.

PRIDoC is now progressing our vision for the Congress and potential future work. For example, we are investigating a possible role in the United Nations system and contributions to the World Health Organisation, United Nations Economic and Social Council and United Nations Permanent Forum on Indigenous Issues activities. There is potential for PRIDoC and member organisations to support our brothers and sisters in Pacific nations where resources, services and medical training opportunities are limited.

The 2012 PRIDoC event, to be hosted by AIDA in Alice Springs, marks the 10th anniversary of the Congress. The theme is CONNECTEDNESS, acknowledging the bonds Indigenous peoples share, and the significance of connections of land and culture to our health and wellbeing.

Sessions will cover a range of issues, including clinical best practice, research, Indigenous knowledge and traditional healing and health priorities such as chronic disease and mental health. We expect more than 200 participants from across Australia and the Pacific. The event is open to Indigenous and non-Indigenous friends and colleagues.

The PRIDoC website is now live at **W:** www.pridoc.org. It will be updated regularly with information on the scientific program, keynote speakers, and the social and cultural activities.

For further information please contact Ngji Brown, AIDA Medical Officer, Chair, Local Planning Committee PRIDoC 2012 via **E:** <ngjiareb@aida.org.au>.

RURAL HEALTH ACADEMIC CENTRE CELEBRATING INDIGENOUS HEALTH WORKERS

Indigenous Partnerships and Cultural Safety Officer Chana Orloff, at the Rural Health Academic Centre, University of Melbourne, is currently working on a health publication that celebrates Indigenous Health Workers, acknowledges their contribution to the Health sector and inspires other Indigenous Australians to undertake a health career to build the Indigenous Health workforce.

Upon completion of the publication, it will be utilised in communities as a career reference designed to inform and influence Indigenous peoples' career choices. It is hoped that the resource may then in turn increase Indigenous recruitment within the University or mainstream health sector with a view to benefitting Indigenous Health.

Support for such a publication was highlighted in 2011 during a Close the Gap Forum; a Reconciliation Week initiative in Shepparton, Victoria, when health groups in the North East region indicated that a publication of this kind would be a worthwhile project.

To date, 15 biographies have been collated, and the completed

resource will include information on health workers and other health professionals from the Shepparton, Albury-Wodonga and Echuca regions. This may also lead to other volumes being published in the future.

For more information please contact Chana Orloff via **T:** +61 3 5823 4572 or **E:** <corloff@unimelb.edu.au>.

THE MEDICAL SCHOOLS OUTCOMES DATABASE AND LONGITUDINAL TRACKING PROJECT IN 2012

The Medical Schools Outcomes Database and Longitudinal Tracking (MSOD) Project is the world's first nationally coordinated project for tracking medical students through medical school and into prevocational and vocational training. Through Medical Deans Australia and New Zealand, all Australian medical schools are involved in the project both as stakeholders and participants.

The data collected is used, among other things, to help evaluate educational programs, in particular those aimed at increasing the recruitment and retention of a rural medical workforce, and provides information used in medical workforce planning.

This year, for the first time MSOD is surveying doctors at the Postgraduate Year 3 stage of their careers, who started medical studies in 2005. In addition, the regular Commencing

Medical Students Questionnaire (for those starting their medical studies), the Exit Questionnaire (for those graduating from medical school) and the Postgraduate Year 1 Questionnaire (for those in their intern year) are also being administered.

The Project welcomes research using the MSOD data because another objective is to provide a foundation for projects for medical educators which will contribute to the literature on medical education and its relation to workforce needs. In 2012 MSOD will also be offering research grants to medical students through the Australian Medical Students' Association.

Researchers have been exploring the potential of analysing data on Indigenous medical students; however the low sample size is proving challenging. Using the data available, Lilon Bandler and Giti Datt's study 'The recruitment and retention of Indigenous medical students' was recently presented at the Inaugural MSOD Research Forum in November 2011 and aimed to identify similarities and differences between the Indigenous and total medical student populations; and to link Indigenous medical student recruitment and retention patterns to Indigenous support and Indigenous Health resources available at medical schools.

Researchers interested in using the MSOD data should contact **E:** <msodadmin@medicaldeans.org.au>.

FEATURE: LIME CONNECTION IV

The fourth biennial LIME Connection was held in Auckland, Aotearoa/ New Zealand from 29 November – 1 December 2011.

Keynote speakers included experts in Indigenous health and medical education from Aotearoa/ New Zealand (Linda Smith, Papaarangi Reid), Hawai'i (Dee-Ann Carpenter) and Australia (Shaun Ewen). LIME Connection IV focused on **Medical Education for Indigenous Health: Building the Evidence Base**.

The conference helped to support collaboration within and between medical schools as well as encourage multi-disciplinary and multi-sectoral linkages. This was achieved not only through conference proceedings, but also through excellent attendance at social events including the LIME Connection IV Dinner and Closing Event. The LIMELight Awards, which acknowledge and celebrate the many successes in the field, were also presented at the LIME Connection IV Dinner.



Linda Smith



Papaarangi Reid



Dee-Ann Carpenter



Shaun Ewen

The conference attracted 210 delegate registrations, an increase on the 190 delegates in attendance at LIME Connection III in 2009. Delegates included Indigenous and non-Indigenous medical educators, Indigenous health specialists, policy makers, health professionals, community members, medical students, general practitioners as well as nursing and allied health professionals from Australia, Aotearoa/ New Zealand, the United States, Canada and Vietnam.

Representatives from each Medical School across Australia and Aotearoa/ New Zealand were present at the conference, with half of the delegates representing the university sector. Presentations included topics such as student pathways into and through medicine; curriculum and assessment of Indigenous health; teaching and learning models; and community partnerships.

The event evaluation (completed by over 50% of delegates) illustrated the positive experiences of delegates, and also provided valuable feedback for creating an even bigger and better



Day One at Waipapa Marae provided an important forum in which Indigenous and non-Indigenous delegates could share, both in safe Indigenous/ non-Indigenous spaces, and in plenary sessions, their experiences, successes and challenges when working in the field of Indigenous medical education.

Delegates at Waipapa Marae. *LIME Connection photos: Auckland University Photographic Society*

event in 2013. Comments from the evaluation included:

How could we keep going without the injection of sustaining thoughtfulness, networks, humour, passion and support that LIME provides for us?

Thank you. This has been the best conference I've ever attended. The sharing of knowledge was amazing and clearly of a very high quality. The integration of culture and spirit is what made the conference so stand out. I'm very encouraged and inspired by the Leaders in Indigenous Medical Education that we currently have



Delegates at the LIME Connection IV Dinner

and therefore for the future of Indigenous health. Thank you for a wonderful conference!

I feel so full of food and so well looked after. I felt loved and cared for and feel I will carry this into my work. I found much of the

conference very deeply moving.

[The LIME Connection IV Post Conference Report is now available via the LIME Website.](#)

[Photos from the event are available on the LIME Website.](#)

LIMELIGHT AWARDS

The [2011 LIMELight Awards](#) were presented by Peter Joyce from the University of Otago, Christchurch, Marlene Drysdale from Monash University and John Broughton from the University of Otago, Dunedin at the LIME Connection IV Dinner. They were given in recognition of the significant and outstanding work staff, students and medical schools undertake with regard to the teaching of Indigenous health in medical education, as well as Indigenous student recruitment and student leadership. These awards acknowledge initiatives which address critical issues, bring people together collaboratively and implement innovative solutions.

The awards were presented to the following recipients:

- Leading innovation in curriculum implementation: **Rhys Jones, The University of Auckland**
- Leading innovation in Indigenous student recruitment, support and graduation: **Shalom Gamarada Ngiyani Yana Scholarship Program at The University of New South Wales**
- Leading innovation in community engagement: **University of Western Sydney Indigenous Health Attachment Year Five**

- LIMELight Leadership Award for outstanding leadership by an individual: **David Paul, The University of Western Australia**
- Student Award: **Alicia Veasey, The University of Queensland and Ibrahim Soloman, The University of Auckland.**

Many thanks to Juan Asher, Nurain Janah, and Farah Saad, members of the Auckland University Photographic Society who took the official photographs for LIME Connection IV.



LIMELight Award Winners L-R: Dana Slape (accepting on behalf of Alicia Veasey); Ibrahim Soloman; Rhys Jones; David Paul; Christine Carriage and Jenny Akers (University of Western Sydney); Lisa Jackson Pulver (University of New South Wales).



Alicia Veasey, LIMELight Student Award winner, who was unable to attend the event due to prior commitments.

STUDENT INFORMATION

INDIGENOUS MEDICAL STUDENTS AT LIME CONNECTION IV

To support wide participation of students in LIME Connection IV, bursary places were offered to Aboriginal, Torres Strait Islander and Māori medical students with a strong interest in Indigenous health. The bursary covered the cost of registration, travel, accommodation, and meals. In 2011, 21 students attended LIME Connection as bursary recipients.

The purpose of the bursaries was to:

1. support and encourage those with a demonstrated interest and experience with Aboriginal, Torres Strait Islander and Māori health to gain professional development and increased learning in the field
2. provide financial support for students who may be interested in presenting at the conference
3. highlight a student commitment to improving Aboriginal, Torres Strait Islander and Māori health to other delegates
4. increase and support leadership opportunities for those involved with Indigenous health
5. strengthen active involvement of students with Medical Schools
6. encourage students to pursue a career in medical education through collegiality and inclusion

Bursary recipients provided excellent feedback on their experiences at the event, including comments such as:

The whole event was very inspiring and being around Indigenous people [from around] the world was a major highlight. The Connection has made me more passionate to undertake further studies in the field of Indigenous health and in particular Māori health.

It vastly exceeded my expectations! I had no idea it was going to be such an empowering experience both culturally and academically.

As soon as LIME IV ended, I was quick to reflect that it was even better than LIME III in Melbourne... It is both a credit to LIME and a sad fact, that everything I know about Indigenous health in a formal teaching sense, either comes from what I have learned from the two LIME Connections I have been fortunate enough to attend, or from AIDA.

I feel a lot stronger as an Indigenous student and feel I can achieve great things.

I feel as though I am now equipped with the knowledge and possible

skills needed...to possibly improve cultural safety within my university.

It was reassuring that the troubles we face in Indigenous education, so too are the Māoris, Hawaiians and Canadians. I loved being immersed in the Māori culture. The workshops were fantastic; the layout meant that it was never boring. It was fantastic to be able to ask questions of the leaders in this field.

These events are crucial to students being able to learn about aspects of Indigenous health (especially given the inadequacies of many of our universities around this topic), engage with our diverse cultures, network with student, graduate and industry peers, and recharge our batteries to push forward with what can be a challenging and demanding course... The LIME Connections are events that provide me with the educational opportunities that my university is not yet capable of providing. Being a Medical Deans affiliated event, attending the Connection affords me a special platform from which to approach my university to offer ideas and feedback- especially given the theme is surrounding building an evidence base.



Indigenous Medical Student Bursary Recipients at LIME Connection IV.
Photo: Auckland University Photographic Society

STUDENTS AND RECENT GRADUATES PANEL AT LIME CONNECTION IV

One of the highlights of LIME Connection IV reported by many delegates was the Students and Recent Graduates Panel session. Chaired by Suzanne Pitama (University of Otago), the panel consisted of four recent graduates/students;

- Maia Melbourne-Wilcox (Graduate, The University of Auckland)
- Shannon Price (Graduate, Monash University)
- Danielle Arabena (Graduate, The University of Queensland)
- Lance Buckthought (Student, University of Otago, Dunedin)

Based on their own recent experiences as Indigenous medical students, the four panelists shared what measures they see as strategically supporting Indigenous health teaching within the curriculum, and highlighted measures which created barriers or prevented engagement in Indigenous health teaching during their studies. Panelists also shared key principles which they think will support Indigenous health curriculum development in the future.

Evaluation comments regarding the session included:

I especially enjoyed listening to the student panel on the final day of the conference. Their insights into student life and the ways that they handled any obstacles that came in their way were very inspirational, and I found myself agreeing [with] everything that was said.

The student panel I found to be most useful...All the students that spoke were amazing and spoke of relevant issues and concerns for medical students.

[The] student session [was] very good - sensible, pragmatic suggestions for the future.

Students' perspectives [were] very inspiring for our future.

Great talks by all four!

Many of the 210 delegates at LIME Connection commented on how inspiring and informative they found the student participation throughout the event. We hope to see many more student presentations at LIME Connection V in 2013!



L-R: Maia Melbourne-Wilcox, Shannon Price, Danielle Arabena and Lance Buckthought.
Photo: Auckland University Photographic Society

LIME FACEBOOK PAGE – JOIN US NOW!

New job, scholarship and study opportunities are now being promoted via the LIME Network Facebook page. Information shared via this page focuses primarily on opportunities relevant

to medical students, while also providing news, resources and events information for everyone interested in Indigenous medical education.

Membership on the page is growing all the time - you can 'like' us now via the main LIME website, or join us directly on [Facebook](#).

PROJECTS OF INTEREST

One of the LIME Network Project's aims is to share information about projects that are relevant to Network members.

MOUNT ISA 'HEALING DAY' A SUCCESS FOR NORTH QUEENSLAND INDIGENOUS COMMUNITIES

Mount Isa's Indigenous community was very much in mourning during 2011. A spate of suicides and funerals saw the community in a state of perpetual sadness, with nobody to turn to. Glenda Duffy, Project Officer at the School of Medicine and Dentistry at James Cook University, knew there was support available and set out to show Mt Isa residents they weren't alone.

She approached the Mount Isa Aboriginal and Torres Strait Islander Reference Group

(MIATSIRG), where she is a member, to see if they were keen to help.

'MIATSIRG came up with a few ideas and really wanted to give something back to the community,' Ms Duffy said. 'We talked to a variety of local groups and eventually were asked to do a 'fun day' to bring together the services.'

The idea for a 'fun day' morphed into Healing Day, and was held in conjunction with the local sports carnival in November. This made it doubly successful, as Indigenous communities from across the North West were already planning to travel to Mt Isa for the day.

Ms Duffy said the Indigenous community had been unaware of its local services but Healing Day helped get the message out and provided a chance for people to talk about their sadness.

'We asked groups as diverse as Centacare, North Queensland Indigenous Catholic Services, Mount Isa Centre for Rural and Remote Health and Anglicare to set up stalls on the day, and they were all very supportive,' Ms Duffy said.

'The organisations all sponsored the event while Xstrata provided fruit and water. It was a huge success and we're definitely aiming to have another one in 2012,' Ms Duffy said.

Ms Duffy and Mr Torres Woolley, the School of Medicine and Dentistry's Evaluation Officer, did an informal evaluation of Healing Day by surveying the organisations and found it was overall rated 9 out of 10 in effectiveness for spreading their message in Mount Isa.

'MIATSIRG met again in February to discuss how and when the next



Glenda Duffy and Torres Woolley with a shirt they created for the Mount Isa Aboriginal and Torres Strait Islander Reference Group. The shirt has the logos of the School of Medicine and Dentistry and Mount Isa Centre for Rural and Remote Health to signify collaboration between the two organisations on the Healing Day project.

one will be held,' Ms Duffy said. 'Rather than wait for another sad event, we think it would be good to do this regularly to keep awareness current. James Cook University and the Mount Isa Centre for Rural and Remote Health were the main organisers of the event and it was great to have their support.'

For more information, please contact Sharon Barnwell on
T: +61 7 4781 5025 or
E: <sharon.barnwell@jcu.edu.au>.

UNITINGCARE QUEENSLAND LAUNCHES RECONCILIATION ACTION PLAN

UnitingCare Queensland launched its Reconciliation Action Plan (RAP) on 9 February 2012 during a special celebration at kuril dhagun Indigenous Knowledge Centre in the State Library of Queensland. The plan provides a framework for the future which will help the organisation deepen its relationships and make its services more culturally relevant.

The RAP builds on the work that UnitingCare Queensland has already undertaken towards reconciliation across its service groups - Blue Care, UnitingCare Community (formerly known as Lifeline Community Care) and UnitingCare Health (The Wesley Hospital, St Andrew's War Memorial Hospital in Brisbane, The Sunshine Coast Private Hospital and St Stephen's Hospitals in Maryborough and Hervey Bay).

The plan was evolved during a year-long series of workshops held under the guidance of an external facilitator and attended by staff from across the organisation that are passionate about reconciliation, including more than 40 Aboriginal and Torres Strait Islander staff from across the service groups.

Endorsed and approved by the Executive Leadership team and the UnitingCare Board, the RAP contains accountable, measurable actions focused on three core elements - strengthening relationships, demonstrating respect and developing mutually beneficial opportunities.

'The RAP now forms a key part of UnitingCare Queensland's strategic planning and reflects the organisation's values of Compassion, Respect, Justice, Working together and Leading through learning,' Anne Cross, CEO, UnitingCare Queensland said. 'Clearly there is still a long way to go but we are so glad to be part of the journey and hope that each of the small steps we take will make a real contribution to reconciliation'.

The UnitingCare Queensland Reconciliation Action Plan is a two year plan that will be revisited and refreshed annually. It is intended as an overarching document for UnitingCare Queensland and its service groups. Each group will, in time, develop its own Reconciliation Action Plan. The plan is underpinned by active engagement with, and representation by, Aboriginal and Torres Strait Islander peoples across all service groups.

The main focus areas for 2012 will be:

- The establishment of an advisory group on reconciliation (AGR)
- Development of a support network or 'hub' model for Aboriginal and Torres Strait Islander staff
- Organisation of cultural awareness practices including:
- Executive team cultural awareness and visits to Country
- Staff cultural training induction
- Cultural awareness competency guidelines
- Policy on protocols distributed
- Welcome to Country and Acknowledgements occurring at events
- Establishment of an employee recognition program
- Annual Aboriginal and Torres Strait Islander cultural event held
- Marketing materials updated to be more inclusive
- Calendar of events resourced

UnitingCare Queensland provides quality and compassionate care to more than 14,000 people every day of the year through its service groups UnitingCare Community, Blue Care, UnitingCare Health and UnitingCare Social Justice.

For more information please contact Dot King, Senior Communications Officer, UnitingCare Queensland on **T:** +61 7 3025 2009 or **E:** <dot.king@ucareqld.com.au>.

LIME NETWORK PROFILE

IBRAHIM SOLOMAN

In this edition of the LIME Network Newsletter, we interview Ibrahim Soloman, medical student at the University of Auckland. Ibrahim recently won a LIMELight Student Award, which is presented in recognition of leadership activities undertaken within medical schools, and in the broader community.

Where are your whānau from?

Ko Mauao rāua ko Maungapōhātu
 ōku maunga
 Ko Tauranga te moana
 Ko Whakatāne te awa
 Ko Mātaatua tōku waka.
 Ko Ngāi Tukairangi rāua ko
 Kakahutapiki ōku hapū
 Ko Ngāi Te Rangi rāua ko Ngāi
 Tūhoe ōku iwi
 Ko Ibrahim Walter Soloman ahau.

I am from the Bay of Plenty region in New Zealand. My father Louis Te Kani is from the Tauranga region and my mother Hiria Soloman is from the isolated and unique place of Ruatahuna in the heart of Te Urewera.

What has your journey to becoming a medical student been like?

I have lived in Rotorua for the majority of my life before moving to Auckland to pursue tertiary education. Growing up I didn't enjoy school and at times got on the wrong path. I lacked motivation and was focused on becoming the next sports star (Michael Jordan or Jonah Lomu). It wasn't until my 6th form year at the sporting stronghold of Rotorua Boys High School where I knuckled down and focused on why I was at school – to get an education. I wasn't the

straight A+ model student at high school, but, quickly learnt the value of perseverance, persistence and plain hard work.

I am a product of the recruitment and retention programmes of The University of Auckland for aspiring Māori students wishing to undertake health related careers. In my final year at Rotorua Boys I was fortunate to be exposed to life as a medical student through the Whakapiki Ake recruitment programme which further motivated me to work harder.

In my first year out of high school I undertook the Certificate of Health Sciences programme for Māori students at the University. I am grateful for the opportunities Auckland University has provided and am now a fourth year medical student under the Māori and Pacific Admission Scheme (MAPAS) programme.

What is it like to be a medical student? Have you had specific challenges and/or successes?

One challenge I faced in my first year was my first encounter with a cadaver. As Māori we realise the human body is sacred and must be returned to Papatūānuku on passing. Standing in front of my cadaver at the induction day I thought to myself, this is an individual's grandfather, father and relative. I found it hard to fathom at times adapting to this un-Māori way of learning, and this resulted in being stand-offish for the first few weeks.

Peering around the lab I witnessed the other brown faces in the class in the same dilemma. I then thought long and hard and



Ibrahim receiving the Sir John McLeod scholarship in late 2011 from Tariana Turia, the Co-leader of The Māori Party, Minister for Disability Issues and Minister for the Community and Voluntary Sector.

came to the realisation that I was in a privileged position, with this special individual donating their body for the purpose of my learning. With that in mind I became more involved and learnt to embrace our tūpāpaku rather than shy away, for the benefit of my knowledge, and in order to become the best doctor I can possibly become.

Aside from the workload and content heavy programme at times, being a medical student does have an upside. Playing for the med-school rugby and basketball teams, competing in the highly competitive inter-faculty competition, provides a welcome break from study whilst keeping my passion for sports kicking.

Moreover, I enjoy mentoring aspiring Māori medical students at the university, helping to smooth the transition from high school life into the seemingly impossible and stressful task of gaining entry into medicine, especially for those students from small towns, which I can relate to.

I don't attest to enjoy learning anatomy and physiology principles, but do enjoy the communication skills side of medical school. I think effective communication with patients and team members is an important aspect of medicine, and for Māori and Indigenous people alike comes as second nature, stemming from principles such as respecting kaumātua (elders).

Does being involved in the LIME Network help in your studies?

Being involved with the LIME network is an opportunity to be a part of something 'bigger' in a sense; being involved with a network committed to improving

Indigenous health...Partnerships and connections between Te ORA Māori Medical Practitioners Association of Aotearoa/New Zealand and Australian Indigenous Doctors' Association medical students and graduates is another beneficial aspect of LIME.

What is one of your highlights of being involved in medical education and the LIME network?

A definite highlight was attending the 2011 LIME Connection and being around like-minded students and staff who have the same passion for Indigenous health. I thoroughly enjoyed the sessions on recruitment and retention throughout the week and participating in group discussions at the end of every session, speaking as a student who has been subject to such initiatives.

I made lifelong friendships and networks which will prove invaluable. I am looking forward to the next LIME Connection and being

surrounded by Indigenous health students and staff from all over.

Do you have any advice for (particularly Indigenous) people thinking about becoming medical students?

The words of prominent Māori leader Sir Apirana Ngata are inspirational and can be applied to Indigenous people all over who are thinking of undertaking a medical programme.

E tipu, e rea, mō ngā rā o tō ao; ko to ringaringa ki ngā rākau a te Pākehā hei oranga mō tō tinana; ko tō ngākau ki ngā taonga o ō tipuna hei tikitiki mō tō māhunga. Ko tō wairua ki tō Atua, nāna nei ngā mea katoa.

Grow tender shoot for the days of your world. Turn your hand to the tools of the Pākehā (European) for the wellbeing of your body. Turn your heart to the treasures of your ancestors as a crown for your head. Give your soul unto God the author of all things.

Vale Mr Peter

The LIME Network is deeply saddened by the recent passing of Ngangkari traditional healer and Elder, Mr Peter. Mr Peter's wisdom and humour were witnessed by all those who met him at the recent LIME Connection in Auckland, where he contributed significantly to the event through presentations and informal discussions with many delegates. Mr Peter generously and warmly shared his teachings with LIME Network members at both the most recent conference in Auckland, and in

Melbourne in 2009, and we are grateful to have had the chance to work with and learn from him.

Vale Professor Allan Carmichael

The LIME Network would like to send our deepest sympathy to the colleagues, friends, and family of Professor Allan Carmichael, who sadly passed away on the 28 January 2012 after a short illness. Allan had a distinguished career with appointments such as the Dean of the Faculty of Health Science, Head of the School of

Medicine at the University of Tasmania, and President of Medical Deans Australia and New Zealand.

The LIME Network worked closely with Allan, particularly during the development and implementation of LIME Connection III in 2009, which was co-hosted by the University of Tasmania, and we fondly remember his contribution to the event. Allan will be remembered for his contribution as an academic, clinician, policy maker and academic leader.
- Shaun Ewen and Gregory Phillips on behalf of the LIME Network

CONFERENCES AND EVENTS

The Close the Gap Campaign

National (Australia), 22 March

The Close the Gap campaign, formed by over 40 peak Indigenous organisations, is now in its fifth year. Aboriginal and Torres Strait Islander people still die 10-17 years younger than other Australians, but by working together we can Close the Gap within a generation. This year, National Close the Gap Day is on Thursday 22nd March. To host an event register online with Oxfam.

Health Professionals Teaching and Learning Conference

Alice Springs, Northern Territory, 30-31 March

The Health Professionals Teaching and Learning Conference recognises the importance of dynamic, well trained health professionals and in particular the benefits of learning within inter-professional teams. The conference features *Performance and Professionalism in Health Education* as its main theme and will include a keynote presentation from Associate Professor Ngiare Brown.

National Conference on Continuous Quality Improvement in Aboriginal and Torres Strait Islander Primary Health Care

Alice Springs, Northern Territory, 14-15 May

The Lowitja Institute 2012 National Conference on Continuous Quality Improvement (CQI) in Aboriginal and Torres Strait Islander Primary Health Care: *CQI for everyday and everybody*, will be held at the Alice Springs Convention Centre.

The Aboriginal Health Conference 2012: Everyone's Responsibility

Melbourne, Victoria, 24-25 May

This conference aims to inform and inspire delegates through defining the context of Aboriginal health in Victoria; outlining the priority areas and enablers for better health outcomes; demonstrating the value of investment in Aboriginal health; work-shopping ways to close the health gap; sharing the experience of innovative and excellent work happening in Victoria; and learning how better health outcomes are being achieved for Aboriginal people.

National Indigenous Drug and Alcohol Committee (NIDAC) Conference

Freemantle, Western Australia, 6-8 June

As the leading voice in Indigenous drug and alcohol policy advice, NIDAC is proud to host Australia's second National Drug and Alcohol Conference. NIDAC 2012 aims to highlight how the sector is able to lead the way to action in addressing the harmful effects of alcohol and other drugs and the associated harms among Indigenous Australians.

Australian and New Zealand Association for Health Professional Educators Conference 2012

Rotorua, Aotearoa/New Zealand, 26-29 June

The Australian and New Zealand Association for Health Professional Educators (ANZAHPE) 2012 Conference, to be held in Rotorua

is a particularly significant milestone for the organisation, as it will be its 40th Annual Conference and is being hosted by both the University of Otago and the University of Auckland. Keynote Speakers include:

Lambert Schuwirth – Flinders University and Maastricht University, The Netherlands; Richard L. Cruess – McGill University, Canada and Mary Chiarella – University of Sydney.

International Indigenous Development Research Conference 2012

Auckland, Aotearoa/ New Zealand, 27-30 June

In 2012, the International Indigenous Development Research conference will again be all encompassing and multi-disciplinary, welcoming Indigenous scholars from many different research fields and many nations to come together and share knowledge, develop ideas and create innovative approaches to research.

The Pacific Region Indigenous Doctors' Congress (PRIDoC)

Alice Springs, Northern Territory, 3-7 October

The Australian Indigenous Doctors' Association (AIDA) is proud to host the 6th Pacific Region Indigenous Doctors' Congress. Calls for Abstracts are now open. The closing date for Abstracts is 31 March 2012.

PUBLICATIONS AND RESOURCES

Following are some recent publications and resources of interest.
For more publications visit the [LIME Network Resources Database](#).

**Exposing the Hidden Curriculum
Influencing Medical Education
on the Health of Indigenous
People in Australia and New
Zealand: The Role of the Critical
Reflection Tool**

Ewen, S., Mazel, O., & Knoche, D., 2012, *Academic Medicine*, vol.87, iss.2, pp.200-205

LIME Good Practice Case Studies

Leaders in Indigenous Medical Education Network, 2012, *Onemda VicHealth Koori Health Unit, The University of Melbourne*

**Time to Close the (Data) Gap on
Indigenous Disadvantage**

Russell, L., 2011, *Australian Policy Online*

**Legally Invisible - How Australian
Laws Impede Stewardship and
Governance for Aboriginal and
Torres Strait Islander Health**

Howse, G., 2011, *The Lowitja Institute*

**Overview of Australian
Indigenous Health Status, 2011**

Thomson, N., et al., 2012, *HealthInfoNet*

**Australian Indigenous
HealthBulletin**

January 2012, *HealthInfoNet*

**Indigenous Health – A Role for
Private General Practice**

Johanson, R.P. & Hill, P., 2011, *Australian Family Physician*, vol.40, iss.1-2, pp.16-19

**Aboriginal Health in Victoria -
Research Summary**

VicHealth, 2011, *Aboriginal Health in Victoria - Research Summary*

**Are Medical Student Results
Affected by Allocation to Different
Sites in a Dispersed Rural
Medical School?**

Sen Gupta, T.K., Hays, R.B., Kelly, G. & Buettner, P.G., 2011, *Rural and Remote Health*, vol.11 [online]

**Addressing Inequalities in
Access to Primary Care: Lessons
for the Training of Health Care
Professionals from a Regional
Medical School**

Larkins, S., Gupta, T.S., Evans, R., Murray, R., & Preston R., 2011, *Australian Journal of Primary Health*, vol.17, iss.4, pp.362-8

Wangka Pulka - 5th Edition

December 2011, *The Lowitja Institute*

**Aboriginal and Torres Strait
Islander Peoples Training for
Health-related Disciplines**

Australian Institute of Health & Welfare, 2011, *Aboriginal and Torres Strait Islander Health Performance Framework - 2008 Report*, vol.3.18, p.500

**Cultural Barriers to Health Care
for Aboriginal and Torres Strait
Islanders in Mount Isa**

McBain-Rigg, K. & Veitch, C., 2011, *Australian Journal of Rural Health*, vol.19, iss.2, pp.70-74

NEWS

SA's Top Aboriginal Students

In South Australia in 2011, 145 Aboriginal students who started Year 12 went on to complete their certificates - out of 172 - which is an 84 per cent completion rate and a rise of 5.8 per cent on 2010. 83 of these students gained a tertiary entrance score, more than any other time in the past six years. One of the most successful students was Ellie May Moore. Ellie now hopes to study medicine.

NSW Indigenous Nurse Training

The first Indigenous nurses from a new New South Wales State Government initiative have recently graduated. The initiative is part of a framework aimed at building the representation of Aboriginal staff to 2.6 per cent of the workforce. The nurse training has been rolled out with help from two local health districts and Yarn'n, the Aboriginal Employment Services.

HealthInfoNet Wins Internet Award

The Australian Indigenous HealthInfoNet was the winner of the Diversity category at the 2011 Australia New Zealand Internet awards. HealthInfoNet Director Neil Thomson was delighted with the acknowledgment. 'For 14 years we have been providing the evidence base to inform decision-making for those working or studying in Indigenous health, by making high quality relevant information about Australian Indigenous health freely accessible via the Internet.'

BACKGROUND

The Leaders in Indigenous Medical Education (LIME) Network Project 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. We seek to do this through establishing a continuing national presence that encourages and supports collaboration within and between medical schools and colleges in Australia and New Zealand and by building linkages with the community and other health science sectors.

The LIME Network consists of a range of participants from key medical education and Indigenous health groups. The LIME Network Project has a [Steering Committee](#) which sets strategic and policy directions and a [Reference Group](#) which provides advice and support in implementing project initiatives. Members of the Steering Committee are drawn from a number of key stakeholder organisations and the Reference

Group is made up of members from each medical school in Australia and New Zealand.

For a list of committee members and organisations please see our [Organisation Chart](#).

The LIME Network Project is a [Medical Deans Australia and New Zealand Project](#) hosted by the [Onemda VicHealth Koori Health Unit](#) within the Melbourne School of Population Health at the University of Melbourne. It was developed as a stand alone project in 2008 and stemmed from the [Indigenous Health Project](#) which began in 2002.

Prior to the development of the LIME Network Project, major outcomes of the Indigenous Health Project included the [Indigenous Health Curriculum Framework](#) and the [Critical Reflection Tool \(CRT\)](#), which remain important resources for the current Project. The Framework was developed as a flexible guideline that could be used to contribute to the meaningful learning experiences

of students and staff around Indigenous health, and the CRT is an internal quality review process aimed at supporting medical schools to continue to provide quality Indigenous health curriculum and Indigenous student support initiatives.

Other outcomes of the project included the endorsement of the Indigenous Health Curriculum Framework by all Deans of Medicine and its inclusion as part of the accreditation guidelines of the [Australian Medical Council \(AMC\)](#); and the facilitation of Australian Indigenous Doctors' Association (AIDA) / Medical Deans Agreement for Collaboration, through which AIDA completed an audit of medical schools to assess their Indigenous medical recruitment and retention approaches. Importantly, a preliminary network of Indigenous and non-Indigenous medical educators was established to lead and encourage curriculum implementation – this became the LIME Network.

CONTACT DETAILS

If you would like more information regarding LIME Network activities, would like to become a member, or have something you would like to contribute to the next newsletter, please visit our website: www.limenetwork.net.au, email us at lime-network@unimelb.edu.au or give us a call at T: +61 3 8344 9160.



THE LIMENETWORK
 Leaders in Indigenous Medical Education



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