



THE LIMENETWORK

Leaders in Indigenous Medical Education

LIME CONNECTION IV

Medical Education for Indigenous Health: Building the Evidence Base

29 November – 1 December 2011
Auckland, Aotearoa/New Zealand

POST-CONFERENCE REPORT

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POST-CONFERENCE REPORT

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All photographs in this document were taken by Juan Asher, Nurain Janah, and Farah Saad, members of the Auckland University Photographic Society.



EVENT SUMMARY

Event Name: Leaders in Indigenous Medical Education (LIME) Connection IV

Theme: Medical Education for Indigenous Health: Building the Evidence Base

Date: 29 November – 1 December 2011

Conference Organisers: LIME Network Project Team, The University of Melbourne

Auspice Organisations:

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

Venues:

- Day 1 - 29 November - Waipapa Marae, The University of Auckland, Aotearoa/New Zealand
- Day 2 and 3 – 30 November, 1 December - Rydges Hotel, Auckland, Aotearoa/New Zealand

Number of Delegates: 210 Delegates attended the conference.

LIME Connection is an outcome of the Leaders in Indigenous Medical Education (LIME) Network, 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, funded by the Australian Government Department of Health and Ageing.

How could we keep going without the injection of sustaining thoughtfulness, networks, humour, passion & support that LIME provides for us? Delegate evaluation, 2011.



Delegates attend Day 1 at Waipapa Marae



Delegates attend the LIME Connection IV Dinner

OVERVIEW

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

Keynote speakers included experts in Indigenous health and medical education from Australia, Aotearoa and Hawai'i. 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, the United States, Canada and Vietnam.

PURPOSE

This year's Connection focused on **Medical Education for Indigenous Health: Building the Evidence Base**. The Connection contributed to building the evidence base regarding the relationship between medical education and Indigenous health through:

- addressing leading approaches to the inclusion of Indigenous health into medical education
- providing an opportunity to discuss and critique current practices
- providing a space to explore emerging tools and techniques to drive improvement in outcomes for Indigenous health
- encouraging information sharing, professional development, capacity-building and networking amongst peers
- supporting collaboration between medical schools
- building linkages with those from other health disciplines
- showcasing the growing body of evidence illustrating the relationship between medical education and Indigenous health with a view to publication of this evidence

Day 1 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, challenges and successes when working in the field of Indigenous medical education.

The conference also 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.

The conference attracted 210 delegate registrations, an increase on the 190 delegates in attendance at LIME Connection III in 2009. This year the Connection was held for the first time outside Australia, thus this increase in registration numbers occurred despite the distance many Australian delegates were required to travel to attend (the majority of LIME members, and 66% of delegates, are based in Australia).

Representatives from each Medical School across Australia and Aotearoa were present at the conference, with approximately 49% of 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.

EVALUATION OF LIME CONNECTION IV

General Comments about LIME Connection IV:

Overall the best conference I have been to.

The best conference I have attended...and I have been to many. 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 standout. I'm very encouraged and inspired by the Leaders in Indigenous Medical Education that we currently have and therefore for the future of Indigenous health. Thank you for a wonderful conference!

Fantastic event, so glad that I applied for it, thank you so much. Looking forward to future events.

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.

I learnt so much that I can take back and build on. Thank you.

Contributors for the panel [and] keynotes...demonstrated real engagement and energy.

It was fantastic! I found the whole experience so inspirational.

The cohesiveness of the organisers and the shared experiences were excellent.

This has been a great experience for me and I have gained so much from being able to attend this conference. Networking with other medical students - especially the Aboriginal and Torres Strait Islanders was one of the highlights of this conference... Listening to the similarities between the Indigenous cultures that attended this conference has been heart warming.

The strength and resilience of my fellow Indigenous peoples; very inspiring.

Excellent conference, I loved it and meeting so many people...heading in the same direction.

A great conference; I found the program to be much improved on Lime III, with more relevant and interesting topics and speakers. The venue was great, as was the food and cultural immersion. I really couldn't fault it.

Brilliant, enjoyable, moving and meaningful conference, which I will always remember.

The conference organisers did a superb job. It was one of the most enjoyable, as well as informative and inspiring conferences I've ever attended. Thank you.

The conference was fabulous! Restorative, re-energising, stimulating, warm... The hosting and administrative aspects were superb... I so enjoyed being with excellent practitioners committed to Indigenous development and prepared to share their ideas, learning and plans for the future.

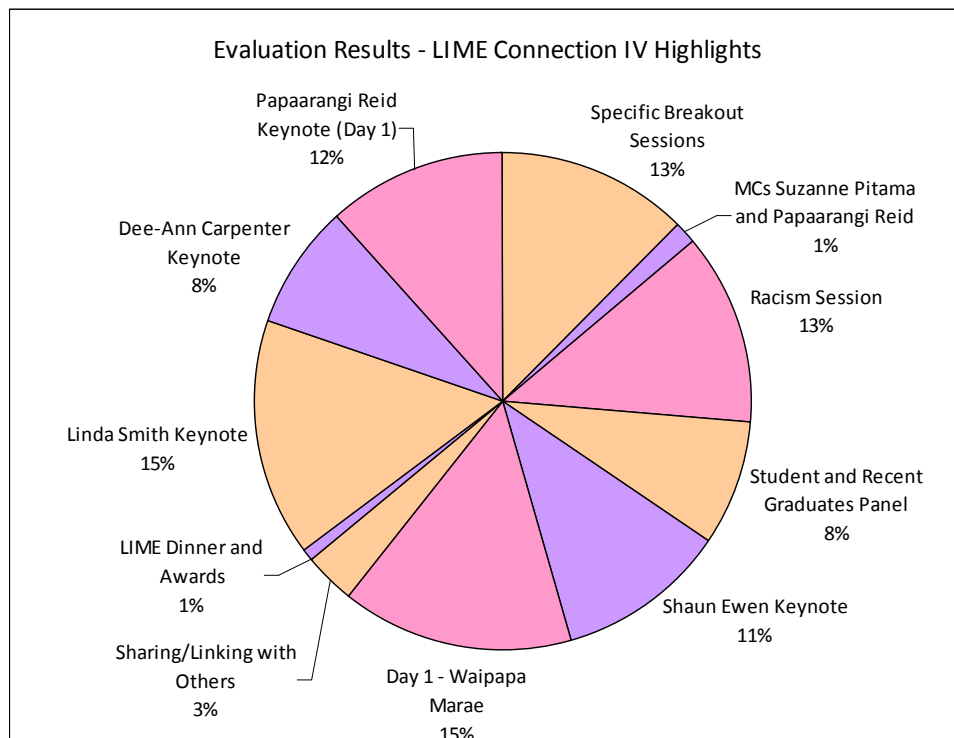
Brilliant program from start to finish.

The gift of love, support, similar strategies, has been inspiring and given me the courage and strength to carry on. Thank you!

Highlights of LIME Connection IV:

Evaluation results show that overall, conference highlights for many people were the Keynote Presentations, student involvement in the event, Day 1 at Waipapa Marae and the Racism session.

If I had to pick three of the best it was: having Day One at the Marae, experiencing the language; the good natured bantering between the north and south island was an excellent way in which to set the scene, and demonstrate...the essential embedding of culture in order to improve health outcomes. The quick stand in by Papaarangi on 're-presentation' gave me strategies to implement back here at work and will change a lot of the way I do things. Shaun Ewen's presentation of his Thesis...was outstanding! It gives me hope for the future. Delegate evaluation, 2011.



Reasons for Attending:

The majority of evaluation respondents indicated that they attended the event in order to learn about activities and projects within the Indigenous Health and Medical Education sectors, and/or to network with others working in the Indigenous Health and Medical Education sectors.

Comments on the reasons for attending LIME Connection IV included:

To meet old friends, make some new friends and hopefully, to learn something new.

To feel more connected with other Indigenous students and doctors in Australia.

To be inspired!

To hear about what is working, and why, in Māori health.

[To] be a continuing part of the solutions we seek in... growing our...Aboriginal and Torres Strait Islander work force.

Please see **Attachment 1: LIME Connection IV Evaluation Results** for all evaluation data and comments.

CONFERENCE ORGANISING COMMITTEES

The LIME Connection IV Committee Members:

- | | |
|-----------------------------|---|
| • Ms Margo Collins | Leaders in Indigenous Medical Education Network Project |
| • Dr Sue Crengle | Te Ohu Rata o Aotearoa (Te ORA) |
| • Dr Shaun Ewen | The University of Melbourne |
| • Ms Tania Huria | University of Otago |
| • Prof. Lisa Jackson Pulver | The University of New South Wales |
| • Prof. Alison Jones | Medical Deans Australia and New Zealand Indigenous Health
Sub-Committee / University of Wollongong |
| • Dr Marlene Kong | Australian Indigenous Doctors' Association (AIDA) |
| • Dr Jane Macleod | Griffith University |
| • Ms Odette Mazel | Leaders in Indigenous Medical Education Network Project |
| • Ms Erin Nicholls | Leaders in Indigenous Medical Education Network Project |
| • Dr David Paul | The University of Western Australia |
| • Ms Suzanne Pitama | University of Otago |
| • A/Prof. Papaarangi Reid | The University of Auckland |
| • Ms Caitlin Ryan | Leaders in Indigenous Medical Education Network Project |

The LIME Abstract Committee:

- | | |
|---------------------------|---|
| • Dr Shaun Ewen | The University of Melbourne |
| • Dr Jane Macleod | Griffith University |
| • Dr David Paul | The University of Western Australia |
| • Ms Suzanne Pitama | University of Otago |
| • A/Prof. Papaarangi Reid | The University of Auckland |
| • Dr Ray Warner | Australian Indigenous Doctors' Association (AIDA) |

The LIMELight Awards Committee:

- | | |
|-----------------------------|---|
| • A/Prof. Ngiare Brown | Australian Indigenous Doctors' Association (AIDA) |
| • Prof. Michael Hensley | Former Dean, The University of Newcastle |
| • Dr David Jansen | Te Ohu Rata o Aotearoa (Te ORA) |
| • Prof. Lisa Jackson Pulver | The University of New South Wales |
| • Dr Jane Macleod | Griffith University |

LIME CONNECTION IV SPONSORS

LIME Connection IV received support from a number of organisations including:

Auspice Organisations:

Medical Deans Australia and New Zealand

Australian Indigenous Doctors' Association (AIDA)

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

Host Universities:

University of Otago

The University of Auckland

Major Sponsors:

The Australian Government Department of Health and Ageing (The LIME Network funding body)

Health Workforce Australia

The Lowitja Institute

Sponsors:

Australian Medical Council Limited

Government of Western Australia Department of Health – Office of Aboriginal Health

Māori Health – New Zealand Ministry of Health Manatū Hauora

Pen and Notepad Sponsors:

Australian Indigenous Doctors' Association (AIDA)

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



CONFERENCE THEMES

Themes of LIME Connection IV were highlighted via the following presentations streams:

- Teaching and Learning
 - Practice Models
 - Pedagogies
 - Online Tools
 - Assessment
 - Case Studies
- Recruitment:
 - Secondary Schools
 - Foundation Programs
- Retention
- Systems and Inter-Professional Education
- Racism
- Responsibility, Reform and Strategies for Success
- Partnerships and Community
- Students and Recent Graduates
- Self-Determination in Medical Education
- Non-Indigenous Engagement in a Self-Determined Environment

CONFERENCE OUTCOMES

LIME Connection IV outcomes include:

1. Inter-sectoral networking of colleagues in Indigenous medical education
2. Knowledge exchange of best practice in Indigenous medical education
3. Synergistic development of new teaching pedagogies in Indigenous medical education
4. Development of collaborative research projects, including supporting international partnerships
5. A view to future publication of Indigenous medical education journal papers resulting from presentations at LIME Connection
6. Capacity development opportunities for students, community, clinicians and academics involved in the discipline
7. Strengthening of institutional collaboration
8. Building the Indigenous academic health workforce

I felt this was life changing for my work in the community. It opened up the square I felt I was comfortable in & I realised that I needed a bigger foundation to look at other aspects that I could be helping with. Delegate evaluation, 2011.

DELEGATE REGISTRATIONS

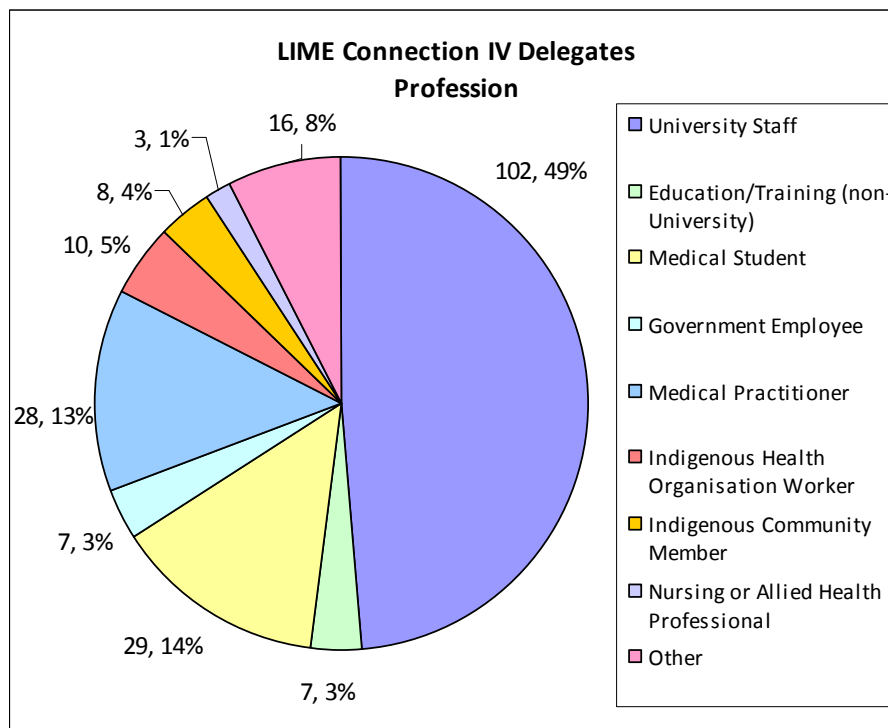
210 people registered for this year's conference. This included:

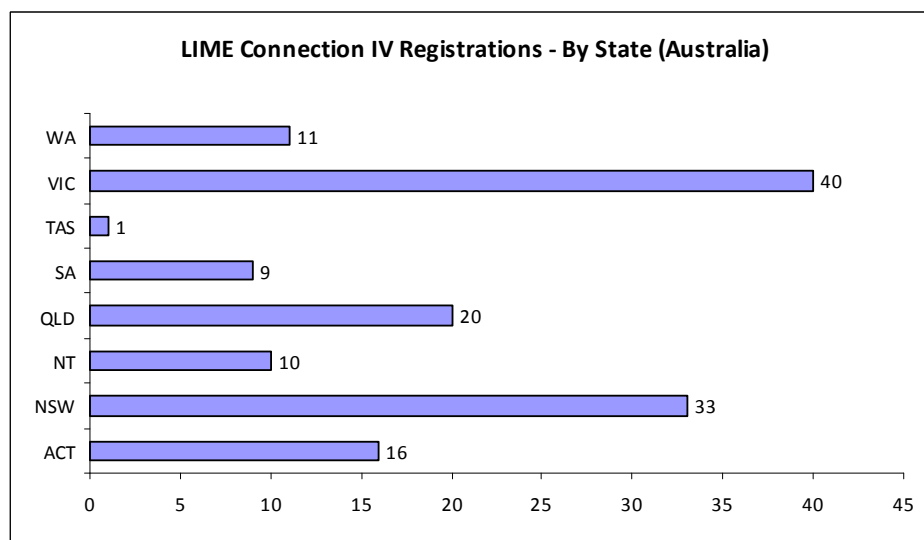
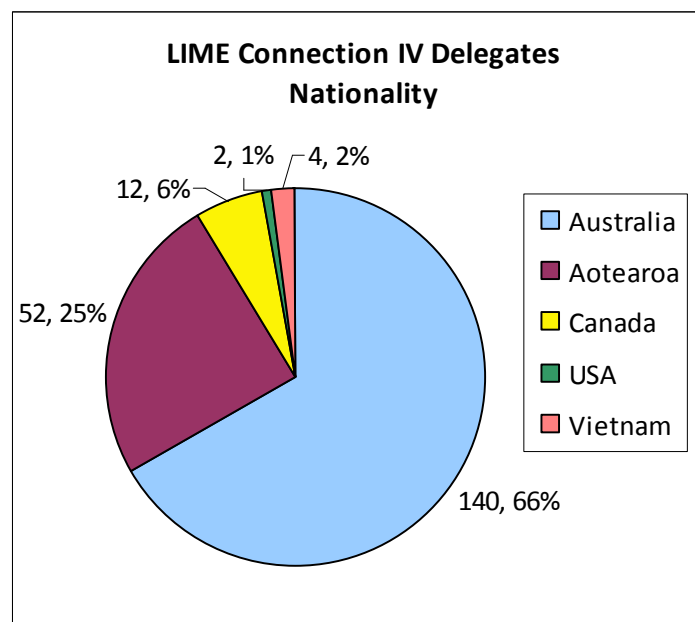
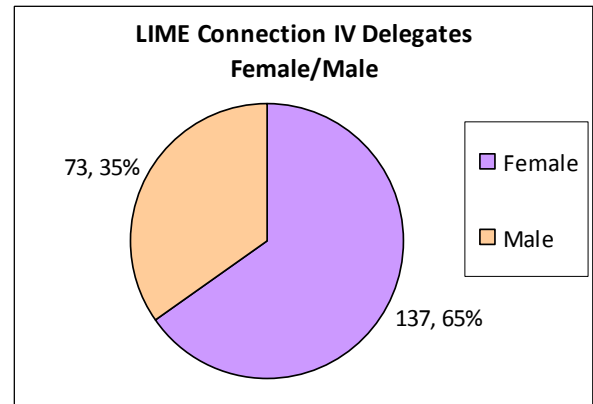
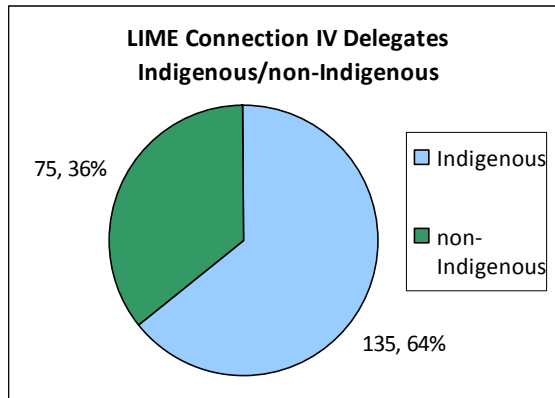
- 143 Paying Delegates
- 67 Complimentary Delegates (including sponsors, honorary guests, keynote speakers, bursary recipients and staff)
- An additional 12 delegates cancelled their registration; 7 were bursary or sponsor registrations (complimentary), 5 sent a replacement representative or did not require a refund, and 1 refund was granted.

Registration Breakdown

Paid Registration Fees	
Early Bird Registration	23
Speaker Registration	70
Standard Full Registration	38
Student Registration	8
2 Day Registration	4
Complimentary Registration Fees	
Complimentary Student Bursary Registration	21
Complimentary Community Bursary Registration	11
Complimentary Full Registration (Keynote Speakers, Honorary Guests)	22
Complimentary Full Registration (Sponsors)	6
Complimentary Full Registration (Staff)	7
Cancelled Registrations (including 1 refund)	12

Registrations by Profession





ABSTRACT PROCESS

In February 2011 a call for abstracts, which highlighted Indigenous medical education and health initiatives, was made for submissions to LIME Connection IV. The Connection Committee invited medical researchers and educators, masters and PhD students, Indigenous health and community workers, and medical students with an interest in Indigenous health to submit abstracts for the conference.

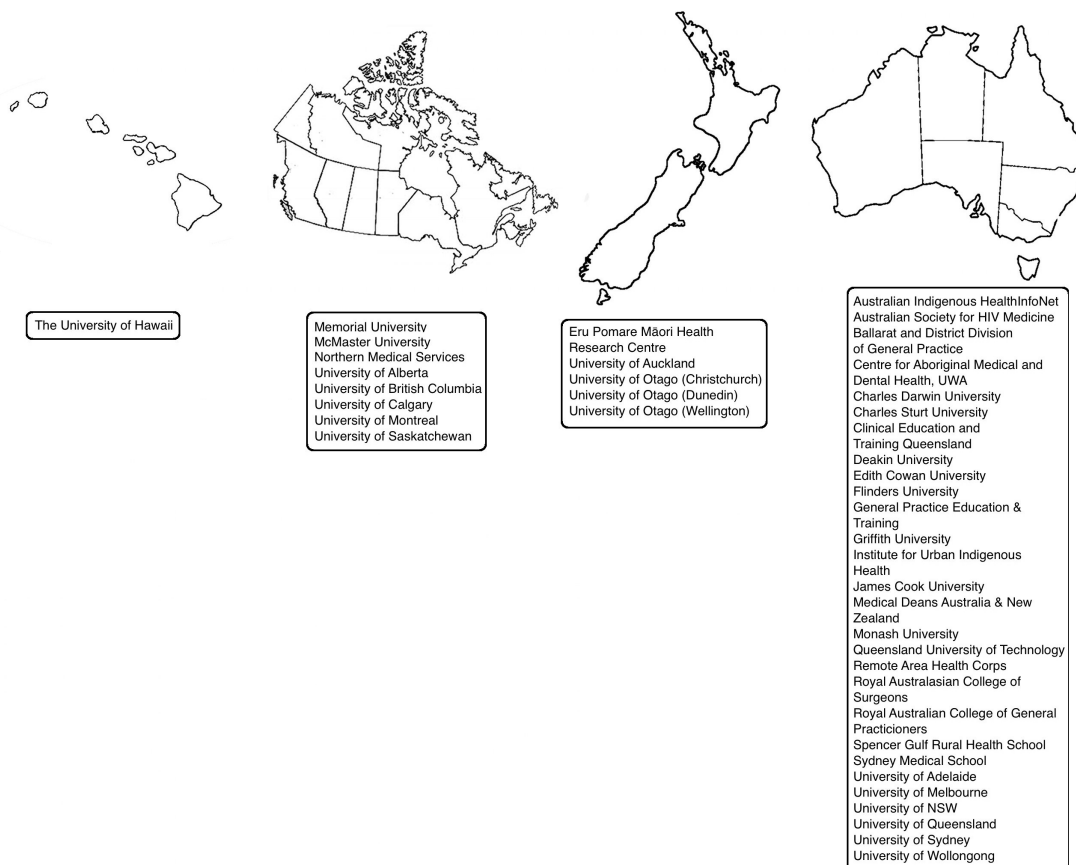
Project case studies, research and discussion papers that provided an opportunity for participants to discuss and share the unique challenges and opportunities faced in the teaching and learning of Indigenous health in medical education were considered under broad topics including (but not limited to):

- Recruitment, retention and support of Indigenous students in medical programs
- Teaching and learning - curriculum design and implementation, assessment and evaluation
- Partnerships, placements and community engagement
- Clinical and vocation training
- Cultural competency and safety

LIME staff, in collaboration with web technicians, developed an online submission form for paper and poster presentations. The closing date for submissions was 27 May 2011. The Abstract Committee convened in mid-June to discuss and review over 80 submitted paper and poster abstracts. Following this meeting, the program for the conference was created.

Abstracts were received from a range of locations:

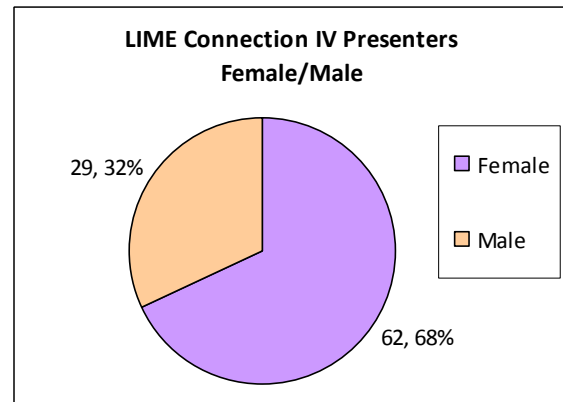
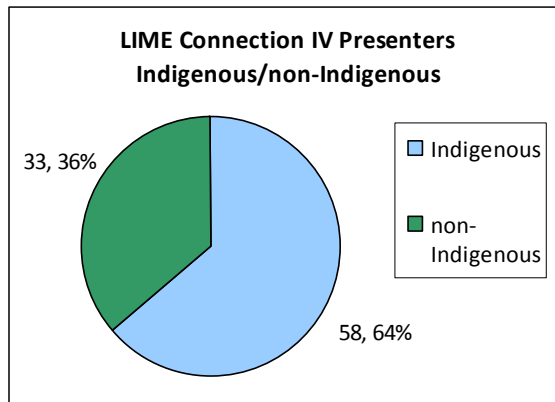
LIMECONNECTIONIV Where did our abstract submissions come from?



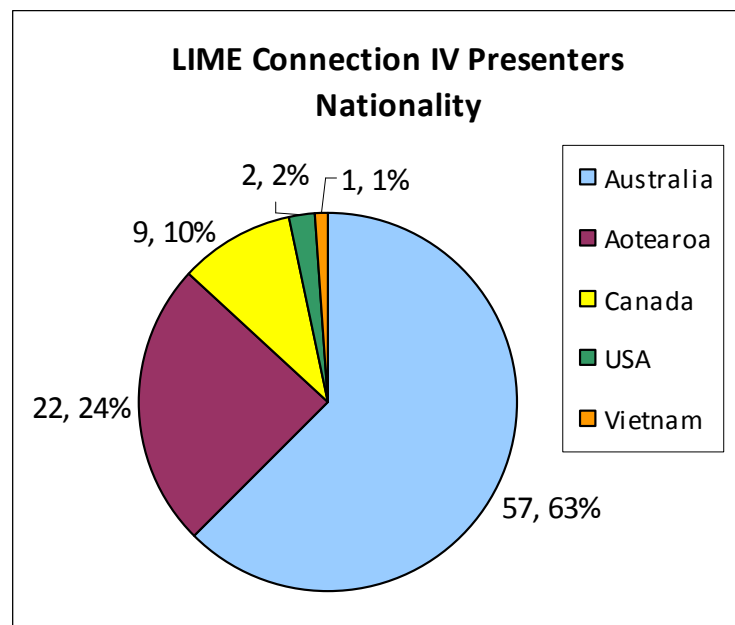
SPEAKERS PROGRAM

The program was well constructed and so interesting. I wanted to go to all the streams! **Delegate evaluation, 2011.**

The conference program included 91 presenters (including poster presenters). Of these presenters, 64% were Indigenous. Females accounted for 62% of presenters, a figure which is in line with the overall male/female ratio of LIME Network members, and almost identical to the male/female ratio of all LIME Connection delegates (see page 10 for further details of overall delegate numbers).



Of the 91 presenters, 63% came from Australia and 24% from Aotearoa. Again, this ratio is almost identical to that of the overall delegate numbers at LIME Connection – 66% from Australia and 25% from Aotearoa (see page 10 for further details).



Up to three concurrent sessions were held on the following topics:

- Self-Determination in Medical Education
- Walking Alongside: Non-Indigenous Engagement in a Self-Determined Environment
- Recruitment: Secondary Schools
- Recruitment: Foundation Programs
- Retention
- Teaching and Learning: Pedagogies
- Teaching and Learning: Online Tools
- Teaching and Learning: Practice Models
- Teaching and Learning: Assessment
- Teaching and Learning: Case Studies
- Systems and Inter-Professional Education
- Racism
- Indigenous Medical Education: Responsibility, Reform and Strategies for Success
- Partnerships and Community
- Students and Recent Graduates

Keynote speakers included:

- **Linda Smith (Aotearoa):** Creating Better Outcomes through More Informed Practices - The Role of Indigenous Knowledge Within Curriculum
- **Dee-Ann Carpenter (Hawai'i):** So You Think You Know Your Patient? Talking Story and Kuleana
- **Shaun Ewen (Australia):** Flexner, Foucault and the whānau

Other invited speakers included:

- **Moana Jackson** – Moana was unable to attend and this plenary session was replaced with a presentation by **Papaarangi Reid** – The University of Auckland
- **Toby Baker and Rupert Peter - Ngangkari Traditional Healers (Australia)** - NPY Women's Council Ngangkari Project
- Indigenous Medical Education: Responsibility, Reform and Strategies for Success - Plenary Panel; **Alison Jones** – Medical Deans Australia and New Zealand; **Peter Crampton** – University of Otago; **Pat Maher** – Health Workforce Australia
- Students and Recent Graduates - Plenary Panel; **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)

The Conference provided an opportunity for those engaged in Indigenous health teaching and learning as well as Indigenous student recruitment and retention to present on and share the range of projects that are being undertaken. The **LIME Connection Program** and **LIME Connection Timetable** contain further information, and are available on the LIME Network website: <http://limenetwork.net.au/content/program-2011>.

The following is a selection of delegate quotes from the event evaluation, regarding the program:

Well organised, interesting & informative topics, great keynote speakers.

This conference was extremely well organised - it was such an enriching experience with so many well informed discussions/talks/presentations.

Superb speakers & presentations: one of the best conferences I have attended.

One of the few conferences recently where I have wanted to split myself 2 or 3 ways to attend all sessions.

The rhythm & feel of the meeting was outstanding, resulting in a balanced, effective & interesting program.

Keynote speakers were all excellent & balanced the smaller group sessions.

POSTER PRESENTATIONS

Poster presentations were displayed in the Foyer on Level 1 of the conference venue for the duration of Days 2 and 3. Posters included:

- Growing the Indigenous Medical Workforce - the Recruitment and Retention of Indigenous Medical Students
- Using Medical Education to Combat Inequity: Preliminary Results from the Educating for Equity Aboriginal Health Project in Canada
- A Clinically and Culturally Competent GP Workforce: The Role of Cultural Educators and Cultural Mentors in Registrar Training
- The Rowan Nicks Russell Drysdale Fellowship
- Developing and Implementing Viral Hepatitis Training for Clinical Care Teams with Aboriginal Clients
- Sharing the Knowledge and Action: Developing Indigenous Health Education Curricula in Viet Nam
- LIFE: A Cultural Adaptation of the Stanford Chronic Disease Self-Management Program (CDSMP) for Aboriginal People in Australia
- Survive and Thrive the System: Preparing Indigenous Medical Students
- Evolving Curriculum Framework for Indigenous Health within the Post Graduate Medical Curriculum of Flinders NT (a campus of Flinders University) in the Northern Territory

Please see the **LIME Connection Timetable** and **LIME Connection Program** for further details. These documents are available on the LIME Network website: <http://limenetwork.net.au/content/program-2011>.

STUDENT INVOLVEMENT

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.
Delegate evaluation, 2011.

In order to encourage the student voice at LIME Connection IV, students were supported to attend through the provision of bursaries, and encouraged to present in the program. Those who presented are as follows:

Student-Led Experiential Learning Opportunity Towards Cultural Competency

- **Daniel Irvine** - University of Saskatchewan

What Socially Accountable Medical Education Means for Indigenous Students and Communities

- **Tristan Cox (with Simone Ross)** - James Cook University, Townsville

Students and Recent Graduates Panel

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

14% of delegates (n=39) were students, including those who received bursaries. An additional 5 students who were offered bursaries had to cancel their registration due to exam commitments or illness.

DAY 1 (FORMERLY PRE-CONNECTION CAUCUS)

The brilliant warmth... in language and singing, hospitality and especially the honour of being invited to Waipapa Marae will remain a highlight for many years to come. Delegate evaluation, 2011.

[Day 1] was important for starting the conference and having it in the marae provided the best context for multi dimensional learning. I hope future conferences are able to maintain this aspect - of meeting in Indigenous controlled space. Delegate evaluation, 2011.

Purpose

The pre-Connection caucus was first introduced at LIME Connection III in 2009. At this time, it was a caucus for Indigenous delegates only, and aimed to provide an opportunity for Indigenous delegates to share the experiences, challenges and successes of working in the field of medical education, in a safe Indigenous space.

Due to the success of the day at LIME Connection III, the caucus was hosted on Day 1 of LIME Connection IV as part of the main program, and invited **all delegates, both Indigenous and non-Indigenous**, to undertake broad discussion around their experiences, challenges and successes when working in the field of medical education.

Day 1 was designed to:

- provide a safe forum in which practitioners, medical educators, students and community members could share the experiences, challenges and successes of working in the field of Indigenous medical education and strategies for the future
- create a space to openly discuss Indigenous student support, working in cross-cultural environments and Indigenous leadership capacity
- recognise and support the primacy of Indigenous leadership and knowledge
- increase understanding of the strengths and challenges of working in a cross-cultural context
- provide a space for cultural knowledge exchange and cultural experience for all delegates

Day 1 was held at Waipapa Marae, The University of Auckland, and included plenary sessions as well as breakout sessions of separate Indigenous and non-Indigenous streams.

At the LIME Connection IV pōwhiri (welcome), staff from The University of Auckland acted as hosts (tangata whenua) and staff from the University of Otago led the visitors (manuhiri), including all delegates, onto the Marae. Protocols for going onto a Marae were available on the LIME Network website prior to the event. Visitors (including delegates) sang a number of waiata (songs) during the pōwhiri, which were also made available on the LIME Website in advance.

Delegates at Waipapa Marae



SOCIAL PROGRAM

The Formal Dinner & Awards [were] most inspiring. Delegate evaluation, 2011.

LIME Connection IV Dinner & LIMELight Awards

Venue: The Floating Pavilion, Auckland, Aotearoa

Wednesday 30 November 2011, 6:45pm - Midnight

The official LIME Conference Dinner was held at the Floating Pavilion on the Auckland waterfront. 233 delegates and invited guests attended what was a special evening, in which the 2011 LIMELight Award winners were announced. The MC for the evening was David Jansen [Te ORA], and Peter Joyce, Dean of Health Sciences at the University of Otago, Christchurch, presented the LIMELight Awards.

Entertainment was provided by Major Change Jazz Trio, led by Māori vocalist Campbell Rehu. Band members Campbell Rehu, Matt Nanai and David Kang are currently studying for their Bachelor of Music degrees at The University of Auckland. Auckland's DJ Raj provided post-dinner music on the upper level dance floor.

The in-house caterers at The Floating Pavilion designed a special Indigenous themed three course menu for the evening, and the LIME Connection Committee provided Māori language translations of each dish on the menu.

Post-Conference Function - Closing Drinks

Venue: Rydges Auckland Rooftop

Thursday 1 December, 4 -5pm

Delegates made their way to the rooftop area on Level 10 of Rydges Auckland following the final session of the conference, *Closing Comments and Ways Forward to LIME V*, for drinks and entertainment. The rooftop area at Rydges Auckland boasts excellent views across the city and harbour, and delegates enjoyed entertainment from Auckland Singer/Songwriter Campbell Rehu.

Photographers:

Photographers for the event were Juan Asher, Nurain Janah, and Farah Saad, members of the Auckland University Photographic Society.

The above social activities were included in the delegate registration fee.

Delegates attend the Closing Drinks



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

This award recognises an individual who has made a distinguished contribution to Indigenous Medical education.

David Paul, The University of Western Australia

Student Award

This award recognises a student who has been involved in leadership activities, e.g. encouraging Indigenous students to undertake medicine, supporting fellow-students in the university setting, participation in Indigenous medical education forums. This year the committee presented the award to two students, whose nominations were both outstanding.

Alicia Veasey, The University of Queensland

Ibrahim Soloman, The University of Auckland

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



LIMElight Awards Process

Submissions for the following awards could be made by nomination or application:

Leading innovation in curriculum implementation

Leading innovation in Indigenous student recruitment, support and graduation

Leading innovation in community engagement (this application also had to include a statement/letter of support from the community named, or involve the co-nomination of an involved community member).

The *LIMElight Leadership Award for outstanding leadership by an individual* and the *Student Award* applications had to be nominated, have a second nomination, be supported by Curriculum Vitae and include a submission on why the nominee was an outstanding leader.

Award recipients were selected using the following criteria:

1. How has the nominee contributed to Aboriginal & Torres Strait Islander or Māori Education?
2. What particular circumstances differentiate the winning nominee from others?
3. Demonstrated interest and experience in Aboriginal & Torres Strait Islander or Māori health
4. Commitment to improving Aboriginal & Torres Strait Islander or Māori health in the future
5. Why is the nominee an outstanding leader? (only applicable to Leadership and Student Awards)

In total 12 nominations were received by the closing date on 26 August 2011.

The LIMElight Awards were judged by a Selection Committee including:

- Ngiare Brown Australian Indigenous Doctors' Association (AIDA)
- Michael Hensley Former Dean, The University of Newcastle
- Lisa Jackson Pulver The University of New South Wales
- David Jansen Te Ohu Rata o Aotearoa (Te ORA)
- Jane Macleod Griffith University

Award winners received a trophy inscribed with their award category and name.

LIMElight Awards Flyer



STUDENT & COMMUNITY BURSARIES

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

Bursary places were offered to

- 25 Aboriginal, Torres Strait Islander and Māori medical students (in total) and
- 11 Aboriginal, Torres Strait Islander and Māori community members (in total).

The purpose of the bursaries was to:

1. support and encourage those with a demonstrated interest and experience with Aboriginal, Torres Strait Islander or 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 community and 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 from the community
5. strengthen active involvement of students and community with Medical Schools
6. encourage students to pursue a career in medical education through collegiality and inclusion

Sponsors

LIME Connection IV student and community bursaries were funded by the following Medical Schools across Australia and Aotearoa:

The University of Auckland, The Australian National University, Bond University, Deakin University, James Cook University, Monash University, Flinders University, The University of Melbourne, The University of Newcastle, The University of Notre Dame, *Onemda* – VicHealth Koori Health Unit, The University of Queensland, The University of Sydney, University of Tasmania, University of Western Sydney, University of Wollongong.

The University of Western Australia elected to sponsor their own Indigenous medical students to attend the Connection.

Application Process

Applications for the 2011 LIME Indigenous Medical Student Bursaries were open to candidates:

- of Aboriginal and/or Torres Strait Islander descent, who identify as Aboriginal and/or Torres Strait Islander and are accepted as such by the Indigenous Australian community in which they live or have lived; or be of Māori descent and identify as Māori (have Whakapapa).
- who are a current student enrolled in Medical studies at an Australian or Aotearoa University;
- who are a student member or agree to register as a member of the Australian Indigenous Doctors' Association; or be a member or agree to register as a member of Te Oranga and Te ORA.

Applicants were asked to write a personal statement of up to one A4 page in support of their application. It was suggested that this include a description of:

- how the bursary would assist the student with their program of study, and their personal and/or professional development,

- the student's service to Aboriginal and Torres Strait Islander, or Māori, health,
- the student's future aspirations.

Student bursaries were awarded on the recommendation of a selection committee from AIDA and Te ORA, who took an active role in assessing the student applications from each country. Assessments were based on the following criteria:

- a demonstrated interest and experience with Aboriginal and Torres Strait Islander or Māori health,
- a commitment to improving Aboriginal and Torres Strait Islander or Māori health in the future,
- and those students who have submitted successful abstracts to present at LIME Connection IV were considered first for bursary places.

All of the medical students who applied for bursaries were successful. Allied health and other students were assessed as part of the Community Bursary category.

Applications for the 2011 LIME Indigenous Community Bursaries were open to candidates who are:

- of Aboriginal and/or Torres Strait Islander descent, who identify as Aboriginal and/or Torres Strait Islander and are accepted as such by the Indigenous Australian communities in which they live or have lived; or of Māori descent and identify as Māori (have Whakapapa).

Community bursaries were awarded to applicants on the recommendation of a selection committee and were based on the following criteria:

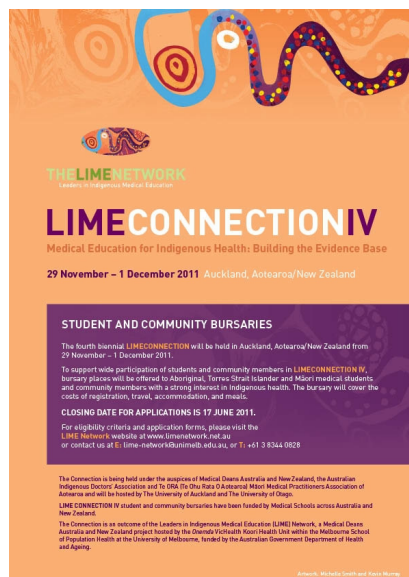
- the applicant is actively involved in working with Medical Schools and/or,
- has demonstrated interest and experience in Aboriginal and Torres Strait Islander or Māori health and/or,
- is committed to improving Aboriginal, Torres Strait Islander and Māori health in the future.

Applicants were asked to write a personal statement of up to one A4 page in support of their application, including a description of:

- how the bursary would assist them with personal and/or professional development,
- their service to Aboriginal and Torres Strait Islander and/or Māori health,
- their future aspirations.

The LIME Connection Committee assessed the Community applications.

Bursaries Flyer



Bursary Recipients

The bursary recipients were as follows:

Australian Students

- Andrew Sampson - The University of Newcastle
- Sheree Enderby - The University of Newcastle
- Sarah Goddard - The University of Newcastle
- Danielle Carter - James Cook University, Townsville
- Tatum Bond - James Cook University, Cairns
- Jacinta Power - James Cook University, Townsville
- Tristan Cox - James Cook University, Townsville
- Guy Dennis - The University of New South Wales
- Dasha Newington - The University of Sydney (unable to attend due to exams)
- Karen Taylor - Griffith University
- Hamish Fejo - The University of New South Wales
- Murray Haar - The University of New South Wales
- Ethan Johnson - University of Western Sydney
- Dana Slape - University of Western Sydney
- Luke Hamlin - The University of Queensland
- Zachary Jackson - The University of Queensland, Ipswich
- Annalyse Crane – Notre Dame University (unable to attend due to prior commitments)
- Ian Lee – Flinders University

Aotearoa Students

- Teriana Maheno - University of Otago, Dunedin (unable to attend due to illness)
- Mania Campbell-Seymour - The University of Auckland
- Carrie Bryers - The University of Auckland
- Ibrahim Soloman - The University of Auckland
- Molly Marie Anderson - The University of Auckland
- Emily Cole - The University of Auckland
- Marise Stuart - University of Otago, Dunedin

Australian Community

- Petah Atkinson - Shepparton, Victoria
- Chryne Griffiths - Sydney, New South Wales
- Ben Hunter - Taree, New South Wales
- Elizabeth McEntyre - Kurri Kurri, New South Wales
- Selena White - Melbourne, Victoria
- Veronica Robbins - Brisbane, Queensland
- Narelle Piertobelli - Albion Park, New South Wales

Aotearoa Community

- Taua Mahia Tainui - Akaroa, Aotearoa
- Taua Millie Tainui - Akaroa, Aotearoa
- Adele Tierney - Bay of Plenty, Aotearoa (unable to attend due to work commitments)
- Kim Toole - Sydney, New South Wales



Community Bursary Recipients

Bursary Evaluations

The LIME Connection IV Student and Community Bursaries were awarded on the condition recipients provide a post-conference report. In these reports recipients provided feedback on whether the Connection met their expectations, what they learnt, their key findings from the conference, the benefits of attending the conference, whether they established any partnerships and why this was important, and any other outcomes or recommendations. Below are some of the responses received from bursary recipients:

Did LIME Connection IV meet your expectations?

The whole event was very inspiring and being around indigenous people throughout 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.

Exceeded expectations. Amazing presenters and very engaging topics. I am now promoting LIME to my colleagues.

The opportunity for Aboriginal Community representatives to attend was simply brilliant and I have already recommended this as an example of 'good practice in Community engagement' for the NSW Ministry of Health. Great initiative.

What did you learn?

I developed a greater understanding of the curriculum at other universities, a better understanding of the Māori culture and a different perspective on the cultural challenges that medical schools encounter in regards to Indigenous enrolment and curriculum.

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

The transfer of knowledge was definitely seen. Presentations were pitched at a right level whereby I could understand the content, allowing me to participate in the breakout room discussions, providing a student perspective on the topical issues of that specific break out room.

What were the key themes, outcomes and/or findings of LIME Connection IV for you?

I feel as though I am now equipped with the knowledge and possible skills needed to use within my university or put forward to possibly improve cultural safety within my university.

Resilience of Indigenous peoples; significance of culture in health and better understanding of social and political racism.

I found the two most valued elements of the conference were the first day on the Marae as well as the student and recent graduate session which provided some invaluable information. The student and recent graduate session in particular provided an opportunity to hear and feel the experience of these recent graduates and how they dealt with the universities in their experience.

One of the key outcomes was the networking and connecting to other Indigenous students and professionals, learning how Indigenous medical students struggle, even with support and how difficult it is for them, also the support the professional student bodies provide, [and] the academics also admitting how difficult the struggle is to provide adequate support and advocacy for the Indigenous students.

What were the benefits of attending LIME Connection IV?

LIME also made me think of how Indigenous health is currently being taught at my university and has compelled me to speak with others at my university as to how it could be improved.

Meeting successful people who were very inspiring, attending a conference that focuses on Indigenous health care and education in itself was a benefit. I came out of it feeling very motivated to keep working hard at 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 an MDANZ 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.

There were numerous benefits from attending LIME Connection IV. It was culturally enriching as well as a great networking opportunity. As an undergraduate medical student, networking opportunities with peers, educators and the post graduate training colleges [were] invaluable and really helpful to considering future career prospects.

An increased feeling of who I am as an indigenous person. The knowledge that there are many people in the medical and university community who are willing to try and change the way indigenous health care and indigenous medical education is delivered.

I was able to see how my profession will be able to extend beyond doctor patient relationships, and how one day I will be able to participate in creating better next generation doctors.

Did you establish partnerships with other Indigenous people and organisations? If so, who and why is this important?

Establishing partnerships this year was especially important for me, as I start work as an intern next year. Therefore, it was fantastic to meet up with deans, academic and medical staff who have offered me assistance in the future to find jobs/placements and to become more involved in medical education. Having the accommodation at the same place as the conference meant that networking was able to take place not

only during conference time, but also at breakfasts and dinners. This was a great idea and I would highly recommend doing something similar again for LIME V.

Having like minded Indigenous colleagues and roles models is the most important thing as an Indigenous person studying medicine. Having the opportunities to talk to these roles models is difficult geographically and because of small numbers, and that's why these conferences are so important to students.

I established numerous partnerships with others and this was a key theme from my time at LIME. In essence I was surrounded by like-minded individuals which promoted the whole learning experience. Moreover the links made with other medical students were great however I also made connections with senior staff members of different universities, which follows on the tuakana/teina philosophy of Māori.

Do you have any other comments?

Excellent organisation. Best conference I've ever attended! Thank You!!!

A fantastic conference. I really enjoyed all of the speakers and feel that I was able to take a lot of information and ideas home with me. Really looking forward to attending LIME V!

Thank you very much! This has been an experience which would not have happened otherwise. I have learned about the difficulties students' experience, their journeys and the possibilities. I experienced a culture which seems worlds apart although only 3000kms away. I came to understand what has worked for them in New Zealand and why and how that can be translated into my local society. At times I found it not very relevant to me but then out of the blue something would shine through every presentation and I would find value that I can reflect or influence back home. So again, thank you for this wonderful opportunity!

I feel these conferences are something any medical student would benefit from.

Thank you so much for the opportunity to experience LIME IV. Auckland was a fantastic place to host the conference, and the Māori people were so welcoming and warm. The accommodation was beautiful and I never, ever went hungry. This conference has been one of the best parts of my medical degree, and I will always remember my time in Auckland 2011. It gave me a lot to think about over the holidays, and I am very excited to return to med school with the knowledge I have gained from this experience.

This was a wonderful experience. I hope that in time to come; many other Indigenous medical students will get the opportunity to attend the LIME conference. The venue was fantastic and the people were amazing. I would like to take this opportunity to thank the organisers of this conference for all their hard work and dedication towards making this a successful conference.

Indigenous Medical Student and Community Bursary Recipients



LIME Connection IV was promoted via the following avenues:

LIME Network member promotions:

- The Call for Papers emailed out as a first promotion for the Connection (Dec 2010)
- Connection dates sent to event websites and newsletters for initial promotion (Dec 2010)
- New location (after the move from Christchurch to Auckland following the February earthquake), call for abstracts, bursaries advertised via email to LIME membership (Mar 2011)
- Connection Committee added Connection information to email signatures (Mar 2011)
- Abstracts, Bursary, LIMELight, Registration highlighted in LIME Newsletter (Mar, July, Nov 2011)
- Email reminders to all LIME members re: registration and LIMELight awards (Aug 2011)
- Program alert sent out to all LIME members (Sept 2011)
- Final reminder (registrations) email sent to the LIME membership (Nov 2011)

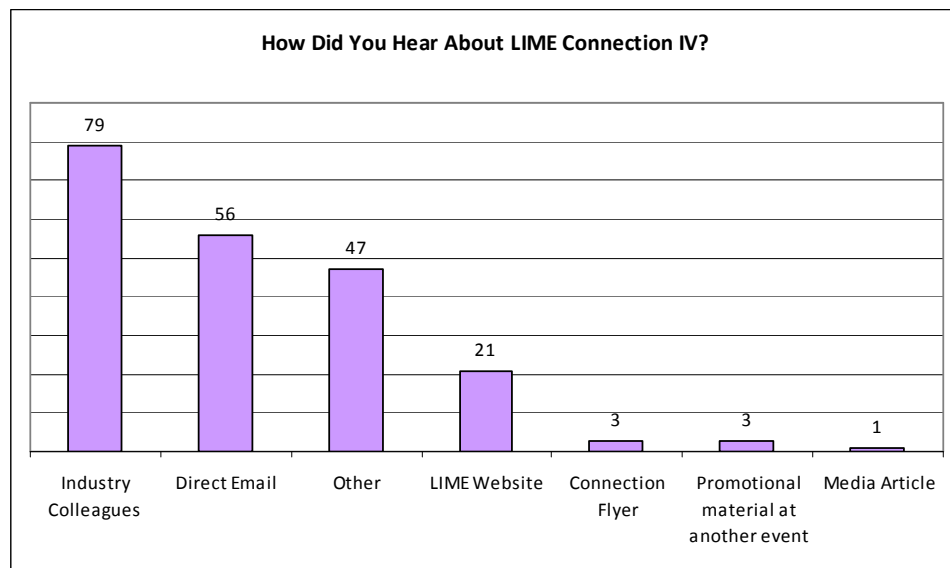
External Promotions:

- AIDA Friday Flyer Bulletin
- The Lowitja Institute bulletin
- HealthInfoNet E-Bulletin Message Stick
- ANZAHPE membership emails
- ACRRM e-Bulletin
- The University of Melbourne staff news
- Murrup Barak Institute for Indigenous Development newsletter
- VicHealth Events Update
- Centre for Health and Society and *Onemda* bulletins at The University of Melbourne
- IAHA newsletter
- LIME poster at the RANZCOG Women's Health Meeting, June, Cairns
- LIME poster at the ANZAHPE Conference, June, Alice Springs

Connection IV flyer in Conference delegate bags:

- Indigenous Cardiovascular Health Care Conference (Alice Springs, June)
- Medical Deans Australia and New Zealand Conference (Sydney, September)
- Te ORA Hui a Tau and Scientific Conference (Auckland, September)
- Cross Cultural Health Care Conference (Hawaii, October)
- AIDA Symposium (Broome, October)
- ASMR National Scientific Conference- Indigenous Health: Action on Prevention (Cairns, November)
- Aboriginal and Torres Strait Islander Research Symposium (Melbourne, November)

Delegates stated that **word of mouth** from industry colleagues was the most common way they heard of the conference, followed by **direct emails**, and other industry based means of finding out about the event.



Registration Process

A new University of Melbourne online ticketing service was used to manage delegate registrations and payment. Delegates were able to register for the conference via an online form, pay by credit card and receive an automated email confirmation and tax invoice. The organisers were able to manage and download delegate numbers and attendance details through a registration database.

95% of evaluation respondents indicated that the registration process for LIME Connection IV was good to excellent (n= 102 out of 107 respondents)

Conference Venues

It was a real privilege to attend the Marae, and a great way to start this conference. It set a tone for the whole event and demonstrated the richness of Māori (and Indigenous) knowledge and customs as a suitable frame for all that followed. Very generous and gracious hosting by the Auckland and broader kiwi Māori communities. Delegate evaluation, 2011.

The conference was held at Waipapa Marae, The University of Auckland (Day One) and Rydges Hotel, Auckland (Day Two and Three). A presenters/LIME Connection Committee room and Elder's room were also available.

99% of evaluation respondents indicated that the venue for Day 1 (Waipapa Marae) was good to excellent (n=99 of 100 respondents), and 91% of respondents thought the conference venue for Day 2 and 3 (Rydges) was good to excellent (n=97 of 107 respondents).

Rydges Auckland



Accommodation

Accommodation costs were not included in the registration fee and all delegates were responsible for booking their own accommodation. Special conference rates were negotiated for LIME Conference delegates at a number of hotels in Auckland, and almost all delegates chose to stay at the Conference venue – Rydges Auckland.

75% of delegates booked accommodation recommended from our website at Rydges Auckland (n=159), 5% were local residents (n=11), 20% used other accommodation or did not specify where they stayed (n=40).

MEDIA

The LIME Network Project Team in collaboration with media liaison officers from Medical Deans Australia and New Zealand, Australian Indigenous Doctors' Association (AIDA), The University of Auckland and the University of Otago developed a media plan and a media release.

Media stories on LIME Connection IV include:

- 'Landmark Indigenous agreement signed'
(<http://www.medicaldeans.org.au/landmark-indigenous-agreement-signed.html>)
- 'Aboriginal & Torres Strait Islander Health Worker Project Program Manager at LIME Connection IV'
(<http://www.hwa.gov.au/news-and-events/news/28-10-2011/aboriginal-torres-strait-islander-health-worker-project-program-mana>)
- 'School of Medicine receives award for Indigenous Health Attachment'
(<http://www.uws.edu.au/medicine/som/news>)
- 'Te ORA (Māori Doctors) sign CA Australia'
(<http://news.tangatawhenua.com/archives/14678>)
- 'Leaders in Indigenous Medical Education (LIME) biennial conference'
(<http://www.fmhs.auckland.ac.nz/faculty/newsandevents/deans-diary/issue229-9Dec2011.aspx>)
- 'Te ORA signs Collaboration Agreement with the Medical Deans Australia and New Zealand'
(<http://www.nzdoctor.co.nz/un-doctored/2011/november-2011/29/te-ora-signs-collaboration-agreement-with-the-medical-deans-australia-and-new-zealand.aspx>)

Please see **Attachment 2: LIME Connection IV Media Release.**



Delegates are photographed at the LIME Connection IV Dinner

LIME SYMBOL

To symbolise the handing over of responsibility of LIME Connection V to the 2013 host universities, framed Mookaite Jasper and Obsidian Spearheads were presented to representatives from Flinders University and Charles Darwin University. The symbol will continue to be handed over to each new host as the conference location changes.

In 2011 the initial LIME symbol, designed and created by John Duggan, Kamilaroi Nation (North West NSW), was re-configured by Suzanne Pitama and Morehu Flutey-Henare.

At the bottom of the symbol is a traditional Māori design (completed for this piece by Morehu Flutey-Henare) which represents the mountain ranges of Aotearoa. It also encapsulates the traditional Māori proverbial saying (whakataukii) "Whaia te iti kahurangi, ki te tuohu koe me maungateitei" (Pursue that which is precious, and do not be deterred by anything less than a lofty mountain). This proverb encourages us to strive, set goals and to persevere.

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

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

Mookaite Jasper, also called Australian Jasper, is a powerful healing stone that bestows strength, good health and provides stability to one's perspective of life. It aids in decision making and encourages versatility and acceptance of change. It also connects people to the energies of the earth and with ancestor spirits.

Obsidian, found in regions of Aotearoa, is a natural glass of volcanic origin that is formed by the rapid cooling of viscous lava and it has been used to produce sharp blades and arrowheads. Obsidian has also been used in cardiac surgery, and has a cutting edge many times sharper than high-quality steel surgical scalpels.

The lime perspex background represents the LIME network, but also when placed with the light behind it illuminates the room. This represents the illumination on the development of Indigenous health curricula that has occurred and that will continue to build through the efforts of the LIME network.



The LIME Symbol 2011

CONFERENCE BAG

The Conference Bags for LIME Connection IV were purchased from a company in Aotearoa, *NZ Identity*. The bags were made of hardwearing heavy cotton drill, with webbed handles, an adjustable strap, magnetic dome fastener, inner zipped pocket and a phone pocket. The bags showed a print of a Tiki on one side, and were printed with Conference Information on the other.



Front of Bag



Back of Bag

Each conference satchel contained:

- an Abstracts and Biographies Program
- a Timetable
- Delegates Contact List
- Australian Indigenous Doctors' Association Notepad
- Te ORA Pen
- ANZAHPE journal (The LIME special edition from 2009 LIME Connection III articles)
- Auckland Visitors Booklet
- The Aurora Project Undergraduate Scholarships booklet
- RAHC free online learning resources flyer
- HealthInfoNet brochure
- Ngā Pae o te Māramatanga Indigenous Centre of Research Excellence bookmark and flyer

90% of evaluation respondents indicated that the conference pack was good to excellent (n=97 of 107 respondents).

Contents of the Conference Pack



ATTACHMENTS

Attachment 1: LIME Connection IV Evaluation Results

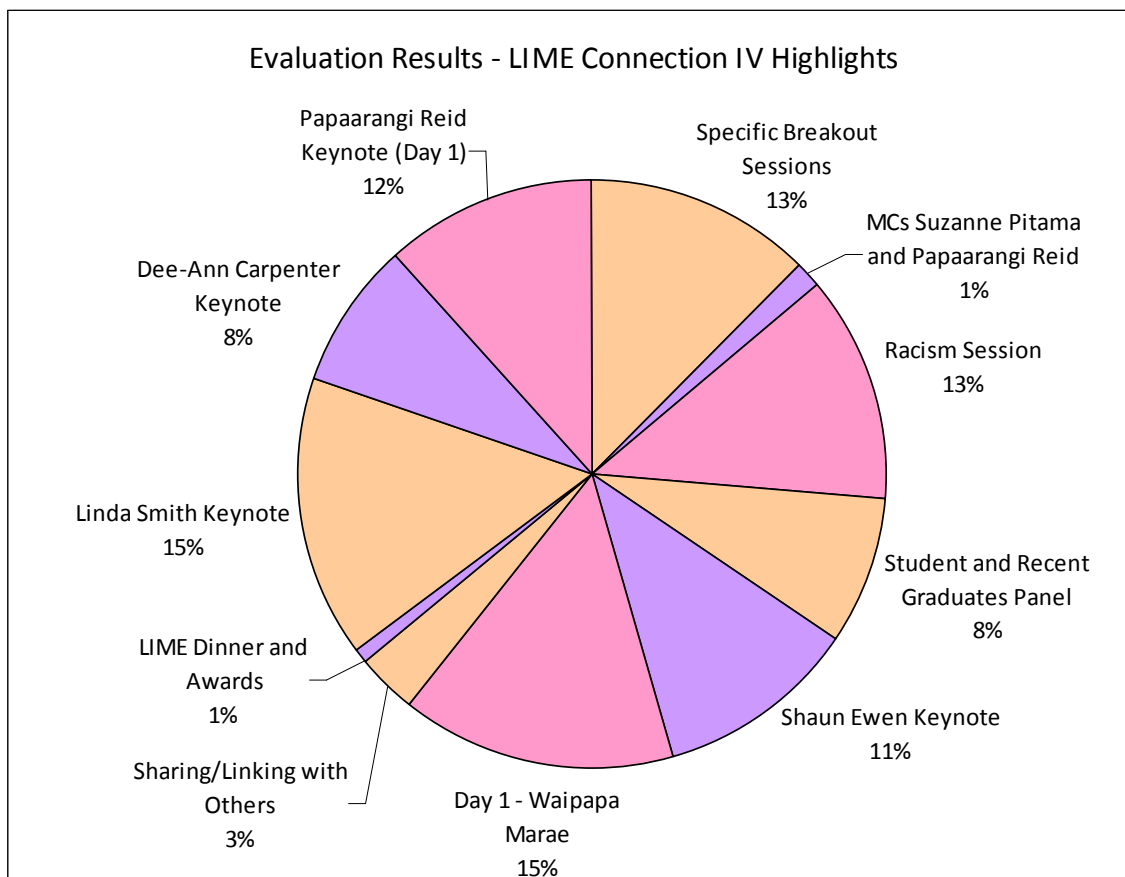
Attachment 2: Media Release

Attachment 1: LIME Connection IV Evaluation Results

General Comments:
Overall the best conference I have been to
The best conference I have attended...& I have been to many. Thank you
This has been the best conference I've ever attended. The sharing of knowledge was amazing & clearly of a very high quality. The integration of culture & spirit is what made the conference so stand-out. I'm very encouraged & inspired by the Leaders in Indigenous Medical Education that we currently have & therefore for the future of Indigenous health. Thank you for a wonderful conference!
Excellent conference - most insightful. Should try to get MDANZ Deans 100% attendance. Is it possible to provide an oped piece for local paper/ national paper on the main outcomes of the LIME Conference?
Fantastic event, so glad that I applied for it, thank you so much. Looking forward to future events.
Great conference - well done!!
I feel so full of food & so well looked after. I felt loved & cared for & feel I will carry this into my work here. Yours in unity.
I found much of the conference very deeply moving
I learnt so much that I can take back & build on. Thank you.
I thought the conference was excellent. Contributors for the panel, keynotes & the floor demonstrated real engagement & energy. Student session very good - sensible, pragmatic suggestions for the future. Good cross section of contributors across the pacific. Be good to have an Assoc Acc (med ed) panel putting together those responsible for creating/massaging curriculum.
It was fantastic! I found the whole experience so inspirational.
Overall an exceptional conference. The cohesiveness of the organisers & the shared experiences were excellent. The keynote speakers were stimulating & informative. Sessions went well but maybe a little more time for presentations.
This has been a great experience for me & I have gained so much from being able to attend this conference. Networking with other medical students - especially the Aboriginal & Torres Strait Islanders was one of the highlights of this conference. Being able to compare & contrast how the different med schools are structured. Listening to the similarities between the Indigenous cultures that attended this conference has been heart warming.
Thoroughly enjoyed the conference. The strength & resilience by my fellow Indigenous peoples. Very inspiring.
Fantastic conference!
Great conference. It was an honour to be invited; I'd love to contribute in the future.
Excellent conference, I love it & meeting so many people on the same waka heading in the same direction.
A great conference. I found the program to be much improved on Lime III, with more relevant & interesting topics & speakers. The venue was great, as was the food & cultural immersion. I really couldn't fault it. Thanks
Brilliant, enjoyable, moving & meaning-full conference which I will always remember.
Awesome work LIME Network!
Best girls! Caitlin, Margo, Erin, Alice, Odette, you rock! Next time have an award for the hottest members of the opposite sex (male & female)
Enjoyed this conference better than Melbourne - however organisation, food, all great in Melbourne - could not have improved on it. Think NZ better because of content. Organisation is brilliant as per usual. Erin is brilliant.
Everything ran so smoothly, there were always people to direct me to where I needed to be - in what room I need to be in The food was exceptional Accommodation was brilliant Felt welcomed, at home, felt more at home in Auckland than in Australia as an Australian
Excellent planning & execution - esp. since the arrangements had to be changed following the ChCh earthquake. We need to do LIME here again - maybe VII or VIII?
Fabulosity!
Fabulous Conference, great venue, phenomenally organised
How could we keep going without the injection of sustaining thoughtfulness, networks, humour, passion & support that LIME provides for us?
Thank you Erin & the other people who work so hard behind the scenes organising the venue & people. You do a tremendous job as per usual

General Comments: (continued)
Thank you so much for an exceptionally well organized & professional conference
Thanks to the organizing committee & hosts for a wonderful experience
The conference organisers did a superb job. It was one of the most enjoyable, as well as informative & inspiring conferences I've ever attended. Thank you.
The conference was fabulous! Restorative, re-energising, stimulating, warm. Nga mihi nui rawa atu ki a koutou katoa! The hosting & administrative aspects were superb - wonderful manaakitanga from NZ & Australian secretariat & organising committee. Was great to have our friends from Hawaii & Canada involved as well & also good to meet our visitors from Vietnam. I so enjoyed being with excellent practitioners committed to Indigenous development & prepared to share their ideas, learning's & plans for the future.
Well done to all the organisers given the sad situation with the earthquake & need to change the venue.
Well organised. Congratulations to the LIME team.
Great bags! Thanks for all your work!
I know the organization of LIME is a mammoth task & congratulations to all involved.
Thank you very much to all the girls & their time & effort & very hard long days & nights they have put into this in between babies as well. Thank you very much for keeping us in the loop of things that had been coming up which made things very easy to back track & complete & send back. Thank you one & all have a safe & Merry Christmas & Happy New Year.
Thank you to all the organisers & facilitators, I found it a very inspiring conference.
For my first time at LIMES & new to attending conferences I felt extremely comfortable & at ease. I felt the conference was extremely well organised & actualised.
Great work Congratulations
Awesome conference, great networking & learning, really good organisation & helpful team
Thanks again to you all for organising this & for doing such a wonderful job! Inspiring & a great incentive to achieve change in Indigenous health
Brilliant Program from start to finish
Loved the immersion in Māori culture & the spontaneous singing that pervaded the whole four days was terrific.
Please can we have somewhere to share our PBLs, Cases, educational programs? 2 years sharing, even if wonderful - which it is! Is not enough. We need to be able to share our ideas, articles, projects in between.
Possibly giving out a short history of the Indigenous peoples to those who may not know (e.g. I am Māori & have no background in Australia's history, so some information about how inequality began in the Indigenous population of Australia e.g. in a booklet or short side lecture for those who are interested.
Poster session where the authors are present to discuss their posters - this would then limit the speaking streams.
Supporting places for Aboriginal community members to gain learning in the field of Indigenous Medical Education is a great initiative that many other programs/forums can learn from. Consumers of health services are best placed to work with Medical Schools to provide the best education possible for students & staff alike. Thank you!!
The brilliant warmth of the Māoris in language & singing hospitality as especially the honour of being invited to Waipapa Marae will remain a highlight for many years to come.
Would have been good to have the booklet on Waipapa marae promoted & available for purchase. Some short time to talk about the ? Would have been great - & those who wanted more info could have bought the book - I would have.
It's such a great opportunity with brilliant content & networking capacity
Having it in NZ provided a good benchmark for those of us from Australia
Ways to generate more resources to support indigenous staff at medical schools
All was very good!
Great to see the work that is occurring to improve services delivered to Aboriginal (Indigenous) people who come into the health system as clients
Flowers at the dinner were beautiful
Food was awesome
Awesome opportunity... thank you very much
Awesome organisation. Ran very smoothly, Kia Ora.

General Comments: (continued)
Excellent meeting, thank you
Kia ora
Nga Mihi Kia Koutou, me hoki mo o koutou mahi mo te hui Tena Koutou
Special thanks! The gift of love, support, similar strategies, has been inspiring, & given me the courage & strength to carry on. Thank you!
Thank you for an inspiring & at times quite emotional week.
Thank you! Inspirational meeting!
Loved it, thank you
Thank you for a wonderful experience.
Tu Meke
Thank you
Excellent, thank you for the opportunity
Thank you for a great LIME Connection, it was my first & I thoroughly enjoyed it.
See you in 2 years time & thank you!
Great conference - thank you.
In all, it was without a doubt a most valuable conference. I learned a lot, have a lot of people to follow up with on more information, and it will change the way I do some of my work in the future Can you ask more than that? And I had a bloody good time! Thank you to all the working party who made it happen.



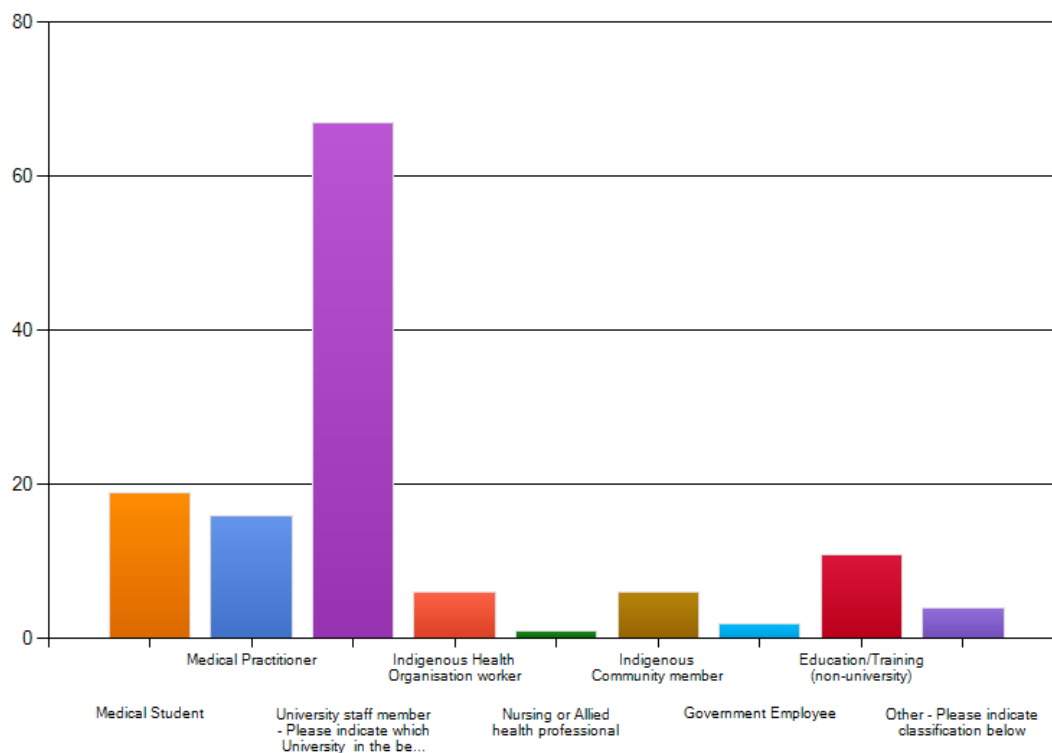
List three sessions or highlights of the Connection IV that you found particularly interesting or valuable:
Keynote speakers/ most of the breakout sessions. Variety of participants (i.e. not just doctors) so great networking opportunities. Great interaction b/w different cultures & particularly NZ/Australia
Otago Uni - <i>Friends with Benefits</i> , Deakin Uni - <i>Real Time</i> , Shaun Ewen reflections on Thursday
Papaarangi Reid presentation on the first day, Shaun Ewen presentation on <i>Flexner, Foucault & the whanau</i> , Clinton Schultz & Jane MacLeod presentation, <i>The Impact of Using Aboriginal & Torres Strait Islander Simulated Patients for Cultural Competent Education for 1st Year Medical Students</i> .
Keynote Address: Shaun Ewen The University of Melbourne, <i>Flexner, Foucault & the whanau</i> , Chair: Papaarangi Reid. Perceptions & practices of cultural competence at a school of medicine, what people said they did & what they do. The session on online material, particularly relevant for some of my current work. The notion of Indigenous knowledge forming the basis of curricula (Linda Smith, Cameron Lacey & others)
1. MAPAS Vision 20/20, 2 racism section, 3. student reflections session
Online learning , <i>teaching & learning – assessment</i> , recruitment, students perspectives - very inspiring for our future
Student presentations, Marae, David Paul, Pauline Guerin, Alison Jones, Papaarangi Reid presentations
Partnerships, Community, Racism, Plenary Panel Day 2 with Papaarangi
Papaarangi - Day 1, Linda Smith - Day 2 - Indigenous Curriculum, Cameron Lacey - <i>Hui Process</i> , Dennis McDermott, Dave Sjoberg - <i>Managing a Diverse Student Discomfort</i>
<i>Indigenous Medical Education: Responsibility, Reform & Strategies for Success; What are the Experiences of Indigenous Health Workers When Teaching Medical Students; The Impact of Racism in health, teaching of careers of Indigenous Medical students & physicians</i>
Waipapa Marae – ceremony, <i>Developing Moral Courage</i> - Maggie Grant, <i>Community Partnerships & Organisational Reform in Medical Faculties</i>

List three sessions or highlights of the Connection IV that you found particularly interesting or valuable: (continued)
Session on racism, the Canadian (sic) keynote speaker's positivity, the Marae session & hangi
Learning more about Māori culture, <i>Creating Better Outcomes through More Informed Practices - The Role of Indigenous Knowledge Within Curriculum Racism</i>
<i>Teaching & Learning Pedagogies, Systems & Inter-professional Education, Teaching & Learning - Online tools</i>
Linda Smith, Elana Curtis/Erena Wikaire, Rupert Peter/ Toby Baker
Vision 20:20 - Retention stream, Afternoon Plenary – Deans, <i>School Camps</i> - Recruitment Stream
<i>What are the experiences of Indigenous Health Worker's when Teaching Medical Students, Health Workers as Teachers Building the Evidence Base</i>
<i>Walking Alongside: Non-Indigenous Engagement in a Self-Determined Environment, Community Partnerships & Organisational Reform in A Medical Faculty, Indigenous Medical Education: Responsibility, Reform & Strategies for Success</i>
Linda Smith, Papaarangi Reid, David Paul's group presentation, visiting Marae on 1st day; exceptionally beautiful experience
Student presentation, Day 1 - all of it! Keynote speakers
All plenary speakers/sessions except Wed afternoon (Deans/HWA), opportunity to follow theme/stream over conference
Student perspectives, the different projects around the world, Shaun Ewen's keynote
Keynote speakers, Racism session
The keynotes (all), Racism session
Keynote - Shaun Ewen - you radical! Breakout - Racism - a great & powerful session, Marae - the welcome
Shaun Ewen, Linda Smith, Suzanne & Papaarangi - keynote sessions
Keynotes - particularly Shaun & Linda , Day on the Marae, Meeting lots of amazing people, making links
Involvement of non-Indigenous in improving IH medical education, Improvement of teaching & learning Indigenous Health Medical education, Key notes
Keynotes (all these!), Papaarangi's talk at Waipapa, Suz Pitama last session
Marae, Networking with people, Keynote by Dr. Shaun Ewen - wow!
Papaarangi Reid, Dee Ann, Linda Smith, Shaun Ewen
Opening session – Marae, Shaun Ewen session on Day 3, Dee-Ann Carpenter session on Day 2
Shaun & Linda's Keynotes , Networking
Papaarangi's torero at Waipapa, Shaun Ewen's torero, Linda Smith
The traditional healers. The keynotes by Reid, Ewen & Carpenter. The first morning in the Marae
Racism session was great. Student session.
All the sessions on racism, very helpful. Student session - great talks by all 4!
Student experiences. Seeing other diverse cultures. Ability to share knowledge
Welcome - set the tone for the whole conference - created a safe space. Awards - recognising the hard work being done. Student/ Graduate panel
People willing to share openly between organisations & resources. Cat picture! Students talking especially James Cook University Queensland student's knowledge.
The Powhiri on the first day was very valuable & appropriate to welcome all the visitors to Aotearoa & Auckland. Keynote speaker Linda Smith was very inspiring & informative session. The Racism Session. The Ngangkari Traditional Healers. The student panel I found to be most useful to me as a student. All the students that spoke were amazing & spoke of relevant issues & concerns for medical students
Evidence based presentations, student voices, not enough white people talking about what they're doing to change things - Indigenous caucus presentations needed to be heard by whites, Indigenous caucus needs to be open discussion/strategising (facilitated), excellent dinner/awards/social program/food, some community voices, Linda Smith
Seeing students here making connections with people & their work towards improving my work & its quality being inspired & motivated to do my work
Racism session
Linda Smith's talk reviewing the struggle & successes in achieving curriculum change & the value of having a clear vision in order to take advantage of crisis points, where change can be achieved, but also the need to reset the ground to enable a new curriculum reset from an Indigenous standpoint. The racism session - great to have three different institutions presenting efforts to address racism - all inspiring & useful strategies to take away & consider developing in our school.

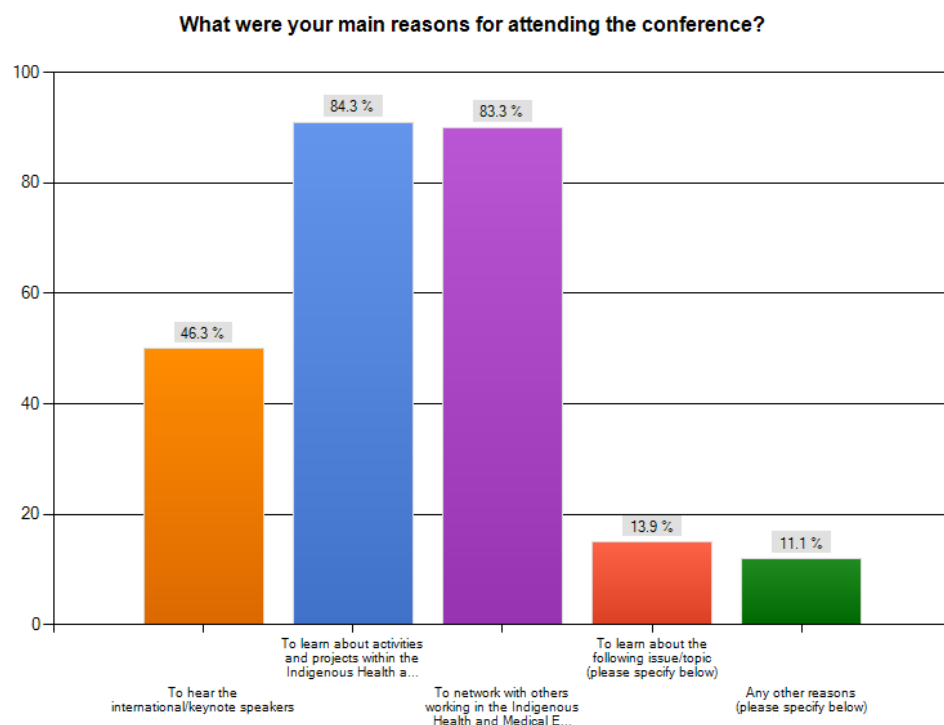
List three sessions or highlights of the Connection IV that you found particularly interesting or valuable: (continued)
The opening ceremony/day, particularly Papaarangi Reid's presentation. Racism presentations & the discussion after this.
Day 2 was most valuable but Day 1 was the most interesting & awe-inspiring, particularly the presentation that Moana was meant to deliver but Papaarangi... presented.
Panel of Deans & HWA, Marae day, Linda Smith
Linda Smith, Papaarangi Reid - Day 1, Dee Ann Carpenter, Racism Session - Day 2
<i>Developing Moral Courage</i> - Maggie Grant: Her discussion made me think about racism & how embedded it is in the use of racial [?], as in the same old same old. How hard it is. <i>So You Think You Know Your Patient</i> - Dee Ann Carpenter: Beautiful lady & well presented. Her story of how she works hopefully will be taken further. In NZ this does seem to be taking place in some areas. <i>Self Determination in Medical Education</i> - The three sessions - the journey & wisdom gained on this journey, the Indigenous content & the respect shown to the students & the academic staff.
Keynote address Dee-Ann Carpenter - <i>Talking Story & Kuleana</i> . Breakout session on Racism, especially Dennis McDermott & Dave Sjoberg. Breakout Session on Practice Models especially the Hui Process by Cameron Lacey, Powhiri
Day 1 - all of it. Racism breakout session
Racism session - Cultural day
Opening, Key note Speakers, Singing - profoundly moving
The formal welcome to the Waipapa Marae, Keynotes, particularly Linda Smith, Sessions on racism
Dee Ann, Linda Smith
Official welcome, Linda Smith, Dee-Ann Carpenter
Loved all sessions I attended, could not pick just three
Powhiri at the Marae, Good chairpersons at sessions, The catering
Marae Visit, Papaarangi Reid, Linda Smith
Working with LIME team - what a total privilege & honour
All Day 1, Formal Dinner & Awards - most inspiring
International Networking
Linda Smith - keynote, Dee -Ann Carpenter – keynote, visit to the Marae, I loved all the sessions I attended
Similar issues being faced everywhere means we can all learn from each other. Tools are being developed & we need an exchange forum. It would be interesting to track the history of LIME conference presentations.
All of it!!!! It's hard to section off 3 individual bits. It's a shame we can't hear every speaker & must choose between some.
The online technology session was great. Racism session was also good.
Breakout session on Racism, Address by Linda Smith, Papaarangi Reid's (sic) talk
Recruitment & retention sessions
<i>Recruitment Secondary schools, Retention</i> , Opening session at Waipapa Marae
Linda Smith, The racism workshop/presentations, Shaun Ewen
Keynote address by Linda Smith - role of Indigenous knowledge within curriculum - particularly 'being, feeling & relations & connecting' which we bring but are discounted. Community partnerships Marlene Drysdale, Greg Phillips & Jill Gallagher - our health is our business but everyone's responsibility. Teaching & Learning Bernadette, Tristram Ingham - An Indigenous Māori Case Study translating theory to practice in medical education - we talked about colonisation & are going to talk further.
Day one at the Marae – wonderful, Keynote Address: Linda Smith, The University of Waikato, <i>Elders are the Educators</i> ,
Introductory sessions in Marae, Non-Indigenous day
The first day of the conference & hearing what other places have been doing which we can work with now to use & put in place. Three days was great, plus great selection of topics.
Racism session on day 2, Talk by Linda Smith Hearing from current med students/recent graduates from different countries
Linda Tuhiwai Smith, Shaun Ewen, Papaarangi Reid
Welcome at the Marae, & the strength & beauty of the Māori culture evidenced through the singing throughout the conference. Dee Ann Carpenter. All the education type streams
Marae presentations with Papaarangi Reid etc. Dee-Ann Carpenter, Presentations involving research initiatives in the community
Racism, language, entry programs

List three sessions or highlights of the Connection IV that you found particularly interesting or valuable: (continued)
Presentation by Shaun Ewen, The way the conference began at the marae, Presentation by Papaarangi Reid at the marae
I think the work by everyone was excellent, relevant and highly professional, but if i had to pick three of the best it was: Having day one at the Marae, experiencing the language, the good natured bantering between the north and south island was an excellent way in which to set the scene, and demonstrate to Medical Deans the essential embedding of culture in order to improve health outcomes. The quick stand in by Papaarangi on 're-presentation' gave me strategies to implement back here at work and will change a lot of the way I do things. Shaun Ewen's presentation of his Thesis at the morning plenary on day three was outstanding! it gives me hope for the future.
Welcome to the marae, talk by Papaarangi Reid, talk by Linda smith
Keynote address, Waipapa Marae, Networking
Break out session on Racism. Welcome to Marae.
All keynotes student panel, cant choose from among the rest, all were really good
Networking, Discussion around indigenous health curriculum, Discussion around supporting indigenous students
I especially enjoyed listening to the student panel on the final day of the conference. Their insights into student life & the ways that they handled any obstacles that came in their way were very inspirational & I found myself agreeing to everything that was said. I also found all of the keynote speakers to be very interesting. I loved listening to the stories of Indigenous medical education in New Zealand & Hawaii & took away quite a few ideas. Finally, the entire first day, with the indigenous caucus at the Marae, was just an incredible cultural experience & I am honoured to have been able to experience, & play a part in the ceremonies.
Linda smith, Shaun Ewen, Teaching & pedagogies session
The welcome at the Marae, the keynote address by Sean (sic) & the keynote address by Linda Smith were very big highlights but all the presentations contributed something interesting & valuable.
The presentation & discussion on Racism, Location & organisation was fantastic! Closing drinks were the perfect end
How other uni's are experiencing similar issues with recruitment & retention as well as differences in creating a bridging program for students from a non-science background.
Shaun Ewen's session, Linda Smith's session, All presentations & addresses by Papaarangi Reid & Suzanne Pitama
The keynotes, the people, the sharing
Attending the Marae. The Graduating/current student plenary. Anything to do with Recruitment & Retention.
Waipapa Marae & Māori ceremonies on Day 1, Suzanne Pitama & Papaarangi Reid, Linda Smith - Keynote presentation
Presentation on what is happening in the Uni Students stories, Networking with the mix of organisations, e.g. uni, NGO, government departments
Some highlights for me were the recognition of the LIME Network of the importance of producing doctors that are able to better treat the most vulnerable of the Australian community that have the most health problems i.e. Aboriginal & Torres Strait Islander people. While there has been an ongoing effort to get more Aboriginal &/or Torres Strait Islander people to study medicine the majority of medical students are non-Indigenous. So the Medical Deans of Australia are looking at ways to ensure that these doctors are able to deal with Aboriginal & Torres Strait Islander patients which mean having some cultural sensitivity/awareness/competency. There is also the theme of racism in medicine but from what I saw looking at the racism within the medical profession & ways or methods of dealing with it. The session "Managing a Diverse Student Discomfort with Indigenous Health Curriculum" by Dennis McDermott & Dave Sjoberg I found particularly useful as there were techniques mentioned about breaking down a racial statement to see what can be learnt about the person that made the statement. & the final highlight for me was the session "Faculty of Dentistry Engagement with Māori Oral Health Providers" by John Broughton. This session talked about how final year dental students provide oral health services to mothers & children. This benefits both the students, by experiencing living & working in a Māori community that stays with them throughout their medical careers, & the participating Indigenous Māori population. This is something that could be adapted to Aboriginal communities in the Northern Territory of Australia.

Evaluation Results - Delegate Profession



Organisation	Organisation
Allied health Student	University of Auckland
Australian National University x 2	University of Hawaii
Charles Darwin University x 2	University of Melbourne x 8
Edith Cowan University	University of Melbourne, Physiotherapy
Flinders University x 8	University of New South Wales
Griffith University	University of Otago x 8
International NGO working on Indigenous Health in Medical Education	University of Otago, Christchurch x 2
Lam Dong Medical College, Dalat Vietnam	University of Otago, MIHI
Monash University	University of Queensland
Notre Dame University x 2	University of Saskatchewan x 2
Research Institute	University of Sydney x 3
RHAC Shepparton	University of Tasmania
University of British Colombia	University of Western Australia x 2
University of Wollongong	University of Western Australia
University of Adelaide	University of Western Sydney x 2



Comments on main reasons for attending the conference:

I was awarded a bursary scholarship that funded my stay at the conference I would not have attended this conference if it weren't for this scholarship. I am very grateful to have been awarded this scholarship, this experience has been very beneficial

Involvement of Elders in medical academic programs

To see if I was being fair and respectful in my positions at work and fair and productive for my community.

Be inspired to complete PhD

My premise when I attend conferences is: to meet old friends, make some new friends and hopefully, to learn something new...I accomplished all three. I was particularly interested in what Marlene, Greg & Jill said about intellectual property in relation to our health i.e. our health is our business but everyone's responsibility. Also, that I had reinforced that, what I teach is to hopefully, extended our life expectancy.

To be inspired!

To feel more connected with other Indigenous students/doctors in Australia. To learn about Māori culture & experiences...

Cultural immersion - how Indigenous students are learning in mainstream medical training. Also where social and emotional wellbeing fits into mainstream medical teaching.

Looking for positive ways to improve Indigenous culture in institutions. Ways that makes a real difference.

Programs for Medical Students to enable Indigenous communities to benefit

To hear about what is working and why in Māori health

To learn more about what is happening about health and education with out brothers and sisters. Community learning.

To learn something new that hadn't already been said before.

Great opportunity ...excellent speakers and participants

Be a continuing part of the solutions we seek in addressing the issues in growing our continuing Indigenous work force.

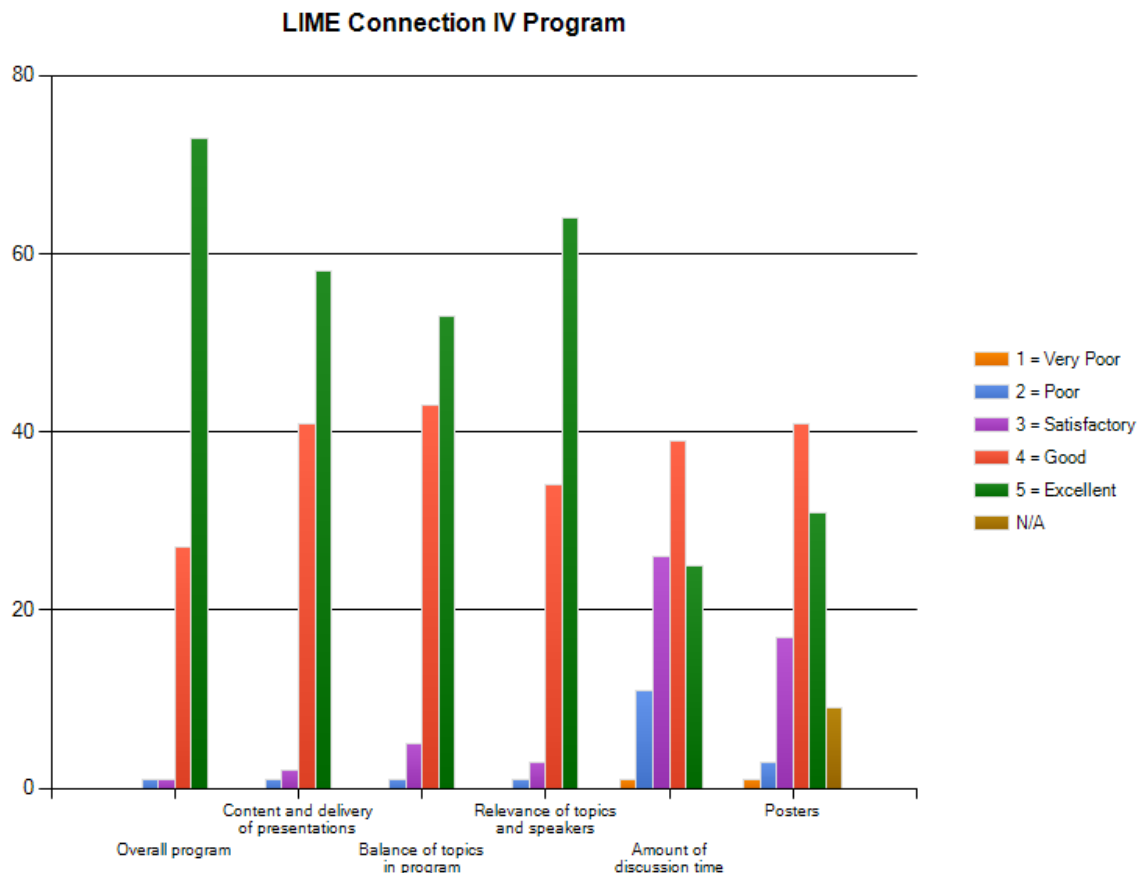
To participate in a poster presentation

To work with the awesome LIME team

Curriculum development and recruitment to post graduate med schools

I want to know about the CRT. My organisation needs to be reviewed. There is a lot of information on the tool, and a pilot and that changes would be made, but then nothing further. It would have been useful to have follow-up information available.

Student recruitment - finding out more about what's been tried and worked or not for design of a new strategy at UTAS



Comments on the Program:

Very well organised although the organising committee faced many challenges during the organisation process - job well done. Most of the speakers & presentations were very intellectually stimulating

Ran smoothly, talks were interactive & kept to time, which was excellent!

Very well organised & looking forward to attending the next one

A summary timetable would be good - small on back of our nametags. Somewhere in the time table that offers the songs. Name tags first name BIG so we can see them

The mode of plenary ones throughout the day with breakout & return to plenary was a good way to do it. Mixed participants added greatly to richness.

Organisation was thoroughly organised & I welcomed the "same style" of presentation I would expect from my family in my Aboriginal community of Lismore, far North Coast NSW.

Delivering the presentation file (PowerPoint) for us (via our USB).

Well-organised, interesting & informative topics, great keynote speakers.

Need presentation slides

With increased numbers of attendees I anticipate more people would access the website to access power points if they were available, the problem generally is how long after a conference those become available - if too long people forget. Great balance to program of cultural & academic content.

Well organised. Good breadth. Some breakout rooms too small

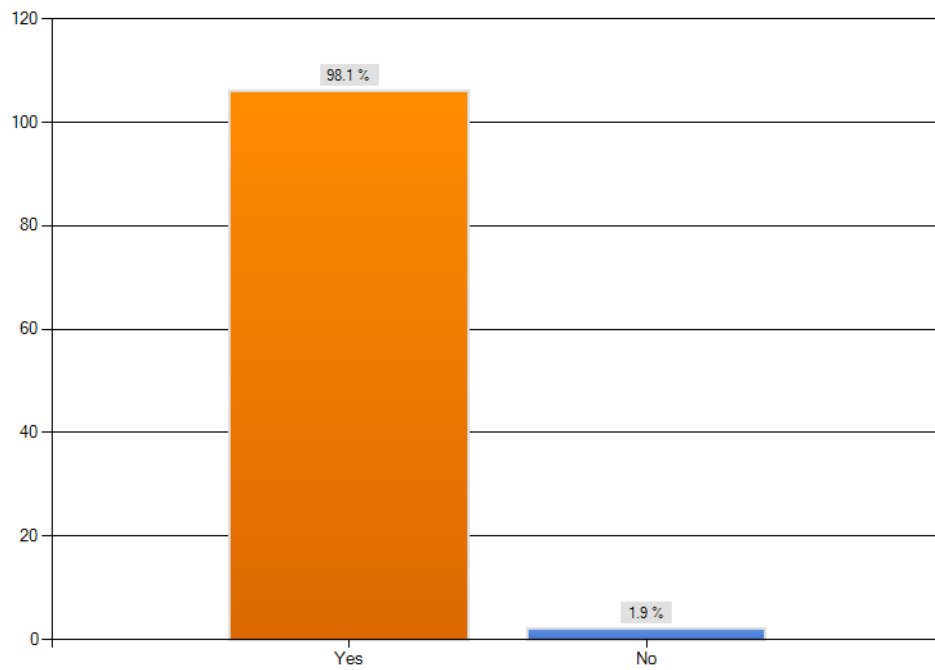
This conference was extremely well organised - it was such an enriching experience with so many well informed discussions/talks/presentations

Well organised & good at adapting to changes/road blocks, e.g. moving to bigger rooms if needed, fixing IT issues with distractions to divert the audiences restlessness

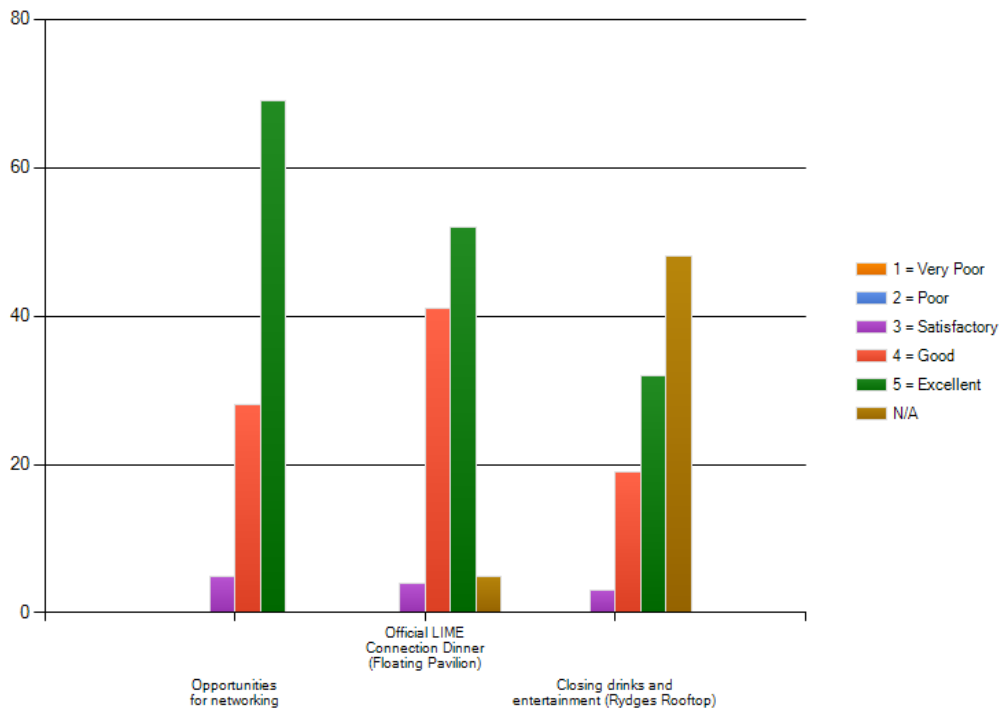
Comments on the Program: (continued)
The Indigenous Caucus was important for starting the conference & having it in the marae provided the best context for multi dimensional learning. I hope future conferences are able to maintain this aspect - of meeting in Indigenous controlled space. The program was well constructed & so interesting. I wanted to go to all the streams! I appreciated the positive flavour encouraged by the organisers - thriving not surviving. Good balance of topics/themes & great to have the emphasis on evidence based work. Having the kaumaitua, elders, Ngangkari present was valuable - would be good to have heard from practitioners of Māori health as well.
Maintain the Indigenous Caucus in the program. First day important with a focus on Indigenous culture, perspectives & protocols.
More Aboriginal & Torres Strait Islander presentations
Great keynote speakers. Suzanne did a fantastic job keeping all on track & such a great speaker in her own right. Day 1 at the Marae set the scene for a very connection & well-prepared gathering.
It is difficult to create space for discussion & sharing. The program is very full
Superb speakers & presentations: one of the best conferences I have attended. Perhaps could have had more discussion time & workshops for sharing of ideas & building international relations.
I think that some workshops or discussion/talking circles would help tap the expertise at the conference.
More interactive sessions / discussions would be good
More discussion time would be good
The program needed more time for discussion. I would have found it particularly useful if there were sessions put aside for themed discussion/debate. I also think an improvement could be to utilise the student's ideas & feedback by giving them a task, or a question that they need to work in groups to solve/come up with ideas & present this on the last day.
It would have been good to have more discussion time
More emphasis on the prior instruction that the speaker's time was 10 minutes only - too many speakers went over time with some practically refusing to stop!
Good balance of sessions. Some sessions went overtime & affected the length of the sessions that followed. Presenters really need to be kept to time as it is unfair on those who have prepared their session to have it cut short.
More time for discussion would have been brilliant
Needed more time for talks or ask presenters to put less info on slides & discuss
As always, fantastic speakers, topics, amazing work - would have enjoyed a little more time on most of the talks to get a better sense of the speaker's topics.
Really good
Fantastic balance of all the components
In some ways I found it frustrating that the focus of speakers was on the challenges we confront & less on how we break down some of the challenges we face
Great work
This has been absolutely outstanding
Very interesting - I know not the focus of this conference, but would be good to include more exchange/ learnings from other health professions
It's the last day now - & it's been wonderful. So much to think about & talk about & work with
Fantastic
Awesome! Very good quality. Very relevant.
Plenary lectures Excellent
Very good
Good balance. Terrific participation by Māori
Three full days is a little too long & exhausting. Marae welcome was overwhelmingly good.
Posters a bit squashed up in space. Some presenters could have used their slides better & used more visual aids rather than so many words
I missed the posters because I was staying away from the morning & afternoon tea area because of the great food at breakfast, lunch & dinner. There was a lot in the program & there were a couple of sessions that I was interested in attending but were on at the same time. I prefer to have this problem than to having to choose a session that I'm not interested in because there is nothing else interesting on.

Comments on the Program: (continued)
The overall programme allowed opportunities to attend sessions. However, for future LIME's can the organizing committee think about a number of topics which can be repeated. For example, intellectual property to be run on the first day but repeated on the second so participants have opportunities to attend sessions they may miss. This to be repeated for other topics as well. By doing this there will be topics addressing specific issues because there is an elephant in the room & that is, our way of knowing as opposed to the non-Aboriginal & Torres Strait Islander, Māori, which on occasions requires quite number of 'mental somersaults'.
One of the few conferences recently where I have wanted to split myself 2 (or even 3) ways to attend all the sessions
I found the program exciting - had to be in two places at once even though I wanted to.
The program on the whole was well set out & organised, with the plenary sessions it was difficult to choose which presentation to go to. The idea of keeping the presentations in the same vein is a good idea. One criticism is the use of acronyms - they need to have the full wording in the acronym in brackets initially.
V. good esp. given the usual constraints of getting through complex topics, various presenters w/ varying levels of expertise
The conference topics presented were more valuable to me when compared to Melbourne. I would like people to talk from a positive view point. One NZ speaker was so negative that people were in their seats moving from side to side. I would like to see speakers understand & present that it is great that we have had the right to vote & have had improved to having for e.g. 150 med students. I am disturbed by the anger & bitterness that is still being presented to us & reinforcing to Indigenous & especially non indigenous people who may respond in a guilty or feel angry themselves about being the colonisers. Canadians & Americans present in a positive way even when they do not have the answers & I would really like it if Aust & NZ can do the same. We have come through as Indigenous people in amazing ways & will continue to move forward (I would like the organisers to promote this & try & ensure that people respect others during their talks - we do not need to be reinforced of the horrors of the past.
Excellent choice & mix of emphasis, keynote & session presenters overall.
Topics stimulated much thought about where to from here, how our academic/ student support programs can be evolved.
I really enjoyed the content of the program but compared with the previous LIME I felt that it was very focussed on student recruitment, curriculum & campus based education as opposed to the world of hospitals & health workers & I missed that service dimension. However this LIME had a strong cultural, spiritual dimension that made it a particularly close & nurturing environment, which made it very special.
Great topics. Good variations & options for the Breakouts. Good timing for breaks.
The rhythm & feel of the meeting was outstanding, resulting in a balanced, effective & interesting program. Keynote speakers were all excellent & balanced the smaller group sessions.
Delivery excellent by all presenters. Content - need to be always turned into positive experience
Emphasised too much on the education sector & not enough on how the education sector & ACCHS sector could work together to achieve greater outcomes for students & Aboriginal health.
It could be good if there is involvement of IH educators from other universities in Asia & other countries where many Indigenous populations reside.
Excellent program. Good mix of plenary/breakout sessions. Great to have plenary at end of day to bring people together.
Great program ...I would like to see a session in the full plenary group on 'Race & Racism'
I learn & enjoy all the sessions that I attend. Thanks to those (presentation) people.
Great variety. Impressive to see the range of activities being undertaken worldwide
Excellent program with most presentations of high quality
Excellent overall, standard really raising/rising need a stream/discussion plenaries about strategy & big picture issues: accreditation, funding, relationships with hospital/providers re: quality of clinical training Need more community voices!
Loved it. Is so important to make us see we're not alone trying to find answers, we're all experiencing similar challenges.
Inspirational to see the strength, resilience, humour & practicality of the presenters & participants
A truly memorable & useful conference
Fantastic networking & great ideas
Very insightful, makes me want to get more involved in future LIME conferences & more with AIDA
I felt this was life changing for my work in the community. It opened up the square I felt I was comfortable in & I realised that I needed a bigger foundation to look at other aspects that I could be helping with while continuing my role that will blanket my community staff & students understanding.

Overall, were your expectations of the conference fulfilled?

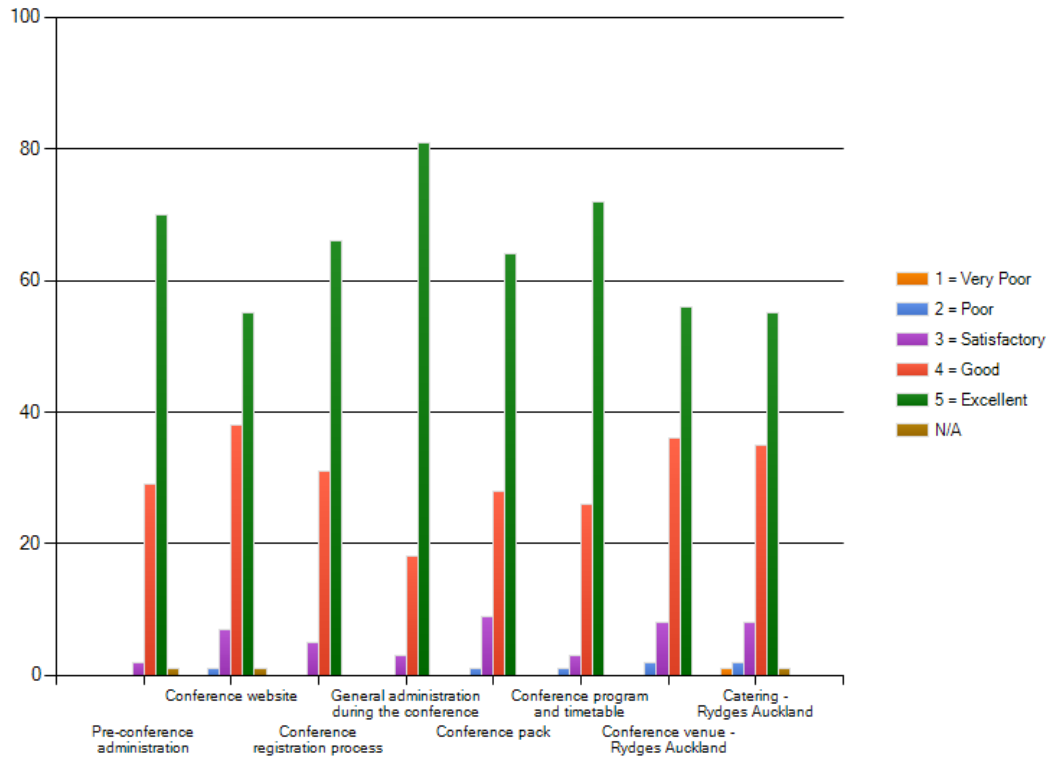


Evaluation Results - Social Program

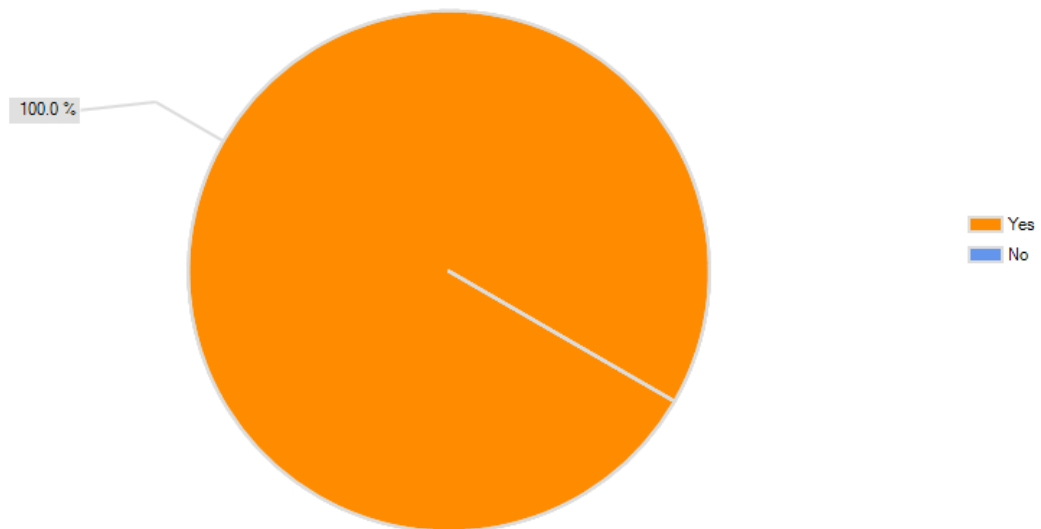


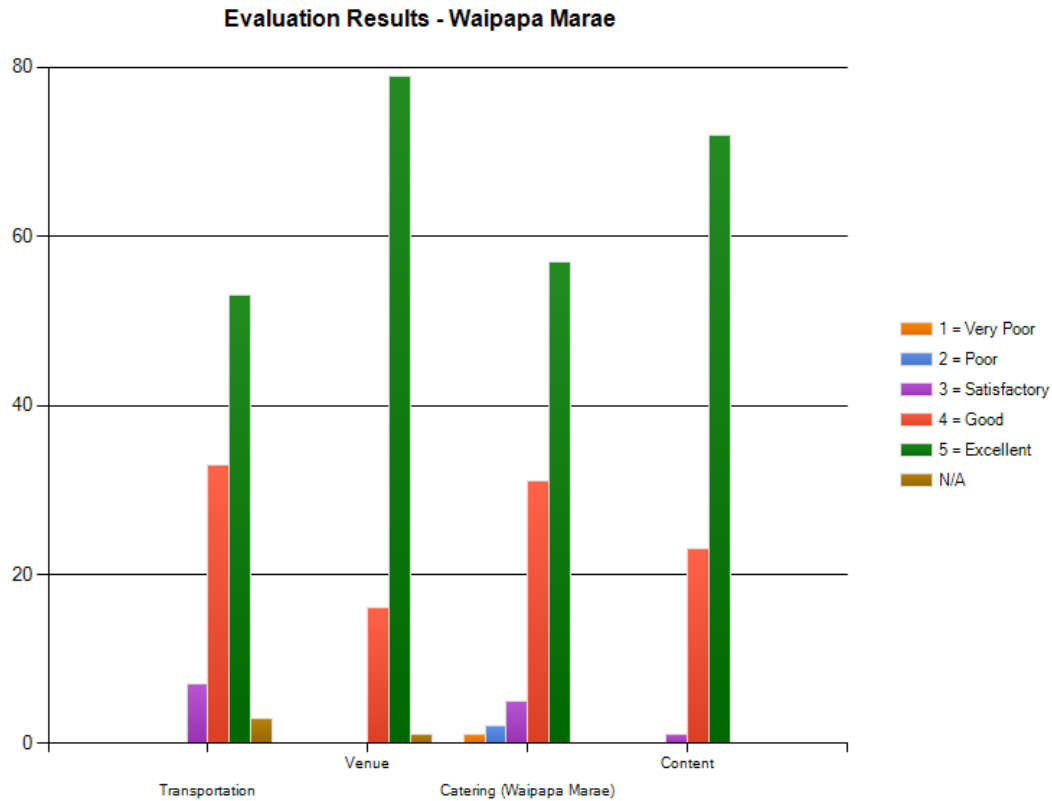
Note: More than half of these evaluations were completed before the Closing Drinks (hence high N/A response rate)

Evaluation Results - Administration



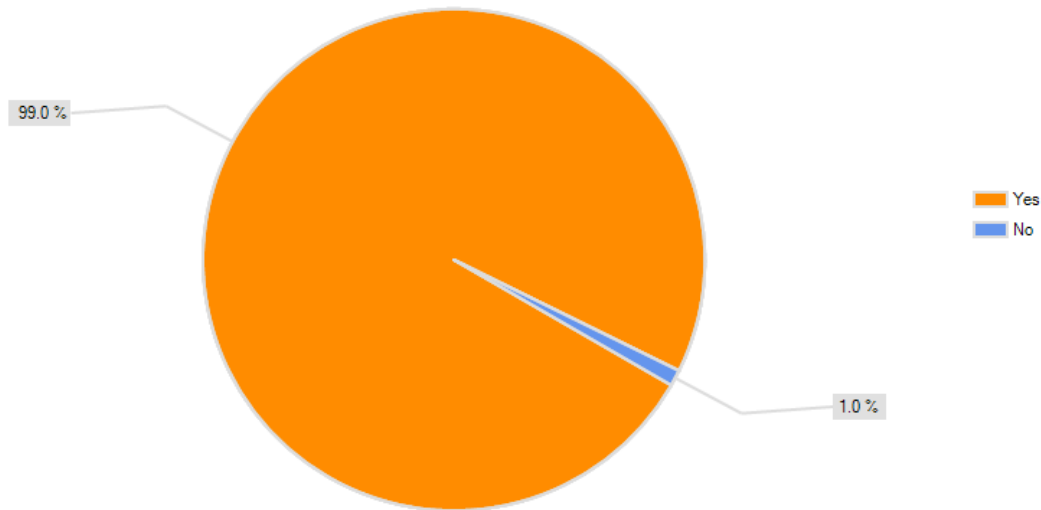
Would you recommend this conference to your colleagues?





Day 1 at Waipapa Marae: Comments
Amazing welcome and brilliant start to the much awaited LIME meeting
Beautiful session (Marae)
Bilingual process was very revealing to me (I am monolingual) Moving 200 people around a city is a laborious process.
Excellent day
It was a real privilege to attend the Marae, and a great way to start this conference. It set a tone for the whole event and demonstrated the richness of Māori (and Indigenous) knowledge and customs as a suitable frame for all that followed. Very generous and gracious hosting by the Auckland and broader kiwi Māori communities.
Many thanks for a profound and memorable experience.
More time for discussion! Needed more open/ facilitated discussion/strategising (at Waipapa Marae)
More women's toilets would be nice - but that's everywhere in the world
OMG!!! Excellent - all day!
Should have healthy food - important to walk the walk here too
This was incredibly inspirational and we were made to feel extremely welcome by our hosts (even those of us who were Powhiri virgins as Suz put it)
Very moving experience

Would you be interested in attending LIME Connection V in Darwin, Australia?



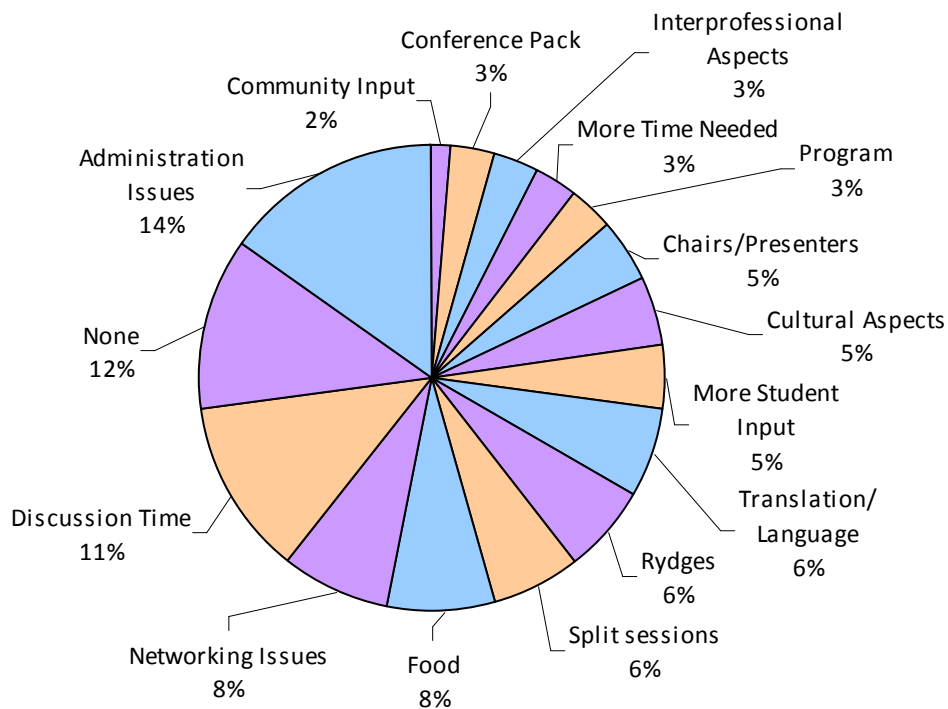
What would you like to see at LIME Connection V?
Positive chats, see how we are walking alongside/together, family cost reduced - family meals are expensive - offer a solution to be included in accommodation such as kitchen options.
Maybe my suggestion of the repetition of sessions.
More time??
Non academic, non clinical indigenous community input
Another cultural immersion like the NZ experience Real solutions (or at least options for consideration) that challenge &/or deal with the institutional barriers we battle
More of the Marae
More speeches from Aboriginal & Torres Strait Islanders. An Aboriginal version of a Powhiri. An Aboriginal experience at the formal dinner e.g. aboriginal music, food, tradition. More non-Indigenous people in the audience. Pre-practise of non-English words to ensure the correct pronunciation especially at the awards presentation
Perhaps more cultural experiences (not just a Powhiri) e.g. Kapa Haka performances during formal dinner, from local groups in NZ. A set time for the students to meet each other & get to know each other
Some of our curriculum images - examples of what they look like & how they can be updated. Some cultural tables & art depicting important parts of our respective journeys
I would like to see visible & proud celebration of the Australian Indigenous culture. I would love to see progress on some of the issues raised, particularly recruitment, retention & cultural safety.
A conference equally rich in genuine Aboriginal culture as LIME Connection IV has been in Māori culture.
Hospital's & Uni's working together to break-down the CULTURAL issues that impact on Aboriginal workers & clients
More discussion & question time? panels
More time for open forum discussion
Continue the Racism stream. More on institutional transformation. Integrating traditional healing & allopathic medicine into medical education. Continue the self-determination theme.

What would you like to see at LIME Connection V? (continued)
Discussion regarding Indigenous health teaching in the colleges e.g. RACGP
More from the ACCHS sector & more partnered opportunities to better outcomes for students & Aboriginal health
More leaders from Health Science faculties
More on multidisciplinary work in educating for Indigenous health. Best educative practice for culturally safe practitioners in Indigenous health settings
More participation from Hawaiian & Canadian health workers
Some inputs on what is being done to promote indigenous health, cultural safety training beyond medical school i.e. in the postgraduate work environment (in addition to work being done in GP & AMS settings)
More Networking with other networking Non Business & Health Areas to have a knowledge we do care (sic).
All mentioned at end (in last session)
Exactly the same as NZ (as much as possible)
More of the same!
Progress Can't think of any changes - this year was fantastic
Similar type & timing of sessions
Same same but more
More of the same
Similar kind of programme, like the differing streams, like the format & style of sessions,
More of the SAME. Would love to see it get even better but I don't know if that's possible! Keep in the elements of including the host countries culture- the marae was great.
An exhibition space (where morning & afternoon teas are served) with displays, booths of what people are doing in their locations, along with more posters
A poster session where delegates are given 3 mins to 'introduce' their poster.
A swimming pool to cool off & air conditioning. Perhaps another hour to the end of conference drinks
More awards
At least an hour-long lunch break – this will help facilitate networking. Try to have all meals served in the exhibit/poster area (perhaps have tables available in this area)
A student space. A talking circle More of the same
An organic follow on from LIME IV. The student session was really good & informative, so good to have that again.
Could we ask Government representatives to speak? More student presentations!
Mentoring processes in different universities or colleges
More Aboriginal & Torres Strait Islander Presentations, Student presentations & sessions
More stories from the Indigenous students. More holistic practices in the medical area. More literature on Indigenous content.
More time for discussion. More Indigenous programs championed by non-Indigenous students
Some better analysis of actual participation rates, pipeline issues for Indigenous students. Focus group with early high school kids as to what would make a difference in getting them interested in medicine.
Some workshops to tackle hard topics & share & problem solve e.g. how do students manage racist comments by senior hospital staff.
Student sessions as above. Cultural performances at night time
Testimonies of people with varied life experiences in Indigenous health, students & personal walks.
The focus has been on the delivery of Indigenous medical education from an educators perspective, perhaps hearing something from the students & how they receive this information, the impact it has had, what they have learnt, reflection on how it will influence the way they practice medicine.
Utilising the students more, I think they need to have more focus.
More Canadian involvement, especially med students & residents! More networking / opportunities to explore / workshop around particular issues. Racism was great - keynote on this?
More student presentations - a large number of delegates are students, & behind the scenes students & graduates are continuously networking. More sessions like surviving medical school as an indigenous student would be helpful, especially for the younger students, to show that you can get through it & that there is a lot of support out there if you know where to look.

What would you like to see at LIME Connection V? (continued)
More on how current students have worked to pass their first two years, strategies they used to help through those years.
Could there be a function / dinner for bursary holders? Where they could talk about the things that were happening at their university. Also discuss the issues & programs that their Indigenous people are suffering from & compare the problems & successes they have encountered. This is especially useful for exchanges between international Indigenous students. There are good things happening in Indigenous communities all around the world & we should share that information to see if it can work for our Indigenous communities.
Accountability frameworks
Connecting education to closing the gap - invite lawyers! Addressing some of the current mechanisms of ongoing disadvantage.
Focus on clinical placements & education (partnerships, power & platitudes) Better relationships between LIME & AIDA
Follow on with what have been agreed during LIME Connection IV. More research finding on Improvement of IH Medical Education. Results/lessons learnt of projects implemented worldwide to improve IH medical education.
Indigenous language actions
Julia Gillard PM as a keynote (if still PM!)
More examples from Aotearoa Curriculum
Workshop on addressing University/Institutional racism. Examples of Indigenous community-based participatory action research around curriculum development
Would like something on patient outcomes as KPIs for medical education. Would like more on immersed clinical education.
Role of non-indigenous health professionals to care for indigenous populations (until we got things right; may be a year or two). Cultural safety for non-indigenous health professional: "Ten questions you always wanted to ask but never dared to"
As above. Also, some reflections from LIME IV so we can reorientate, & get a sense of progress & that each LIME Connection is building on the previous one.
A stream dedicated to published indigenous medical education projects/frameworks etc.
Continued engagement of Deans, & their commitment. Some workshop sessions exploring common issues & possible solutions (like the Pearls sessions at ANZAME, now ANZAPHE) conference. There is a great deal of good will, sharing & a commitment to not reinventing the wheel, & such sessions may facilitate this
Perhaps a stream that provided workshops or interactive experiences rather than listening all the time to presentations
Talks on achieving milestones
I liked the themes that were suggested by the group who accepted the conference handover; I would definitely like to see more concrete plans & links between education & health service delivery.
Learning about your experiences
To learn much more on your experiences

Evaluation Results

Aspects of the Conference that Could Have Been Improved



Please comment on any aspect of the conference that you felt could have been improved:
Have presentations set up prior to session
Internet not accessible from room. Time keeping. Please provide baby sitters - I am sure this will not be well received, but it is not always appropriate or pleasant for others to have your children attend.
Just make the Name Badge a bit bigger so we can read other members names from a distance with out being rude to them.
No further comment except, that the organizing committee to investigate the selection of key issues, & I reiterate that intellectual property is a key one for me because our way of knowing is different to the non-Aboriginal, Torres Strait Islander Māori & other Indigenous specific issues.
Please put slides for presentations up
Please put the songs in order at the next Marae
PowerPoint presentations available on a flash drive?
Protocols for the Marae should have been in the Program book not on website. Some people are very busy & don't get to focus on a conference till they arrive. Getting access to the internet is not always easy.
Timetabling papers equally(i.e. at the same time, same numbers in each session) across the streams so it's possible to move from one to another
The plenary sessions should be/ could be taped
Some of the session facilitators or chairpersons didn't actively manage things effectively, e.g. talked more than the participants
Some presenters need to take a course on the effective use of PowerPoint
Speakers to be positive & proud of the achievements even though we still need to do more. Great to have a larger number of non indigenous people there & we need to be mindful of how we present our talks as to not make them feel uncomfortable. I was very uncomfortable as an Indigenous person being reminded of the negative aspects of being Indigenous so how do non Indigenous people feel. It is our job to inform & feel that we are winning & moving towards something bigger & better
More community attendance/speakers voices, more open discussion on strategy, relationships between LIME & AIDA

Please comment on any aspect of the conference that you felt could have been improved: (continued)
Consider finishing earlier - with reference to common flights out. This will be especially important in Darwin. The conference pack was too heavy, need to put things on CD; difficult when travelling home. I like the easy to carry program. Rydges are okay - but a tendency to be brusque, keen to cost-cut etc. Let's not be patronised by IT nerds sitting up the back doing their emails.
Excellent conference bag - contents less useful - too heavy!
I was uncomfortable with Flinders University's request for the Ngangkari to perform - it felt tokenistic.
Incorporate opportunities for local artists to showcase/ sell their work.
The chance to learn about the cultural items that were around for sale. It would have been good.
A bit more time for discussion & workshops at the conference, more vegan or vegetarian food, otherwise pretty well perfect!
Discussion time with panels could have been a little longer
I am not sure that the breakout sessions on the first day were equally as fruitful as each other & discussion time that could have been more valuable was limited due to the speakers
More time for discussion
More time for presentations & questions
Not much. Maybe a lunch time facilitated discussion on the mornings talks could be offered?
Perhaps some of the plenary sessions could have allowed for a bit more interactive component (minor issue though)
We could suggest to our non-Indigenous colleagues that the first question from each session should come from an Indigenous person (or some such approach) so as to keep the non-colonising space safe.
Dinner - venue good, food not to everyone's taste. Marae - need translations. Rydges - food okay, not brilliant for price
Dinner was Raw (too fancy) but the dancing was good Conference website was too vague as to what LIME IV was More fun networking opportunities e.g. learning a simple Indigenous or Islander dance to deepen knowledge/ understanding while working together with others More student talks that are compulsory
Food was a bit light on at dinner Round table discussions - workshopping ideas & concepts would be good if possible to organise - other than that, absolutely brilliant
I was very satisfied. Food at Marae was a minor negative experience
More healthy food
Following sessions/parts that involve native language, it should be interpreted in English
Just the sharing of words. Great to hear language but more interpretation needed.
Needed a Māori dictionary! Would be good to have "Delphi" style workshops to work for an afternoon on problem solving.
Perhaps those who were chairing sessions could have some pronunciation lessons for Māori names as some were butchered. Pronunciation lessons for those chairing sessions
CPD points? Involvement by Royal Colleges
Would like to see this move to an inter-professional conference
More time for talks. Maybe an additional day or half-day? Difficult to pick topics as they were all relevant, interesting, engaging
Should have been longer
Having the opportunity for whakawhanaungatanga The attendance of LIME members at the students panel was quite poor
I think many of us have reached the point where workshops & knowledge sharing / translation opportunities are more valuable than hearing another presentation.
More organised "networking" perhaps?
Some active networking activities would be great - people tend to gravitate to the same people, & once you've got through intros etc, & before you've had a chance to start talking about your work & possible collaborations etc, morning tea is over. Some 'forced' networking that cuts straight to the chase might be good e.g.: form groups of three, share one recent success in your institution, & one aim for the next year (or something like this). Another suggestion - limit the number of slides per presentation. So many presentations tried to fit everything from their study/field on the slides & at the end of the presentation you are feeling bamboozled & not entirely clear on the key points. Plus you are dividing your attention between reading the slide & listening to the speaker, so neither is fully effective. I found some of the most effective presentations were those that had only pictures, & you could focus solely on the presenter. Another suggestion - I know it's time consuming, but more facilitated interactive workshops would be good, providing an opportunity to share. I found it a bit ironic that we are about indigenous education, yet almost all presentations I attended followed the same format: dot point slides, which doesn't reflect any indigenous way of learning that I know! Some variation to this would be great.

Please comment on any aspect of the conference that you felt could have been improved: (continued)
Would have been great to have opening drinks
All was good & well organised.
I would be nit picking if I tried to find something to improve as I thought it was well organised & well run & the LIME staff were friendly & approachable throughout the conference.
More food (joke!) Congratulations on a fabulously well run event. Other than the content issue already mentioned there wasn't much that could be improved, From a personal perspective I loved it all & from a professional perspective I gained knowledge, insight, ideas & new contacts & friends. I wonder how we will rise to the challenges set by this conference but some universities are already making headway in terms of curriculum reform & cultural safety, we need to keep exchanging information. A number of us talked about the need for a collaboration space so that we can keep sharing ideas around e.g. recruitment in high schools. Should this be through LIME? The National Rural Health Conference in Australia takes recommendations at the end of each session & collates them to be presented at the end. I realise this is a huge imposition on conference organisers but I wonder if there is another way to capture delegate recommendations so that the hard work done to organise the program is able to be turned into policy & built upon. It also gives us something to send to all Deans of Medicine including those who were 'no-shows' as a statement from LIME.
No Improvement only as suggested above a session on Racism'. Congratulations to the team ...Awesome
Not sure - seemed great to me.
Overall good, cant think of area for improvement
Perfect for me.
This was my first one & I enjoyed it
Wonderful organisation - admin support
Session with the Deans lacked life, & was notably less interesting & inspiring than the rest of the conference. It would be great to have some Indigenous members on that panel, esp. Deans
Some of the focus... see my emphasis comment
Got sea sick even when Pavilion is moored (Dinner) Elevators were terrible (Rydges)
Room size was a problem, particularly for breakout sessions
The rooms were much too small & there was always people having to stand around the back of the rooms & it was just too crowded & uncomfortable. As an Elder there were a couple of sessions I couldn't attend because my age & heath didn't allow for me to stand for the whole session.
There is only one & this is regarding the venue
I thought the balance of the keynotes were good, provided the opportunity for respect, stimulation & consideration of different ways of approaching common issues. Having multiple streams of interesting sessions makes it difficult to choose!
It would've been good to hear the Indigenous session too
Re program: would like to have moved between concurrent sessions, but felt that I had to stay in the one Breakout Room
Separation on first morning between people
Increase student networking - these are the leaders of the future; we need to retain them & keep them coming back to the conference. Also allow more time for these students to discuss their ideas- with each other & with health professionals - either by a relevant project or group discussions. Being at Waipapa, although it may have taken a while but consider the possibility of a group whakawhanaungatangata to get to know each other & seek people who are of interest (or perhaps a separate book provided in the packs with a blog/profile of each attendee). Some of the contents of the packs were outdated (rugby world cup) or irrelevant (undergraduate Otago scholarships book). An improvement idea in the pack could include an update guide of the previous LIME connection meeting & what the outcome of it. A book with profiles of each person at the conference.
Maybe have some student specific sessions on how we can build advocacy within our peer-group, although I am not sure if this should come from us or from University Deans etc
Not much, it was well organised More student presentations

Attachment 2: Media Release

MEDIA RELEASE

Leaders in Indigenous Medical Education (LIME) Connection IV

29 November, 2011

Conference set to showcase the emerging evidence base for Medical Education in Indigenous Health

Leaders in Indigenous Medical Education from Aotearoa/New Zealand, Australia, Canada, Hawaii and Vietnam will gather in Auckland today for an international conference that aims to improve Indigenous health and the Indigenous health workforce through building the evidence base for best practice in the education of medical students and doctors, and in the recruitment and retention of Indigenous medical students.

The Leaders in Indigenous Medical Education (LIME) network is a project of the Medical Deans Australia and New Zealand hosted by *Onemda* VicHealth Koori Health Unit within the School of Population Health at The University of Melbourne, Australia and is funded by the Australian Government Department of Health and Ageing.

Members of LIME include Indigenous and non-Indigenous academics, medical educators, specialists in Indigenous health, allied health and nursing professionals, policy makers and community members who are committed to the delivery of quality Indigenous health content in medical education and curricula.

Participants meet every two years in either Australia or Aotearoa/New Zealand at a conference known as LIME Connection. 'Medical education initiatives in Indigenous health are critical to improving Indigenous health,' said conference spokesperson Shaun Ewen.

'Since being established in 2005, the LIME network has taken important steps in improving the awareness of Indigenous health issues in medical school programs in a bid to close the life expectancy gap between Indigenous and non-Indigenous peoples in both Aotearoa/New Zealand and Australia and provide health equality for Indigenous peoples in Aotearoa/New Zealand and Australia'.

'Auspiced by Medical Deans Australia and New Zealand, Te Ohu Rata O Aotearoa (Te ORA) Māori Medical Practitioners Association of Aotearoa and The Australian Indigenous Doctors' Association, the three-day conference will focus on 'Medical Education for Indigenous Health: Building the Evidence Base'.

'Due to the success of the pre-conference Indigenous caucus at LIME Connection III, this year's caucus will be hosted on the Waipapa Marae at the University of Auckland, on Day 1 of the Connection IV, as part of the main program, and invites **all delegates, both Indigenous and non-Indigenous**, to undertake broad discussion around their experiences, challenges and successes when working in the field of medical education'.

'A highlight of the conference will be the signing of a bilateral partnership agreement between Medical Deans Australia and New Zealand and Te Ohu Rata O Aotearoa (Te ORA) Māori Medical Practitioners Association of Aotearoa, which will formally acknowledge the relationship between the two organizations and will provide an opportunity for future alignment of initiatives in medical education in Indigenous health and to improving the health of Indigenous peoples in both Aotearoa/New Zealand and Australia.'

The LIME Connection will also host the LIMELight Awards tomorrow evening, which acknowledge and celebrate the many successes in Indigenous medical education.

LIME Connection IV has received support from a number of organisations including:

Auspice Organisations:



Host Universities:



Connection Sponsors:



Pen and Notepad Sponsors:



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SUPPORTING DOCUMENTS

LIME Connection IV Program

Available via: <http://limenetwork.net.au/content/post-conference-report-2011>

LIME Connection IV Timetable

Available via: <http://limenetwork.net.au/content/post-conference-report-2011>

Or you can contact The LIME Network via lime-network@unimelb.edu.au for copies.

