



**THE LIMENETWORK**

Leaders in Indigenous Medical Education

# LIMECONNECTIONV

Re-imagining Indigenous health education:  
Harnessing energy, implementing evidence, creating change

26-28 August 2013 Darwin, Northern Territory, Australia

**CONFERENCE PROGRAM**  
**ABSTRACTS & BIOGRAPHIES**



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*Jarrakarlani Amintaiya Mirningatinga*

By Jennifer Coombes

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# Welcomes

## Medical Deans Australia And New Zealand

It is my pleasure to welcome all delegates to the Leaders in Indigenous Medical Education (LIME) Connection V with its focus on *Re-imagining Indigenous health education: Harnessing energy, implementing evidence, creating change*. The LIME Network is a tangible reflection of Medical Deans' strong and sustained commitment to Indigenous health and to delivering doctors who will make a difference. The Network has been ably hosted by the Onemda VicHealth Koori Health Unit at The University of Melbourne, since its inception.

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

This year's LIME Connection provides an opportunity to showcase innovations across the breadth of medical and health education including recruitment and retention of students, curriculum design and delivery, clinical training and practice, and capacity building. In doing so, this LIME Connection will provide us with insights into programs occurring within medical and health education, and our medical schools, that continue to build knowledge in the field of Indigenous health, and capitalise on the evidence base which was highlighted at the last Connection in 2011.

Sharing our ongoing work will contribute to strengthening the integration of Indigenous health within medical and health education and ensuring better health outcomes for Indigenous peoples.

### **Professor Peter Smith**

President, Medical Deans Australia and New Zealand Inc.

## LIME Connection Committee

On behalf of the LIME Connection Committee, we would like to take this opportunity to welcome you to the fifth LIME Connection in Darwin, Northern Territory. Charles Darwin and Flinders Universities, as hosts of this conference, are excited to have our colleagues from across Australia, Aotearoa/New Zealand, Hawai'i, Canada and elsewhere join us for this important event.

We aim to provide a safe space for a mutual sharing of knowledge and ideas about implementing an Indigenous health curriculum within medical schools, and recruiting and graduating Indigenous students. LIME Connection V will showcase a number of initiatives occurring nationally and internationally but will also highlight the work taking place within the local context, beginning with the inclusion of the Northern Territory Aboriginal Health Professionals Panel on Day One.

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

**Karin Oldfield**, Flinders University, Northern Territory

**Robyn Williams**, Charles Darwin University

On behalf of the LIME Connection Committee



## Charles Darwin University

It is with great pleasure that I welcome you to the LIME Connection V Conference in Darwin, 26-28 August 2013. Charles Darwin University (CDU) is proud to co-host this prestigious biennial event, along with South Australia's Flinders University, whose Northern Territory Medical Facility is collocated on CDU's Casuarina Campus.

Australian health statistics - and the lived experiences of Australia's Indigenous population compared with our non-Indigenous counterparts - continue to provide an horrendous picture of modern Australia: disproportionately high incidences of diabetes, kidney disease, alcoholism, heart attack and disease, smoking-related illnesses, depression, suicide, eye and ear irregularities, which often emerge in childhood and often appear in adulthood as co and/or multiple morbidities. These debilitating illnesses impact severely on quality of life aspirations, interrupting education and employment opportunities and vastly shortening lives: it remains a travesty of social justice and an ongoing indictment of government policies since our ancestors were colonised on this land.

Having said that, it is most pleasing to see that so many Aboriginal and Torres Strait Islander peoples - and of course those of you from New Zealand, Canada and other nations - are taking up the challenge to acquire the knowledges and qualifications of the Western health sciences, social sciences, psychology and medicine, so that you can provide the leadership to improve our peoples' lives and close the gap of Indigenous disadvantage, especially with respect to health and well-being and, of course, longevity.

Welcome to Darwin, the Top End of Australia, and to what promises to be a wonderful three days of conferencing. I look forward to the day when the demographics of the Australian medical workforce reflects Indigenous population parity amongst its multifaceted personnel, and I am confident that we will see culturally-sensitive and safe treatments become systematically accessible in the not too distant future to all Indigenous peoples in need of health and medical assistance.

### **Professor Steve Larkin**

Pro Vice-Chancellor - Indigenous Leadership  
Director of the Australian Centre for Indigenous Knowledges and Education  
Charles Darwin University

## Flinders University

Welcome to Darwin, Larrakia country. Welcome from Flinders University and our Northern Territory Medical Program. The Leaders in Indigenous Medical Education meeting, the LIME Connection, is now a regular landmark in our medical education calendar that recognises the ongoing collaboration between Indigenous doctors and medical schools in Australia and Aotearoa/New Zealand that is critical to creating a medical workforce that can contribute to closing the gap in Indigenous health.

Medical schools exist because we make a difference to the health of the communities we serve. To do this effectively, we need to implement the evidence of what is known to work, and find solutions where there are evidence gaps. This requires energy, commitment, and often courage. You will see evidence of these three qualities in our medical students here in the Territory, and it is wonderful to welcome so many Indigenous medical students from all medical schools, the next generation of Indigenous doctors, to this fifth LIME Connection.



Medical schools are open to changing how we work in Indigenous health. Much change has been achieved in the last ten years, but there is more to be done. I look forward to the outcomes of this conference informing how we work together to build a healthier Australia and Aotearoa/New Zealand for all.

**Professor Paul Worley**

Dean of Medicine  
Flinders University

## Australian Indigenous Doctors' Association

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

I would like to acknowledge the Larrakia people on whose land we are meeting, and pay my respects to ancestors, both past and present. As we share our own knowledge, learning and research practices within Indigenous medical education at this years' Connection, may we pay respect to the traditional knowledge embedded deep within Larrakia land. I would also like to welcome our Indigenous cousins from across the Tasman, the Māori peoples of Aotearoa to this years' Connection.

Under our Collaboration Agreement with the Medical Deans of Australia and New Zealand, AIDA co-auspices the biennial LIME Connection with the Medical Deans, and Te Ohu Rata o Aotearoa (Te ORA) - The Māori Medical Practitioners Association. This year's theme, *Re-imagining Indigenous health education: Harnessing energy, implementing evidence, creating change* is of great significance, as it will showcase new and innovative ways of improving Indigenous health within the medical education curriculum as well as analysing current practices.

I particularly wish to thank our colleagues at Charles Darwin University and Flinders University for hosting LIME Connection V, and the LIME Secretariat for what I am sure will be an inspiring and enriching Connection.

**Dr Tammy Kimpton**

President  
Australian Indigenous Doctors' Association

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

*Whāia te mōtauranga hei oranga mō koutou. Seek after learning for the sake of your wellbeing (Rt Rev Manuhua Bennett)*

Te Ohu Rata o Aotearoa (Te ORA) - The Māori Medical Practitioners Association is honored to join LIME Connection V 2013. We extend our greetings to the Larrakia people of this country, and their elders past and present. Our elders have taught us that education is essential to health. We strongly support the work of LIME to energise medical education, to harness the evidence, to change our peoples' health for the better. We look forward to these days of the LIME Connection, because we know there is so much of value to learn and to share.

**Dr George Laking**

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

# The LIME Network Program

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

The LIME Network is a dynamic network dedicated to ensuring the quality and effectiveness of teaching and learning of Indigenous health in medical education and curricula, as well as best practice in the recruitment and retention of Indigenous medical students. We seek to do this through establishing a continuing bi-national presence that encourages and supports collaboration within and between medical schools and colleges in Australia and Aotearoa/New Zealand and by building linkages with the medical colleges, local Indigenous communities and other health science sectors.

The LIME Network recognises and promotes the primacy of Indigenous leadership and knowledge. The Project's governance model includes a strong, representative Steering Committee and Reference Group. Both groups consist of a range of participants, including medical educators, specialists in Indigenous health, policy makers and community members concerned with the improvement of health outcomes for Indigenous people.

The aims of the LIME Network are designed to:

- Enable the continuing development and implementation of quality Indigenous health curriculum to improve medical education for all medical students;
- Build on and strengthen appropriate recruitment and retention initiatives for Indigenous students;
- Build the capacity of those working in Indigenous health at medical schools;
- Develop pathways for vertical integration of Indigenous health curriculum and student recruitment strategies with specialist colleges;
- Strengthen Indigenous health initiatives across health disciplines; and
- Facilitate key relationships between Indigenous community controlled health organisations and medical schools to improve collaboration, student placement opportunities and research initiatives.

The LIME Network Program has achieved significant outcomes including:

- The facilitation of bi-annual **Reference Group** meetings to provide the opportunity for those working in Indigenous health within medical schools to collaborate, share information, provide feedback and peer network;
- The biennial **LIME Connection** conference to provide a forum for knowledge transfer and dissemination;
- Publication of the tri-annual LIME Network **Newsletter** promoting best practice and sharing successes in the field;
- Maintaining the LIME Network **Website** housing information on LIME Network projects and other news and events;
- Building the evidence base of the efficacy of Indigenous health curriculum development and implementation as well as Indigenous student recruitment and retention initiatives through publications such as the **Good Practice Case Studies Booklets** and the **Special Edition of the ANZAHPE Focus on Health Professional Education Journal**;



- Developing and implementing internal **review tools** to support medical schools to reflect and evaluate their performance;
- Supporting Indigenous high school students to understand the pathways to studying medicine through the online **Indigenous Pathways into Medicine Resource**;
- Building **linkages** across health disciplines and with medical colleges through networking and information sharing; and
- Supporting collaboration between medical schools and their local Indigenous Community Controlled Health Organisations through the facilitation of **Regional Meetings**.



# LIME Connection V

## Re-imagining Indigenous health education: Harnessing energy, implementing evidence, creating change.

The fifth biennial LIME Connection is being held in Darwin, Northern Territory from 26-28 August 2013.

Keynote speakers include experts in Indigenous health and medical education from Australia, Aotearoa/New Zealand, Hawai'i and Hong Kong. The target audience includes Indigenous and non-Indigenous medical and health educators, Indigenous health specialists, medical specialists, policy makers, students and community members.

This year's Connection will focus on **Re-imagining Indigenous Health Education: Harnessing energy, implementing evidence, creating change.**

The theme of the Conference builds on the focus of evidence based practice at LIME Connection IV and aims to capture new initiatives, share successful methods and workshop visions for the future through:

- addressing leading approaches to the inclusion of Indigenous health into medical and health 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 colleges and those from other health disciplines;
- continuing to showcase the growing body of evidence illustrating the relationship between medical education and Indigenous health with a view to publication of this evidence.

LIME Connection V is being co-hosted by Charles Darwin University and Flinders University and is held under the auspices of Medical Deans Australia and New Zealand, the Australian Indigenous Doctors' Association and Te Ohu Rata O Aotearoa (Te ORA) - Māori Medical Practitioners Association of Aotearoa.

Initiatives relating to the following topics will be presented at the conference:

- Implementing an evidence led curriculum;
- Recruitment and graduation of Indigenous students;
- Partnerships, placements and community engagement;
- Student initiatives;



- Advancing the discipline of Indigenous health;
- Indigenous health across the continuum (undergraduate through to specialist training);
- Decolonising the academy; and
- Indigenous health in the inter-disciplinary space.



# Convenors

## **The LIME Connection Committee Members:**

- Clair Andersen University of Tasmania
- Lilon Bandler The University of Sydney
- Christine Carriage University of Western Sydney
- Dylan Coleman The University of Adelaide
- Elana Curtis The University of Auckland / Te ORA
- Cheryl Davis Flinders University, NT
- Wendy Edmondson Flinders University, SA
- Jasmin Hunter Australian Indigenous Doctors' Association
- Odette Mazel The LIME Network
- Lynda McCaffery Charles Darwin University
- Dennis McDermott Flinders University, SA
- Karin Oldfield Flinders University, NT
- Warwick Padgham The LIME Network
- Caitlin Ryan The LIME Network
- Sarah Strasser Flinders University, NT
- Ray Warner Australian Indigenous Doctors' Association
- Robyn Williams Charles Darwin University
- Terina Moke Te Ohu Rata o Aotearoa (Te ORA)

## **The LIME Connection Scientific Committee:**

- Elana Curtis Te Ohu Rata o Aotearoa (Te ORA)
- Shaun Ewen The University of Melbourne
- Jasmin Hunter Australian Indigenous Doctors' Association
- Dennis McDermott Flinders University, SA
- Odette Mazel The LIME Network
- David Paul The University of Western Australia
- Warwick Padgham The LIME Network
- Suzanne Pitama University of Otago
- Caitlin Ryan The LIME Network
- Ray Warner Australian Indigenous Doctors' Association
- Robyn Williams Charles Darwin University



### **The LIMELight Awards Committee:**

- Danielle Arabena Australian Indigenous Doctors' Association
- Gaye Doolan Australian National University
- Jasmin Hunter Australian Indigenous Doctors' Association
- George Laking Te Ohu Rata o Aotearoa (Te ORA)
- Neville Yeomans Former Dean (Medical Deans)

### **The LIME Connection Bursary Committee:**

- Jasmin Hunter Australian Indigenous Doctors' Association
- Sean White Australian Indigenous Doctors' Association
- Terina Moke Te Ohu Rata o Aotearoa (Te ORA)
- Tania Huria Te Ohu Rata o Aotearoa (Te ORA)

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# Acknowledgments

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

Carrie Altamura, Natalie Chappell, Lulu Coombes (Larrakia Nation), Kate Dumas, Penny Eckel, Joanne Hilliard, Margaret Joyce, Jane Marriner, Fiona Morrison, Tom Noble, Chris O'Brien, Caden Pearson, James Pilkington, Leila Smith, Lee-Anne Sparkes, Natalia Terechow, Natalie Tong, Veronica Wallace and Anne Weekes.

# Sponsors

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

## **Auspice Organisations:**

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

## **Host Universities:**

- Charles Darwin University
- Flinders University

## **Connection Sponsors:**

- Australian Government Department of Health and Ageing
- Australian Medical Council Limited
- Charles Darwin University
- Flinders University
- Health Education and Training Institute (NSW)
- Health Workforce Australia
- Northern Territory General Practice and Education
- The Royal Australasian College of Physicians

## **Pen and Notepad Sponsors:**

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

The LIME Network is very appreciative of the generous sponsorship, both financial and in-kind that all sponsoring organisations have provided LIME Connection V.

## **Indigenous Medical Student and Community Bursaries:**

LIME Connection V student and community bursaries have been funded by the Australian Government Department of Health and Ageing, as well as the following Medical Schools across Australia and Aotearoa/New Zealand:

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

# Indigenous Medical Student And Community Bursaries

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

This year, bursary places were offered to:

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

The purpose of the bursaries is to:

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

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

- Demonstrated interest and experience with Aboriginal, Torres Strait Islander and/or Māori health;
- Commitment to improving Aboriginal, Torres Strait Islander and/or Māori health in the future;
- Leadership and involvement with community; and
- Active involvement with medical schools.

## **Bursary Recipients - Medical Students**

- Benjamin Doyle – Australian National University
- Danielle Louise Dries – Australian National University
- Charmaine Earnshaw – Australian National University
- Mania Campbell-Seymour – The University of Auckland
- Ngaree Blow – The University of Melbourne
- Rob James – The University of Melbourne
- Tara Purcell – The University of Melbourne
- Gary Wood – The University of Melbourne
- Wayne Ah-Sam – The University of Newcastle
- Sarah-Rebekah Clark – The University of Newcastle
- Sheree Enderby – The University of Newcastle
- Rebecca Gough – The University of Newcastle
- Kellyann Grayson – The University of Newcastle
- India Latimore – The University of Newcastle
- Madison Pullen – The University of Newcastle
- Nicole Whitson – The University of Newcastle
- Guy Dennis – The University of New South Wales

- Lauren Barnett – University of Otago
- Cara Lucas – University of Otago
- Chivala Heal – University of Otago
- Kersandra Begley – The University of Sydney
- Blair Rasmussen – The University of Sydney
- Rebecca Hutchens – The University of Western Australia
- Kelly Needham – University of Western Sydney
- Dana Slape – University of Western Sydney
- Artiene Tatian – University of Western Sydney

## **Bursary Recipients - Community**

- David Paitai – Thames, New Zealand
- Adrian Hepi – Gold Coast, Australia
- Lisa Hanson – Adelaide, Australia
- Sharon Dennis – Devonport, Australia
- Veronica Robbins – Townsville, Australia

# General Information

## REGISTRATION DESK

The registration desk is located at the Darwin Convention Centre. LIME staff members and event staff will be available at the registration desk throughout each day.

The registration desk will be open on:

- Monday 26 August from 8:00am and throughout the day;
- Tuesday 27 August from 8:30am and throughout the day;
- Wednesday 28 August from 8:30am and throughout the day.

Delegates should collect their name badges and conference materials at the registration desk upon arrival.

## PROGRAM CHANGES AND MESSAGES

A board near the registration desk will contain up-to-date information about program changes and will be the site for other messages to be posted on conference days.

## PRESENTATIONS

All presenters must submit their PowerPoint presentations on a memory stick to the conference technicians, prior to 8:45am on the morning of their session. Please visit the registration desk to access the conference technicians.

## INTERNET FACILITIES

Wireless internet facilities are available to all delegates with their own laptop computers, using a password which can be obtained from the registration desk at the Darwin Convention Centre.

## MOBILE PHONES

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

## PARKING

The Darwin Convention Centre has 300 parking spaces within the precinct. The cost for parking is \$5.00 per car per day. Street-ticketed parking is also available for a limited time. Delegates who choose to park on the street should ensure that they do not exceed the time limit or they may incur a fine.

# Darwin Information

## DARWIN

Darwin is a tropical, harbour-side city which enjoys warm weather throughout the year. The city is known for a laid-back style, while also being an exciting place to visit. The city has a population of around 120,000, and attractions include weekly outdoor food and craft markets, festivals, a growing culinary scene and national parks.

With close links to many Indigenous communities including the Larrakia people (Darwin's traditional owners), nearby Asian destinations, and a thriving tourism scene, Darwin offers rich and diverse cultural experiences. The city provides a great starting point to explore places like the World Heritage-listed Kakadu National Park, Litchfield and Nitmiluk National Parks, the Tiwi Islands and Arnhem Land.

## PLACES TO GO IN AND AROUND DARWIN

- Cullen Bay Marina: At Cullen Bay you will find restaurants, cafes and gift shops, and from here you can organise sunset harbour cruises and fishing tours;
- Deckchair Cinema: The open air cinema is located at the Waterfront Precinct;
- George Brown Darwin Botanic Gardens: These gardens showcase the flora of northern Australia and other tropical habitats around the world;
- Indo Pacific Marine: This living marine environment centre provides an opportunity to see and learn about marine ecosystems;
- Mindil Beach Markets: The markets are held every Thursday and Sunday night from April to October. Stalls include international cuisine, arts, crafts and entertainment;
- Markets: Other popular markets worth visiting are the Saturday morning Parap Village Markets, the Sunday morning Nightcliff Markets and Rapid Creek Markets (Darwin's oldest markets) and Palmerston's Friday night markets; and
- Museum and Art Gallery of NT: The museum features collections of the region's art, natural science, history and culture. Encompassing Aboriginal art and culture, arts and craft from south-east Asia and Pacific regions, maritime archaeology and Northern Territory history, the museum also houses a Cyclone Tracy exhibit. At the time of the LIME Connection, there will be the National Aboriginal and Islander Art Awards Exhibition at the Museum.

For further tourism information for Darwin, please visit:

[www.tourismtopend.com.au/](http://www.tourismtopend.com.au/)  
[www.travelnt.com/darwin-and-surrounds.aspx](http://www.travelnt.com/darwin-and-surrounds.aspx)  
[www.australia.com/explore/states/nt.aspx](http://www.australia.com/explore/states/nt.aspx)  
[www.lonelyplanet.com/australia/northern-territory](http://www.lonelyplanet.com/australia/northern-territory)

## ACCOMMODATION

Following are places to stay close to the conference venue:

- Vibe/Adina - 7 Kitchener Drive, Darwin City Waterfront; T: +61 8 8982 9999
- Mantra Pandanas - 43 Knuckey Street, Darwin; T: +61 8 8901 2900
- Travelodge Mirambeena Resort - 64 Cavenagh Street, Darwin; T: +61 8 8946 0111
- International House, Charles Darwin University, Darwin; T: +61 8 8946 659



## MONEY

There are several banks and 24hr ATMs located around Darwin. Please note that there are no ATM facilities at the Darwin Convention Centre. The nearest facilities are situated at the Stokes Hill Wharf Precinct and the Adina/Vibe Hotel Complex.

Banks in close proximity to the Convention Centre include:

- ANZ - 69 Smith St
- Bendigo Bank - 67 Smith St
- Commonwealth Bank - 66 Smith St
- National Australia Bank - 71 Smith St
- Westpac - The Mall, 24 Smith St

For up-to-date information about exchange rates, see [www.xe.com](http://www.xe.com).

## CLIMATE

Darwin has two distinct seasons; the wet season which runs from approximately late October through to March and the dry season from April to September. During LIME Connection V, expect a relatively warm climate with an average high of 31°C, an average low of 20°C with relatively little rain.

For Darwin weather forecasts, visit **W:** [www.bom.gov.au/nt/forecasts/darwin.shtml](http://www.bom.gov.au/nt/forecasts/darwin.shtml)

## GETTING AROUND IN DARWIN

### Airport Shuttle

Darwin International Airport is located 13 kilometres from the CBD (around a 15 minute drive). Darwin Airport Shuttle operates from the Arrivals terminal of the Darwin Airport. Return shuttle services are offered to and from all Darwin CBD hotels, holiday apartments, backpacker hostels and the Transit Centre in Mitchell Street.

For more information on the Airport Shuttle, visit **W:** [www.darwinairportshuttle.com.au](http://www.darwinairportshuttle.com.au).

### Buses

Buses are the main mode of public transport in Darwin and are operated by the Northern Territory Government. Buses operate between three main interchanges located in Darwin City, Casuarina and Palmerston. You can travel for three hours on any bus for \$2 (children 50c and under-fives free). Buy tickets on the bus.

A bus timetable can be collected from the Visitor Information Centre at 6 Bennett Street, Darwin City, or via **W:** [www.transport.nt.gov.au/public/bus/darwin](http://www.transport.nt.gov.au/public/bus/darwin).

### Car Hire

A number of hire car companies operate out of Darwin airport and the city. Car rental counters are located at the Arrivals Hall near baggage collection on the ground floor of Darwin International Airport.



For more information see the rental car page on Auckland Airport's website:

- AVIS **T: + 61 8 8945 0662**
- Budget **T: + 61 8 8945 2011**
- Hertz **T: +61 8 8945 0999**
- Europcar **T: +61 8 8941 030**
- Thrifty **T: +61 8 8924 2480**

Parking within easy reach of the city should be easy to find; and includes the West Lane car park next to the Mall, off-street parking close to the commercial area or metered parking spots along city streets except the Mall, which is closed to traffic. There are also a number of off-street city car parks. They all have a number of parking bays designated for use by people with a disability.

### **Taxis**

Taxis are available throughout Darwin and its surrounds. Taxi ranks can be found at Darwin International Airport, the Knuckey Street end of Smith Street Mall, outside Skycity Casino and outside the Darwin Cinemas on Mitchell Street at night on weekends. You can call direct to book a taxi or request one at your hotel reception.

Taxi pricing is charged by meter; expect to pay around AU\$25.00 to AU\$30.00 for a trip between Darwin International Airport and the Darwin CBD district. An AU\$3.00 exit toll payable by the passenger applies on exit from the ranking lane at the airport.

A selection of taxi companies is listed below:

- Darwin Radio Taxi, **T: 131 008**
- City Radio Taxis, **T: 138 294**
- Yellow Cabs, **T: 131 924**
- People Movers NT Mini-Bus Service, **T: +61 8 8983 2111**

### **MEDICAL SERVICES**

The closest medical centres to the Convention Centre are:

- For emergencies call **000**
- Carpentaria Medical Centre, 1st Floor 13 Cavenagh St – **T: +61 8 8981 4233**
- Darwin Medical Centre, Peel St – **T: +61 8 8941 0369**

Chemists are located in The Mall on Smith St.

### **For further information, visit:**

[www.tourismtopend.com.au/](http://www.tourismtopend.com.au/)  
[www.travelnt.com/darwin-and-surrounds.aspx](http://www.travelnt.com/darwin-and-surrounds.aspx)  
[www.australia.com/explore/states/nt.aspx](http://www.australia.com/explore/states/nt.aspx)  
[www.lonelyplanet.com/australia/northern-territory](http://www.lonelyplanet.com/australia/northern-territory)

# Social Functions

## Monday 26 August 2013

### WELCOME RECEPTION

4:00pm-5:30pm

The Australian Centre for Indigenous Knowledges and Education (ACIKE)  
Charles Darwin University  
Ellengowan Drive, Casuarina, Darwin

A Welcome Reception will be hosted at The Australian Centre for Indigenous Knowledges and Education (ACIKE), Charles Darwin University, following proceedings on Monday 26 August. This event will provide delegates with an opportunity to view the Flinders Northern Territory Medical School and Charles Darwin University campus.

Delegates will be welcomed by Professor Steve Larkin, Pro Vice-Chancellor – Indigenous Leadership, Charles Darwin University, and the event will include a performance by the One Mob Different Country Dancers. Refreshments will be provided and art from local community members will be on display for purchase.

The Welcome Reception will also include the official launch of the *LIME Good Practice Case Studies Volume Two*, to be presented by Professor Ian Puddey, Medical Deans Australia and New Zealand, and Dean, Faculty of Medicine, Dentistry and Health Sciences, The University of Western Australia.

Please note that this event will cater for a limited number of delegates.

**Buses will leave for the Welcome Reception at 3:30pm** from the front of the Darwin Convention Centre, returning at 5:30pm.

## Tuesday 27 August 2013

### LIME CONNECTION DINNER AND LIMELIGHT AWARDS

6:30pm - Midnight

The Darwin Sailing Club  
Atkins Drive, Fannie Bay, Darwin

Delegates are asked to make their own way to the Darwin Convention Centre by 6pm to board buses to the venue for a 6:30pm start. The Darwin Sailing Club is approximately fifteen minutes' drive from the Darwin Convention Centre. Please ensure you are on time, so that we can enjoy the excellent sunset views.

#### Master of Ceremonies

**John Paterson**

**Aboriginal Medical Services Alliance Northern Territory**

John was appointed Chief Executive Officer for Aboriginal Medical Services Alliance of the Northern Territory in 2006; he has held senior management positions within government and Aboriginal community organisations for more than twenty-five years. He is affiliated with the Ngalakan tribe from the Ngukurr region, south-east Arnhem Land. John graduated from Edith Cowan University with a Bachelor of Social Science in Human Service. He is also a graduate and Fellow of the Australian Rural Leadership Foundation. John was recently appointed to the Top End Hospital Network Council. He also chairs the National Aboriginal Community Controlled Health Organisation eHealth Expert Group. His interest includes mentoring Indigenous youth, strengthening Indigenous governance structures and gardening. John is also President of the Darwin Buffaloes Football Club.



## LIMELIGHT AWARDS

The 2013 LIMELight Awards will be presented during the evening. The awards recognise the significant and outstanding work of staff, students and medical schools in the teaching and learning of Indigenous health in medical education, as well as Indigenous student recruitment and retention. These awards acknowledge innovative programs or initiatives which address critical issues, bring people together collaboratively and implement innovative solutions.

### **Award Categories:**

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

### **LIMELight Awards Presenter Olga Havnen Danila Dilba Health Service**

Olga Havnen is the former head of Aboriginal and Torres Strait Islander Strategy at the Australian Red Cross. She has held a range of senior public and non-government sector roles in her long career in Indigenous Affairs, including Deputy Director of the Northern Land Council, Principal Policy Adviser with the Office of Indigenous Policy in the Northern Territory Department of the Chief Minister and Manager of Indigenous and International Programs at Fred Hollows Foundation. Ms Havnen has held a position on the Australian Council of Social Services' Board of Directors and represented the Australian Government at various international forums. She grew up in Tennant Creek and is the daughter of Aboriginal educator Peg Havnen. Ms Havnen currently holds the position of Chief Executive Officer of Danila Dilba Health Service in Darwin.

### **Kenny Reid**

This year's LIMELight Awards have been designed by local artist Kenny Reid. Kenny grew up in the Northern Territory. He is a talented Painter and Carver. He has been painting for 20 years and produces both traditional and contemporary art. Kenny's family dreaming stories, which have been passed down from Granny Ubaba, are the 'Itchy Billobong' and 'Octopus'. Kenny enjoys painting hunting trips. He hunts and gathers the various animals and bush tucker available during the different seasons on Larrakia country, such as turtle, fish, crab, string ray, duck, goose and turkey. His paintings depict his catch, where it is from, how much he has speared, where the tucker was caught and what they were eating at the time.

Kenny collects his own wood for carving from his traditional country. Most of his carvings are of saltwater creatures and mangrove birds. He also carves clap sticks, spears boomerangs and didgeridoos. All his carvings are painted using traditional Larrakia designs. Kenny's art and designs were used at the railway terminal in Darwin, East Point. Iron casts of Kenny's carvings are on site at the Tiger Brennan Drive overpass. He carved the first dug out canoe made in 60 years for the Larrakia Nation Museum Project in 2003. Kenny's dug out canoes are on display at the Koomali Cultural Centre in Batchelor.

## ENTERTAINMENT

### **Robbie Mills Didgeridoo**

Senior Larrakia man Robert Mills and was created to share passion for the Larrakia culture, history and knowledge. Robbie and his family are renowned and respected members of the Darwin community. Robbie is known for his traditional performance and cultural knowledge as well as a first class contemporary musician.



## DJ Timone

Timmy Duggan will be the DJ for the LIME Connection dinner at Darwin Sailing Club. He is a Darwin local and father to three kids. Timmy is strongly influenced by the strength, respect and kindness of his grandmother Josephine Talbot, who was taken from her Warramanga country in Philip Creek in the 1940s. A skilled basketball player, Timmy was the first person from the Northern Territory to play in the NBL, where he played for the Gold Coast Rollers, and in 2001 he initiated the Hoops 4 Health Aboriginal Corporation, a program using basketball as the vehicle to advocate for Indigenous youth. In 2009 Timmy broke the Darwin Basketball Association record for three-pointers in one game (12!) and in 2012 was NAIDOC Person of the Year for Darwin.

## Wednesday 28 August 2013

### CLOSING EVENT

4:00pm – 6:00pm

Il Lido Restaurant  
Wharf One, f3/19 Kitchener Drive  
Darwin Waterfront NT 0800

Following the final session of the conference, *Reflections and Ways Forward to LIME VI*, delegates are asked to make their way across the sea wall at the rear of the Convention Centre to Il Lido Restaurant, for drinks and entertainment.

### ENTERTAINMENT

#### David Spry Duo

David Spry and The Moral High Ground is a diverse ensemble with up to 7 players and a wicked global sound that effortlessly combines Reggae, Roots and Blues. Incorporating the acoustic fervour of Ben Harper, and the snaking groove of Toots and the Maytals, The Moral High Ground's repertoire has audiences both dancing with reckless abandon and being entranced and inspired by the warmth of beautiful ballads.

An Indigenous singer/songwriter, David is fiercely proud of his roots and his modern perspective of Indigenous culture features prominently in his music. Original singer/songwriter and Darwin local, David Spry draws influence from his world travels and relates this to his Indigenous Australian background through heartfelt, powerful and uplifting songs.

From a long line of storytellers, David uses his inherited gift and shares his experiences in a contemporary style of music with a uniquely upbeat vibe. David has made his mark in the NT in the most recent years by self-managing original music events and bringing enthusiasm and a fresh attitude to the Darwin original music scene.

Nominated as 'NT Song of the Year' finalist both 2012 and 2013 in two separate categories (pop and roots) shows his diversity of genres in song writing, and his recent sell-out show at the Darwin Entertainment Centre shows his band, The Moral High Ground are always a crowd-pleaser.

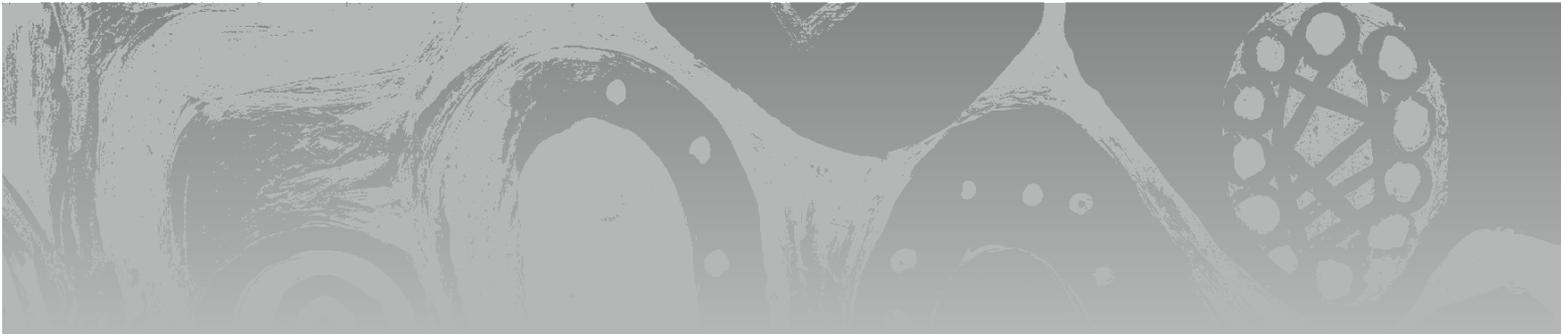
**Please note: the above activities are included in the registration fee.**

# Venue Maps

## DARWIN MAP WITH VENUES

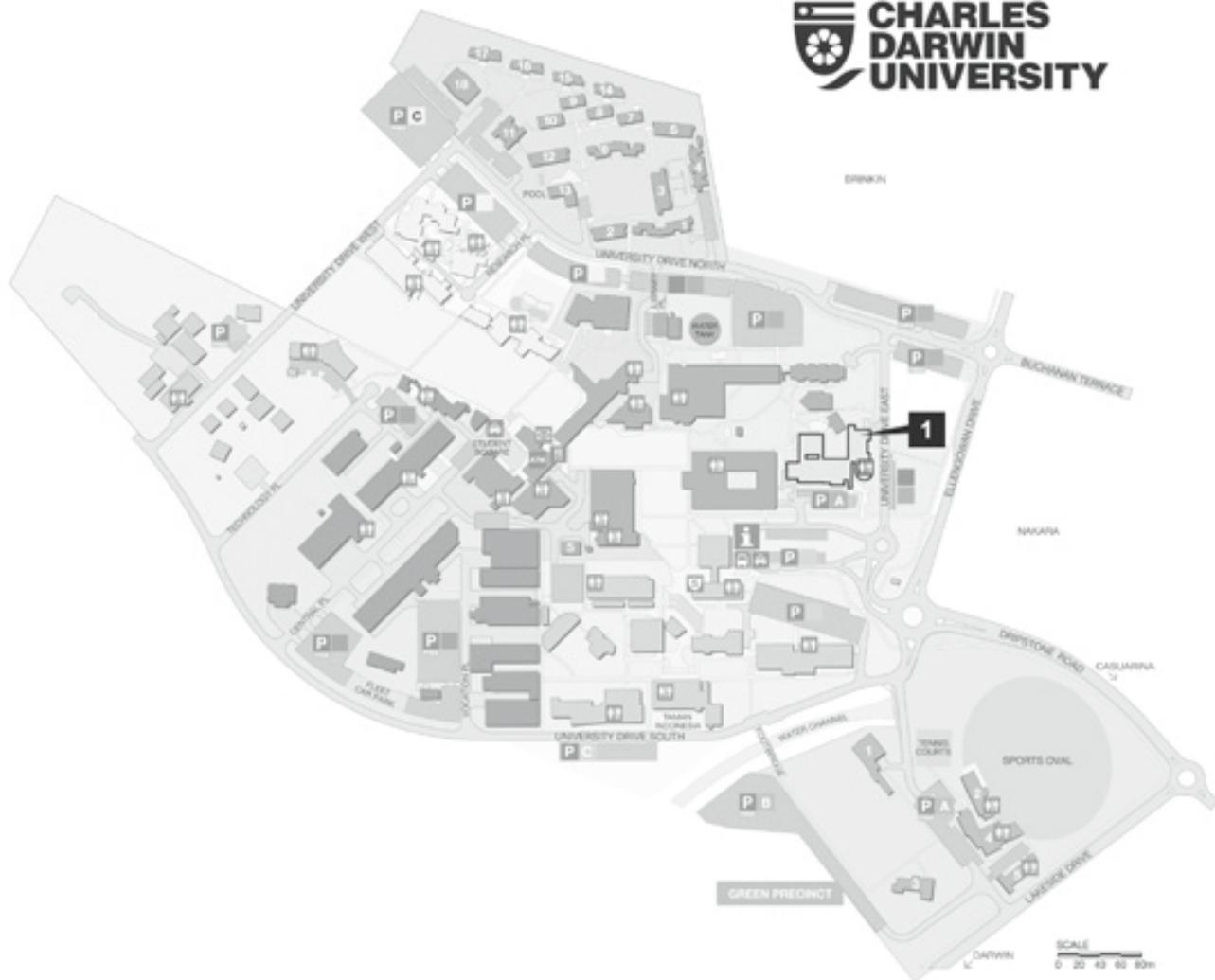


1. Darwin Convention Centre (Conference Venue)
2. Darwin Sailing Club (LIME Connection Dinner Venue)
3. Charles Darwin University (Welcome Reception Venue)



## WELCOME RECEPTION

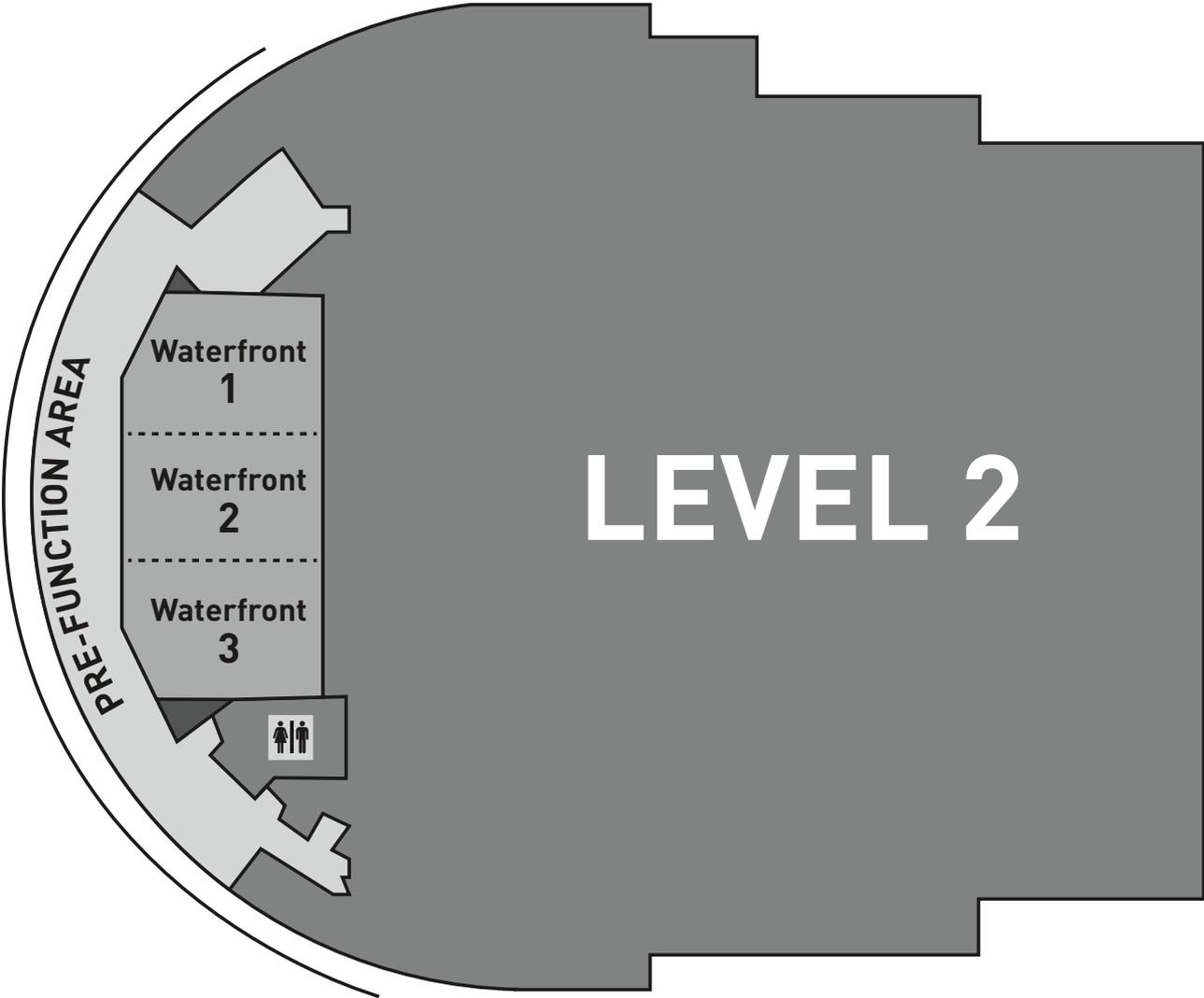
AUSTRALIAN CENTRE FOR INDIGENOUS KNOWLEDGES AND EDUCATION  
CHARLES DARWIN UNIVERSITY

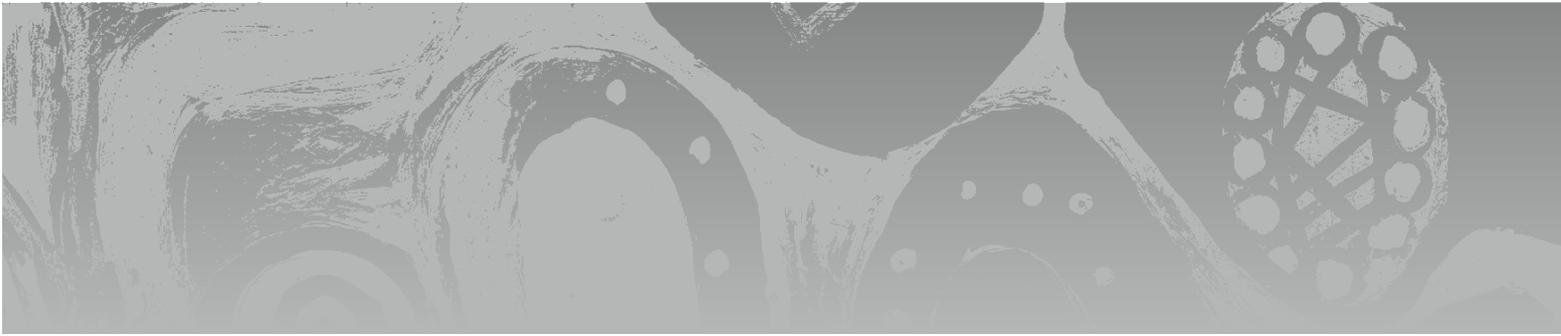


1. Australian Centre for Indigenous Knowledges and Education

**CONFERENCE VENUE**

**DARWIN CONVENTION CENTRE**





## LIME CONNECTION DINNER

### DARWIN SAILING CLUB



1. Darwin Sailing Club  
Akins Drive, Fannie Bay, Darwin

## CLOSING EVENT

### IL LIDO RESTAURANT



- 1 il lido Restaurant  
Whard One f3/19 Kitchener Drive, Darwin Waterfront

# Abstracts and Presenters Biographical Notes

## Day One - Harnessing Energy

Monday 26 August

Darwin Convention Centre

## Welcome to Day One

Welcome to Country

8.45am – 9.30am

Performed outside Darwin Convention Centre

Chair: Steve Larkin  
Charles Darwin University

### Presenters:

#### Larrakia Nation

June Mills (Gunluckiininimul) Larrakia Traditional Owner and respected elder of her people, welcomes LIME conference delegates to Darwin. June says "Indigenous health is dependent on environmental, physical, mental, spiritual and cultural needs being addressed appropriately, with cultural protocols as standard practice within the framework of medical practice".

#### Kenbi Dancers

William Lippo is the lead dancer of the mob and his three sons participate as well. The dances that the Kenbi mob perform are corroboree from four different tribes and a number of these dances are also shared by the Larrakia people. The dancers in the Kenbi troupe live on both sides of the Darwin harbour today, however traditionally these clans groups lived on the Cox Peninsula side of the harbour.

## Welcome Address 9.45am - 10.00am

**Chair: Shaun Ewen**  
**The University of Melbourne**

### Presenters:

**Steve Larkin**  
*Charles Darwin University*



Professor Steve Larkin is a Kungarakany man from Darwin in the Northern Territory. In 2004, Professor Larkin was appointed as Principal (CEO) of the Australian Institute of Aboriginal and Torres Strait Islander Studies. In 2009 Professor Larkin took up the position of Pro Vice-Chancellor – Indigenous Leadership with Charles Darwin University, the first Indigenous person to hold such a position within an Australian university. Professor Larkin is currently a member of the Board with beyondblue, the national depression initiative, served as Chair of the Indigenous Higher Education Advisory Council during 2009-2012, was a member of the panel for the National Review of Indigenous Higher Education during 2011-2012 and is a current member of the First Peoples Education Advisory Group, the National Aboriginal and Torres Strait Islander Higher Education Council, the Healing Foundation, and the Batchelor Institute of Indigenous Tertiary Education Governing Board.

**Michael Kidd**  
*Flinders University*



Professor Michael Kidd AM is Executive Dean of the Faculty of Health Sciences (including the School of Medicine and the School of Nursing and Midwifery) at Flinders University. He is a general practitioner and President of the World Organization of Family Doctors (WONCA). He chairs the Australian Government's Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections, and is a director of several organisations including beyondblue, General Practice Education and Training (GPET) and Therapeutic Guidelines. He is also a member of the Advisory Board of the Lowitja Institute, Australia's National Institute for Aboriginal and Torres Strait Islander Health Research.

# Keynote Presentations

## Keynote Presentation

10:00am – 11:15am

**Chair: Shaun Ewen**  
The University of Melbourne

**Presenters:**

Li Chong (LC) Chan

*Chair Professor, Department of Pathology*  
*Co-Director, Medical Ethics and Humanities Unit*  
*The Li Ka Shing Faculty of Medicine, Hong Kong*



Dr Chan has a special interest in curriculum development, problem based learning in medicine and general education, and mindful practice. He is the Chairman of the Medical Humanities Planning Group responsible for developing and implementing a longitudinal and core medical humanities curriculum which was launched in 2012. He is on the steering committee of the Common Core Curriculum of The University of Hong Kong responsible for developing a liberal arts education for all students from 2013. He received an Outstanding Teaching Award of the University of Hong Kong in 2008.

**Abstract:**

### **Medical humanities and the restoration of humanistic care to patients and community**

Biomedical research and cutting edge medical technology have dominated the medical curricula in many schools over the past few decades. This has resulted in illness being managed through biomedical perspectives, and with little understanding of how an individual or community's experience of illness is influenced by social and cultural factors. Medical practice, traditionally associated with humanistic care, is becoming more of a clinician scientist's trade.

To redress the imbalance and help develop humanistic care, the Li Ka Shing Faculty of Medicine has pioneered a core medical humanities curriculum from 2012 starting with first year students, which will span the entire six years of their curriculum. In his talk, LC will present the background leading to the development and the conceptual framework of the program, the pedagogy and the first year experience. Whilst narrative medicine helps develop humanistic care through understanding of self and others and our interconnectedness, mindfulness training – a special feature of the program – maximises the potential of delivery of such care by enabling health care professionals to work in situations which are difficult and challenging, hence opening up opportunities to turn towards and work with, instead of turning away from, dissonance.

## Dennis McDermott

*Director of the Poche Centre for Indigenous Health and Well-Being, Adelaide  
Flinders University, South Australia*



Professor McDermott is the Associate Head of Faculty, Aboriginal and Torres Strait Islander Health, within the Faculty of Health Sciences at Flinders University. He is also the Director of the Poche Centre for Indigenous Health and Well-Being, Adelaide. A Koori man, his mother's family are from Gadigal land (inner Sydney) with connections to Gamilaroi country (north-west New South Wales). Dennis has worked in such diverse fields as alcohol and other drug education and counselling, private therapeutic practice, community health and men's health research. He has trained Aboriginal foster carers, supervised counsellors to the 'stolen generations' and worked with families dealing with a death in custody. Dennis's teaching and research interests encompass early childhood, social determinants of Indigenous health, racism, incarceration, Indigenous

social, spiritual and emotional well-being, workforce development, Indigenous health pedagogy, and the nexus of culture and context in service delivery.

### **Abstract:**

### **'Warm' science/hard 'fuzzies': medical humanities, Indigenous knowledge and developing 'open' doctors**

Psychologists

*Psychology*

*always had aspirations*

*to escape pure conjecture, show the world*

*that it was truly a hard science, evidence based,*

*always fell short*

Dennis McDermott 'Psychologists' Dorothy's Skin, Wollongong, Five Islands Press, 2003

Vermeer

*It hurts to go through walls. It sickens you.*

*but it's necessary.*

*The world is one. But walls ...*

*And the wall is part of yourself –*

...

*The clear sky has set itself on a slant against a wall.*

*It's like a prayer to emptiness.*

*And the emptiness turns its face to us*

*and whispers,*

*"I am not empty, I am open."*

Tomas Tranströmer (translated by Samuel Charters) 'Vermeer' Printed by John McBride for OYEZ for the poet's visit to the United States in April 1988



Indigenous health and cultural safety may not only be peripheral to the educational trajectory of many medical students, but a 'warm and fuzzy' frustration to a number of their educators. With curriculum space limited, desires for a benchmark quantum of both science and clinical competence may lead to tensions with perceived interlopers. A false dichotomy between clinical competence and self-reflective practice can threaten good medical education. It may be especially inimical to culturally-safe practice in Indigenous care-settings.

'Fuzzy' and 'hard' can get along. From an Indigenous stand-point, health care interventions that are premised on the unfailing primacy of 'hard science' can lead to overly-proscriptive service paradigms. They can be capable – at one and the same time – of delivering specific outcomes, yet still be insufficient for the larger task of effective care and healing. A preference for 'concrete' thinking linked to clinical competence by a number of medical students, might in fact ill-serve better health outcomes when set against complex Indigenous presentations - with their out-of-focus corona of powerful social determinants. A wealth of pan-Indigenous knowledge can assist here. From an Aboriginal and Torres Strait Islander perspective, 'deep listening' and 'seeing two-ways' are just two relevant offerings: each capable of enriching practitioner conceptual underpinning and clinical skill alike. Additionally, they may be protective of the moral reasoning, empathy and compassion at risk of fracture, even crumbling, from the disturbing 'tectonic' shifts of the student transition to clinical medicine.

Embedding medical humanities in curricula boosts the likelihood of graduating doctors with their humanity and ethical practice enhanced, rather than eroded. When we foster the Indigenisation of that person's praxis, through a valorising of Indigenous knowledge (including its diverse values and ways), we not only assist the realisation of medical humanities' promise, but also augment it with a less-certain – though, less-armoured - more-responsive openness: one crucial to Indigenous health practice.

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# Panel Session

## Northern Territory Aboriginal Health Professionals

11.45am - 1.00pm

Facilitator: Brad Murphy

### Session Outline:

This panel of Northern Territory based Aboriginal health professionals aims to showcase local contributions in Indigenous health with a focus on medical education. Panellists all have involvement with Indigenous health and medical education in the Northern Territory and will share their views on the delivery of Indigenous health teaching and learning programs, in line with sustainable community partnerships, with a forward looking focus on Indigenous health and medical education into the future.

### Panellists:

Cheryl Davis

*Flinders University, Northern Territory*



Cheryl Davis is a Yuet and Baladong woman from the Noongar region in the south-west of Western Australia. Cheryl has spent at least 14 years teaching both Indigenous and non-Indigenous students about health and Aboriginal health respectively. Cheryl worked at Curtin University for 12 years and just recently spent 12 months at Charles Sturt University before joining Flinders University. Cheryl has a Bachelor of Health Science and a Master's in Public Health. Cheryl is currently studying a Masters by research and is hoping to convert to PhD about '*Noongar people's knowing, being and doing health and wellbeing and their use of bush medicines and healing in their own health*'.



## John Reid

*Flinders University, Alice Springs*



John Reid is a Kokatha man from Port Augusta who has spent the last 25 years living and working in central Australia. He is currently employed as the Indigenous Research Fellow at the Poche Centre for Indigenous Health and Well-Being, which is part of Flinders Northern Territory Medical Program. He is also doing his PhD which looks at Aboriginal migration from remote communities into urban centres and the impact this has on the well-being of the individual, family and community. Part of this process requires him to translate research outcomes from the PhD program and other research back into the medical education programs he teaches in.

## Aleeta Fejo

*Northern Territory Medicare Local*



# Workshops

## **WORKSHOP 1: Retention to graduation: Aboriginal learner narratives across the continuum**

**2.00pm - 3.15pm**

**Facilitator: Danielle Soucy**

### **Abstract:**

Chaired by the Director of the Aboriginal Students Health Sciences (ASHS) office, the panel consists of presenters from the Haudenosaunee, Anishnawbe, Mi'kmaq/Métis nations, each representing a different stage within the medical education continuum: an undergraduate student, a second year MD student, and a former Resident/Mentor now Faculty Advisor. The presenters will share key insights, direct observations and recommendations regarding their pursuit of medical education at McMaster University, Canada. The ASHS Director and panel will discuss areas of interventions such as: Aboriginal admissions policies and tools; UGME learning environment (tutorials and curriculum), PGME (preceptors and rotations), inter-professionalism, faculty development, and physician/student health and well-being.

Learning objectives for the participants will include gaining knowledge about the delivery and developments in Aboriginal health education, creating culturally safe learning environments for Aboriginal learners/educators, and evaluating/identifying gaps in their current modes of medical education. The panel provides access to the unique contexts and complex multidimensionality of Aboriginal students as learner, mentor and educator in both academic and community environments across the span of their medical education at one institute. The panel will also show how ASHS engages with, and guides the MD program on collaborative and respectful relationships towards culturally competent, safe and improved quality of medical education.

### **Presenters:**

**Danielle Soucy**

*McMaster University, Canada*



Danielle is the Director of the ASHS office and Assistant Clinical Professor, adjunct, with the Department of Family Medicine. She was the Senior Policy Analyst/Research Officer and Managing Editor of the Journal of Aboriginal Health, at the National Aboriginal Health Organization and the Ethical Guidelines and Knowledge Transfer Projects Coordinator for the IHRDP of the IAPH, CIHR. She's a member of the IPAC/AFMC Indigenous Health Educators Working Group and founding member of the National Indigenous Health Sciences Circle. Danielle has researched and published on cultural competency and safety in health education, decolonisation, ethics, traditional health and women.

## Melinda J. Fowler

*McMaster University, Canada*



Dr Melinda Fowler started her health care career with a Bachelor of Science in Nursing, Memorial University and worked as a nurse while completing her Doctor of Chiropractic at the Canadian Memorial Chiropractic College. She completed her MD (2010) and Family Medicine residency (2012) at McMaster University. She received the 2012 College of Family Physicians Canada Leadership award. Currently she is an Assistant Clinical Professor, Department of Family Medicine and Aboriginal Faculty Advisor, Aboriginal Students Health Sciences (ASHS) office, McMaster University. Dr Fowler is the lead physician at the urban Aboriginal Health Centre, De Dwa Da Dehs nye>s.

## Nicole Hill

*McMaster University, Canada*



Nicole 'Nikki' Hill is of Ojibway-Curve Lake First Nation and European heritage. Prior to medical school, Nikki completed her undergraduate degree in Life Sciences at Queen's University in Kingston, Ontario. Currently, Nikki is a second year medical student at McMaster University and is a Senior Co-Chair of the Aboriginal Health Interest Group (AHIG). As a member of AHIG, Nikki has worked to coordinate opportunities for Aboriginal youth to gain exposure to health careers, and assisted with the Indigenous Child Health Symposium at McMaster. She hopes to pursue a career in medicine with a focus in women and/or children's health.

## Christa Jonathan

*McMaster University, Canada*



Christa Jonathan is Mohawk, Bear Clan from Six Nations of the Grand River Territory. She is in her second year of an honours B.A. in Sociology, with a minor in Indigenous Studies at McMaster. She is a Six Nations Community Youth Role Model and the President of the McMaster First Nations Students Association. This September, she was named Miss Six Nations in the ambassador pageant. She had the opportunity to go to Vatican City to see the canonisation of Kateri as an ambassador of Six Nations. Christa is planning to apply to medical school to become a family practitioner.

## WORKSHOP 2: Recruitment models: what has worked for you?

2.00pm - 3.15pm

Facilitator: Lisa Jackson Pulver

### Abstract:

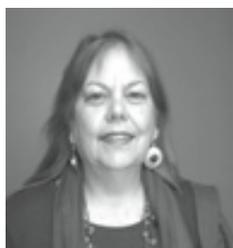
This workshop session will enable participants to explore the approaches a number of universities have taken to recruit Indigenous medical students, with a view to developing an action plan for their respective university.

Presenters from Monash University, James Cook University and University of Tasmania will showcase and share what has worked for them, including their respective pathways to medicine, selection processes, as well as ways of engaging students and parents with practical applications.

Resources which have been developed to progress this important work will also be shared.

### Presenters:

Clair Andersen  
*University of Tasmania*



Clair Andersen has Yanuwa and Gunggalida clan connections in the Gulf country of northern Australia. She began her education in the Northern Territory before continuing schooling in Tasmania, where she completed high school and a Bachelor of Education at University of Tasmania. Currently, Clair is Director of the Riawunna Centre at University of Tasmania and her research interests are in improving education and training pathways for Aboriginal and Torres Strait Islander students, and the development of appropriate learning resources.

Marlene Drysdale  
*Monash University and General Practice Education and Training*

Associate Professor Marlene Drysdale was Chief Investigator for a National project titled 'Footprints Forwards - Better strategies for the recruitment, retention and support of Indigenous medical students'. In 2010 she won the General Practice Education and Training/Ochre Recruitment Aboriginal and Torres Strait Islander Health Training Award and the Gippsland Regional Australian Reconciliation Award for outstanding individual achievement and contribution to reconciliation through the field of governance. Marlene is the Senior Aboriginal and Torres Strait Islander Health Adviser to General Practice Education and Training.



Jacinta Elston

*James Cook University*

Associate Professor Elston is an Aboriginal woman from north Queensland with a Masters of Public Health and Tropical Medicine, and a growing number of collaborative research grants in her achievements. Her research interests include; healthy ageing in Indigenous Australians; health service issues in relation to Indigenous cancer patients; Indigenous health workforce and services research, and the development of health capacity (including research capacity) within the Aboriginal and Torres Strait Islander community.

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## **WORKSHOP 3: Professional development for Indigenous health**

**2.00pm - 3.15pm**

**Facilitator: Suzanne Pitama**

### **Abstract:**

The aim of this session is to create discussion and develop tools around supporting staff working in Indigenous health. The session will explore challenges and successes in providing staff support and building capacity of staff (both Indigenous and non-Indigenous) to undertake their roles effectively in an Indigenous medical and health education setting.

### **Presenters:**

#### ***Professional development for student support***

Robyn Williams

*Charles Darwin University*



Robyn has health and education qualifications and over thirty years of experience of working with Indigenous people from urban, rural and remote communities, primarily in the Northern Territory. Her fields of expertise include cross-cultural curriculum development and program implementation; evaluation of community based programs, and qualitative research in Indigenous issues. She is currently coordinating the Bachelor of Health Science at Charles Darwin University and works closely with the Chronic Conditions and Remote Health programs in the Northern Territory Department of Health, Flinders Northern Territory Medical Program, LIME and the Lowitja Institute. Robyn is also undertaking PhD studies where her thesis is on exploring best educative practice for health professionals to be effective practitioners in cross-cultural situations.

### ***Professional development for teaching and learning***

Rhys Jones  
*The University of Auckland*



Dr Rhys Jones (Ngāti Kahungunu) is a Public Health Physician and Senior Lecturer at Te Kupenga Hauora Māori, The University of Auckland. He has a leadership role in Māori health curriculum development at the University and is heavily involved in research that seeks to advance Indigenous health education. He is the international lead investigator on the Educating for Equity project, collaboration between investigators in Australia, Canada and Aotearoa/New Zealand. Rhys is also Māori Training Programme Supervisor for the New Zealand College of Public Health Medicine and past chairperson of Te Ohu Rata o Aotearoa (Te ORA) - The Māori Medical Practitioners Association.

### ***Professional development for community engagement***

Donald Whaleboat  
*James Cook University*



Donald is a Meriam from the eastern islands of Torres Strait who has dedicated nearly 20 years to improving the health of Aboriginal and Torres Strait Islander peoples throughout northern Queensland. He has worked in community health, research, strategic workforce planning, training and development, primary healthcare and health promotion. In his current role as Senior Lecturer at the School of Medicine and Dentistry, Donald plays a key role in the planning, development and delivery of Indigenous health subjects as part of the MBBS program. He is Chairperson of the Townsville Aboriginal and Torres Strait Islander Corporation for Health Services and Member of the Townsville Hospital and Health Service Board. His work to establish a framework for community engagement and partnership between James Cook University (JCU) and the Indigenous community means health subjects are influenced by the needs of that community. Donald also liaises with health services in the region to promote and support the placement of students into the medical workforce.

## ***Professional development for leadership: Indigenous knowledge initiative***

**Alison Jones**

*Medical Deans Australia and New Zealand*



Professor Alison Jones is co-Chair of the Indigenous subcommittee of Medical Deans of Australia and New Zealand and is Dean of the Graduate School of Medicine at University of Wollongong. She has provided and continues to provide strong leadership in development and support for Indigenous medical education and Aboriginal Medical Service developments. She is a physician and clinical toxicologist by background, with a passion for social justice. Professor Jones studied medicine at the University of Edinburgh in Scotland, and spent eight years as Head of Medicine at Guy's and St Thomas' Hospitals in London. During that time she was the Director of Britain's National Poisons Service – advising the British Government on a range of toxicology issues including the potential dangers of terrorist attacks using chemicals. Professor Jones came to Australia to join The University of Newcastle Medical School as Professor of Medicine and Clinical Toxicology, before spending 18 months as Dean of the University of Western Sydney Medical School.

**Tammy Kimpton**

*Australian Indigenous Doctors' Association*



Dr Tammy Kimpton is a Palawa woman from Tasmania. Having graduated from The University of Newcastle in 2003, Dr Kimpton undertook her internship training on the New South Wales Central Coast and is currently enrolled in the Australian General Practice Training program. Dr Kimpton holds the position of President of the Australian Indigenous Doctors' Association. Dr Kimpton is currently a GP registrar based in Scone, New South Wales.

## WORKSHOP 4: Developing an Aboriginal and Torres Strait Islander health curriculum framework – does it matter?

Health Workforce Australia  
2.00pm - 3.15pm  
Facilitator: Pat Maher

### Abstract:

The Australian Government is committed to improving the health outcomes for Aboriginal and Torres Strait Islander peoples and contributing to closing the gap in life expectancy. To assist in achieving this goal, there is a need to provide more culturally safe services and to educate health professionals about Aboriginal and Torres Strait Islander issues and the significant role the Aboriginal and Torres Strait Islander Health Workers and Practitioners play in multidisciplinary health care teams. One way of doing this is to develop a culturally inclusive, interdisciplinary Aboriginal and Torres Strait Islander health curriculum framework, to be integrated into entry level health profession training. Health Workforce Australia and Curtin University are currently seeking feedback and this workshop will add a further dimension to the consultation process.

### Presenters:

Zell Dodd  
*Health Workforce Australia*



Zell is a descendant of the Ngarrindjeri and Kurna (Narrunga) Aboriginal peoples of South Australia. She has extensive experience in working in State and Commonwealth Government and the non-government organisation sector, primarily in a leadership role. Over the past 14 years she has held senior positions in areas such as aged care, substance misuse, health service delivery and workforce. This work has largely concentrated on advocating and working closely with Aboriginal and Torres Strait Islander peoples to improve access to health care and contributing to improving the life expectancy gap. Zell is currently the Project Manager of the Aboriginal and Torres Strait Islander Health Workforce program, Workforce Innovation and Reform, Health Workforce Australia.

Sue Jones  
*Curtin University*



Associate Professor Sue Jones is Director of Learning Design and leader of a university wide curriculum reform project (Transforming Learning @ Curtin) at Curtin University. She was the Dean of Teaching and Learning in Health Sciences for six years and was responsible for leading and embedding inter-professional education within health sciences curricula as part of her faculty's strategic plan. As part of the faculty's inter-professional first year, Sue led the inclusion of a core unit for over 2300 first year students across 22 disciplines on Indigenous Cultures and Health. Sue has led two Australian Learning and Teaching Council leadership grants and is currently a project team member on an Office for Learning and Teaching grant: Working together: Intercultural academic leadership for teaching and learning in Indigenous culture and health. She is also chair of the Australian Physiotherapy Council Accreditation Committee.

Dawn Bessarab

*Curtin University*



Associate Professor Dawn Bessarab leads a diverse team of Aboriginal and non-Aboriginal researchers and educators in the Aboriginal Health, Education and Research Unit (Centre for Health Innovation Research Institute) at Curtin University. She is an Indigenous woman of Bard and Indjarbandi descent and a highly respected social worker with senior experience in the public sector. Dawn is a collaborative researcher with extensive experience in Aboriginal health research and an emerging leader in Indigenous research methodologies. She is a highly skilled cross-cultural educator, trainer, communicator and facilitator who is able to mediate difficult and challenging spaces in intercultural communication with a strong focus on strength-based approaches and relationship building.

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# Welcome Reception

**4.00pm-5.30pm**

**Australian Centre for Indigenous Knowledges and Education (ACIKE)  
Charles Darwin University**

Please note that a limited number of people can attend this event.

Buses will leave for the Welcome Reception at 3:30pm from the front of the Darwin Convention Center, returning at 5:30pm.

See page 18 for further information.

# Abstracts and Presenters Biographical Notes

## Day Two - Implementing Evidence

Tuesday 27 August

Darwin Convention Centre

## Welcome to Day Two

9.00am-9.10am

**Presenter:**

Sarah Strasser  
*Flinders University, Northern Territory*



Professor Sarah Strasser is the current Associate Dean for Flinders University in the Northern Territory and Head of the new Northern Territory Medical Program (NTMP). Professor Strasser comes from a background of over thirty years in rural general practice and medical education with a particular interest in Aboriginal Health, Leadership and Innovation. Professor Strasser has been instrumental in establishing a number of new programs in both undergraduate and postgraduate medical education in Australia and Canada with a particular focus on community engagement and social accountability. She worked in an Aboriginal Medical Service in Canada for five years and returned to Australia to establish the new Flinders University NTMP in close partnership with Charles Darwin University. The first students entered the program in 2011, when

for the first time Northern Territorians did not have to leave the Territory to train in medicine. The NTMP has the largest number of Aboriginal students on campus in Australia as part of the Indigenous Transition Pathways Program within the NTMP. The NTMP is jointly funded by the Federal and NT Governments.

# Keynote Presentation

## Keynote Presentation

9.10am-10.15am

**Chair: Tammy Kimpton**  
**Australian Indigenous Doctors' Association**

**Presenter:**

Elana Curtis  
*Director, Vision 20:20*  
*The University of Auckland*



Dr Elana Taipapaki Curtis (Te Arawa) was ten years old when she first decided to become a 'Māori' doctor. Luckily for her, she managed to negotiate her primary and secondary education to enter medicine under the Māori and Pacific Admission Scheme (MAPAS) at The University of Auckland. Graduating in 1995, Elana is now a Public Health Physician and Senior Lecturer at The University of Auckland with responsibilities for academic direction of the Faculty of Medical and Health Science's Vision 20:20 initiative, involved with Indigenous student recruitment, retention and support. She has research experience in Kaupapa Māori methodologies, Indigenous and ethnic inequities in health care/outcomes and Indigenous tertiary education with growing experience in raising beautiful Māori girls, Taipapaki (5 and ¾), Iritekura (3) and Bryanna (13).

**Abstract:**

### **Re-imagining 'space': space invaders and the new frontier**

Indigenous health education is challenged by tensions associated with negotiating 'space' and the need to incorporate multiple realities, dynamics and solutions. This presentation will draw on learnt experiences from Indigenous student recruitment, retention and support associated with The University of Auckland's Vision 20:20 initiative. Broader experiences involved with being an Indigenous medical student, Indigenous researcher and Indigenous educator within a non-Indigenous institution will be shared. The value of re-imagining (and re-invading) spaces to create a new frontier requires an active, regular commitment to gathering evidence, self-critique and championing innovation.

# Paper Presentations

## Day Two - Paper Presentations

**Implementing an Evidence Led Curriculum**  
10.45am-11.45am  
Chair: David Paul

**Cultural immersion: what impact does it have in an undergraduate medical program?**

**Authors:**

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

**Abstract:**

All health professionals require an understanding of different cultures to be able to work effectively and safely with their patients and other team members. In 2011, Bond University in Australia renewed its undergraduate medical program to include significant cultural awareness and Indigenous health education. In 2012, Bond established an Indigenous Health Unit and an Indigenous Health Working Party to implement its curriculum. In November 2012, Bond took 92 first year students into a compulsory two-day cultural immersion process to increase their understanding of other cultures, particularly Australian Aboriginal and Torres Strait Islander culture. This paper presents the findings from the evaluation of the cultural immersion, as well as the initial findings of a longitudinal study to determine the impact of cultural awareness programs. This information may assist others in the design and development of similar programs or policies.

**Presenters:**

Shannon Springer  
*Bond University*



Dr Shannon Springer is Assistant Professor (Aboriginal and Torres Strait Islander Health), Clinical Lead, at the Faculty of Health Science and Medicine, Bond University. Shannon also works as a GP in Mackay in tropical north Queensland, to work in the Aboriginal and Torres Strait Islander Community Health Service. He resides there with his Iranian-born wife, Farnaz, and their two young daughters, Sophia five years and Misha, three. Shannon loves sport and was a promising young rugby league player with the Brisbane Broncos.

Brad Murphy  
*Bond University*



Dr Brad Murphy is Associate Professor and Discipline Lead in Aboriginal and Torres Strait Islander Health, at Bond University, Managing Director/Practice Principal at Ashfield Country Practice in Bundaberg and is the chairman of the Royal Australian College of General Practitioners National Faculty of Aboriginal and Torres Strait Islander Health.

## **Moving beyond the cultural visit - six years of evaluation of a marae based clinical introductory course**

### **Authors:**

*Tania Huria  
Lutz Beckert  
Cameron Lacey  
Suzanne Pitama*

*Māori Indigenous Health Institute, University of Otago, Christchurch*

### **Abstract:**

The aim of this presentation is to describe fourth year medical student perceptions of usefulness in the context of a clinical orientation fortnight of the Hauora Māori Advanced Learning in Medicine introductory course. The Māori Indigenous Health Institute (MIHI) has been running their introductory clinical module at Onuku Marae for the past seven years. Over that time the course has developed from a cultural visit, into an introductory clinical curriculum that utilises various medical education teaching methods including simulated patients in tandem with teaching students about the Indigenous historical and contemporary realities of the Onuku community.

Higher education development centre quantitative and qualitative evaluation data was utilised to collate student feedback on the usefulness of the Hauora Māori component of the Clinical Orientation fortnight. Student perceptions of usefulness were measured by both the Department of Medicine, University Of Christchurch and by MIHI, using likert scale questions over a six year period (2008-2013). There was also opportunity for students to write qualitative comments. These comments were collated using NVIVO software and analysed using thematic analysis. This study has identified that students evaluated the Hauora Māori Advanced Learning in Medicine introductory course at the Marae over a six-year period as being a highly useful introduction to their clinical years at the University of Otago, Christchurch, alongside other clinical orientation activities such as a day with the doctor.

### **Presenter:**

**Tania Huria**  
*University of Otago, Christchurch*



Tania has been a lecturer at MIHI, University Of Christchurch since 2006. Tania is responsible for convening the fourth year undergraduate Hauora Māori vertical thread and also contributes to fifth and sixth year undergraduate teaching. Prior to her academic career, Tania was the Clinical Coordinator at a Māori Health provider, establishing a Māori women's wellness service in Christchurch. Tania has a Masters in Public Health and is about to commence her PhD studies through the Department of Medicine, University of Christchurch this year.



## Cultural considerations for clinical practice

### Author:

*Monica Lawrence, Senior Lecturer, Poche Centre for Indigenous Health and Well-Being, Flinders University, South Australia*

### Abstract:

A quality improvement action research project was established to evaluate whether Aboriginal people living in remote areas, needing to travel to a major metropolitan teaching hospital for life saving cardiac surgery benefit from improved arrangements around their journey from community to hospital and return to community. A qualitative case study design examined Aboriginal patients' experiences of what it was like to travel from their homeland to hospital and return to their homeland after major life saving cardiac surgery. The analysis showed that the concept of Indigenous health and wellness is strongly underpinned by psychological health, traditional values and spiritual beliefs.

With a clearly documented history of ill health compounded by co-morbidities, the ability for the Indigenous patient to understand their illness is severely impacted by their remoteness, access to education and limited access to primary health care initiatives. In addition, the research analysis showed that remote area Aboriginal patients who were not psychologically prepared for travelling vast distances for cardiac surgery were likely to suffer a loss of cognitive control, which can lead to delayed recovery, post-operative complications and increased length of hospital stay. This presentation details the use of such case studies to enhance the learning experience of medical students. Case studies are increasingly being used in Indigenous medical education to present social, cultural and historical imperatives, as well as drawing on real life scenarios.

### Presenter:

**Monica Lawrence**

*Flinders University, South Australia*

Monica Lawrence has specialised in cardiac nursing and, more specifically in the area of Aboriginal people from country accessing tertiary hospital care. Her Master of Nursing research project documented the experiences of remote area Aboriginal people referred to hospital for cardiac surgery, and she developed the cardiac pathways from Top End Northern Territory communities to Flinders Medical Centre, to ensure quality and safety of care across cultural and geographical jurisdictions. Monica has worked across the metropolitan region of Adelaide in Aboriginal health, policy and workforce development and recently accepted the position of senior lecturer with the Poche Centre for Indigenous Health and Well-Being at Flinders University, South Australia. She has recently undertaken further study through a Doctorate in Public Health, investigating clinical systems change for improved access to health care for Aboriginal people.

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**Recruitment and Graduation of Indigenous Students**  
**10.45am-11.45am**  
**Chair: Sally Fitzpatrick**

**Addressing Indigenous health workforce inequalities: a quantitative analysis of MAPAS admission process predictors of academic success**

**Authors:**

*Dr Elana Taipapaki Curtis, Senior Lecturer, Tōmaiora Research Unit*

*Erena Wikaire, Researcher, Tōmaiora Research Unit*

*Robert Loto, Senior Tutor*

*Associate Professor Papaarangi Reid, Tumuaki / Head of Department, Tōmaiora Research Unit*

*Te Kupenga Hauora Māori, The University of Auckland*

**Abstract:**

Addressing the underrepresentation of Indigenous health professionals is integral to overcoming Indigenous health inequities. Changes to the student admission process under the Māori and Pacific Admissions Scheme (MAPAS) have been pivotal to improving the success of students within the Faculty of Medical and Health Sciences (FMHS) at The University of Auckland. Alongside qualitative research findings that reinforce the value of the MAPAS programme to Māori and Pacific student success, it remains equally important to critique outcomes from a quantitative perspective.

A Kaupapa Māori Research (KMR) methodological approach was utilised to quantitatively analyse the predictive effect of MAPAS admission process variables (Multiple Mini Interview, Maths and English testing, School results, and MAPAS recommendations) on tertiary academic outcomes within the FMHS. Research questions included: 1. What is the predictive value of MAPAS admissions process variables for 1) final MAPAS recommendation? 2) Māori and Pacific academic success?

A total of 918 Māori and Pacific applicants completed the MAPAS admission process over the five years, between December 2008 and 2012. Univariate and Multivariate logistic and linear regression analysis was completed to explore the predictive effect of MAPAS admission process variables on First Year Tertiary Study, and First Year Bachelors study within the Faculty of Medical and Health Sciences. The following predictors showed significant predictive effects: MAPAS advice followed (yes/no); MAPAS interview mathematics test result; NCEA rank score and exposure to any two science subjects. We expect our findings to be of significant interest for providers of tertiary health education to Indigenous students.

**Presenters:**

Elana Curtis

*The University of Auckland*

See Page 41

Erena Wikaire  
*The University of Auckland*



Ms Erena I Wikaire is a Māori Physiotherapist (Ngati Hine) who has experience in research concerned with Māori and Indigenous health and disability workforce development, Māori health scholarship funding programmes, cultural competence, mental health assessment and documentation, and the psychosocial impact of advanced cancer on patients, carers and families in Māori and Indigenous populations. Erena is currently completing a Masters in Public Health and is employed as a Researcher at Te Kupenga Hauora Māori, The University of Auckland. Ongoing research interests include Māori health workforce development and addressing ethnic inequalities in health.

## **Miroma Bunbilla Pre-Entry to Medicine Program for Aboriginal and Torres Strait Islander people**

### **Authors:**

*Vicki Holliday, Lecturer*  
*Associate Professor Peter O'Mara, Director*  
*Dr Anita Watts, Senior Lecturer*

*School of Medicine and Public Health, Discipline of Indigenous Health, Faculty of Health, The University of Newcastle*

### **Abstract:**

The medical school at The University of Newcastle has a long history of training Aboriginal and Torres Strait Islander doctors. Since 1985 there has been a special entry program for Indigenous applicants. Currently there are 175 Aboriginal or Torres Strait Islander Doctors (Australian Indigenous Doctors' Association website), of those, 62 have graduated from this university up to 2012. Since 2008, The University of Newcastle and the University of New England have jointly offered the Bachelor of Medicine (BMed) as a five-year undergraduate degree referred to as the Joint Medical Program (JMP). A number of programs and strategies were developed in the early years of the medical program to facilitate Indigenous entry to the program. Whilst these have been important, they have also been somewhat ad hoc. Poor academic progression and poor retention rates for Aboriginal and Torres Strait Islander students have been an ongoing concern.

The Miroma Bunbilla Aboriginal and Torres Strait Islander Pre-Entry to Medicine Program has been developed to strengthen special entry for applicants (school leavers or mature aged) who apply to the JMP. Miroma Bunbilla was developed in 2012 and was offered to applicants in December 2012 as a pilot program. The program has been designed to mirror components of year one in the JMP. Participation will provide an opportunity for facilitators, lecturers and tutors to observe and assess the students and identify strengths and weaknesses in both individual and group work. This oral presentation will provide information about the Miroma Bunbilla pilot, its development, implementation and evaluation and how this evaluation informs the development of a new admissions process for Aboriginal and Torres Strait Islander applicants.

## Presenters:

Vicki Holliday

*The University of Newcastle*



Vicki Holliday is a Kamilaroi woman. She is a Registered Nurse and has had extensive experience working in government and academic environments. Her current role is Lecturer in Indigenous health at The University of Newcastle, School of Medicine and Public Health. She lectures in the disciplines of medicine, nursing and midwifery, and her role also includes the development, implementation and evaluation of Miroma Bunbilla, development of an Indigenous health major in the Bachelor of Aboriginal Professional Practice.

Peter O'Mara

*The University of Newcastle*



Associate Professor Peter O'Mara is a Wiradjuri fella and is the past President of the Australian Indigenous Doctors' Association. He is Head of the Discipline of Indigenous Health, School of Medicine and Public Health at The University of Newcastle, and a Director of the Wollotuka Institute, which consolidates all Indigenous activities at the University. He continues to practise clinically as a GP at Aboriginal Medical Service in Forster and Port Macquarie, New South Wales.

Anita Watts

*The University of Newcastle*



Dr Anita Watts is a Wiradjuri woman. She is a Senior Lecturer in Indigenous health at The University of Newcastle, School of Medicine and Public Health, where her main role is to provide academic support for the 51 Aboriginal and Torres Strait Islander medical students who are currently enrolled in the Joint Medical Program. She also practises clinically as a general practitioner.

## **'For the life of me, I can't see why those students were let go on so long': educating the educators, Aboriginal and Torres Strait Islander-style**

### Authors:

*Ms Suzanne Plater, Course Coordinator, Graduate Diploma in Indigenous Health Promotion*

*Mr Geoffrey Angeles, Associate Lecturer, Graduate Diploma in Indigenous Health Promotion*

*Sydney Medical School, The University of Sydney*

## Abstract:

Since 1998, 140 Aboriginal and Torres Strait Islander adults have completed the Graduate Diploma in Indigenous Health Promotion (GDIHP) at The University of Sydney, which is a one-year, full-time, block-release program. The completion rate over the past four years is 93% and the program is recognised as one of the most successful Aboriginal and Torres Strait Islander-specific higher education programs in the country. The graduates came primarily from regional, rural and remote communities in all states and territories, most were first in family to attend university and all had significant family, work and community responsibilities. However, the retention and completion rates were not always as healthy as they are now. For example, in 2008, almost 40% of GDIHP students failed to complete the course.

The decision was made to investigate why so many students struggled to meet the expectations of a course that was pedagogically progressive, culturally affirming, taught by highly regarded academics and strongly supported by the University. A qualitative study using in-depth semi-structured interviews was conducted and many complex and interrelated issues were explored. One issue that was raised unexpectedly and emphatically by almost half the study participants who completed the course was the unintentional stifling of individual student effort and achievement through the development of co-dependent relationships between academic staff and students. This presentation will discuss the data relevant to this particular issue, reflect on the study findings and outline some of the strategies that have contributed to significantly increasing GDIHP recruitment, retention and completion rates.

## Presenter:

Suzanne Plater  
*The University of Sydney*



Suzanne Plater is currently the Course Coordinator and primary lecturer for the Graduate Diploma in Indigenous Health Promotion at The University of Sydney. She has worked with Aboriginal and Torres Strait Islander people to help protect and develop their health for many years, including as part of the Deadly Ears Health Promotion Team in Queensland. Her paper, *'For the life of me, I can't see why those students were let go on so long': Educating the educators, Aboriginal and Torres Strait Islander-style* was recently published in the Australian Journal of Indigenous Education.

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## Partnerships, Placements and Community Engagement 10.45am-11.45am

Chair: Christine Carriage

### OnCountry4Health (Hear Heart Heal=Health); Yorta Yorta Elders lead tomorrow's doctors

#### Authors:

*Dr Jacinta Tobin, Centre for Health and Society and Medical Education Unit*

*Dr Wayne Atkinson, Senior Fellow*

*Mr Peter Ferguson, School of Rural Health*

*Mr Shane Charles, School of Rural Health*

*Associate Professor Shaun Ewen, Centre for Health and Society*

*The University of Melbourne*

## Abstract:

In Yorta Yorta ancestral lands, 'On country' learning has been happening since the Dreamtime. More recently at the Dharnya Centre (1984-2007) and intensively during the last decade, Dr Wayne Atkinson has been teaching his highly acclaimed 'On Country' course. Now, engaging with the Melbourne Medical School he has adapted his On Country Learning undergraduate course for a unique postgraduate medical student experience; OnCountry4Health. Aims include achieving a deeper understanding of past Yorta Yorta history, colonisation, and politico-legal struggle for their inherent rights to land, heritage, water, and self-determination including current health issues and outcomes. The OnCountry4Health experience aimed to deliver on the Melbourne Medical School's (MMS) course attributes, including the history, cultural development and impact of colonisation on ongoing health disparities of Indigenous people and a commitment to contribute to the resolution of health inequities.

The oral storyline approach (30 students, four days) weaves traditional Indigenous knowledge with the academic disciplines of politics, history, legal studies, archaeology, medicine and health. Connection to local community-led initiatives enables experiential learning for students witnessing the Yorta Yorta people's strength, resilience and commitment to future health and well-being, through effective health promotion and primary care as well as education, sport and arts. Critical to development/delivery of this program was the two-year engagement process with representatives of the Yorta Yorta community, enabling fusion of salient MMS outcomes, with community priorities for students' learning. Extensive evaluation is underway and will be presented at the conference. Further work will capture longer-term impact on community/student outcomes, including tentative steps towards a student-led clinic.

## Presenters:

**Peter Ferguson**

*The University of Melbourne*



Peter is a Yorta Yorta man born and bred in the local community and has worked locally in education for the last three decades. Peter currently works at The University of Melbourne as a lecturer in Indigenous Rural Health Studies at the Rural Health Academic Centre in Shepparton. He has been a board member of the Yorta Yorta Nations Aboriginal Corporation for the last ten years and has recently been elected to the new Traditional Owners Land Management Board of the Barmah Millewa National Park which also encapsulates his love of Aboriginal culture and the environment.

**Jacinta Tobin**

*The University of Melbourne*



Jacinta is a gastroenterologist/paediatrician (MBBS FRACP PhD GCUT) who has been teaching medical students for 22 years while researching nutrition and its lifelong impact on individuals and communities. During the last two years as Senior Lecturer, Medical Education in Indigenous Health, she has been working with Dr Atkinson, Mr Ferguson and Mr Charles to bring their extraordinary undergraduate OnCountry program (adapted to the postgraduate health context) to medical students in partnership with Melbourne Medical School and as curriculum facilitator, OnCountry4Health.

## Overcoming language barriers with Indigenous patients through the use of Aboriginal interpreters

### Author:

*Helen McHugh  
Northern Territory Department of Regional Development*

### Abstract:

While considerable research has been conducted that demonstrate the dangers of not accessing Aboriginal interpreters and the gaps in communication between health staff and Aboriginal clients, the level of use of Aboriginal interpreters remains low as a percentage of patient numbers. Engagement with communities and individual patients will never be optimised while there are gaps in understanding of language and concepts. The Aboriginal Interpreter Service will deliver, through interactive role plays and with the involvement of Aboriginal interpreters, a presentation that will help conference delegates get a glimpse into the difficulties faced by non-English speaking patients.

The Aboriginal Interpreter Service is investing more time and money than ever before in the delivery of professional development in health terminology and health focused interpreting and it is critical that this investment leads to improved interpreting and improved partnerships with health professionals. Preventative health messages that aim to change personal behaviours in an effort to improve health outcomes, including anti-smoking campaigns, danger of drugs and alcohol campaigns, danger of poor diet and too much sugar campaigns cannot deliver the required outcomes if a large segment of the target audience does not understand the message, or does not listen because it is not in their first language. This presentation will help pave the way for these improved partnerships between health professionals and Aboriginal clients through improved use of communication.

### Presenter:

**Helen McHugh**  
*Northern Territory Department of Regional Development*



After a chequered career as a Research Assistant in the Vet school at The University of Queensland, chef at a small hotel in Northumberland, and Ward Clerk at Woden Valley Hospital in Canberra, Helen McHugh went to University at the tender age of 38! After graduating with a degree in Health Education, Helen worked from Cairns to Wollongong, mostly in services for Migrants and Refugees. Helen and her partner moved to Darwin in 2007, and apart from a brief sojourn in Geraldton, Western Australia, they have been there ever since. Now, Helen has the best job in the world as a Trainer for the Aboriginal Interpreter Service. Based in Darwin, she has flown to many remote communities in the Top End, and conducted induction and health training programs for new interpreters.

The AIS has been delivering interpreting services since 2000 to clients in the health and justice fields in particular. The AIS is the largest and most successful Aboriginal interpreting service in Australia with more than 400 registered interpreters. The AIS provides government and non-government agencies a 24 hour, seven day a week interpreting service in most Indigenous languages and dialects spoken in the Northern Territory. Services include face-to-face interpreting; workshops on cross-cultural awareness and working with interpreters; and, increasingly, advice and assistance on preparing text for interpretation into Indigenous languages and recording of messages and broadcasts in a range of languages.



## **Cultural mentoring program (pilot) - Galiwinku, Echo Island NT**

### **Author:**

*Leeanne Pena  
Northern Territory General Practice Education  
Aboriginal Medical Services Alliance Northern Territory*

### **Abstract:**

Enhancing both the learner and community satisfaction with GP Training program placements is a priority for Northern Territory General Practice Education (NTGPE) and the Aboriginal Medical Services Alliance of Northern Territory (AMSANT) who deliver training to 200 program participants per year throughout the Northern Territory. With this in mind these organisations have collaborated to pilot a Cultural Mentoring program in a single site in 2013. It is intended that the Cultural Mentoring Program will later be rolled out throughout many sites and become an integral part of the NTGPE training programs both for junior doctors and GP Registrars (GPRs). This will enhance the cultural awareness and understanding of these learners across the Northern Territory and particularly in remote communities by supporting education and training through community involvement and participation.

The ultimate objective of the Cultural Mentoring Program is to improve the health of Indigenous people in the Northern Territory by:

- Assisting GPRs and junior doctors to better understand and value the culture of the Indigenous communities in which they work
- Contribute to the education of GPRs and junior doctors in the area of Indigenous health
- Support GPRs and junior doctors in those communities and integrating them into communities
- Training and support of cultural mentors so that they can assist GPRs to achieve these aims
- Provide personal experience and motivation to work in Indigenous health long term
- Assist GPRs and junior doctors to understand community protocols that apply to workers in Indigenous health.

The aim of this presentation is to showcase the Cultural Mentoring Program (pilot) at Galiwinku, Elcho Island in the Northern Territory and the progress to date including the methodology, lessons learnt and projected outcomes.

## Presenters:

### Leeanne Pena

*Northern Territory General Practice Education  
Aboriginal Medical Services Alliance Northern Territory*



Leeanne Pena is a Wiradjuri woman from Sydney and her family are originally from Mudgee in New South Wales. Leeanne has had a long association with the Northern Territory, completing her secondary education in Darwin and marrying into a family with Tiwi Island connections through the stolen generation Catholic mission experience. She has three children and eight grandchildren. Her highest level of education is a Master of Indigenous Social Policy but she also has a GradDipEd (secondary). Predominantly her experience relates to Indigenous education and remote area teaching, and she is passionate about the obvious links between education and health. She has always used the opportunity and platform as an educator to deliver material on the concepts of health promotion and preventative care for Indigenous people. She is enthusiastic about the opportunity to work as a Project Officer between NTGPE and AMSANT in developing a more productive relationship and a model for future engagement for supporting the expansion of Indigenous Health Training for GP Registrars in the Northern Territory.

### Jean Rurrukunbuy Dhamarrandji

*Ngalkanbuy Health Service*



Jean Rurrukunbuy Dhamarrandji is a Yolgnu Martha woman from Galiwinku, Elcho Island in the Northern Territory. She has worked and been associated with Ngalkanbuy Health Service for over 20 years. Jean has worked in many roles including administration, community worker, board member, Healthy Lifestyle Festival Director and most recently held a Cultural Liaison role. In the role as a senior woman, Jean provides new staff with information to help them understand how Ngalkanbuy and Yolgnu life works. Jean is invaluable at Ngalkanbuy. Jean provides guidance within a cultural framework to deal with day to day issues that arise for both the Yolgnu and Balanda workforce. Without Jean's role, the complexity of managing a large team would be impossible. Jean is the Healthy Lifestyle Festival Director for Galiwinku and is passionate about the festival and the huge role it has in promoting healthy lifestyles in Galiwinku. The festival has been going for over ten years. Jean also has a great sense of humour.

## Implementing an Evidence Led Curriculum

11.45am-12.45pm

Chair: Wendy Edmondson

### Voices of respect, articulating the strength of our academy

#### Authors:

*Courtney Ryder, Lecturer*

*Justin Gladman, Medical Student, School of Medicine*

*Colleen Hayes, Lecturer, Poche Centre for Indigenous Health and Well-Being (Poche Centre)*

*David Sjoberg, Associate Lecturer, Poche Centre*

*Dennis McDermott, Associate Lecturer, Poche Centre*

*Kerry Taylor, Professor and Director, Poche Centre*

*Wendy Edmondson, Director, Associate Professor, Poche Centre*

*Bevin Wilson, Associate Lecturer, Poche Centre*

*Robin Aitken, Associate Professor, Northern Territory Medical Program*

*Don Christophersen, Associate Professor, Indigenous Transition Pathways, Northern Territory Medical Program*

*Cheryl Davis, Lecturer, Indigenous Transition Pathways, Northern Territory Medical Program*

*Flinders University, South Australia and Northern Territory*

#### Abstract:

Indigenous health education and development of culturally safe health professionals are requirements for accreditation of courses across various disciplines. The importance of learning culturally safe practice can be lost on the student body (and sometimes staff), who consider this subject area of little importance to their future careers. Rasmussen (2001) reported positive student feedback following participation in cultural safety education but there is great variation in student responses with some contradictory statements demonstrating their own uncertainty with the topic material. Teaching in cultural safety and Indigenous health requires guiding principles concerning format and structure that are informed by best practice. Students who are not given the right time or process to reflect and 'unlearn' (MacDonald 2002) may continue to regard cultural safety and Indigenous health as lacking relevance. For these reasons, in 2013, the Flinders University Indigenous Health Team embarked on designing a new approach for their Indigenous health and cultural safety curriculum.

This new method minimises lectures in favour of face-to-face teaching, online learning modules (including recorded interviews) and follow-up tutorials. The variety of content has been specifically designed to reflect the unique experience for students at metropolitan, rural and remote teaching sites spanned by Flinders University School of Medicine. In this presentation we will explore the online teaching modules and tutorial approach, focussing on how this approach meets key learning outcomes. In addition, we will discuss student feedback concerning this new curriculum and future improvements.

#### References:

Macdonald, G. 2002, Transformative unlearning: safety, discernment and communities of learning, *Nursing Inquiry*, 9, 170-178.

Rasmussen, L. 2001, Towards Reconciliation in Aboriginal Health: Initiatives for Teaching Medical Students about Aboriginal Issues, The University of Melbourne, Melbourne.

#### Presenter:

Courtney Ryder

*Flinders University, South Australia*

Courtney Ryder is a Lecturer in Indigenous health for the Poche Centre for Indigenous Health and Well-Being for Flinders University in Adelaide South Australia.



## **Developing an integrated Indigenous health curriculum for undergraduate medicine at the University of Manitoba**

### **Authors:**

*Linda Diffey, M.Sc., Indigenous Health Curriculum Coordinator, Section of First Nations, Metis and Inuit Health, Department of Community Health Sciences*

*Barry Lavallee, MD, CCFP, FCFP, MCISc, Director, Centre for Aboriginal Health Education, Section of First Nations, Metis and Inuit Health, Department of Community Health Sciences*

*Faculty of Medicine, University of Manitoba, Canada*

### **Abstract:**

The province of Manitoba, Canada is home to over 150,000 Indigenous people, of which approximately one third reside in Winnipeg. The University of Manitoba's medical students, residents and many of its graduates are in daily contact with Indigenous patients and their families in Winnipeg's teaching hospitals and clinics. While it is estimated that up to 40% of urban hospital patients are Indigenous and utilise health care services at a rate two to three times higher than other Manitobans, undergraduate medical curriculum at the University of Manitoba has not reflected the need to prepare graduates to work with the region's Indigenous communities to improve health outcomes. A 2007 review of the Faculty's Indigenous health curriculum recommended the integration of Indigenous health content throughout the core undergraduate medical curriculum and the adoption of a community engagement model to ensure that community needs are being met. With the development of a national Indigenous Health Curriculum Framework by the Indigenous Physicians Association of Canada (IPAC) and the Association of Faculties of Medicine of Canada (AFMC) in 2009 and the undertaking of undergraduate medical curriculum renewal at the University of Manitoba in 2010, the stage has been set for the advancement of Indigenous health at our medical school. Indigenous health has now been positioned as one of six key longitudinal courses that will be horizontally and vertically integrated throughout the undergraduate curriculum.

This presentation will show the findings from our community needs assessment study and the plan for implementing these results through the undergraduate medical curriculum, to foster cultural safety in clinical practice, meaningful community engagement, and improved health service delivery for Manitoba's Indigenous peoples.

### **Presenter:**

**Linda Diffey**

*University of Manitoba, Canada*

Linda Diffey is of Cree ancestry and a member of the Peepeekisis First Nation in Saskatchewan, Canada. She holds a Master of Science degree and studied medicine at the University of Manitoba. Ms Diffey is the Indigenous Health Curriculum Coordinator the Section of First Nations, Metis and Inuit Health at the Faculty of Medicine, University of Manitoba, and previously worked in the Section to develop Indigenous health research capacity.

## Evaluation of an online module integrating schizophrenia and Indigenous health in Aotearoa

### Authors:

*Dr Cameron Lacey  
Jarom Armstrong  
Tania Huria  
Suzanne Pitama*

*Māori Indigenous Health Institute, University of Otago, Christchurch*

### Abstract:

The use of online teaching is increasing in medical education and has been used for Indigenous health, mostly at post-graduate level with limited evaluation of its effectiveness or acceptability for learners. This study evaluates 'Schizophrenia and Māori' - an integrated Hauora Māori and Psychological Medicine online module. This module demonstrates the integration of Hauora Māori into clinical practice with patients with schizophrenia. The module was piloted by two groups of medical student groups and feedback was obtained to refine the content of the module. Psychological Medicine staff, psychiatric registrars, Indigenous Australian Medical Educators and Māori Mental Health workers also piloted the module. Fifth year medical students at University of Otago, Christchurch and Wellington completed the two hour self-directed online module during the psychological medicine module. Students completed pre and post multichoice questionnaires (MCQ) and evaluation of the module.

After completion the students demonstrated significantly better performance in the post-test MCQ compared to their pre-test MCQ (65.9% vs. 84.8%,  $p < 0.001$ ). Over 80% of students reported this increased their knowledge of schizophrenia and its effect on Māori. Ninety per cent of students reported the module achieved the goal of integrating the psychiatric medicine curriculum with the Hauora Māori curriculum. This study provides initial evidence that Hauora Māori can be integrated with specific clinical conditions and students benefit from this integration and mode of teaching, with enhanced understanding of schizophrenia and Hauora Māori.

### Presenter:

**Cameron Lacey**  
*University of Otago, Christchurch*



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

## Recruitment and Graduation of Indigenous Students

11.45am-12.45pm

Chair: Clair Andersen

### Mentoring for Aboriginal and Torres Strait Islander general practice registrars

#### Authors:

*Dr Danielle Arabena, Director, Australian Indigenous Doctors' Association (AIDA)*

*Dr Tim Senior, Medical Advisor, National Faculty of Aboriginal and Torres Strait Islander Health, Royal Australian College of General Practitioners (RACGP)*

#### Abstract:

Mentoring has been identified as an important strategy to support Aboriginal and Torres Strait Islander medical students and doctors along their education and speciality training pathways. In 2012, Australian Indigenous Doctors' Association (AIDA) developed a Mentoring Framework, based on the principles of cultural safety and mutual respect, to guide other organisations, such as medical schools and colleges to develop and implement sustainable mentoring programs for Aboriginal and Torres Strait Islander medical students and doctors.

AIDA and the Royal Australian College of General Practitioners (RACGP) have recently partnered to develop a mentoring initiative to support Aboriginal and Torres Strait Islander general practice registrars to reach fellowship. This framework draws on the RACGP experience of using mentoring as part of their Indigenous GP Registrar Fellowship Excellence Program, and the experience of AIDA and its members in formal and informal mentoring structures. The collaboration between the RACGP is an exemplar of a medical college actively supporting Aboriginal and Torres Strait Islander doctors and working with a peak Indigenous health organisation to increase the number of Aboriginal and Torres Strait Islander medical specialists. This paper will set out the perspectives and unique contributions of AIDA and the RACGP in this partnership and discuss the opportunities and challenges for progressing this work in the future, both for our organisations, and for others wanting to do similar work.

#### Presenters:

**Danielle Arabena**

*Australian Indigenous Doctors' Association*



Dr Danielle Arabena is a descendant of the Meriam People from Mer in the Torres Strait. She has successfully completed three Bachelor Degrees in Communications, Nursing and Medicine. Having previously worked as a Junior House Officer (JHO) at Redcliffe Hospital, Dr Arabena is now a GP Registrar within the Majellan Medical Centre in Scarborough, Queensland. Dr Arabena currently serves on the AIDA Board as a Director. In 2012, she co-chaired AIDA's Mentoring Working Group and led the development of AIDA's Mentoring Framework.

## Tim Senior

*Australian College of General Practitioners*



Dr Tim Senior works as a GP at Tharawal Aboriginal Corporation in south-west Sydney and is the Medical Advisor for the RACGP National Faculty of Aboriginal and Torres Strait Islander Health. He is a Senior Lecturer in General Practice and Indigenous Health at University of Western Sydney. He has previously worked as a Medical Educator in the Australian GP Training Program and has practiced in the Northern Territory, Thursday Island, and the United Kingdom. In his spare time Dr Senior grows some vegetables, brews some beer and plays some music.

## **Inspiration to graduation: key outcomes after three years of dedicated Māori health sciences support**

### **Author:**

*James Meager, Māori Health Workforce Development Unit, Division of Health Sciences, University of Otago, Dunedin*

### **Abstract:**

Māori remain under-represented in the professional health workforce of Aotearoa/New Zealand. International evidence suggests that ethnic concordance between health workers and patients improves health outcomes, and increasing the number of Māori in the health and disability workforce is a goal of the New Zealand Government's Raranga Tupuake: Māori Workforce Development Plan 2006. In 2008, to address the issue of under-representation, the Ministry of Health, University of Otago, and the Tertiary Education Commission agreed to a joint approach to a recruitment and retention project: the University of Otago Project. This paper outlines the key outcomes and challenges after three years of project delivery by the University of Otago's Māori Health Workforce Development Unit.

Since the Unit was established in 2010, there have been significant increases in Māori participation in health workforce training at Otago. It is important to quantify these outcomes and identify the key practices which contribute to Māori student success, enabling Indigenous support services to be replicated in other institutions. This paper demonstrates that a pipeline approach to Māori student support (from 'inspiration to graduation') which implements staggered programmes of support will produce positive outcomes for Māori student recruitment and retention. This paper also documents the main limitations to increasing Indigenous health workforce representation and explores strategies to mitigate these challenges, including the next steps forward for the Māori Health Workforce Development Unit.

### **Presenter:**

## James Meager

*University of Otago, Dunedin*



James is a recent Law and Politics graduate of University of Otago and has worked with the Māori Health Workforce Development Unit since April 2012. He is an enrolled barrister and solicitor of the High Court of New Zealand and has an interest in constitutional and criminal law. James coordinates the Tū Taurua Hauora support programme for Māori students studying within the health professional programmes. He also has a focus on recruitment of Māori students into the health professions through the second year and graduate entry pathways.

## Grab me Jobs for Health!

### Authors:

*Bevin Wilson, Associate Lecturer*

*Heather Burton, Lecturer, Rural Clinical School*

*Poche Centre for Indigenous Health and Well-Being, Flinders University, South Australia*

### Abstract:

The disparity in health outcomes between city and country, along with the marginalisation that rural Indigenous people continue to experience in employment and other opportunities, demands a more robust Indigenous rural health workforce. Yet, recruitment of rural Indigenous young people to medicine is particularly challenging. In addition to well publicised low retention rates to Year 12 there is the added complexity of distance from, and unfamiliarity of, city campuses. Australia's Indigenous health policy recognises the centrality of education, and aims to halve the gap in Year 12 and equivalent attainment rates by 2020. This translates into an increase in completions from 47% to at least 69%. This is especially challenging for many rural schools where economic disadvantage reduces the resources and support available, as well as increasing the proportion of disadvantaged children overall.

We argue that medical schools have a social accountability mandate to work with rural education providers and Indigenous communities, to inspire Indigenous young people and build their confidence to complete school and apply for health courses. We can start by demonstrating the importance of a strong Indigenous workforce in combatting health inequity and clearing pathways to success. Jobs for Health was designed through the partnership of the Flinders Poche Centre for Indigenous Health and Well-Being and Rural Clinical School in South Australia with Indigenous and non-Indigenous staff in education and the health professions. It is a health career pathway program that focusses strongly on Indigenous health and the supports available for Indigenous students interested in a health career.

### Presenters:

**Bevin Wilson**

*Flinders University, South Australia*



Bevin Wilson is Associate Lecturer with the Poche Centre for Indigenous Health and Well-Being where he teaches in the School of Nursing and Midwifery and the School of Medicine. His background is in both education and health. Bevin was a Secondary School Teacher in the Riverland South Australia for 14 years and was born in Barmera so has close connections with the Riverland community. Bevin also has a background working with the Southern Adelaide health services, initially as an Aboriginal health worker, and later, as one of seven Directors on the southern Adelaide health services board.

## Heather Burton

*Flinders University, South Australia*



Heather Burton is a Lecturer with the Flinders University Rural Clinical School and has lived and worked in the Riverland since 2002. Before that she worked for the Australian public service in Canberra, in Schools and Higher Education Divisions, including several years with the Indigenous Higher Education Centres program, where she learned from Indigenous Centres' staff about what needs to happen to remove the obstacles to equity in Indigenous participation and success in higher education. Heather is enrolled in the Doctor of Public Health at Flinders and is involved in teaching and research projects concerned with health equity.

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### **Partnerships, Placements and Community Engagement** 11.45-12.45

**Chair: Donald Whaleboat**

#### **Meaningful engagement of senior medical students with Aboriginal Community Controlled Health Organisations**

**Authors:**

*Professor Brad Frankum  
Christine Carriage  
Jenny Akers*

*University of Western Sydney*

**Abstract:**

This descriptive paper will articulate the process undertaken by the University of Western Sydney School of Medicine in committing to genuine community engagement with Aboriginal Community Controlled Health Organisation (ACCHO) partners in order to realise the goal of placing every final year medical student in a full-time, five week, immersive placement in an ACCHO. It is our contention that these placements have been achieved through forming partnerships with ACCHOs, that respect the ACCHO philosophy, and enable it to be a dominant influence in the student placement experience. The process of negotiation, curriculum development, assessment and evaluation will be explained, and the breadth and depth of the experience for students examined.

We will outline how the School of Medicine seeks many ways to build capacity in the ACCHO in return for their generosity in hosting the students. We will also describe the strengths and pitfalls encountered in the process, identified through evaluation by both the community partners and the students, and how this has shaped the program to become an effective one for both the ACCHOs and students. Our hypothesis, that a key component in providing improved health care to Indigenous people in Australia is to impart appropriate knowledge, skills, and attitudes to all medical students through true engagement with the Indigenous community, in authentic partnership with that community, will be argued through presentation of this paper. Furthermore, the necessity for significant commitment of staff, time, and resources by the University will be emphasised.

## Presenters:

### Jenny Akers

*University of Western Sydney*



In the 80's and 90's, Jenny worked in the south-west of Sydney as a TAFE teacher for 15 years, including co-ordinating the Aboriginal Literacy/Numeracy program at Macquarie Fields and Campbelltown TAFE for six years. In 2003-2007, she was the Executive Officer at The University of Sydney Royal Prince Alfred Clinical School where she had daily contact with the Indigenous MBBS students. From 2007-2009, she was Executive Officer at University of Western Sydney Macarthur Clinical School and for the last three years has worked as the Rural Program Manager. Since 2010, she and Christine Carriage have negotiated the student placements in the ACCHOS who have become our community partners. She is truly grateful to Christine for teaching her the protocols and respect involved in authentic engagement with Aboriginal organisations.

### Christine Carriage

*University of Western Sydney*



Christine's current position as the Indigenous Programs Officer has a strategic focus while retaining a hands on approach and engagement with Aboriginal communities. She works closely with Aboriginal Medical Services, and contributes to the development of the Aboriginal Health Curriculum by delivering lectures and workshops for students, staff and community partners. She also provides cultural advice and support to students and staff involved in research projects. As a senior Indigenous employee of University of Western Sydney, she contributes to university-wide Indigenous projects and activities. Throughout Christine's career, she has worked for various government departments such as Health, Land Council and the Aboriginal Housing Office as well as the Tharawal Aboriginal Corporation in a range of positions. Christine holds a Bachelor in Community Development, Diploma in Community Development, Masters in Indigenous Health Studies, and is currently undertaking a PhD with the School of Medicine.

### Brad Frankum

*University of Western Sydney*



Professor Brad Frankum is the Deputy Dean, and Professor of Clinical Education at the University of Western Sydney School of Medicine. He chairs the School of Medicine Indigenous Committee. He is a Consultant Clinical Immunologist and Allergist at Campbelltown and Camden Hospitals, and conducts an Allergy and Immunology clinic at the Tharawal Aboriginal Medical Service. He is a Board Member of the south-west Sydney Local Health District.

## The Indigenous health curriculum as a model for social accountability

### Authors:

*Suzanne Pitama, Senior Lecturer and Associate Dean Māori*

*Tania Huria, Lecturer*

*Cameron Lacey, Senior Lecturer*

*Māori Indigenous Health Institute, University of Otago, Christchurch*

### Abstract:

Within this presentation Suzanne will discuss one component of the findings from her PhD, which identified how social accountability is demonstrated between the Indigenous health curriculum and the Indigenous community.

Kaupapa Māori methodology was employed within this research to ensure that Indigenous beliefs, values and experiences were validated throughout the research process. Qualitative interviews and a quantitative survey were conducted with Indigenous health convenors/teaching teams from across the six medical schools involved in this research (from four different countries). Inductive analysis (using structural and descriptive analysis) were used in the first cycle of coding and then theoretical coding was used in the second cycle of coding). Descriptive analysis was used to interpret the quantitative survey.

This presentation will describe a framework that highlights the process by which Indigenous health teaching teams had engaged with Indigenous stakeholders through usual Indigenous networking processes. Such networking/engagement had promoted a model of social accountability between the Indigenous health teaching teams and the Indigenous community. This then influenced and initiated a comprehensive social accountability model between the medical school and the Indigenous community. This research found that an Indigenous health medical curriculum can be a vehicle to promote positive health experiences as Indigenous community members are re-positioned as key health stakeholders and experts in Indigenous health, as opposed to solely 'recipients' of health care. This model of social accountability already used within the Indigenous health curriculum should act as a model for other areas of medical education.

### Presenter:

Suzanne Pitama

*University of Otago, Christchurch*



Suzanne, Ngati Kahungunu, is Senior Lecturer and Director of the Māori Indigenous Health Institute, University of Otago, Christchurch. Suzanne is a child psychologist and has been involved in Māori health research for over 18 years. She is a keen advocate for Kaupapa Māori based methodologies and has interests in child mental health, medical curriculum development and Māori health community based projects. Suzanne is currently leading a Health Research Council funded project that is focusing on the prevalence of cardiovascular disease in Māori communities and is a co-investigator on an international collaboration project (New Zealand, Australia and Canada) looking at the role of medical education in addressing health disparities (Educating for Equity). Suzanne has submitted her PhD (Otago) in medicine, which examined the design, implementation and impact of Indigenous health curricula within medical schools.

## Teaching and learning in multidisciplinary teams from Aboriginal health practitioner students' perspective

### Authors:

*Associate Professor Pascale Dettwiller, Flinders University, Northern Territory Katherine Rural Campus  
Pilar Cubillo, Course Coordinator, Clinical Practice and Community Care, Charles Darwin University  
Teresa Raines, Senior Lecturer, Clinical Practice and Community Care, Charles Darwin University  
Kylie Stothers, OATSIH Child Protection Lecturer, Centre for Remote Health, Katherine Rural Campus*

### Abstract:

Achieving meaningful inter-professional learning can be a challenging goal, particularly in the remote context. In 2011 the 'Remote Health Experience' (RHE) was launched in Katherine as part of the year one Northern Territory Medical Program (NTMP) at Flinders University. The RHE role was to introduce inter-professional education. The RHE brought together students from the disciplines of Aboriginal Health Practitioner, medicine, pharmacy, and nursing. The students would work in teams and would practice skill stations as multidisciplinary groups. This presentation aims to report the RHE experience from the students' perspective. It will include key aspects of the three-year interdisciplinary educational program and its evaluation, and demonstrate how multidisciplinary teaching can influence changes of practice and aspirations of these students.

The RHE program was designed with an integrated evaluation process using an anonymous and voluntary survey, which was given to all participants after each work station and at the end of the RHE. A post event impact evaluation was conducted a year after the event. After the program, the participants reported an improved awareness of the issues and of the context of remote health, together with an improved understanding of other health disciplines in the field. The results showed that 80% of the students found the program beneficial and would recommend it to other students. Students reported that this training offered opportunities to build relationships for their future practice and improved their self-esteem. AHP students recognised the benefit and appreciated the value of inter-professional learning.

### Presenters:

**Pascale Dettwiller**

*Flinders University, Northern Territory*



Pascale Dettwiller is Associate Professor and Director at the Katherine Campus of the Rural Clinical School Campus of the Flinders University Northern Territory Medical Program, Katherine, Northern Territory. She holds a Doctor of Pharmacy from the School of Pharmacy, Joseph Fourier University, Grenoble (France) and several Bachelor and Diploma awards in Teaching, Business, Nutrition and Herbal Medicine. She has held Senior Clinical Pharmacist positions in regional health centres in New Caledonia, Tasmania and Victoria before heading the pharmacy course at Charles Darwin University for four years. Pascale has vast experience in teaching and mentoring of pharmacy, medical and nursing students in Tasmania, Victoria and Northern Territory, especially in rural medical schools and health practices.

## Pilar Cubillo

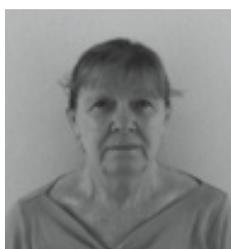
*Charles Darwin University*



Pilar Cubillo trained with Danila Dilba Health Service (DDHS) and registered in 2001, and has been registered now for 12 years working for DDHS from 2002 to 2011. Her role during that time was a generalist Aboriginal Health Worker meaning she has worked in all areas within DDHS. Pilar has an interest in medicines from the four years of managing the drug room, which catered to the men's clinic, women's and child clinic, emergency room, mobile outreach team and the Darwin clinic. Her current role is to teach and to support students to become health practitioners, to enhance the health of our people.

## Teresa Raines

*Charles Darwin University*



Teresa Raines is a Registered Nurse and holds a Masters in Education. Teresa has over 25 year's experience in health education in the Northern Territory. This experience spans nurse education at Royal Darwin Hospital, Remote Area Educator Top End, Health Promotion Course Coordinator, Management Educator for Department of Health, Lecturer at Charles Darwin University and currently at Batchelor Institute of Indigenous Tertiary Education coordinating the Certificate IV Aboriginal and/or Torres Strait Islander Primary Health Care Practice Course.

## Kylie Stothers

*Centre for Remote Health*



Kylie Stothers is a young mother of two children. She is a Jawoyn woman who was born and raised in Katherine, Northern Territory. Kylie comes from a large extended family with strong ties in Katherine and surrounding communities. Kylie is a Social Worker and has worked throughout the Northern Territory for over 15 years in child protection, hospitals and Aboriginal community controlled health services. Kylie currently works for the Centre for Remote Health and Flinders, Northern Territory at the Katherine Campus and is the Deputy Chairperson of Indigenous Allied Health Australia, the national peak body representing Aboriginal and Torres Strait Islander allied health professionals and students. Kylie's interest areas are in child and maternal health, working with families, health promotion and health workforce issues. Kylie is passionate about education and issues that relate to remote and rural Australia.



## Implementing an Evidence Led Curriculum

1.45pm-2.45pm

Chair: Brad Murphy

### **Addressing Indigenous health workforce inequalities: a literature review exploring 'best' practice for recruitment into tertiary health programmes**

#### **Authors:**

*Dr Elana Taipapaki Curtis, Senior Lecturer, Tōmaiora Research Unit*

*Erena Wikaire, Researcher, Tōmaiora Research Unit*

*Kanewa Stokes, Whakapiki Ake Development Manager*

*Associate Professor Papaarangi Reid, Tumuaki / Head of Department, Tōmaiora Research Unit*

*Te Kupenga Hauora Māori*

*The University of Auckland*

#### **Abstract:**

Addressing the underrepresentation of Indigenous health professionals is integral to overcoming Indigenous health inequities. This literature review aims to identify 'best practice' for recruitment of Indigenous secondary school students into tertiary health programmes with particular relevance to recruitment of Māori within a New Zealand context. A Kaupapa Māori Research (KMR) methodological approach was utilised to review literature and categorize content via: country; population group; health profession focus; research methods; evidence of effectiveness; and discussion of barriers. Recruitment activities are described within five broad contexts associated with the recruitment pipeline: Early Exposure, Transitioning, Retention/Completion, Across the Pipeline and Professional Workforce Development.

Seventy articles were included. The literature clearly frames recruitment activity as occurring across a pipeline that extends from secondary through to tertiary education contexts and, in some instances, vocational (post-graduate) training. Early exposure activities encourage students to achieve success in appropriate school subjects, address deficiencies in careers advice and offer tertiary enrichment opportunities. Support for students to transition into and within health professional programmes is required, including bridging/foundation programmes, admission policies/quotas and institutional mission statements demonstrating a commitment to achieving equity.

Retention/completion support includes academic and pastoral interventions and institutional changes to ensure safer environments for Indigenous students. Overall, recruitment should reflect a comprehensive, integrated pipeline approach that includes secondary, tertiary, community and workforce stakeholders. Six broad principles for successful Indigenous health workforce development are presented. We expect our findings to be of significant interest for providers of tertiary health education and recruitment programmes to Indigenous students.

#### **Presenters:**

Elana Curtis

*The University of Auckland*

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Erena Wikaire

*The University of Auckland*

See page 46

## The challenge of increasing Aboriginal health focus in an integrated medical curriculum

### Author:

Tim Leahy, Associate Professor, Indigenous health curriculum, School of Medicine, The University of Notre Dame, Fremantle

### Abstract:

The presentation will present a brief summary of learnings, problems and curriculum achievements over the last three years as the Aboriginal health team and School of Medicine at The University of Notre Dame Fremantle, have attempted to integrate Aboriginal health into the medical curriculum. The presentation will use examples, including the integration of four seminars into the first two (pre-clinical years), based on the pedagogical principles articulated in the CDAMS Indigenous Health Curriculum Framework and by Indigenous academics, such as Professor M Nakata, and integrated with The University of Notre Dame critical reflective framework. The four seminars cover critical cultural perspectives, Aboriginal cultural continuity and resilience, colonisation and its legacy, and better ways of working (based on Australian Indigenous Doctors' Association and National Aboriginal Community Controlled Health Organisation examples).

It will also summarise more recent partnership work with a local Aboriginal public health unit, Aboriginal community partners and with The University of Notre Dame School of Medicine discipline leaders, to integrate Aboriginal health into the clinical years, using a focus on working with Aboriginal colleagues and the community, and a quality improvement perspective with a focus on good practice case studies, use of guidelines, the internet and evidence, and understanding the patient journey.

### Presenter:

Tim Leahy

*The University of Notre Dame, Fremantle*



Tim Leahy has been Associate Professor, Indigenous health curriculum in the School of Medicine Fremantle since 2011. He is a GP with experience in Aboriginal health services in Western Australia.

## A framework for mapping Indigenous health curriculum within a medical school

### Authors:

*Suzanne Pitama, Associate Dean Māori*

*Tania Huria, Lecturer*

*Cameron Lacey, Senior Lecturer*

*Māori Indigenous Health Institute, University of Otago, Christchurch*

### **Abstract:**

This presentation will highlight a framework that emerged from Suzanne's PhD findings. This framework provides a format to review how existing health contexts influence and inform an Indigenous health curriculum. It also highlights the integral role of the Indigenous health community and students in the design, implementation and impact of an Indigenous health curriculum. Kaupapa Māori methodology was employed within this research to ensure that Indigenous beliefs, values and experiences were validated throughout the research process. Qualitative interviews and a quantitative survey were conducted with Indigenous health convenors/teaching teams from across the six medical schools involved in this research (from four different countries). Inductive analysis (using structural and descriptive analysis) were used in the first cycle of coding and then theoretical coding was used in the second cycle of coding. Descriptive analysis was used to interpret the quantitative survey.

This presentation will present the relationships between mapping the Indigenous health curriculum within two case studies and its relationship to other medical schools. The framework for the Indigenous health curriculum may assist in the following:

1. Providing a framework to assist those involved in the development of new, or refinement of existing, Indigenous health curricula.
2. Providing a shared language by which schools can present their Indigenous health curriculum.
3. Provide a working example of how AMC standards might be implemented within medical schools, and illustrating the contribution that can be made by all stakeholders, the broader general medical education field and the health system.

### **Presenter:**

Suzanne Pitama  
*University of Otago, Christchurch*

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## **Recruitment and Graduation of Indigenous Students**

**1.45pm-2.45pm**

**Chair: Karin Oldfield**

### **Addressing barriers and building on success: the Murra Mullangari – pathways alive and well Aboriginal and Torres Strait Islander health careers development program**

#### **Author:**

*Dr Kali Hayward, Vice President, Australian Indigenous Doctors' Association*

#### **Abstract:**

The inaugural Murra Mullangari – Pathways Alive and Well Health Careers Development Program brings together 30 Aboriginal and Torres Strait Islander secondary school students with the aim to provide information and support on pathways into health careers. The program is based upon the Patty Iron Cloud National Native American Youth Initiative hosted by the Association of American Indian Physicians. Evaluations of this program have demonstrated the significant impact of the Program in educating and encouraging Native students to pursue healthcare professions. Murra Mullangari – Pathways Alive and Well has been adapted to suit an Australian context.

Working in partnership with other peak Indigenous health organisations and hosted by the Australian Indigenous Doctors' Association, the program focuses on the support, retention and graduation of Indigenous high school students, strengthening pathways into health careers, and offers leadership development. Having attended the Patty Iron Cloud program in 2010, Dr Hayward's presentation will outline the history of the program, its translation into an Australian context, and the Murra Mullangari program objectives and results.

**Presenter:**

Kali Hayward

*Australian Indigenous Doctors' Association*



Dr Kali Hayward is a descendant from the Warnman people, of the Martu language group of Western Australia. Dr Hayward graduated from The University of Adelaide with a MBBS in 2005. In 2010, she completed General Practice training and obtained RACGP Fellowship in September 2010. As well as working as a General Practitioner at Nunkuwarrin Yunti, the largest Aboriginal Community Controlled Health Organisation in South Australia, Dr Hayward serves on the Australian Indigenous Doctors' Association Board as Vice President.

**Career decisions: factors that influence the Māori doctor**

**Authors:**

*Cara Josephine Lucas, summer student, University of Otago, Dunedin*

*Dr Liza Edmonds, Consultant Neonatologist, Women and Children's Health, Dunedin School of Medicine, University of Otago, Dunedin*

*Dr Jethro Leroy, General Practitioner, Te Whare o Ngati Kahu Hauora, Tauranga, New Zealand*

*Associate Professor David Reith, Consultant Paediatrician, Women and Children's Health, Dunedin School of Medicine, University of Otago, Dunedin*

**Abstract:**

Māori have known health disparities which may be addressed through increasing the cultural competency of New Zealand's medical workforce. There is a paucity of Māori health professionals choosing paediatrics or adult medicine as a career and the factors influencing their career decision are yet to be explored. The aims of this research were to differentiate factors influencing the medical career choice of non-Māori paediatricians and physicians, Māori paediatricians and physicians and other Māori doctors, and secondly, to identify barriers that may prevent Māori doctors from choosing to be paediatricians or physicians. A questionnaire was distributed by email to New Zealand physicians and paediatricians and to Māori doctors. Questions included demographic information, a matrix rating table and open-ended questions.

Altogether 199 people accessed the questionnaire. Response rates were 9% (n=118) for non-Māori paediatricians and physicians, 70% (n=19) for Māori paediatricians and physicians and 31% (n=62) for other Māori doctors. Māori paediatricians and physicians highlighted mentoring as having a significant impact on career choice. Non-Māori paediatricians and physicians regarded interest as having the most influence ( $p < 0.01$ ). Lifestyle factors influenced other Māori doctors ( $p < 0.001$ ). All three groups regarded poor lifestyle as having the largest negative influence. No group regarded potential income as important. Mentoring provides an opportunity to attract Māori into paediatric and adult physician training. The use of existing mentoring programmes could facilitate in expanding Māori Royal Australasian College of Physicians workforce development. This extended Māori workforce would have benefits for the health of New Zealand as a whole.

## Presenter:

Cara Lucas

*The University of Otago, Dunedin*



Cara Lucas is of Nāgti Ranginui and Pākehā descent and comes from Tauranga, New Zealand. She is currently in her fourth year of medical school at University of Otago, Dunedin. Previous to beginning medicine, Cara completed a Bachelor of Arts (English), a Bachelor of Science (Genetics) and a Diploma for Graduates (Spanish) at University of Otago. Only after this study, travel and work, did she understand that medicine would be her ideal career. Cara is a member of Te ORA and Te Oranga and looks forward to contributing to Māori health gains.

## **Aboriginal and Torres Strait Islander commencing medical students' career intentions - the Medical Schools Outcomes Database and Longitudinal Tracking (MSOD) Project**

### **Authors:**

*Angela Carberry, Medical Deans Australia and New Zealand, The University of Sydney*  
*Dana Slape, University of Western Sydney*

### **Abstract:**

The Australian Medical Schools Outcomes Database and Longitudinal Tracking (MSOD) Project invites all enrolling medical students to complete short questionnaires in their commencing and final years. Participants are then asked to participate in four short follow-up surveys at one, three, five and eight years after they complete medical school, to record pre-vocational and vocational training experiences. This research aims to identify specific career intentions and locations of commencing Aboriginal and Torres Strait Islander students and career intentions in Indigenous health of all commencing students. MSOD data on commencing Aboriginal and Torres Strait Islander medical students' career intentions and locations were extracted and descriptive and chi squared statistical analyses were conducted.

From 2005-2012, 21,728 non-Aboriginal and Torres Strait Islander students and 296 Aboriginal and Torres Strait Islander students have completed the Commencing Medical Students Questionnaire (CMSQ). Commencing Aboriginal and Torres Strait Islander student's career intentions (1st preference) included: General Practice (23.9%), Surgery (22.6%), Paediatrics and Child Health (15.4%) and Indigenous Health (8.5%). Aboriginal and Torres Strait Islander students were significantly more interested in Indigenous health as a first preference (8.5%) compared to non- Aboriginal and Torres Strait Islander students (0.1%,  $p < 0.001$ ). Similarly Aboriginal and Torres Strait Islander students are more likely to pursue a career in Indigenous health (any preference - 13.5%) compared to non-Aboriginal and Torres Strait Islander students (0.7%,  $p < 0.001$ ). Aboriginal and Torres Strait Islander students were more interested in pursuing a career in a capital city (30.5%) compared to a major urban centre (17.5%), regional city or large town (20%), small community (17.1%) and smaller town (14.2%).

The MSOD Project provides information which can assist considerations of (1) the pathways Aboriginal and Torres Strait Islander students choose in medicine, (2) the future health workforce distribution of both Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander medical graduates, and (3) possible structural improvements and programs to support Aboriginal and Torres Strait Islander medical students and the growth of the Indigenous health workforce.

## Presenters:

Angela Carberry

*The University of Sydney*



Angela Carberry is a PhD Scholar in the School of Public Health at The University of Sydney. She has a Bachelor of Health Science (honours) and a Master of Public Health (MPH). Angela has been working as a health researcher for many years and is published as a first author in a number of prominent peer reviewed journals, including the Cochrane Database of Systematic Reviews, the American Journal of Epidemiology and Pediatric Research. She recently joined the Medical Schools Outcomes Database as a senior research analyst to expand the research profile of the MSOD project.

Dana Slape

*University of Western Sydney*



Dana is a final year honours medical student, Early Career Academic researcher, and Indigenous Tutorial Assistance Scheme tutor at University of Western Sydney and former Student Director at Australian Indigenous Doctors' Association. She is proud to be returning to the home of her ancestors in Larrakia country to present about Indigenous medical education. Whilst Dana aspires to pursue a career in clinical dermatology, she also looks forward to continuing to work in medical education in Indigenous health curriculum development and best practice in Indigenous medical student recruitment, retention and support.

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## Student Focus

1.45pm-2.45pm

Chair: Tania Huria

## Student learning journeys in Indigenous health at the Australian National University

### Authors:

*Jessica King, Third Year Aboriginal Medical Student*

*Danielle Medek, Fourth Year Medical Student*

*Medical School, Australian National University*

### Abstract:

The Australian National University Medical School introduced an Indigenous Stream in 2010, its purpose being to attract students with an interest in Indigenous health. The program is open to both non-Indigenous and Indigenous students and provides them with opportunities to learn medicine in an Indigenous setting, allowing them to discover for themselves Indigenous culture, history and to further explore the context of Indigenous health.

As the first two students accepted into the Indigenous stream, Jessica and Danielle will present some of their more inspiring and interesting experiences during their schooling, and reflect on how their understanding of Indigenous health has been enriched by the program. Other student-directed Indigenous health activities

within the Medical School have been likewise rewarding and inspiring. The presenters believe that the Australian National University's Indigenous stream provides excellent opportunities for students to pursue their own learning journeys in Indigenous health, providing an inspiring and rewarding experience that will likely lead to future involvement in Indigenous health once they graduate.

#### **Presenters:**

**Jessica King**

*Australian National University*



Jessica King is a Larrakia Warumungu woman from the Northern Territory who is in her third year of medicine at Australian National University in Canberra. She is living and studying in Young, New South Wales for 2013 as a part of the Australian National University's rural medicine program. Jessica has always wanted to be a doctor and is the first of five Indigenous medical students currently enrolled at Australian National University, four of which are members of the Indigenous stream.

**Danielle Medek**

*Australian National University*



Danielle Medek is in her fourth year of medicine at Australian National University, and has interests in Indigenous health and ecohealth as well as a deep personal interest in Country. She is a strong advocate for Indigenous youth career-building. She looks forward to a future involving Indigenous health in the clinical setting and beyond.

### **Our Kids' Kidneys - A ticking time-bomb?**

#### **Authors:**

*Miss Sheree Enderby, Medical Student*

*Associate Professor Ian Wright, Senior Neonatologist and Researcher, Hunter Medical Research Institute*

*Dr Josephine Gwynn, Post Doctoral Research Fellow, Centre for Rural and Remote Mental Health*

*The University of Newcastle*

#### **Abstract:**

Chronic kidney disease is a serious and growing burden for the Australian Indigenous population. Indigenous Australians die with chronic kidney disease as the cause at a rate four times greater than the non-Indigenous population. As a whole, it leads to devastating health outcomes, a decreased quality of life and a decreased life expectancy. End stage renal disease occurs at younger ages among the Indigenous population in comparison to the non-Indigenous. There is current evidence that has shown risk factors and data evident of this development in Aboriginal neonates. Knowing that the starting point can be as early as the antenatal/postnatal period, and renal failure can be established within the first few decades of life- the missing link is research in one's childhood.

If there was evidence to support that Aboriginal children demonstrated signs of early decline in renal function, which in turns puts them at a predisposition for developing chronic kidney disease later in life, screening programs could be established to provide secondary prevention. The aims of this study is to look at the renal health of a group of Aboriginal and non-Aboriginal children and note any similarities, but ultimately any differences. The children will have a renal ultrasound to determine renal volume, and also urine and blood samples in addition to a basic history and examination. Various markers of renal health will be analysed from these samples, to provide data comparing the two populations.

**Presenter:**

**Sheree Enderby**

*The University of Newcastle  
Hunter Medical Research Institute*



Sheree Enderby is a proud Aboriginal woman from the Biripi region of New South Wales, Australia. She has completed four years of medicine at The University of Newcastle, and is currently completing a year of research in renal disease in Aboriginal children, prior to completing her degree. Sheree has a passion for Indigenous health, and loves her involvement with the Australian Indigenous Doctors' Association, as the local student representative. Sheree attended LIME IV, and looks forward to the opportunity to inspire her fellow Indigenous brothers and sisters, just as she was inspired in Auckland.

## **The Wollotuka Indigenous Students International Leadership Program**

**Authors:**

*Adelle Grogan, Wollotuka Success and Collaborations Officer, Wollotuka Institute*

*Associate Professor Peter O'Mara, Director, School of Medicine and Public Health, Discipline of Indigenous Health, Faculty of Health*

*Karen Moran, Indigenous Education Coordinator, The Wollotuka Institute  
(Port Macquarie Campus)*

*Sarah-Rebekah Clark, Second Year Medical Student, School of Medicine and Public Health, Discipline of Indigenous Health, Faculty of Health*

*Nicole Whitson, Second Year Medical Student, School of Medicine and Public Health, Discipline of Indigenous Health, Faculty of Health*

*The University of Newcastle*

**Abstract:**

The idea for the Wollotuka Indigenous Students International Leadership Program was born from a concept developed by Dr Peter O'Mara and James Charles and was further developed from a Scoping Trip in 2011 to the USA and Canada by Dr O'Mara, Mr Charles and Adelle Grogan (Wollotuka Success and Collaborations Officer, The University of Newcastle) where numerous Native American and First Nations Community Controlled Organisations and International Partner Universities were visited. The main aim of the Wollotuka Indigenous Students International Leadership Program is to provide Aboriginal and Torres Strait Islander medical/health, education and Bachelor of Aboriginal Professional Practice students enrolled at The University of Newcastle exposure to Aboriginal cultures particularly in North America and south-east Canada and to learn about health/medical and educational needs of those cultures and how their needs are being met.



The main objectives of the program are to:

- Provide students with understanding of other Indigenous cultures;
- Investigate the opportunity of studying abroad;
- Establish strong networking connections with international stakeholders;
- Develop leadership skills;
- Further develop skills in oral and written communication through presentations and report writing;
- Develop researching and analytical skills.

A group of 12 participating students and four staff members, including Dr O'Mara, Adelle Grogan, Karen Moran and Aunty Sandra Griffin, Elder in Residence, participated in the inaugural Wollotuka Indigenous Students International Leadership Program 2012, which included a Study Tour of the USA and Canada. This presentation will discuss the development of the program, in addition to the experiences from an Aboriginal student' and from Aboriginal staff perspectives.

**Presenters:**

**Adelle Grogan**  
*The Wollotuka Institute*

Adelle Grogan is originally from Cairns, Far North Queensland but has lived in Newcastle, New South Wales for 18 years. She has worked as a professional staff member at The Wollotuka Institute, The University of Newcastle for 14 years in various roles. She is currently the Indigenous Success and Collaborations Officer at the Wollotuka Institute, where one of her major roles is to encourage Indigenous students at The University of Newcastle to participate in International Exchange and/or International Short Course Programs.

**Peter O'Mara**  
*Australian Indigenous Doctors' Association*

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**Karen Moran**  
*The Wollotuka Institute*

Karen Moran is a descendant of the Anaiwan Nation of the northern tableland of New South Wales. She has been employed by The University of Newcastle since 2009. She has held positions in the Student Engagement and Experience Portfolio and is now the Indigenous Education Coordinator based at the Port Macquarie Campus. Her primary role is to provide pathways into university through continued interaction with Aboriginal education providers, continued engagement and support of Port Macquarie campus based students, continued community networking to establish relationship with Aboriginal Education Consultative Groups, Land Councils, TAFEs, and Medical Centres, creating partnerships development to further study options/ awareness and creating partnerships development and awareness of prospective student's pathways into Bachelor of Aboriginal Professional Practice.

## Sarah-Rebekah Clark

*The University of Newcastle*



Sarah-Rebekah Clark is a Wiradjuri woman, born, and grew up on the Far North Coast of New South Wales. She is currently a second year medical student. She commenced medicine a year out of school. Her health field experiences include joining Australian Indigenous Doctors' Association, attending the Pacific Region Indigenous Doctors' Congress Conference in Alice Springs and participating in the first Wollotuka Indigenous Students International Leadership Program. Sarah-Rebekah was drawn to medicine through her caring nature and health care injustice experienced within her family. Her aspirations include working within Indigenous communities to provide the best care to those who are in need and wished to be helped. In doing this, she hopes to travel; obtaining experiences from international, national and rural areas. Sarah-Rebekah believes in being the change she wishes to see. During her journey, she'd like to join like-minded people; where what may seem to be small individual contributions are collectively building to help our people within the health system.

## Nicole Whitson

*The University of Newcastle*



Nicole Whitson is in her second year of the Joint Medical Program at The University of Newcastle. Nicole's mob are the Kamilaroi people of Moree but she grew up in Newcastle. Nicole's aspiration in life is to finish her degree in medicine and become a doctor. She would love to work in rural and remote areas in Australia to further help Aboriginal people in closing the huge inequality gap between Indigenous and non-Indigenous Australians. Since she was a child, Nicole has been very actively involved in the Aboriginal community, learning her culture from the Elders and passing on her knowledge to younger Indigenous generations. Nicole taught Aboriginal dance, art and culture since she was 13, and has worked as an Indigenous youth support officer working in low socio-economic areas of the Hunter region. By attending LIME, Nicole is hoping to meet other Indigenous medical students, which she hopes leads to life-long connections with people who are also passionate about Indigenous health.

# Panel Session

## Medical Education Panel

3.15pm-4.45pm

**Facilitator: Pappaarangi Reid**

### Session Outline:

The Medical Education Panel has been developed to encourage participation from Faculty leadership which might be outside of the direct purview of Indigenous medical education, yet is critically important to the successful delivery of the Indigenous health teaching and learning programs. The session will focus on a forward looking (re-imagining), stimulating, and possibly provocative discussion within a safe environment for debate. The panel builds on the Indigenous Medical Educators Panel held at LIME Connection IV in Auckland, which focused on institutional reform and responsibility for medical education, and evidence based processes for creating structural change and developing capacity in relation to Indigenous medical education. This session aims to provide an illustration of visionary leadership in furthering Indigenous medical education, and to outline an overarching evidence based plan for increased institutional change in the future.

### Panellists:

Geoff McColl  
*The University of Melbourne*



Geoff McColl is Professor of Medical Education and Training and Director of the Medical Education Unit in the Melbourne Medical School. Professor McColl is currently Acting Dean, Faculty of Medicine, Dentistry and Health Sciences at The University of Melbourne. Since 2008 he has led the development and implementation of the new Melbourne MD. He has previously held the positions of Associate Dean (Academic) in the Faculty of Medicine, Dentistry and Health Sciences and Clinical Dean of the Royal Melbourne Hospital/Western Hospital Clinical School. His undergraduate medical training was completed at The University of Melbourne including a BMedSc at the Repatriation General Hospital. After internship and residency at the Austin and Repatriation General Hospitals, he completed advanced training in rheumatology, attaining his Fellow of the Royal Australasian College of Physicians in 1992. He completed a PhD examining antigen-specific immune responses in patients with recent-onset rheumatoid arthritis at the Walter and Eliza Hall Institute in 1996 and a Master of Education in 2008 describing the methods used by clinician educators to improve diagnostic reasoning skills in medical students. Professor McColl is a visiting rheumatologist at the Royal Melbourne Hospital and immediate past president of the Australian Rheumatology Association. He has also been a member of the Pharmaceutical Benefits Advisory Committee since 2005. Professor McColl's current research interests are related to the teaching and assessment of diagnostic reasoning skills in medical students.

## Phillippa Poole

*The University of Auckland*



A medical graduate of The University of Auckland and a general physician at Auckland City Hospital, Professor Phillipa Poole is currently Head of the Department of Medicine at her alma mater. Prior to this she was the head of the medical programme for nearly ten years. During that time she developed her interests in equitable medical student selection and education to produce a fit-for-purpose workforce for Aotearoa /New Zealand in the upcoming decades. She helped introduce Hauora Māori as a curriculum domain, and is involved in projects which suggest that affirmative pathways have benefits beyond the redress of demographic imbalances.

## Craig Zimitat

*University of Tasmania*



Professor Craig Zimitat is Director of Medical Education, School of Medicine, University of Tasmania, now seconded to the School of Nursing and Midwifery. He has been a strong advocate for rural health and Aboriginal health within the MBBS curriculum, opening new placements in Aboriginal Medical Services, conducting the Faculty Aboriginal Health Review in 2010, and contributing to Medical Deans Australia and New Zealand/Australian Indigenous Doctors' Association projects.

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# LIME Connection Dinner and LIMELight Awards

**6.30pm - Midnight**  
**The Darwin Sailing Club**  
**Atkins Drive, Fannie Bay, Darwin**

Delegates are asked to make their own way to the Darwin Convention Centre by 6pm to board buses to the venue for a 6:30pm start. The Darwin Sailing Club is approximately fifteen minutes' drive from the Darwin Convention Centre. Please ensure you are on time, so that we can enjoy the excellent sunset views.

Please see page 18 for further information.

# Abstracts and Presenters Biographical Notes

## Day Three – Creating Change

Wednesday 28 August

Darwin Convention Centre

## Welcome to Day Three

9.00am-9.10am

### How can Medical Deans make a difference?

Presenter:

Judy Searle

*Medical Deans Australia and New Zealand*



While Judy's resume demonstrates a diverse range of skills and experiences, she started her career as a medical specialist before moving primarily into leadership and management positions in academe both in Australia and the United Kingdom. Judy then took up the opportunity to expand her experiences more broadly as she moved to senior advisory positions within Government both Federal and Territory. The highlight of her career to date has been her appointment as Senior Advisor to the then Federal Minister for Health and Ageing, the Hon Nicola Roxon MP. It was also the most complex, intense, frantic and demanding job she had ever done. Judy has also had the privilege of setting up two new medical schools, one in the United Kingdom as Associate Dean and then returning to Australia as the Foundation Dean for the School of Medicine at Griffith University. She has therefore had the opportunity to work across most sectors in health including clinical service provision, academia, policy development, regulation and accreditation, and medico-politics. As a constant, Judy has been a champion for the public sector and is motivated by values and quality.

# Keynote Presentation

## Keynote Presentation

9.10am-10.15am

Chair: George Laking

Te Ohu Rata Ō Aotearoa (Te ORA), Māori Medical Practitioners Association of Aotearoa/ New Zealand

Presenter:

Martina Kamaka

Associate Professor, Department of Native Hawaiian Health  
The University of Hawai'i



Martina Leialoha Kamaka M.D. is a Native Hawaiian physician who received her medical degree from the John A. Burns School of Medicine (JABSOM) at the University of Hawai'i at Mānoa. She is board certified in Family Practice. After completing her residency in Family Medicine in Lancaster, Pennsylvania, USA, she returned to Hawai'i where she spent the next ten years in a primary care practice. Since 1999, Dr Kamaka has also been working in the area of cultural competency training at the John A. Burns School of Medicine. Currently, Dr Kamaka is an Associate Professor in the Department of Native Hawaiian Health where she is the Director of the Departments' Cultural Competency Curricula project (C3). She is a founding member and past president of the Ahahui o nā Kauka (Association of Native Hawaiian physician) and founding member of the Pacific Region Indigenous Doctors Congress (PRIDoC). Dr Kamaka also serves on the Native Hawaiian Health Care Systems Institutional Review Board and Scientific Advisory Council. She would like to acknowledge that this type of work requires a team and that she is very grateful for the support of her family and her C3 team at JABSOM.

**Abstract:**

### **Mai Ka Liko A Ke Kumu: From the bud to the tree, the evolution of cultural competency training at the John A. Burns School of Medicine**

The training of medical students has changed drastically over the past twenty five years. Twenty-five years ago, students were told that the answer to excellent care for all populations was to 'treat all patients equally'. Nevertheless, health disparities are persistent or worsening, particularly for our Indigenous populations. There are a myriad of reasons for these worsening statistics, but one major player is the fact that 'culture matters' and because it does, one cannot 'treat all patients equally'. The issue is much, much more complex than that. Multiple influences impact each physician patient encounter, whether it is differences in ethnicities, socioeconomic status, language, education, gender, religion, histories or power and privilege.

At the John A. Burns School of Medicine, medical education has evolved with respect to the teaching around the interaction of culture and medicine. A key driver in the curriculum is the Cultural Competency Curriculum Project (C3) team from the Department of Native Hawaiian Health. The team recognised early on that teaching a subject like 'Cultural Competency' would require a mix of teaching pedagogies and should include an experiential learning component.

In this presentation, early and current efforts to enhance the cultural competency curricula will be described, with a special focus on Native Hawaiian health across the continuum from medical student, to resident/registrar, to practicing physician. During the evolution of the cultural competency curricula, while a lot of teaching and training effort has been directed towards medical students, there is now a growing recognition that the resident and practicing physician would also benefit from similar training. This is of particular importance when recognising that these groups are the future teachers and mentors of the students being trained. Teaching cultural competency lends itself to dynamic, 'outside the box' approaches that continuously evolve. Several of the John A. Burns School of Medicine Department of Native Hawaiian Health faculty development initiatives, as well as curricular initiatives at the residency level, will be described in this presentation, with a focus on the evolution and future growth of the program.

# Paper Presentations

## Day Three - Paper Presentations

**Advancing the Discipline of Indigenous Health**

10.45am-11.45am

Chair: Suzanne Pitama

### **Building a program of research within the Section of First Nations, Metis, and Inuit health at the University of Manitoba**

#### **Authors:**

*Amanda Woods, Research Associate for the Section of First Nations, Metis and Inuit Health, Centre for Aboriginal Health Research*

*Dr. Marcia Anderson DeCoteau, Section Head for the Section of First Nations, Metis and Inuit Health*

*Faculty of Medicine, University of Manitoba*

#### **Abstract:**

The vision of the Section of First Nations, Métis, and Inuit Health at the University of Manitoba is to contribute to the development of optimal health and well-being of First Nations, Métis, and Inuit people and to work towards and support Indigenous self-determination. The Section is currently establishing a strong program of Indigenous health research and evaluation within the Faculty of Medicine which will build partnerships between the University and Indigenous people, communities, and organisations, and will work towards the strengthening of health and well-being of Indigenous people in Manitoba and beyond.

Over the past year, we have been building our program of Indigenous health research and evaluation. Two of our current research projects involve speaking with current and former Indigenous medical students who were admitted to and/or attended the University of Manitoba. These projects will involve capturing the experiences, stories, perspectives, and outcomes of Indigenous medical students in person to person discussions and interviews. As well, we will include discussions with University faculty and staff in order to capture a complete as possible examination of the experience of medical school for Indigenous students. With the support of the Faculty, students and staff, the Section is committed to becoming a leader in Indigenous health research with a purpose to promote, teach, and share positive concepts of Indigenous people and Indigenous health and well-being. We will work to establishing meaningful partnerships with communities focusing on community engagement and relationship building and developing and maintaining infrastructure to carry out this work.

#### **Presenter:**

**Amanda Woods**

*University of Manitoba*



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



## **'The work it takes to make it work': enablers and barriers impacting on Indigenous health curricula**

### **Authors:**

*Associate Professor Shaun Ewen, Deputy Director Centre for Health and Society, Melbourne School of Population and Global Health, Associate Dean (Indigenous Development), Faculty of Medicine, Dentistry and Health Sciences, The University of Melbourne*  
*Ms Gina Bloom; Onemda VicHealth Koori Health Unit / Australian Health Workforce Institute, Melbourne School of Population and Global Health, Faculty of Medicine, Dentistry and Health Sciences, The University of Melbourne*  
*Dr David Paul, Deputy Director, Centre for Aboriginal Medical and Dental Health, Faculty of Medicine, Dentistry and Health Sciences, The University of Western Australia*  
*Ms Lianne Goodwin, Centre for Aboriginal Medical and Dental Health, Faculty of Medicine, Dentistry and Health Sciences, The University of Western Australia*

### **Abstract:**

As part of the international Educating for Equity research project, Curriculum Mapping Projects were undertaken at the Universities of Melbourne and Western Australia. The aim of the project was to map the Indigenous health content within the health professional courses at both institutions and to gain an understanding of the drivers, enablers and barriers that can impact Indigenous health curricula development and implementation. In addition to the mapping of the Indigenous health content within the health professional courses at both universities, key decision makers in relation to curriculum development and implementation were interviewed.

The findings of this project revealed a range of factors that contribute both positively, and negatively, to the development, maintenance and optimisation of Indigenous health curricula. Common barriers and enablers were identified that affect the traction and impact/effectiveness of Indigenous health curricula. As a result of this research, a number of specific recommendations have been developed to help guide the development and optimisation of Indigenous health curricula. This paper will share the key findings, unexpected consequences and recommendations from the Curriculum Mapping Project. We reveal that despite being in separate contexts, there is great commonality in the findings at both institutions. Whilst ultimately building the capacity of health professionals to work with Indigenous peoples and communities, it will take some time to show the impact – positive or otherwise – that Indigenous health curricula might have on Indigenous health outcomes.

### **Presenter:**

**Lianne Goodwin**  
*The University of Western Australia*

Ms Lianne Goodwin has been employed as a full-time researcher at the Centre for Aboriginal, Medical and Dental Health. As a Noongar woman, Lianne has a keen interest in the field of Indigenous health and health education. She is particularly interested in ways to improve Indigenous health education for future medical students through cooperation between Aboriginal community centres, and faculties. She is also interested in the development of holistic approaches to learning Aboriginal content in health schools.

## Aboriginal health specialisation: building interest, capacity and the workforce

### Authors:

*David Paul, Deputy Director  
Paula Edgill, Director Medical Curricula  
Craig Allen, Assistant Professor*

*Centre for Aboriginal Medical and Dental Health  
The University of Western Australia*

### Abstract:

This paper reports on the development, implementation and outcomes of an Aboriginal Health Specialisation within the MBBS program at The University of Western Australia. Since 2007, by choosing Aboriginal health related options, selectives or electives in years two through six of their course, medical students at The University of Western Australia have been able to complete an Aboriginal health specialisation as a part of their medical degree. Students do not have to do additional work to meet the requirements; rather they just have a defined set of options to choose from in order to meet the specialisation requirements. Students who successfully complete all the requirements for the Aboriginal Health Specialisation have this formally recorded on the official academic transcript.

To date ten students have completed the Aboriginal health specialisation within the MBBS and a further 13 are completing the specialisation. Another seven students have indicated an interest in the specialisation and undertaken some of the requirements but insufficient to complete the requirements before graduation. A total of 18 students spent the fifth year of their course with the Rural Clinical School. Graduates who have completed the Aboriginal Health Specialisation are currently being contacted and interviewed to assist with reviewing the impact of the specialisation for their current career choices.

### Presenters:

David Paul  
*The University of Western Australia*



David is a non-Indigenous medical practitioner who has worked alongside Aboriginal people in Aboriginal health across a range of areas over many years. The majority of this work has been in Aboriginal led programs. This has included direct health service provision; contributing to policy development; research; and education at both local and national levels. Particular areas of interest include Aboriginal community control in Aboriginal health; comprehensive primary health care; workforce issues; and Aboriginal health curriculum development, implementation and evaluation. David is the national project coordinator of the E4E (Australia) project.



**Paula Edgill**

*The University of Western Australia*

Paula is a Noongar woman. As a medical practitioner, Paula works with cultural safe/secure clinical practices while delivering clinical services directly to community at a local Aboriginal community controlled medical service. This is holistic clinical practice, based on her clinical experiences and practice. Paula is also an Assistant Professor with the Centre for Aboriginal Medical and Dental Health at The University of Western Australia. Paula advocates passionately about the need for holistic health services and how students wanting to work within a health care setting can achieve long term individual and systematic changes in order to produce better health outcomes.

**Craig Allen**

*The University of Western Australia*

Craig is a Yandruwandha Yawarawarka man. With a background in Psychology, Craig has worked extensively throughout the country supporting Aboriginal and Torres Strait Islander individuals, their families and communities. Craig works within the philosophy of 'Cultural Way First' and this philosophy has influenced his direct clinical practice and is reflected throughout his work at a local and national level. An Assistant Professor with the Centre for Aboriginal Medical and Dental Health at The University of Western Australia, Craig has been teaching future generations of health practitioners the importance of Aboriginal and Torres Strait Islander culture and how to better provide culturally safe/secure health services.

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## **Indigenous Health Across the Continuum**

**10.45am-11.45am**

**Chair: Gaye Doolan**

### **A cultural competency training module for rural clinical school practitioners**

**Authors:**

*Christine Clinch*

*Alexandra Balzarelli*

*Paula Edgill*

*Centre for Aboriginal Medical and Dental Health, The University of Western Australia*

**Abstract:**

This paper describes the development, implementation and evaluation of a Cultural Competency Training Module piloted with health academics (Medical Coordinators) from the Rural Clinical School of Western Australia. This module was primarily tailored for health practitioner academics already working with Aboriginal people in rural and remote regions of Western Australia. The concept arose from discussions and consultations with medical coordinators and their perceived need to better deliver and ensure culturally safe health care provision to Aboriginal clients.

Development of the module was by experienced Indigenous health academics in the Centre for Aboriginal Medical and Dental Health at The University of Western Australia in collaboration and consultation with medical coordinators interested in further developing their knowledge and skills in Aboriginal health. The

module was framed as an advanced clinical component and there were pre-readings, five hour face to face contact with pre and post evaluations. This is the first of a series of modules with targeted projects and self-directed learning in between modules. There was solid engagement by the attendees and very positive feedback. This paper will provide both an overview of the content and evaluation data of the module.

**Presenters:**

**Christine Clinch**

*The University of Western Australia*

Christine Clinch is a Badamia woman from the Yamatji nation. Christine is a medical practitioner who is currently working as an Assistant Professor at the Centre for Aboriginal Medical and Dental Health and the Aboriginal Health Academic Mentor/Coach with the Rural Clinical School of The University of Western Australia. Christine is a strong advocate for the need to have a culturally safe non-Aboriginal health professional workforce; both student and graduates, in better delivering health care provisions and achieving improvements in health outcomes for Aboriginal people, their communities and families.

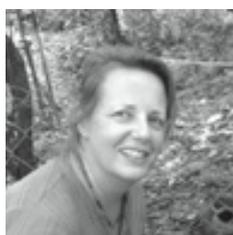
**Paula Edgill**

*The University of Western Australia*

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**Alexandra Balzarelli**

*The University of Western Australia*



Alex is a non-Indigenous medical practitioner who has worked in Aboriginal Community Controlled Health Services both in the Kimberley and Perth region. Alex has a strong interest in Aboriginal health and bettering health outcomes using a holistic clinical approach. At present Alex works with Derbarl Yerrigan Health Service, Perth with the outreach programmes, and in private practice.

**Advancing Indigenous health learning across the curriculum: creating transformational change through nested pathways**

**Authors:**

*Ms Sally Fitzpatrick*

*Professor Lisa Jackson Pulver*

*Associate Professor Melissa Haswell*

*Ms Lois Meyer*

*Ms Megan Williams*

*Ms Sarah Gaskin*

## Abstract:

There is a need to nurture a depth of multidisciplinary health professionals who have the understanding, resilience and capacities to contribute to the complex challenges of addressing Indigenous health inequalities. Muru Marri Indigenous Health Unit as part of UNSW Medicine, has developed a suite of curriculum strategies that support a continuum of learning pathways from undergraduate medicine through to postgraduate qualifications in Indigenous health, drawing on national curriculum guidelines and underpinned by a commitment to foster transformational learning for addressing Indigenous health inequalities.

A recent development is the offering since 2011 of a nested public health masters program through an Aboriginal Health and Wellbeing stream that supports students in progressing through from a Graduate Certificate; to Graduate Diploma to a Masters with a project-based component that fosters capacities for moving onto a research degree in Indigenous health should students so choose. As in the undergraduate program, strong leadership by Elders, scenario based learning, evidence informed practice and commitment to reflexive learning are used within the postgraduate provision to foster personal growth and awareness as part of creating individual and systemic change. The stream is attracting local as well as international students from public health, forensic mental health, medical and health management backgrounds, as well as practicing doctors and Aboriginal primary health care workers who have returned to education. This presentation will highlight our underpinning approach to educational provision across the continuum and key outcomes achieved, drawing on early formal evaluations using the Growth and Empowerment Measure.

## Presenter:

Sally Fitzpatrick

*The University of New South Wales*



Sally Fitzpatrick joined Muru Marri Indigenous Health Unit as a Lecturer in 2007. She has a Master of Public Health from The University of New South Wales and is currently enrolled in postgraduate study in learning and teaching. Her research interests include learning and teaching, the social and emotional well-being of Aboriginal and Torres Strait Islander young people and Indigenous oral health. Sally actively contributes to community education towards social justice and reconciliation, including as a member of the Close the Gap Campaign for Health Equality Steering Committee. In a previous life, Sally made films and videos and has also trained as a facilitator.

## The forgotten frontline

### Authors:

*Ms LaVerne Belleair, Chief of Staff, Aboriginal Medical Service, Redfern*

*Ms Deborah Greene, Curriculum Developer, Hospital Skills Program, HETI Health Education and Training Institute*

*Dr Simon Leslie, Clinical Chair Hospital Skills Program, HETI Health Education and Training Institute*

### Abstract:

The Hospital Skills Program (HSP) is for doctors, often called 'non-specialist doctors', working in the New South Wales public health system who have not completed specialist training. This group includes Career Medical Officers, Multi-skilled Medical Officers, Senior Resident Medical Officers, Hospitalists, Staff Hospitalists and General Practitioners (performing a role usually within a rural hospital); approximately 70% work in Emergency Departments. The HSP, a unit within the New South Wales Health Education and Training



Institute (HETI), facilitates a professional development program for these doctors through the Directors of Hospital Training in Local Health Districts across New South Wales. Given the context of their work, many of these doctors provide care to Aboriginal patients and communities, in many cases being the first point of call. However, the role of this group in providing this care is often not recognised.

During 2012, a working group consisting of an Aboriginal health director, an Aboriginal health educator, the Clinical Chair of the HSP, a curriculum writer and doctors with experience in working with Aboriginal patients and communities in metropolitan, regional and rural areas produced an Aboriginal health curriculum module for this group of doctors. The process was collaborative and consultative with an emphasis on building on and extending existing knowledge and resources. The working group shared their different perspectives, knowledge and expertise in the development process.

The resultant curriculum has a strong emphasis on increasing cultural competence as well as specific medical knowledge and skills. With this emphasis the curriculum can be modified and adapted for inter-professional groups.

#### **Presenters:**

##### **LaVerne Bellear**

*Aboriginal Medical Service, Redfern*



LaVerne Bellear a descendant from the Nunukle Tribe of south-eastern Queensland, grew up in the northern part of the Bundjalung Nation (north coast New South Wales). LaVerne strongly believes that empowering Aboriginal people will create opportunity to make better informed decisions and choices regarding personal management of health care, ultimately resulting in better health outcomes. LaVerne has extensive experience in Aboriginal health, having worked in community health, Aboriginal controlled health services and as the Director, Aboriginal Health, Northern Sydney Local Health District. Recently, LaVerne has taken up the position of Chief of Staff, Aboriginal Medical Service Cooperative at Redfern, New South Wales. She has been a state representative on a number of working parties and committees concerning Aboriginal health. LaVerne has a Bachelor of Business, a Professional Certificate in Indigenous Research in Training and Practices and is studying a Master of Public Health at The University of New South Wales.

##### **Deborah Greene**

*Health Education and Training Institute*



Deborah Greene has extensive experience in health education and workforce development. She has developed curriculum and training resources and designed workplace training and assessment across a broad range of community services and health areas. Deborah is currently working as a curriculum developer with the New South Wales Health Education and Training Institute. She has previously worked with a number of organisations including TAFE New South Wales, NSW Health and the Mental Health Coordinating Council. Deborah has a degree in psychology and has a particular interest and commitment in the areas of alcohol and other drugs, mental health and Aboriginal health.



**Decolonising the Academy**  
**10.45am-11.45am**  
**Chair: Peter O'Mara**

**Decolonising the curriculum: Indigenous health as a lens on the culture of medicine**

**Author:**

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

**Abstract:**

Medical education is about much more than the acquisition of knowledge and clinical skills: it also involves socialisation of students into the professional culture of medicine. This process is often implicit and not acknowledged within medical schools' formal curricula; indeed, the notion of medicine even having a 'culture' is often denied. This has important implications for Indigenous health, as Western medicine has its roots in colonial values, ideologies and systems. In settler societies, medical education can be seen to produce and reproduce constructions of Eurocentric norms and Indigenous inferiority.

In this presentation it is asserted that one of the key functions of an Indigenous health curriculum is to act as a lens through which to expose and examine the culture of medicine. Given its distinct philosophical and theoretical foundations, Indigenous health is uniquely placed to challenge Western hegemonic structures, discourses and practices. This presentation highlights recent examples from The University of Auckland where Māori health academics have sought to 'decolonise' aspects of the medical curriculum. They include wider curricular interventions as well as teaching and learning approaches that seek to develop critical consciousness among learners in relation to the culture of medicine.

**Presenter:**

Rhys Jones (Ngāti Kahungunu)  
*The University of Auckland*

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**Stupid or Brave? Reflections on a new decolonisation workshop delivered to 285 second year medical students**

**Authors:**

*Ms Francis Kewene, Faculty of Medicine, University of Otago, Dunedin*

*Suzanne Menzies-Culling, Taiwi Solutions, Dunedin*

*Anna Parker, Taiwi Solutions, Dunedin*

*Dr Joanne Baxter, Associate Dean Māori, Division of Health Sciences, University of Otago, Dunedin*

**Abstract:**

In 2012, the Faculty of Medicine, Early Learning in Medicine Programme implemented its first full day decolonisation workshop. It was imbedded within the Hauora Māori immersion week and delivered to 285 second year medical students. This new workshop was developed and implemented in partnership with Taiwi Solutions, a community partner. The objective of this workshop was for students to have a deeper appreciation of and reflect on their place in Aotearoa/New Zealand. The learning outcomes for students were, (1) to understand the

origins of colonisation, (2) to understand and explore the impact of colonisation in Aotearoa/New Zealand, and (3) to understand, explore and reflect on He Whakaputanga o te Rangiratanga o Nu Tirene, (the Declaration of Independence) and Te Tiriti o Waitangi (the Treaty of Waitangi) as 'doctors-in-training'.

This presentation will describe (1) how institutional and community relationships were established, (2) how the programme was developed and delivered, (3) what institutional support was provided, (4) reflections from the community partners as to their 'experience of developing, delivering and implementing' the workshop, and (4) the 'learnings'.

**Presenter:**

Francis Kewene  
*University of Otago, Dunedin*



Ms Francis Kewene (Tainui) BA, BHLthSc, DPH. Francis is a lecturer of Hauora Māori and a convenor of Hauora Māori Early Learning in Medicine in the Faculty of Medicine, University of Otago. Francis has an accumulated 20 year's experience in Theatre in Health Education as an actor/facilitator and in Public Health working from an Indigenous perspective in health promotion and health protection.

**Decolonising minds in the health sciences**

**Authors:**

*Mr Dave Sjoberg*  
*Professor Dennis McDermott*

*Poche Centre for Indigenous Health and Well-Being, Flinders University, South Australia*

**Abstract:**

Graduating a health professional capable of effectiveness in Indigenous health settings requires the development of a culturally safe practitioner. Yet student completion of a journey through challenging material, to arrive at comprehension of complexity, a habit of self-reflexivity and the preparedness to work with Indigenous strengths, perspectives and protocols is in no way automatic. One difficulty is the existence of a 'concrete' mind-set/solutions-focused preference reported by numbers of students. Another is finding appropriate responses to racialised student reactions that, yet, maintain student engagement and support learning. Our pedagogy aims to develop a critical stance and a reflective practice. Along with an acceptance of uncertainty and the role of the social determinants of health, we ask students to monitor and shift the power imbalance that hinders equitable and effective clinical encounters. Such critique and self-focus is facilitated through the use of a 'Deconstruction Exercise'.

Our strategy of taking student's own questions and deconstructing them foregrounds the role of language in perpetuating stereotypes and obfuscating racialised assumptions underpinning certain responses. In this approach, the very question becomes the focus, rather than the answer. Students critique their own worldviews, philosophical positions, understandings and assumptions. Their analysis of the question, itself, must build a cogent argument that examines the position from which the question was asked. The sociological, cultural studies and critical theory literatures are among resources provided to give guidance. Along with medicine, the tool is now being trialled in public health, health sciences, nursing and midwifery courses.

## Presenters:

David Sjoberg

*Poche Centre for Indigenous Health and Well-Being Flinders University, South Australia*



David Sjoberg is an Associate Lecturer in Indigenous Health at the Poche Centre for Indigenous Health and Well-Being, Adelaide, at Flinders University. David is an Anglo-Celtic Australian with roots from Sweden, Ireland, Scotland and England. He has a wealth of knowledge and lived experience working with Aboriginal communities in the Northern Territory, New South Wales and South Australia. He worked for eight years at Camp Coorong Race Relations and Cultural Education Centre in South Australia. David has been trained by Ngarrindjeri Elders as a Race Relations and Cultural Educator. He takes a 'human rights' strengths based approach to Indigenous health education.

Dennis McDermott

*Flinders University, South Australia*

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## Advancing the Discipline of Indigenous Health

11.45am-1.00pm

Chair: Rhys Jones

### Consistently inconsistent - what's not being said and why?!

#### Authors:

*Craig Allen*

*David Paul, Deputy Director*

*Christine Clinch*

*Centre for Aboriginal Medical and Dental Health*

*The University of Western Australia*

#### Abstract:

The Centre of Aboriginal Medical and Dental Health at The University of Western Australia has developed and implemented comprehensive vertically and horizontally integrated Aboriginal health curricula across a range of health disciplines. As a result of the structure of some courses, especially medicine, it is not uncommon for Aboriginal health staff to engage in multiple, smaller group teaching sessions within the same year of students presenting the 'same' content. In theory, the expectation is that, within reason, it is possible to deliver the same material on more than one occasion to a different cohort of students; however how might this change when there is a change in the teaching and learning environment, particularly, if there is a shift in the cultural safety for staff.

Student dynamics vary with each cohort and at times this may, subtly, influence the teaching environment and what is delivered. Core learning objectives are still taught within the session(s), however, as a consequence of a different environment, the restricted sharing or disclosing of important cultural information not only impacts on the students ability to undertake their roles and functions as sound practitioners, it may also directly



influence and impact on Aboriginal people's clinical outcomes. Conversely, when it is perceived by Aboriginal health academics that student cohorts are able to create a culturally safe and secure learning environment, then additional Aboriginal protocols and cultural information are discussed in more detail.

Not disclosing key cultural information 'fits' within an Aboriginal cultural context with regards to individual preparedness and responsibility, so when a student cohort is perceived to not be ready to receive specific cultural information what are the potential consequences? This session will explore the impacts on: the Aboriginal health academic; the teaching itself; the student, and ultimately the client and the clients' experience. Further, how do Aboriginal health academics and practitioners justify this perspective/position? How do Aboriginal practitioners balance the clinical and cultural dichotomy/predicament we find ourselves experiencing on a daily basis?

**Presenters:**

Craig Allen  
*The University of Western Australia*

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David Paul  
*The University of Western Australia*

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Christine Clinch  
*The University of Western Australia*

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**Reinforcing colonisation? The results of the health educator survey**

**Author:**

*Alice Wilkin, Onemda, The University of Melbourne*

**Abstract:**

The Health Educator Survey (HES) was developed as part of the Educating for Equity (E4E) project. E4E was launched in 2009 as part of a funding initiative of the Canadian Institutes of Health Research, the Health Research Council of New Zealand and the National Health and Medical Research Council of Australia. E4E involves the medical and health science faculties from five Canadian, two New Zealand, and three Australian universities. In Canada, Australia, and New Zealand there is a significant gap between Indigenous and non-Indigenous chronic disease burden. The E4E project seeks to address this high burden of disease by focusing on the influence that medical professionals may contribute to this health disparity.

The HES was semi-structured interviews investigating the teaching of health disparities between population groups. Additionally, the survey investigated where the health educator's placed the teaching of Indigenous health within the context of teaching health students about health disparities. The results highlighted the differences between and within universities regarding health disparity curriculum, assessment, and evaluation. Additionally, results found a tendency to conflate Indigenous health with all content regarding health disparities, and that professional training of the health educators regarding health disparities did not occur. The survey result raises questions such as; Is colonisation still an element of the way health educators teach? Does prescriptive teaching reinforce the 'other'? When teaching about Indigenous health, is this tokenism or the teaching and learning of meaningful skill sets? And who is teaching the teachers?

**Presenter:**

Alice Wilkin  
*The University of Melbourne*



Alice Wilkin is a research assistant at the Onemda Vic Health Koori Health Unit at The University of Melbourne. Alice has previously worked for the Cooperative Research Centre for Aboriginal Health, the LIME team, and is currently completing a PhD about the lived experiences for Aboriginal health workers in mainstream health services.

**Looking forward: the future of the Pacific Region Indigenous Doctors' Congress (PRIDoC)**

**Authors:**

*Mr Romlie Mokak, CEO, Australian Indigenous Doctors' Association*  
*Ms Terina Moke, CEO, Te ORA*  
*Professor Ngiare Brown, PRIDoC Founder*

**Abstract:**

The Pacific Region Indigenous Doctors Congress (PRIDoC) is a vehicle for trans-national Indigenous medical practitioners to not only connect with each other via the biennial conference, but to give voice to common concerns across Indigenous peoples of the Pacific. The alliance of the Congress was formed in 2000 by three Indigenous organisations; Te Ohu Rata o Aotearoa (Te ORA)-, the Māori Medical Practitioners Association of Aotearoa/New Zealand, Ahahui o na Kauka, the Association of Native Hawaiian Physicians (Hawai'i) and the Australian Indigenous Doctors' Association (Australia).

Dispossession, racism and ignorance all combine to continue to drive down health outcomes for the Indigenous peoples of the Pacific Region, however, what provides Indigenous peoples with the hope for the future is the strength of shared bonds. Indigenous doctors and health practitioners from across the Pacific Region are a vital component of the health care, policy, academic and specialist agenda, in the medical and broader health field. PRIDoC has untapped potential to join together in research, education and training and service delivery, underpinned by the strength of the collective voice to advocate for change for Indigenous peoples of the Pacific.

## Presenters:

### Romlie Mokak

*Australian Indigenous Doctors' Association*



Mr Romlie Mokak is a Djugun man from Western Australia, born and raised in the Top End of the Northern Territory, now living in Canberra. He has experience working in community, State, Commonwealth and non-government organisations in a range of Aboriginal and Torres Strait Islander policy and program areas including disability, ageing, population health, health financing, substance use, medical education and workforce reform. Since 2005, he has been Chief Executive Officer of the Australian Indigenous Doctors' Association (AIDA). During this time, AIDA has consolidated its position as a leading advocate for improving the health of Aboriginal and Torres Strait Islander people. Rom is currently a member of the National Aboriginal and Torres Strait Islander Health Equality Council, National Indigenous Drug and Alcohol Committee, National Health Leadership Forum and PRIDoC Chief Executive Officer's Group.

### George Laking

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

Dr Laking was first elected onto the Te Ohu Rata o Aotearoa Board as Treasurer in 2010 and in 2011 he was elected as Chair. He is also a Medical Oncologist at Auckland District Health Board who mainly treats people with cancers of the digestive system and melanoma. George and his whānau (family) spent seven years in England, where he studied the blood supply of tumours using PET scanning. As part of this he co-authored a Health Technology Assessment of PET for diagnosis and staging of cancer, which led to his PhD studies in the economics of diagnosis, and work for Pharmac on the economics and ethics of funding High Cost Medicines. Back in Aotearoa George is now part of the Pharmacology and Therapeutics Advisory Committee, which advises Pharmac about value-for-money of medicines and certain other funded health products. He is also a member of PTAC's Cancer Treatments and Diabetes Subcommittees, and Pharmac's Exceptional Circumstances Panel. He is interested in economic ways of targeting treatment to smaller populations – something overlooked in commercial health research because it would seem less profitable than treating everyone. In 2010 he joined the Maori Health Committee of the College of Physicians, and was elected Treasurer of Te ORA.

## Enabling best practice in Indigenous health and medical education: the role of the LIME Network

*Ms Odette Mazel, LIME Program Manager*

*Mr Warwick Padgham, LIME Project Officer*

*Ms Caitlin Ryan, LIME Project Co-ordinator*

*The Leaders in Indigenous Medical Education Network Program, The University of Melbourne*

### Abstract:

The Leaders in Indigenous Medical Education (LIME) Network is a dynamic network dedicated to ensuring the quality and effectiveness of teaching and learning of Indigenous health in medical education, as well as best practice in the recruitment and retention of Indigenous medical students. Since the program's inception, the LIME Network has worked to help realise the aims of medical educators across Australia and Aotearoa/New

Zealand who specialise in Indigenous health. This presentation will explore the role and function of the LIME Network, the benefits of having a fully funded body to support and progress the work of experts in the field and ways in which we might evaluate our work into the future.

The role of the Program Team has primarily been to build linkages, develop resources, share ideas and celebrate successes amongst its membership. It has done this through providing administrative support, developing relationships built on trust, and working collaboratively to harness ideas and implement strategies for change. Its collective expertise and commitment to knowledge exchange - through meetings, publications, the website, newsletters and the LIME Connection - work to encourage members to remain connected and involved. As a conduit through which Indigenous health educators can unite, it has developed as a strong bi-national voice to advocate for change and influence organisational advancement to improve the quality of health care given to Indigenous people.

*The LIME Network is a program of Medical Deans Australia and New Zealand, funded by the Australian Government Department of Health and Ageing.*

#### **Presenters:**

**Odette Mazel**

*The University of Melbourne*



Odette is a Research Fellow and the Program Manager for the Leaders in Indigenous Medical Education (LIME) Network. She works with the other members of the LIME team to plan, implement and evaluate strategies to ensure the quality and effectiveness of teaching and learning of Indigenous health in medical education and curricula, as well as best practice in the recruitment and retention of Indigenous medical students. Odette has a Bachelor of Law and Arts and is currently undertaking her Masters Degree.

**Caitlin Ryan**

*The University of Melbourne*



Caitlin Ryan is the Project Coordinator for the LIME Network Project. This position is responsible for working with other members of the LIME team to develop and consolidate the LIME Network, develop the project website, and coordinate the LIME Connection Conference. Caitlin has a Masters of International Development from RMIT University, and a Bachelor of Arts from the University of Melbourne. Prior to joining the Centre, Caitlin has worked in various community development roles, including coordination of youth advocacy and women's leadership projects with International Women's Development Agency.

**Indigenous Health Across the Continuum**  
**11.45am – 1.00pm**  
**Chair: Marlene Drysdale**

**Training emergency medicine specialists – a unique sphere of Indigenous health and culturally competency**

**Authors:**

*Dr Alyssa Vass, Project Officer, Indigenous Health and Cultural Competency*

*Dr Raymond Gadd, FACCRM, ACEM trainee*

*Ms Natalie Johnson, Project Officer, Indigenous Health and Cultural Competency*

*Ms Holly Donaldson, Manager Continuing Professional Development*

*Ms Mary Lawson, Director of Education*

*Australasian College for Emergency Medicine*

**Abstract:**

The Australasian College of Emergency Medicine has been funded by the Australian Government Department of Health and Ageing to develop a comprehensive education package in Indigenous health and cultural competency, including an eight-module professional development e-learning series due to be launched in mid-2013. This is the first time, to our knowledge, that detailed learning resources in Indigenous health in Australia have been developed that explicitly explore the breadth of Emergency Medicine-specific issues, such as: the disproportionate numbers of Aboriginal and Torres Strait Islander people who Take Own Leave from Emergency Departments; 'health systems literacy' in regard to triage and other Emergency Department processes; and working with primary care services, in particular Aboriginal Medical Services, for culturally competent discharge planning.

This presentation will report on the project's collaborative development process and the outcomes of 'focus groups' conducted with Aboriginal and Torres Strait Islander allied health staff, interpreters and patients. The strengths and limitations of the available literature regarding Aboriginal and Torres Strait Islander patterns of use and experiences of Emergency Department care will also be addressed. Results from the user-acceptance-testing, and any received student evaluation following the e-learning series launch, will be discussed, in order to explore the effectiveness of these resources in improving physician attitudes, knowledge and skills relating to Indigenous health and cultural competency. Australasian College of Emergency Medicine aims for this education package to equip physicians to contribute to making Australian Emergency Departments increasingly culturally safe places of care, as well as contribute to the enhancement of specialist-level Indigenous health training in the Australian medical sphere.

**Presenters:**

**Alyssa Vass**

*Australasian College for Emergency Medicine*



Dr Alyssa Vass has extensive clinical experience working with Aboriginal patients in hospitals around Australia. She has also spent four years in the Northern Territory learning one of the Yolngu languages, conducting health education with Aboriginal communities and training health staff in cross-cultural care. She has completed a Master of International and Community Development, including a minor thesis in Indigenous socio-economic and political development and a Graduate Diploma in Yolngu Studies: Language and Culture. She is currently one of the project officers responsible for developing the Indigenous health and cultural competency professional development curriculum at the Australasian College of Emergency Medicine.

## Raymond Gadd

*Australasian College for Emergency Medicine*



Dr Raymond Gadd completed his medical degree at The University of Newcastle, graduating in 2003. Raymond was the inaugural medical student representative at the then fledgling Australian Indigenous Doctors' Association. He was awarded a Fellowship of the Australian College of Rural and Remote Medicine in 2010. Prior to studying medicine, Raymond obtained a bachelor's degree in Indigenous primary health care from The University of Queensland. Raymond currently lives and works in Gladstone, central Queensland.

### **CPMC National Aboriginal and Torres Strait Islander medical specialist framework project**

#### **Author:**

*Dr Netra Khadka, National Aboriginal and Torres Strait Islander Medical Specialist Framework Project, Committee of Presidents of Medical Colleges*

#### **Abstract:**

The Committee of Presidents of Medical Colleges (CPMC) National Aboriginal and Torres Strait Islander Medical Specialist Framework Project is designed to implement the recommendations of the National Aboriginal and Torres Strait Islander Medical Specialist Framework 2010. The main objectives of the project are to ensure timely, effective and consistent implementation of the recommendations of the framework which is designed to attract, recruit and retain Aboriginal and Torres Strait Islander medical specialists, develop Indigenous health learning modules, and to assist Colleges in the development of cultural competency curricula for trainees and staff.

The project started in January 2012 involving all of the 15 specialists Colleges. Initially a benchmarking survey study was carried out to investigate the gaps between the activities of each College and the framework recommendations. Further, a second survey was carried out with the objective of obtaining more information from each College, to complement the initial information gathered from the benchmarking survey. It appears from the survey that although there is still a lack of targeted career pathways for Indigenous doctors in many Colleges, all of the Colleges considered the issue important. Survey results provided valuable information for effectively implementing the framework recommendations, including the Indigenous status record, Indigenous content in curricula, Indigenous employment and career development opportunity, and cultural competency and cultural safety programs.

The Committee of Presidents of Medical Colleges through this important project supports all of the Colleges with the implementation of the framework recommendations and hopes to promote Indigenous doctors' career pathways and the Indigenous medical specialist workforce.

## Presenters:

Netra Khadka

*Committee of Presidents of Medical Colleges*



Netra Khadka is originally from Nepal and migrated to Australia more than two decades ago. He holds several academic qualifications, including a doctoral, master, and postgraduate diploma. Netra is primarily a nutritionist and diabetes management specialist with long term experience in teaching, research and fieldwork in his field of expertise, especially focused on rural and remote health. He has mostly worked in the field of Indigenous health in Australia with the Northern Territory Government, Victoria University, The University of Melbourne, Australian Red Cross, and Batchelor Institute of Indigenous Tertiary Education. Netra has published many referred articles in national and international journals, including Australia, the USA, the United Kingdom and Nepal. Netra commenced his position with the Committee of Presidents of Medical Colleges National Aboriginal and Torres Strait Islander Medical Specialist Framework Project in January, 2012.

Tammy Kimpton

*Australian Indigenous Doctors' Association*

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## 'Contribute Where Comfortable'? Personal challenges in teaching Indigenous Health

### Authors:

*Associate Professor Wendy Edmondson*

*Mr Dave Sjoberg*

*Poche Centre for Indigenous Health and Well-Being, Flinders University, South Australia*

### Abstract:

The development of training for medical professionals in the area of Indigenous health remains a key objective for Deans of medical schools (Phillips. 2004). Yet the teaching of Indigenous health is challenging - sometimes discomfiting - for both Indigenous and non-Indigenous academic staff. Indigenous staff, in particular, may bring a wealth of historical, social, community and cultural knowledge, often from lived experience. Family members may have been removed by the State, culture and language lost, and trans-generational trauma can still impact on the lives of Indigenous academics. Potentially, the classroom experience can be troubling, personalised, and culturally unsafe. Non-Indigenous academics, too, can bring rich life experiences, commitment and passion to this discipline. Being a non-Indigenous person teaching Indigenous health has its own sets of challenges: one's very legitimacy as a teacher of Indigenous health may be questioned.

Our experience at the Poche Centre shows us that a tandem approach proves to be a rich teaching and learning experience - student learning is enhanced by dual perspectives in delivery of our topics. The supportive and collegial approach modelled by our Indigenous and non-Indigenous facilitators evidencing a culturally safe teaching mode is crucial for sustaining staff, as well as an exemplar for students. This presentation details and explores a number of approaches developed by Indigenous and non-Indigenous Poche Centre academic staff to ensure a culturally safe and supportive environment that promotes wellness for all staff.

Reference: Phillips, G. 2004. CDAMS Indigenous Health Curriculum Framework

**Presenters:**

**Wendy Edmondson**

*Poche Centre for Indigenous Health and Well-Being  
Flinders University, South Australia*



Associate Professor Wendy Edmondson is a Badimia woman from the Yamaji Nation of Western Australia. For the last thirty-five years Associate Professor Edmondson has worked in the areas of Indigenous health and education. She has worked in the Aboriginal community controlled health sector in Western Australia and South Australia, and has recently returned to Indigenous health, Flinders University, after having worked there for some years previously. Associate Professor Edmondson is currently employed as the Deputy Director, Poche Centre for Indigenous Health and Well-Being.

**David Sjoberg**

*Poche Centre for Indigenous Health and Well-Being  
Flinders University, South Australia*

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**Strengthening cultural safety in medical education**

**Author:**

*Dr Tammy Kimpton, President, Australian Indigenous Doctors' Association*

**Abstract:**

Aboriginal and Torres Strait Islander people are more likely to access, and will experience better outcomes from services that are respectful and culturally safe. Likewise, Aboriginal and Torres Strait Islander medical students and doctors are more likely to stay and thrive in learning and working environments that demonstrate cultural safety. As an Aboriginal and Torres Strait Islander peak health organisation, the Australian Indigenous Doctors' Association is well positioned to report on areas lacking cultural safety, as well as leading effective strategies to enhance spaces where cultural differences are respected. This paper will present the Australian Indigenous Doctors' Association's position, and the supporting evidence, on how cultural safety can be strengthened in medical schools and colleges for both staff and students, as well the broader health and medical workforce.

**Presenter:**

**Tammy Kimpton**

*Australian Indigenous Doctors' Association*

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**Indigenous Health in the Inter-Disciplinary Space**  
**11.45am-1.00pm**  
**Chair: Robyn Williams**

**Creating a culturally responsive health workforce for the future**

**Author:**

*Kylie Stothers, Indigenous Allied Health Australia, Deputy Chairperson and Aboriginal Social Worker*

**Abstract:**

This presentation will explore practical solutions around how allied health education providers can work together to produce graduates able to work with and deliver culturally responsive care to Aboriginal and Torres Strait Islander people. As evidenced by lessons learned in the implementation of the CDAMS Framework into medical education, in order for any curricula framework related to Aboriginal and Torres Strait Islander health to be implemented within health profession training it must be supported by and embedded within health profession course accreditation. However this is a longer term goal. In the interim, education providers can still take important steps to ensure that their graduates are culturally responsive. The definition of cultural responsiveness will be explored, as well as the rationale from an Aboriginal and Torres Strait Islander allied health perspective for why it is essential for the current and future health workforce to take ownership of the way in which they meet the unique needs of Aboriginal and Torres Strait Islander people, families and communities.

Allied health professionals are key players in an interdisciplinary approach to healthcare delivery to Aboriginal and Torres Strait Islander people. This interdisciplinary approach can be replicated within the delivery of health education to students within allied health disciplines. Indigenous Allied Health Australia challenges allied health education providers across all health disciplines to learn from the experiences of the medical profession and embed appropriate processes, structures and curricula required, in order to produce graduates able to work with and deliver culturally responsive care to Aboriginal and Torres Strait Islander people. It is time for innovation and interdisciplinary collaboration in health education to build and sustain a culturally responsive health workforce.

**Presenter:**

**Kylie Stothers**  
*Indigenous Allied Health Australia*

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**Creating change in the provision of Aboriginal health care through targeted education**

**Authors:**

*Sharon Taylor, Aboriginal Health Educator*  
*Jennifer Wannan, Manager*

*Training and Support Unit for Aboriginal Mothers, Babies and Children, Rural and Remote Portfolio, Health Education and Training Institute (NSW Health)*

## Abstract:

The Training and Support Unit for Aboriginal Mothers, Babies and Children (TSU), sits within the Rural and Remote Portfolio of the Health Education and Training Institute, which is responsible for the development, coordination and delivery of New South Wales Health education and training programs. The TSU is responsible for delivering a Professional Development Program to multidisciplinary health staff working in Aboriginal Maternal Infant Health Services and Building Strong Foundations for Aboriginal Children, Families and Communities, a National Partnership Agreement initiative, across New South Wales. This evidence based curriculum, written by University of Western Sydney, was based upon evaluation results that indicated that the culturally appropriate knowledge and skills provided to health staff working in Aboriginal Maternal Infant Health Services by the TSU, strongly influenced the improved health outcomes achieved by this health initiative.

Aboriginal Maternal Infant Health Services and Building Strong Foundations Teams are made up of an Aboriginal Health Worker and either a Midwife or Child Family Health Nurse. Some teams also include allied health professionals and Mental Health and Drug and Alcohol workers. The establishment of professional partnerships that respect cultural knowledge and clinical skill equally are vital. This model has created change and has continued to be expanded, with seven additional Building Strong Foundations programs and 28 Mental Health and Drug and Alcohol positions being funded to enhance the work of existing Aboriginal Maternal Infant Health Services. The Professional Development Program provides these targeted staff with essential knowledge that underpins the provision of flexible, culturally appropriate, primary health care. The TSU plays a critical role in providing education to support the successful implementation of these programs.

## Presenters:

### Jennifer Wannan

*Health Education and Training Institute NSW Health*



Jennifer Wannan, Registered Nurse, Midwife and Child Family Health Nurse, has worked in health for over 20 years and has a passion for improving the health of Aboriginal people. She worked in close partnership with Aboriginal health colleagues and community members to establish the Aboriginal Maternal Infant Health Service in Moree, New South Wales. As the Manager of the TSU, she depends upon Sharon's cultural knowledge to provide true cultural context in the presentation of the Professional Development Program which is delivered to staff working in Aboriginal Maternal Infant Health Services and Building Strong Foundations for Aboriginal Children, Families and Communities initiatives across New South Wales.

### Sharon Taylor

*Health Education and Training Institute NSW Health*



Sharon Taylor is an Aboriginal woman from the Stolen Generation. Sharon has over ten years experience in education including working as the Director of Mindaribba, an Aboriginal preschool and Karuah, a mainstream preschool. She taught Aboriginal Cultural Practise and Inter Cultural Practice in the New South Wales TAFE system. Sharon moved into health and worked as an Aboriginal Health Worker at Birra-li, an Aboriginal Community Controlled Health Service. In July 2012, Sharon joined the Training and Support Unit for Aboriginal Mothers, Babies and Children, as an Aboriginal Health Educator and provides essential cultural perspective to the development and delivery of education.

## Te Kaupeka Pūniho: The Faculty of Dentistry

### Author:

*Professor John R Broughton, Oral Diagnostic and Surgical Sciences, Faculty of Dentistry, University of Otago, Dunedin*

### Abstract:

The University of Otago Faculty of Dentistry was established in 1907. The first Māori to graduate as a dentist was Walker Morete in 1928. He was followed by a very small number in the 1930s but the advent of Second World War stalled any further dental enrolments. It wasn't until the 1990s that dentistry as a profession began to feature again with Māori. However, by 1996 there were only six Māori registered with the Dental Council of New Zealand. Since then, the number of Māori graduates has increased considerably with now over 70 Māori dentists and dental specialists.

This increase in the number of Māori dental students occurred in parallel with an increasing Māori presence within the institution. The appointment in 1989 of a lecturer in *oranga niho* (Māori oral health) ensured that the theme of Māori health ran through the entire undergraduate curriculum. A Māori dental clinic, *Te Whare Kaitiaki* was established in 1990 with two final year students being assigned to the clinic each week. Other activities include a *mihiwakatau* (formal welcome ceremony) for all new students; a *whakawatea* (clearing of the way ceremony for the dissection room); Māori art displayed within the building; a decade of dental student community service with a Māori provider; a Faculty Māori Strategic Framework, a Māori Dental Students Association, and now a compulsory final year dental student community placement with Māori oral health providers throughout the country. *Tikanga Māori* (Māori custom) has become 'normalised' within *Te Kaupeka Pūniho*, The Faculty of Dentistry.

### Presenter:

John Broughton

*University of Otago, Dunedin*



John (Ngāti Kahungunu Ki Heretaunga, Ngāi Tahu) is a Professor with the Faculty of Dentistry and the Dunedin School of Medicine. He has published widely on Māori and oral health, injury prevention, smoking and Māori women and childbirth. John is the New Zealand Principal Investigator for the International Collaborative Indigenous Health Research Partnership oral health project, and for a project on the oral health of Māori mental health patients. He is an internationally recognised Māori playwright, with his play 'Michael James Manaia' being hailed a major hit at the 2012 Melbourne Festival of the Arts.

## Working together: Indigenous and non-Indigenous health educators as intercultural leaders for change

### Authors:

*Professor Kim Scott, Faculty of Humanities*

*Associate Professor Dawn Bessarab, Aboriginal Health, Education and Research Unit, Curtin Health Innovation and Research Institute*

*Dr Marion Kickett, School of Nursing and Midwifery*

*Associate Professor Simon Forrest, Centre for Aboriginal Studies*



*Dr Julie Hoffman, School of Nursing and Midwifery*

*Dr Angela Durey, Aboriginal Health, Education and Research Unit, Curtin Health Innovation and Research Institute*

*Kate Taylor, Aboriginal Health, Education and Research Unit, Curtin Health Innovation and Research Institute*

*Dr Judy Katzenellenbogen, Aboriginal Health, Education and Research Unit, Curtin Health Innovation and Research Institute*

*Louise Austen, Faculty of Health Sciences*

*Associate Professor Sue Jones, Aboriginal Health, Education and Research Unit, Curtin Health Innovation and Research Institute*

*Curtin University*

**Abstract:**

Curtin University was the first Australian University to implement a Reconciliation Action Plan (RAP) committed to reducing health disparities between Indigenous and non-Indigenous Australians, of which the implementation of a compulsory core unit on Indigenous Culture and Health (ICH) to all inter-professional health science students has been instrumental. However while the cultural content of ICH meets a critical need, the intercultural context driving the conception and delivery of the unit through a partnership between Indigenous and non-Indigenous educators, offers a unique approach to not only building cultural competency in non-Indigenous health graduates, but going beyond the historically polemic Indigenous/non-Indigenous space towards one that is a more inclusive and intercultural.

This presentation offers an overview of the Intercultural Academic Leadership Program that was developed and delivered to Indigenous and non-Indigenous ICH educators. The Intercultural Academic Leadership Program develops the teaching capacity of ICH educators to work reflexively to deliver Indigenous based content that invites and supports students to critically examine their own positioning and engagement with racial narratives. It also supports educators to develop intercultural leadership capabilities to improve health education, practice, and advocate for system change. Evaluations of the Intercultural Academic Leadership Program suggest its ability to build capacity in educators to enhance the teaching and learning and experience for students, as well as contribute to meaningful, institutional and curriculum change.

**Presenters:**

**Dawn Bessarab**

*Curtin University*

See page 39

**Louise Austen**

*Curtin University*

Louise Austen started her working career as a nurse, went on to teach environmental education, tutor as a sessional academic, and is currently employed as a research assistant. Born in Perth, she is descended from an ancestry which is deeply embedded in the Western Australian soil; a fusion of Noongar (Yued), first-settler English plus Irish and Swedish. Louise is surrounded by a large extended family, is married with three children and is besotted with her two 'grandies'. Louise has a BA in Politics/ International Relations and History, as well as a minor in Archaeology, and is currently near completion of her post-graduate Masters in International Relations.

# Panel Session

## Student and Recent Graduates Panel

1.45pm-2.45pm

**Facilitator: Lilon Bandler**

### Session Outline:

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

### Panellists:

**Maihi Brown**  
*The University of Auckland*



Maihi Brown is currently a fourth year medical student at The University of Auckland and is active in the MAPAS programme for Māori and Pacific medical students. Maihi is New Zealand Māori, of Ngapuhi and Ngati Hine descent, and is the oldest of six children. Maihi enjoys playing rugby, and outdoor activities such as hiking, camping, fishing, diving, cliff jumping and surfing. Maihi is involved in the Medical Officer Cadet Programme with the New Zealand Defence Force, and has plans to qualify as a GP. Maihi would like to work in and with the community to help improve health outcomes for Māori in New Zealand.

**Ian Lee**  
*Flinders University, Northern Territory*



Mr Ian Lee is a second year medical student with Flinders University in Darwin Northern Territory, Australia. Ian is a Larrakia, Karajarri man who has a background in information technology with a degree in computer science from the University of Canberra. Ian's journey into medicine was not one of a child wanting to be a doctor but one of an adult starting medicine and now sees no other path. Ian wanted to participate in a session to share his experiences and difficulties, with other medical students, of returning to studies after a long time away and with little science background. Flinders University's Northern Territory Medical Program is located on the Charles Darwin campus in Darwin, and the medical school has only been running since 2010.

## Tyler Rudolph

*University of Otago, Wellington*



Tyler's whanau are from Whangarei. His connections are to Ngatiwai, and Te Rarawa in the north and Ngai te rangi in the south. Tyler was born and raised in Whangarei where he was strongly encouraged to pursue an academic future by both of his parents. He was motivated and inspired to follow his brother into medical school and subsequently moved to Dunedin. Tyler worked very hard and, with a lot of support, was accepted into the Otago School of Medicine in 2008. He spent the first three years of pre-clinical education in Dunedin before moving to Wellington, where he has been completing the last three years of clinical experience. Tyler has recently returned from Tanzania where he worked in Mawenzi hospital and conquered Mt Kilimanjaro, and Belize, Central America, where he worked in Belmopan hospital.

## Alicia Veasey

*The University of Queensland*



Alicia Veasey is a Murri woman of Torres Strait Islander descent, who graduated from The University of Queensland in 2011. Alicia is currently a junior doctor at Mater Hospital in south Brisbane, and has been accepted into the General Practice training program for 2014, where she plans to specialise in child and maternal health, especially in regards to Indigenous health. Alicia is a strong advocate for Indigenous health, education and our youth. She currently sits on the Australian Indigenous Doctors' Association Board of Directors, is serving a two year term as a delegate to the Congress of Australia's First Peoples, as well as being a founding executive member for the DreamTrack Club, an Indigenous youth program in southern Brisbane.

# Panel Session

## Reflections and Ways Forward to LIME Connection VI 2015

2.45pm- 3.15pm

Chair: Shaun Ewen

**Presenters:**

Dennis McDermott  
*Flinders University, South Australia*

See page 28

Elana Curtis  
*The University of Auckland*

See page 41

Martina Kamaka  
*The University of Hawai'i*

See page 77

Li Chong (LC) Chan  
*The University of Hong Kong*

See page 27

## Handover Ceremony for LIME Connection VI 2015

3.15pm-3.30pm

Charles Darwin University  
Flinders University  
James Cook University



## **Closing Ceremony**

**Larrakia Nation**

**3.30pm-3.45pm**

Leading to il Lido Restaurant

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## **Closing Event**

**4.00pm-6.00pm**

**il Lido, Darwin Waterfront**

See page 20 for further details

# Posters

## **A student and evidence driven assessment of Indigenous health and cultural awareness training in the Deakin medical curriculum**

### **Authors:**

*Adrian Luscombe, B.Biotech.Innov (Hons)*  
*2nd Year Medical Student and Chair of NOMAD, Rural Health Club*  
*Dr Scott McCoombe*  
*Professor Evelyne de Leeuw*

*School of Medicine*  
*Deakin University*

### **Abstract:**

The delivery of Indigenous health and cultural awareness in Australian medical programs continues to evolve. Progressive and rurally focused medical schools integrate key Indigenous and Cultural aspects early in the curriculum as assessable hurdles. This systematic exposure develops students' ability to work in cross-cultural situations and supports their ability and desire to address Australia's cultural health disparities.

At Deakin University, this focus commences early in year one semester one with the Cultural Awareness Program (CAP). This unique program partners with the local Wathaurong Aboriginal Co-Operative and community elders to develop the knowledge, experience and perceptions of Australian cultures in a postgraduate cohort of students with highly variable Indigenous and cultural knowledge. The program includes a field trip to the Wathaurong Aboriginal Health Service and cultural sites in the You Yangs Regional Park. This aims to strengthen ties with the local Wathaurong community, Health Service workers and Aboriginal Health Liaison Officers.

This student-led project used an anonymous online survey to assess the current perceptions and understanding of the CAP from the student body. We found that there was considerable variation in individual student perceptions towards the program's purpose, delivery and apparent usefulness. Anecdotally, it appears that this usefulness is linked to the area in which each student aims to establish her or his medical career, although further investigations are required. In summary, the Deakin student body grasps the requirement and importance of the CAP and the survey has provided important insights for the program's continued evolution.

**Adrian Luscombe**  
*Deakin University*



Adrian Luscombe is a second year medical student at Deakin University and chair of NOMAD, Deakin's rural health club. Adrian previously completed the Bachelor of Biotechnology Innovation (Hons) at Queensland University of Technology, Brisbane and undertook study terms in Germany, Sweden and Canada throughout the course of his degree. His honours was an immunology research project conducted at Karolinska Institutet, Sweden. He has a strong interest in forging a career in rural and regional medicine with a special interest in surgery and emergency medicine.

Scott McCoombe

*Deakin University*



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

Evelyne de Leeuw

*Deakin University*



Evelyne de Leeuw is Professor of Community Health Systems and Policy in the School of Medicine at Deakin University. Her research and teaching involve health policy development, public health development, healthy cities, and international, trans-national and global health.

## **Hands on learning of cultural safety in practice experienced by first year medical students by shadowing Aboriginal health workers at Flinders Medical Centre**

### **Authors:**

*Kate McQueen, Medical Student, School of Medicine, Flinders University, South Australia*

*Rosemary Williams, Medical Student, School of Medicine, Flinders University, South Australia*

*Paul Deklerk Medical Student, School of Medicine, Flinders University, South Australia*

*Laney Mackean Regional Manager, Karpa Ngarrattendi Aboriginal Health Unit, Flinders Medical Centre*

*Jill Benson, Medical Director, Kakarrara Wilurrara Health Alliance*

*Courtney Ryder, Lecturer, Poche Centre for Indigenous Health and Well-Being, Flinders University, South Australia*

### **Abstract:**

This poster will present the journey and reflections of non-Aboriginal first year medical students who participated in an elective where they shadowed Aboriginal Health Workers (AHWs) in a metropolitan hospital.

Culturally Safe health care is important in allowing patients to feel that their health-care is responsive to their needs and connected to their lives (Belfrage, M., 2007). It has long been documented (Branch 2010) that medical students will model their behaviour from residence and clinicians in mentoring roles during their study.

Students regularly met and would accompany AHW's as they did ward rounds, but also spent time in the clinic talking to staff or Aboriginal patients and their families to hear about their experiences in the hospital system. Spending time in this environment allowed students to soak up the nature of interactions and the way patients felt, whilst attending the Flinders Medical Centre. This process allowed the students to gain insight into the work of Aboriginal Health Workers and appreciate their work in creating positive experiences for Aboriginal patients.



Students collectively found they had a newfound appreciation for the work of AHW's, realising the scope and importance of the work they do to assist with overcoming language and cultural barriers and facilitate a positive healthcare experience in the tertiary healthcare setting. The experience also allowed students to re-evaluate their own views and privilege in terms of who may be 'othered' in the current hospital system. It was identified that there is a greater need for patient-centred health approaches.

#### **References:**

Belfrage, M 2007, 'Why "culturally safe" health care?', *Medical Journal of Australia*, Vol. 186, No. 10, pp. 537-538.

Branch, W. 2010, The road to professionalism: Reflective practice and reflective learning, *Patient Education and Counselling*, Vol. 80, pp. 327-332.

**Kate McQueen**

*Flinders University, South Australia*

Kate McQueen is a first year medical student in the school of medicine at Flinders University Adelaide.

**Rosemary Williams**

*Flinders University, South Australia*

Rosemary Williams is a second year medical student in the school of medicine at Flinders University Adelaide.

**Paul Deklerk**

*Flinders University, South Australia*

Paul Deklerk is a second year medical student in the school of medicine at Flinders University Adelaide.

## **HoT 'n' Deadly Health 'n' Science @ ECU**

#### **Authors:**

*Ms Daniela Mastrocola  
Hot 'n' Deadly Coordinator  
School of Medical Sciences  
Edith Cowan University*

#### **Abstract:**

HoT 'n' Deadly! Health 'n' Science @ ECU is a camp for Aboriginal secondary school students. Students explore, over five exciting days, what it is like to be, for example a medical scientist, a paramedic, a sports scientist, a psychologist or a nurse. HoT stands for 'Hands on Training' and is a program specifically aimed at Aboriginal students.

The objectives of the program are to:

1. Provide an opportunity for secondary students to experience the university campus and develop confidence in the environment.
2. Promote the development of ongoing friendships between students and mentoring by staff to support student aspirations to participate in higher education.
3. Provide students with an opportunity to undertake learning and skill development in areas of health science.
4. Include and promote current Aboriginal health and science students and staff as positive role models to build aspirations.
5. Build relationships with students, parents and staff from high schools, the Department of Education and a variety of health services.
6. Engage with industry to provide work opportunities for Aboriginal students in the health sciences.
7. Raise awareness of Indigenous culture.

### Daniela Mastrocola

*Curtin University*



Daniela Mastrocola has extensive experience as coordinator of the various HoT (Hands on Training) programs at Edith Cowan University. In 2010 Daniela coordinated the first HoT 'n' Deadly program for Aboriginal students from the Perth metropolitan area. From this program she witnessed the bond formed between the students and put the idea forward of running the five day program as a camp and offering places to rural and remote areas of Western Australia. In 2012 and 2013, HoT 'n' Deadly! Health 'n' Science @ ECU Camps were held, which included students from rural and remote areas of Western Australia.

### Toni Wain

*Curtin University*



Ms Toni Wain is the Program Manager of System Intervention Research Centre for Health (SIRCH). Ms Wain was the Project Manager for Creating Cultural Empathy and Challenging Attitudes through Indigenous Narrative project. The project forms the basis of her PhD on the impact of narratives on attitude change. Ms Wain has qualifications in psychology, film and television and health service management. She has considerable experience in project development, implementation and evaluation, particularly in relation to primary health care.



## Student experiences from Aboriginal cataract patient journey elective

### Authors:

*Raima Amin, Medical Student, School of Medicine, Flinders University, South Australia*

*Shoumit Mukhopadhaya, Medical Student, School of Medicine, Flinders University, South Australia*

*Laney Mackean, Medical Director, Kakarrara Wilurrara Health Alliance*

*Jill Benson, Regional Manager, Karpa Ngarrattendi Aboriginal Health Unit Flinders Medical Centre*

*Courtney Ryder, Medical Director, Kakarrara Wilurrara Health Alliance*

### Abstract:

Through this poster non-Indigenous students will reflect over their eye-opening personal experience participating in a remote cataract Aboriginal patient journey.

The life expectancy gap between Indigenous males and females is well known; in order to close this gap and extinguish health disparities, it is important for healthcare providers to focus on a holistic, patient-centred care. A fundamental feature of patient-centred care is the physician's understanding of their patient's health beliefs, values and preferences. A better understanding leads to improved communication and empathy, greater patient satisfaction, and ultimately adherence to treatment and better health outcomes.

Six Spinifex patients travelled from the remote community of Tjuntjuntjara to have cataract surgery at the Flinders Medical Centre. Students sat in with patient consultations to observe physician-patient interaction and provide support for patients during their time at the Flinders Medical Centre. A month later, these same students followed-up with patients in their community.

Considerations from the social determinants of health (trauma, loss of cultural identity, education, income) were very visible for the health outcomes of these patients. Major impacts in doctor patient interactions were evident in the tertiary setting. Very little effort was made by non-Indigenous staff to help these patients adapt to their new surroundings, consider their world view, diminishing a patient-centred culturally safe approach.

#### Raima Amin

*Flinders University, South Australia*

Raima Amin is a second year medical student in the School of Medicine at Flinders University, South Australia.

#### Shoumit Mukhopadhaya

*Flinders University, South Australia*

Shoumit Mukhopadhaya is a second year medical student in the School of Medicine at Flinders University, Adelaide



## **Validating a tool to capture absorption and transformation in Indigenous health and cultural safety: a research protocol**

### **Authors:**

*Courtney Ryder, Lecturer, Poche Centre for Indigenous Health and Well-Being (Poche Centre)*  
*Heather Burton, Senior Lecturer for the Flinders University Rural Clinical School*  
*Shahid Ullah, Senior Lecturer, Flinders Centre for Epidemiology and Biostatistics*  
*Dennis McDermott, Professor and Director, Poche Centre*  
*David Sjoberg, Associate Lecturer, Poche Centre*  
*Flinders University, South Australia*

### **Abstract:**

This poster will describe and discuss the research protocol for development and validation of a survey tool to measure attitude change through Cultural Safety education. Methodology, recruitment, sampling and data analysis will be discussed.

The researchers theorised that for students to fully absorb the principles of Cultural Safety, unlearn colonising beliefs and values and transform attitudes in a safe and supportive environment, at least a full semester subject (minimum 4.5/36 units in an annual full time load) of teaching is required. However there is limited quantitative evidence to support this view. The survey tool will enable comparison across different lengths and styles of education programs.

The tool incorporates modified questions from four surveys used to measure student attitudes to Indigenous health in various contexts in Australia and overseas. The pilot study will assess the validity (face and content validity) and test-retest reliability (weighted kappa) of the tool. Face validity was achieved through an expert panel using a rating system designed by the researchers. Choice of questions was supported from the Cultural Safety literature to enhance content validity. An identical survey will be administered twice, two weeks apart, to 30 students and staff of Flinders University. The internal consistency will be assessed using Cronbach a coefficient and factor analysis will be used to identify the dimensions of the tool.

This project will introduce a new validated tool focussing on cultural safety and Indigenous health which will amplify the evidence base underpinning cultural safety preparation for the health workforce

Courtney Ryder – see page 53

Heather Burton – see page 59

Dennis McDermott – see page 28

David Sjoberg – see page 87

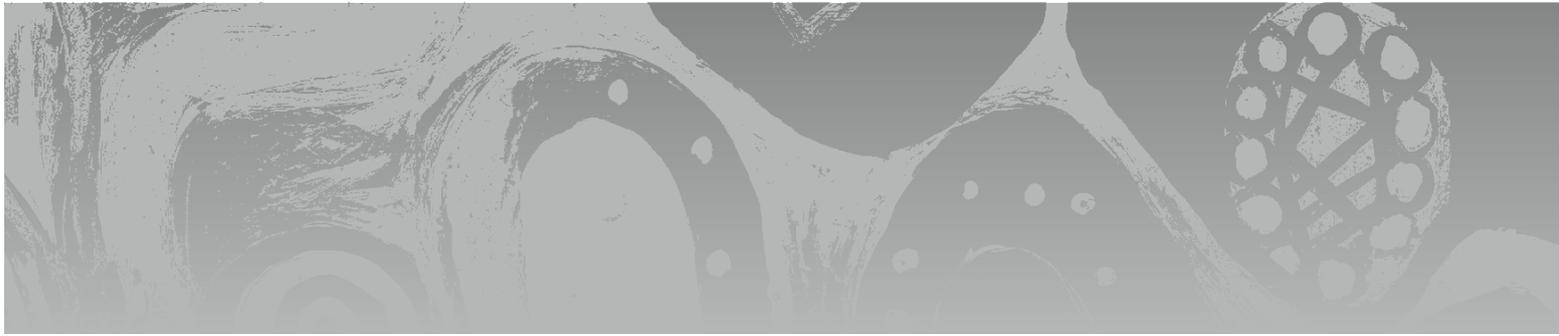
**Shahid Ullah**  
*Flinders University, South Australia*

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# Notes

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*Jarrakarlani Amintuya Kitarrika*

By Jennifer Coombes

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