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Welcomes

LIME Connection Committee

Tena Koutou Katoa, LIME Network Members.

On behalf of the Leaders in Indigenous Medical Education (LIME) Connection Committee, I would like to take the opportunity to welcome you to the fourth LIME Connection in Aotearoa/New Zealand. The Universities of Otago and Auckland, as hosts of this conference, are excited to have our colleagues from Australia, Hawai'i, Vietnam and Canada join us for this great event.

I acknowledge Ngati Whatua as the mana whenua, on whose land we will meet, and who will officially welcome us onto Waipapa Marae on Day One of the conference.

On Day One, the Connection will continue the tradition started in Melbourne (at LIME Connection III), to include an Indigenous caucus; and this year will also provide a space for our non-Indigenous colleagues to share and exchange knowledge and experiences about the enablers and barriers that impact the Indigenous curriculum within their schools.

This year's conference theme encourages all of our institutions to build an evidence base of the Indigenous health curriculum within medical education. This is a great challenge for us as contributors to Indigenous health curricula, but also indicative of the gains that have been made over the last eight years within the LIME Network.

I hope you will find the Connection an opportunity to learn more about Indigenous medical education, and strengthen and expand your professional networks and supports in this area.

Suzanne Pitama

LIME Connection Committee

Medical Deans Australia And New Zealand

Tena Koutou Katoa, we acknowledge Ngati Whatua as the mana whenua and the wider LIME Network.

It is my pleasure to welcome all delegates to LIME Connection IV with its focus on **Medical Education for Indigenous Health: Building the Evidence Base**.

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 *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.



For the first time, the LIME Connection is being held in New Zealand – a reflection of the strength of our collaborations and shared commitment to Indigenous Health in both Australia and New Zealand.

This year's LIME Connection provides an opportunity to showcase innovations across the breadth of medical 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 some of the positive changes and cultural shifts occurring within medical education and our medical schools that contribute to building knowledge in the field of Indigenous health. Building this evidence base will contribute to strengthening the integration of Indigenous health within medical education and ensuring better health outcomes for Indigenous peoples.

I look forward to participating in this year's Connection, and meeting many of you over the three days.

Professor Justin Beilby

President, Medical Deans Australia and New Zealand Inc.

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

Mehemea ka moemoea ahau ko ahau anake, Mehemea ka moemoea a tātou, ka taea tātou.

Alone, achieving our goals is but a dream. Together, united as a group, we can create a powerful force in which great things are possible.

On behalf of Te Ohu Rata o Aotearoa (Te ORA) – The Māori Medical Practitioners Association, I wish to welcome you to our land, our marae and communities. Te ORA is proud to support LIME Connection IV 2011. The Connection provides time for us to reaffirm the bonds that hold us together and renew our forward momentum. Together we can achieve great things.

Dr Sue Crengle

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



Australian Indigenous Doctors' Association

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

I would like to acknowledge the ancestors on whose land we are meeting, and I would particularly like to acknowledge the enduring capacity of the Māori people in asserting their rights as Indigenous people. As Indigenous peoples sharing this part of the world, we enjoy strong bonds with our Māori colleagues.

Under our Collaboration Agreement with Medical Deans Australia and New Zealand, AIDA co-auspices the LIME Connection with the Medical Deans, and Te Ohu Rata o Aotearoa (Te ORA) – The Māori Medical Practitioners Association. We are very pleased to be in Aotearoa (New Zealand) for this first LIME Connection outside of Australia. We believe the new partnership with Medical Deans and Te ORA will serve to further enhance the work across the Tasman.

This year's theme, **Medical Education for Indigenous Health: Building the Evidence Base** is of great significance, as it will highlight best practice of incorporating Indigenous health into mainstream medical education, and will also illustrate the relationship between medical education and Indigenous health.

I particularly wish to thank our New Zealand colleagues at the Universities of Otago and Auckland for hosting LIME Connection IV, and while I am unable to experience this year's Connection with you, I look forward to hearing about the great outcomes and potential new work as we move forward in medical education.

Associate Professor Peter O'Mara

President, Australian Indigenous Doctors' Association

The University of Auckland

It gives me great pleasure to welcome attendees to the Leaders in Indigenous Medical Education Connection in New Zealand. The disparities in health status of our Indigenous populations is a major issue for both Australia and New Zealand, and the Auckland School of Medicine has a long-standing commitment to the development of a Māori health workforce to help to address this problem. While the issues needing to be dealt with may be different on the two sides of the Tasman, it is timely that we are now addressing these challenges together through the LIME Connection. I wish you well in your deliberations and look forward to seeing significant initiatives emerge from them.

Ian Reid

Professor of Medicine and Acting Dean, The University of Auckland



University of Otago

Nau mai, haere mai ki te LIME Connection.

Many aspects of medical education are important for the future of Indigenous health development and for fostering the Indigenous medical workforce. No aspect is more important than the process of selecting and admitting students into medical school. Ideally the make up of medical classes should be equivalent to holding a mirror up to society. The purpose of medical education is to produce a medical workforce equipped to meet the needs of society; this is at the heart of the social contract between medical schools and society. In order to achieve this, the gender, ethnic and socioeconomic composition of medical graduates should, more or less, reflect the social reality of the diverse communities in Aotearoa and Australia. The Australian Medical Council recognises this in its guidelines for the accreditation of medical schools (which apply to medical schools in Australia and New Zealand).¹

In Australia and New Zealand, inequalities remain in the health status of various social and cultural groups. Medical schools have a responsibility to select students who can reasonably be expected to respond to the needs and challenges of the whole community, including the health care of these groups. This may include selection of students who are members of such groups. The medical curriculum should also provide opportunities for cultural education programs, and opportunities for training and provision of service in under-served communities.

As things stand, the mirror is distorted. In New Zealand, Australia and around the world medical schools struggle to achieve a balance of students which reflects the ethnic and socioeconomic reality of the societies they serve. In sociological and historical terms this is understandable as our elite educational institutions have developed within the context of socially and ethnically stratified societies. If medical schools are to fully achieve their mission to serve the needs of society, student selection, retention, support and educational policies should attempt to counter some of these historical and social forces. The LIME Network has a crucial role in driving the Indigenous health agenda in medical schools and assisting schools to develop effective policies.

Welcome to the conference.

Peter Crampton

Te Manukura, te Wāhanga Matua Mātua Hauora o te Whare Wānanga o Ōtākou
Pro-Vice-Chancellor, Division of Health Sciences, University of Otago

1. Australian Medical Council. Assessment and Accreditation of Medical Schools: Standards and Procedures, 2002. Kingston, ACT: Australian Medical Council, 2002.

The LIME Network Project

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

The LIME Network Project 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.

The Project 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 LIME Network Project forms part of the broader Medical Deans Australia and New Zealand 'Close the Gap' program, which supports the Australian Government's commitment to closing the life expectancy gap between Indigenous and non-Indigenous Australians and to provide health equality.

LIME maintains a bi-national presence which encourages and supports collaboration within and between medical schools in Australia and New Zealand. This collaboration then furthers the development, delivery and evaluation of Indigenous health content in medical education. The Project also seeks to build linkages between varied health disciplines, and to provide quality review, professional development, capacity-building and advocacy opportunities for network members.

The LIME Network Project stemmed from the Committee of Deans of Australian Medical Schools' Indigenous Health Curriculum Development Project, in which an audit of existing Indigenous health content in medical curricula was undertaken, and used to inform the development of the **Indigenous Health Curriculum Framework (ICHF)**. The ICHF is the only curriculum framework to be endorsed by all medical schools in Australia and New Zealand, and in 2006, the Framework was adopted by the Australian Medical Council and incorporated within its standards for medical school accreditation.

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

- the development, trial and subsequent implementation of the **Critical Reflection Tool (CRT)**, an internal quality review tool designed to assist medical schools to implement, monitor and sustain the nationally agreed Indigenous Health Curriculum Framework and to adopt initiatives related to Indigenous student recruitment, retention and support
- the facilitation of **regional meetings** to consolidate relationships between universities, local Indigenous communities and Aboriginal Community Controlled Health Organisations
- the facilitation of the biennial **LIME Connection** conference
- the development and ongoing enhancement of the LIME Network **website**
- the facilitation of bi-annual **Reference Group meetings** to provide advice and support in implementing project initiatives and yearly **Steering Committee** meetings to set strategic and policy directions
- the tri-annual publication of the **LIME Network Newsletter** to share stories of success and positive initiatives in the area of Indigenous health
- initiating **collaborations and partnerships** with other Indigenous health networks.

LIME Connection IV

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

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

This year's Connection will focus on **Medical Education for Indigenous Health: Building the Evidence Base.**

The Connection will contribute to building the evidence base related to the relationship between medical education and Indigenous health through:

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





Day One Information (formerly pre-Connection caucus)

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

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

Day One will be held at Waipapa Marae, The University of Auckland, and will include plenary sessions, as well as breakout sessions of separate Indigenous and non-Indigenous streams.

Day One is designed to:

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

Day One Protocols

Tikanga – Protocols for going onto a Marae

As Day One will be held at Waipapa Marae, The University of Auckland, we have provided an overview of protocols for going onto a Marae for delegates. You can access this information on the LIME Network website – please take the time to view this short presentation: www.limenetwork.net.au/content/day-1-protocols.



LIME Connection IV Pōwhiri

A traditional Māori welcome onto a Marae is called a Pōwhiri. At the Pōwhiri, the event hosts (tāngata whenua) will formally greet a group of visitors (manuhiri). On Day One all delegates will be involved in the Pōwhiri at Waipapa Marae. Please note that:

- the LIME Connection IV Pōwhiri forms part of the main conference program, and will be held at Waipapa Marae, The University of Auckland – **please be at Rydges Auckland at 8:30am on Tuesday 29 November**, where buses will take all delegates to the Marae.
- staff from The University of Auckland will act as hosts (tangata whenua)
- staff from University of Otago will lead the visitors (manuhiri), including all delegates, through the Pōwhiri.

Waiata - Songs

The waiata which the visitors (including delegates) will sing, are available on the LIME Network website – please take the time to listen to the songs in advance and become familiar with the words below:
www.limenetwork.net.au/content/day-1-protocols

Ka Tahuri Au

Background

This waiata was gifted to Arowhenua Marae by Hohepa Kereopa whilst he was visiting the area. It is believed that this waiata is an adaptation of a longer waiata which originates from a Tuhoe composer, Reg Wharekura.

Ka Tahuri Au is a true treasure which should be learnt by all. It is appropriate to use at many occasions and should be sung with as many harmonies as one can muster.

Ka Tahuri Au

Ka tahuri au, ka kite ake ra
Ngā tōmairangi heke ana mai

Ki runga o Aoraki e
Tau iho ki runga ngā mokopuna nei

He whakatipuranga nā Tahupōtiki
Ngā mokopuna nō Te Waipounamu e

Nō Te Waipounamu e te iwi e.

Translation

As I turn I see the mist maiden as she
lowers her veil over Aoraki.

Upon Aoraki it settles, descending
down upon his mokopuna,

The descendants of Tahupōtiki,

The descendants of Te Waipounamu,

We are the people of Te Waipounamu.



Ninna Marni

Background

Ninna Marni means “hello, how are you?” in Kurna. The Kurna people are the traditional owners of the Adelaide plains in South Australia. The language of the Kurna people was thought to be lost forever in 1900 but in 1960 a diary along with song sheets were found deep within the Adelaide library archives. These documents were originally compiled by local Kurna Elders as well as two German missionaries. After much research and perseverance by the Kurna people their language once again became a living language.

Language contributes significantly to our culture and identity. This living Kurna language is now being taught in Aboriginal kindergartens and primary schools throughout Adelaide. The song Ninna Marni, is one of the first Kurna songs children are taught at kindergarten, and is sung by both Aboriginal and non Aboriginal students. Although this is a children’s song it reminds us of the importance of language and the need to keep it alive for future generations.

Ninna Marni

Ninna Marni Ninna Marni
Marni ai Marni ai
Wanti ninna Wanti ninna
Wodleanna Wodleanna

Ninna Marni Ninna Marni
Marni ai Marni ai
Wanti ninna Wanti ninna
Wodleanna Wodleanna

Translation

Ninna Marni - How are you?
Marni ai - I am good
Wanti ninna - Where do you go?
Wodleanna - I am going home.



Convenors

The LIME Connection Committee Members:

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

The LIME Connection Abstracts Committee:

- Shaun Ewen The University of Melbourne
- Jane MacLeod Griffith University
- David Paul The University of Western Australia
- Suzanne Pitama University of Otago
- Papaarangi Reid The University of Auckland
- Ray Warner Australian Indigenous Doctors' Association



The LIMELight Awards Committee:

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

The LIME Connection Bursary Committee:

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

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 Connection:

Gina Bloom, Kym Bryce, Belinda Clarke, Naomi Crago, Megan Fowle, Jasmin Hunter, Kristie Harris, Jessica Jeeves, Marina Kadlubowski, Cristina Lochert, Jane Murriner, Melanie McBride, Wayne McEnteer, Megan McPherson, Sam McQueen, Romlie Mokak, Tom Noble, Rangimarie Rawiri, Toni Roberts, Natalie (Shibo) Tong, Julie Wade, Alice Wilkin, Australian and New Zealand Association for Health Professional Educators (ANZAHPE), and the many Indigenous health organisations who have promoted LIME Connection IV.

Sponsors

LIME Connection IV 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:

- The University of Auckland
- University of Otago

Major Connection Sponsors:

- The Australian Government Department of Health and Ageing (The LIME Network funding body)
- Health Workforce Australia
- The Lowitja Institute

Connection Sponsors:

- Australian Medical Council Limited
- The Government of Western Australia Department of Health – Office of Aboriginal Health
- Māori Health, The New Zealand Ministry of Health, Manatū Hauora

Pen and Notepad Sponsors:

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

Indigenous Medical Student and Community Bursaries:

LIME Connection IV student and community bursaries have been funded by the following Medical Schools across Australia and New Zealand:

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

Indigenous Medical Student And Community Bursaries

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

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

Bursary Recipients - Australian Students

- Andrew Sampson - The University of Newcastle
- Sheree Enderby - The University of Newcastle
- Sarah Goddard - The University of Newcastle
- Danielle Carter - James Cook University
- Tatum Bond - James Cook University
- Jacinta Power - James Cook University
- Tristan Cox - James Cook University,
- Guy Dennis - The University of Sydney
- Dasha Newington - The University of Sydney
- Karen Taylor - Griffith University
- Hamish Fejo - The University of New South Wales
- Murray Haar - The University of New South Wales
- Ethan Johnson - University of Western Sydney
- Dana Slape - University of Western Sydney
- Luke Hamlin - The University of Queensland
- Zachary Jackson - The University of Queensland

Bursary Recipients - New Zealand Students

- Teriana Maheno - University of Otago
- Mania Campbell-Seymour - The University of Auckland
- Carrie Bryers - The University of Auckland
- Ibrahim Soloman - The University of Auckland
- Molly Marie Anderson - The University of Auckland
- Emily Cole - The University of Auckland
- Marise Stuart - University of Otago

Bursary Recipients - Australian Community

- Petah Atkinson - Victoria
- Chryne Griffiths - New South Wales
- Ben Hunter - New South Wales
- Elizabeth McEntyre - New South Wales
- Selena White - Victoria
- Veronica Robbins - Queensland
- Narelle Piertobelli - New South Wales

Bursary Recipients - New Zealand Community

- Taua Mahia Tainui - Akaroa
- Taua Millie Tainui - Akaroa
- Adele Tierney - Bay of Plenty
- Kim Toole - New South Wales, Australia

General Information

Registration Desk

The registration desk is located at Rydges Auckland Hotel (59 Federal Street, Cnr Kingston Street, Auckland) in the lobby on Level 1.

The registration desk will be open on

- Monday 28 November from 5:00pm – 6:30pm
- Tuesday 29 November from 7:30am-8:30am, prior to Day One at Waipapa Marae
- Wednesday 30 November from 8am and throughout the day
- Thursday 1 December from 8:30am and throughout the day

LIME staff members will be available at the registration desk throughout the day on 30 November and 1 December.

Delegates are requested to collect their name badges and conference materials at the registration desk upon arrival, before taking the bus to the Marae. Buses to the Marae will be leaving from outside Rydges at **8:30am** sharp.

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 9am on the morning of their session. The conference technicians are located on Level 1, in the LIME Connection Committee/Presenters room.

Internet Facilities

Wireless internet facilities are available to all delegates with their own laptop computers, using a password which can be obtained from the front desk at Rydges Auckland or from the LIME registration desk.

Mobile Phones

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

Parking

Rydges Auckland offers valet parking for all guests staying at the hotel. Guests can have their car valet parked an unlimited number of times for the daily flat fee of NZ\$30.00. Delegates can also park in the Sky City parking area next to the hotel. This is charged at NZ\$22.00 per exit and tickets can be purchased from Rydges reception. 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.

Auckland Information

Food And Culture

Auckland is located in Aotearoa/New Zealand's North Island and is the country's largest city, with a population of more than 1.3 million. Known as the 'City of Sails' for the thousands of yachts found in its marina, Auckland is home to some of the country's most celebrated cultural institutions, fine restaurants, interesting bars and great shopping, with beaches and rainforests nearby.

Auckland's dining scene is as cosmopolitan as the rest of the city, but is notable particularly for embracing Pacific Rim cuisine, combining the best of Asian and Polynesian flavours. The SKYCITY complex in the city contains a variety of restaurants to suit all tastes, as do the Waterfront and Viaduct Harbour precincts. The heart of Auckland's fashion and shopping culture is the block around High Street, the Chancery and Vulcan Lane, abounding with local and international boutiques, while the suburbs of Ponsonby, Parnell and Newmarket are also known for their fashion. The Otara Flea Market and Mangere Market are held every Saturday morning, and are great places to discover local art and sample local food.

Auckland is home to Aotearoa's largest art collection at the Auckland Art Gallery, while the Auckland War Memorial Museum details the history of the country and its people through displays which include wonderful objects from Polynesian art and craft traditions. Visit the Town Hall and Civic Theatre to see two of the best examples of the city's fine architecture, or ascend the Sky Tower, the tallest free-standing building in the southern hemisphere, for amazing views of the city and surrounds.

The Auckland Domain is one of the largest and most accessible of the city's many parks, situated mainly within the rim of an ancient volcanic cone, or you can head to the Domain on One Tree Hill for wide green spaces grazed by sheep and cattle. To explore the areas around Auckland, catch a ferry from the Downtown terminal to Devonport, Rangitoto Island or Tiritiri Matangi in the Hauraki Gulf, or head further afield to the Waitakere or Hanua Ranges to discover rainforests, waterfalls and rugged beaches.

For more information about Auckland and Aotearoa, please visit:

- **New Zealand Tourism Guide** - www.tourism.net.nz
- **Auckland Visitor Information Site** - www.aucklandnz.com
- **Tourism Auckland** - www.newzealand.com/int/auckland
- **Auckland Council Site** - www.aucklandcity.govt.nz
- Or see the **Auckland City Guide** in your conference pack

Money

- For up-to-date information about exchange rates, see www.xe.com.

Climate

The average daily temperature high for Auckland in November and December is around 20°C (68°F), with overnight minimums of 12-14°C (54-57°F). Aotearoa has reasonably high levels of rainfall year round, so it is best to be prepared for sudden cold fronts or rainy days, while also keeping in mind that the country typically enjoys long summer days full of sunshine during the daylight savings months.

For Aotearoa forecasts, please visit www.metservice.com.



Getting Around In Auckland

Buses

An airbus service runs every fifteen minutes during the day and every thirty minutes at night, taking approximately forty-five minutes to reach Downtown Ferry Terminal. The 380 Airporter service runs every thirty minutes to Manukau, while the 375 service runs to Botany City every thirty minutes during peak times (and every hour off-peak).

Getting around the city by bus is easy with the LINK and City Circuit services, both of which operate frequently; while a variety of other bus services connect to other parts of the city. See the MAXX site for more details - www.maxx.co.nz.

Shuttle Bus

A shuttle service operates from the airport to Auckland city, for which tickets can either be pre-booked or purchased on the spot.

Car Hire

A number of hire car companies operate out of Auckland airport and the city. For more information visit the following websites:

- **Avis Rental Cars** - www.avis.co.nz
- **Budget Rental Cars** - www.budget.co.nz
- **Europcar** - www.europcar.co.nz
- **Hertz** - www.hertz.co.nz
- **Thrifty** - www.thrifty.co.nz

Walking

The Auckland City Council has information regarding a number of walks that will let you explore the city on foot. See their website for more information - www.aucklandcity.govt.nz.

Taxis

Taxis are available throughout the city and can be booked, or hailed by the roadside. From the airport, a taxi will take approximately thirty minutes to reach the city, depending on traffic conditions, and will cost between \$NZ60 and \$NZ80.

A selection of taxi companies is listed below:

- **Koru Cabs**, T: +64 9 303 2000
- **Alert Taxis**, T: +64 9 309 2000
- **Auckland Co-Op Taxis**, T: +64 9 300 3000
- **Corporate Cabs**, T: +64 9 377 0773

Social Functions

LIME Connection IV Dinner And LIMELight Awards

Wednesday 30 November 2011

6:45pm - Midnight

The Floating Pavilion, Auckland, Aotearoa/New Zealand
Gate 1 - Hobson West Marina, 220 Quay Street, Viaduct Harbour, Auckland
<http://www.floatingpavilion.co.nz/>
Ph: +64 9368 4135

The Floating Pavilion is approximately ten-fifteen minutes walk from Rydges Auckland. Delegates are asked to make their own way to the venue for a 6:45pm start.

The **LIMELight Awards** will be presented during the evening, in the following categories:

- Leading Innovation in 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

Closing Drinks, Networking And Entertainment

Thursday 1 December 2011

4:00pm – 5:00pm

The Rooftop at Rydges
Cnr Federal and Kingston Streets, Auckland (Level 10)
Ph: +64 9375 5900

The rooftop area at Rydges Auckland boasts excellent views across the city. Delegates are asked to make their way to the rooftop area on Level 10 following the final session of the conference, *Closing Comments and Ways Forward to LIME V*, for drinks and entertainment.

Please note, the above activities are included in the registration fee

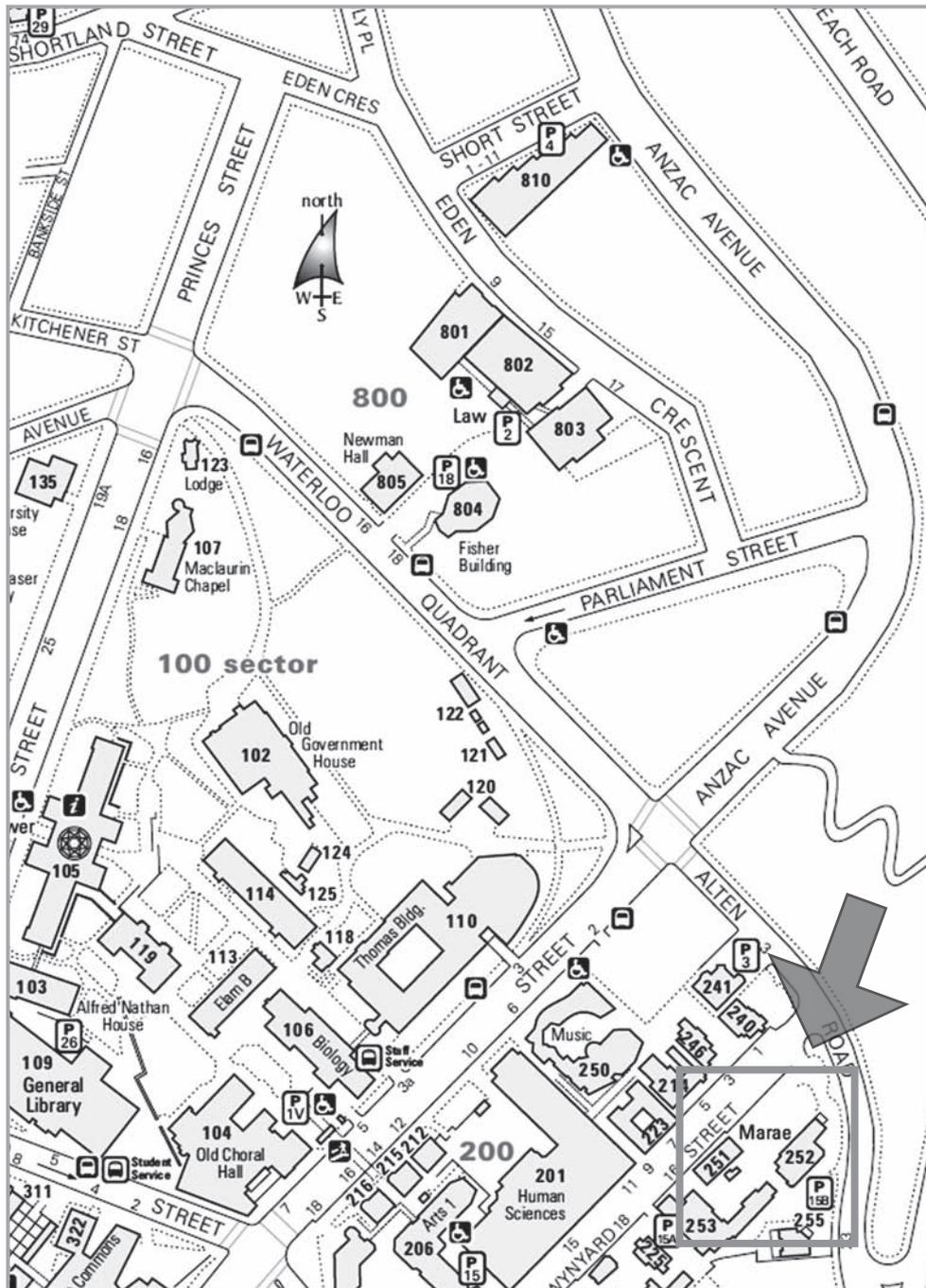
Venue Maps

Auckland Map With Venues

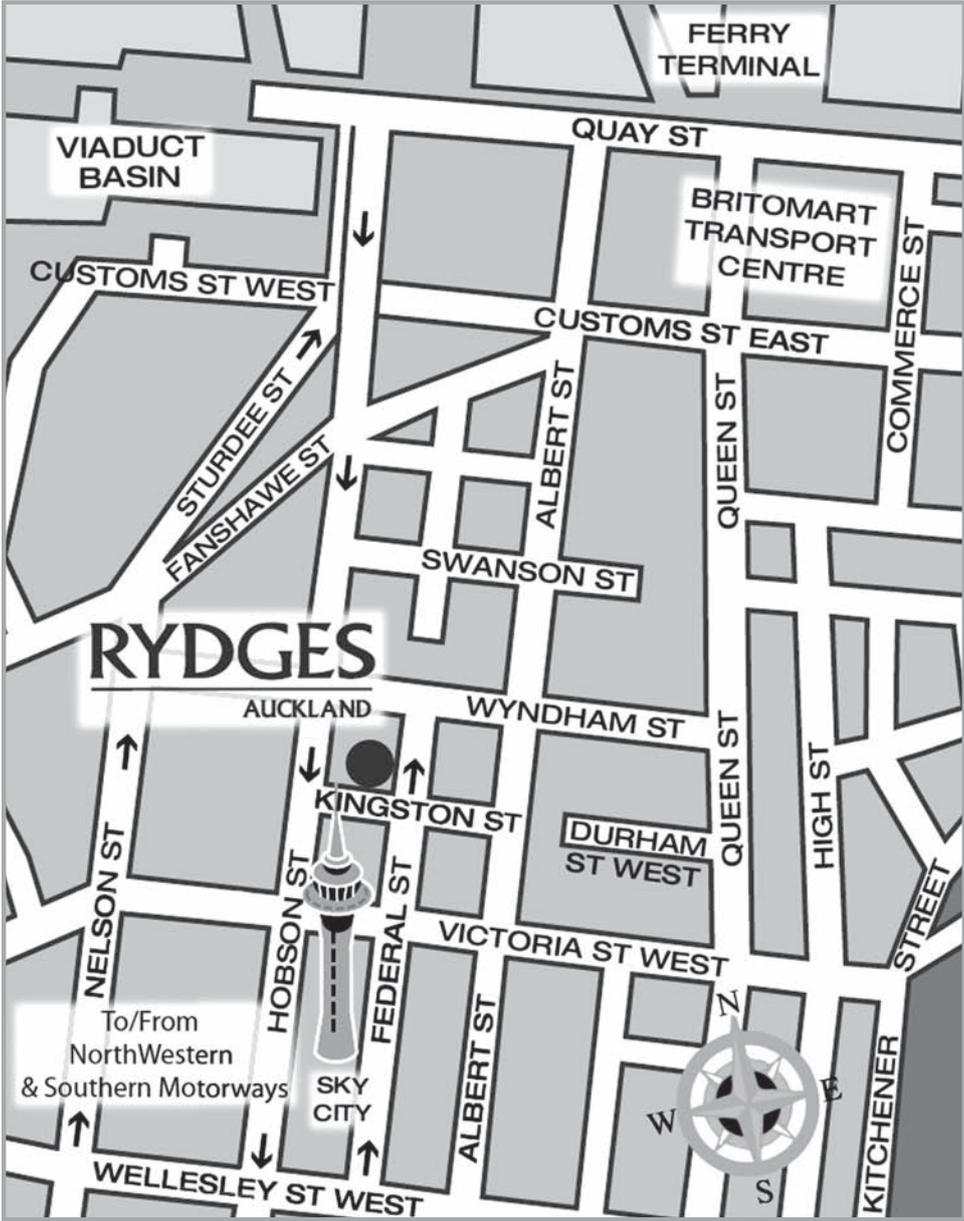


1. Rydges Hotel, Auckland (Day Two and Three Venue)
2. Waipapa Marae, The University of Auckland (Day One Venue)
3. Floating Pavilion (LIME Connection Dinner Venue)

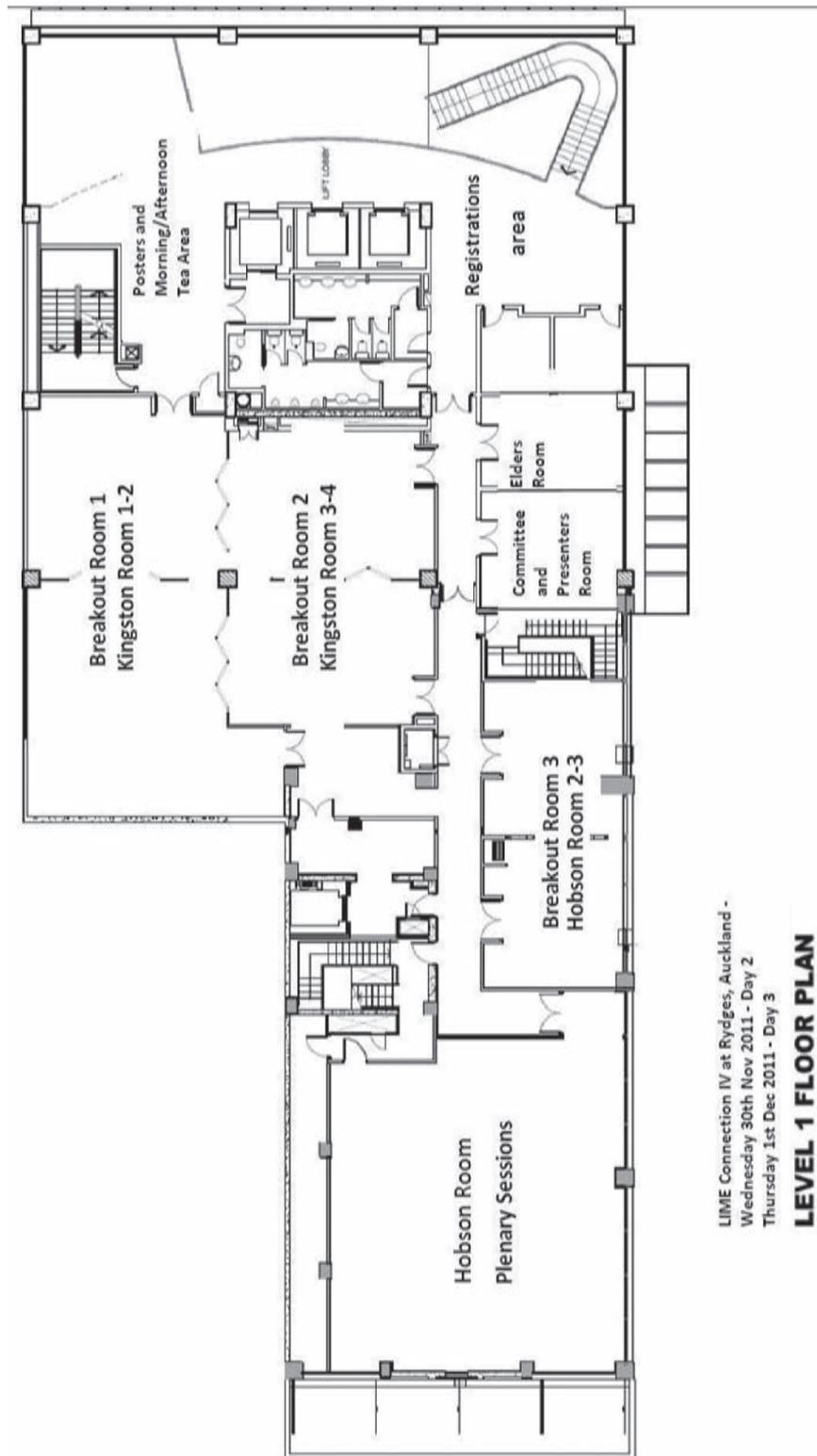
Day One – Waipapa Marae



Day Two And Three – Rydges Auckland



Day Two And Three – Rydges Auckland
Venue Floorplan



Official Welcome

Waipapa Marae, The University of Auckland (9:00am – 11:00am)

Pōwhiri Presenters

The University of Auckland Representatives
University of Otago Representatives
Australian Indigenous Doctors' Association Representatives

Signing of the Collaboration Agreement

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

During the Official Welcome, Medical Deans Australia and New Zealand and Te Ohu Rata o Aotearoa (Te ORA) - The Māori Medical Practitioners Association of Aotearoa will sign a landmark agreement as part of an ongoing commitment to improve Indigenous health, and specifically Māori health equality in Aotearoa.

This agreement is a joint commitment to work together to realise the potential of Māori medical students and to strengthen the capacity of non-Indigenous medical graduates to practice with cultural competence and confidence in Māori health settings.



Masters of Ceremonies

LIME Connection IV Conference



Papaarangi Reid – The University of Auckland

Papaarangi is Tumuaki and Head of Department of Māori Health at the Faculty of Medical and Health Sciences, The University of Auckland. She holds science and medical degrees from The University of Auckland and is a specialist in public health medicine. She has tribal affiliations to Te Rarawa in the far north of Aotearoa and her research interests include analysing disparities between Indigenous and non-Indigenous citizens as a means of monitoring government commitment to Indigenous rights.



Suzanne Pitama – University of Otago, Christchurch

Suzanne (Ngati Kahungunu) is the Associate Dean Māori at the University of Otago, Christchurch (one of the three clinical schools of the medical school). With a background in educational psychology Suzanne has been involved in Māori health research for twenty years, and has been a Lecturer/Senior Lecturer at the University of Otago since 2001. Her research interests are in cardiovascular disease, Māori health and medical education. She is currently completing her PhD in the design, implementation and impact of the University of Otago's Indigenous medical curriculum.

LIME Connection IV Dinner and LIMELight Awards



David Jansen – Master of Ceremonies

David Jansen, Ngati Raukawa, is currently a General Practitioner in Auckland. David's focus is on clinical teaching, Māori language and customs teaching for health professionals. David is the immediate past Chair of Te ORA, The Māori Medical Practitioners Association and is Chairman of Te Ataarangi Trust (a charitable organisation dedicated to the revitalisation of Māori language).

LIMELight Award Presenters:

Peter Joyce, University of Otago
Marlene Drysdale, Monash University
John Broughton, University of Otago

Abstracts and Presenters' Biographical Notes

Keynote Presentation Wednesday 30 November

9:00am – 10:00am

Chair: Sue Crengle

Linda Smith

Pro Vice-Chancellor Māori, University of Waikato



Linda Tuhiwai Smith is Professor of Education and Māori Development, Pro-Vice Chancellor Māori, Dean of the School of Māori and Pacific Development and Director of Te Kotahi Research Institute at the University of Waikato in New Zealand. She is a member of New Zealand's Health Research Council, Chair of the Māori Health Research Committee, is President of the New Zealand Association for Research in Education and is a member of the Marsden Fund Council and Convener of the Social Sciences Assessment Panel. Linda has also most recently been appointed to the Constitutional Advisory Panel Committee in New Zealand and the High Panel - Science, Technology and Innovation for Development in Paris. She has worked in the field of Māori education and health for many years as an educator and researcher and is well known for her work in Kaupapa Māori research. Professor Smith has published widely in journals and books. Her book *Decolonising Methodologies Research and Indigenous*

Peoples has been an international best seller in the Indigenous world since its publication in 1998. Professor Smith was a founding Joint Director of New Zealand's Māori Centre of Research Excellence from 2002-2007 and a Professor of Education at The University of Auckland. She is well known internationally as a public speaker. Professor Smith is from two tribes or iwi in New Zealand, Ngāti Awa and Ngāti Porou.

Abstract

Creating Better Outcomes Through More Informed Practices - The Role of Indigenous Knowledge Within Curriculum

Including Indigenous content knowledge in curriculum has been occurring across the New Zealand education system from early childhood to the postgraduate arena since the 1930s at least. In the last twenty years, the ground has shifted dramatically in this respect and much that is 'Indigenous' is taken for granted and hailed as innovative. As one example an internationally accredited MBA programme based on Māori case studies has been given an international award for innovation. Not all inclusion strategies work and not all inclusion strategies are solely about content knowledge - they are also about building capacity and a learning community. This talk discusses what has been learned in these curriculum processes, that medical education can build upon without anxiety.

Keynote Presentation

Wednesday 30 November

1:00pm - 1:45pm

Chair: Tania Huria

Dee-Ann Carpenter

Associate Chair Clinical Teaching and Patient Care Services, Department of Native Hawaiian Health, John A. Burns School of Medicine, University of Hawai'i at Mānoa



Dee-Ann is a Native Hawaiian Internist in Lau Ola Clinic, the clinical practice of the Department of Native Hawaiian Health at the John A. Burns School of Medicine (JABSOM) in Honolulu, Hawai'i. Dee-Ann enjoys teaching clinical medicine to students and residents alike. She is an Assistant Professor at JABSOM, where she is on the team that teaches the cultural competency curriculum. She is Past-President and presently a Board member of the `Ahahui o nā Kauka and the founding President and presently the Treasurer of the Friends of Imi Ho`ola, a non-profit created to support the Imi Ho`ola Post-Baccalaureate Program, a one-year program for disadvantaged students prior to medical school. She received her BA from the University of Hawai'i at Mānoa and her M.D. degree from the John A. Burns School of Medicine. Dee-Ann completed her Internal Medicine Residency with the University of Hawai'i Integrated Medical Residency Program, and was one of two 4th year residents in the inaugural year of the Senior

Residency in Ambulatory Care Program. She has finished a Fellowship in Medical Education at the John A. Burns School of Medicine. She is the proud mother of two beautiful children, Marin and Pono.

Abstract

So You Think You Know Your Patient? Talking Story and Kuleana

The patient-physician relationship is the most important aspect of caring for the patient. You can learn many things by reading a book, but perhaps a better way to learn is by seeing and doing as in the old adage 'see one, do one, teach one.' The clinical site provides the opportune setting to teach the medical student how to develop this patient-physician relationship. Introduction of self, presentation, and 'talking story' with the patient, and learning how and when to listen are key aspects in this relationship-building. Cultural awareness, cultural humility and understanding are of utmost importance in the patient-physician relationship. What about Indigenous patients? Is it harder to care for an Indigenous patient? What if I am not Indigenous? When it comes to Indigenous health, Indigenous physicians, faculty and staff are expected to be the medical educators that instill the 'Indigenous cultural perspective' into the student in his or her clinical years. However, we all have the *kuleana* (responsibility), Indigenous or not, to teach medical students how to care for ALL patients.

Keynote Presentation

Thursday 1 December

9:00am – 9:45am

Chair: Papaarangi Reid

Shaun Ewen

The University of Melbourne



Shaun is Director of the *Onemda* VicHealth Koori Health Unit, Deputy Director of the Centre for Health and Society, Melbourne School of Population Health and Associate Dean (Indigenous Development) for the Faculty of Medicine, Dentistry and Health Sciences at The University of Melbourne. He has a background in Physiotherapy, Political Science and International Relations and has recently submitted his doctoral thesis in Medical Education.

Shaun was awarded the School of Population Health Award for Excellence in Teaching and Learning in 2005, and led successful team applications for the Norman Curry Award for Innovation and Excellence in Educational Programs in 2010 for *Onemda's* teaching, learning and workforce development work in Indigenous health, and the Rio Tinto Award for Innovation and Excellence in Indigenous Higher Education in 2011 for the work of the LIME team.

Abstract

Flexner, Foucault and the whānau

Indigenous health, as an emerging discipline in medical education, is developing its own form, philosophical basis, and pedagogical approaches. Whilst it is important that the discipline be nurtured and supported in developing its own identity and culture, it is also important to recognise the history and context within which it is emerging. Indigenous health has some parallels with other 'outsiders' to medicine. Flexner and Foucault both made observations about the how, what, why and representation of medical education. The challenge for Indigenous health medical educators is to continue to find a safe place for the whānau within an environment where the values of science are privileged (often at the expense of the humanities), and within an environment which continues to reflect, and reproduce, the existing power relations with the broader society.

Abstracts and Presenters' Biographical Notes

Paper Presentations

**Tuesday 29 November - Waipapa Marae,
The University of Auckland**

Self-Determination in Medical Education:

Sponsored by The Lowitja Institute (11:30am – 1:00pm)

This session is for Indigenous delegates

Chairs: Papaarangi Reid and Suzanne Pitama

Te reo Māori and Tikanga in Medical Education

Bridget Robson

Director, Hauora Māori, Associate Dean Māori, University of Otago, Wellington

Shirley Simmonds

University of Otago, Wellington

Abstract

The right of Indigenous peoples to speak, learn, and receive health care in our own language has been recognised as a human right, and inherent in the Treaty of Waitangi. Te reo Māori (Māori language) is an official language of New Zealand and universities have policies that state that students may conduct their assignments and examinations in te reo Māori. The revitalisation of Māori language and culture has led to a substantial increase in the number of children with Māori names and increased numbers of children and their parents who speak Māori. Correct pronunciation and recognition of the meaning of a child's name, for example, affirms the identity of the child, conveys respect, and avoids one of the many daily 'microassaults' Indigenous people face that impact health.

Medical students are starting to recognise the need to increase their skills in te reo Māori as they are exposed to Hauora Māori learning opportunities and are required to reflect on their ability to successfully engage with and interview Māori patients and families. The need to be able to sustain a bilingual conversation within patient interviews is becoming more obvious. Our medical curricula need to normalise te reo Māori within the health sciences from foundation level up (and preferably within prior learning). The Māori vocabulary already exists – the imagination and will of the faculty is all that is needed. This presentation will discuss systemic

and institutional challenges and strategies towards becoming a bilingual institution that equips our students to successfully practise in the 21st century.



Presenter: Bridget Robson

Bridget (Ngāti Raukawa ki te Tonga) is Associate Dean Māori at University of Otago Wellington. She is concerned with increasing the cultural safety of the institution for Māori students, staff, and community throughout its teaching/learning, research, and service. Within Te Rōpū Rangahau Hauora a Eru Pōmare (the Eru Pōmare Māori Health Research Centre) she focuses on the societal determinants of inequity, disparities in access to and quality of health care, and methods to enhance the monitoring of social inequalities in health affecting Indigenous peoples.



Presenter: Shirley Simmonds

Shirley is a Māori health researcher with tribal connections to Ngāti Raukawa (ki Waikato) and Ngāti Tūwharetoa. She has an interest in Indigenous rights and equity in health and the development of Indigenous methods in health research. Shirley has also had experience in adult education, mostly at tertiary level, and has been involved in support of Māori students at the University of Otago, Wellington. She has recently completed her Masters in Public Health through University of Otago.

Clinical Placements in Aboriginal Organisations: The Opportunities, Expectations and Challenges

Shawana Andrews

Aboriginal Community Engagement Project Officer, Onemda VicHealth Koori Health Unit, The University of Melbourne

Abstract

The Faculty of Medicine, Dentistry and Health Sciences at the University of Melbourne is enhancing its new graduate programs with a community based clinical education and training model to be implemented in the Northern and Western suburbs of Melbourne. The Community Responsiveness and Engagement through Streamed Clinical Education and Training (CRESCENT) project seeks to develop an innovative approach to clinical education that better links students with the communities in which they learn and to whom they will provide service.

The CRESCENT Aboriginal Community Engagement sub-project began in March 2010 and aims to engage with Aboriginal services and organisations in the region regarding the clinical training and education of medical and health science students. The project is working toward developing a sustainable approach to clinical training within the Aboriginal community after completing a comprehensive consultation with Aboriginal workers and organisations within the region.

The consultation identified seven clear themes associated with clinical training in an Aboriginal community setting:

1. Cultural safety issues for Aboriginal health workers, patients/clients and students
2. Aboriginal access to tertiary education and Aboriginal student needs
3. Limited community resources
4. Planning, supervision and teaching
5. Sustainability of model/s
6. Inter-professional approach
7. Partnerships, Accountability and Responsibility

These will be presented for discussion in the context of the unique opportunities, differing expectations and significant challenges that face both the university and the Aboriginal Community Controlled Health Organisations contributing to this project.



Presenter: Shawana Andrews

Shawana is a Palawa woman descended from the Trawlwoolway clan of north eastern Tasmania. She has worked in Aboriginal health for twelve years, predominantly in child health, with a focus on access to mainstream tertiary health care for Aboriginal children and families. More recently she has moved to the University of Melbourne and has focused on the development of a sustainable clinical training model between the Faculty of Medicine, Dentistry and Health Sciences and local Aboriginal Community Controlled Health Organisations.

Tātou Tātou – Success For All: Improving Māori Student Success in Health Professional Degree-Level Programmes

Elana Taipapaki Curtis

Senior Lecturer, Te Kupenga Hauora Māori, Faculty of Medical and Health Sciences, The University of Auckland

Erena Wikaire

Te Kupenga Hauora Māori, Faculty of Medical and Health Sciences, The University of Auckland

Abstract

Research is needed to uncover the complexities of teaching and learning in university settings. While some evidence has been gathered about lecture-based learning, little is known about non-lecture teaching activities that complement traditional en masse teaching, with few studies focused on representing Indigenous student voices. This 18-month evidence-based project targets Māori student success in degree-level tertiary education. It utilises Kaupapa Māori research methodology using the Critical Incident Technique (CIT). Broad findings will be presented using CIT categories and sub-categories with relevance to teaching and learning in pre-clinical, clinical, and Māori specific academic and pastoral support domains and will focus on narratives relevant to Medicine. A toolkit for quality tertiary teaching for Indigenous students will be presented. We expect our findings to be of significant interest for providers of medical education to Indigenous students.



Presenter: Elana Taipapaki Curtis

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



Presenter: Erena Wikaire

Erena is a Māori Physiotherapist (Ngati Hine) who has experience in research concerned with Māori and Indigenous health and disability workforce development, Māori health scholarship funding 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.



Walking Alongside: Non-Indigenous Engagement in a Self-Determined Environment (11:30am – 1:00pm)

This session is for non-Indigenous delegates

Chairs : David Paul, Jane MacLeod

Panel Presentations:

Achieving and Maintaining a Comprehensive Approach: What is Involved, Why and Next Steps



Presenter: 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.

Keeping Indigenous Health on the Radar: Minimising the Impact of Innocent Change



Presenter: Lutz Beckert - University of Otago

Lutz works as a Respiratory Physician at Christchurch Hospital. He is also Associate Professor and Head of the Department of Medicine at the University of Otago, Christchurch (UOC) with research interests in respiratory physiology, venous thromboembolic disease, and sleep related breathing disorders. Lutz is the Convenor of the UOC 4th Year Student Introductory Fortnight, during which he is an active member of the team at the Hauora Māori Integrated Learning Block at Onuku Marae. His teaching interests are in cultural safety, learning methodology and professional development.

Challenging Circumstances? The Realities of a Small School with Fractional Staff



Presenter: Jane MacLeod - Griffith University

Jane is a Lecturer in Primary Health Care at the Griffith University School of Medicine and a General Practitioner who specialises in Indigenous health. She has had a leading role in developing and implementing the Indigenous health curriculum at the School of Medicine. Jane is currently studying for her Masters of Health Professional Education. Her daughter, Neahlan is a Lardil girl from Mornington Island.

Group Discussions



Facilitator: Clinton Schultz - Griffith University

Clinton is a Kamilaroi man. He is a Lecturer in Indigenous Health at the Griffith University School of Public Health. He is the Director of Marumali Consultations, which provides cultural competence auditing and training, cross cultural psychological and business management services and Indigenous mental health first aid training. Clinton is the author and facilitator of *Forming Culturally Responsive Practice*, a Royal Australian College of General Practitioners' accredited cultural competence training package.



Plenary Session – Moana Jackson (1:45pm - 3:15pm)

Chair: Rhys Jones



Moana Jackson

Indigenous Affiliation:
Ngāti Kahungunu, Rongomaiwahine and Ngāti Porou Nations from the east coast of Aotearoa/New Zealand

Moana is a highly regarded lawyer and activist throughout Aotearoa and internationally. Moana graduated in Law from Victoria University in Wellington; was Director of the Māori Law Commission; was appointed Judge on the International Peoples' Tribunal in 1993 and has since then sat on hearings in Hawai'i, Canada and Mexico. He was appointed Visiting Fellow at the Victoria University Law School in 1995, and was elected

Chair of the Indigenous Peoples' Caucus of the United Nations working group on the Rights of Indigenous Peoples. Moana teaches on the Māori Law and Philosophy degree programme at Te Wānanga o Raukawa and wrote about restorative justice in a highly acclaimed report in 1988, called 'Māori and the Criminal Justice System'. A twenty year updated research project on the same topic is due to be published next year.

Plenary Session – Ngangkari Traditional Healers (3:30pm – 4:00pm)



Rupert Peter and **Toby Baker** learned the skills of the Ngangkari as young children in the bush. Their grandfathers gave them sacred tools and special powers, and trained them over many years. Rupert and Toby work for Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Women's Council Ngangkari project, funded by Country Health South Australia. They believe that better health outcomes for Indigenous people can be achieved by Ngangkari and Western medicine working together and are committed to educating health workers about traditional healing practices. Rupert and Toby are authorised to speak publicly about traditional Anangu culture and Ngangkari practices.



Wednesday 30 November - Rydges Auckland

Recruitment: Secondary Schools (10:30am – 12:00pm)

Chair: Alison Jones

Creating Change: Improving Access to Health Careers via High School Engagement Camps

Christine Clinch

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

David Paul

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

Abstract

This paper will focus on Health Careers Workshops (HCWs) as a significant initiative that has supported the recruitment of Indigenous students into Medicine, Dentistry, Health Science and Science degrees. The Health Careers Workshops have been running since 1995 and are aimed at secondary high school students from Year 9 through to Year 11.

Since its inception there have been a total of 354 students from rural, remote and urban high schools attending the HCW. The HCW is run over a one-week period and students are housed in college/university accommodation. The students are exposed to various aspects of a university environment with a particular emphasis on health and sciences activities. Visits to the Dental School and the anatomy laboratory serve as interactive sessions where students perform dental procedures, plaster casts and suturing, and play with the robotic equipment used for surgical procedures. A careers night is organised and students meet with current university enrolled students from a variety of disciplines, and attend motivational sessions with past Indigenous graduates from Medicine, Dentistry and other Health Science and Science courses. University staff facilitates this, along with current Indigenous students who act as camp supervisors and mentors.

Of the 354 students who have attended the HCWs, 36% have entered a university course. 15% have entered a health-based course and a total of forty-six students have entered Medicine, Dentistry or a Health Sciences course at the University of Western Australia (UWA). The Health Careers Workshops have proven to be a very successful strategy which is helping to address the shortage of Indigenous doctors and other health professionals.



Presenter: Christine Clinch

Christine is an Indigenous medical practitioner who currently works as a Lecturer with the Centre for Aboriginal Medical and Dental Health (CAMDH) and the Rural Clinical School of UWA. Prior to completing a medical degree, she worked as an Aboriginal Health Worker in Aboriginal Community Controlled Health Organisations in Perth and the Pilbara region of Western Australia. This was one of the inspirations and motivations to go on to further study. Particular areas of interest include rural medicine; Aboriginal community control in Aboriginal health; Aboriginal health worker training and cultural competency training for all medical practitioners.

Presenter: David Paul

See page 34

Engaging With the Community to Widen Participation of Indigenous Students in Dentistry and Medicine

Louise Alldridge

Griffith University School of Medicine

Maxine Hughes

Griffith University School of Medicine

Jane MacLeod

Griffith University School of Medicine

Teleah Lindenburg

Griffith University School of Medicine

Jane Evans

Griffith University School of Dentistry and Oral Health

Gail Marie van Zant

Griffith University School of Medicine, GUMURRII Student support Centre

Leonie Short

Central Queensland University School of Medical and Applied Sciences

Abstract

Background

Indigenous students are under-represented in Medicine and Dentistry. The purpose of this project was to identify and implement strategies to encourage and support the aspirations of young Indigenous school students, ensuring that Medicine and Dentistry are regarded as realistic and achievable career options. In the long-term increasing the numbers of Indigenous doctors and dentists may contribute to improving Indigenous health and wellbeing.

Method

One year ago, Griffith University's Schools of Medicine and Dentistry formed a partnership with Education Queensland to pilot the prospects and outcomes of engaging with Indigenous community leaders, local schools, current medical and dental students and Australian Indigenous Doctors' Association/Indigenous Dentists Association of Australia. The main objectives were to establish networks and role models and raise aspirations, confidence and educational outcomes for Indigenous students, thus increasing their participation in our Medicine and Dentistry programs.

Results

We employed an Indigenous outreach worker who has made connections with thirty-four local secondary schools and eleven community groups. To date, over 120 Indigenous school students have participated in



activities held in their schools and at the Centre for Medicine and Oral Health. Testimonials from the schools have commented with enthusiasm about the positive impact of these activities on their students both within the project and back in the classroom. Factors crucial for success and issues raised have been identified and will be presented.

Conclusion

Although this project is in its inception the outcomes are already positive. Analysis is continuing to determine the influence this program has on participation of Indigenous students in Medicine and Dentistry programs.



Presenter: Louise Alldridge

Louise joined Griffith University School of Medicine in April 2008 and is currently Academic lead for Selection and Equity. She obtained her PhD in Biochemistry from The University of Essex in 1992. Her research track record is firmly based in translational research into medical conditions such as endotoxaemia, leukaemia and more recently breast cancer. She began her post-doctoral career at The Babraham Institute in Cambridge UK, where she studied CD45-mediated signal transduction in T-cell activation. In 1997 she went on to study the role of the anti-inflammatory protein Annexin-1 in endotoxin-induced signal transduction at Cambridge University. Louise set up an independent breast cancer research laboratory in 2003 where she gained expertise in target identification and proteomics. During this time she coordinated breast cancer research that transcended the clinic and the laboratory. Louise has over twenty peer reviewed publications and is on peer review committees for several international journals and grant awarding bodies. She has been involved in undergraduate Medical, Veterinary and Nursing education since 1987 at Essex University, Cambridge University, Anglia Ruskin University and now Griffith University. She was recently awarded a Masters Degree in Learning and Teaching. Most recently Louise has gained substantial funding to run an outreach programme to inspire young Indigenous school children to consider Medicine as a realistic career.





Hands on Health at Monash University: A Taste of Tertiary Education Opportunities in Health Care for Indigenous Secondary School Students

Julia Morphet

Lecturer, Monash University, Faculty of Medicine, Nursing and Health Sciences, School of Nursing and Midwifery

Melissa Bloomer

Lecturer, Monash University, Faculty of Medicine, Nursing and Health Sciences, School of Nursing and Midwifery

Anthony O'Brien

Associate Professor, Monash University, Faculty of Medicine, Nursing and Health Sciences, School of Nursing and Midwifery

Virginia Plumme

Senior Lecturer, Monash University, Faculty of Medicine Nursing and Health Sciences, School of Nursing and Midwifery, DCEHPPP

Alison Francis-Cracknell

Lecturer and Clinical Education Coordinator, Monash University, Faculty of Medicine Nursing and Health Sciences, Department of Physiotherapy

Arlene Parry

Clinical Coordinator, Monash University, Faculty of Medicine Nursing and Health Sciences, School of Nursing and Midwifery

Susan McDermott

Assistant Lecturer, Monash University, Faculty of Medicine Nursing and Health Sciences, School of Nursing and Midwifery

The authors of this abstract would like to acknowledge the significant work of Kristel Keleher and Gail Pizzi, both from the Indigenous Student Engagement Unit and Louise McCall, from Monash University, in the lead role they took in the successful running of the Hands on Health program.

Abstract

The Hands on Health (HoH) program targets Victorian rural Indigenous secondary students and is a collaborative project amongst health professional schools at Monash University. HoH promotes health professional career opportunities to Indigenous students by immersing students in a 'hands on' experience of University. This opportunity may enhance Indigenous workforce capacity and improve health outcomes (Plummer, Hall, and French, 2010).

The four day annual summer camp includes visits to Monash University Clayton and Peninsula campuses, allowing students to engage with health professionals in a range of activities. Themes of the HoH program include i) identifying important health issues in the community, ii) describing the role of health professionals, and iii) training to be a health professional. In 2010, twenty students participated in the HoH program. Students were divided into small groups providing a more interactive, personalised experience and encouraging sharing and discussion of ideas. Activities included using stethoscopes on mannequins, discussing impacts of smoking, ankle strapping, using crutches, hand hygiene, exploring dangers of driving under the influence of drugs/alcohol in the Monash University Accident Research Centre driving simulator and CPR.

Students also heard about different health professional roles, course requirements and entry pathways available. Students worked together developing a poster or presentation on one of the camp themes to present at the end of the week. The HoH program encourages access into the tertiary education environment for Indigenous secondary students and provides opportunities for the tertiary sector to engage with Indigenous students, in order to encourage consideration of the transition into tertiary education, and the health professions.



Presenter: Kristel Keleher, Indigenous Student Engagement Unit, Monash University

Kristel is a descendant of the Tasmanian Aborigines. Kristel is the Access and Recruitment Officer for the Indigenous Engagement Unit at Monash University, has been in this position for the past three years and finds her role at Monash University very rewarding. Kristel was highly involved in the Hands on Health summer camp which Monash University held in January of 2010. In her presentation she will talk about the camp program and activities, but her main focus will be on the outcomes of the camp.

Teaching and Learning: Practice Models (10:30am – 12:00pm)

Chair: Marlene Kong

The Impact of Using Aboriginal and Torres Strait Islander Simulated Patients for Cultural Competency Education for 1st Year Medical Students

Clinton Schultz

Lecturer Griffith University School of Public Health; Aboriginal Psychologist – Marumali Consultations

Jane MacLeod

Lecturer- Griffith University School of Medicine; General Practitioner- Inala Indigenous Health, Inala Primary Care

Ginny Symons

Registered nurse, Associate Lecturer in Community Engaged Medical Education - Griffith University School of Medicine and Centre for Oral Health Griffith University

Gary Rogers

Medical Practitioner, Associate Professor, Deputy Head- Griffith University School of Medicine; Program Lead Interprofessional Learning Griffith Health Institute for Development of Education and Scholarship

Elizabeth Molloy

Senior Lecturer-Medical Education, Monash University School of Primary Health Care

Abstract

Background

Indigenous health is a core curriculum requirement for Australian medical schools. Simulated patients are frequently used for cross-cultural communication skills teaching.



Aims

- Investigate evidence of impact of simulated patients in cultural competency teaching
- Evaluate medical student satisfaction with Indigenous simulated patients in cultural competency workshop
- Evaluate students' perception of cultural competency attitudes, knowledge and skills
- Evaluate actors' experiences of the workshop

Context

1st year Griffith University medical students engage in a workshop with Indigenous simulated patients.

Methods

- Systematic literature review
- Quantitative research: Pre and post-workshop surveys for medical students, post-workshop survey for actors
- Qualitative research: Open-ended questions, student focus group

Results

- Systematic review: Student satisfaction with simulated patients and improved attitudes, knowledge and skills
- Empirical research: Medical student satisfaction with Indigenous simulated patients and self-reported improvement in cultural competency attitudes, knowledge and skills
- Simulated patients feel the workshop is important, do not feel the scenarios stereotype Indigenous Australians and feel culturally safe

Significance of research

This is the first empirical research into the impact of using Aboriginal and Torres Strait Islander simulated patients for cultural competency education for medical students.

Limitations

Self-reported improved attitudes, knowledge and skills may not reflect actual improvements. Positive outcomes found immediately following cultural competency education may not represent long-term outcomes.

Implications for future research

Research into the long-term effect of the use of simulated patients for cultural competency education and further research into its effect on cultural competency performance in assessment would buoy the current evidence.

Presenter: Clinton Schultz

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Presenter: Jane MacLeod

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Hearts and Minds: Reflections from a 5th Year Medical Student on Māori Health Immersion

Joanne Baxter

Associate Dean Māori, Division of Health Sciences, Faculty of Medicine, University of Otago, Dunedin

Francis Kewene

Lecturer, Division of Health Sciences, Faculty of Medicine, University of Otago, Dunedin

Abstract

In 2011 the Dunedin School of Medicine held its first Hauora Māori (Māori Health) immersion for 5th year medical students and involved seventy students spending 2 ½ days at Puketeraki – a local rural marae. The aim was to deliver a range of learning objectives within a Māori community and cultural environment and to evaluate using surveys as well as reflective essays.

This presentation will describe what this Hauora Māori teaching immersion involved, what some of the challenges and opportunities were in this method of teaching and in teaching Hauora Māori to senior 5th year medical students. Alongside this, important themes which emerged from students' written reflections on their learning will also be described. These themes reflect impacts on both 'hearts' and 'minds'.



Presenter: Joanne Baxter

Joanne (Ngai Tahu, Ngati Apa ki te Ra To) is the Associate Dean Māori for the Division of Health Sciences at University of Otago. She has a background as a Public Health Medicine Physician and has been working within the Otago Medical School for a number of years, in a number of roles including convening and teaching Māori Health to undergraduate medical students. She also has a role in strategic Māori development within the Health Sciences Division including supporting initiatives in the recruitment, retention and achievement of Māori students in health programmes.



Presenter: Francis Kewene

Francis (Tainui, Ngati Hikairo) is a Lecturer in Hauora Māori with the Faculty of Medicine, Dunedin School of Medicine, University of Otago after ten years in public health. Francis is based in the Centre of Hauora Māori.



Exploring Native Hawaiian Health Past to Future: Weaving Together Cultural Immersion and Research Methodology

Martina Kamaka

Department of Native Hawaiian Health, John A Burns School of Medicine, University of Hawai'i at Mānoa

Abstract

E kanu I ka huli 'oi hā'ule ka ua. Plant the taro stalks while there is rain. (Do your work when opportunity affords).

Introduction

The Department of Native Hawaiian Health at the John A. Burns School of Medicine (JABSOM) cultural competency curriculum development team (C3) designed an innovative course that fulfilled two needs at JABSOM: a deeper exploration into traditional Hawaiian healing practices and research methodology and experience with a research project.

Methods

Native Hawaiian Health Past, Present and Future was offered as a community health 'selective' (all students choose from one of several 'selectives'). *Native Hawaiian Health Past* explores traditional concepts of health, including relationships between man, spirit and nature. Traditional healers offered workshops and students were immersed in cultural practices. *Native Hawaiian Health Present* explored the current status of Native Hawaiian health including health disparities and their causes, community and health organisational efforts to address these, as well as current involvement of traditional healers. *Native Hawaiian Health Future* looked at the need for collaborative work amongst healthcare providers, researchers, traditional healers, communities as well as policy makers. Research methodology was interwoven throughout and students conducted research that addressed Native Hawaiian health.

Results

Merging the two courses proved awkward. Only a few students were really interested in research. Course evaluations from students suggested decreasing the emphasis on research and increasing the service learning and cultural immersion activities. In particular, they wanted to do more in depth work in Native Hawaiian communities to enhance their understanding of Native Hawaiian health. Results from course evaluations will be discussed.

Discussion

This was an innovative curriculum for JABSOM and thus, offered challenges and opportunities. Nevertheless, we have modified the course again as a result of student evaluations from the past several years. Although ongoing research projects will be discussed in the *Native Hawaiian Health Present and Future* sections, the student research project in *Native Hawaiian Health* is being replaced with an ongoing service learning project related to Native Hawaiian health. Although this curriculum was not as successful as hoped, especially with respect to the research component of the course, the student evaluations for the cultural components were very positive. The Department of Native Hawaiian Health C3 team believes that there are some valuable lessons learned and that the course has been strengthened as a result.



Presenter: Martina Kamaka

Martina 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. She is board certified in Family Practice. Currently, Martina is an Associate Professor in the Department of Native Hawaiian Health where she focuses on cultural competency related curricula. She is a founding member/past president of the Ahahui o na Kauka (Association of Native Hawaiian Physicians) and founding member of the Pacific Region Indigenous Doctors Congress (PRIDoC). Martina serves on the Native Hawaiian Health Care Systems Institutional Review Board and Scientific Advisory Council.

Hui Process - Evaluation of a Method of Indigenous Cultural Competency at a Student Led Indigenous Health Clinic

Cameron Lacey

Māori/Indigenous Health Institute, University of Otago, Christchurch

Alex Yee

Medical student, University of Otago, Christchurch

Tania Huria

Māori/Indigenous Health Institute, University of Otago, Christchurch

Suzanne Pitama

Māori/Indigenous Health Institute, University of Otago, Christchurch

Abstract

Introduction

Health disparities exist between Māori and non-Māori in New Zealand and improving the cultural competency of health professionals is one strategy to address this. A strong therapeutic alliance between patients and health professionals is required for effective health care. Recommendations for developing therapeutic relationships with Māori exist, however evaluation of these recommendations is lacking.

Aim

To evaluate the effectiveness of the Hui Process as a method to improve cultural competency of medical students.

Method

Part of the Hauora Māori curriculum at University of Otago, Christchurch is a student led marae based clinic. This offers a range of free health checks to the Māori community. Students and clinical supervisors were taught the Hui Process to build a therapeutic relationship with participants. Participants, students and clinical supervisors completed a questionnaire (using a Likert scale) to rate the perceived appropriateness of utilising the Hui Process.

Results

Approximately 200 people attended the Hauora Māori day. 110 Māori participants completed the questionnaire. Ninety-eight students and twenty-five clinical supervisors also completed the questionnaire. Overall Māori participants rated the Hui Process highly; 80% agreed-strongly agreed that the Hui process enhanced their relationship with students. Only 55% of Māori participants agreed-strongly agreed that their current health provider used the Hui Process. Students and supervisors scored very similarly to the Māori participants.

Conclusion

The Hui Process is an effective method to enhance the cultural competency of health professionals. Adoption of the Hui Process could improve Māori experiences within the health system, potentially decreasing Māori health disparities.

Presenter: Cameron Lacey



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 Māori Indigenous Health Institute and West Coast District Health Board. His current Hauora Māori research includes the Hauora Manawa Community Heart Study and the determinants of wellbeing and healthy ageing for Māori in a longitudinal cohort study.

Systems and Inter-Professional Education - Sponsored by Health Workforce Australia (10:30am – 12:00pm)

Chair: Louise Lawler

Community Partnerships and Organisational Reform in a Medical Faculty

Gregory Phillips

Harvest Alliance School for Indigenous Health, Monash University

Marlene Drysdale

Harvest Alliance School for Indigenous Health, Monash University

Jill Gallagher

Victorian Aboriginal Community Controlled Health Organisation

Abstract

Some medical and health science faculties in Australia have undertaken significant initiatives in medical curricula and Indigenous student recruitment and support. In order for such initiatives to be successful, decisions must be made by the organisation regarding the status and location of Indigenous health activity within Faculty structures, staff capacity and resources, leadership from the Dean through to middle-managers and tutors, Indigenous community partnerships, accreditation frameworks, and funding. In making such decisions, a host of underlying issues are implicit – such as power relationships, the rationale for reform, and strategic reporting.

This paper draws on a case study of Monash University, as well as the authors' collective experiences in working with other medical schools/faculties, to illuminate such issues.

We intend to report on what we have found thus far in moving the Faculty's Indigenous health operations from being reliant on individual agency and energy, towards strategic and sustainable embedding of Indigenous health. The development of the first dedicated school for Indigenous health within a Faculty of Medicine and Health Sciences in Australia, the Harvest Alliance School for Indigenous Health at Monash University provides a rich case study for discussion. Key factors required to make organisational reform sustainable are examined.



Presenter: Gregory Phillips

Gregory is a Waanyi and Jaru medical anthropologist. He led the development of an accredited Indigenous health curriculum for all medical schools in Australia and New Zealand, founded the Leaders in Indigenous Medical Education Network, and co-wrote a national Indigenous health workforce strategy. He established the Aboriginal and Torres Strait Islander Healing Foundation Ltd in the wake of the federal apology to Indigenous Australians. He is currently Advisor to the Dean on Indigenous Health at Monash University, and is establishing the nation's first dedicated school for Indigenous health in a medical faculty.



Presenter: Marlene Drysdale

Marlene is Head of the Indigenous Health Unit, Monash University Department of Rural and Indigenous Health. Marlene is responsible for curriculum development and recruitment of medical, nursing and allied health Indigenous students as well as research. Marlene is the Senior Indigenous Advisor to General Practitioner Education and Training and is actively involved in General Practitioner registrar training. Marlene has recently received her doctorate for her PhD *Aboriginal Women and Reconciliation in Australia: Communication Strategies and Symbolism*. Her research interests include Aboriginal and Torres Strait Islander health, child and maternal health and reconciliation.



Presenter: Jill Gallagher

Jill, a Gunditjmara woman, is CEO of the Victorian Aboriginal Community Controlled Health Organisation. Jill was instrumental in achieving bi-partisan support for the Close the Gap Statement of Intent signed by federal and state governments in 2008 and 2011. Jill was admitted to the Victorian Honour Roll for Women in 2009 in recognition of her passion for tackling health issues and Indigenous culture. Jill has also served on various committees including the Victorian Early Childhood Development Advisory Committee, the Human Rights and Equal Opportunity Commission Victoria Indigenous Reference Group, the Child Death Review Committee and the Premier's Aboriginal Advisory Committee.

Faculty of Dentistry Engagement with Māori Oral Health Providers

John Broughton

Department of Preventive and Social Medicine, Dunedin School of Medicine, University of Otago, Dunedin

Abstract

Māori do not enjoy the same oral health status as non-Māori across all age groups. Māori have responded by establishing their own oral health services to provide affordable and accessible services for the communities they serve. Tipu Ora Charitable Trust, a mother and child wellness service in Rotorua, has hosted mainly Māori final year dental students over the last decade whom have provided much needed dental care for the parents and caregivers of the children. Many of the dental patients who were treated also had chronic medical conditions.

An evaluation of this project from the students' perspective revealed that besides gaining valuable clinical experience, the students gained a Māori cultural experience that they would never otherwise have. Living and working in this Māori community gave the students an in-depth appreciation of Te Whare Tapa Wha model of health and well-being in action that will stay with them throughout their health careers. This example of medical/dental education that was Māori community-based does make a significant contribution to the improvement of the overall health and well-being of the participating Indigenous Māori population group.

The success of this programme has resulted in its expansion to thirty-five students being placed with six Māori health providers in 2010. From 2011 all seventy final year dental students will now engage in a clinical placement with Māori oral health providers for five weeks in semester time.



Presenter: John Broughton

John (Ngai Tahu, Ngati Kahungunu), is Associate Professor within both the University of Otago Dental and Medical Schools with a special interest in oranga niho (Māori oral health). His PhD thesis was *Oranga Niho: A review of Māori oral health services utilising a kaupapa Māori methodology*. He is a renowned Māori playwright and is co-curator of an exhibition of Māori treasures which will open at the Shanghai Museum in July. He has written essays for the book to accompany the exhibition and has been invited to present a public lecture in Shanghai.

What Socially Accountable Medical Education Means for Indigenous Students and Communities

Simone Ross

Associate Lecturer, School of Medicine and Dentistry, James Cook University

Sarah Larkins

School of Medicine and Dentistry, James Cook University

Robyn Preston

School of Medicine and Dentistry, James Cook University

Richard Murray

School of Medicine and Dentistry, James Cook University

Abstract

The members of the Training for Health Equity Network (THEnet), a collaboration of medical schools in underserved, rural and remote regions of Africa, Asia, Australia and the Americas, share a core commitment to achieving equity in health care and health outcomes through quality medical education, service and action-oriented research, and are responsive to the needs of underserved communities and health care systems.

THEnet members developed and pilot tested a Social Accountability Evaluation Framework (SAEF) with the aim to define Social Accountability (SA) in medical education, assess the acceptability of the framework's applicability at each School and the wider community, and produce a consolidated framework and evolving tool with guidelines to implement in all contexts. This paper outlines the value of a SAEF for Indigenous health through findings from our School's pilot study.

A mixed method approach was used: (i) Workshop and individual consultation with Faculty staff and community representatives (Indigenous and non-Indigenous) to assess the framework for use as a critical reflective tool within the School; (ii) Data collection involved focus groups with students (Indigenous and non-Indigenous), Faculty/Staff, Community representatives and volunteer simulated patients; and collection of existing documentary and quantitative data.

Applying the SAEF enabled us to critically reflect on our partnerships with Indigenous students, communities and health services. It gave an opportunity to highlight and hear the voices of 'hidden achievers' such as community preceptors and cultural mentors. Furthermore, it increased awareness, achievement and promotion of SA across the whole School and Faculty; not just those working with underserved populations.



Presenter: Simone Ross

Simone is the Research Officer for the THEnet project, at James Cook University's (JCU) School of Medicine and Dentistry (SMD). Simone, an accredited mediator with a Masters of Dispute Resolution and a degree in Psychology, was a member of the evaluation team which tested the THEnet Evaluation Framework's applicability at the JCU SMD. Simone is also the Project Coordinator at JCU for Primary Health Care Research, Evaluation and Development (PHCRED) and her research interests include socially accountable medical schools; university student grievances; and research capacity building of Indigenous researchers, community health workers and primary health care practitioners.



Presenter: Tristan Cox

Tristan Cox is a first year Indigenous medical student at James Cook University (JCU). Tristan has always been interested in Rural and Indigenous health. Tristan was offered a bursary from LIME to attend this conference, and received the JCU Undergraduate Achievement Award for 2011. This year Tristan participated in the JCU Indigenous Health Uni Road Show, where he visited schools in the North Queensland area to discuss University options for Indigenous students.

Recruitment: Foundation Programs (2:00pm-3:30pm)

Chair: Shaun Ewen

Increasing the Scaffolding: Development and Implementation of an Innovative Chemistry Preparatory Program for Indigenous Students Entering the MBBS Program

Emma Bartle

Discipline of Medical Education, School of Medicine, The University of Queensland

Maree Toombs

Rural Clinical School, School of Medicine, The University of Queensland

Stephen Corporal

School of Medicine, The University of Queensland

Gwendolyn Lawrie

School of Chemistry and Molecular Biosciences, Faculty of Science, The University of Queensland

Abstract

In 2009, The University of Queensland (UQ) introduced an alternative entry pathway into the Bachelor of Medicine/Bachelor of Surgery (MBBS) program for Indigenous students. This has proven highly successful, with a significant increase in enrolment numbers since. However, improving access is only one part of the equation to increasing Indigenous participation in higher education. Developing strategies to ensure the retention and success of equity groups is another key issue and remains a priority in UQ's Strategic Teaching and Learning Plan. The first semester and first year of the MBBS program are critical times and to ensure our students transition successfully and survive these initial months with confidence and enthusiasm, it is essential to provide a scaffolding of cultural and academic support. Anecdotal evidence collected by the authors has identified chemistry as an area causing great academic concern to our Indigenous students. Students entering the MBBS program through the alternative entry pathway do not necessarily have the same background level of chemistry as our non-Indigenous students, placing them at an academic disadvantage even before commencing their MBBS studies.

This paper will detail the development of an innovative chemistry preparatory program for UQ's Indigenous MBBS students. Semi-structured interviews with the current cohort of Indigenous students have been used to determine what teaching practices help or hinder success in completing MBBS-related study. These factors have been considered when developing the learning materials. This program consists of two elements:

i) an introductory workshop to be embedded into the Indigenous students' orientation program, and ii) a personalised online 'Chemistry Toolbox' to provide continued support throughout the semester.



Presenter: Emma Bartle

Emma relocated from Perth in 2010 to take up a position of Lecturer in Medical Education with UQ's School of Medicine. Part of her current role includes academic support for Indigenous students enrolled in the BSc/MBBS program. Her background is in chemistry and science communication, with particular interests in student engagement, first year teaching and active learning strategies.



Presenter: Maree Toombs

Maree is an Indigenous woman from north western New South Wales. Maree has resided in Toowoomba, Queensland, for the past seventeen years and has been involved in teaching, developing curriculum and research in Indigenous education for the past eight years. Maree has recently completed her PhD in the area of health, with a thesis titled *What do Aboriginal and Torres Strait Islanders say affects their social and emotional wellbeing while at university?* Maree is currently the Indigenous Health Coordinator for The University of Queensland's School of Medicine.

Tū Kahika: Māori Student Achievement in Health Sciences

Zoe Bristowe

Kaiārahi, Māori Health Workforce Development Unit, Division of Health Sciences, University of Otago

Joanne Baxter

Associate Dean Māori, Division of Health Sciences, Faculty of Medicine, University of Otago, Dunedin

Abstract

University of Otago has a competitive Health Science First Year where around 1500 students take a prescribed set of papers competing to be admitted to professional programmes such as Medicine, Dentistry, Pharmacy, Physiotherapy and Medical Laboratory Science. For many Māori students, this Health Science First year is difficult and also for many their secondary school education has not prepared them sufficiently to tackle this year successfully. This has been a barrier to a number of these students achieving places in health professional programmes.

Tū Kahika is a University of Otago programme that aims to increase Māori student recruitment, retention and achievement in tertiary Health Science study through providing a supported pre-undergraduate Foundation Year of study in health science prior to the Health Science First Year. Tū Kahika provides a wrap-around programme of academic, residential, personal and (some) financial support for Māori students. Māori students gain and build on the skills and background knowledge to pursue further tertiary health related study and a career in health. This presentation reflects on the first year of Tū Kahika and discusses the critical success factors, challenges, key learnings and outcomes of the programme, including the potential to impact positively on the Māori health workforce in Aotearoa/New Zealand.



Presenter: Zoe Bristowe

Zoe (Ngāti Porou) is a Master of Indigenous Studies graduate from University of Otago. Zoe is the Programme Manager for Tū Kahika and the Māori Health Science First Year project.

Presenter: Joanne Baxter

See Page 43

Ten Years of Recruiting and Supporting Aboriginal Students in the Faculty of Medicine

James Andrew

Associate Director, Division of Aboriginal People's Health, Faculty of Medicine, University of British Columbia

Abstract

The University of British Columbia's (UBC) Faculty of Medicine implemented an Aboriginal admissions process in 2001. Five percent of its annual complement of seats is now targeting qualified Aboriginal applicants. In 2002, two Aboriginal students entered first year. These two students (Class of 2006) were the first to graduate under the Aboriginal admissions process. As of May 2011, the Faculty of Medicine of UBC had graduated twenty-three Aboriginal physicians. Their specialties include seven surgical and sixteen Family Practice. There are currently thirty-five Aboriginal medical students enrolled in the four year program.

September 2012 will be the program's tenth anniversary. The vision was to graduate fifty Aboriginal physicians by 2020. According to statistics, the faculty is on track to graduate fifty Aboriginal physicians by 2014. The paper will include the program's history, background, successes and how it overcame its challenges.



Presenter: Leah Walker, Associate Director, Division of Aboriginal People's Health

Leah is of Aboriginal, Danish and English ancestry and has strong family ties with Sto:lo Nation at Seabird Island. Leah is currently teaching *International Indigenous Experiences of Colonisation* and an Aboriginal Health Elective, leading the UBC Learning Circle connecting First Nations-led Health Centres in British Columbia, working on a cultural safety project with two communities in Haida Gwaii, and involved in an international five-year Canadian Institute of Health Research funded grant on how health education can improve health outcomes for Indigenous populations.

Lessons Learnt from a Premed Summer Institute for Post-Secondary Indigenous Students

Michael Jong

Family Medicine, Memorial University

Abstract

Introduction

Indigenous people in Canada make up more than 4% of the Canadian population, but less than 0.25% of the physicians. All the medical schools are responding to the challenge to train more Indigenous physicians. Memorial University is addressing the pipeline from high school to postgraduate education. One of the initiatives is the premed summer institute for Indigenous students who have completed the 3rd year of their undergraduate training and who have an interest in medical school. The goal of the institute is to promote medicine as a career and to prepare students for entry into our medical school.

Method

Students using a Likert scale will evaluate the different components of the program. Components of the experience include walking in bush with elders to learn local Indigenous traditional medicine, learning the basics of history taking, first aid/CPR, vital signs, shadowing of medical students, residents and staff physicians, experiencing health delivery in Indigenous remote communities, participating in health promotion activities, participating in workshops on ethics and health care issues including Indigenous health, and helping with an exercise health lifestyle program.

Result

The result is expected to be available by the time of this presentation. Results will help inform us of the value of the different components of the program in preparing Indigenous students for medical school.

Conclusion

Indigenous students are often less privileged than other students and are disadvantaged when they apply for medical school. Discovering how to best provide a premed experience can help to even the field.



Presenter: Michael Jong

Michael is a rural physician who has worked in Labrador amongst Indigenous peoples for the past twenty-nine years. He is the Vice President of Medical Services for Labrador Grenfell Regional Health Authority and Professor of Family Medicine at Memorial University.



Teaching and Learning: Pedagogies (2:00pm-3:30pm)

Chair: Lisa Jackson Pulver

Dilemmas with Dichotomies: Getting a Balance when Teaching Indigenous Health to a Primarily Non-Indigenous Health Workforce

Pauline Guerin

Associate Professor, Flinders University Poche Centre for Indigenous Health

Dennis McDermott

Professor and Director, Flinders University Poche Centre for Indigenous Health

Dave Sjoberg

Lecturer, Flinders University Poche Centre for Indigenous Health

Karen Piper

Lecturer, Centre for Remote Health, Flinders University

Bernard Guerin

Professor, University of South Australia

Courtney Ryder

Lecturer, Flinders University Poche Centre for Indigenous Health

Tarni Wilson

Associate Lecturer, Flinders University Poche Centre for Indigenous Health

Abstract

Indigenous Australians are often viewed as a vulnerable group with increased risks of exhibiting social and physical dysfunction, with statistics supporting these views. However, interesting dilemmas are posed for the delivery of education for the primarily non-Indigenous health workforce, around how to balance the competing discourses of the perceived 'resilience', 'strengths' and 'problems', or 'deficits' of individual Indigenous Australians.

Presenting materials and information within the tight constraints of university education and getting the balance right are challenging. Anticipating students' receipt of the information so as to not further (inadvertently) contribute to damaging stereotypes, on the one hand, but also to not contribute to unrealistic, idealised and romanticised notions, requires a great deal of skill and experience. In this paper we explore some of the competing discourses and dilemmas as they relate specifically to the pedagogy of Indigenous health and cultural safety education. For example, the 'remotification' of Aboriginal Australians is a persistent stereotype amongst many training health professionals that needs to be deconstructed and balanced with an 'urbanised' reality, especially in terms of the implications for healthcare practice. Suggestions for policy and educational guidelines will be discussed.



Presenter: Pauline Guerin

Pauline is the Associate Professor for Indigenous Health in the Poche Centre for Indigenous Health at Flinders University. She has taught in the USA, New Zealand and Australia in a wide range of disciplines including psychology, social work, sociology, health and medical sciences, sport and exercise science and nursing and midwifery. Pauline's current research interests relate to mental health and social and emotional wellbeing, mothering, cultural safety, and person-centred care.

Same Words Different Stories - Transferring an Aboriginal Health Curriculum Across Disciplines

Craig Allen

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

David Paul

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

Paula Edgill

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

Abstract

The development and implementation of a comprehensive Aboriginal medical curriculum presents its own unique collection of rewards and challenges. Within this context medical students are taken on a journey through Aboriginal cultures and exposed to culturally safe/secure frameworks in order to produce a better clinical experience for Aboriginal clients.

The comprehensive horizontally and vertically integrated curriculum we have implemented in the medical program at University of Western Australia (UWA) has resulted in significant shifts in student reported preparedness to practice. Based on this success in medicine, we have implemented similar Aboriginal health curricula in the nursing, podiatry and dental programs at UWA with the aim of better preparing the students in these programs for working more effectively within Aboriginal contexts.

Drawing on the lessons learnt within the medical school context we reflect on how this has assisted, or otherwise, the journey we have taken creating shifts within the wider health disciplines. We describe the challenges that needed to be negotiated as we engaged with academics new to the field, from containing the enthusiastic paternalism through to educating the naïve. Further we will discuss the lessons learnt and ease of transferability, the components of the curriculum that have been able to be transferred with ease and minimal change and the components that have required some modification and why.

Finally, we consider the experience of teaching different groups of students what is essentially a similar Aboriginal health curriculum, if slightly customised for each program; the receptiveness of the respective cohorts towards this teaching; how the student cohorts have varied between disciplines; and, postulate on some the reasons for these differences.



Presenter: Craig Allen

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 (CAMDH) at UWA, 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.

Presenter: David Paul

See page 34



Presenter: Paula Edgill

Paula is a Noongar woman. As a medical doctor 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 own clinical experiences and practice. Paula is also an Assistant Professor with the CAMDH at UWA. 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.

Building the Evidence Base: Using Culturally Appropriate Learning Contracts for Students Undertaking Clinical Placements in Aboriginal Communities

Jane Havelka

Lecturer/Subject Coordinator, School of Nursing, Midwifery and Indigenous Health, Charles Sturt University

Wilma Pfitzner

Manager, Faculty Educational Design and Media Team - Charles Sturt University

Faye McMillan

Director of the Djirruwang Program /Course Coordinator/Lecturer, School of Nursing, Midwifery and Indigenous Health - Charles Sturt University

Abstract

The aim of this presentation is to describe how the increased understanding of the principles and concepts of andragogy by the teaching academic has led to an improvement in the level of student understanding of the importance of cultural sensitivity, initially on clinical placement in Aboriginal communities, and ultimately in future practice in the wider community.

A major new innovation introduced to the students resulting from this increased knowledge of andragogy is the introduction of learning contracts in the subject curriculum. The use of learning contracts within



undergraduate nursing curriculum is a relatively new approach. It is now being used more widely to ensure curriculum and clinical learning objectives are being met. Students undertaking the Bachelor of Nursing at Charles Sturt University are required to enroll in NRS194 *Indigenous Cultures, Health and Nursing*. This subject requires students to undertake a clinical practicum placement of eighty hours in an Aboriginal primary health care setting. Currently, few directions and/or examples are offered on how this can be achieved.

The learning contracts have been introduced as an assessment item in *Indigenous Cultures, Health and Nursing*. This should facilitate the development of the skills and understanding around cultural competency and cultural sensitivities and will build the evidence base needed to ensure students are properly assessed and prepared to deal respectfully with Aboriginal people and communities.



Presenter: Jane Havelka

Jane is a Wiradjuri woman from the Narromine region of New South Wales. Jane holds a number of qualifications ranging from a Certificate in Aboriginal Teaching and Learning to a Post-Graduate Certificate in Indigenous Health. Jane is currently studying her Masters and is an Aboriginal and Torres Strait Islander Mental Health First Aid Instructor. Jane was the Course Coordinator for the Djirruwang Program for five years, Djirruwang Program Director for two years and Senior Lecturer/Clinical Coordinator for one year. Jane's current position at Charles Sturt University is subject coordinator for the Indigenous nursing subject *Indigenous Cultures, Health and Nursing*.



Presenter: Wilma Pfitzner

Wilma has been involved in education throughout her entire working life. She has taught in New South Wales high schools for fifteen years and has tutored and marked, and occasionally lectured, at Charles Sturt University for eighteen years. Wilma moved into the role of educational designer in 2002 and is currently Manager of the Educational Design and Media Team for the Science Faculty and Educational Designer for the School of Dentistry and Health Sciences. Wilma has a Bachelor of Arts and a Diploma of Education from the University of Sydney and a Masters of Education from the University of Southern Queensland.



Presenter: Faye McMillan

Faye is a Wiradjuri woman from Trangie, in the Central West, New South Wales. She is a registered pharmacist in New South Wales, completing her pharmacy degree at Charles Sturt University in 2001. Faye is the first Aboriginal person in Australia to gain a pharmacy degree and to go on to registration as a pharmacist. Faye is currently the Director of the Djirruwang Program/Course Coordinator/Lecturer of the Bachelor of Health Science (Mental Health) courses at Charles Sturt University.

Embedding Indigenous Knowledge into the Medical Curriculum Through Filmic Media for Unique Outcomes

Dylan Coleman

Lecturer, Yaitya Purruna: Indigenous Health Unit, School of Population Health and Clinical Practice, The University of Adelaide

Abstract

If it is critical that Indigenous health outcomes improve, it is imperative that the development and delivery of Indigenous health curricula within medical schools engage and inform students in effective ways. Embedding Indigenous knowledge into the medical curriculum that challenges traditional western perspectives, while providing an effective vehicle for student engagement, may be one key to such outcomes. Finding effective and unique ways to engage students with curriculum content requires new and diverse approaches to teaching pedagogies. One such approach is the use of filmic media to engage students in a deconstructive approach to the ideas of race, representation and social determining factors of Indigenous health and wellbeing.

This paper will explore the use of filmic media as a form of teaching pedagogy in an Indigenous curriculum within a medical school in an Australian university, and will discuss its impact, its outcomes, and its future possibilities.



Presenter: Dylan Coleman

Dylan is a Lecturer in Yaitya Purruna, the Indigenous Health Unit at The University of Adelaide. She is a Kokatha, Mirning woman from the far west coast of South Australia. Dylan has just completed her doctorate at The University of Adelaide's English Department. It explores Indigenous narrative process and its capacity to recreate stories of trauma and loss into ones of survival and liberation. Her experience is in community engagement within various Indigenous communities throughout Australia, and in South Australia in the area of public health, with a focus on substance misuse and building community capacity and resilience through community controlled approaches to health.

Racism (2:00pm-3:30pm)

Chair: Lilon Bandler

Developing Moral Courage

Maggie Grant

Senior Lecturer, School of Medicine and Dentistry, James Cook University

Abstract

There has been a big improvement in the amount of activity put into education about Australian Indigenous health. Despite this, little attention has been paid to the development of a cohort of allies in the fight for

improved Indigenous health or into the development of anti-racist attitudes and of moral courage that is associated with opposing racism.

Staff of the School of Medicine and Dentistry and other health schools at James Cook University, analysed a number of classroom settings in which small groups of racists were able to dominate classes. They identified that staff responses to discriminatory talk actually enabled racists to take centre stage. This was distressing for staff, particularly Australian Indigenous staff. Concerned groups of teachers identified ways of promoting class leadership by anti-racist allies. The result was a transformation of class dynamics.

Successes were very encouraging and reduced the stress racist confrontation had on Indigenous students and staff and their supporters. However, this led to the identification of a new challenge – that of nurturing students and staff with strong anti-racist and social justice sentiments. This was considered to have benefits not only in classroom settings, but also in preparing students for medical practice in which they might need to show clever moral courage in order to help build culturally safe health service settings. A number of teaching strategies have been used to foster self reflection, explore the nature of moral courage and practice the skills required to exhibit it.



Presenter: Maggie Grant

Maggie is a Senior Lecturer in the School of Medicine and Dentistry at James Cook University. Maggie's interest in Aboriginal health was nurtured during the twelve years she worked from the Broome and Kimberley Aboriginal Community Controlled Health Services. Her teaching interests are on the health of underserved populations, particularly rural and Indigenous Australians.

The Impacts of Racism on Health, Training and Careers of Indigenous Medical Students and Physicians

Donna Cormack

Senior Research Fellow, Eru Pomare Māori Health Research Centre, University of Otago

Melissa McLeod

Senior Research Fellow, Eru Pomare Māori Health Research Centre, University of Otago

Ricci Harris

Senior Research Fellow, Eru Pomare Māori Health Research Centre, University of Otago

Abstract

In addition to being a moral and legal issue, there is now a large body of evidence confirming racism as a determinant of health and driver of health inequity. However, there is more limited research investigating the health impacts of racism for Indigenous peoples. In addition, while there has been some examination of patient experiences of racial discrimination in health settings, there has been less research on experiences of racial discrimination for medical students and physicians. This is in spite of ongoing issues with the under-representation of Indigenous peoples in medical education and the medical workforce.

There are several potential pathways through which racism could impact on career and workforce outcomes for Indigenous medical students and physicians. Firstly, racial discrimination could have a direct effect on career opportunities and training experiences of medical students. Secondly, experiences of racial

discrimination in medical education, training and workplace settings (as well as racism experienced in society more broadly) could influence career decisions (e.g. choice of specialty and/or worksite), or impact on retention in medical training or workforce. Thirdly, racism could influence participation in training and workforce through its impacts on the health of Indigenous students and physicians.

This presentation will outline the local and international evidence on impacts of racial discrimination for those in health education, training or in the health workforce, and implications of this for the recruitment and retention of Indigenous medical physicians. Methods for assessing and monitoring racial discrimination for Indigenous medical workforce in New Zealand and Australia will be discussed.



Presenter: Donna Cormack

Donna (Waitaha, Ngāti Mamoe, Ngāi Tahu) is a Senior Research Fellow working at Te Rōpū Rangahau Hauora a Eru Pōmare, University of Otago, Wellington. Donna's research interests include the investigation of racism as a health determinant, particularly in relation to the impact of racism on the health and well-being of Indigenous populations.

Managing a Diverse Student Discomfort with Indigenous Health Curriculum

Dennis McDermott

Director, Flinders University Poche Centre for Indigenous Health and Well-Being

Pauline Guerin

Associate Professor, Flinders University Poche Centre for Indigenous Health

Dave Sjoberg

Associate Lecturer, Flinders University Poche Centre for Indigenous Health

Courtney Ryder

Lecturer, Flinders University Poche Centre for Indigenous Health

Tarni Wilson

Associate Lecturer, Flinders University Poche Centre for Indigenous Health

Abstract

Evaluations of Indigenous health teaching encounters, over an eight year period, point to a spectrum of participant response. Such teaching appears, inescapably, a cognitive/affective enterprise, with recipients evidencing varying positioning on a continuum of engagement/resistance and positivity/negativity. Participant evaluations were gathered from multiple settings, with a range of health professionals, who were undergoing both initial training and continuing professional development.

One pedagogical response suggests, in the Australian context, the value of tailoring Indigenous health pedagogy to four response groups. These could be descriptively labelled: 'Accepting/Keen for More'; 'Moved/Uncertain'; 'Disturbed/Flummoxed'; and Hostile/Rejecting'. Indigenous health engagement, and concomitant cultural safety development, is a journey that may involve personal discomfort in the service of developing cultural ease. Successful pedagogy may require maintaining a level of 'manageable disquiet'. Graduate entry medical programmes offer particular challenges, with students' prior exposure to critical thinking ranging from minimal to possession of Law, MPH or, even, Indigenous Studies degrees.

This paper explores strategies being developed at Flinders University to pro-actively engage with such diversity through a tailored pacing of curriculum, team innovation in pedagogy and the addressing of inimical contextual aspects through specific, agreed measures to build both culturally-safe teaching, and School/ Faculty, environments.



Presenter: Dennis McDermott

Dennis is the Poche Chair for Indigenous Health and Well-Being at Flinders University. A Koori man, he has connections to Gadigal and Gamilaroi countries (New South Wales). He has a particular interest in Indigenous social, spiritual and emotional well-being, Indigenous health workforce and pedagogy, and the nexus of culture and context in service delivery. He is an Honorary Fellow – He Pūkenga Taiea of Te Mata o te Tau – the Academy for Māori Research and Scholarship. Dennis was awarded the 2006 Dr. Ross Ingram Memorial Essay Prize by the Medical Journal of Australia.



Presenter: Dave Sjoberg

Dave is an Anglo-Celtic Australian with a commitment to social justice and educating non-Aboriginal people about a 'shared history'. He teaches Indigenous Health in the Medical and Nursing programs in the Faculty of Health Sciences and Aboriginal Studies with Yungorendi at Flinders University. At Camp Coorong Race Relations and Cultural Education Centre he was taught for eight years by Ngarrindjeri Elders while working as a tutor, Cultural Museum curator and educator. Community-based lived experience and training along with his BA in Aboriginal Studies has helped immensely in developing a strong human rights based approach to curriculum development and teaching.

Indigenous Medical Education: Responsibility, Reform and Strategies for Success - Plenary Panel (4:00pm-4:45pm)

Chair: Papaarangi Reid

Alison Jones
Medical Deans Australia and New Zealand

Peter Crampton
University of Otago

Pat Maher
Health Workforce Australia

Session Outline

The session will focus on institutional reform and responsibility for medical education, and will include both an academic and government institution institutional perspective. Each panelist will make a short presentation which links with this year's Connection theme: **Medical Education for Indigenous Health: Building the Evidence Base**, by outlining evidence based processes for creating structural change and developing capacity in relation to Indigenous medical education. Each panelist will present their thoughts

on key leadership strategies for institutional support of the Indigenous medical education agenda, such as recruitment and promotion of Indigenous staff, building on models of success, policy development strategies and ensuring the medical curriculum includes Indigenous health teaching, as well as the outcomes of such strategies.

We hope that this session can provide an illustration of visionary leadership in furthering Indigenous medical education, and begin to outline an overarching evidence based plan for increased institutional change in the future.



Presenter: Alison Jones

Alison is co-Chair of the Indigenous Health 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.



Presenter: Peter Crampton

Peter is Pro-Vice Chancellor of the Division of Health Sciences, and Dean of the Faculty of Medicine, for University of Otago. He is a specialist in public health medicine. His research is focused on social indicators, social epidemiology and health care policy. When not at work, he is kept busy with his family, riding his mountain bike, climbing mountains, and playing music (amongst other things).



Presenter: Pat Maher

Pat has worked as a clinician in acute care, rehabilitation and rural settings, he has policy experience in acute care and disability services and has worked as a senior manager of health and community services multidisciplinary work units. Pat has a Bachelor of Science (Honours), Bachelor of Physiotherapy, Master of Physiotherapy (Rural & Remote Health), and a Graduate Diploma of Public Sector Executive Management. He has served on a variety of health related bodies including the NT Physiotherapy Registration Board, the Australian Physiotherapy Council, NT Ministerial Health Advisory Council and the NT Health and Community Services Complaints Commission Review Committee. Pat has published in the area of Aboriginal health. He is currently the Deputy Executive Director, Workforce Innovation and Reform at Health Workforce Australia.



Thursday 1 December - Rydges Auckland

Retention (10:15am - 12:15pm)

Chair: Dennis McDermott

Medical Deans – Australian Indigenous Doctors’ Association (AIDA) National Medical Education Review: A Review of the Implementation of the Indigenous Health Curriculum Framework and the Healthy Futures Report within Australian Medical Schools

Joseph Cavanagh

*Project Manager Medical Deans – AIDA National Medical Education Review,
Medical Deans Australia and New Zealand Inc*

Abstract

The Medical Deans – AIDA National Medical Education Review is a project that emanated from the collaboration agreement between Medical Deans Australia and New Zealand Inc (Medical Deans) and the Australian Indigenous Doctors’ Association (AIDA). The project involves reviewing and documenting how Australian medical schools have developed and implemented the CDAMS Indigenous Health Curriculum Framework (IHCF) and the Indigenous student recruitment and retention themes of best practice within the AIDA’s Healthy Futures Report.

Over the course of the project, the Deans of medicine, medical faculty managers, key staff members involved in implementing the above two initiatives, and medical students, were sought after to participate in interviews and focus groups, which were conducted within each medical school in Australia.

As part of reviewing the AIDA’s Healthy Futures Report, the project assessed how Australian medical schools have developed and delivered strategies for supporting and retaining Indigenous medical students. Medical school staff members were interviewed on the development and delivery of strategies to improve retention in relation to the interrelating concepts of integration and collaboration, contextual relevance, cultural safety and capacity and sustainability. Indigenous medical students participated in focus group sessions based on the seven themes of best practice within the AIDA’s Healthy Futures Report.

The Review is supported by financial assistance from the Australian Government Department of Health and Ageing.



Presenter: Joseph Cavanagh

Prior to working on this review Joe completed a Bachelor of Education - Human Movement and Health Education (2004), and has taught in various educational settings and subject areas including Physical and Health Education in both the Yirara and Yipirinya Schools in Alice Springs. After this experience Joe decided to undertake a Masters in Social and Cultural Anthropology and completed his MSc Thesis, which focused on the implementation of Two-way Education within the Yipirinya School, in June 2010.

Successful Recruitment and Retention of Aboriginal Peoples into the University of Saskatchewan, College of Medicine – Circles of Support

Valerie Arnault-Pelletier

Aboriginal Coordinator, College of Medicine, University of Saskatchewan

Serene Smyth

College of Medicine, University of Saskatchewan

Veronica McKinney

Northern Medical Services, University of Saskatchewan

Abstract

“In all that has happened in my life, I still cannot believe I am on the verge of accomplishing what I thought would remain a dream.” Jonathon Starr, Starblanket First Nation, Second Year Medicine

Utilising traditional and culturally appropriate methods, the University of Saskatchewan has successfully recruited and increased Aboriginal students over the past thirty-some years in various colleges and department across campus. The University has several specific successful Aboriginal programs/strategies, a committed faculty, and staff dedicated to increasing Aboriginal enrolment and retention.

This presentation will give an overview of the Aboriginal programs and initiatives at the University of Saskatchewan, and then focus specifically on the Health Sciences and the College of Medicine and Aboriginal initiatives. The recent increase in Aboriginal programming and student initiatives is due to a strong Aboriginal strategy and dedicated resources, human and financial, by the Dean of the College of Medicine. One of the commitments is the hiring of an Aboriginal Coordinator to develop and enhance programming and initiatives related to successful student recruitment and retention. The Aboriginal Coordinator plays a strong role in student advising, coordinating an Aboriginal Mentorship Program, the Pre-Health Science/Pre-Med activities, Summer Employment Program as well as scholarships and bursary information.

Currently there are twenty-seven First Nations and Métis students studying in Medicine at the University of Saskatchewan, and strong student-led initiatives that play a key role in recruitment and success.



Presenter: Val Arnault-Pelletier

Val is a Cree woman who situates herself from her mother's First Nations community of Waterhen Lake, and her grandmother's community of Beardy's and Okemasis First Nation. Her background is Saskatoon Business College Honors graduate, studying as a Psychology major, Reality Therapy Counselling and a variety of other training and work experience. She worked with the Native Access Program to Nursing for the past sixteen years. Val has a passion for working with Aboriginal students and plays a strong role in advocacy and support. Val practices the ceremonies, values the knowledge of the Elders and the traditional teachings.



Presenter: Serene Smyth

Serene is the Aboriginal Health Curriculum Coordinator at the University of Saskatchewan, College of Medicine. She is also a Doctoral Candidate whose research is focused on urban Aboriginal youth and the role of culture in health. Serene has worked with Aboriginal youth in community programming and research for the past six years. Serene enjoys teaching in Kinesiology and Education and recently received the Provosts Outstanding Teacher Award for a graduate student. In her spare time she loves to coach; she currently coaches an urban Aboriginal girls' basketball team called Team Spirit.



Presenter: Veronica McKinney

Veronica is a Cree/Métis from Saskatoon, Saskatchewan, Canada. Veronica has over twenty-five years experience working in health care in several Aboriginal communities across Canada. She was the Site Director for the Aboriginal Residency Program, University of British Columbia, and is currently the Director of Northern Medical Services, a Division of the College of Medicine, University of Saskatchewan. Veronica is a sought after speaker because of her knowledge, experience and passion for Aboriginal Health. She believes strongly in her traditional cultural teachings and is a strong advocate for Aboriginal people's health, having witnessed and experienced the inequities firsthand.

Win: Win. Developing Health Student Placements in Partnerships with Urban Indigenous Community-Controlled Health Services

Alison Nelson

Workforce Development Coordinator, The Institute for Urban Indigenous Health

Professor Cindy Shannon

Pro-Vice-Chancellor (Indigenous Education), The University of Queensland

Abstract

Student placement experiences are an important opportunity for health students to learn clinical skills they need in a context where their cultural awareness and knowledge can also be developed. Community-Controlled Indigenous Health Services (CCHS) have the potential to provide an invaluable learning experience

for students due to the nature of the professional and clinical skills they can learn in this environment, as well as the knowledge and awareness they can gain from their Indigenous supervisors and colleagues.

However, there are several important considerations and limitations for these placements. Students need to be well prepared and supported both clinically and professionally, with a well-designed placement and explicit expectations. There are also limitations on the variety of students who can access these placements, as traditionally they may comprise nurses, doctors and Indigenous health workers, while allied health students may not have placement opportunities due to a lack of appropriate professional supervision. Additionally, the health services need to be consulted regarding models of student placements which are sustainable and do not overload staff.

This presentation will outline work carried out jointly by the Institute for Urban Indigenous Health (IUIH), a regional community-controlled organisation, and the University of Queensland to develop additional health services for urban CCHS's through health student placements. Different models of student placements will be described, including the way in which sustainability and support have been developed. In the South-East Queensland region CCHS's now have student placements in Medicine, Nursing, Pharmacy, Exercise Physiology, Occupational Therapy, Speech Pathology and Psychology which are coordinated centrally to enable appropriate preparation, orientation and supervision. This not only provides students with a valuable learning experience but has increased access to a greater range of health services for Indigenous clients.



Presenter: Alison Nelson

Alison has been working in the Indigenous health context for over fifteen years. She has worked as an Occupational Therapist and established inter-professional student placements at the Brisbane Aboriginal and Torres Strait Islander Independent Community School and has written a range of research papers focused on addressing Indigenous health.

Vision 20:20. Successes to Date and Challenges Ahead

Papaarangi Reid

Tumuaki and Head of Department, Te Kupenga Hauora Māori, Faculty of Medical and Health Sciences, The University of Auckland

Elana Taipapaki Curtis

Senior Lecturer, Te Kupenga Hauora Māori, Faculty of Medical and Health Sciences, The University of Auckland

Abstract

Vision 20:20 is a group of initiatives that seek to address The University of Auckland, Faculty of Medical and Health Science's (FMHS) strategic goal to contribute to educational equity via Māori and Pasifika health workforce development. The three initiatives include:

- *Māori and Pacific Admission Scheme (MAPAS) - Admission/Retention/Support*

MAPAS provides both admission into, and support during study. MAPAS seeks to provide a supportive environment where students, their whānau/family and staff accept a commitment to academic achievement within a Māori/Pacific context.

- *Hikitia Te Ora - Certificate in Health Sciences (CertHSc) - Foundation Programme*

The CertHSc is a one-year foundation programme which prepares Māori and Pacific students for tertiary study in health sciences. The CertHSc course content has a focus on academic and science literacy including chemistry, physics, biology and population health.

- *Whakapiki Ake Project (WAP) - Māori Recruitment*

WAP actively engages with rangatahi Māori enrolled in secondary schools to promote health as a career and entry into FMHS professional programmes. WAP offers exposure to health career options, transitioning assistance including enrichment programmes and financial support.

This presentation will discuss ongoing developments in the initiatives that comprise Vision 20:20 and outcomes of these developments. Successes to date describe how Vision 20:20 has focused on improving the student selection model, developed teaching and learning within the foundation programme, adjusted the academic/pastoral support model and re-developed the Indigenous recruitment model. Future challenges facing affirmative action programmes within the New Zealand context will be discussed.

Presenter: Papaarangi Reid

See page 26

Presenter: Elana Taipapaki Curtis

See page 33

Teaching and Learning: Online Tools (10:15am - 12:15pm)

Chair: Marlene Drysdale

The Indigenous Health and Cultural Competency Online Portal Project

Kelvin Kong

Chair, Indigenous Health Committee, The Royal Australasian College of Surgeons

Abstract

The Royal Australasian College of Surgeons, in collaboration with the Royal Australasian College of Physicians and Australian College of Dermatologists, has received funding from the Committee of Presidents of Medical Colleges (CPMC) under the Commonwealth Government's Rural Health Continuing Education Program, to create an Indigenous Health and Cultural Competency Online Portal.

The portal aims to link to professional development activities and resources relevant to cultural competency and Indigenous health for medical specialists caring for Indigenous communities. It also aims to ensure that these resources meet the aims and standards of the CPMC National Aboriginal and Torres Strait Islander Curriculum Framework.

Aims

To develop an online portal providing access to accredited learning activities in Aboriginal and Torres Strait Islander cultural competency and safety as well as Indigenous health.

Objectives

- To provide easy access to accredited cultural competency and Indigenous health educational modules, activities and resources
- To enable the Indigenous cultural competency and safety learning needs of members to be met
- To encourage a multi-disciplinary approach to Indigenous health care through easier access to learning activities, engagement with other professionals, the formation of networks and communities of practice
- Identify professional activities for medical specialists in rural and remote Australia as part of the continuing professional development programs
- Build inter-college/stakeholder capacity to deliver multi-disciplinary activities to medical specialists in rural and remote Australia with a centralised and catalogued list of training and professional development resources promoting Indigenous health care

Target Audience

Primarily, rural medical specialists/trainees/international medical graduates caring for Indigenous Australians. Secondly, urban medical specialists and others, regardless of geographical location, who care for Indigenous communities.



Presenter: Kelvin Kong

Kelvin is a Paediatric and Adult Otolaryngology, Head and Neck surgeon and holds appointments of Associate Professor and Lecturer in universities in New South Wales. Dr Kong is also the Chair of the Royal Australasian College of Surgeons Indigenous Health Committee and is a member of the Council of Presidents of Medical Colleges Subcommittee on Indigenous Health. He hails from the Worimi people of Port Stephens, north of Newcastle.

Developing Cultural Awareness in Australian General Practice: An Online Approach

Jill Dixon

National Advisor, National Faculty of Aboriginal and Torres Strait Islander Health, Royal Australian College of General Practitioners

Janelle Speed

University of New England

Della Yarnold

Flinders University

Ronald McCoy

Royal Australian College of General Practitioners

Abstract

Participation in endorsed cultural awareness education is a precondition for accessing the Medicare Australia Indigenous Health Incentive payment for general practice. Expanding cultural awareness in primary health care professionals is also seen as the first critical step on the path to cultural safety training that aims to broaden access of Aboriginal and Torres Strait Islander peoples to mainstream Australian general practices.

The Royal Australian College of General Practitioners (RACGP) is responsible for setting and maintaining standards of clinical care, education and training for the 22,000+ Australian General Practitioners (GPs) who are well positioned to support the Council of Australian Governments 'Closing the Gap' initiatives. However, general practice access to cultural awareness education is limited, especially in rural or remote areas.

In 2010, the Australian Government funded the RACGP National Faculty of Aboriginal and Torres Strait Islander Health to develop an online activity *Introduction to Aboriginal and Torres Strait Islander Cultural Awareness in General Practice*. The Faculty produced a six hour online activity, in conjunction with RACGP *gplearning* and a team of medical writers (including two Aboriginal academics). Released in early April 2011, the activity is available, free, to practice teams participating in the Indigenous Health Incentive and to all GPs.

This presentation outlines the challenges in developing this training, including optimising the online environment to develop content that is respectful to Aboriginal and Torres Strait Islander peoples while motivating practices to undertake the next critical step: participating in locally delivered cultural safety training.



Presenter: Jill Dixon

Jill has worked as a psychologist, educator and project manager at RMIT University, Monash University and the University of Melbourne and at several Victorian public sector organisations. She is National Advisor in the National Faculty of Aboriginal and Torres Strait Islander Health at the Royal Australian College of General Practitioners (RACGP), developing initiatives to support General Practitioners in their provision of clinically and culturally appropriate health care to Aboriginal and Torres Strait Islander patients. Jill was Project Manager for the development of the RACGP online activity, *Introduction to Aboriginal and Torres Strait Islander Cultural Awareness in General Practice*.



Presenter: Janelle Speed

Janelle is a Biripi/Dunggutti woman whose family originated from the Taree/Kempsey regions. She works as an Indigenous Lecturer in the School of Rural Medicine Joint Medical Program and School of Health at the University of New England, and is Adjunct Fellow, member of the Academic Board and member of the John Hunter District Health Board. Her previous work in Aboriginal health includes CEO of Armajun Aboriginal Health Service, research, cultural awareness education, and community development. Janelle, and her sister, Della Yarnold, were coordinating writers for the RACGP online activity *Introduction to Aboriginal and Torres Strait Islander Cultural Awareness in General Practice*.

ReALTiME: Teaching Indigenous Community Health in Clinical Internships

Evelyne de Leeuw

Doctor, Patients, Culture and Institution (DPCI), School of Medicine, Deakin University

Auntie Lyn McInnes

Wathaurong Elder, Aboriginal Health Liaison Officer Barwon Health, Wathaurong Aboriginal Health Service

Gerard Finnigan

Doctor, Patients, Culture and Institution (DPCI), School of Medicine, Deakin University

Abstract

One of the great challenges in medical education is to continue the engagement and enthusiasm of students for learning Indigenous community health during their clinical rotations, especially when they are at great distance from the Medical School. Typically this responsibility falls to the clinical supervisor, who is not always best placed or experienced to guide this learning.

Based on the evidence around quality of clinical teaching, the *Doctors, Peoples, Cultures and Institutions* theme of the Deakin University Medical School curriculum developed ReALTiME™ to address this problem and bring the wisdom and knowledge from our Aboriginal people to the students, irrespective of their clinical placement location.

Reflective Asynchronous Learning Technology in Medical Education (ReALTiME™) consists of a suite of streamed video conversations ('Learning Packages') with practitioners, elders and community leaders.

The thirty to fifty minute conversations are delivered in a number of three to seven minute clips. During the streaming of the clips key learning messages appear in a side pane; each clip is concluded by pdf readings and access to internet resources. The total conversation ends with a downloadable 'prompts list'. Students need this list to select a case, issue, or event which they will describe and reflect on (guided by a Reflection Manual) through WikiMedia technology. This allows for constant and dynamic updates and feedback.

This presentation will cover the development, implementation and student assessments of ReALTiME™. It will also highlight how the pedagogical format allows for continuing education and capacity building of professionals in the healthcare environment.



Presenter: Evelyne de Leeuw

Evelyne is a global expert in community health and political science. She has helped build and grow Schools of Public Health in, among others, The Netherlands, Denmark, El Salvador and Kazakhstan. Her research looks at the politics of community health in urban settings. She works with international city networks and the World Health Organisation.



Presenter: Auntie Lyn McInnes

Lyn is an elder of the Wathaurong community (Geelong, Victoria) with roots in Tasmania and Queensland. She has worked as an Aboriginal Health Liaison Officer in Geelong for several decades, has been instrumental in building and sustaining the Wathaurong Co-Op and its health service and has served on both VACCHO and NACCHO.



Presenter: Gerard Finningan

Gerard is a public health practitioner and Senior Lecturer in Community Health. He has extensive experience in developing health programs in the South Pacific, Asia and Africa and in leading teams to respond to international health crises. He worked for over a decade in rural and remote health in New South Wales and Victoria.

Elders are the Educators: Transmitting Elders' Knowledge in the 21st Century Using Lectures and Podcasts in Learning Environments as Sites for Increased Cultural Competency and Safety for Medical Students

Danielle Soucy

Director and Program Coordinator-Aboriginal Students Health Sciences (ASHS), McMaster University

Elder Elize Hartley

Elder in Residence- Aboriginal Students Health Sciences (ASHS), McMaster University

Elder Bertha Skye

Elder in Residence- Aboriginal Students Health Sciences (ASHS), McMaster University

Abstract

How, as educators, do we increase the level of cultural competency and safety for First Nations, Inuit and Métis students in the learning environment and in future practitioners caring for Aboriginal patients? One method is to embrace the culture of social media as a learning tool integrated with traditional knowledge shared by Elders. This presentation discusses how the Aboriginal Students Health Sciences (ASHS) office used Elders' knowledge in innovative formats within their Aboriginal Health Elective (AHE) and website to increase both cultural competency and safety for MD students and to increase the level of supports for and retention of Aboriginal MD students at the three campuses of the Michael G. DeGroot School of Medicine at McMaster University.

Resulting from evaluations, gaps in Aboriginal health education were identified. Gaps include: more content on diverse First Nations, Inuit and Métis traditional healing and medicines; inclusion of students from the regional campuses; and, access to traditional knowledge holders. In response the AHE and website were

revamped to be more end-user friendly. Elders taught the core of the elective, travelled to the regional campuses, and filmed a series of podcasts as teaching tools. By utilising mixed media, ASHS has addressed some of the gaps and provides an educational opportunity to learners who, prior to the experience, would have limited engagement with Aboriginal persons/Elders. It is hoped these experiences will increase the retention rates of Aboriginal learners and how future doctors engage in a culturally competent and safe manner with Aboriginal patients.



Presenter: Danielle Soucy

Danielle is the Director and Program Coordinator of the ASHS office, returning to McMaster University from the National Aboriginal Health Organisation where she was the Senior Policy Analyst/Research Officer and Managing Editor of the *Journal of Aboriginal Health*, and formerly the Ethical Guidelines and Knowledge Transfer Projects Coordinator for the Indigenous Health Research Development Program Centre of the Institute of Aboriginal Peoples' Health, Canadian Institutes of Health Research. She's a member of the Indigenous Physicians Association of Canada/Association of Faculties of Medicine of Canada, Indigenous Health Educators Working Group and a founding member of the National Indigenous Health Sciences Circle. Danielle has researched and published on cultural competency and safety in health education, decolonisation, ethics, and women.

Elders **Elize Hartley, 83** and **Bertha Skye, 77** are unable to travel the distance to co-present at this conference.

Creating Cultural Empathy and Challenging Attitudes Through Indigenous Narratives

Cobie Rudd
Edith Cowan University

Moira Sim
Edith Cowan University

Colleen Hayward
Edith Cowan University

Toni Wain
*Program Manager, Systems and Intervention Research
Centre for Health, Edith Cowan University*

Abstract

The attitudes of health professionals can be barriers or facilitators to working effectively with Indigenous people. We need to prepare clinicians who are knowledgeable about cultures and can listen to the individual without assumptions. Empathy leads us to experience the feelings of another, to reflect on these feelings and compare them to our own. Whether we discover similarity or difference, empathy leads us to recognise that we are separate individuals sharing a common humanity.

There is strong evidence that narrative approaches are effective in achieving sustained change in attitudes. Narrative presented in written and audio form, film and theatre is 'the next best thing' to learning from genuine human experience. The narrative approach also makes sense in the Aboriginal context, as story telling has an important place in Indigenous societies where oral traditions are the main form of sharing knowledge.

Working with Aboriginal leaders and community groups, we have collected fifty multimedia stories about Aboriginal people's health experiences and key lessons. A searchable database of stories has been developed.

A national network of educators with an interest in leading educational change to improve Indigenous health are invited to contribute to an online, open source library of flexible learning resources for transformative learning of cultural empathy that can be used for tutorials, workshops and self-reflective learning. These Indigenous educational resources have been mapped against health curricula. This presentation will include brief videos of the stories collected to encourage discussion.



Presenter: Toni Wain

Toni is the Program Manager of System Intervention Research Centre for Health (SIRCH) and was involved in its inception and grant application to the Australian Learning and Teaching Council. The project forms the basis of her PhD in facilitating cultural empathy to improve health outcomes. 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.

Partnerships and Community (10:15am- 12:15pm)

Chair: Maree Toombs

A Case Study of a Successful Collaboration Between the James Cook University Medical School and the Mount Isa Indigenous Community

Glenda Duffy

North Queensland Indigenous Researcher, Rural Health Research Unit, School of Medicine and Dentistry, James Cook University

Simone Ross

PHCRED Project Officer, Rural Health Research Unit, School of Medicine and Dentistry, James Cook University

Abstract

This case study presents the methodology behind a successful Indigenous community engagement project in North Queensland (NQ). The reasons why the project was successful are discussed in light of previous consumer participation literature, and also in relation to what the participating Indigenous community reported to be good Indigenous engagement practices.

The methodology used in the project is a participatory action research design. The James Cook University (JCU) School of Medicine and Dentistry (SMD) established an Indigenous Reference Group (IRG) in the remote NQ city of Mount Isa. The IRG consisted of Elders, local community members, and allied and community health leaders. Yarning circles were conducted to develop the Terms of Reference for the IRG, and gather information about good and bad community engagement strategies. Data clustering was used to identify main themes in the data.

Curriculum improvement outcomes for JCU from the project include providing an avenue for an Indigenous community to have input into each of the SMD Indigenous Health curriculum, undergraduate rural placement program, and Indigenous Health Experience program.

Specific resources to be developed during the project and incorporated into the curriculum to assist medical students to learn more culturally appropriate ways of engaging with Indigenous patients and health professionals include:

- DVD of the IRG discussing how students should behave in their community, and
- 'black engagement' pamphlet listing desired strategies for non-Indigenous people to engage with the Indigenous people of Mount Isa

As a reciprocal benefit, the IRG members in Mount Isa are being assisted by the SMD to:

- improve their media and leadership skills, and
- develop and conduct a community health activity based on priority community health issues



Presenter: Donald Whaleboat

Donald is a Senior Lecturer at the School of Medicine and Dentistry, James Cook University in north Queensland. His expertise is demonstrated in areas of Indigenous health promotion, primary health care and workforce planning and development, particularly with primary health care workers in rural remote settings. Donald has over 15 years experience in program development and management, strategic workforce planning and professional development relevant to primary health care. His current role involves teaching cultural awareness and Indigenous health across the curriculum, building partnerships with Indigenous community controlled health services, research and Indigenous medical student support. Donald is a Torres Strait Islander from the

eastern islands of Torres Strait. As member of the local Indigenous community of Townsville, Donald is the chairperson of the Townsville Aboriginal and Islander Health Services Ltd who has the role of leading the organisation through significant change.

Presenter: Simone Ross

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What are the Experiences of Indigenous Health Workers when Teaching Medical Students?

Aaron Hollins

Senior Lecturer, James Cook University; General Practitioner, Mulungu Aboriginal Corporation Medical Centre

David Baker

Senior Medical Officer, Mulungu Aboriginal Corporation Medical Centre

Jane Hollins

Research Officer, James Cook University

Clare Jukka

Senior Lecturer, James Cook University

Abstract

Medical students at James Cook University undertake a placement in an Indigenous (Aboriginal and Torres Strait Islander) health setting as a compulsory activity. This is usually done in their fourth year (of a six year degree). Many of these placements are within a Community Controlled Health Service, while some students undertake placements in Queensland Health (State health department) facilities. Indigenous Health Workers

are used in these services as teachers and mentors, however they have little or no training in this role and anecdotal evidence suggests health workers suffer from 'teacher fatigue'.

Their role in teaching is invaluable to students, yet this role often goes unsung and is certainly not a part of their position description. This qualitative study explores the experiences and needs of Indigenous health workers involved in teaching medical students at two sites: Mareeba and Atherton in Far North Queensland. It leads to recommendations for improving preparation of Indigenous Health Workers in their teaching role; recommendations for the structuring of student placements; and finally recommendations for rewarding teaching of students by Indigenous Health Workers.



Presenter: Aaron Hollins

Aaron has been involved in educating medical students and GP registrars since 2006. He has worked at Mulungu Aboriginal Corporation Medical Centre for six years, where he has been responsible for the medical student program run there. He is also a Senior Lecturer with the School of Medicine and Dentistry at James Cook University, based in Atherton.

Engaging with the Community

Gaye Doolan

Indigenous Health Project Officer, Australian National University Medical School

Amanda Barnard

Associate Dean, Australian National University Medical School

Abstract

This presentation will outline a successful program conducted by the Australian National University Medical School (ANUMS) which engages Indigenous students from Years 10, 11 and 12 from the Australian Capital Territory (ACT) and South-East New South Wales region through participation in a hands-on workshop at the ANUMS with a second follow-up workshop held at The Canberra Hospital. A major achievement of this program has seen recognition given by the ACT Board of Secondary Studies for the two workshops held in the ACT, as a Registered Unit for those ACT students who are in Years Eleven and Twelve. Eligible students are entitled to 0.2 (eleven hours) as a Registered Unit for Recognition of Outside Learning.

The aim of this program is to inspire Indigenous students to consider a career in medicine or other health related professions and to prepare accordingly. We have called this event the *ANU Medical School Hands-on Workshop for Indigenous Students: Know Your Body*. It has been successfully hosted by the ANUMS over three years and will be offered again in 2011. Students who attend the workshop at the ANUMS are offered a follow-up workshop at The Canberra Hospital, where they are introduced to a range of allied health careers. This is done through hands-on activities which demonstrate skills undertaken in each of the professions.

To date the evidence would indicate that one Indigenous student has commenced tertiary studies at Australian National University (ANU). Numbers of student participants who have attended the follow-up workshop at The Canberra Hospital increased from 16% in 2009 to 44% in 2010. In the future a database will be set up to track these students. Information has been provided to other tertiary institutions as to how the ANU conducts these workshops.

A further successful spin off from these workshops has seen students from the ANUMS become involved in tutoring and mentoring of Indigenous High School/College students in the ACT.



Presenter: Gaye Doolan

Gaye is a Palawa woman from North East Tasmania and has a BA (Aboriginal Studies) from University of Tasmania. Gaye has worked in Aboriginal and Torres Strait Islander health training for nine years both with GP registrars and medical students. Gaye is currently the Indigenous Health Project Officer at the ANU Medical School.



Presenter: Amanda Barnard

Amanda is Associate Dean of the School of General Practice, Rural and Indigenous Health and the ANU Medical School, and Head of the Rural Clinical School. She has been keen to ensure Indigenous health teaching and clinical placements are integrated throughout the medical school curriculum. She works closely with Winnunga Nimmityjah and the Katungul Aboriginal Community Corporation and Medical Service with whom the medical school has Memoranda of Understanding.

Friends with Benefits: Should Community Play with Us?

Tania Huria

Lecturer, Māori/Indigenous Health Institute, University of Otago, Christchurch

Cameron Lacey

Senior Lecturer, Māori/Indigenous Health Institute, University of Otago, Christchurch

Suzanne Pitama

Associate Dean Māori, Māori/Indigenous Health Institute, University of Otago, Christchurch

Abstract

Over the past five years the Māori Indigenous Health Institute (MIHI) has worked with numerous community stakeholders to enhance the delivery of its Hauora Māori curriculum. A substantial amount of this involvement has been through Māori community stakeholders being utilised as patients, in patient simulation sessions and Objective Structured Clinical Examination (OSCE) assessments. Without this community engagement, there would otherwise be limited clinical teaching opportunities for students to explore and practice Hauora Māori clinical models.

This presentation will explore the lessons that have been learnt, as well as unexpected outcomes for Māori community stakeholders through involvement with Indigenous medical education. These include an increase in stakeholder awareness of Indigenous rights within the health system; development of strategies to navigate themselves and whānau through a clinical consultation; and a heightened awareness of the level of cultural responsiveness that they should expect from clinicians.

Using three case studies, this presentation will explore Māori community stakeholder experiences of being involved in Indigenous medical education, highlighting potential areas of concern as well as strengths that have enhanced their ability, and members of their whanau, to navigate through the New Zealand health system.



Presenter: Tania Huria

Tania is of Kai Tahu and Ngati Mutunga o Wharekauri descent. She currently works as a Lecturer at the Māori Indigenous Health Institute. Tania is the Fourth Year Convener for Hauora Māori and contributes to the Fifth year and Trainee Intern Undergraduate Medical Curriculum. Tania's research interests include the effects of racism on Indigenous health professionals and wahine Māori health.

Students and Recent Graduates – Plenary Panel (1:00pm-1:45pm)

Chair: Suzanne Pitama

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

Session Overview

Each panelist will prepare a short presentation which links with this year's Connection theme, **Medical Education for Indigenous Health: Building the Evidence Base**.

Panelists 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. Panelists will share some key principles which they think would support Indigenous health curriculum development in the future.



Presenter: Maia Melbourne-Wilcox (Graduate, The University of Auckland)

Ko Mataatua te waka
Ko Tuhoe te iwi
Ko Taiarahia te maunga
Ko Ohinemataroa te awa
Ko Mahurehure te hapu
Ko Rewarewa te Marae

Maia grew up in Hamilton, spent time at St Joseph's Māori Girls' College and attended Waikato University, where she completed a Masters in Biochemistry. Maia's thesis topic was *Testing Rongoa for Antimicrobial Activity*. She has always been interested in working in the field of health and originally assumed this would be in the form of research, however, she loved the idea of working with people more closely and decided to pursue a career as a doctor.

Maia studied medicine as a graduate, under the Māori and Pacific Island Admission Scheme (MAPAS) at The University of Auckland. With their help and guidance and the support of her whānau she completed the medical degree in 2008 and since then has worked as a house officer at Auckland City Hospital. Maia is currently on parental leave and as a mother of three children aged twelve years, six years and six months she is continually striving to maintain a healthy work/life balance.



Presenter: Shannon Price (Graduate, Monash University)

Shannon is a Kamilaroi man from northern New South Wales. He grew up in the town of Tamworth and moved to Melbourne to study medicine. He graduated in 2010 from Monash University, and is currently working as an intern in Bendigo, central Victoria. Shannon has been a member of Australian Indigenous Doctors' Association (AIDA) since his first year of medical school, and is grateful for the inspiration and mentorship AIDA has provided him. This is Shannon's second LIME Connection, and he is proud to be a part of this exciting event.



Presenter: Danielle Arabena (Graduate, The University of Queensland)

Danielle lives at Clear Mountain (Brisbane) with her family, arguably too many animals and a herb garden. Danielle is a descendant of the Meriam Nation from Mer Island (Murray) in the Torres Strait, and one of the highlights of Danielle's year was a visit to Thursday Island as a current Board member of the Australian Indigenous Doctors' Association. As a mature aged student with children, Danielle came into medicine after completing two Bachelor degrees – in Communications and Nursing, and after having worked for fourteen years as a healer/massage therapist. Danielle believes her qualifications increase her scope of practice and capacity to provide greater support and healing for Indigenous people. This year Danielle has been a Resident Medical Officer at Redcliffe Hospital in Queensland and is also a hospital based registrar for the General Practice training program. Next year Danielle will be working at the Majellan Medical Centre, Scarborough as a General Practice registrar where she will focus her interests on Indigenous women's health. Notably, Danielle was awarded the LIMELight Student Award in 2009.



Presenter: Lance Buckthought (Student, University of Otago, Dunedin)

Lance and his whānau are from Rotorua and he is of Ngāti Pikiao, Te Arawa descent. His whānau have strong ties to Lake Rotoiti and the surrounding area. Lance completed a Bachelor of Science, majoring in Anatomy before entering medical school at University of Otago, Dunedin. He has spent this year as part of the Rural Medical Immersion Programme, based in Dannevirke and has just returned to Dunedin Hospital as a Trainee Intern where he will complete his final year of medical school. Lance's desire to pursue a career in medicine was driven largely by the substandard medical treatment received by a lot of his whānau. Lance has always been encouraged and supported by his entire whānau for which he is most grateful.

Teaching and Learning: Assessment (2:00pm-3:30pm)

Chair: Shaun Ewen

Revealing the Incompetency of 'Cultural Competency' in Medical Education; The Misleading Use of 'Competency' as an Attainable Skill and as an Assumed Outcome

David Paul

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

Shauna Hill

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

Abstract

Aboriginal patients tend to receive poorer quality health care than non-Aboriginal people, which is partly due to health professionals' clinical decision-making, communication and engagement with patients and families. Substantial evidence exists, revealing the benefits and improvements cultural competence training provides to medical professionals as well as the negative implications for Aboriginal patients where cultural differences are ignored and cultural sensitivity is lacking by their health care providers. A 'culturally competent' health workforce is a key recommendation to address the extensively documented health disparities of Australia's Aboriginal people. However, using such language as 'culturally competent' significantly reduces the number of medical professionals who could claim to be so. To be 'competent' implies expertise, absolute skill and complete knowledge, an end point to arrive at – a fallacy when tied with culture.

This paper began with a literature review on cultural competency, but shifted focus with both the realisation of the deceptive language attached to acquiring cultural knowledge as well as the emerging awareness of little to no sufficient data to provide evidence of positive medical outcomes for Aboriginal patients of culturally competent medical professionals. The lack of documented patient outcomes for cultural competency programs makes its patient benefits an assumed given, instead of a truth, highlighting the need for evidence of the health benefits for Aboriginal patients of a culturally competent medical profession to be proven as a reality; with improved satisfaction and improved outcomes.

Presenter: David Paul

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Presenter: Shauna Hill

Shauna is a Yamatji-Nyoongar woman from Western Australia. She graduated from the University of Western Australia in 2007 with an Arts degree, majoring in Politics and History. Shauna is currently working with Centre for Aboriginal Medical and Dental Health as a research officer.

Assessing Māori Health in Clinical Settings

Rhys Jones

Te Kupenga Hauora Māori, The University of Auckland

Papaarangi Reid

Te Kupenga Hauora Māori, The University of Auckland

Mark Barrow

Associate Dean (Education), Faculty of Medical and Health Sciences, The University of Auckland

Phillippa Poole

Department of Medicine, The University of Auckland

Sue Crengle

Te Kupenga Hauora Māori, The University of Auckland

Abstract

Teaching and learning in Indigenous health involves higher order learning outcomes such as critical self-awareness and reflective practice, making assessment a particular challenge. Further, it is our experience at The University of Auckland that many clinical teachers feel unprepared to teach and assess Māori health.

We undertook a research project to inform the assessment of Māori health in clinically-based medical education. Based on a review of the literature and collaborative work with clinical teachers, we developed two new Māori health assessment tasks: a modified case report and a reflective commentary. These were introduced in a hospital-based attachment alongside the existing assessment task (a Māori health case report). Students were allocated to one of the three assessments according to their clinical attachment site. Outcome measures included change in knowledge and attitudes, engagement in learning and student rating of the validity and acceptability of the assessments. Focus groups were conducted with students at each site to help explain and contextualise the quantitative findings.

The new assessment tasks were generally acceptable and students perceived them as being of value for their learning. However there was no objective evidence of improvement in educational outcomes, or of any significant differences between assessments. Other aspects of the project such as student focus groups and faculty engagement have provided valuable insights into the issues and challenges. In this presentation we will discuss the implications for assessment of Indigenous health and related domains in clinical educational contexts.



Presenter: Rhys Jones

Rhys (Ngāti Kahungunu) is a Public Health Physician and Senior Lecturer in Māori Health at The University of Auckland. His research interests include ethnic inequalities in health, Indigenous health education, Māori men's health and environmental health. Rhys is Principal Investigator of the Educating for Equity study, an international research project examining how health professional education can reduce inequities and improve health outcomes for Indigenous populations. He 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.

How Much is Absorbed and Transformed? Transformative Unlearning in Cultural Safety Training in Health Care Education

Courtney Ryder

Lecturer, Flinders University Poche Centre for Indigenous Health

Pauline Guerin

Associate Professor, Flinders University Poche Centre for Indigenous Health

Dennis McDermott

Professor and Director, Flinders University Poche Centre for Indigenous Health

Heather Burton

Senior Lecturer, Centre for Remote Health

Dave Sjoberg

Lecturer, Flinders University Poche Centre for Indigenous Health

Tarni Wilson

Lecturer, Flinders University Poche Centre for Indigenous Health

Abstract

Within Australia there is growing evidence of health disparities between Aboriginal and Torres Strait Islander peoples and other Australians. Attitudes and assumptions that health professionals bring to clinical encounters have been shown to add to these growing health disparities. For these reasons, health education across Australia has been incorporating content in relation to Indigenous health and cultural safety. This content is delivered with various approaches including one-off workshops to semester long topics, with little research evidence to support pedagogical approaches and their outcomes. In this presentation, we provide a critical review of various assessment tools that have been used to measure attitudes in relation to culture and the impact of various training approaches on these attitudes. We discuss the concept of transformative unlearning and its potential as a tool for understanding student learning in Indigenous health and cultural safety education.



Presenter: Courtney Ryder

Courtney is an Aboriginal Lecturer working within Indigenous health for the Faculty of Health Sciences at Flinders University. She is an early career academic with her current duties focused around teaching in the School of Medicine, Nursing and Midwifery, as well as incorporating recruitment and retention of Indigenous students to tertiary study within health. Her research interests include innovative approaches to assessing and teaching cultural safety for future health professionals as well as recruitment and retention of Indigenous students into tertiary health study.



Measuring Learning Outcomes in Indigenous Health: What is Working?

Suzanne Pitama

Māori/Indigenous Health Institute, University of Otago, Christchurch

Tania Huria

Māori/Indigenous Health Institute, University of Otago, Christchurch

Cameron Lacey

Māori/Indigenous Health Institute, University of Otago, Christchurch

Abstract

Suzanne is currently working to complete her PhD. Utilising University of Otago, Christchurch (UOC) as a case study – it is looking at the design, implementation and impact of an Indigenous health curriculum within a medical school. University of Otago has early learning medicine (Years One-Three) in Dunedin, and then students are allocated to one of three clinical schools for their advanced learning medicine course. UOC is one of the three clinical schools. UOC takes eighty-five students per year (Years Four-Six).

Sixty-three qualitative interviews were conducted with UOC stakeholders including; systemic, Māori health community, conveners, Indigenous teaching staff, students and patients.

For this presentation the findings will be presented on the impact of an Indigenous health curriculum. It will utilise the qualitative data collected through the PhD, as well as student feedback through university formal evaluation processes.

The presentation will also draw data from the results of summative measures, for example, long cases, MCQs, case presentations, case discussions and Objective Structured Clinical Examinations (OSCEs) that have been documented over the last nine years at UOC. The presentation will attempt to provide a broad overview of differing ways the UOC has sought to measure the outcomes of the Indigenous health curriculum.

It is hoped that this presentation may provide food for thought, about the broader medical education assessment tools and their application to Indigenous health outcomes.

Presenter: Suzanne Pitama

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Teaching and Learning: Case Studies (2:00pm-3:30pm)

Chair: Miriam Cavanagh

Student-Led Experiential Learning Opportunity Towards Cultural Competency

Daniel Irvine

Medical Student, College of Medicine, University of Saskatchewan

Abstract

Introduction

In an increasingly packed curriculum, it can be difficult to achieve the competencies set out for Canadian medical students by the Indigenous Physicians Association of Canada (IPAC). Facilitating experiential learning can also be difficult, even when the benefits are worthwhile and long-lasting. Student-led groups are often overlooked as a tool to develop cultural competency and community engagement. Positive community connections can promote the core principles of IPAC such as decolonisation, Indigenous knowledge recognition, accurate representation and role-modelling.

Objectives

To improve future health professionals' understanding of Aboriginal perspectives, traditional culture, spirituality, and Aboriginal health services, through an annual interdisciplinary student-coordinated experiential initiative.

Methods

In the fall of 2009 and 2010, small interdisciplinary groups of health science students travelled to Northern Saskatchewan in order to interact with:

- Aboriginal community leaders (formal and informal)
- People working with Aboriginal language retention
- Aboriginal and other health professionals working in Aboriginal communities (through provincial and First Nations-run agencies), to see the local health facilities and the services they provide
- A traditional spiritual leader who invited the students to help build a traditional sweat-lodge, to participate in the ceremony and traditional feast, and to participate in a follow-up discussion with Aboriginal Elders

This is an evolving annual experience with quantitative and qualitative data collected for formative evaluation. Strengths, limitations, and potential solutions to sustainability challenges are discussed.

Conclusion

Student-led extra-curricular experiential initiatives appear to be beneficial in filling a gap in cultural learning and promoting an understanding of Aboriginal culture.



Presenter: Daniel Irvine

Dan is from the rural, predominantly Aboriginal community of La Ronge, Saskatchewan, Canada. Now a medical student, he is very involved in Aboriginal health. Dan is just finishing his two-year term as founding Co-Chair of the Aboriginal, Rural, and Remote Health Group (ARRHG) an interdisciplinary student group. Dan is also a member of an extra-curricular experiential learning opportunity, *Making The Links*, which attempts to show the similarities between under-served populations, worldwide and at home. He sits on the Aboriginal Health Curriculum Committee. Dan is looking forward to a career in family medicine in his home region of Northern Saskatchewan.

An Indigenous Māori Case-Study Translating Theory to Practice in Medical Education

Bernadette Jones

Research Fellow/Lecturer, Centre for Hauora Māori, University of Otago, Wellington

Tristram Ingham

Lecturer, Centre for Hauora Māori, University of Otago, Wellington

Abstract

In the Hauora Māori curriculum medical students often find it challenging translating their theoretical understanding of health disparities into practical ways of improving health outcomes for Māori. When faced with a patient suffering the burden of chronic disease, assumptions such as non-compliance can be made which adversely influence the student's judgment of the patient and affect subsequent management decisions. We aimed to develop a learning exercise that would challenge students' perceptions of non-compliance and demonstrate the importance of an holistic approach to history taking.

Kaupapa Māori research was used to develop a case study of a Māori parent's experiences of managing a child with chronic asthma within the mainstream health system. This was presented as a clinical vignette and taught in small group sessions during an immersed Hauora Māori Marae stay. Students were asked to give an initial assessment of the issues and then use a multi-layered, holistic model of health (The Meihana Model) to highlight gaps in the information presented. They were encouraged to elicit more in-depth information from the tutor to give a broader perspective of the context of the case. This highlighted the stereotypical nature of their initial assumptions and challenged students to be more aware of the context of the patient.

A qualitative evaluation of the case-based exercise revealed students were surprised at their negative assumptions and how these adversely affected their subsequent decision making. Other students found the case assisted them to grasp the practical relevance of Indigenous principles to their own clinical practice.



Presenter: Bernadette Jones

Bernadette (Ngāti Apa, Ngā Wairiki) trained as a registered nurse, and practiced in Cardiothoracic Intensive Care and Community Nursing, before joining University of Otago. She now leads a number of Māori community participatory research projects, particularly in the fields of respiratory disease and other chronic conditions, and lectures Hauora Māori in the undergraduate medical curriculum. She is passionate about improving health outcomes for Māori through the training of more culturally competent health professionals.



Presenter: Tristram Ingham

Tristram (Ngāti Kahungunu, Ngāti Porou) graduated Medicine from University of Otago and worked for a number of years in clinical medicine before returning to University of Otago to take up a career in academic medicine. Since then he has worked as principal investigator on a number of clinical and epidemiological studies with a focus on respiratory health and inequalities. He currently lectures for the Hauora Māori curriculum, and is committed to the reduction of health inequalities through research, and effective cultural competence training of the health workforce.

Pihtokwâhiwewin: The Development of an Aboriginal Health and Healing Curriculum at the University of Saskatchewan

Serene Smyth

College of Medicine, University of Saskatchewan

Valerie Arnault-Pelletier

Aboriginal Coordinator, College of Medicine, University of Saskatchewan

Veronica McKinney

Northern Medical Services

Marcel D' Eon

College of Medicine, University of Saskatchewan

Gary Linassi

College of Medicine, University of Saskatchewan

Abstract

In Canada, Aboriginal people are a young and rapidly growing population (Statistics Canada, 2006). Canadian Indigenous peoples are diverse in their languages, beliefs, histories, and health practices. However, one commonality is shared by Aboriginal people across Canada, and that is the large health disparity between Aboriginal people and the general Canadian population (RCAP, 1996). We must ensure that Aboriginal peoples' unique health priorities are identified and met (NAHO, 2008). One important way to achieve this is to ensure that culturally based competency training in Aboriginal health is incorporated into the medical school curriculum (IPAC, 2009). The University of Saskatchewan, located in Saskatoon, Canada is currently developing an Aboriginal health and healing curriculum. A coordinated approach will ensure that Aboriginal health and healing is woven through all four years of the undergraduate medical program. The purposes of this session are to describe: (1) the coordination process to vertically integrate Aboriginal health knowledge,



(2) the development of program objectives, teaching materials, and learning experiences to support those objectives, and (3) the innovative process that has been planned to evaluate this curriculum. The principles and strategies to be highlighted, such as community engagement, are applicable in Indigenous health education internationally.

Pihtokwâhiwewin means in Plains Cree 'integrating or bringing together to make whole'.

Presenter: Serene Smyth

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Presenter: Valerie Arnault-Pelletier

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Presenter: Veronica McKinney

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Rethinking the Yarn: Redesigning Cultural and Communications Training for Medical Students

Lisa Jackson Pulver

Chair Indigenous Health, Professor Public Health, Director, Muru Marri Indigenous Health Unit, School of Public Health and Community Medicine, Faculty of Medicine, The University of New South Wales

Abstract

Background

Indigenous health education to medical students at The University of New South Wales is integrated throughout the undergraduate program. One such tutorial is entitled *Cultural Training: Communicating with Indigenous Patients*, which aims to cover cultural competency and safety - to identify factors limiting the effectiveness of communication between doctors and patients from Indigenous communities, and identify strategies to improve communication. Teaching staff recognised an opportunity to re-design the delivery of this tutorial, which previously revolved around three written case scenarios that were dated and had limited impact.

Method

Over a nine week period, a collaborative team evolved involving Aboriginal team members (community representatives; medical student; health worker; academic staff; video production) and non- Aboriginal (doctors; academic staff; IT support). Team members wrote and filmed two clinical vignettes, depicting 'real-life' interactions between health care workers and their Aboriginal clients communicating openly and respectfully. These formed triggers for student discussion, which was facilitated by a diverse team including an Aboriginal medical student or health worker, academic staff and doctors; each sharing their personal insights on this topic.

Results

Student feedback on the re-designed tutorial was positive overall, with good engagement on this topic and addressing the limitations of the previous format. The team is now considering using the clinical vignettes for other educational settings.



Implications

This case study of a collaborative teaching project showcases innovative design and implementation of Indigenous cultural and communication training in medical education.

To promote information sharing on this approach, video excerpts will be presented.



Presenter: Lisa Jackson Pulver

Lisa was appointed to the School of Public Health and Community Medicine in 2003 following a career encompassing positions as epidemiologist, public health officer, postgraduate health and medical student, registered nurse and counsellor. Lisa's background has made her acutely aware of the lack of available data to identify underlying issues in the health of Aboriginal people. Along with her Muru Marri Indigenous Health Unit colleagues, Lisa is working to provide that data through comprehensive research with a list of research credits to her name; leadership and presentations at conferences; publications; conference papers; public domain reports; journal articles and her teaching.



Poster Presentations

Growing the Indigenous Medical Workforce - the Recruitment and Retention of Indigenous Medical Students

Lilon Bandler

Sydney Medical School, University of Sydney

Giti Dat

Sydney Medical School, University of Sydney

Abstract

There is a dearth of quantitative analysis addressing Indigenous medical student recruitment and retention patterns, largely due to the absence of available and reliable data. The authors were granted access to data from the Medical Students Outcomes Database and Longitudinal Tracking (MSOD) Project, enabling statistical analyses on the Indigenous medical student population on a national scale for the first time.

The aims of the study were twofold – to identify and describe the Indigenous Australian medical student population, and to compare and contrast this population to the non-Indigenous Australian medical student population. Variables analysed included demographic and educational data – including age, gender ratio, marital status, urban and rural background, scholarship status and distribution across undergraduate and graduate entry medical programs.

While identifying factors influencing choice of medical school is beyond the scope of MSOD data, this study adds to the evidence base informing tailored recruitment and retention programs across Australian medical schools. This study should be seen as the first step to understanding how medical schools can best serve their Indigenous students, and increase the number of Aboriginal and Torres Strait Islander doctors. In coming years, as MSOD data on Indigenous medical students increases, these findings could provide a foundation for further analyses to evaluate retention and graduation patterns, as well as career intentions and choices into post-graduate years.



Author: Lilon Bandler

Lilon is Senior Lecturer, Indigenous Health Education, Faculty of Medicine, University of Sydney. She works in general practice. She has experience recruiting and supporting Indigenous medical students, and is currently involved in this work. Lilon has extensive knowledge and expertise in medical education across the sector. She is involved in the development of curriculum, as well as teaching and learning resources in Indigenous Health for Sydney Medical School. Lilon actively contributes more broadly to the area of Indigenous Health education through presenting at conferences, conducting research, disseminating publications and with extensive teaching commitments across the university and beyond.

Using Medical Education to Combat Inequity: Preliminary Results from the Educating for Equity Aboriginal Health Project in Canada

Lynden Crowshoe
University of Calgary

Michael Green
Queen's University

Kristen Jacklin
Northern Ontario School of Medicine

Betty Calam
University of British Columbia

Leah Walker
University of British Columbia

Anh Ly
University of Calgary

Tina Liinamaa
Queen's University

Abstract

Little is known about the impact of Indigenous health curriculum on clinical outcomes, or how this curriculum should be developed with an aim to effect changes in care. As part of an international, collaborative, Indigenous health and medical education research project, the Educating for Equity project in Canada has, over the last year, initiated qualitative research with Aboriginal patients, family physicians, curriculum developers, and medical learners. The aim of this first phase is to understand better what are the key components and methods for a medical education intervention designed to promote high-quality diabetes care and improve health outcomes for Aboriginal peoples.

Drawing from primary research findings and existing literature, this poster describes a rationale for the advancement of a critical approach to Aboriginal health curriculum development centered on issues of health equity, social justice and quality of care that considers the following questions: *What do physicians need to know about Aboriginal health and diabetes in order to provide effective care? What are the most effective teaching strategies to foster the transfer of knowledge and skills into clinical practice? Why is it important to teach about these issues? Lastly, how applicable is this critical approach to other Indigenous health curriculum settings?*

While this poster will highlight some of the preliminary results from the research, more specifically, it will describe how, given the landscape of possibilities on what and how to teach medical learners about Aboriginal health and the burden of chronic disease, curriculum design and implementation involves making critical choices (pedagogical and methodological) to achieve educational interventions that are intended to be a catalyst for promoting a desired change.



Author: Lynden (Lindsay) Crowshoe

Lynden is a member of the Peigan Nation, Treaty 7 Region of Alberta. He is an Assistant Professor within the Faculty of Medicine, Department of Family Medicine, at the University of Calgary. Dr Crowshoe graduated from the University of Alberta, Faculty of Medicine in 1995. He currently provides clinical service in primary care to the urban population of Calgary at the Elbow River Healing Lodge, at which he is the Medical Director.

Lynden's clinical interests and priorities are the social equity implications within primary health care that reside within issues such as addictions, mental health, and children's health. In his efforts to improve Aboriginal health Lynden is working towards

developing appropriate primary health models for Aboriginal communities and on increasing physician knowledge and capacity around Aboriginal peoples' health, through academic and research driven medical education initiatives. He was the principle investigator of an Aboriginal health research and curriculum development project entitled, Building Aboriginal Health Teaching and Learning Capacity, which resulted in a formal integrated undergraduate medical education curriculum. He currently is the Canadian PI of the Educating for Equity project which aims to understand the educational, clinical and client outcomes of Indigenous health medical education.



Author: Betty Calam

Betty was born in Kitimat British Columbia (BC), did her undergraduate medical training at the University of British Columbia (UBC), and her internship at Dalhousie. She worked for many years as a family doctor in rural communities in BC, including twelve years in Queen Charlotte City on Haida Gwaii, where she raised her two sons, Greg and Nick. Betty moved to Vancouver in 1994, and became an Associate Professor in the Department of Family Practice at the University of British Columbia, where her responsibilities included leading the Family Practice Teaching Ward at St. Paul's Hospital, and directing the Division of Aboriginal People's Health in the Faculty of Medicine at UBC. She is now the director of the St. Paul's Site of the UBC Family

Practice Residency Program, where the team helps prepare doctors to work as family physicians. Betty is involved in research, teaching and administration, and participates in women's health clinics devoted to supporting the health and wellness of rural and inner city Aboriginal women. Her major academic interests are medical education, Aboriginal health, rural and underserved health care, and community-based participatory projects. Betty currently lives in Vancouver with her husband Roger. Much of her work and personal nurturance brings her back to Haida Gwaii and the Pacific Northwest, where it is always an honour to work with community members, health care professionals and students.

A Clinically and Culturally Competent GP Workforce: The Role of Cultural Educators and Cultural Mentors in Registrar Training

Marlene Drysdale
Monash University

Jodie Fisher
General Practice Education and Training

Abstract

General Practice Education and Training (GPET) acknowledges that Aboriginal and Torres Strait Islander peoples have unacceptably poor health. GPET's mission is to ensure that General Practice education and training is delivered through high quality, innovative and regionally based programs which produces a workforce that meets primary health care needs of all Australians. This mission encompasses Aboriginal and Torres Strait Islander health and the Council of Australian Government's (COAG) 'Close the Gap Strategy'.

Improving access to comprehensive primary health care by Aboriginal and Torres Strait Islander peoples will make a valuable contribution to close the gap, but requires a General Practitioner work force that is both clinically and culturally competent. GPET's *Guide to General Practice Training in Aboriginal and Torres Strait Islander Health* (2011) recognises that Aboriginal and Torres Islander Cultural Educators and Cultural

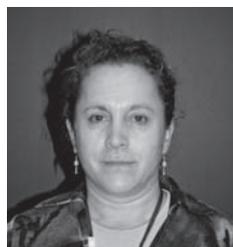
Mentors are central to best practice development and delivery of General Practice registrar training in Aboriginal and Torres Strait Islander Health.

Cultural Educators and Cultural Mentors provide registrars with cultural learning that compliments clinical practice. This is delivered through knowledge and understanding from varied experiences related to culture, region and history. Within the context of comprehensive primary health care a registrar is provided with opportunities to practice medicine within a framework of Aboriginal and Torres Strait Islander understandings of physical, social and emotional wellbeing.

GPET's *Guide* represents its regional contribution to the COAG close the gap in health outcomes between Aboriginal and Torres Strait Islander peoples and other Australians, and represents a component of GPET's overall *Framework for General Practice Training in Aboriginal and Torres Strait Islander Health*. Closing the Gap is everyone's responsibility and GPET is committed to making a real contribution through both national and regional initiatives that increase the numbers of General Practice registrars training in Aboriginal and Torres Strait Islander Health and the quality of the comprehensive primary health care experience and training provided to registrars.

Author: Marlene Drysdale

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Author: Jodie Fisher

Jodie is the Program Leader for the Aboriginal and Torres Strait Islander Health Training Program at General Practice Education and Training based in Canberra. In this role, Jodie's main focus is on facilitating a strategic approach to developing, delivering and evaluating registrar training in Aboriginal and Torres Strait Islander Health. This includes working to build the capacity of Aboriginal and Torres Strait Islander Cultural Educators and Cultural Mentors who are central to best practice in this area of GP Training and will be fundamental to a clinically and culturally competent GP workforce in the future. Jodie has a Masters in Social Ecology and a keen interest in organisational and systemic relationships and interdependencies. Social inclusion, social justice and reconciliation are central to her work and life in general.

Good Medical Care Needs Cultural and Clinical Competence

Maggie Grant

Senior Lecturer, School of Medicine and Dentistry, James Cook University

Abstract

When he was considering the curriculum being developed for the medical school at James Cook University (JCU), the late Dr. Puggy Hunter said "JCU students better be able to pick rheumatic fever, or else all the cultural stuff won't be worth a thing". He was alluding to the health needs of Indigenous Australians and the failure of many medical schools to prepare its students for the rigors of practising optimal clinical care.

Over the last few years more effort has been put into exploring ways of making medical students culturally competent, as is proper. However, less emphasis has been placed on graduating students who are clinically competent in relation to the health issues facing Indigenous Australians.



The health profile of Indigenous Australians often involves problems rarely seen in city practice, a complex mix of infectious and chronic disease, mental health problems and trauma, multiple co-morbidities and a history of under-service.

The JCU School of Medicine and Dentistry has explored ways of tackling these unique clinical issues and their social determinants from the first year of the program. Unexpectedly, teaching clinical and public health issues relevant to Indigenous health has led to greater acceptance of cultural education and interest in non-discriminatory practice.

This poster describes strategies for teaching evidence-based medicine relevant to Indigenous Australians and explores the associated benefits of nurturing cultural competence, increasing understanding of social determinants and building interest in careers in Indigenous health.

Author: Maggie Grant

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The Rowan Nicks Russell Drysdale Fellowship

Louise Lawler

Graduate School of Medicine, University of Wollongong

Lilon Bandler

University of Sydney

Abstract

The Rowan Nicks Russell Drysdale Fellowship is a philanthropic scholarship aimed at improving Indigenous health and welfare and at fostering Indigenous leadership. It is funded by eminent cardio-thoracic surgeon Dr Rowan Nicks AO, and a bequest from the late Russell Drysdale's estate.

The Fellowship seeks applicants from across Australia, focusing on rural and remote regions and projects or studies, which will have a tangible positive effect on Indigenous Health and welfare at community level. The Fellowship can take the form of a salary for a period of up to twelve months at a level commensurate with the Fellow's experience and qualifications, or a stipend and/or payment of course fees or materials to undertake approved training, education or research.

The Fellowship is valued up to AU\$60,000 for a period of up to twelve months with possibility of renewal for up to a further period of twelve months in exceptional instances. Applicants must be Australian citizens. Indigenous Australians are strongly encouraged to apply and preference is given to projects or training which demonstrate support from an Indigenous community.

The Fellowship has been offered since 2003 and there have been fifteen recipients to date. Each year the application process identifies the great need for scholarships for Indigenous students wanting to undertake postgraduate studies. This poster will show case the wonderful work being done by Fellows who have been recipients of this funding.



Author: Louise Lawler

Louise is the Academic Leader: Indigenous Health with the graduate School of Medicine, University of Wollongong. The role ensures recruitment and retention of Indigenous students to medicine and that all students and staff have knowledge and understanding of the issues that influence Indigenous health and wellbeing today. Louise has worked in health and education throughout rural and remote Australia for over thirty years in a variety of positions and is also the Executive Officer of the Rowan Nicks Russell Drysdale Fellowship in Indigenous Health and Welfare.

Developing and Implementing Viral Hepatitis Training for Clinical Care Teams with Aboriginal Clients

Maya Lindsay

Professional Education Division, Australasian Society for HIV Medicine

Bronwyn Leon

Mid North Coast and Northern NSW Local Health Networks

Abstract

It is estimated 4% of Aboriginal people are living with the Hepatitis C Virus (HCV) in Australia compared with 1% of non-Aboriginal Australians. As HCV is curable, the rates of Aboriginal people living with HCV can be and should be much lower. Access to treatment has been identified as a barrier to Aboriginal people successfully completing HCV treatment. We endeavoured to train clinical care teams with Aboriginal clients with the aim of increasing access to HCV treatment by Aboriginal people.

In collaboration with a state wide Government initiative we developed an interactive training program to meet the teaching and learning needs of clinical care teams with Aboriginal clients. The program combined education in clinical aspects of HCV and cultural appropriateness of working with Aboriginal clients with HCV. Following consultation and partnership with key stakeholders we developed a pilot training program. Following three pilots, evaluation reports were compiled using feedback from speakers, facilitators and participants.

Utilising key stakeholders from a range of areas including patient care, professional education and policy development was vital in developing sustainable training. We learned from the consultation to promote a holistic approach to care, provide varying case discussions and different modes of delivery. One hurdle we experienced was merging the clinical education and cultural awareness aspects into one training session.

To overcome this hurdle we ensured the clinical information was culturally appropriate throughout the presentations. We also developed numerous case studies to demonstrate various cultural considerations to be aware of when managing Aboriginal clients with HCV.



Author: Maya Lindsay

Maya is a Project Officer working across the Viral Hepatitis and HIV/STI Programs within the Professional Education Division of the Australasian Society for HIV Medicine. Maya has a Bachelor in Behavioural Science and a background in health promotion and community health education programs.

Sharing the Knowledge and Action: Developing Indigenous Health Education Curricula in Viet Nam

David Paul

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

Ngo Van Huu

Pathfinder International Viet Nam

Christine Clinch

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

Ton van der Velden

Pathfinder International Viet Nam

Abstract

Following a very successful study exchange of faculty members from Viet Nam to The University of Western Australia (UWA), Pathfinder International (PI) was awarded, in September 2009, a grant from Atlantic Philanthropies to implement a four year project with the aims of improving health outcomes for Indigenous people by improving training in undergraduate health curriculum; improving primary health care in remote regional Viet Nam; and increasing the recruitment and retention of Indigenous students in health programs.

In this poster we describe the partnership between PI Viet Nam and the Centre for Aboriginal Medical and Dental Health (CAMDH); the engagement of two medical universities and five secondary medical schools, located in the Central Highlands and the Northern Mountainous regions of Viet Nam. We also outline the significant achievements in terms of knowledge exchange; the development of an Indigenous curriculum framework; the development and piloting of the initial components of this new curriculum across a range of disciplines including nursing, medicine, and physician assistants; the implementation of infrastructure and resources to support the initiatives; and the increasing engagement and partnership with Indigenous practitioners, students and community.

Author: David Paul

See page 34

Author: Christine Clinch

See page 38



Author: Ngo Van Huu

Ngo Van Huu serves as the Program Manager, Reproductive Health, HIV/AIDS, and Ethnic Minority Medical Education Projects at Pathfinder International Viet Nam, where he provides technical guidance, strategic direction and overall management of the projects. He has over twenty years of experience in reproductive health, HIV/AIDS and primary health care management, and human resources development for health. As a team leader of the projects, he has strong experiences in curriculum development, teaching methodologies and student assessment. He graduated from Ha Noi Medical University as an Obstetrician and Gynaecologist. He obtained his Master of Public Health at the University of Washington.

LIFE: A Cultural Adaptation of the Stanford Chronic Disease Self-Management Program (CDSMP) for Aboriginal People in Australia

Kate Warren

Spencer Gulf Rural Health School, University of South Australia

Abstract

The Stanford CDSMP has a growing reputation and evidence base worldwide as a generic program helping people to better manage their chronic condition(s). Self-management, whatever the methodology, is becoming more accepted as an integral and necessary component of chronic disease management and essentially underpins the success of maintaining quality of life, control of symptoms and slowing or avoiding complications of disease process.

Aboriginal communities continue to have much higher rates of morbidity and mortality related to chronic disease. Therefore having a range of strategies to improve not only chronic disease management, but self-management, will result in better health outcomes in the long term. Ensuring that self-management is included in any dialogue that contributes to best practice chronic disease management is imperative if closing the gap initiatives are to be successful in the long term in Australia.

The LIFE program was originally adapted for Aboriginal people during the Sharing Health Care initiative. LIFE has since grown and developed by capturing the feedback from the Aboriginal people involved. This has resulted in a richer, more meaningful program and an understanding of the need for transferring adaptation skills onto leaders who will run the program in their communities to address the diversity of Aboriginal culture across Australia. This poster will showcase Aboriginal people utilising the understanding of their culture and their communities to make a health education program sustainable and relevant.



Author: Kate Warren

Kate is a Wiradjuri woman and Registered Nurse currently working as a Research Associate at the Spencer Gulf Rural Health School. Kate conducts training for health professionals and consumers in Stanford and Flinders chronic disease self-management programs and is involved in health research projects based on the management and prevention of chronic disease and population health. Kate co-facilitated the adaptation of the Stanford program for Aboriginal people in Australia and has since developed the first train the trainer model of the adapted version.

Survive and Thrive the System: Preparing Indigenous Medical Students

Robyn Williams

Lecturer, Charles Darwin University

Colleen Hayes

Senior lecturer, Charles Darwin University

Abstract

It is the intention of the authors of this poster to share some of the unique challenges and opportunities faced in the identification of learning styles and teaching of Indigenous students in medical education.

Based on some of the concepts underpinning work done for a program aimed at Indigenous public servants to build their coping mechanisms and resilience to forge a career pathway of their choice in the Northern Territory Department of Health, the authors co-developed and co-facilitated the *Surviving the (medical) System* half day session as a key component in the Preparatory Medical Program, NT Clinical School. The overall aim of the session was to provide the opportunity for the participants to develop the basis of a tool kit of general practical skills that allows them to interact effectively and successfully in a mainstream health service delivery environment.

The participants explored ways in which cultural values, attitudes and beliefs influence worldviews and work practice (cultural self-assessment); investigated challenges, barriers and enablers in working in a cross-cultural and organisational environment; discussed strategies to work effectively and meet organisational objectives without compromising personal and professional cultural integrity; identified best practice for effective communication in the workplace; and developed a personal plan to survive and thrive in the workplace.

The session addressed the broader issue of the retention of Indigenous medical students as well as that of existing Indigenous staff working in the health and education systems. There are wider and systemic ramifications for the capacity and governance aspects of the Indigenous health and education workforce.



Author: Robyn Williams

Robyn has health and education qualifications and significant experience in working collaboratively with various government and non-government organisations. She also has over thirty years of experience of working with Indigenous people from urban, rural and remote communities throughout Australia. 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 undertaking PhD studies where her thesis is on exploring best educative practice for culturally safe practitioners in Indigenous primary health care settings.



Author: Colleen Hayes

Colleen is an Arrernte woman who grew up in Alice Springs. She spent the early part of her working life working for various government agencies addressing Aboriginal issues. In the last year she has commenced study for a Masters in Remote Health and is considering a teaching degree. She has spent the last two years within Flinders University, working as a Senior Lecturer on Aboriginal health.

Evolving Curriculum Framework for Indigenous Health within the Post Graduate Medical Curriculum of Flinders NT (a campus of Flinders University) in the Northern Territory

Della Yarnold, Bilawara Lee
Flinders University, Northern Territory

Abstract

Through collaborations with community members, the university is exploring ways in which we can achieve two important outcomes. The first is the provision of ongoing experiential learning opportunities that allow students to engage with and immerse themselves in Indigenous cultures and community gatherings. This forms part of the overall objective of encouraging attitudinal changes in medical students, through awareness of different world views, the impact of racism and their own cultural paradigm.

The second is how this attitudinal shift translates into skills, knowledge and behaviours that have a very pragmatic outcome for Indigenous patients. This aspect explores the health system barriers and enablers faced by junior doctors and helps medical students develop their toolkit of resources to assist them providing a culturally safe and responsive service to Indigenous patients in both the community and hospital settings.

Overall, the framework is based on three key concepts: communication, applied knowledge and holistic health. The poster will explore how the Indigenous and non-Indigenous academics developed the framework, including how it translates into: integrated learning opportunities, teaching plans, engagement with community teachers (including traditional healers) and the synergies created by Indigenous clinical staff with community healers in the classroom.



Author: Della Yarnold

Della is a Biripi woman who was born and grew up on Ngurrabul land in Glen Innes NSW. She spent the early part of her working life working for various government agencies on a diverse range of Aboriginal issues including heritage and community development programs. In 2007 she graduated with a Bachelor of Medicine from The University of Newcastle. In late 2009, Della moved to Darwin to take up her current role as the Director of the Indigenous Transition Pathways Flinders University.



Author: Bilawara Lee

Bilawara is an Elder of the Larrakia Nation of Darwin Northern Territory and her name means 'Black Cockatoo'. She is a cross cultural awareness and cultural protocols trainer, conflict resolution mediator and authorised marriage celebrant. Bilawara has over sixty years experience working, living and being part of a vibrant and highly respected Australian Aboriginal family. She is acknowledged and respected as a community communicator, healer and teacher of the ancient wisdoms of Aboriginal Spirituality and Healing.



Entertainment

LIME Connection IV Dinner - 30 November Floating Pavilion, Auckland

Major Change Jazz Trio

Led by Māori vocalist Campbell Rehu, *Major Change* will be playing smooth jazz ballads mixed in with some toe-tapping swing standards at the LIME Connection IV dinner. Campbell Rehu, Matt Nanai and David Kang are currently studying for their Bachelor of Music degrees at The University of Auckland. They have been playing together for the past year and are already making waves in the Auckland music scene. *Major Change* will be performing from 6:45pm – 7:30pm at the event, so be sure to arrive on time!

Kapa Haka Performance

DJ Raj

DJ Raj will be providing the music for the LIME Connection IV dinner. He has over seventeen years of DJ experience and has worked at hundreds of events. Raj knows what to play and when to play it, and has a huge music collection with over 20,000 titles, which he will be playing on the dance floor (upstairs at the Floating Pavilion) from 9:30pm.

Closing Drinks – 1 December, Rydges Auckland

Campbell Rehu

Auckland singer/songwriter Campbell Rehu has been refining his craft over the past two years studying towards a Bachelor of Music, majoring in Popular Music, at The University of Auckland. In this time and through his high school years, Campbell has performed at various private and public performances including The University of Auckland School Songwriter of the Year Competition and Auckland City Council's Music in Parks. Campbell's unique sound is drawn from his many musical influences including Michael Bublé, Jamie Cullum, Dean Martin and John Mayer.

Photographers:

Juan Asher, Nurain Janah, and Farah Saad
on behalf of the Auckland University Photographic Society

