



THE LIMENETWORK

Leaders in Indigenous Medical Education

LIME Network Member Survey 2016 Report

PROJECT SUMMARY

The Leaders in Indigenous Medical Education (LIME) Network has recently developed a Communications Strategy to assist in:

- Ensuring current members are aware of, and **accessing** LIME resources;
- Engaging a **broader group** of health educators and professionals with the LIME Network Program and its resources; and
- **Evaluating** and progressing LIME Network activities into the future.

A Member Survey was undertaken in early 2016 via Survey Monkey, to build on data gathered in 2013 and 2015 at LIME Connection V and VI, and to inform our ongoing communications with members.

All members of the LIME Network were emailed about participation in the survey (N=1071). Just under 10% of members (N=103) participated in the survey.

The results of this Member Survey are presented here, and will be used to:

- Determine how often, and the most effective means, to **communicate** with members (email, post, social media, website);
- Develop strategies to **engage** a broader group with the LIME Network;
- Drive change and **evaluate progress** in the Program's outcomes.

If you have any questions or comments, please contact us via:

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LOGO AND ARTWORK
Michelle Smith & Kevin Murray

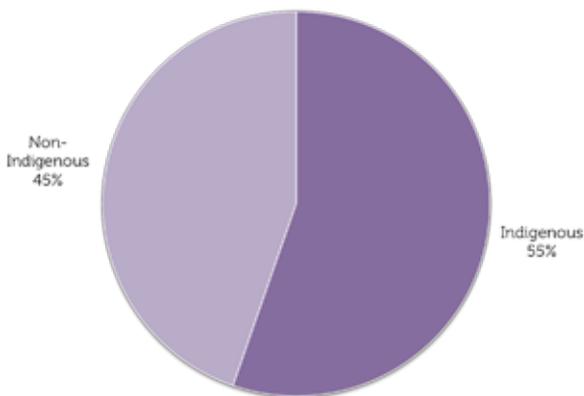
DESIGN
Caitlin Ryan & Inprint Design

RESPONDENTS

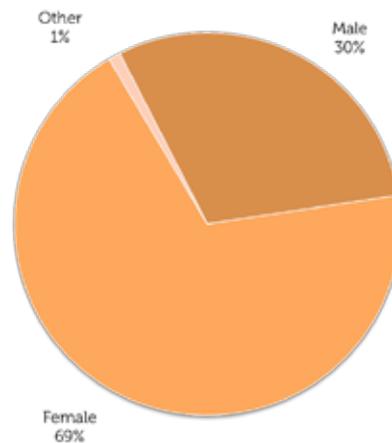
DEMOGRAPHICS

- 103 LIME Network Members took part in the survey (9.6% of members)
- 55% Indigenous, 45% Non-Indigenous
- 69% Female, 30% Male, 1% identified as Other
- 78% from Australia, 14% from Aotearoa/New Zealand and 8% Canada
- 26% University Academic, 12% Medical Practitioner, 12% Medical Student, 50% Other

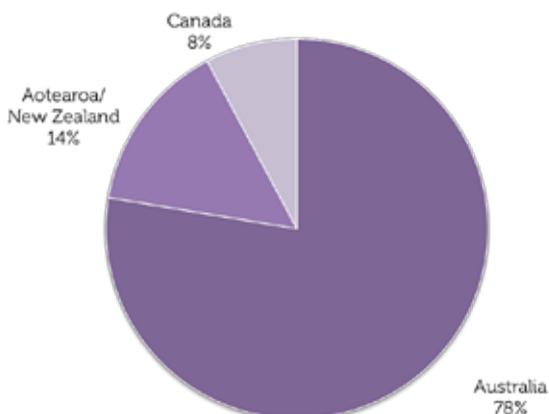
INDIGENOUS STATUS



GENDER

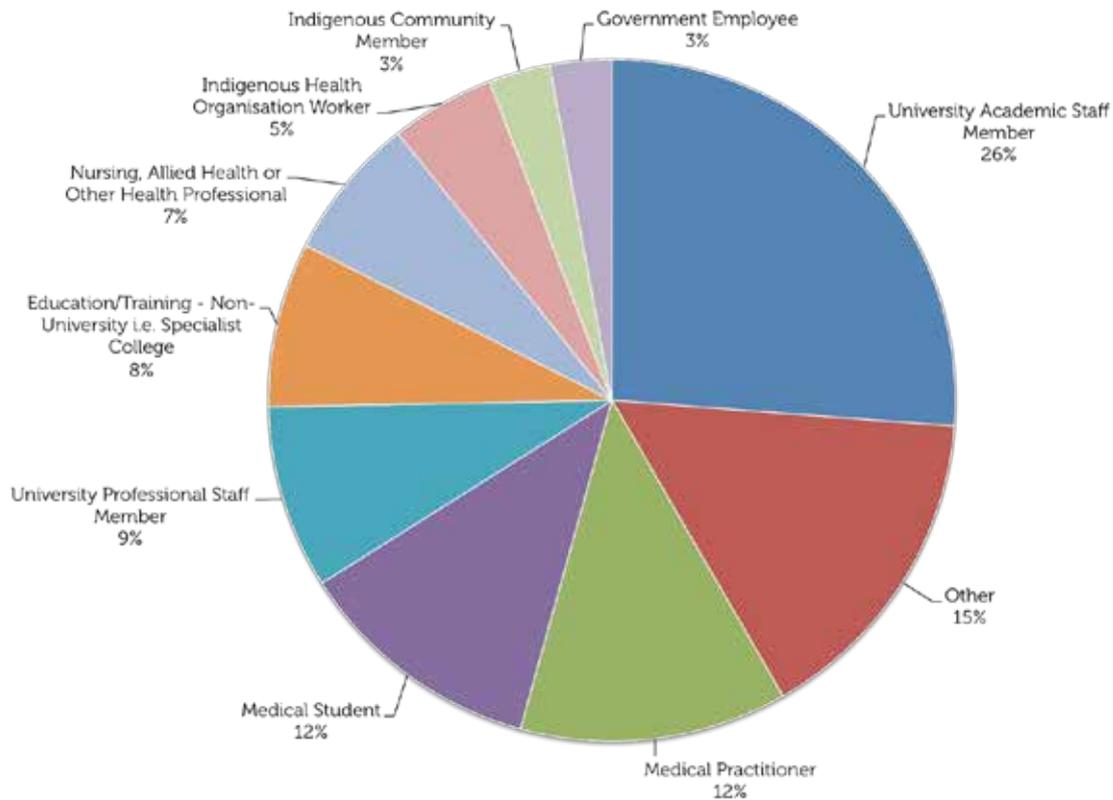


LOCATION



 I am a non-Indigenous Health educator in Health Sciences... I found the collaborative and supportive nature of LIME was an integral part of my development as an educator, in that I was fully supported by LIME each time that I have presented [at LIME Connection]. 

PROFESSION

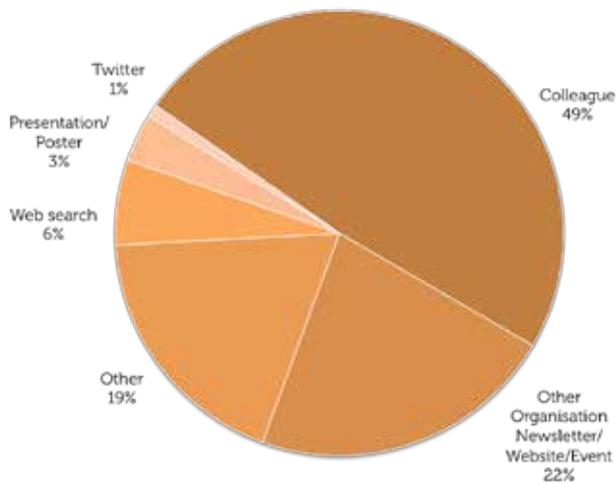


'OTHER' PROFESSION RESPONSES

- PhD student (research institute, public health, unspecified), Public Health PhD candidate
- Former academic staff (now PhD student)
- University student & community worker
- Academic & medical practitioner
- Independent medical education
- Specialist medical college
- Aboriginal Clinical Health Worker
- Indigenous community member & hospital/health centre worker
- Indigenous physician, university professor, Indigenous organisation executive
- Semi-retired trainer language, literacy, numeracy & health
- International NGO worker
- Membership & advocacy for psychologists
- Mainstream health organisation Koorie Employment Officer
- Consultant

MEMBERSHIP

HOW DID YOU HEAR ABOUT THE LIME NETWORK?

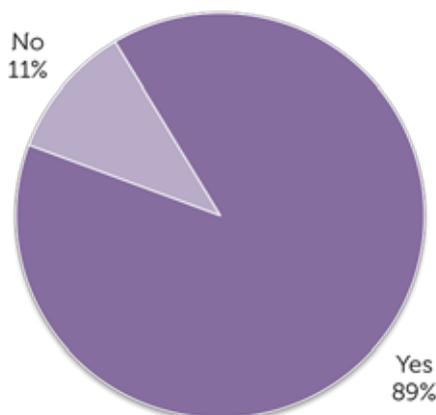


OTHER WAYS PEOPLE HEARD ABOUT LIME

- University mentor for Aboriginal students
- University
- Muru Marri Unit at UNSW
- Woolyungah Indigenous Centre UOW
- Otago Medical School
- Flinders University
- Previous role at Deakin University
- Member of Reference Group
- Work networks
- A conference with a...LIME stand
- Conference / PRIDoC / ANZAHPE
- Presented at LIME V
- Weenthunga Health Network
- Te ORA
- AIDA
- Health newsletter
- LIME Newsletters
- Involved since start up
- Indigenous inter-agency

 I became a member of the LIME Network to help me with my professional development while studying for a degree at university. 

WOULD YOU RECOMMEND LIME TO YOUR COLLEAGUES?



 I'm an Aboriginal GP but I also work at a university as an academic. It is important to me to keep up with best practice for teaching Aboriginal health curriculum. 

HOW HAS BEING A LIME MEMBER INFLUENCED YOUR THINKING AND/OR WORK?

Respondents indicated being a member of the LIME Network influenced their **thinking** and/or work in the following ways:

- Developed an increased **awareness** around Indigenous health issues and racism;
- Created further **understanding** of challenges faced by Indigenous students;
- Encouraged staff to **push for further, innovative change** in curricula;
- Resources had an impact on **assessment** design;
- Resources helped to develop **student pathways** and recruitment programs;
- Members' research and other work has been **affirmed and encouraged**;
- Created a sense of being part of a larger supportive **community**;
- Led to increased **learning**, exposure to new resources and ideas;
- Strengthened the **resolve** to continue work in the face of challenges.

 [LIME] gave me belief that I could become a medical doctor. 

 When facing resistance from students and faculty I can always rely on my LIME experiences to remind me of the people standing alongside me. 

HOW HAS BEING A LIME MEMBER INFLUENCED YOUR THINKING AND/OR WORK?

(i.e. teaching/research practices, levels of awareness/understanding)

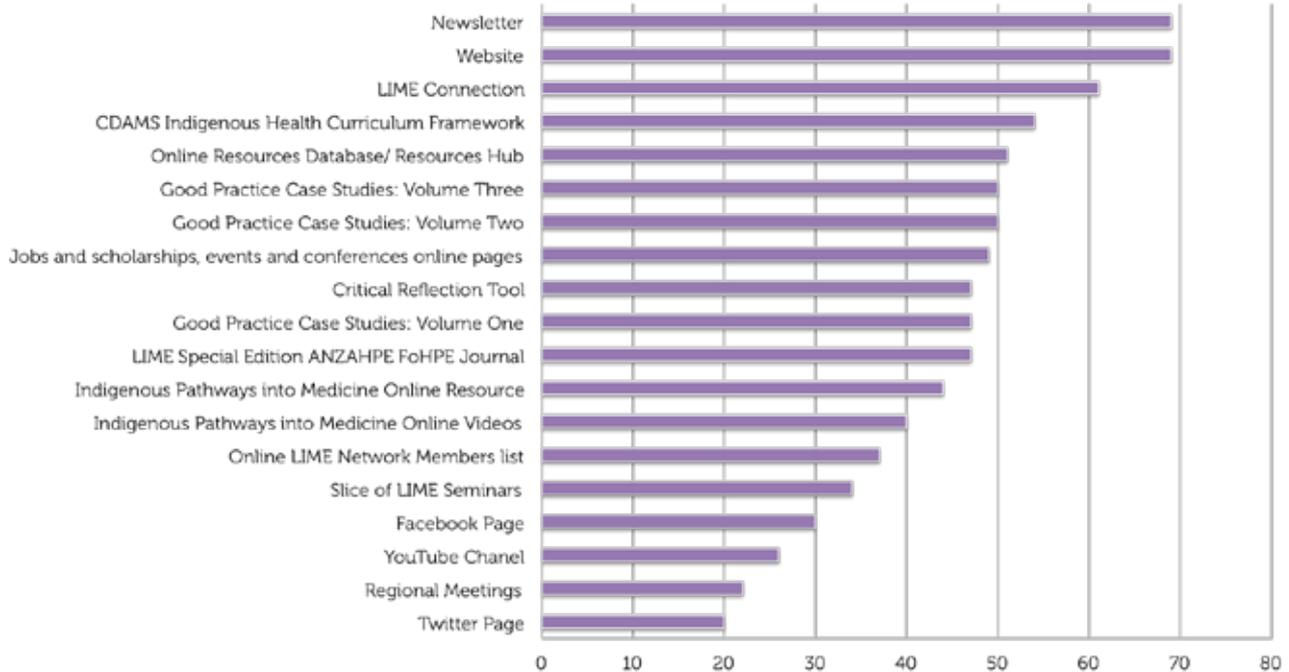


 After presenting [at LIME Connection]...I felt that the reviews affirmed our work and that we were now connected in a global web to a rich group of thinkers. Innovation is always encouraged and given the chance to be shared, which has encouraged me to learn from others whilst trying my own ideas in teaching / research. 

LIME NETWORK ACTIVITIES

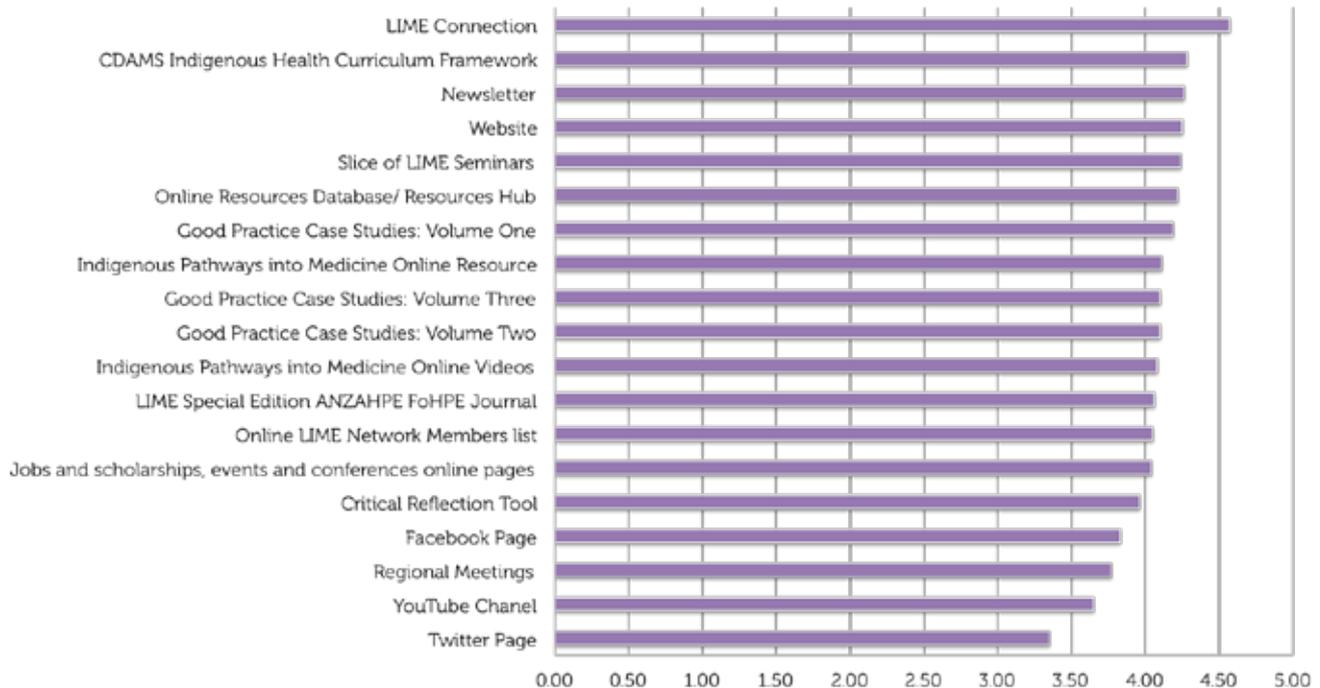
MOST ACCESSED RESOURCES

(Number of respondents who have accessed the resource)



MOST USEFUL RESOURCES

(Average rating 1 not particularly useful - 5 very useful)



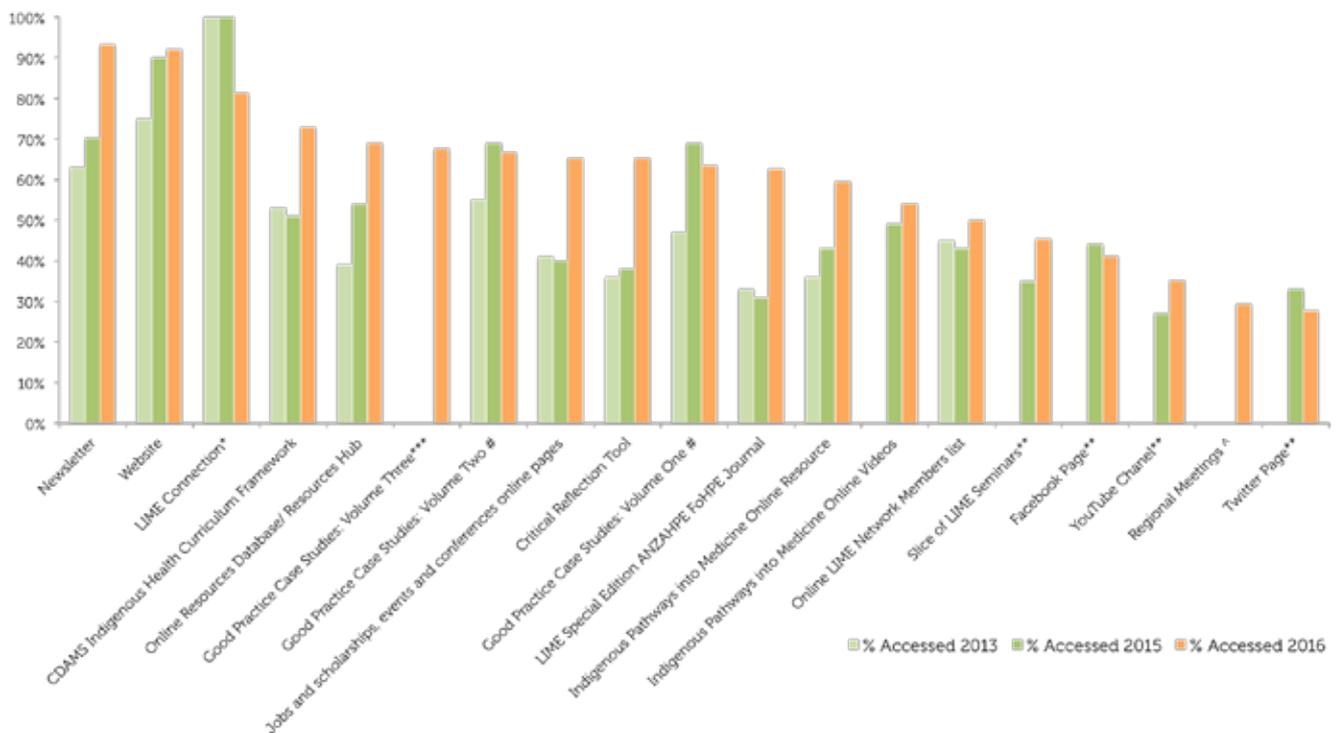
INCREASE IN ACCESS OF LIME NETWORK RESOURCES OVER TIME

The LIME Network collected data on **which resources our members access** via the 2013 and 2015 LIME Connection Evaluation Surveys, as well as via this 2016 Member Survey.

The data collected in 2013 and 2015 indicated that members who were aware of LIME Network resources found them very useful, yet many members were unaware of some of the resources available.

Comparing the three data sets indicates that **in 2016, members are more likely to be accessing the resources available to them than they were in 2013.**

CHANGE IN ACCESS OVER TIME



* Responses for 2013 and 2015 were from LIME Connection Evaluations - all respondents were present at LIME Connection. 2016 responses were from the wider membership, therefore some had not been to LIME Connection.

** Resource developed after 2013

*** Resource developed after 2015

^ 2013 and 2015 survey did not ask about Regional Meetings

Survey in 2015 asked about Good Practice Case Studies resources as one item, rather than separated by volume. The result (69%) is recorded for both Volume One and Two.

COMMENT ON WHY OR WHY NOT THE ACTIVITIES/RESOURCES AVAILABLE ARE OF VALUE

Respondents who indicated that some activities/resources were not of value to them, reported that they either **didn't know** the resources existed, didn't have **time** to access the resources, or they **didn't use** the particular type of resource – such as Facebook, Twitter or YouTube.

Those who reported that activities/resources were useful noted the reasons:

- **Availability** online and easy access, including for those outside of metropolitan areas;
- **Up to date** information, including information provided at LIME Connection;
- **Tools** for reviewing curriculum were used by universities;
- Provision of resources from an Indigenous perspective and **culturally appropriate** resources;
- Ability to **search** for specific content and information on Indigenous health.

I trust the resources and believe they are related to current best practice, so I am able to use them as a reference point.

Resources are great as they address Indigenous health issues from an Indigenous perspective.



The activities/resources that are available online are easy and flexible for me to access.

I have not found some of the above resources. I will search, as they are probably exactly what we need.

PLEASE PROVIDE ANY SUGGESTIONS FOR FUTURE ACTIVITIES/RESOURCES

Respondents had many ideas for future activities and resources. The most commonly mentioned were:

- More interaction with and inclusion of the broad **health sciences**, including nursing and dental;
- More integration with **Indigenous organisations**, and links on others' websites;
- Working on **Pathways** into Medicine from Secondary and Primary school, linking with other organisations to do this and incorporating on family support and information;
- Promotion of **doctorate studies** and scholarships, pathways after medical school;
- Pathways support for **Aboriginal Health Workers**, collaboration with NACCHO and VACCHO;
- Promoting or designing more resources to support **students** through medical school;
- Adding a LIME flyer to all health science students
- in **'Welcome to University' packs** to promote the network;
- Focusing more on **strategies and solutions** at LIME Connection (as opposed to challenges);
- Increasing meetings and activities on a **smaller scale** between LIME Connections, including more opportunities in each state for face-to-face meetings and/or informal lunches;
- More Slice of LIME seminars, regional meetings and opportunities for **cost free interaction** with the Network;
- Provide opportunities for potential medical students to **meet Indigenous health professionals** in person;
- Increased **advocacy** to support the funding grants for network and the work of members.

Support to Indigenous allied health professionals ...in particular pathways for AHLOs [Aboriginal Hospital Liaison Officers].

Increase of sessions, activities held in all states annually.

PLEASE PROVIDE ANY SUGGESTIONS FOR FUTURE ACTIVITIES/RESOURCES

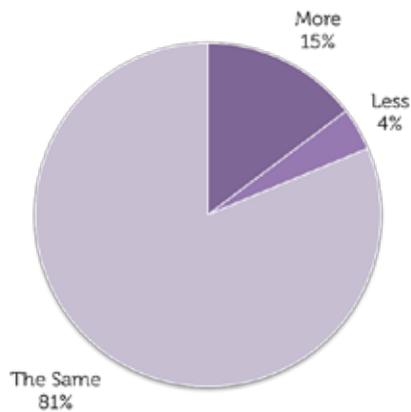
Activities/Resources that would support quality and effective teaching and learning of Indigenous health education, and/or the recruitment & graduation of Indigenous health professional students.



Perhaps an opportunity to meet Indigenous health professionals in each city, for those of us that are interested in studying medicine in the future. Actually meeting and speaking with an Indigenous doctor or other medical professional would surely be of inspiration to chase your dreams.

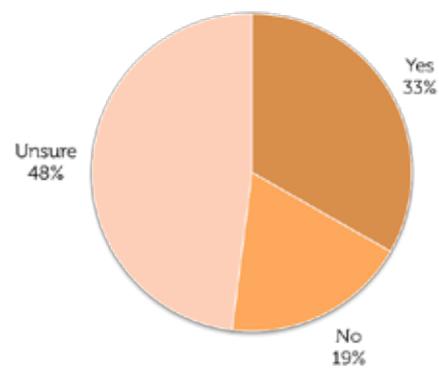
COMMUNICATION

HOW OFTEN DO YOU WANT US TO COMMUNICATE WITH YOU?

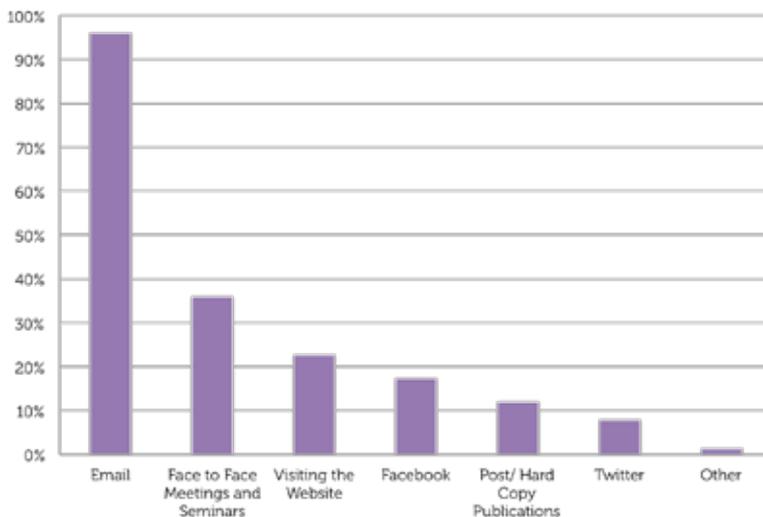


WOULD YOU USE AN ONLINE MEMBER DISCUSSION FORUM?

To share ideas & tools for teaching and learning Indigenous health



HOW DO YOU PREFER TO RECEIVE INFORMATION?



The electronic resources/emails/publications...are fantastic!

Emails are useful - with links through to other information (i.e. publications/events pages).

Current communications are great.

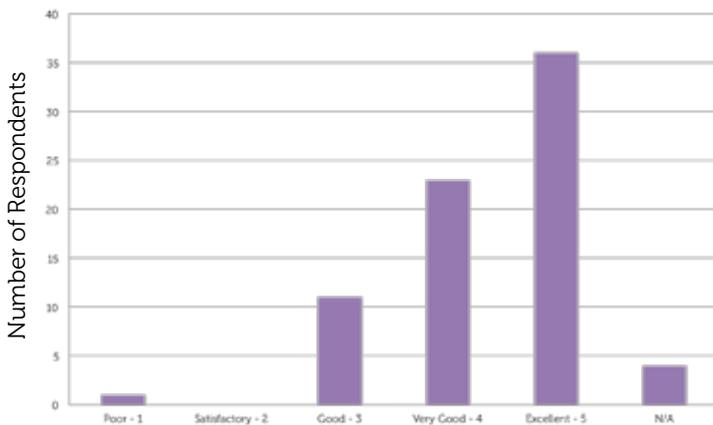
WHAT COMMUNICATIONS FROM THE LIME NETWORK DO YOU FIND USEFUL, NOT USEFUL OR WOULD YOU WOULD LIKE MORE INFORMATION?

Respondents noted that the most useful forms of communication were:

- Emails, newsletters and Facebook posts;
- Conferences and events, such as LIME Connection or the Slice of LIME Online Seminars;
- The Good Practice Case Studies publications;
- Highlighting of events, scholarships and grants on the LIME Network website.
- Twitter was cited by a number of respondents as the least useful avenue of communication.

ADMINISTRATION & MANAGEMENT

YOUR OPINION ABOUT LIME NETWORK PROGRAM ADMINISTRATION



I think its important to have a central body such as the LIME Network team to ensure the progression of a collaborative mechanism for advancing Indigenous medical education.

[It] has been invaluable to have the relationship between [Aotearoa/New Zealand] and Australian Indigenous medical education strengthened, and then broadened to include others. It does feel much less isolated - without the team it would be near impossible to co-ordinate

COMMENT ON THE VALUE OF THE LIME TEAM FOR YOU & YOUR ORGANISATION



COMMENT ON THE VALUE OF THE LIME TEAM FOR YOU & YOUR ORGANISATION

Respondents consistently reported that the LIME Network Team was highly valued and useful to their work. Specifically, members noted the team:

- Is **helpful, efficient and organised**;
- Assists in **highlighting members' work** nationally and internationally;
- Supports those working alone or in small teams to connect and feel **less isolated**;
- Provides resources and information **readily and without financial charge**.

HOW COULD THE PROGRAM ADMINISTRATION BE IMPROVED?

Respondents had very little to suggest in terms of improved program administration. The two suggestions offered by a number of people were:

- Program administration would benefit from secure, ongoing **funding**, to ensure work can be focused on core business rather than securing further funding;
- Increases in **promotion and marketing** through various media to ensure the Network is reaching a wider audience.

BACKGROUND

The Leaders in Indigenous Medical Education (LIME) Network Program is a dynamic network dedicated to ensuring the quality and effectiveness of teaching and learning of Indigenous health in medical education, as well as best practice in the recruitment and graduation of Indigenous medical students.

We do this through a bi-national presence that encourages and supports collaboration within and between medical schools in Australia and Aotearoa/New Zealand, and by building linkages with the community and other health science sectors.

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

It was developed as a stand alone project in 2008 and stemmed from the Indigenous Health Project (2002-2008). Major outcomes of this Project included the Indigenous Health Curriculum Framework and the Critical Reflection Tool, which remain important resources.

The LIME Network Program's significant outcomes include:

- Facilitation of bi-annual **Reference Group** meetings to provide opportunities for those working in Indigenous health & medical schools to collaborate, share information, provide feedback & network;
- The biennial **LIME Connection** conference, providing a forum for knowledge transfer & dissemination, also including the **LIMELight Awards** to celebrate successes;
- The **Indigenous Student and Community Bursary Scheme**, providing the opportunity for student networking & peer support at LIME Connection;
- Publication of the tri-annual **LIME Network Newsletter** promoting best practice & sharing successes in the field;
- Maintaining the **LIME Network Website**, housing information on LIME Network projects, news & events;
- Building the evidence base of Indigenous health curriculum & student recruitment & support, through **publishing Good Practice Case Studies Booklets** & a Special Edition of

the **ANZAHPE Focus on Health Professional Education Journal**;

- Developing & implementing **internal review tools**, supporting medical schools to reflect & evaluate performance;
- Supporting Indigenous people to explore pathways to studying medicine, through the **Indigenous Pathways into Medicine Online Resource & Video Profiles**;
- Strengthening capacity & sharing knowledge among network membership through **Slice of LIME Seminars**;
- Developing a **Peer Support Statement and Strategy** that operates across universities;
- Building linkages across health disciplines & with medical colleges through **networking and information sharing**;
- Supporting collaboration between medical schools & Indigenous Community Controlled Health Organisations through **Regional Meeting facilitation**;
- Hosting meetings with **medical school Deans**, to introduce the LIME Network & update existing medical & health science staff on program activities.

CONTACT DETAILS

If you would like more information regarding LIME Network activities, would like to become a member, or have something you would like to contribute to our next Newsletter, please contact us.

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