

Speaker Presentations

LIME Connection II

Ms. Petah Atkinson

[Cultural Safety Workshop Overview](#)

Koori Health Project Officer,
Koori Health Team,
School Of Rural Health,
The University Of Melbourne

Cultural safety requires health professionals to acknowledge their position of power, reflect on their judgements and communication styles, and be proactive about providing a safe service.

A/Prof. Amanda Barnard

[Partnerships and Placements – Vertical Integration in Clinical Learning](#)

Associate Dean
School of General Practice, Rural
& Indigenous Health,
Austalian National Univeristy
Medical School

Establishment of the Australian National University Medical School with its emphasis on incorporating all elements of the Indigenous Health Framework into its curriculum, and its focus on a community based clinical experience in year 3, combined with the fact that ANUMS holds the contract for GP registrar education in the region, and established good relationships with Winnunga Nimmityjah, provided an opportunity for the organisations to work in partnership.

Ms. Joanna Barton

[Rural Health is One](#)

Rural Eye Manager,
Outback Eye Service, Depart. Of
Ophthalmology,
Prince of Wales Hospital

In recognition that Registrars who work in Aboriginal rural communities require to work in a safe cultural practice. Specialist outreach services have been developed to compensate for the lack of specialists practicing in rural and remote areas. Sustainability depends on an adequate specialist base, integration with remote communities Louise Brown, Greater Western Area Health Service.

A/Prof. John Broughton

[Ka pai tena: Maori Health in Undergraduate Medical & Dental Curricula. Experiences from Otago University](#)

Senior Academic,
Dunedin School of Medicine,
The University of Otago

The experiences of Maori health teaching had a variety of responses from good to unfortunately, bad. A number of strategies were developed to overcome what negativity there was such that now, two decades later, hauora Maori is a naturally accepted part of the curriculum.

A/Prof. Marlene Drysdale

[Telling Them ‘You Can Do It: Recruiting and Retaining an Indigenous Health Workforce](#)

Head of Indigenous Health Unit,
Department of Rural &

Indigenous secondary school students are constructed as marginal, likely to leave school early and unlikely to take up tertiary study. The Footprint project and implementation strategy aimed to make a real difference in helping overcome the failure discourse preventing Indigenous people from working to build a health career and improve their people's health and wellbeing.

Indigenous Health,
Monash University

A/Prof. Jacinta Elston

Strong Murri Students – The James Cook University Experience

Assistant Dean Indigenous
Health,
Faculty of Medicine, Health &
Molecular Sciences

With our move to establish a new Medical School in the late 1990's we articulated our intention to establish a program which actively seeks to engage and retain Aboriginal and Torres Strait Islander students in our program. Almost a decade on, we reflect on our performance and experience, unpacking the enablers and barriers to successfully recruiting and retaining Aboriginal and Torres Strait Islander people in our program. Our experiences may provide opportunities for colleagues and stakeholders to strengthen their own capacities in this area, and from our collective experiences and knowledge new policy imperatives could develop.

Ms. Sally Farrington

[Facilitating Access, Retention and Success for Indigenous Students in Health Sciences](#)

Acting Head & Coordinator of
Support,
Faculty of Health Sciences,
Yooroang Garang

Whilst the number of Aboriginal and Torres Strait Islander students in higher education in Australia has improved in recent years, their attainment and participation continues to be lower than that of other Australians (AIHW, 2005). We felt there was a real need to get behind these statistics at a local level and explore the factors that influence progression and retention of Indigenous health sciences students.

Prof. Michael Field

[Implementation of the New AMC Standards](#)

Chair,
Medical School Accreditation
Committee,
Australian Medical Council

Dr. Eleanor Flynn

[Working with Indigenous Simulated Patients in Extended Communication Skills Workshops](#)

Senior Lecturer in Medical
Education,
Medical Education Unit,
The University of Melbourne

We wanted to help senior medical students understand the important issues for urban Indigenous patients with a chronic disease, in particular how to work with patients who are unhappy with the health service. These sessions occur at the beginning of a 6-week rotation covering chronic disease and community services including teaching sessions on communicating bad news and illness trajectories.

Ms. Maggie Grant

[Teaching Best Practice in Indigenous Health – Culturally and Technically Safe Practice](#)

Senior Lecturer,
School of Medicine,
James Cook University

A primary concern of medical schools is that there is a culturally safe environment for Indigenous students and staff. Another concern is encouraging non-Indigenous students' knowledge of and interest in Indigenous health and this often involves facilitating exploration of their own personal beliefs. In practice, there may be considerable tension between these two concerns.

A/Prof. Philip Jones

[Presentation: Embedding Indigenous Health within a New Medicine Program](#)

Associate Dean (Education),
Office of Medical Education,
Faculty of Medicine,
The University of New South
Wales

In 2004, the UNSW Faculty of Medicine introduced a major change in the pedagogy and structure of its curriculum, becoming one that is outcomes-based with a strong alignment between eight graduate capabilities and the curriculum's learning activities and assessments. Learning in Indigenous health is addressed throughout the program and is particularly represented in the capability: Social and Cultural Aspects of Health and Disease.

Dr. Martina Kamaka

[Cultural Competency Teaching: Efforts at the University of Hawaii John A. Burns School of Medicine \(JABSOM\)](#)

Department of Native Hawaiian
Health,
University of Hawaii

Native Hawaiians suffer the worst health disparities in Hawaii. Efforts at the Department of Native Hawaiian Health (DNHH) at JABSOM have focused on recruitment and retention of Native Hawaiian students as well as the development of a cultural competency curriculum incorporating lecture, workshops, PBL cases and cultural immersion. The latter efforts were also encouraged by the school as a result of curricular changes and federal requirements.

Dr. Ursula King

[All Together Now: The Central Importance of Developing Cultural Competency](#)

Coordinator,
Indigenous Health Strategy,
University of Wollongong

Recognised that, as a new regional medical school, there was an opportunity to develop cultural competency of all staff (academic and general) at inception. This was based on the premise that only a whole of school approach, starting with a self-reflective and supportive process of engaging with Indigeneity and Indigenous health issues, would enable a strong foundation on which to build an Indigenous health program within and across all of the Graduate School of Medicine's (GSM's) activities.

Ms. Louise Lawler

[Growing Our Own – Nurturing Indigenous School Students into the Health Professions](#)

Lecturer,
School of Rural Health,
The University of Sydney

Remote and rural Australia is in the grips of a health workforce crisis that will predictably deteriorate over coming years. To combat this, initiatives have been undertaken to encourage rural youth into health professions. Yet Indigenous students are less inclined to take advantage of these opportunities than their non-Indigenous counterparts. Simultaneously, universities actively seek Indigenous students for all health courses. This study has uncovered some reasons for these discrepancies.

Ms. Lin Oke

[The Koori Occupational Therapy Scheme First Steps Towards Developing an Indigenous Occupational Therapy Workforce](#)

Chair,
Koori Occupational Therapy
Scheme (KOTS)

Occupational therapy is concerned with the promotion of health, wellbeing and participation in everyday life. It aims to address barriers to individuals and communities participating in daily activities, as a result of experiencing illness, disability or disadvantage. It has been shown that Indigenous health services are best controlled and delivered by Indigenous health professionals (AIDA, 2005). However, less than 0.1% of the occupational therapy workforce identify as Indigenous Australians (Lowe & O'Kane, 2004). Additionally, anecdotal information suggests that availability of occupational therapy services within Aboriginal controlled health services is limited.

Ms. Bahavini Patel

[Sharing True Stories – NT Clinical School](#)

Director of Pharmacy,
Royal Darwin Hospital

Sharing the true stories is a project, which has focused on identifying and addressing barriers to effective communication between Aboriginal client groups and health staff in renal and hospital services in the Top End of the Northern Territory (NT). Stage 1 of the study, conducted in 2001, found that lack of shared understanding and miscommunication between health staff and Yolngu patients, a subset of Aboriginal patients accessing renal and hospital services in Darwin, seriously limited the patients' capacity to make informed choices about their health care and limited the ability of the health professionals to deliver effective services.

Dr. David Paul

[Presentation 1: Making a Difference: Changing the Health Workforce](#)

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

[Presentation 2: It is More Than Just Getting in the Door: Pathways to a Medical Career](#)

Presentation 1: Acceptability is a key factor that determines access to health care services. In developing and implementing a comprehensive, vertically and horizontally integrated curriculum our aim has been to contribute to: the creation of a culturally secure health workforce; developing a safer learning environment; and, increasing the number of Aboriginal people in the health workforce.

Mr. Peter Pinnington

[Australian National University Medical School \(ANUMS\) Indigenous Health Curriculum Implementation](#)

Lecturer in Indigenous Health

Australian National University

The ANUMS has had a commitment to include Indigenous health curriculum since its inception in 2004. The ANUMS established the Aboriginal Health Medical Education Training Committee (Committee) in 2004 of stakeholders in Indigenous Health from across the ACT. Employment of an Indigenous Health academic, Peter Pinnington, who in 2005 integrated the eight subject areas of the Medical Deans of Australia and New Zealand Indigenous Health Curriculum Framework (2004) across all years and disciplines.

Dr. Jenny Reath

[Assessing the Curriculum](#)

GP Manager Aboriginal & Torres
Strait Islander Health Unit

Royal Australian College of
General Practice

The Royal Australian College of General Practitioners (RACGP) Aboriginal health curriculum was developed in partnership with the National Aboriginal Community Controlled Health Organisation (NACCHO) in 1997. While the RACGP has committed to including this content in every examination for the Fellowship of the RACGP (FRACGP) and a number of written questions have been regularly included, this aspect of the curriculum was not assessed in the clinical examination until 2006.

Dr. Craig Richards

[Indigenous Medical Education – Achieving Quality and Quantity](#)

Senior Lecturer,
University Of Newcastle

To identify ways in which we can both successfully provide improved geographical access and an increased number of places to prospective Indigenous medical students, whilst still meeting our responsibility to adequately support both Indigenous students and staff.

Dr. Paul Roberston

[Conversation Through Immersion?](#)

Co-Director,
Maori/Indigenous Health
Institute,
Univeristy of Otago

To make use of a traditional Maori context (i.e. the marae) as a venue for clinically focused teaching. It was recognised that by using this venue, incidental learning would help increase students' understanding and ability to engage with Maori. A primary focus was increasing their ability to work safely with Maori patients and whanau.

Dr. Dick Sloman

[Rethinking Teaching Students in Health Science Disciplines About how to Work with Clients from Diverse Backgrounds](#)

Associate,
Onemda VicHealth Koori Health
Unit

Patient centred care is a dominant model for conceptualising the interactions between health providers and their clients. Recent evidence suggests that this approach alone does not lead to health providers responding sensitively and effectively to clients whose social or cultural backgrounds are very different from their own.

Prof. Peter Smith

A Faculty Wide Statement and the UNSW Journey to Turn around its Stats

Dean,
Faculty of Medcine,
The University of New South
Wales

UNSW has been actively recruiting Aboriginal students into its medicine programme since 1993. We knew that the solution to graduating doctors was beyond simple recruitment methods, and that an overall, holistic approach was needed.

A/Prof. John Stuart

[The Death of an Aboriginal Baby, an Instructive Case for Medical Students](#)

Conjoint Associate Professor &
Senior Staff Paediatrician,
University Of Newcastle &
Hunter New England Health

In 1968 a five month old Aboriginal baby was admitted to hospital in Cunnamulla with gastroenteritis. Two days after admission, the baby died. This would not be a particularly unusual event except that some three months later when a sibling of the deceased child was admitted to the same hospital, the mother was arrested and charged with manslaughter on the grounds of an alleged failure to provide the baby with adequate food or to seek medical attention.

Dr. Janelle Trees

“Big Name, No Blanket” – Opening Indigenous Discussion about Internship\

Doctor,
Port Kembla Hospital

Trauma, suffering, self-annihilation, bullying, perfectionism, self-actualisation, prosperity, pride in achievement, experiencing oneself as the catalyst for healing, the privilege and daunting responsibility of intense intimacy with strangers (emotionally and physically); becoming part of the workforce in a respected but often exploited role, experiencing brilliant camaraderie and its flipside, petty nastiness; frustration with bureaucracy and waste in the face of suffering. All of these overwhelm the intern, working under conditions which would test any personality.

Ms. Leah Walker

Essential Elements to Creating & Sustaining an Interprofessional Aboriginal Health Elective in Aboriginal Communities

Associate Director,
Division of Aboriginal People's
Health,
University of British Colombia,
Canada

There is an expressed need for Aboriginal health curriculum and interprofessional teamwork in UBC's medical school. Aboriginal people have also expressed a need for health care providers able to work respectfully with them. We developed and improved upon an innovative one-month interprofessional health elective course in Aboriginal communities. A first at UBC and in Canada, this course is a clinical and experiential primer in Aboriginal health taught by Aboriginal community partners.

Prof. Neville Yeomans

Admission of Indigenous Medical Students : Experiences of a New School

Dean of Medicine,
The Univeristy of Western
Sydney

The University of Western Sydney medical course commenced in 2007. Particularly because of the University's location, in proximity to two of the largest Indigenous Australian populations in the country, the School was keen to include some Indigenous students in the first cohort, while doing its best to not set students with insufficient relevant educational background up to fail.