

LIME GOOD PRACTICE CASE STUDIES

Enabling good practice in Indigenous health and medical education: The role of the LIME Network

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Introduction

The status of Indigenous peoples' health in both Australia and Aotearoa/New Zealand remains well below that of their non-Indigenous counterparts, with a greater burden of disease and lower life expectancy (ABS & AIHW 2012; NZ Ministry of Health 2010). A range of historical, social and economic factors influences this situation, but both ensuring access to appropriate health care services and the quality of care provided are also influential (Anderson 2008). The medical schools that educate our doctors, therefore, have an important responsibility in developing a workforce that is responsive to the needs of Indigenous people (Hays 2002).

Historically, education on Indigenous health has been sporadically taught and poorly implemented in medical education (Garvey & Brown 1999; Phillips 2004). The Leaders in Indigenous Medical Education (LIME) Network was established in 2005 to be a 'sustainable, functional and effective network' of Indigenous and non-Indigenous medical educators who could collaborate and support each other in the delivery of Indigenous health curriculum and the development of strategies to recruit and support Indigenous medical students (Phillips 2005).

While recently searching our archives we discovered an article by Beacham et al. (2005) on the nature and purpose of networks generally. Densely marked with highlighter, the paper may have informed the initial development of the LIME Network during its establishment phase.

In this paper we explore the role and function of the LIME Network's organisational support structure and its value in driving systemic and institutional change to enable best practice in Indigenous health and medical education. We utilise Beacham et al.'s framework to analyse the operational aspects of the Network and to see where improvements can be made to further its aims.

Aims and Objectives

Networks are becoming a key feature in the health and education sectors and play an important role in connecting people around a common goal or issue (Armstrong & Kendall 2010; Beacham et al. 2005; Briggs et al. 2012; Clark 1998). They are considered an effective way of responding to

local challenges and instigating change through a shared sense of purpose (Armstrong & Kendall 2010). With allocated structures to support growth and sustainability, networks can build collective knowledge, guide planning and innovation and develop solutions for common concerns (Scott & Hofmeyer 2007).

The LIME Network has been developed with the dedicated purpose of supporting quality and effectiveness in the teaching and learning of Indigenous health in medical education, as well as best practice in the recruitment and support through to graduation of Indigenous medical students.

The LIME Network's objectives are as follows:

- **Quality review processes:** Encourage medical schools to devise and implement sound internal review processes by which they can evaluate the quality of Indigenous health curriculum and the effectiveness of initiatives to support the participation of Indigenous people in medical education programs.
- **Professional development, capacity building and support:** Encourage Network members and their colleagues to engage with and deliver initiatives in Indigenous health and medical education through information sharing, mutual support, peer feedback and celebrating successes.
- **Research and evaluation of good practice in Indigenous health and medical education:** Encourage scholarly work on good teaching practice, resource development, assessment and program evaluation to support Indigenous medical education and the recruitment and retention of Indigenous students.
- **Professionalisation of the discipline:** Encourage the development of Indigenous health as a discipline in its own right by providing opportunities for networking and collaboration, developing publications and other forms of information sharing and feedback.
- **Multi-disciplinary and multi-sectoral networking:** Encourage network members and their colleagues to work collaboratively, build linkages and share information across disciplines in health and medical education, Indigenous health networks, postgraduate medical education councils, Indigenous communities and organisations, specialist medical colleges, medical student representative bodies and health education networks.
- **Advocacy and reform:** Contribute to Indigenous health and medical education, and related workforce issues, through the provision of policy advice and recommendations to Medical Deans Australia and New Zealand Inc. (Medical Deans), and other organisations, as appropriate.
- **LIME conference:** Ensure that there is a biennial professional conference (LIME Connection) for people interested or engaged in Indigenous health and medical education. The conference will provide an opportunity where the quality review, professional development, networking, capacity building and advocacy functions of the network are realised. It will feature theoretical and scientific presentations and debate, and will engage with other health science disciplines, sectors and networks.

Since the Program's inception, the Network's Program Team has worked to help realise the aims of medical educators across Australia and Aotearoa/New Zealand who specialise in Indigenous health.

Approach

A Network, as defined by Beacham et al. (2005), is the coming together of a group of people with shared goals and expertise, who regularly and systematically take group action to realise those goals. These groups are designed to develop and strengthen knowledge, which can then be shared and used by the wider community (Beacham et al. 2005; Briggs et al. 2012; Clark 1998).

The power of a network lies in the coming together of many specialists, the theory being that a unified group of experts holds more power than an individual to enhance knowledge, encourage debate, develop research, innovate and influence action around a shared area of interest. If supported and managed appropriately, networks provide increased opportunities for collaborative development of ideas, professional learning and support, and influencing positive change (Beacham et al. 2005; Clark 1998; Creech & Ramji 2004). Importantly, network vibrancy is dependent on the network reflecting the common needs of its membership and ensuring diversity, fluidity and sustainability – all while maintaining structural stability (Beacham et al. 2005).

Networks can be self-maintaining, but it is widely acknowledged that those with funded organisational structures or secretariats are more likely to be effective and sustainable in the long term (Beacham et al. 2005; Conklin et al. 2013; Scott & Hofmeyer 2007).

The LIME Network was first established in 2005, and has been fully funded since 2008. The role of the Network has primarily been to build linkages, develop resources, and share ideas and successes among its membership. With Beacham et al.'s model in mind, it has done this through developing relationships built on trust, responding to needs on the ground, and working collaboratively to harness ideas and implement strategies for change.

Over time, the portfolio of work has expanded to provide quality review, professional development, capacity building, research and advocacy functions for Network members, and to develop linkages with specialist medical colleges and educators from other health disciplines. Importantly, the Network is founded on Indigenous leadership and celebrates the many successes that are occurring in the field.

The Network is made up of around 1000 individual and organisational members. The majority work in Indigenous medical education in universities (n=355), are medical students (n=171) or medical practitioners (n=89). Figures 1 and 2 overleaf give details of the LIME Network membership.

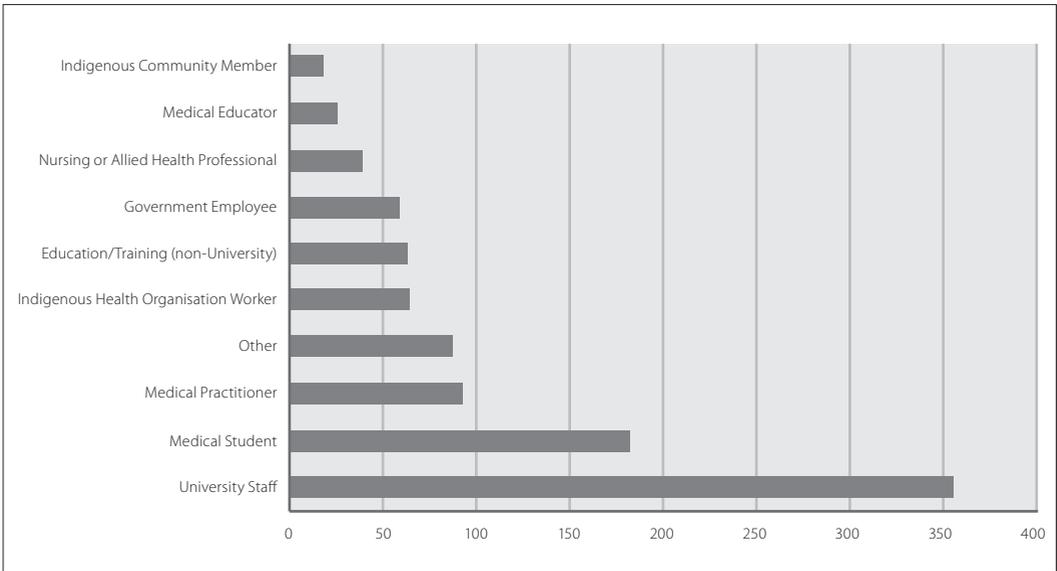


Figure 1: LIME membership by profession, December 2014

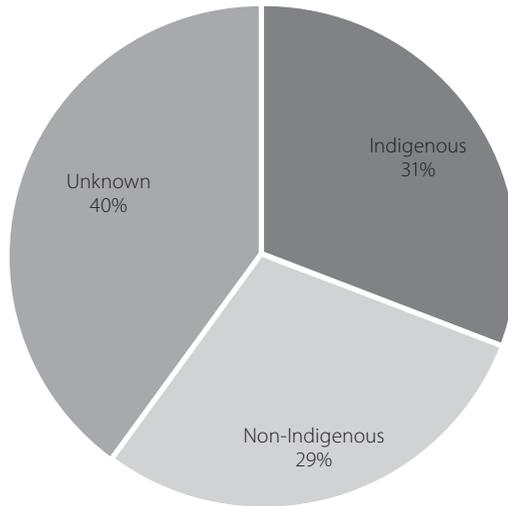


Figure 2: LIME membership by Indigenous status, December 2014

The LIME Program has been governed by a Steering Committee of representatives from a range of organisations who review the Network's strategic objectives, and provide advice on the maintenance of key relationships and the development of its national and international profile. At present, the Steering Committee structure is being revisited and an overarching Committee for all Indigenous health projects of the Medical Deans is under consideration.

A Reference Group made up of representatives from each medical school in Australia and Aotearoa/ New Zealand supports the development and implementation of specific program initiatives and regular meetings provide peer networking, professional development and support opportunities. Where possible and appropriate, members of this group are Indigenous and have a role in teaching Indigenous health, and/or are involved in Indigenous student recruitment and support.

A core component of the Network's operation is the inclusion of a funded Program Team to progress the work of LIME. At present, three full-time positions are externally funded by the Australian Government Department of Health (DoH) through Medical Deans, with in-kind support provided by medical schools to ensure their representation on LIME Network committees and activities.

Results

Beacham et al. (2005:12) describe the role of a program team or secretariat as one of creating 'strong cohesive ties between members' by:

1. Influencing members to actively participate – being a motivating source and a catalyst for engagement by harnessing knowledge and producing resources to sustain the network
2. Securing a commitment to develop cooperation and collaboration among the group, and a common and clear set of objectives
3. Creating a favourable environment for members to interact and undertake network activities by minimising the costs and time of individual members undertaking program work.

Here we will look at how the LIME Network Program Team operates against the management roles, as set out by Beacham et al., through building linkages, developing resources, sharing ideas and channelling expertise.

Building and securing relationships to strengthen Network aims

1. Influencing members – harnessing knowledge

The main purpose of networks is to create and disseminate knowledge (Beacham et al. 2005). Beacham et al. suggest that a useful and active network must be a motivating source, as well as a catalyst for engagement by harnessing knowledge and producing resources to sustain the network (2005).

The LIME Network's program of work is informed by our Reference Group and Steering Committee, and endorsed by Medical Deans and the Australian Government DoH. The program of work is devised through a collaborative process that harnesses ideas from a range of members and maps a strategy for action.

The Program Team operates with the core understanding that the body of work produced is owned and driven by Network members but is implemented with the support of the Team. This serves to increase members' sense of ownership over the Program and encourages increased engagement. It also ensures ongoing relevance and responsiveness to current issues that arise while meeting contractual obligations to the funding bodies.

The body of work produced with the engagement of Reference Group members, as part of specified working groups, pools skills and distributes knowledge by developing evidence-based resources and activities that are relevant and useful to Network members more broadly. As one Reference Group member stated:

The Network has helped me to develop and advocate for Indigenous health in a very strong and often dominating environment. The resources available through the Network have been very useful and meant that I could build on the work already done and not start from scratch (LIME Network Reference Group Member).

Projects and resources of the Network include:

- The publication of the LIME Network Special Edition of the ANZAHPE *Focus on Health Professional Education* journal which provided a unique opportunity for Indigenous and non-Indigenous academics to publish scholarly work in this emerging area and share knowledge regarding teaching and learning with others in the field (Craig 2011).
- *LIME Network Good Practice Case Studies* publications, which bring together good practice initiatives in the key areas of Indigenous student recruitment and support, curriculum design, teaching and learning and community engagement (LIME Network 2012; LIME Network 2013).
- Assistance with the implementation of the Committee of Deans of Australian Medical Schools (CDAMS) Indigenous Health Curriculum Framework (Phillips 2004a).
- Quality review tools to assist members implement teaching and learning initiatives, including the Periodic Systemic Review of Indigenous health and the Critical Reflection Tool (LIME Network 2014).
- The online Indigenous Pathways into Medicine resource designed to help future Indigenous students determine which university will be the best fit for them as they study to become a doctor (LIME Network 2014).
- An online resources database housing publications specifically relevant to Indigenous health and medical education (LIME Network 2014).
- The publication of a tri-annual newsletter, detailing initiatives in medical and other health professional education, to which Network members submit articles (LIME Network 2014).

2. Securing commitment – working collaboratively

Beacham et al. (2005) argue that working collaboratively must be coupled with the development of trusting, strong relationships for a network to be successful. Many of our members, and in particular the LIME Reference Group, find themselves working in relatively isolated roles within their own universities, and many face institutional barriers in their efforts to strengthen Indigenous health in medical education. Developing trust between the Program Team and Network members,

and between Network members themselves, has been essential to creating a space within which members feel safe to explore the challenges of their work and secure in the knowledge that the Team will support their efforts to implement change with sensitivity and a sense of collegiality.

By supporting the development of strong, interconnected relationships between Network members through regular meetings, this safe space is enhanced. This has been achieved through the maintenance of a core group that values peer support and reciprocity, openness, sharing and capacity development.

LIME provides me with the opportunity to continue doing what I do. To have colleagues that share some of my challenges and stories gives me the strength to carry on. We are building a way of learning that provides a model for others to contemplate and learn from... I think LIME enables us to be solid together and to work together (LIME Reference Group Member).

The LIME Connection biennial conference provides the ultimate forum for collaboration and sharing among the wider membership group. This is an important event in which around 200 members meet to present their work and engage with one another on a personal and professional level. Indigenous medical student participation is also an important element of LIME Connection and is encouraged through the provision of student bursaries.

The opportunity to meet and interact with people with a shared vision and common goal was strengthening for me and affirming for my orientation toward improving the health status of Indigenous peoples (Student bursary recipient, LIME Connection).

Importantly, the Network celebrates successes among the membership at the conference through the presentation of the LIMELight awards. The awards acknowledge both leadership, and innovative programs or initiatives that address critical issues, bring people together collaboratively and implement innovative solutions in curriculum implementation and student recruitment through to graduation.

3. Creating a favourable environment – supporting members

Creating a favourable environment for members to interact and undertake Network activities, by minimising the costs and time of individual members undertaking Program work, is important to the functioning of a network (Beacham et al. 2005). The LIME Network Program Team works with the sole aim of providing the necessary support to achieve the Network's aims. It is responsible for organising meetings, developing resources, maintaining the website, running LIME Connection, applying for funding, reporting on activities and assisting Network members where necessary. These activities allow members to participate without adding administrative burdens on their time. Costs of these activities are covered by financial and in-kind support.

Armstrong and Kendall suggest that information technology has become an important part of networks by providing a 'means whereby knowledge can be stored and shared by multiple users at multiple locations' (2010:15). By effectively sharing information, networks can support an agenda for reform and facilitate the development of localised and meaningful action plans for applying evidence to practice (Armstrong & Kendall 2010).

The development of the LIME Network website, for example, has been an important aspect of the Program’s success. By acting as a portal through which information is distributed, it allows members 24/7 to access tools and resources developed as part of the Program (LIME Network 2014). As such, it is an essential platform for sharing collective knowledge and is well utilised with more than 5000 page views per month.

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

Initially, it was envisaged that the Network Program Team would move from university to university, every two years, in order to distribute responsibility across the medical schools. However, retaining the team in one place has ensured structural stability and the maintenance of corporate knowledge (Beacham et al. 2005). Importantly, the Team utilises the skills of its staff members in terms of administration, engagement, research and knowledge expertise. All current Program staff have been in their roles for 4–6 years and this has been integral to team engagement with the aims, issues and challenges of the Network. The value of retained corporate knowledge, trusted relationships and ways of working together that have been developed both within and outside the team has contributed substantially to the growth and productivity of the Network.

Discussion

Successes

As the Network has grown – membership has risen from 35 in 2008 to more than 1100 in 2014 (see Figure 3 below) – it has become more sophisticated in its demands for knowledge, and in allowing for critique and suggestions as to how it could be improved. Armstrong and Kendall suggest that measuring the impact of networks and gauging systems of change can be difficult (2010). At present the growth and development of the Network is measured at a number of levels.

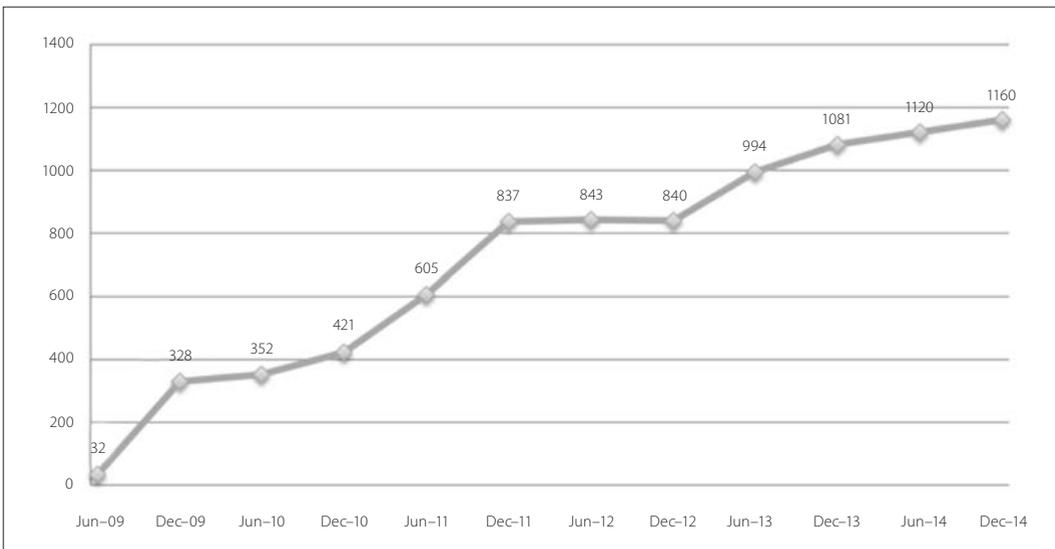


Figure 3: LIME membership (individual and organisation), June 09–December 14

Quarterly reports are provided to funding bodies and evaluations are conducted at LIME Reference Group meetings and the LIME Connection. These show that members find the Network supports their work, creates a safe and encouraging collegial space, and provides vital resources that contribute to the development of this emerging field. It will be important, however, to ensure that the Program Team operates flexibly and progressively while continuing to meet the needs of members into the future.

The collegiality and the way that the LIME Network has enabled a whole range of discussions, activities and research grants is very valuable. The buy-in from so many schools across both countries over a long period of time is outstanding (LIME Reference Group Member).

Challenges

The LIME Network and Program Team now face a number of challenges. The Network has been funded on a string of shorter term contracts, which means that long-term planning and extending the scope of work can be difficult. It also means that jobs for staff are not secure, highlighting sustainability as an ongoing issue.

In addition, time commitments of Steering Committee and Reference Group members can be limited. Participation in the Network is, of course, additional to their core work, but most participate actively because they are aware of the overall benefits. However, at times, continued involvement in multiple working groups can become difficult to manage. To counter this, LIME developed a proxy member system for committees that ensures continued engagement, but also supports professional development of other staff within universities and associated organisations.

Another challenge is around where the boundaries for interdisciplinary work are drawn, given that the focus of the LIME Network objectives is on medical education. Encouraging diversity and supporting collaboration with new members in other health disciplines is important and can lead to cross-disciplinary innovation. As such, there is an opportunity here for some further exploration of how an expansion of the Network could work across all of the health sciences.

The Program Team is aware of the importance of evaluation, and is currently exploring how its work might be strengthened through appropriate and broader evaluation of its operations (Creech & Ramji 2004).

Conclusion

The LIME Network has facilitated exchanges among a group of people with similar concerns and interests, and has helped to create, explore and apply knowledge in the field of Indigenous health and medical education (Conklin et al. 2013). In relation to the three key organisational aspects that Beacham et al. (2005) outline – working collaboratively; developing relationships built on trust; and providing support – the Program Team has supported the Network to ensure its growth and maintain its relevance. The Team's commitment to knowledge exchange and engagement – through meetings, publications, resources, the website, newsletters and the LIME Connection conference – alongside the dedication and work of committee members has ensured that all members develop and maintain connectedness and involvement.

Despite ongoing issues of sustainability, the LIME Network has developed a strong bi-national voice. As a conduit through which Indigenous health educators can unite, the Network now wields influence internationally to advocate for change and organisational advancement to improve the quality of health care given to Aboriginal and Torres Strait Islander peoples in Australia and Māori in New Zealand.

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