



THE LIME NETWORK
Leaders in Indigenous Medical Education

NEWSLETTER

ISSUE NO. 4 / November 2010



LIME WELCOME

Welcome to the fourth edition of the Leaders in Indigenous Medical Education (LIME) Network Newsletter. The Newsletter is published three times per year (March, July and November) and includes the latest information about issues concerning Indigenous health. The newsletter is designed as a resource for Indigenous and non-Indigenous medical educators, students, general practitioners, policy makers, nursing and allied health professionals and educators, community members and all those interested in improving Indigenous health outcomes.

The Newsletter is a collaborative publication that encourages information sharing between LIME Network members, to celebrate the many successes occurring in Indigenous health, while also contributing positively to areas in which improvement is necessary. If you have an article, a story, a picture or information about a publication or an event of interest we would love to hear from you.

You can contact us at <lime-network@unimelb.edu.au> or on T: +61 3 8344 9160.

If you would like to receive this newsletter and you are not already a LIME Network member, please subscribe [here](#).



Members of the LIME Reference Group

Standing L-R: Laura Thompson, Shaun Ewen, Odette Mazel, Christine Carriage, David Paul, Suzanne Pitama, Peter O'Mara

Sitting L-R: Caitlin Ryan, Clair Andersen, Alison Miles, Lisa Jackson-Pulver

PHOTO: Joe Cavanagh

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LOGO AND ARTWORK
by Michelle Smith
and Kevin Murray

NEWSLETTER DESIGN
by Inprint Design

NETWORK UPDATE

It has been another busy and productive few months for the LIME Network Project, holding committee meetings, creating new connections and developing our resources. The LIME Network is consistently growing – we now have over 400 members, up from around 35 two years ago! We are looking forward to 2011, and have many activities already underway to ensure a full and exciting time ahead for LIME, including the organisation of LIME Connection IV to be held in Christchurch, New Zealand from 29 Nov–1 Dec 2011. We hope you enjoy this edition of the LIME Network Newsletter, and encourage your contributions for future editions.

AWARDS

The LIME Project was recently awarded the Melbourne School of Population Health Award for Excellence in Knowledge Transfer Achievement. The award recognised the LIME Network's 'impacts on both health outcomes and health policy, in improving the efficacy of teaching and learning of Indigenous health in Australasian medical education'. The judging panel commended the project's 'demonstrable national and international impacts on policy and practice in the present, and... potential to deliver on health impacts in the future – in particular in narrowing the disparities in health status between Indigenous and non-Indigenous Australians'.

THE LIME NETWORK PROJECT TEAM

The Project Team includes Professor Ian Anderson, Mr Shaun Ewen, Ms Odette Mazel, Ms Laura Thompson, Ms Caitlin Ryan and Ms Erin Nicholls (currently on maternity leave). If you have any questions, queries or good ideas, please contact us at: [<lime-network@unimelb.edu.au>](mailto:lime-network@unimelb.edu.au) or on +61 3 8344 9160.

[You can find out more about us on the LIME website.](#)

LIME NETWORK COMMITTEE MEETINGS

The LIME Network Reference Group

The LIME Network Reference Group met on 18 October 2010 in Newcastle, NSW, (see photograph, previous page), to discuss LIME activities, including the development of a Periodic Service Review Tool to complement the Critical Reflection Tool, LIME Connection IV, and plans for the LIME Network in the coming years. The meeting was productive and well attended. It also provided the opportunity for the group to catch up, share stories and ideas about what we are achieving in Indigenous health and medical education.

The Reference Group is made up of representatives from every medical school in Australia and New Zealand and meets every six months to support and provide advice on the implementation and strategic initiatives of the LIME Project.

NSW Regional Meeting

The LIME Network held its second regional meeting on 19 October in Newcastle, NSW. This meeting provided the opportunity for NSW based representatives from medical schools, local Indigenous community organisations, Aboriginal Community Controlled Health Organisations, and Indigenous communities to come together. Participants collaborated to share ideas and best practice examples regarding clinical placements and relationships between universities and Aboriginal Medical Services, Indigenous student recruitment and retention initiatives, and community involvement in curriculum design.



LIME Regional Meeting Participants | PHOTO: Caitlin Ryan

LIME CONNECTION IV

Following the success of LIME Connection III in December 2009, work has begun on the organisation of LIME Connection IV, which will be held in Christchurch, New Zealand, from 29 November – 1 December 2011. The LIME Connection brings together Indigenous and non-Indigenous medical educators, Indigenous health specialists, policy makers, and community members to discuss innovative approaches to Indigenous health and medical education and the experiences of practitioners. It also aims to increase professional recognition of Indigenous health as a discipline in its own right, through the presentation of quality initiatives around teaching and learning occurring in Australia, New Zealand and elsewhere. We will be regularly updating information on LIME Connection IV via the LIME website and newsletters in the coming months.

THE LIME NETWORK WEBSITE

The [LIME Network Website](#) is always being updated and you can find the latest information on conferences, events, workshops and job opportunities on our [News and Events](#) page. Our newly developed pages for [Students](#), [Projects of Interest](#), [Newsletters](#), [Indigenous Health Medical School Contacts](#) (accessible to members only) and [Resources](#) provide comprehensive information for LIME members and those wanting to find out more about Indigenous medical and health education. If you have any suggestions about resources, projects of interest or news and events, please contact us via lime-network@unimelb.edu.au or on +61 3 8344 9160.

PERIODIC SERVICE REVIEW TOOL

The *Indigenous Health and Medical Education Periodic Service Review Tool (PSR)* is being developed to assist medical schools review their achievements and activities associated with implementing Indigenous health into medical education. It aims to complement the CDAMS Indigenous Health Curriculum Framework (IHCF), assist with adherence to the Australian Medical Council's (AMC) accreditation guidelines, and work alongside the Critical Reflection Tool (CRT) to encourage improvements and recognise successes occurring in the field.

The IHCF was developed to assist medical schools in developing and delivering Indigenous health content in core medical education and medical schools are now required to report on the implementation of the curriculum

framework as part of their regular accreditation requirements to the AMC. The CRT facilitates an internal qualitative review process to support medical schools in ensuring the quality and effectiveness of their Indigenous health curriculum and Indigenous student support initiatives, with a focus on schools developing an understanding of the internal processes required to support these initiatives. The PSR is a quantitative rather than a qualitative tool and will be aimed at schools with an established Indigenous health curriculum that are seeking to improve on their efforts and achievements so far. The PSR will be designed for periodic use and to be especially useful in the lead up to AMC accreditation.

In addition, the LIME Project is pleased to report that the CRT has been recognised as having contributed significantly to the development of the Indigenous Physicians Association of Canada (IPAC) and the Association of Faculties of Medicine of Canada (AFMC) *Inuit and Métis Health Critical Reflection Tool*, which is part of a larger Toolkit for implementing the Indigenous health core competencies developed for medical education in Canada.

LIME NETWORK CONFERENCE PARTICIPATION AND COLLABORATIONS

The LIME Network continues to build on its links with other organisations to further professional development and support. These linkages encourage the information sharing and feedback functions of the project and contribute to peer networking and broad engagement with Indigenous health initiatives.

In Canberra on 5–7 July, LIME Network representatives contributed to the **Indigenous Health Workforce Forum**, run by the National Indigenous Health Equity Council. The forum reviewed existing capacity and key operational issues of the Indigenous health workforce; proposed, discussed and recommended key strategic initiatives; and identified the systems or parties responsible for progress.

LIME Network representatives also attended the launch of **Indigenous Allied Health Australia** in Melbourne earlier in the year. The organisation is the peak allied health body for Indigenous people in Australia, with a Board of Management of Indigenous allied health professionals. Its vision is to achieve the same quality of health as the non-Indigenous population for Aboriginal and Torres Strait Islander peoples.

Collaborative discussion was had between members of the LIME Reference Group and the **Pacific Region Indigenous Doctors Congress (PRIDoC)** at the Building Strength through the Circle of Knowledge Translation meeting, 26–29 August in Whistler, Canada. Entitled 'Navigating Across the Oceans', the discussion focused on synergies between the LIME Network and PRIDoC, and opportunities for future collaboration on Indigenous medical education projects. Please see the Projects of Interest section of this newsletter for more information.

The LIME Network project was recently involved in the **Medical Deans Australia and New Zealand Competencies Project** review of the Australian Medical Council (AMC) Graduate Attribute 11, which refers to Indigenous health, history and cultural development. The review aims to delineate the AMC's graduate attributes into competencies, and then to identify those competencies which rely on clinical placements. LIME Reference Group feedback to the draft will support refinement of student learning outcomes and competencies related to Attribute 11.

The LIME Network has also recently contributed to the redrafting of the **Australian Medical Students Association's (AMSA)** policy documents relating to Indigenous health and Indigenous student entry and support schemes.

LIME PROJECT STAFF UPDATE

We are thrilled to report the birth of Jarrah Ralphie Pennett to first-time mum and LIME Project Officer Erin Nicholls, and her partner Tyrone. Jarrah was born on Wednesday 25 August 2010. Congratulations Erin and family!

Congratulations also to Shaun Ewen who was recently made Associate Dean (Indigenous Development) in the Faculty of Medicine Dentistry and Health Sciences at the University of Melbourne.

LIME Program Manager, Odette Mazel, was recently awarded by the Melbourne School of Population Health at the University of Melbourne for excellence in academic administration.

In September, Caitlin Ryan joined the LIME team in the role of Project Officer. Caitlin comes from a background in international community development.



Jarrah Pennett. PHOTO: Erin Nicholls



Shaun Ewen. PHOTO: Max Milne



Caitlin Ryan. PHOTO: Cristina Lochert

STUDENT INFORMATION

MEDICAL STUDENT PROFILE: MADISON REYNOLDS

Madison Reynolds is a student now approaching the end of her first year in a medical degree at The University of New South Wales (UNSW). Before beginning the degree, Madison spoke of her experiences and acceptance into the course.

I come from an extremely close family of four. I am the younger of two children. I have an older brother who currently lives in Sydney and works as an English teacher and my mother and father who I live with in Mudgee. My father works at a local coal mine and my mother is a secretary at an engineering company.

I have never lived anywhere other than Mudgee, which is a small country community, located in central west NSW. Mudgee is a town that functions around the two main industries in the area, coal and wine. I completed my primary education at Cudgegong Valley Public School in Mudgee and secondary schooling at Mudgee High School. My interests include many sports such as swimming, touch football, triathlon and netball. I am also interested in music and am trying to learn the guitar, which is not proving to be very successful.

What I have been successful in however is gaining entry in to Medicine at UNSW for 2010. Throughout my years at high school my ambition was to get into Medicine and become a doctor, this drove my study over the last twelve months... I have been interested in Medicine for such a long time due to its dynamic nature. This is an occupation that will always be changing and will always be producing new challenges to be solved. I like the fact that I will be working within a group of people and solving many issues as a team. The next six years of the medical degree will not be easy but will be very valuable and enjoyable in the long term.

As I come from an Indigenous background I am hoping that this occupation will enable me to give back to my community. Mudgee is a town with an Indigenous population and a town surrounded by many other Indigenous communities. I am hoping that this degree will enable me to return to the country and work among the Indigenous groups throughout the area. As you know [many] Indigenous people have poor health and I feel this is partly due to the lack of GPs and services in the country.

Madison is one student who is being supported by a Balnaves Scholarship, which is worth \$25,000 per year and will support her studies for the duration of the course. Madison believes that this degree and the use of this generous scholarship will enable her to assist with Indigenous health care around her home town and also in other areas around Australia.

I am extremely thankful to have received this scholarship and am very excited to be beginning my medical degree this year.

The University of New South Wales was recently recognised by the ABC's [7:30 Report](#) program and [ABC News](#) for the facilitation of increased Indigenous medical student enrolments, and support of these students through development of funding opportunities, including the [Balnaves Scholarship](#) and the [Shalom Gamarada Scholarship](#) program, which currently supports 15 Aboriginal students who reside in college on campus.

INDIGENOUS PHYSIOTHERAPIST MENTORS FOR INDIGENOUS PHYSIOTHERAPY STUDENTS

Studying at university can be a challenging time for anyone, and allied health courses are some of the more challenging a person can undertake. Aboriginal and Torres Strait Islander students are typically underrepresented in university populations, especially in mainstream allied health courses. It is not uncommon to have only one Aboriginal or Torres Strait Islander student enrolled in an allied health course in any given year.

Coupled with these facts, students often have to travel away from family and country to attend courses. This can leave students feeling isolated and unsupported, and consequently limit success with their studies.

The Aboriginal and Torres Strait Islander Physiotherapists Support Network provides a mentoring program to assist Aboriginal and Torres Strait Islander students working towards their physiotherapy degree. The program aims to provide support that is both culturally sensitive and professionally appropriate, and can be engaged during any

stage of a course. Mentors—Aboriginal and Torres Strait Islander physiotherapists who are graduated and working in the field—support and guide physiotherapy students through sharing their knowledge, expertise, and experiences. They have a unique understanding and appreciation of the challenges faced by Aboriginal and Torres Strait Islander students, particularly those who might be away from their families and communities.

The mentoring program offers students:

- a process which supports academic development;
- a career development tool, helping students improve their ability to enter the workforce and manage their career; and
- a network-building opportunity.

The Network encourages students to initiate the mentor-student relationship by providing a list of potential mentors through Aboriginal and Torres Strait

Islander support units and physiotherapy schools. This allows students to link up with mentors that have common interests, work in fields the student wants to pursue, or come from a similar background. It also empowers students to determine when the program starts and finishes.

Mentoring is not intended to be a replacement for formal training or learning, and is not intended to provide counselling. However, mentors can assist students with finding appropriate services (for example, tutoring and counselling) where these are identified as being beneficial to the student.

The program commenced this year, and has already assisted one student as they completed their final year of study and graduated. The Network is positive that its program will build on this success and engage more students in the coming year.

FOR MORE INFORMATION

about the Network's mentoring program, please contact Ray Gates at: [<rgates@sotaphysiotherapy.com>](mailto:rgates@sotaphysiotherapy.com).



Luarna Walsh

Indigenous patients were so happy to have me there to attend to their needs, which is exactly what I want—to do something for my people

LUARNA WALSH: CARING FOR HER COMMUNITY

Growing up on tropical Palm Island, 65km north-west of Townsville, Luarna Walsh has always been interested in caring for her community. Working first as a day care assistant, then with homeless youth in Townsville, it was when Luarna began working in aged care that she realised a career in health was something she really wanted to pursue.

In August 2009, Luarna and her one-year old adopted daughter, Germaine, moved to Batchelor—a small regional town 100km south of Darwin—so Luarna could begin studying a nursing degree. Luarna was one of only five students in the Northern Territory to be granted an Australian Rotary Health Indigenous Health scholarship to help fund her studies at the Batchelor Institute.

A health degree can be expensive, but Luarna is able to use her scholarship to help bridge the gaps while she concentrates on her studies. *The scholarship helps me pay for textbooks and medical*

equipment that I had to buy as part of my degree, says Luarna, who supplements her income by working part-time at a local aged care facility.

Thanks to the support she receives from her scholarship, Luarna is able to focus more on her studies. And the effort has certainly paid off: she was awarded two high distinctions in her first semester.

I really got into human biology, explains Luarna. *I always had a thirst for knowledge in the scientific field and always wanted to know more. So learning about how things work in the human body, and how one little thing can make the whole body go off balance, really intrigued me.*

Passion and excitement aren't far from the surface when talking to Luarna about her future. Due to graduate in 2012, the dedicated student 'can't wait' to get started in her career.

I did a placement up at Darwin hospital and there are a lot of Indigenous people up there. People were asking whether I was going to be a nurse and were all excited and proud. Indigenous patients were so happy to have me there to attend to their needs, which is exactly what I want—to do something for my people.

Luarna plans to complete her postgraduate placement year in Darwin before returning home to Palm Island. 'I want to focus on nursing in Indigenous communities,' she asserts.

When I did the placement in Darwin it really reaffirmed that this was the career for me. Working with and helping my people, that's what I really want to do with my life.

FOR MORE INFORMATION on the Australian Rotary Health Scholarships, please visit <www.australianrotaryhealth.org.au>.

SCHOLARSHIP INFORMATION

GEOFF BAILEY PHD SCHOLARSHIPS FOR HEALTH RESEARCH

**Applications Close
3 December 2010**

The Australian Rotary Health Geoff Bailey PhD Scholarship is now open for applications. The scholarship will be awarded to Aboriginal and Torres Strait Islander people undertaking full-time PhD research. Applicants must be current or former Australian Rotary Health Indigenous Scholars.

COUNTRY HEALTH SA ABORIGINAL PROFESSIONAL EMPLOYMENT PROGRAM

**Application Close
31 December 2010**

Country Health South Australia is offering 10 places to full- or part-time Aboriginal and Torres Strait Islander students currently studying or about to commence an undergraduate degree in a relevant discipline, and full- or part-time Aboriginal or Torres Strait Islander students currently studying or about to commence a graduate or professional entry course which will lead to the student being fully qualified to commence clinical practice. This program includes a guarantee of employment within Country Health SA upon successful completion of the recipient's university studies.

AUSTRALIAN ROTARY HEALTH INDIGENOUS HEALTH SCHOLARSHIPS

**Applications Close
February 2011**

Australian Rotary Health offers scholarships to Indigenous students currently enrolled in health-based degrees in universities around Australia.

Each scholarship is worth \$5,000 and is open to students who have completed their first year of study. Applications for study in 2011 open in the first week of December and close the first week of February.

OFFICE OF ABORIGINAL HEALTH SCHOLARSHIPS

**Applications Close
11 March 2011**

The Government of Western Australia's Office of Aboriginal Health (OAH) has a long-running scholarship program established to encourage the retention and progression of Aboriginal students in health-related study.

A range of scholarships has been developed for Aboriginal students looking to enter, or continue, training in health related occupations.

THE CHARLIE PERKINS SCHOLARSHIPS

**Applications Close 1 December
2010 and 7 January 2011**

The Charlie Perkins Trust has established annual Scholarships to provide two talented Indigenous Australians

each year with the opportunity to undertake postgraduate study at the University of Oxford and the University of Cambridge.

These postgraduate scholarships are particularly directed towards Indigenous Australians who have the potential to become leaders in their field of study and in their communities. The first two Charlie Perkins Scholars are being funded by the Australian Government, the British Government (through the Chevening program) and Rio Tinto.

ROBERTA SYKES HARVARD CLUB OF AUSTRALIA SCHOLARSHIPS

**Applications Close
31 January 2011**

The Roberta Sykes Scholarship Foundation and the Harvard Club of Australia are offering a scholarship to provide talented Indigenous Australians with the opportunity to undertake up to two years of postgraduate study at Harvard University.

The scholarships are directed at Indigenous Australians who have the potential to become leaders in their field of study and in their communities. The inaugural scholarship will be offered for study at Harvard commencing in September 2011. The value of the scholarship will be at least \$60,000 per annum to be paid over the course of the scholar's study. The scholarship covers tuition, travel costs and living expenses.

GRADUATES AND CLINICIANS INFORMATION

SPECIALIST TRAINING POSITIONS IN PUBLIC HEALTH MEDICINE – NSW HEALTH

With funding from the Australian Government Department of Health and Ageing, in 2011 NSW Health is offering two Specialist Training Positions in Public Health Medicine that have a focus on Aboriginal Health.

The Aboriginal Health Branch and the Environmental Health Branch within the NSW Department of Health, the Greater Western Area Health Service, the Aboriginal Health and Medical Research Council and Maari Ma Health Aboriginal Corporation have come together to offer a training opportunity which:

- offers a broad range of public health experiences (including environmental health, communicable disease, chronic illness, health promotion and responding to public health emergencies);
- geographically covers urban, regional, rural and remote Aboriginal communities; and
- aligns with the competency areas of the Australasian Faculty of Public Health Medicine.

Program components

Work placements will be full-time (although part-time can be considered), 6–12 months in duration and coordinated through Public Health Training and Development at the NSW Department of Health. Over three years, a Trainee will gain supervised public health experience in roles such as: managing the investigation of an acute communicable disease outbreak, analysing large data sets, designing surveys, developing health policy, working inter-sectorally, and presenting information to a wide range of audiences.

Trainees will be employees of the NSW Department of Health and enrolled in the Australasian Faculty of Public Health Medicine Training Program. They will be linked to regular learning opportunities offered by the Faculty and through the NSW Public Health Officer Training Program.

Eligibility

Applicants must be Australian citizens or permanent residents who meet the requirements to enrol with the Faculty, including current Australian medical registration, and have completed, or be close to completing, a Master of Public Health (or equivalent) degree. Our priority is to build the number of Aboriginal Public Health Medicine Specialists in Australia and so we intend to employ Aboriginal and Torres Strait Islander medical graduates in the first instance. Second priority will be given to non-Aboriginal people with a demonstrated interest in Aboriginal Health.

FOR FURTHER DETAILS

regarding the Faculty Training Program, [please visit the Faculty website](#) or contact

Dr Lynne Madden
 +61 2 9391 9956
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CRH co-facilitators | Back row, L-R: Kylie Stothers, Sharon Holt, Pauline Hampton
Front row, L-R: Nettie Flaherty, Evelyn Clarke, Toni Thomson, Karen Piper

CENTRE FOR REMOTE HEALTH SHORT COURSE: RESPONDING TO CHILD ABUSE AND NEGLECT – WHAT PRIMARY HEALTH CARE PRACTITIONERS NEED TO KNOW

The Centre for Remote Health (CRH) aims to contribute to the improved health outcomes of people in remote communities of the Northern Territory and Australia, through the provision of tertiary education, training and research focusing on the discipline of Remote Health.

CRH is a joint centre of Flinders University and Charles Darwin University. It is one of a network of University Departments of Rural Health (UDRH) funded by the Australian Government Department of Health and Ageing to improve the health status of populations in rural and remote areas. CRH works

toward this aim through the appropriate preparation of the health workforce and the resulting improvement in recruitment and retention levels.

Its primary location is in Alice Springs, Northern Territory, with satellite campuses in Katherine and Darwin. The Centre's catchment area is Territory-wide and includes cross-border areas in South Australia and Western Australia.

In May 2009 CRH received funding from the Australian Government Department of Health and Ageing through the Office for Aboriginal and Torres

Strait Islander Health (OATSIH) to provide training to primary health care practitioners. This training is designed to raise the awareness, knowledge and skills of practitioners in identifying and responding to instances of child abuse and neglect in the Northern Territory. Over the 13-month duration of the project, 23 two-day workshops have been facilitated across the Northern Territory in locations including Alice Springs, Nhulunbuy, Katherine, Tennant Creek, Darwin and the remote community of Wadeye. More than 300 participants have attended the two-day workshops.

There were a number of innovative aspects to this training program. The delivery of the program as discreet two-day workshops in six widely dispersed locations across the Northern Territory contrasted to the more common requirements for remote health workers to travel great distances to a central location. Facilitation of training for a diverse group of workers within the field moved away from training workers in discipline or profession specific groups. The use of interactive teaching methods and case based scenarios to examine legislative requirements, while at the same time explore ethical and professional dilemmas, was also a useful combination. Finally, the course incorporated Indigenous co-facilitator training for ongoing sustainability.

An independent evaluation of the workshops was conducted by staff employed within the Primary Health Care Research Evaluation and Development program (PHCRED). Participants reported satisfaction with both the delivery and the content of the program: content of the workshops were rated as highly relevant. The interactive, case based method of learning was deemed appropriate for dealing with particularly sensitive issues, fostering inter-professional learning, and providing opportunities for networking and sharing ideas, solutions and information with others working within the field.

In 2010 an extension to the original project brief included the objective of upskilling local

co-facilitators at each of the workshop sites, to promote sustainability of training delivery through increasing the capacity of community-based workers to present workshops for community participants. The recruitment of Indigenous co-facilitators was in response to participant encouragement to engage with Indigenous Primary Health Care workers who hold cultural and technical expertise in child protection. Currently one non-Indigenous and five Indigenous community based professionals have been recruited to the co-facilitator role. They have participated in teaching and adult education training and have each co-facilitated a workshop in their local area.

In addition to immediate post workshop feedback, evaluation of the training program included interviews with participants three to six months later, to identify the impact of workshop attendance

on practice. Qualitative analysis of interview data identified four outcomes: participants expressed a heightened awareness of the issue of child abuse and neglect in their day to day work; workshop attendance encouraged participants to take an early intervention approach with children and families as a measure to prevent situations from escalating to the point where a statutory approach was required; participants shared the information from the workshop with others, either colleagues or the families that they worked with; and finally, the emphasis on preventative initiatives encouraged participants to try something different in the Primary Health Care setting, like utilising group work approaches.

FOR MORE INFORMATION, please contact **Kylie Stothers, Nettie Flaherty or Robyn Aitken** on T: +61 8 89711 839, or via the [Centre for Remote Health website](#).



TEACHING AND LEARNING

AUSTRALIAN NATIONAL UNIVERSITY MEDICAL SCHOOL (ANUMS) INDIGENOUS HEALTH STREAM

The Australian National University Medical School (ANUMS) has implemented its Indigenous Health Stream in 2010 with the enrolment of two first year students into the program. While undertaking the same curriculum objectives, content and examinations as their peers, these students will have an enhanced Indigenous focus to all their learning. For example, their research project in years one and two will have an Indigenous base, and in year three they will undertake clinical placement, where possible, in an Indigenous setting. In year four students will be supported in undertaking their elective in an Indigenous health placement, or choosing electives in Women's Health, and Psychological and Addiction Medicine in Indigenous clinical settings.

Medical students accepted into the Indigenous Health Stream have gone through a rigorous process for selection. All first year students were invited to apply by submitting a 1500 word essay outlining their interest in, and commitment to, Indigenous health. The essay topic for 2010 was: What do you see as the challenge for yourself as a part of the medical profession in closing the gap?

From these applications, a number of students were selected to attend an intensive immersion workshop at the local Aboriginal Medical Service (AMS), where they

were assessed by staff of the AMS. Those students deemed suitable then went onto an interview, where the final two students were selected for the program.

Students in the Indigenous Health Stream have been allocated both a Cultural Mentor and a Medical Mentor who has experience working in an Indigenous health setting.

The long term vision for introducing an Indigenous Health Stream into the ANUMS is to help create a medical workforce skilled in delivering Indigenous health. This ANUMS program works towards closing the gap between the health of Indigenous and non-Indigenous people of Australia. The ANUMS offers a whole of curriculum approach to Indigenous health teaching, for all medical students, but with

an expanded suite of learning opportunities for Indigenous Health Stream students. Through its curriculum the ANUMS offers teaching on both bio-medical and socio-cultural aspects of Indigenous health.

The ANUMS envisages the Indigenous Health Stream will provide strong partnerships in medical student teaching between ANUMS and Indigenous communities, Indigenous health service providers and other Indigenous organisations uniquely placed in Canberra and the region. The Indigenous Health Stream will be evaluated annually to ascertain whether it has reached its objectives.

FOR MORE INFORMATION, please contact **Gaye Doolan** at ANU, T: +61 2 6125 0865, or E: <Gaye.Doolan@anu.edu.au>.



Winnunga Aboriginal Medical Services



AHCSA's 2010 class and teachers of the Certificate IV in Indigenous Research Capacity Building | Back row, L-R: Belinda Blight, Jackie Walker, Kylie Taylor, Kathy Chisholm, Catherine Jacka, Michael Coughlin, Christine Palmer, Tim Ramm, Jerry Moller, Donna Bailes, Peter May | Sitting, L-R: David Hirchausen, Ben Reynolds, Natasha Lehane | **PHOTO:** Brooke Starr

CERTIFICATE IV IN INDIGENOUS RESEARCH CAPACITY BUILDING

The Aboriginal Health Council of South Australia (AHCSA) has been delivering the Certificate IV in Indigenous Research Capacity Building for more than three years. Following course framework development by the Indigenous Health Unit at James Cook University, the AHCSA developed teaching materials and resources and has been delivering the course under license.

The overall aim of the course has been to increase the number of Aboriginal people skilled in conducting research and evaluation, and incorporating continuous improvement processes into their everyday work. Specifically, the course endeavours to deliver relevant, rigorous research and evaluation training in a culturally safe way.

Since 2008, 30 people have graduated with the Certificate IV, and currently 14 students are enrolled. The participants come from regional, remote and urban communities from as far afield as the Nullarbor, Alice Springs, Brisbane, Tamworth, Shepparton and Mount Gambier. Some participants are community members who serve on community services boards or regional Aboriginal Health Advisory Committees, some are Aboriginal Health Workers, youth workers, or research assistants, and some work for government departments.

The course provides participants with practical experience in how to undertake research by completing a real project from beginning to end, starting with development of the research question and

consulting with stakeholders, ethics clearance, and collecting and analysing the information, through to communicating the findings back to the community.

In 2009, the class conducted a study asking people about their experiences with racism, how prevalent it was and how it had affected them. Of the 28 Aboriginal people participating in the research, 90 per cent reported that they had been subjected to racism. The majority of these people stated that their experiences with racism had impacted on their physical, social and emotional health and wellbeing.

The types of experiences people described included being turned away when seeking medical treatment, being ignored

repeatedly when waiting to be served in shops and take-away outlets, being the victim of offensive and abusive remarks, being questioned about the authenticity of one's Aboriginality and being questioned about the legitimacy of one's claims of racism. Findings will be widely published.

The 2010 research course project is investigating the reasons why some Aboriginal and Torres Strait Islander people chose to study for a PhD in a particular support program at an Adelaide based university, the barriers they faced and the methods of support which worked for them. The researchers used interviews and a questionnaire to gather information from past and present participants. As with the racism project, information has been

analysed, corroborated with the research participants and will be reported on in a variety of ways for the various stakeholders. We are hoping that our findings will provide useful information which will contribute to more Aboriginal and Torres Strait Islander people completing postgraduate studies.

The course was funded by the Australian Government Department of Education, Employment and Workplace Relations (DEEWR); AHCSA; and The Lowitja Institute, Australia's National Institute for Aboriginal and Torres Strait Islander Health Research.

In 2011, the Certificate IV in Indigenous Research Capacity Building will be delivered through the Aboriginal Health Council of South Australia. It is available to Aboriginal and Torres Strait Islander people interested in learning how to conduct research and evaluation in a hands-on way. It is offered through four x four-day block release workshops between March and November, in Adelaide. There are no costs for travel and accommodation and the course is free of charge for people from Aboriginal and Islander Community Controlled Organisations.

FOR MORE INFORMATION please contact: **Merridy Malin or Leanne Ritossa** on T: +61 8 8273 7200 or E: <merridy.malin@ahsca.org.au>

CERTIFICATE II ABORIGINAL HEALTH WORKER QUALIFICATION: A NEW STARTING POINT FOR INDIGENOUS HEALTH

For 16-year-old Naizel Enosa, a promising career could be a far-off dream. He's an Indigenous boy from Badu Island in the Torres Strait and, like many of his counterparts, he has been sent to the mainland to finish school. The employment market on Badu Island is mainly for labourers, with the average income of its inhabitants being \$242 per week. Many of Naizel's classmates at the all-boys school St Teresa's College Abergowrie are not sure of their future direction, but through a new initiative designed to close the gap in Indigenous health, many are becoming engaged in an exciting opportunity to pursue a health career.

We looked around and saw that the Certificate III is the minimum entry level for health, but it's not suiting the needs of trainees. We altered the course to focus on colonisation and the reasons that Indigenous health has got to where it is now, says Michael Gleadow, a teacher at Abergowrie. He is also a co-creator of the new Certificate II Aboriginal Health Worker qualification, designed specifically for Indigenous students. Students need to learn why things are the way they are, learn about the culture. It's not only about looking for employment but health outcomes too. They can then provide advocacy for Indigenous health to friends and family.

There are 20 Indigenous students already enrolled in the course, which St Teresa's has organised with the help of registered training organisation Binnacle, the Australian Government Department of Education, Employment and Workplace Relations, and James Cook University (JCU). Other students are already asking if they can also enter the course now that they have seen the effect it has had on other students' confidence.

Naizel had his eyes on a professional career to begin with. *First we started learning about history and then helping Indigenous people and I started in this course, he said. I have already*

passed on some knowledge to Elders in the community and my family is very supportive and encouraging.

It is this transfer of knowledge that the course organisers are hoping for, so that a dent can be made in the high levels of chronic disease in Indigenous communities. Aboriginal and Torres Strait Islander people are three times as likely to report they have diabetes, and twice as likely to have high or very high levels of psychological distress as other Australians. Colonisation may seem like a long-ago event to non-Indigenous Australians, but it has had lasting effects on the psychology of Indigenous people. Michael said he's noticed a light come on in some of the students' eyes once they connect history with the current poor health of their communities.

Priscilla Page, Indigenous Health Academic at JCU's School of Medicine and Dentistry, says the Certificate II is about starting to close the gap in Indigenous health—for the people and the health profession itself. *There is a gap in terms of health workers. The courses and curricula Michael and I looked at weren't culturally appropriate, and there were huge percentages of students interested, but not passing or completing them. So, there were opportunities there,*

but whether the students could use them or not was questionable, she said. Certificate III has a minimum length of 18 months and 700 hours' study, which is difficult to complete concurrently with a Year 12 workload.

For students like Naizel it is the chance for a head start as well as a new opportunity. *The course is really helpful so that by the time you go to university, you'll already have some knowledge about health. I am considering medicine, becoming a GP one day. I thought I would start off with nursing and work my way up,* says Naizel enthusiastically.

Michael's vision is for longer-term partnerships with JCU so that students have a guaranteed entry into higher education. *A guaranteed pathway to a degree is a good motivator. Having a direction is the most powerful motivator for success,* he said. JCU has provided support in the form of a careers day, where the students can see a health career is not just about doctors but also physiotherapists, nurses and pharmacists.

Michael's wife Naomi Patterson sees the need for Indigenous doctors firsthand. As a GP at Hinchinbrook Medical Centre, she has a large percentage of Indigenous patients and can see the reasons why an Aboriginal

doctor is essential. *I started to tell Michael what I want and it will hopefully filter through the program,* she says. *There are completely different views on what is culturally appropriate. Going home and doing blood pressures on family is difficult without knowing about cultural awareness. Kids would probably fail without realising why.*

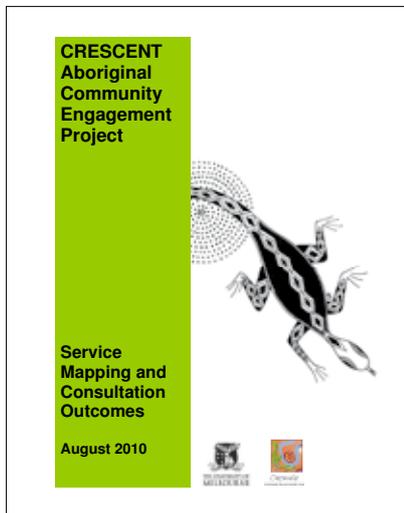
Priscilla and Michael strongly believe in a long term commitment to these students. They have plans to see the program expand, but first want to make sure they have things right. *I'd like to see this go nation-wide eventually,* said Michael. *The key is to first get a program that works. There is this perception out there that you need outcomes straight away which we need to move away from.*

For everyone involved in the project, hearing achievable, sound ambitions and being able to assist the students to succeed is the ultimate goal. Says Naomi; *it's about the long term picture – fixing what has failed in Indigenous health.*

FOR MORE INFORMATION, please visit James Cook University's website at <http://www.jcu.edu.au>.

PROJECTS OF INTEREST

Part of the LIME Network's aim is to share information about projects that are relevant to Network members. Following are a number of initiatives that are being driven by LIME Network members.



CRESCENT ABORIGINAL COMMUNITY ENGAGEMENT PROJECT

The University of Melbourne's Faculty of Medicine, Dentistry and Health Sciences is changing the way it delivers its courses and is moving to a more community-based clinical education and training model, to complement the hospital-based training that students receive.

The Faculty has developed the Community Responsiveness & Engagement through Streamed Clinical Education and Training (CRESCENT) project to facilitate these changes and to research how it can improve the way it teaches and prepares students to join the workforce. Focusing on

the North and West metropolitan regions of Melbourne, an area with 25 per cent of the state's Aboriginal population, the CRESCENT Aboriginal Community Engagement sub-project aims to engage with Aboriginal services and organisations in the region, and those mainstream organisations that service a significant number of Aboriginal people, with the following objectives:

- To develop a planned and inter-professional approach to student placements in Aboriginal health;
- To provide an opportunity for students to experience an Aboriginal health clinical environment after appropriate cultural awareness training and to be involved in small public health projects that the community is interested in;
- To develop a best-practice model of engagement for health science students in Aboriginal health services, which could be modelled and adopted in other regions nationally; and
- To inform and reform the faculty's curricula with regard to community clinical placements in Aboriginal health.

An Aboriginal service mapping exercise and initial consultation has been completed from which seven core themes have emerged:

1. Cultural safety issues for Aboriginal health workers, patients/clients and students

2. Aboriginal student access to tertiary education and Aboriginal student needs
3. Limited community resources
4. Planning, supervision and teaching
5. Sustainability of models
6. Inter-professional approach
7. Partnerships, accountability and responsibility.

An advisory committee is currently being formed to consider these themes and implement the recommendations.

FOR MORE INFORMATION please contact **Shawana Andrews**, Project Officer, CRESCENT Aboriginal Community Engagement Project
T: +61 3 9035 8280 or
E: <shawanaa@unimelb.edu.au>.

JOINT MEDICAL DEANS – AIDA REVIEW OF THE INDIGENOUS HEALTH CURRICULUM FRAMEWORK AND HEALTHY FUTURES REPORT

Work on the joint review of the implementation of the AIDA's *Healthy Futures Report* and the CDAMS (now Medical Deans) *Indigenous Health Curriculum Framework* within all Australian Medical Schools began in early September. The work is the first comprehensive review of the implementation of the CDAMS framework to be undertaken since its inception in 2005 and the first review of *Healthy Futures* since it was published in the same year.

The project, funded by the Australian Government Department of Health and Ageing, involves documenting how Australian medical schools have developed and implemented AIDA's *Healthy Futures Report* and the Medical Deans' *Indigenous Health Curriculum Framework* over this period and making recommendations to ensure continuous improvement of the Framework and its implementation. As the Review will be conducted across all Australian medical schools, it will also promote successful initiatives and address barriers to the implementation of the *Healthy Futures Report* and the *Indigenous Health Curriculum Framework*.

The final report of the Review will include a set of tailored recommendations to Medical Deans as an organisation to consider. Additionally, a report on the specific findings within each individual Medical School will be provided to each school.

The Project Manager for the Medical Deans-AIDA review, Joe Cavanagh, is currently in the process of obtaining ethics approval, establishing the Review's Steering Committee and Technical Reference Group to help inform and direct the Review, and conducting initial meetings with medical school staff and key stakeholders. Over the course of the Project, interviews, focus groups and surveys will be conducted within each Medical School.

The already established LIME Network and their significant knowledge within the field of research will be an invaluable resource and integral to the success of the project. LIME Network members within each

Medical School are therefore considered as key contacts and will be able to significantly contribute to the Review's outcomes.

FOR MORE INFORMATION please contact **Joe Cavanagh**,
E: <jcavanagh@medicaldeans.org.au>.

HOPE 4 HEALTH

Claire Walter is the 2010 Indigenous Health Representative for Hope4Health (H4H), a non-profit organisation and registered charity founded by Griffith University medical students in 2006. H4H aims to improve health outcomes for local, rural, Indigenous and international communities through coordination of awareness raising activities for members, including guest speaker seminars, rural health trips, teddy bear hospitals and much more. Claire is a second year medical student, and during her first year she attended a trip with H4H to undertake a Teddy Bear Hospital and Health Careers day in Cherbourg, an Aboriginal

community 250km northwest of Brisbane. This trip inspired Claire to become more involved in the club, particularly in activities around Indigenous health.

This year was the third year that H4H student members have organised the Teddy Bear Hospital and Health Careers trip to Cherbourg. The benefits, both for students at Cherbourg Primary School and for students from Griffith University, are evident. In small groups, early primary school students participate in the Teddy Bear Hospital, which consists of hands-on stations promoting healthy lifestyles. This includes exercise, healthy eating, brushing teeth, what to expect when teddy visits the doctor, poisons and who to call in an emergency. Each station is hosted by health students acting as 'teddy doctors', which is a fun and rewarding experience.

The Health Careers Day is designed for students heading to high school. By being able to play with medical equipment and practise scenarios, students can



Teddy Bear Hospital participants

normalise the idea that continuing school and becoming a doctor, nurse, physiotherapist, dentist or any other health professional is within the children's reach. Much like the structure of Teddy Bear Hospitals, there are stations where students can practise bandaging and sling making, putting on a gown and mask, blood pressure measurement, using stethoscopes, CPR and plaster-cast making. Each station is coordinated by a health student, and participants discuss various career pathways.

The trip to Cherbourg also includes a visit to the local hospital, medical clinic and the Ration Shed Museum, which broadens the experience and understanding of the medical students about Aboriginal Australia and the health experiences of Indigenous people. Local traditions, the history of Cherbourg (which was originally an Aboriginal reserve), the Stolen Generation and other important historical and cultural issues are explored and discussed by people from the museum together with the students. This year, one student commented, 'you don't get taught that in school', emphasising the importance of increasing awareness about Aboriginal culture and history to improve the students' future patient relationships and create better health outcomes in the future for Indigenous Australians.

If you would like to find out more about Hope4Health please visit the Hope4Health website, or email Claire with any questions or comments at E: <clairewalter@hope4health.org.au>.



Some of the Australian delegation to PRIDoC 2010

PRIDOC 2010

Almost 40 people from Australia attended the Pacific Region Indigenous Doctors' Congress (PRIDoC) 2010 held in Whistler, Canada from 26–29 August. The theme for PRIDoC 2010, hosted by the Indigenous Physicians Association of Canada (IPAC), was 'Sharing our stories – building strength through the circle of knowledge translation'.

PRIDoC is a biennial event bringing together Indigenous doctors, students and other health professionals from across the Pacific to share knowledge, gain skills and develop the agenda in Indigenous health.

The PRIDoC members are:

- AIDA – Australian Indigenous Doctors' Association;
- Ahuhui o na Kauka – Association of Native Hawaiian Physicians;
- IPAC – Indigenous Physicians Association of Canada;
- Te ORA – Māori Medical Practitioners Association; and
- The Medical Association for Indigenous People of Taiwan (as of August 2010).

A number of AIDA members presented at PRIDoC, including the AIDA President, Associate Professor Peter O'Mara, who spoke on 'Supporting Indigenous Students across the Continuum: School to University to Fellowship and Beyond'; Dr Latisha Petterson and Dr Della Yarnold on 'Pathways from School into Medical and Health Careers'; Associate Professor Ngiare Brown and Dr Alex Brown, who spoke about AIDA's Health Impact Assessment on the Northern Territory Emergency Response; and Dr Tammy Kimpton and Dr Aleeta Fejo who addressed 'Development of Indigenous GP Workforce in Australia'. AIDA representatives received funding to attend the conference from a range of sources including the Australian Government Department of Health and Ageing, some State Health Departments and agencies and non-government organisations.

A number of LIME Reference Group members also participated in the event, including Dr David Paul's co-presentation of two sessions: 'Turning the Corner: Assessment as a Key Strategy to Enhance Engagement and Understanding in Indigenous Health' and 'A Turning Point: Getting Medical Students Engaged

in Indigenous Health'. Shaun Ewen spoke on Indigenous medical specialists and co-presented the 'Cross Cultural Challenges in Cross Cultural Curriculum: Creating an International Indigenous Collaborative Course' session. A number of additional LIME members participated in sessions, including Ms Suzanne Pitama and Associate Professor Papaarangi Reid.

Dr Tom Calma was the key Australian speaker, addressing 'Mobilising the Mainstream to Realise Health Reforms for Indigenous Peoples – An Australian Case Study of Human Rights in Action.' Ngankaris Mr Andy Tjilari, Mr Rupert Peter and Mr Toby Ginger held a session about healing.

The PRIDoC Council Annual General Meeting was also held at Whistler. At that meeting it was agreed that AIDA will host PRIDoC in 2012. Consequently, the AIDA President will become Chair of the PRIDoC Council.

SISTER BUSH

Sister Bush—or Bush as many of us knew her as—died recently at RPA Hospital Sydney, following a short illness. She was a colleague, friend, collaborator, educator, counsellor, social worker and overwhelmingly decent woman whom many of us considered family. She dedicated her life to her practise of nursing, initially as a pupil nurse at Marrickville Hospital, then progressing through further training at the Canterbury and King George V Hospitals to become the remarkable and talented midwife we all knew and loved. She remained at RPA for more than 40 years.

Sister Bush was passionate about education, training, teaching and making sure people were prepared for the work they were expected to do. For her non-Aboriginal colleagues, that often meant receiving some one-on-one tuition quietly in the corridor, or going to one of the cultural awareness programs Sister Bush was instrumental in creating. For some of our Aboriginal and Torres Strait

Islander health workers, that meant joining the advanced national maternity health training program developed by Sister Bush and others in partnership with the Royal Australian and New Zealand College of Obstetrics and Gynaecologists and the James Cook University. For many of our medical, nursing and other students, it was about learning to be proper and respectful and competent when dealing with our mob. For me, it was about collaborating on a short, but important piece of research that allowed us to understand how many Aboriginal people used the hospital to have their babies. This small piece of work has become the foundation upon which much of my research agenda lies today.

Sister Bush was a very quiet and private woman, who took pride on moving forward and doing the job that needed to be done. She never bragged about her achievements, which were many, but which those of us around her were so very aware and proud. One achievement that was acknowledged was in

1998, when Sister Bush was made an honorary fellow of the Royal Australian and New Zealand College of Obstetrics and Gynaecologists. She was the first ever Aboriginal person to be inducted, and certainly the first midwife to receive this honour. A group of us got on a bus and went down as the cheer squad, I am sure the esteemed college has never seen anything like it since!

In 1999, Sister Bush became an Officer of the Order of Australia and in 2002 received the Centenary of Federation medal. In 2009 Sister Bush was inducted into the Hall of Fame at the NSW Health Aboriginal Health Awards for her long-serving work in the improvement of the health status of Aboriginal people. Sister Bush was family to us all, and the academy, the hospital, the institution of health is all the poorer for her passing. Sister Bush's funeral was held at St Brigid's in Marrickville, and her ashes interred in her twin sister's grave in Darwin.

Professor Lisa Jackson-Pulver

Associate Professor Peter O'Mara accepts his Deadly Award | **PHOTO:** Amanda Jones



LIMENETWORK MEMBER PROFILE

IT'S OFFICIAL: PETER O'MARA IS DEADLY

The president of the Australian Indigenous Doctors' Association (AIDA) and member of the LIME Network Steering Committee and Reference Group, Associate Professor Peter O'Mara, has taken out this year's Deadly Award for Outstanding Achievement in Aboriginal and Torres Strait Islander health.

Peter accepted this award from the Governor General of NSW, Her Excellency Professor Marie Bashir AO, at the Deadlys held at the Sydney Opera House on 27 September. The awards recognise outstanding Aboriginal and Torres Strait Islander achievements in sport, the arts, music and health. In

his acceptance speech, Peter said, 'I feel I don't deserve to win this because I'm just doing what I love.'

Peter is a Wiradjuri man from central New South Wales who works as a general practitioner in an Aboriginal community-controlled health service while also holding the positions of Associate Professor of Indigenous medical education and Head of Indigenous Health at the University of Newcastle. His dedication and enthusiasm are evident in the work he undertakes to train better doctors and develop cultural safety in the health system.

Peter completed his medical degree from the University of Newcastle in 1999. He became a Fellow of the Royal Australian

College of General Practitioners in 2003 and obtained his Fellowship in Advanced Rural General Practice/Graduate Diploma in Rural General Practice in 2007.

Teaching medical students is so very rewarding. It is important to support Indigenous students to become the very best doctors. It's vital that all medical students are trained to treat Indigenous patients competently, he says.

AIDA and LIME are extremely proud of Peter and his achievement at the 2010 Deadlys, and look forward to supporting his continuing work.

NEWS

LOWITJA INSTITUTE SELECTS NEW GOVERNING BODY

16 November 2010

The Lowitja Institute, Australia's National Institute for Aboriginal and Torres Strait Islander Health Research, is pleased to announce the appointment of a permanent Board of Directors to oversee the implementation of national research programs focused on improving Aboriginal and Torres Strait Islander health. Please see the Lowitja Institute media release for further details.

\$8 MILLION BOOST FOR REMOTE AND REGIONAL HEALTH SERVICES

22 October 2010

The Hon Nicola Roxon MP, Minister for Health and Ageing, Simon Crean MP, Minister for Regional Australia and Regional Development, and Warren Snowdon MP, Minister for Indigenous Health, have issued a joint media release on programs in remote and regional areas which are designed to improve health and medical services. \$8.3 million has been granted for health infrastructure projects through the National Rural and Remote Health Infrastructure Program (NRRHIP). Infrastructure and equipment projects undertaken include 'building new medical, surgical and training facilities, refurbishing doctors'

rooms, purchasing medical equipment and other essential resources'. Refurbishment of Aboriginal health services as well as new equipment or vehicles for outreach will also be funded under the program.

ABORIGINAL PEOPLE 'MISSING OUT' ON HEART CARE

13 October 2010

The Age reports that Aboriginal people in Victoria are 'missing out on crucial interventions to manage heart disease'. Professor Ian Anderson and colleagues spoke at a recent heart foundation seminar on the issue, highlighting the discrepancies between Aboriginal and non-Aboriginal cardiovascular treatment, and the reasons why this may be the case.

INDIGENOUS GOVERNANCE AWARDS

October 2010

The Australian Indigenous Doctors' Association (AIDA) was honoured to be recognised as a top-four finalist in this year's Reconciliation Australia / BHP Billiton Indigenous Governance Awards, which celebrate strong leadership, good management and effective partnerships. AIDA finished as a top-four finalist in the category for organisations established for more than 10 years. The Awards night held



Dr David Brockman at the Indigenous Governance Awards Evening

in Melbourne was attended by Vice President Dr David Brockman, Board Member Dr Kali Hayward, CEO Mr Romlie Mokak, Melbourne-based medical student Mr Robert James, and Ms Leila Smith, Ms Dewi Zulkefli and Ms Jian Li from the AIDA Secretariat.

Announcing the winners of the 2010 Awards at a gala luncheon in Melbourne, Reconciliation Australia Co-Chair Professor Mick Dodson said he was proud to be telling the good news about Indigenous communities.

'What these organisations are achieving, and how they do what they do, confirms my convictions that community driven initiatives are the key to real progress,' Professor Dodson said.

IMPROVING INDIGENOUS HEALTH

September 2010

The ABC's Rebecca Baillie reported on improving Indigenous Health on the *7:30 Report*, 22nd September. The program discussed the ways in which an increase in Indigenous doctors will help improve the statistics on Aboriginal and Torres Strait Islander health, and highlighted work being undertaken at the University of New South Wales in terms of Indigenous student scholarships.

ABORIGINAL PEOPLE'S HEALTH NEWSLETTER, AUGUST 2010

August 2010

The inaugural edition of the University of British Columbia's *Aboriginal People's Health Newsletter* has been recently published. The newsletter provides information regarding the work undertaken within the Faculty of Medicine to support and develop Aboriginal health programs, curricula, research and advocacy. The publication also highlights research and partnership initiatives being undertaken.

MELBOURNE APPOINTS FIRST ASSOCIATE DEAN FOR INDIGENOUS DEVELOPMENT

August 2010

In an Australian first, the University of Melbourne has appointed an Associate Dean for Indigenous Development within the Faculty of Medicine, Dentistry and Health Sciences. Mr Shaun Ewen (who also oversees the LIME project) was appointed to assist in the increase of Indigenous staff recruitment and to build clear and supported pathways for Indigenous students into the health sciences at the University. Congratulations Shaun!

TERTIARY SUPPORT TO INDIGENOUS DOCTORS ENCOURAGED

August 2010

This ABC report highlights recent work being undertaken to assist Australian universities to increase numbers of Indigenous medical students and graduates. In an interview earlier this year with Dr Kelvin Kong, Brigit Brennan reports that increases in Indigenous health practitioner numbers will assist in closing the life expectancy gaps between Indigenous and non-Indigenous Australians.

THE SILENCE HAS BEEN DEAFENING ON ABORIGINAL HEALTH: LET'S HEAR ABOUT IT

August 2010

A recent media release from the coalition of United General Practice Australia (UGPA) and the National Aboriginal Community Controlled Health Organisation (NACCHO), called on the major political parties in Australia to start 'talking the talk' on Aboriginal health issues.

In encouraging the Government and Coalition to confirm their commitment to the COAG National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes (which was signed by former Prime Minister Kevin Rudd), the coalition of general practice and Aboriginal community controlled health services hope to send a strong message regarding the need for increased funding in the new Government term.

PUBLICATIONS AND RESOURCES

Following are some recent publications and resources of interest. For more publications visit the [LIME Network Resources Database](#).

[Improving the Identification of Aboriginal and Torres Strait Islander People in Mainstream General Practice](#), M. Kelaher, A. Parry, S. Day, Y. Paradies, J. Lawlor & L. Solomon 2010, The Lowitja Institute, Carlton, Vic.

This recent report from the Lowitja Institute and the Australian National University (ANU) discusses ways that improved identification of Indigenous patients in general practices would increase their access to Medicare benefits such as health checks. These benefits could help 'Close the Gap', however many GPs don't consider ethnicity to be relevant to quality of care. This study reviewed the effectiveness of strategies that aim to improve the identification of Indigenous people in health care.

[The Health of Urban Aboriginal People: Insufficient Data to Close the Gap](#), S. J. Eades, B. Taylor, S. Bailey, A. B. Williamson, J. C. Craig & S. Redman for the SEARCH Investigators 2010, *Medical Journal of Australia*, vol. 193(9), pp. 521-4.

[HealthInfoNet New Web Resources](#)

HealthInfoNet have updated a number of key services on their website. You can now subscribe to receive email alerts and any new material added to the HealthInfoNet electronic journal, the *HealthBulletin*. In addition, their comprehensive *Overview of Australian Indigenous Health Status*, April 2010 has been

updated on the website, as has the Summary of Australian Indigenous Health. The website also includes a new section on Indigenous immunisation.

For further information please visit the [HealthInfoNet website](#).

[The Communities and Families Clearinghouse](#)

The Communities and Families Clearinghouse at the Australian Institute of Family Studies highlight a number of Indigenous programs of promising practice amongst child and family service providers across Australia.

[Dictionary of Anatomy: Dhäruk Mala ga Mayali' Rumbalpu](#)

The recently launched *Dictionary of Anatomy: Dhäruk Mala ga Mayali' Rumbalpu*, translates, for the first time in one resource, over 200 anatomical terms into Yolŋu Matha, the main language used in East Arnhem Land in the Northern Territory.

The dictionary, which also includes innovative colour graphics and examples, will be an important resource for medical professionals and translators working with Yolŋu people who speak the Djambarrpuyŋu language, reducing the likelihood of miscommunication and misunderstanding due to language barriers

The dictionary is available from the [Aboriginal Resource and Development Services](#) (ARDS).

[Medical Students' Perceptions of Their Teachers' and Their Own Cultural Competency: Implications for Education](#), B. M. Thompson, P. Haidet, R. Casanova, R. P. Vivo, A. G. Gomez, A. F. Brown, R. A. Richter & S. J. Crandall 2010, *Journal of General Internal Medicine*, vol. 25, Supp. 2.

Enhancing the cultural competency of students is emerging as a key issue in medical education; however, students may perceive that they are more able to function within cross-cultural situations than their teachers, reducing the effectiveness of cultural competency educational efforts.

[Teaching Cultural Diversity: Current Status in U.K., U.S., and Canadian Medical Schools](#).

N. Dogra, S. Reitmanova, & O. Carter-Pokras 2010, *Journal of General Internal Medicine*, vol. 25, Supp. 2.

[Let's Not Contribute to Disparities: The Best Methods for Teaching Clinicians How to Overcome Language Barriers to Health Care](#).

L.C. Diamond & E.A. Jacobs 2010, *Journal of General Internal Medicine*, vol. 25, Supp. 2.

[Impact of a Short, Culturally Relevant Training Course on Cancer Knowledge and Confidence in Western Australia's Aboriginal Health Professionals](#).

E. J. Croager, T. Eades, I. S. Pratt & T. Slevin 2010, *Australian and New Zealand Journal of Public Health*, Vol. 34, Supp. 1, pp. S76-S79.

CONFERENCES AND EVENTS

This study looks into cancer knowledge and confidence measured at baseline, course completion and at follow-up (six to eight months) stages. The cancer education course combines expert presentations, interactive sessions and visits to local cancer treatment centres. Three four-day courses have been run, in both metropolitan and regional Western Australia (WA).

Reducing Racism in Aboriginal Health Care in Australia: Where Does Cultural Education Fit? A. Durey 2010, *Australian and New Zealand Journal of Public Health*, vol. 34, Supp. 1, pp. S87–S92.

This paper discusses whether educating health professionals and undergraduate students in culturally respectful health service delivery is effective in reducing racism, improving practice and lessening the disparities in health care between Aboriginal and non-Aboriginal Australians.

Living Longer with a Greater Health Burden – Changes in the Burden of Disease and Injury in the Northern Territory Indigenous Population Between 1994–1998 and 1999–2003, Y. Zhao, J. R. Condon, S. Guthridge & J. You 2010, *Australian and New Zealand Journal of Public Health*, vol. 34, Supp. 1, pp. S93–S98.

The paradoxical shift of living longer with a greater health burden has not been previously reported for Indigenous Australians, and this highlights the critical importance of prevention for sustaining life expectancy improvement and managing escalation of health costs.

LIME CONNECTION IV – SAVE THE DATE

LIME CONNECTION IV will be held in Christchurch, NZ, from 29 November – 1 December 2011.

11TH NATIONAL RURAL HEALTH CONFERENCE

13–16 March 2011,
Perth, WA

Focusing on work which is being undertaken in relation to the Government's three major health reviews, and the related effects on rural and regional populations, this conference will highlight various issues including the social and economic determinants of health, chronic disease, electronic health records, and the current rural and remote health research agenda. Keynote speakers will discuss child and maternal health, workforce redesign and change management in rural and remote health services, as well as issues of healthy Indigenous communities.

3RD ABORIGINAL HEALTH RESEARCH CONFERENCE: RESEARCH FOR A BETTER FUTURE

5–6 May 2011,
Sydney, NSW

This conference will highlight new findings from studies conducted in partnership with Aboriginal communities.

The theme for the event will be *Strong Research, Best Outcomes*, and delegates will hear from leading Australian and international speakers. Meaningful collaboration and its implications for Aboriginal research, policy and practice, and capacity building will be a focus of the conference.

ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS (RANZCP) 2011 CONGRESS

29 May–2 June 2011,
Darwin, NT

The RANZCP 'Close Relations' Congress will present prominent speakers and current developments in Australasian and world psychiatry generally, as well as focusing on emergent issues relevant to the North of Australia such as Indigenous mental health and psychiatric issues in the near Asian Region. In addition, the Congress will have a focus on the increasing empowerment of mental health consumers and carers in respect to mental health.

BACKGROUND

The 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. It was developed as a stand alone project in 2008 and stemmed from the [Indigenous Health Project](#) which began in 2002.

Major outcomes of that project included the [Indigenous Health Curriculum Framework](#) and the [Critical Reflection Tool](#) (CRT), which remain important resources for the current Project. The Framework was developed as a flexible guideline that could be used to contribute to the meaningful learning experiences of students and staff around Indigenous health, and the CRT is an internal quality review process aimed at supporting medical schools to continue to provide quality Indigenous health curriculum and Indigenous student support initiatives.

Other outcomes of the project included the endorsement of the Indigenous Health Curriculum Framework by all Deans of medicine and its inclusion as part of the accreditation guidelines of the [Australian Medical Council](#) (AMC); and the facilitation of Australian Indigenous Doctors Association (AIDA) / Medical Deans Agreement for Collaboration, through which AIDA completed an audit of medical schools to assess their Indigenous medical recruitment and retention approaches. Importantly, a preliminary network of Indigenous and non-Indigenous medical educators was established to lead and encourage curriculum implementation – this became the LIME Network.

LIME aims to be a dynamic network dedicated to ensuring the quality and effectiveness of teaching and learning of Indigenous health in medical education, as well as best practice in the recruitment and retention

of Indigenous medical students. We seek to do this through establishing a continuing national presence that encourages and supports collaboration within and between medical schools and colleges in Australia and New Zealand and by building linkages with the community and other health science sectors.

The LIME Network consists of a range of participants from key medical education and Indigenous health groups. LIME has a [Steering Committee](#) which sets strategic and policy directions and a [Reference Group](#) which provides advice and support in implementing LIME initiatives. Members of the Steering Committee are drawn from a number of key stakeholder organisations and the Reference Group is made up of members from each medical school in Australia and New Zealand.

For a list of committee members and organisations please see our [Organisation Chart](#).

CONTACT DETAILS

If you would like more information of LIME Network activities, would like to become a member, or have something you would like to contribute to the next Newsletter, please visit our website: www.limenetwork.net.au email us at lime-network@unimelb.edu.au or give us a call: **+61 3 8344 9160**.



THE LIMENETWORK
 Leaders in Indigenous Medical Education



Australian Government
 Department of Health and Ageing

