



THE LIME NETWORK
Leaders in Indigenous Medical Education

NEWSLETTER

ISSUE NO. 13 / November 2013



LIME WELCOME

Welcome to the thirteenth edition of the Leaders in Indigenous Medical Education (LIME) Network Newsletter. In this edition we are pleased to bring readers information about current LIME activities, including a report on LIME Connection V.

We also profile a number of teaching and learning initiatives, have information for graduates, clinicians,

and students, and highlight projects of interest from allied health sectors. Our member profile this month features LIME Reference Group member David Paul from the University of Notre Dame, Fremantle.

We hope you enjoy this edition of the LIME Network Newsletter and encourage your contributions for future publications.

The LIME Network Newsletter is published three times per year (March, July and November) and includes the latest information about Indigenous health and medical education. The Newsletter is designed as a resource for Indigenous and non-Indigenous medical educators, students, medical 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. It aims 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 project or an event of interest, we would love to hear from you – please contact us via **W:** <www.limenetwork.net.au/contact>.



LIME Connection V Keynote speakers LC Chan, Dennis McDermott, Martina Kamaka and Elana Curtis. Photo: Fiona Morrison.

INSIDE:

NETWORK UPDATE	02
TEACHING AND LEARNING	04
LIMENETWORK PROFILE: DAVID PAUL	07
GRADUATES AND CLINICIANS INFORMATION	08
LIME CONNECTION V	12
STUDENT INFORMATION	14
PROJECTS OF INTEREST	16
NEWS	20
CONFERENCES AND EVENTS	21
PUBLICATIONS AND RESOURCES	23

LOGO AND ARTWORK
by Michelle Smith
and Kevin Murray

NEWSLETTER DESIGN
by Inprint Design

LIME NETWORK UPDATE

THE LIME NETWORK PROJECT TEAM

The Project Team includes Associate Professor Shaun Ewen, Ms Odette Mazel, Ms Caitlin Ryan, Mr Warwick Padgham and Ms Erin Nicholls (currently on maternity leave). If you have any questions, queries or good ideas, please contact us on **E:** <lime-network@unimelb.edu.au> or **T:** +61 3 8344 9160.

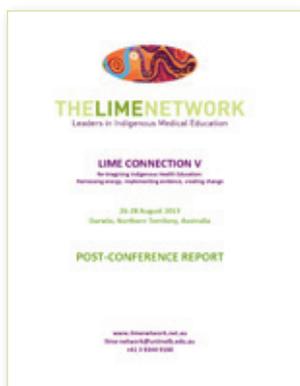
To find out more about us visit the LIME Network website at **W:** <www.limenetwork.net.au>.



The LIME Network team at LIME Connection V. Photo: Fiona Morrison.

LIME CONNECTION V

LIME Connection V was held in August 2013 and hosted by Charles Darwin University and Flinders University, in Darwin, Northern Territory. Over 220 people attended the conference, and we have received lots of enthusiastic feedback about the event. The Post Conference Report from LIME Connection V is now available via the website **W:** <www.limenetwork.net.au/content/lime-connection>, and you can read a report on the event on page 12 of this newsletter.



REFERENCE GROUP

An important part of the LIME Network Program is our a representative Reference Group, which is made up of medical educators from each medical school in Australia and Aotearoa/ New Zealand, working to improve Indigenous health through

medical education, as well as Indigenous student recruitment and retention.

The latest [Reference Group](#) meeting will be held at the Australian National University in Canberra on 5 November. A report from that meeting will be included in the next newsletter edition.



The Reference Group at LIME Connection V. Photo: Fiona Morrison.

LIME NETWORK WEBSITE

The [LIME Network website](#) continues to be expanded and updated in order to keep members informed of:

- relevant Indigenous health and medical education [news](#);
- [scholarships, jobs and grants](#); and
- [conferences, workshops and events](#).

On the website you can also find the [Indigenous Pathways into Medicine Online Resource](#), and the [Resources and LIME Publications](#) section, which is regularly updated with new information and houses:

- [LIME Newsletters](#);
- The [Projects of Interest Database](#);
- The [Resources Database](#); and
- The LIME [Good Practice Case Studies](#) resources, which are available for download.

If you have any suggestions about resources, projects of interest or news and events, or have feedback regarding the website, please contact us via **E:** lime-network@unimelb.edu.au or **T:** +61 3 8344 9160.

RESEARCH AND PUBLICATIONS

The LIME Network team have recently co-authored a paper exploring the development of the LIME Network. The paper, titled 'History of the LIME Network and the development of Indigenous health in medical education', was published in the *Medical Journal of Australia* in July 2013. The paper outlines the growth

GOOD PRACTICE CASE STUDIES VOLUME TWO LAUNCH

Approximately 150 delegates attended the launch of the LIME Good Practice Case Studies Volume Two resource. The launch was held as part of the LIME Connection V Welcome Reception at the Australian Centre for Indigenous Knowledges and Education (ACIKE) at Charles Darwin University. Delegates were welcomed to ACIKE by

Charles Darwin University's Pro Vice-Chancellor for Indigenous Education, Professor Steven Larkin. The LIME Good Practice Case Studies Volume Two resource was officially launched by Professor Ian Puddey, Dean of the Faculty of Medicine, Dentistry and Health Science at the University of Western Australia.



Contributing authors David Paul, Danielle Soucy, John Broughton, Martina Kamaka and Donald Whaleboat at the launch of the Good Practice Case Studies Volume Two. Photo: Fiona Morrison.

of an 800-strong membership of Indigenous and non-Indigenous medical educators, health educators, university leaders, health practitioners, policymakers and community members concerned with improving health outcomes for Indigenous people. The paper discusses how over time, it has developed a portfolio

of work that provides quality review, professional development, capacity-building, research and advocacy functions for Network members, and has developed links with specialist medical colleges and educators from other health disciplines. You can read the paper at **W:** www.mja.com.au.

TEACHING AND LEARNING

THE UNIVERSITY OF WOLLONGONG GRADUATE SCHOOL OF MEDICINE

The University of Wollongong (UOW), Graduate School of Medicine (GSM) has undergone a significant transformation in the past six months. The Aboriginal Health Unit, which comprises a newly appointed Academic Leader of Indigenous Health and Project Officer for Indigenous Health, have undertaken a number of initiatives which are building the foundations for a strong future for UOW GSM in Indigenous Health.

There are four priority areas which have been established for future strategic direction of the GSM Aboriginal Health Unit:

1. Students;
2. Teaching;
3. Research;
4. Community Engagement.

Students

An alternative admissions program has now been established by the GSM for Indigenous applicants. The process is a combination of the normal entry requirements of the GSM with the addition of a community panel. The purpose of the new intake process is to build social capital and provide role models within Indigenous communities and the GSM. The Indigenous students will also be important peer educators within the GSM. The GSM will be offering, for the first time, scholarships for all new Indigenous students commencing medicine over their first two years.

An Applying to Medicine workshop will be conducted in February by the university, for Indigenous applicants sitting the GAMSAT. Resource support will also be provided for those wishing to apply for medicine. The university will be holding a Health Summer Camp in December 2013. This will be across the spectrum of health degrees offered at UOW and targets year 9-12 high school Indigenous students across New South Wales. There are 50 places for the two-day camp, which will hopefully inspire Indigenous students to pursue a vocation in medicine.

Teaching

A new curriculum is being developed by the GSM. While there are foundational lectures providing context of Indigenous society and culture, health outcomes, access and health programs, these are all combined with practical exercises for each lecture which focus on developing Aboriginal health programs. This provides both a stepped approach of knowledge and a spiral approach of weaving practical skills in Aboriginal health service delivery. The major development in the curriculum will be the inclusion of partnering in the delivering of health programs with local Aboriginal communities. Students will be involved in the delivery of population health programs which respond to local community needs. The students rotate through their placement to provide practical experiences of engaging with Aboriginal communities in a way that provides mutual benefit to the Aboriginal communities involved.

Research

The GSM is increasing its research output in Indigenous health using appropriate research protocols. The Academic Leader for Indigenous Health has recently been appointed to the Medical Schools Outcomes Database Project - Research and Scientific Advisory Committee Membership as the Indigenous expert.

Community Engagement

Effective and appropriate community engagement is part of the GSM's core business. There are a number of Aboriginal Community Controlled Health Organisations which are partners with the GSM and take on student placements in their services. Furthermore, engagement with the community also involves creating more visibility and accessibility of medicine for Aboriginal people. There is also a responsibility that there is mutual benefit for the community in its relationship with the GSM which is a resource for support and advice around clinical needs, program development, as well as research and evaluation.

The achievements of the GSM have been an excellent example of leadership in Indigenous medical education being a whole of school approach. While direction has been provided by the Aboriginal health unit, the achievements would not have been possible without the good will and hard work of many of the GSM staff and the positive leadership of the Dean.

For more information please contact Scott Winch via
E: <swinch@uow.edu.au>.

RHEF VIDEO TEACHING CLIPS

Video Teaching Clips on the Unique and Valued Profession of Aboriginal and Torres Strait Islander Health Workers are available and are free for use in your educational setting. Aboriginal and Torres Strait Islander Health Workers are critical to improving the health and wellbeing of their people. They bring unique cultural skills and play a vital role that spans clinical intervention, health promotion, and community outreach and liaison.

These teaching clips have been taken from the 'A Unique and Valued Profession' Multimedia Project produced by the Rural Health Education Foundation. The project was developed to showcase, inform and educate all health professionals on the

role and function of Aboriginal and Torres Strait Islander Health Workers. The clips can be incorporated into your teaching; whether in lectures, learning activities or set assignments. They can be viewed independently, incorporated into a PowerPoint presentation, or included as hyperlinks embedded into documents. The copyright to this material is owned by Health Workforce Australia, and allows for these clips to be used "for study or training purposes".

There are eight 3-5 minute video clips available to view online or to order free as a set of files on a USB. Patients, Aboriginal and Torres Strait Islander Health Workers and Practitioners, and non-Indigenous health professionals from all over Australia feature in these clips

and the original programs. This project was produced by the Rural Health Education Foundation, and was possible due to funding made available by Health Workforce Australia, an Australian Government Initiative. We thank the LIME Network who advised and assisted in the design of these Video Teaching Clips.

To view the clips or to order the USB visit **W:** <www.rhef.com.au/browse-resources/atsih-teaching-clips/> or contact the Foundation directly via **E:** <support@rhef.com.au> or **T:** +61 2 6232 5480.



A scene from the RHEF teaching clips.

THE STAR PROJECT: WHY STAR?

The STAR Project is about Standing Together Against Racism in health care and health professional education. STAR was inspired by LIME Connection IV in Auckland. Tragically, racism remains common in Australian health services. While there is an anti-racism strategy for sport, there is none yet for health where it affects Australia's most vulnerable people.

Most health students and staff don't like racism in health care. However, they also tell us that they don't quite know what to do when they see it – is it their responsibility, might there be retaliation, do they have the skills to handle it effectively?

The STAR Project gives all health students and staff members the chance to:

- Make a dignified, personal statement against racism;
- Gain confidence and develop skills to handle racism;
- Show targets of racism that most health staff are their allies;
- Help build a culture of anti-racism in health care.

The saying "racism makes us sick" is actually true, not just in the sense that most health students and staff are appalled by it. Evidence clearly shows the patho-physiological pathway that links racism to stress and to poorer mental and physical health. Smoking is not tolerated in health services, as it is a health hazard. So why racism is still tolerated?

People who are most targeted by racism are usually those who also most need health care. When people experience racism, they, their family and their community, are less likely to:

- Trust health staff and fellow students;
- Access education and health care;
- Become true partners in their own education and health care.

STAR was begun by students and staff at the Faculty of Medicine, Health and Molecular Sciences at James Cook University. They have come across many students and colleagues around Australia who wanted to do something to stop racism in health. So they initiated the STAR Project.

Racism demeans the work of decent health students and staff. It makes study and workplace environments hostile for both the targets and bystanders of racism. The STAR Project acknowledges that staff may sometimes be the targets of racism from the public and that this can be hurtful. However, this racism does not carry the power of racism coming from staff and it is racism in our own ranks that we can do something about.

- The gold star symbolises hope for change;
- The stethoscope is a universal tool of the health professions;
- Each point stands for one word: Stand – Together – Against – Racism;

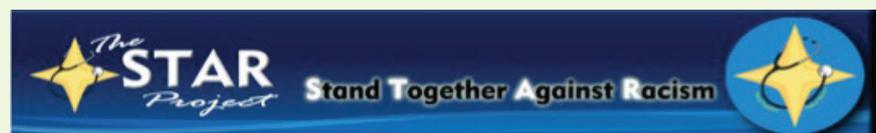
- It is a classy, little, 20 mm badge – anti-racists are the classiest!
- For busy anti-racist - it is comes out of the wash untarnished.

Wearing a little, gold badge will not get rid of racism in health on its own. Racism is endemic in health services and goes much deeper than the cruel, everyday racism that health students, staff and patients encounter. But, STAR is one way of bringing focus to racism in health care.

STAR supports the Australian Human Rights Commission's (HRC) new anti-racism strategy, 'Racism: It Stops With Me'. Health services should be safe places, free from discrimination, for patients, families, staff and students. Health care should set an example, not lag behind in our greatest national challenge, to Close the Gap. It is hoped that STAR will support the great work of HRC and demonstrate to them that health students and staff have an appetite for an anti-racism strategy for health.

Show your support for the STAR Project! Our aim is to have 100,000 health staff and students wearing STAR badges on their lapels, lanyards and stethoscopes. We would like to see workplaces become racism unfriendly.

For more information, or to order STAR stickers, brochures, badges for lanyards and stethoscopes and mugs, for you or your students and fellow staff visit **W:** <www.starproject.co>.



LIME NETWORK PROFILE

DAVID PAUL — ASSOCIATE DEAN OF ABORIGINAL HEALTH, THE UNIVERSITY OF NOTRE DAME, FREMANTLE

What is your current role and what does it involve?

After many years as the Deputy Director of the Centre for Aboriginal Medical and Dental Health at the University of Western Australia, I have just moved to a new position as Associate Dean of Aboriginal Health with the School of Medicine at Notre Dame in Fremantle. This is a part of the school's strategy to further enhance engagement in Aboriginal health at a range of levels, to enable further development of the preparedness of medical graduates to work more effectively with Aboriginal peoples, communities and organisations. The role involves coordination and leading the development, implementation and evaluation of the Aboriginal health curriculum across the school; progressing effective recruitment and retention strategies to enable the school to contribute to increasing the Aboriginal and Torres Strait Islander medical workforce; building the school's engagement in Aboriginal health research; and, facilitating the development of a culturally safe learning and working environment.

How did you become interested in Indigenous health?

I have been interested in Aboriginal health since my student days in the 1970s. Through a student group I advocated for greater engagement in Aboriginal health at student, course and health professional levels. The relative absence of Aboriginal health in health professional courses at the time was striking, to say the least. Not long after graduating I was fortunate to get a job at the Perth Aboriginal Medical Service and have remained engaged in

Aboriginal health ever since, across a range of realms including health care service provision, health professional education, policy and research. Working at the AMS provided a solid understanding of what was required if health practitioners were to be effective when working with Aboriginal peoples and communities. It also provided the beginning of my role as an educator of future health practitioners. In 1983 I was involved in the establishment and curriculum development for Marr Mooditj, the Aboriginal Health Worker education college in Perth. Working at the AMS enabled me to develop an awareness of the health and health care needs of Aboriginal people, and the relatively low level of preparedness that most newly graduated practitioners have for working with Aboriginal peoples and communities. The opportunity to work as a research officer for Pat Dodson on the Royal Commission into Aboriginal Deaths in Custody reinforced the importance of a multilayered approach to addressing the ongoing health disparities in Australia. This led eventually to a PhD and full time work in academia.

What is your history with the LIME Project?

My involvement in LIME began in 2003 as a participant in the initial audit, and I contributed to the development of the curriculum framework. I assisted with organisation of the first LIME Connection in 2005 and have been a member of the LIME Reference Group since. Over that time I have been a part of committees for each LIME Connection; worked on the quality improvement projects



that saw the development of the Critical Reflection Tool and the new Periodic Service Review tool; and, been a member of the review committees for the LIME Good Practice Case Studies.

How do you think the LIME Project progresses medical education?

The LIME Project has been a key driver in enabling Indigenous health teaching and learning to become a core component of medical curricula in Australia, Aotearoa and also across the Pacific. The CDAMS Indigenous Health Curriculum Framework has been of great utility here, as has the advocacy for and subsequent adoption of Indigenous health accreditation requirements by the Australia Medical Council. The spinoffs into MPH and specialty programs are seeing the development of a vertical learning pathway from undergraduate through to specialist education and training.

Beyond curriculum and content, the LIME project has enabled the growth and professionalisation of the Indigenous sector in academia. The LIME Network and LIME Connections have been pivotal in building capacity and providing peer support, as well as enabling collaborations on health education research and publication. Without LIME many of us would not be in the space!

GRADUATES AND CLINICIANS INFORMATION

COMMUNITY, STRENGTH, HEALING: NEW CHAIR WELCOMED TO THE INDIGENOUS GENERAL PRACTICE REGISTRARS NETWORK

The Indigenous General Practice Registrars Network (IGPRN) has officially endorsed Dr Aleeta Fejo as the next Chairperson of the Network. Dr Fejo, a Larrakia/Warramunga Territorian is based in Katherine. She was instrumental in the inception and formation of the IGPRN in 2008 with General Practice Education and Training's (GPET) support. As well as shaping a more supportive pathway for current and future Aboriginal and Torres Strait Islander registrars, Dr Fejo has made significant contributions to a range of general practice stakeholders, most notably GPET, General Practice Registrars Australia (GPRA), and the Royal Australian College of General Practitioners (RACGP). Throughout this time she has continued to support and care for her local community.

The handover marks a new chapter for the network which has been busy since moving to GPRA in July 2012 and Dr Fejo is looking forward to commencing her role. "I am keen to help those seeking Fellowship by working with the registrars, training providers, GPRA, GPET and AIDA. I also want to work with the RACGP towards a better assessment process inclusive of all Australian GP registrars, and particularly Indigenous registrars. I encourage all businesses and organisations who work with Indigenous GP medical students, junior doctors and registrars to have a Reconciliation Action Plan and explore developing a mentoring

relationship for all Indigenous medical students, junior doctors and registrars in Aboriginal medical services and private practices," she concluded.

The IGPRN provides a forum for Aboriginal and Torres Strait Islander registrars to provide professional and cultural support to one another. Key to the activities and growing strength of the network has been the guidance and lead of Dr Angela Forrest in the Chair role over the last year. "I feel very privileged to have represented such a dynamic and motivated group of doctors and although saddened to leave, I am proud of the achievements of the IGPRN over the last year." Dr Edward Vergara, Chair of GPRA concluded, "IGPRN has had a productive and inspiring year with Dr Angela Forrest at the helm. Strong foundations have been laid during her time in providing medical education support to registrars. She leaves a strong legacy."

For more information contact: Dr Edward Vergara, GPRA Chair via **E:** <chair@gpra.org.au>.

The Indigenous General Practice Registrars Network (IGPRN) provides a forum for Aboriginal and Torres Strait Islander registrars to provide professional and cultural support to one another. This network connects and undertakes exam preparation via two face to face workshops each year and an online discussion/study forum. IGPRN is administered by General Practice Registrars Australia Limited and is funded via Australian Government grants through GPET. GPRA would like to acknowledge and thank the Australian Indigenous Doctors' Association, National Aboriginal

Community Controlled Health Organisation and GPET for their efforts in supporting Indigenous doctors.

LOCAL GP TRAINING ROMPS IN AWARDS AT NATIONAL CONVENTION

North Coast GP Training (NCGPT) based in Ballina, New South Wales, has picked up two National awards at General Practice training's night of nights - the annual General Practice Education Training (GPET) Convention held in Perth.

GPET is the Federal organisation responsible for funding and coordinating General Practice (GP) training across 17 Regional Training Providers nationwide. The prestigious national award for 2013 GPET Registrar of the Year was won by Dr David Chessor, an NCGPT registrar based at Durri Aboriginal Corporation Medical Service in Kempsey. GP registrars are medical doctors undertaking their final training in GP practices while they prepare for their GP exams.

Dr Chessor was selected out of more than 6,500 GP registrars in Australia and has been honoured for his work in the field of Aboriginal Health; for his role as Registrar Liaison Officer with NCGPT; and also for his roles as Chair of the General Practice Registrar Medical Educator Network (GPRMEN) and the General Practice Registrar Supervisor Network (GPRSNET). Through these positions David provides support and a strong voice advocating for better terms and conditions on behalf of registrars on both local and national platforms. He also

promotes the importance of quality medical education and supervision, and supports and encourages registrars to 'give back' by becoming supervisors themselves.

"Fostering interest in registrars who have interest in becoming supervisors in the future, and providing them with support and networking is new, innovative and an excellent way to help build sorely-needed future GP supervisor capacity. David Chessor has played a big part in this nationally", says NCGPT Medical Educator, Dr Genevieve Yates.

Dr Chessor has been hailed by fellow registrars as selfless and passionate: "David strives for self-improvement in all areas of rural general practice, including Indigenous health, registrar education and public health, while still putting in the hard yards in the day to day business of ordinary general practice" say Drs Nina Robertson and Clare Collins. "He is unafraid to speak up about some of the more contentious issues that arise as different stakeholders strive to improve general practice, and he does so with sensitivity and diplomacy."

NCGPT staff member, Liz Degotardi, was also recognised at the annual Convention receiving the National 2013 GPET Staff Excellence Award. Liz received numerous nominations from colleagues for her commitment to Indigenous wellbeing; to educating colleagues about Indigenous issues; and to creating a more culturally aware workplace.

"Liz has great energy and hope with regard to closing the gap on Indigenous disadvantage, and she promotes initiatives with sensitivity and empathy. She ensures that not a Harmony Day, Reconciliation Action Week or Close the Gap initiative passes us by without acknowledgement and some form of conscious action on our behalf. In a gentle way, Liz brings awareness to our workplace about Aboriginal and Torres Strait Islander issues, events and cultural practices" says colleague Amanda Shoebridge.

"Liz brings a high level of thoughtfulness and passion to whatever role she takes on in the organisation" says CEO John Langill. Liz's role, to place registrars within Aboriginal

Community Controlled Health Services throughout our footprint, helps to ensure the provision of consistent, excellent quality healthcare for Aboriginal and Torres Strait Islander Australians and culturally aware GPs both in Aboriginal Medical Services and in the wider community.

North Coast GP Training has provided medical education training for GP registrars in Northern New South Wales since 2002. From a cohort of eight registrars at our inception, NCGPT now has more than 140 registrars currently enrolled in training, many of whom will stay beyond their training completion to provide medical services to the people of the Northern Rivers.

For more information please contact Sean O'Meara, Communications and Marketing Manager via E: <seano@ncgpt.org.au>.



A/Prof Morton Rawlin, GPET Board Director and representative of The General Practice Mental Health Standards Collaboration (GPMHSC) with Dr David Chessor, winner of the 2013 Registrar of the Year Award. Image courtesy of GPET



A/Prof Richard Matthews GPET Chair with Liz Degotardi, winner of the National 2013 GPET Staff Excellence Award. Photo: Sean O'Meara.

NEW VIDEO HELPS BOOST GP SUPPORT FOR ABORIGINAL HEALTH

“Working in an AMS gives you best bang for your medical buck”. So says GP Supervisor Dr Peter Fletcher from Durri Aboriginal Corporation Medical Service. Dr Fletcher is one of a number of GP Supervisors, Practice Managers, Registrars and Allied Health Professionals appearing in a new North Coast GP Training (NCGPT) video which is helping to promote registrars working in Aboriginal Medical Services (AMSs).

“You get best bang for buck by working in an Aboriginal Medical Service because the community has been identified with the greatest needs medically, and at the same time you’re contributing to closing the medical gap”, says Dr Fletcher. The new 10 minute video, *The Aboriginal Medical Service Experience*, was developed to highlight the benefits, rewards and challenges of working in an AMS whilst dispelling some of the myths and misconceptions which exist about what it is like to work in Aboriginal health. It also shines a light on the critical role which GPs and GP registrars can play in reconciliation and helping to close the gap on Indigenous health disadvantage.

“The need for the video first came out of discussions with some of our stakeholders within Aboriginal health services”, says NCGPT Aboriginal Health Training Strategy Coordinator, Liz Degotardi. “The AMSs wanted to see better promotional tools developed to target new registrars with accurate information about the services AMSs provide”. The video was also intended as a tool for junior doctors thinking of undertaking GP training to

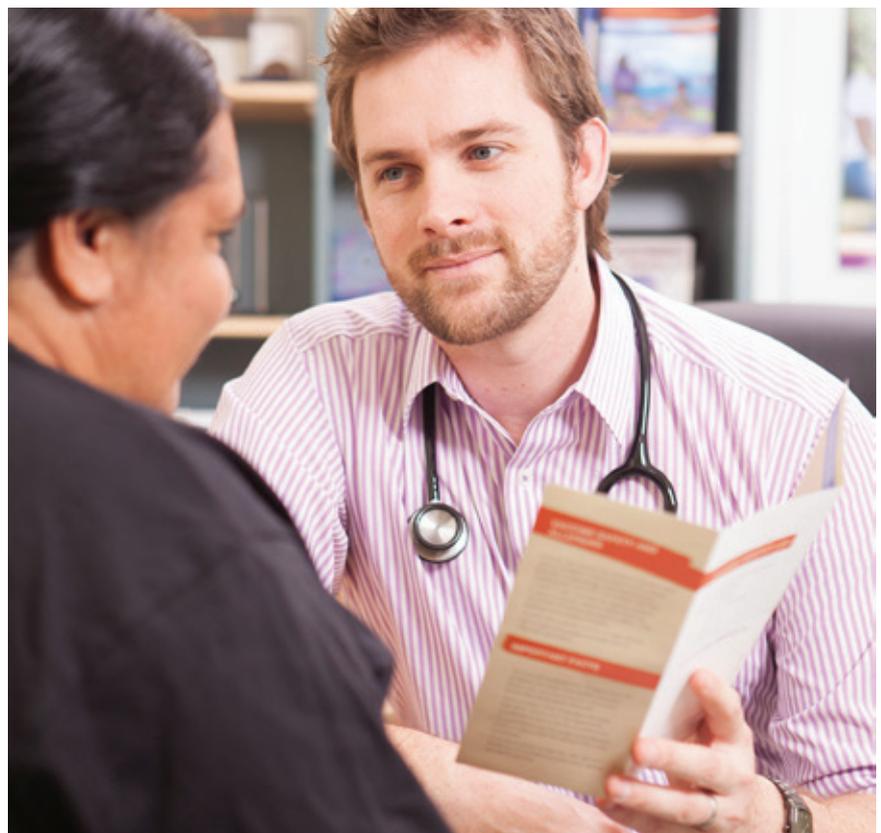
help them to decide whether working as a GP is for them, and also where they would like to be placed.

Filming took place at a number of NCGPT Aboriginal Health Training Services including Durri Aboriginal Corporation Medical Service in Kempsey, Casino Aboriginal Medical Service and Galambila Aboriginal Health Service, Coffs Harbour. “People were really eager to support this project and to join the conversation. There was lots of discussion and content - in fact it was really difficult to condense it all into a couple of minutes!” says Liz Degotardi.

CEO of Casino AMS, Steve Blunden, wanted to use this opportunity to bring awareness to the current situation of Aboriginal health in communities, and the

important role doctors play: “The reason why the AMS is involved with North Coast GP Training is that we really care about doctors understanding the problems experienced by Aboriginal people, and we really want them to experience the different types of health problems that our community have”, said Steve.

The video makes apparent the broad range of health issues patients present with at AMSs, which make for a strong learning environment for registrars. NCGPT Registrar and 2013 RACGP Registrar of the Year, Dr David Chessor said: “I’ve talked to a lot of friends who have significant apprehension about not seeing a wide enough breadth of medicine to prepare them properly for exams and that’s just not true – there’s a really diverse range of medicine that you see in an AMS”.



Dr David Chessor, image courtesy of GPET.

The Aboriginal health services model is quite different to the norm in General Practice. There is a very strong focus on the importance of collaboration and teamwork between the doctors, allied health professionals and Aboriginal health workers to create a holistic approach to medicine. "We have Indigenous and non-Indigenous people all working in together as a team to achieve the same thing, a continuation of care for our patients" says Aboriginal Health Worker Jim Hurley.

A collaboration between NCGPT and our participating AMSs, the video producers wanted to highlight the richly rewarding experience which comes from working in Aboriginal health which past registrars have called "life changing" and "a powerful, enriching and confronting experience."

Although brand new and not yet distributed, the new video has already received hundreds of hits online and is having an impact: "Since the production of the video our Registrar Support Officer has received a lot of interest about placements within AMSs for 2014, so it is obviously hitting the mark!" says Liz Degotardi.

As it is a valuable tool for recruitment and promotional purposes, NCGPT is offering free use of the video to other Regional Training Providers or Government Departments to attract further interest in General Practice. North Coast GP Training offers registrar placements within six accredited Aboriginal Medical Services throughout the Mid North and North Coast regions of New South Wales. To find out more about becoming a registrar and working in Aboriginal health, please contact NCGPT on **T: +61 2 6681 5711** or go to their website at **W: <www.ncgpt.org.au>**.

You can view *The Aboriginal Medical Service Experience* at **W: <www.ncgpt.org.au/aboriginal-health-training>**.

ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKFORCE AND CLOSING THE GAP

National initiatives to close the gap in Aboriginal and Torres Strait Islander life expectancy and to build the supporting health workforce will be discussed and debated at Health Workforce Australia's (HWA) 2013 national conference in November. The life expectancy of Aboriginal and Torres Strait Islander people is more than ten years less than other Australians. In 2008, the Council of Australian Governments (COAG) agreed to close the gap in life expectancy within a generation by 2031. This commitment affects all health professionals and the way care is provided.

Greg Craven, Deputy Chair of the COAG Reform Council and Adrian Carson, Chief Executive Officer of the Institute for Urban Indigenous Health, will take part in a panel discussion at HWA's conference, *Skilled and Flexible – The health workforce for Australia's future*.

The session will feature a discussion on the progress made to improve health outcomes to close this gap and how Australia is tracking against its commitment. Mr Craven will also focus on flexible service delivery and funding.

"Any effort to close the gap must acknowledge that Aboriginal and Torres Strait Islander Health Workers make an invaluable contribution," HWA Acting Chief Executive Ian Crettenden said. "They are often the first point of

contact because Aboriginal and Torres Strait Islander people find it easier to access healthcare services from someone who they can relate to, who understands them and their culture."

Romlie Mokak, Chief Executive of the Australian Indigenous Doctors' Association, and Janine Milera, Chief Executive of the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, will reveal initiatives underway to help increase the numbers of Aboriginal and Torres Strait Islander health professionals in the Australian health workforce.

Murra Mullangari – Pathways Alive and Well is a national Aboriginal and Torres Strait Islander health careers development program, established by the Australian Indigenous Doctors' Association to encourage Indigenous senior secondary school students to remain in school and pursue health careers. Ms Milera will describe initiatives to overcome the challenge of many Aboriginal and Torres Strait Islander people being uncomfortable using mainstream healthcare services.

More than 50 local and international speakers will explore the latest ideas on leadership, innovation and workforce reform at the event at the Adelaide Convention Centre from 18 to 20 November. Registrations are now open. Concession tickets cost AU\$350 and full price tickets cost AU\$600. To attend the conference, or to find out more visit **W: <www.hwa.gov.au/2013conference>**.



LIME CONNECTION V: RE-IMAGINING INDIGENOUS HEALTH EDUCATION: HARNESSING ENERGY, IMPLEMENTING EVIDENCE, CREATING CHANGE

The fifth biennial LIME Connection was held in Darwin, Australia from 26-28 August 2013 and was hosted by Charles Darwin University and Flinders University. Over 220 delegates attended the event. This year the Connection was held for the first time in Northern Australia, and despite the increased distance many delegates were required to travel, registrations were higher than in previous years (210 delegates in 2011 and 190 delegates in 2009). Of delegates that attended LIME Connection V, 84% lived outside of the Northern Territory and more than 16% of delegates were international attendees.

Keynote speakers included experts in Indigenous health and medical education from Australia, Aotearoa/ New Zealand, Hawai'i and Hong Kong. Delegates included Indigenous and non-Indigenous medical educators, Indigenous health specialists, policy makers, health professionals, community members, medical students, general practitioners as well as nursing and allied health

professionals from Australia, Aotearoa/ New Zealand, the United States, Canada and Hong Kong.

LIME Connection V was auspiced by Medical Deans Australia and New Zealand, Australian Indigenous Doctors' Association (AIDA) and Te Ohu Rata o Aotearoa (Te ORA), The Māori Medical Practitioners Association.

This year's Connection focused on **Re-imagining Indigenous Health Education: Harnessing energy, implementing evidence, creating change.**

The theme of the conference built on the focus of evidence-based practice at LIME Connection IV and captured new initiatives, shared successful methods and developed visions for the future through:

- Addressing leading approaches to the inclusion of Indigenous health into medical education;
- Providing an opportunity to discuss and critique current practices;

- Providing a space to explore emerging tools and techniques to drive improvement in outcomes for Indigenous health;
- Encouraging information sharing, professional development, capacity-building and networking amongst peers;
- Supporting collaboration between medical schools;
- Building linkages with those from other health disciplines; and
- Showcasing the growing body of evidence illustrating the relationship between medical education and Indigenous health with a view to publication of this evidence.

Keynote Speakers for the event were:

- **Dennis McDermott** (Australia): *'Warm' science/hard 'fuzzies': medical humanities, Indigenous knowledge and developing 'open' doctors;*
- **Elana Curtis** (Aotearoa/ New Zealand): *Re-imagining 'space': space invaders and the new frontier;*
- **Martina Kamaka** (Hawai'i, Unites States): *Mai Ka Like A Ke Kumu: From the bud to the tree, the evolution of cultural competency training at the John A. Burns School of Medicine;*
- **Li Chong (LC) Chan** (Hong Kong): *Medical Humanities and the restoration of humanistic care to patients and community.*



Delegates enjoying a presentation at LIME Connection V. Photo: Fiona Morrison.

Delegates overwhelmingly reported that the four keynote speakers were the highlights of the conference. Many delegates also made favourable note of the student panel, the Aboriginal health professionals panel, the session *Decolonising the Academy*, and the LIMELight Awards dinner. The overall program was well received by delegates, with 84% of evaluation respondents ranking the program as very good to excellent.

Support for collaboration within and between medical schools as well as multi-disciplinary/multi-sectoral linkages was achieved through conference proceedings, as well as through excellent attendance at social events. These events included the LIME Connection V Welcome Reception, Dinner and Closing Event. The LIMELight Awards, which acknowledge and celebrate the many successes in the field, were presented at the LIME Connection V Dinner.

The LIMELight Award winners for 2013 are:

- Leading innovation in curriculum implementation:
Māori Indigenous Health Institute, University of Otago

- Leading innovation in Indigenous student recruitment, support and graduation:
Whakapiki Ake Project, Te Kupenga Hauora Māori, The University of Auckland
- Leading innovation in community engagement:
Kaumātua o Tu Kupenga Hauora Māori, The University of Auckland
- 'LIMElight Leadership Award' for outstanding leadership by an individual
Associate Professor Peter O'Mara, Wollotuka Institute, University of Newcastle
- **Associate Professor Papaarangi Reid, The University of Auckland**
- Student Award:
Daniele Medek, Australian National University

A comprehensive evaluation of the event was carried out following LIME Connection V, and included the following feedback:

The presentation to award winners was a great motivation to everyone to work hard towards individual and community goals in the improvement of health workforce in our country.

As ever, I come away from LIME Connection feeling strengthened, affirmed and a little wiser.

I really enjoyed the keynote speakers, Elana Curtis is a great presenter! And I loved listening to Martina Kamaka's story. I think having presenters from a range of cultures is an asset at the conference. It emphasises the impact and similarities of colonisation and extends our Indigenous solidarity worldwide.

Education in Indigenous health is improving, but there is still a long way to go. There were many great programs running at various universities, and sharing of this knowledge at events such as LIME is so important.

I just found it inspiring and it gave me a lot more ideas on what I can do now as a medical student but also by setting specific goals for my future.

Thank you.... LIME Connection V has had a profound effect on me.

Photos from the event, taken by freelance photographer Fiona Morrison, are available to LIME Network members via the website.

You can read the full Post Conference Report now via the LIME Network website at **W:** <www.limenetwork.net.au/content/lime-connection> or contact us for a copy via **T:** +61 3 8344 9160.



L-R: Papaarangi Reid accepts her LIMELight Award. LIMELight 2013 Award winners. Photos: Fiona Morrison.

STUDENT INFORMATION

INDIGENOUS MEDICAL STUDENT AND COMMUNITY BURSARY REPORTS: LIME CONNECTION V

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

Bursary places were offered to

- 27 Aboriginal, Torres Strait Islander and Māori medical students (in total) and
- 5 Aboriginal, Torres Strait Islander and Māori community members (in total).

The LIME Connection V Student and Community Bursaries were awarded on the condition recipients provide a post-conference report. In these reports recipients provided feedback on whether the Connection met their expectations, what they learnt, their key findings from the conference, the benefits of attending the conference, whether they established any partnerships and why this was important, and any other outcomes

or recommendations. Below are some of the responses received from bursary recipients:

I was able to meet some fantastic medical students and health professionals that were extremely encouraging and inspiring.

The LIME conference was amazing, and the location at Darwin was just spectacular! There were so many speakers from different backgrounds presenting interesting sessions on topics that had never occurred to me before; it was very eye opening! Meeting the other Indigenous medical students was also a wonderful experience. It was reassuring to know that there were so many other people having the exact same difficulties as you and now I have a network of other students!

I came home feeling invigorated and ready to make real changes. I was able to see how far we have come in such a short time but also how much further we have to go.

Personally, it challenged me to consider a greater (global) Indigenous identity and community - which is something I had not contemplated previously. Professionally, I learnt much about what is happening internationally

and nationally and what should be happening here.

It was a fabulous opportunity to meet old friends and make new friends and networks. Previously I hadn't attended a LIME connection, so it was a great opportunity to not only meet Indigenous doctors, but to meet the very people involved in designing the future Indigenous health curriculum.

One of the students who spoke on the student panel highlighted the benefits of attending conferences and connections like LIME and the importance of being around people in a similar situation when you are a student. It's reassuring to be able to share our stories with friends, both old and new and take strength and support from their experiences, and use that to ensure that we keep going.

LIME benefited me in a number of different ways including making some great connections with health professionals that can offer me some great support and guidance as a medical student and future doctor, learning about other Indigenous medical students struggles and how they have over come them to become a stronger person.

As a student, I would never have had the opportunity to attend the LIME conference without the bursary, so I am incredibly grateful for the experience! Meeting the other bursary recipients over the week was fantastic! They were all so warm and friendly that I felt instantly welcome. Over the week I felt developing friendships with most students because we just had so much in common, and it was refreshing to know that a lot of what affects me also affects others as well.



Bursary recipients at LIME Connection V. Photo: Fiona Morrison.

THE NATIONAL RURAL HEALTH STUDENTS' NETWORK

The National Rural Health Students' Network (NRHSN) was proud to support the attendance of six health students from universities from across Australia at the LIME Connection V conference in Darwin. This was a fantastic opportunity for students to be inspired and also allowed for unique opportunities to connect with people who are passionate about Indigenous medical education. The social opportunities saw the students mingling with many of the delegates and invaluable networking occurred, many of which have flow on effects to the Rural Health Clubs of the NRHSN that these students belong to.

A fascinating range of speakers from students through to Deans, local Darwin personalities to International delegates, kept the NRHSN students engaged and motivated.

Lisa Waters, a medical student in Darwin and the Senior Indigenous Health Portfolio representative for the NRHSN was powerfully inspired by the student panel held on day three. Seeing her fellow student Ian Lee, up on the stage discussing his journey was a very inspiring moment for her.

The term 'Harnessing energy' was used as a focus term for the conference and the energy was palpable when listening to all of the speakers. Elana Curtis and Martina Kamaka absolutely oozed energy in waves off the stage during their passionate presentations. They inspired the NRHSN student members in attendance to find out more about the way their medical curriculum supported their Indigenous students. The NRHSN is sure LIME Connection VI will be just as popular with NRHSN student members, as Indigenous health and supportive health workforce and



Sophie Alpen, 2013 NRHSN Junior Indigenous Health Portfolio representative (sponsored to attend the conference by the NRHSN), and Lisa Waters, 2013 NRHSN Senior Indigenous Health Portfolio representative (sponsored to attend the conference by Flinders University). Photo: Adrian Luscombe.

training pathways is a priority for NRHSN members, as highlighted in their National Priorities Paper, which can be viewed on the NRHSN website.

The conference offered an opportunity for students to reflect upon their personal beliefs and attitudes and to reaffirm their commitment to working in Indigenous health. To find out more about the NRHSN go to **W:** <www.nrhsn.org.au> or the NRHSN's auspicing body, Rural Health Workforce Australia at **W:** <www.rhwa.org.au>.

LIME INDIGENOUS PATHWAYS INTO MEDICINE ONLINE RESOURCE

Are you thinking about becoming a doctor? Try out the Indigenous Pathways into Medicine Online Resource. The resource is designed to help future Indigenous students determine which university will be the best fit for them as they study to become a doctor. It is an online, searchable database, designed to provide a first point of contact for Indigenous school leavers, mature aged students and graduates who are looking to undertake medical studies.

Try out the resource now at **W:** <www.limenetwork.net.au/pathways>.

ABORIGINAL AND TORRES STRAIT ISLANDER PHARMACY SCHOLARSHIP SCHEME (ATSIPSS)

This scholarship encourages Aboriginal and Torres Strait Islander students to undertake studies in pharmacy. The Scheme is funded by the Australian Government and is administered by the Pharmacy Guild of Australia. The scholarship is valued at AU\$15,000 per year. For more information and details on how to apply please visit **W:** <www.ruralpharmacy.com.au> or email **E:** <ruralpharmacy@guild.org.au>.

LIME FACEBOOK PAGE – JOIN US NOW!

New job, scholarship and study opportunities are promoted via the LIME Network Facebook page. Information shared via this page focuses primarily on opportunities relevant to medical students, while also providing news, resources and

events information for everyone interested in Indigenous medical education. Membership on the page is growing all the time - you can 'like' us now via the main LIME website, or join us directly on Facebook via **W:** <www.facebook.com/LIMEnetwork>.

PROJECTS OF INTEREST

MURRA MULLANGARI – PATHWAYS ALIVE AND WELL

The Australian Indigenous Doctors' Association (AIDA) received funding from the Australian Government Department of Education, Employment and Workplace Relations to deliver the inaugural National Aboriginal and Torres Strait Islander Health Careers Development Program in 2013. The first program of its kind, *Murra Mullangari - Pathways Alive and Well* was held in partnership with AIDA's peer peak Indigenous health organisations:

- Indigenous Allied Health Australia;
- Indigenous Dentists Association of Australia;
- Congress of Aboriginal and Torres Strait Islander Nurses and Midwives;
- Australian Indigenous Psychologists Association;
- National Aboriginal and Torres Strait Islander Health Workers Association;
- National Aboriginal Community Controlled Health Organisation.

Murra Mullangari, meaning 'Pathways, Alive and Well' in the language of the Ngambri people of the Canberra region, was established with the aim of building the aspirations and capacity for Indigenous senior high school students to remain in the academic pipeline, increasing awareness of relevant pathways into the health workforce, providing opportunities for participants to build strong and sustainable networks and addressing common barriers to successful education transitions. Murra Mullangari aims to inspire, support and provide opportunities to our future generations to succeed in their goals and aspirations.

Highlighting the demand for such a program, almost 200 applications were received for the 30 places of the inaugural program. The 30 participants travelled to Canberra in April 2013 to participate in the first component of the program; a residential careers development workshop. This week-long workshop provided the participants with the opportunity to meet leaders in Indigenous health, current health professionals,

gain knowledge of various health professions and pathways, as well as visiting local organisations and national institutions.

One participant spoke of the visit to the Australian National University (ANU) as one highlight of the residential component: "I liked hearing the stories of the Aboriginal students who are studying to be doctors. Their stories were very interesting and inspiring to hear and made me think that I could go to University". Upon visiting the ANU Medical School and hearing stories from ANU Indigenous medical students Charmaine Earnshaw and Benjamin Doyle, program participants engaged in interactive activities, performing hearing tests, germ identification, blood pressure tests as well as a tour of the ANU Medical School facilities.

The subsequent component of the program is a five month mentoring initiative where participants are linked with current Indigenous students or graduates of their desired career. The mentoring component aims to build upon the knowledge gained



L-R: *Murra Mullangari* participants Ms Tayla West-Chong and Ms Lauren Pietens at the ANU Medical School. *Murra Mullangari* participants at their Graduation Ceremony. Photos: Belinda Pratten

during the residential workshop, and provide participants with practical information and an Indigenous mentor from whom they can seek advice and guidance regarding health professions and career pathways.

Murra Mullangari – Pathways Alive and Well has been funded as a pilot program for 2013. AIDA and the partner organisations aim to continue this program, with the current challenge being identifying sustainable ways in which the program can continue into the future to increase the numbers of Aboriginal and Torres Strait Islander secondary students undertaking health careers.

The story of the program was shared with the LIME community at the recent LIME Connection V in Darwin. The story was told by AIDA Vice-President, Dr Kali Hayward and one of the program participants, Ms Jayde Hopkins, a young Gurindji woman and Year 11 student who has a desire to become a psychologist. With programs like *Murra Mullangari – Pathways Alive and Well*, we can ensure that Jayde and her peers are well-supported on their journeys to becoming the future Aboriginal and Torres Strait Islander health workforce.

HOW ABORIGINAL YOUTH CAN OVERCOME ADVERSITY - LISA JACKSON PULVER

For those who know me and those I work with at Muru Marri, you will know that we have believed that we can break the vicious cycle of disadvantage and empower our young people to overcome adversity. We are not alone – many of you are in the work that you are because of this core belief. Yet, here in Australia, many of our research colleagues have

become experts at chronicling and quantifying disadvantage to an exactitude that defies belief. We've invested millions upon millions of dollars in research that tells us exactly how far behind our communities lag, as measured by every important health, educational and social indicator known to humanity.

But our rigor in describing the "gap" has not been matched by similar success in implementing measures to close it. Such a negative picture - without a counterbalance - further stigmatises and marginalises those people already struggling to make sense of their worlds and their places in it.

Successive Australian Governments have recognised the importance of the health and wellbeing of Australian 12-24 years olds for the nation's future. While young people make up about one fifth of the total Australian population, half of the Indigenous population is under 21. We understand too well that the compromised social and emotional wellbeing of young Aboriginal and Torres Strait Islander Australians is a central barrier to them realising their full potential in health, in education, in life. Investing well at this critical stage promises to underpin the survival and growth of Aboriginal and Torres Strait Islander families, communities and culture into the future.

There are a number of important initiatives across Australia that are supporting our young people to enjoy opportunities that are available to just about every other cohort of Australian youth. Such initiatives struggle for recognition and for ongoing funding to enable the sustained change we need to achieve generational change.

Our research scrutinised the policies and programs that

promote the social and emotional wellbeing of Aboriginal and Torres Strait Islander youth and focused on six successful programs in great detail to find out why they worked. We found a clear link between an emphasis on the positive and tangible results. Programs that are working effectively emphasise the strengths of young people, encourage positive behaviour and participation and support culturally appropriate self-belief and self-esteem. Programs that provide flexible opportunities for young people to discover and celebrate their Aboriginality can give them the space to heal, to create and have fun and, ultimately, to meet their personal goals. However, successful programs also recognise that change takes time and does not necessarily follow a straight line.

We also found something that all Aboriginal people understand. That is, that healing is fundamental. Conventional research practice requires us to identify and quantify a problem before we seek to solve it. But, for Indigenous disadvantage we've been stuck in this rut for far too long. Constant negativity is only reinforcing harm – and that harm is an invasive thing that hurts us all. Healing can start by embracing the good ideas and the local successes that really do work – they are out there – and many of us in LIME are a part of that. Lets continue on. Most importantly – lets us all recognise that programs that are good for our mobs will serve as exemplars to others in need in the broader Australian community – and will work for them as well!

Copies of the recently launched report can be downloaded at **W:** <www.sphcm.med.unsw.edu.au/centres-units/muru-marri>.

IMMUNISATION TRAINING FOR ABORIGINAL HEALTH WORKERS

The Aboriginal Health Council of Western Australia (AHCWA) would like to see the day when all Aboriginal Health Workers can give immunisations to the children they see at clinics and other health centres. They are steadily working toward that vision with an immunisation training programme. "At a state level we are making steady progress towards closing the significant gap between Aboriginal and non-Aboriginal children when it comes to immunisation," says AHCWA's Immunisation Coordinator James Harris.

But there is still a long way to go. In some areas of Western Australia, the rates of Aboriginal children being fully immunised are 20% less than the non-Aboriginal population. The biggest difference is in the North and South Metropolitan areas of Perth and the Goldfields. Responding to both this alarming statistic and the need to increase immunisation rates overall, AHCWA in conjunction with the Communicable Disease Control Directorate (CDCD), developed an accredited immunisation training programme for Aboriginal Health Workers based on the existing one for Registered Nurses.

Mr Harris says that one of the best ways to tackle the disparity in immunisation rates between the Aboriginal and non-Aboriginal population is to increase the skills of Aboriginal Health Workers.

"Aboriginal Health Workers have the ability to engage their communities in accessing health care through their connections, their cultural expertise and their ability to communicate effectively about the importance of care,"



Reena Reddy (Trainer CDCD), Wendy Skellern, Roslyn Yarran, Joanna Clinch, James Harris, Rhonda Buckley (Derbarl Yerrigan Health Service) and Palee Kaur (Trainer CDCD).

Mr Harris said. "Therefore, if we can increase the capacity of the Aboriginal Health Worker to confidently and safely immunise children, we will see changes in the rates of immunisation in children."

All Aboriginal Health Workers must obtain a Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice before they can work in a clinic. The AHCWA immunisation training course takes that learning further by teaching a range of clinical skills including the administration of medications in a safe manner. So far the immunisation training course has produced five graduates.

Mr Harris says that the goal is to develop a Nationally Accredited Immunisation skillset specific to Aboriginal Health Workers but also to create a network that extends outside the Aboriginal Community Controlled Health Sector: "We will work with stakeholders to increase the capacity of health workers in the mainstream health sector by implementing a new Poisons Act and Scope of Practice, make sure culturally appropriate information



AHCWA
Aboriginal Health Council
of Western Australia

for health care providers and the community is available and promote immunisation schedules."

LEARNING RESOURCE FOR HEALTH PROFESSIONAL STUDENTS: CARING FOR ABORIGINAL PEOPLE WITH LIFE-LIMITING ILLNESSES

The Palliative Care Curriculum for Undergraduates (PCC4U) project is funded by the Australian Government Department of Health to support the integration of palliative care principles within all health undergraduate and entry to practice curricula. The project provides a suite of free, evidence based and expert reviewed learning resources for use in health student education. These include a focus topic Caring for Aboriginal people with life-limiting illnesses.

This topic is based on the core principles of palliative care and aims to assist students to develop

the knowledge and skills needed to provide quality care, across various health care settings, to Aboriginal people with life-limiting illnesses and their families. Case-based learning activities provide an opportunity for students to explore the practice principles of caring for Aboriginal people with life-limiting illnesses and to consider how they can ensure the care they provide is culturally safe. The accompanying video vignettes follow the story of Tom, a 55 year-old Aboriginal man with advanced lung cancer and multiple metastases. The case commences with Tom collapsing at home then progresses to his admission to hospital extremely breathless and with his disease at end stage. Discussion between the nurse and the hospital Aboriginal Liaison Officer highlights several key issues to consider when caring for an Aboriginal family.

The resources can be accessed at **W:** <www.pcc4u.org> or by contacting the project team at **E:** <pcc4u@qut.edu.au>.

INDIGENOUS AUSTRALIANS AND HEALTH: THE WOMBAT IN THE ROOM – MAREE TOOMBS

It is with great excitement that I introduce this text book, edited by Ron Hampton and myself. The text book is a compilation of case studies and best practice; developed by Indigenous and non-Indigenous peoples working at the coalface of Indigenous health. This book had its inception as a result of a course that my colleague and I were writing in 2011. We had so much material that it was suggested we write a text book, and this idea snowballed; Oxford University Press agreed to publish this work and hey presto, here we are. The book is designed to be



Associate Professor David Shaker, Director UQRCS Rockhampton with Ronald Hampton, and Maree Toombs at the book launch in Rockhampton.

a teaching text. It is designed to provide the user with strategies and learning objectives that can facilitate learning from an Indigenous perspective.

It is impossible to know any culture except from the inside. It can be very difficult and often confronting for non-Indigenous health providers working with Aboriginal and Torres Strait Islander peoples, to ever fully understand the complexities and diversity that form a local culture. This can be further exacerbated when faced with treatable diseases that have manifested into chronic illness. Recognising that Aboriginal and Torres Strait Islander peoples come from a diversity of different experiences, geographical locations and a cultural framework that is very different to that of a Western model, can help build some understanding.

This text has been designed to assist the reader to appreciate and understand the importance of 'getting it right', when working with Aboriginal and Torres Strait

Islander Australians. This book has been intentionally designed to showcase examples of best practice from people at the coalface of Indigenous health. You will find simple strategies, delivery design and a bit of common sense articulated within the pages of this book.

Key themes emerging from this text have consistently outlined the fundamental and underlying component that continues to affect good health for Aboriginal and Torres Strait Islander peoples. What we have referred to as the 'Wombat in the Room' is the state of Indigenous health, and the wide-reaching impacts which colonisation had on Aboriginal and Torres Strait Islander peoples. These impacts cannot be underestimated and in my opinion, they are the very foundation of the large disparities (the gap) in health outcomes for Aboriginal and Torres Strait Islander citizens of this country.

For more information, please contact Maree Toombs via **E:** <m.toombs@uq.edu.au>.

NEWS

Read more via the LIME Network website at **W:** <<http://www.limenetwork.net.au/views/events/announcements>>.

[PHILE Network Announcement](#)

The first three reports for the National Curricula Review of Core Indigenous Public Health Competencies Integration into Master of Public Health have been uploaded on the recently upgraded PHILE Network website. Members can now access these reports through the 'publications' link:
W: <www.phile.net.au>.

[Aboriginal and Torres Strait Islander Health Worker Project Wins Top Awards](#)

A Health Workforce Australia project that delivered a report on future actions needed to build the capacity of the Aboriginal and Torres Strait Islander health worker workforce has received recognition at a prestigious project management award ceremony. HWA's Aboriginal and Torres Strait Islander Health Worker Project won both the Project of the Year and Community service and/or Development category in the annual Institute of Project Management Achievement Awards in South Australia. For more information, please visit the HWA website. **W:** <www.healthworkforceaustralia.com.au>.

[KIA ORA Whānau!](#)

The latest issue of the KIA ORA HAUORA newsletter profiles Māori Pharmacist Kevin Pewhairangi from Ngāti Porou, and shows you what they've been up to over the past months. You can also check out the scholarships on the database at **W:** <www.kiaorahauora.co.nz/scholarships-database>.

[Online Launch of the International Journal of Indigenous Health](#)

The Aboriginal Health Research Network Secretariat (AHRNetS) is pleased to announce the online launch of the International Journal of Indigenous Health (IJIH) accompanied by an Open Call for Papers. Prior to its closure in 2012, the National Aboriginal Health Organisation (NAHO) transferred the Journal of Aboriginal Health (JAH) to AHRNetS. AHRNetS will continue to publish the Journal (Volume 10 onwards) under its new name – International Journal of Indigenous Health. This peer-reviewed, online, open-access Journal was established to advance knowledge and understanding to improve Indigenous health. The Journal seeks to bring knowledge from diverse intellectual traditions together with a focus on culturally diverse Indigenous voices, methodologies and epistemology.

The Journal has been re-named to reflect its growing international readership and welcomes submissions from its international audience. The Journal Editorial Advisory Board gratefully acknowledges the financial contributions of the National Collaborating Centre for Aboriginal Health in supporting the transition of the JAH to IJIH and publication of its first Volume in 2014. Volume 9(2), a Special Issue in Inuit Health, will be available on the IJIH website once released. Submissions are currently being accepted for Volume 10(1) of the International

Journal of Indigenous Health, The deadline is December 15, 2013.

Please see the International Journal of Indigenous Health website for more information at **W:** <<http://uvic.ca/ijih>>.

AHRNetS is the coordinating body for national collaborative activities of the nine Network Environments for Aboriginal Health Research (NEAHRs). The AHRNetS-NEAHR national network in Aboriginal health research is funded by the Canadian Institutes of Health Research-Institute of Aboriginal Peoples' Health.

[Master of Public Health Indigenous Health Specialisation](#)

Indigenous Health is a specialisation within the Master of Public Health (MPH) program at the University of Melbourne. It equips the expanding workforce in Indigenous public health with specialist knowledge aligned with their work and capacity to operate effectively within an environment of changing social, economic and political circumstances. It provides graduates with the knowledge and skills to take a leadership role in Indigenous health and increase their capacity to implement and manage effective public health solutions. The program is aimed at addressing the gap between Indigenous health status and that of the broader Australian population in a culturally and socially appropriate way.

The specialisation is built around three themes: understanding the gap in health status

through developing an insight into contemporary Indigenous health issues and the historical antecedents shaping contemporary social determinants and health needs; shaping the response by providing students with specialist

knowledge in Indigenous health policy, leadership and management, service delivery and research; and closing the gap by providing students with an understanding of critical areas of Indigenous health programs in an Indigenous context.

For more information please contact the Indigenous Health Specialisation Coordinator, Ms Leanne Coombe, via **T:** +61 3 8344 9375 or **E:** <lcoombe@unimelb.edu.au>.

CONFERENCES AND EVENTS

HWA Conference: Skilled and Flexible – The Health Workforce for Australia’s Future

Adelaide, SA, 18-20 Nov

More than 50 local and international speakers will explore the latest ideas on leadership, innovation and workforce reform at the event at the Adelaide Convention Centre from 18 to 20 November. Registrations are now open. Concession tickets cost AU\$350 and full price tickets cost AU\$600. To attend the conference, or to find out more visit **W:** <www.hwa.gov.au/2013conference>.

Health Services, Racism and Indigenous Health: Gaining Traction For Systemic Change

Adelaide, SA, 21 November

The Poche Networks for Indigenous Health (Flinders University, Adelaide and Alice Springs, University of Sydney), Wardliparingga Aboriginal Research Unit, SAHMRI and Southgate Institute for Health, Society and Equity invite you to a pan-Indigenous symposium. This symposium will examine Indigenous experience of health services from local, national and pan-Indigenous perspectives. Through individual and panel presentations, along with interactive sessions, an exciting array of presenters from New Zealand, Australia, Canada,

Hawai’i and Norway will explore key issues and canvass likely avenues to pursue real change in health systems. Online registration for the Symposium is now open. General Registration is AU\$80, representative of a Community-Controlled Organisation registration is AU\$35. If you wish to apply to attend the invited Roundtable (Day Two: Friday 22 November), or for general inquiries, please contact Ms Diane Autio via **E:** <di.autio@flinders.edu.au> or **T:** +61 8 7221 8599. For online registration please visit: <www.flinders.edu.au/finance/ipay>.

Closing the Credibility Gap: Implementation of the National Aboriginal and Torres Strait Islander Health Plan 2013- 2023

Melbourne, VIC, 21-22 Nov

The *Onemda* VicHealth Koori Unit is holding a Symposium that showcases the perspectives from Aboriginal and Torres Strait islander health leaders on key considerations in the implementation of the National Aboriginal and Torres Strait Islander Health Plan 2013 – 2023, a decade long investment in achieving health equity for First Peoples across Australia. There will be presentations and workshops with health leaders exploring ways to close the credibility gap – between what we say we can and what we do to achieve health equity in Australia.

This Symposium will be critical for students, health and educational professionals, rights campaigners, reconciliation groups, community groups, interest groups, policy makers, teachers, community development, health planners and program developers responsible for implementing programs that have a whole of life and social determinants focus, and for those who want to know how to make a positive impact on the health and wellbeing of Aboriginal and Torres Strait Islander people. Please RSVP your interest by email to **E:** <onemda-info@unimelb.edu.au>.

2013 National Indigenous Health Conference

Cairns, QLD, 25-27 November

The 2013 National Indigenous Health Conference: Building Bridges for Indigenous Health, will be held at the Pullman Cairns International Hotel in Cairns. With the unlimited support and guidance of the Indigenous Advisory Board and the exclusive sponsorship of the Indigenous Offender Health Research Capacity Building Group, this conference is set to be a success! This year’s conference generates international interests from First Nation’s Peoples throughout the world. One of the additional highlights of the event will be the presentation about a major and common issue throughout the Indigenous

native groups of Alaska involving the loss of culture, language, respect, ceremonies and so on. The Traditional Healing and the Health of the Tribe shall be presented by Debra Chesnut of the USA. Riki Nia Nia of New Zealand, Director Māori Health, CCDHB and Chair, Tumu Whakarae will present some of the health service innovations/best practices in place to accelerate performance in key Māori Health Indicator priority areas.

As the conference has been centred around the sharing of information, increasing networks and access to programs, what a great opportunity it will be to have more than fifty speakers gathered under one roof, over the course of this three-day conference, from various countries of Indigenous Australia freely sharing knowledge, ideas based on results of research studies, yarning about personal journeys and interacting with more than two hundred registered delegates. To register online or for further information, please visit the conference website **W:** <www.indigenoushealth.net> or email **E:** <admin@indigenoushealth.net>.

IAHA 2nd National Conference Adelaide, SA, 26 -27 November

The conference will focus on how allied health professionals are leading the way to create generational change and work with Aboriginal and Torres Strait Islander people to lead healthy lives and create brighter futures for themselves, their families and their communities. The program will have a strong emphasis on Aboriginal and Torres Strait Islander people sharing their stories and health professionals and educators sharing their experiences, skills and knowledge gained from their specific areas.

Congress Lowitja: Many Mobs. One Vision: Creating a Healthy Future Melbourne, VIC, 20-21 March 2014

Congress Lowitja will ensure that Aboriginal and Torres Strait Islander community views and opinions are promoted; bring together three stakeholders groups (Aboriginal and Torres Strait Islander community, researchers and policy makers); provide an opportunity for Aboriginal and Torres Strait Islander researchers, particularly emerging researchers, to participate and present at a national level conference; and ensure knowledge exchange/translation of pre-eminent evidence and expertise in Aboriginal and Torres Strait Islander health research. For more information, please contact Penelope Smith, **E:** <penelope.smith@lowitja.org.au>.

ANZAHPE 2014: Developing Health Professional Educators - Connecting Science and Theory with Learning for Clinical Practice Gold Coast, QLD, 7-10 July 2014

The 2014 conference of the Australian and New Zealand Association for Health Professional Educators will respond to the critical shortage of educators with the skills and experience needed to support the recent rapid expansion of health professional training programs globally. Its focus will encompass all of the health and social service professions, in the pre-qualification, post-qualification and continuing education domains, as well as large group, small group and practice-based learning settings. The conference aims to connect educational theory and evidence with learning and

teaching practice in all of these contexts, as well as supporting the development of coherent connections between basic science understandings and their application to clinical problems among health professional learners. With the assistance of an outstanding international and local conference faculty the conference will offer a variety of stimulating activities for those involved in health professional education. For further conference information please visit the Conference area of the ANZAHPE website at **W:** <www.anzahpe.org/#!2014-conference/c22t1>.

Why Warriors Cross Cultural Training Darwin, NT and Online, 2014

The goal of Why Warriors Cross Cultural Training is to help participants move beyond basic awareness of Aboriginal culture, to a much deeper understanding of cross-cultural dynamics, including practical skills and tools that can be applied everywhere. Various types of training to suit many people's situations and budgets are offered, including 'Bridging the Gap': effecting cross-cultural change in Indigenous communities; and 'Introduction to cross-cultural awareness': online training and tailored training for organisations. The courses are flexible and we take pride in providing training according to needs rather than following a strict curriculum. Participants are led through a process of interactive dialogue to improve skills and understandings of the issues immediately relevant to their role with Indigenous people. For 2014 training dates please visit **W:** <www.whyyarriors.com.au> or email **E:** <training@whywarriors.com.au>.

PUBLICATIONS AND RESOURCES

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

[History of the LIME Network and the development of Indigenous health in medical education](#)

Haynes et al. 2013, *Medical Journal of Australia*, v.199, i.1, pp.65-68.

Please see p.3 for more information.

[Indigenous student participation in higher education: emergent themes and linkages](#)

Aseron et al. 2013, *The Clute Institute*, v.6, i.4.

This paper explores critical, community capacity building and community empowerment strategies that may inform policies and programmes for the reduction of educational disparities, increasing Indigenous student participation in higher education and promoting Indigenous-led educational initiatives.

[Understanding Australian Aboriginal tertiary student needs](#)

Oliver et al. 2013, *International Journal of Higher Education* v.2, i.4; pp.52-64.

Drawing from a study of the experiences of Australian Aboriginal and Torres Strait Islander university students, this paper presents an overview of the specific needs of these students as they enter and progress through their tertiary education.

[Statistical methods to enhance reporting of Aboriginal Australians in routine hospital record using data linkage affect estimates of health disparities](#)

Randall D et al. 2013, *Australian and New Zealand Journal of Public Health*, v.37, i.5, p.442-49.

[HealthInfoNet reviews](#)

Two new comprehensive reviews (Indigenous ear health and rheumatic heart disease) have been prepared by the Australian Indigenous HealthInfoNet.

[Indigenous Australians and health: the wombat in the room](#)

Eds Ron Hampton R and Toombs M 2013, Oxford University Press.

'Indigenous Australians and Health: The Wombat in the Room' seeks to raise awareness of the culturally appropriate way for working with Aboriginal and Torres Strait Islander Australians in urban and remote areas.

[The social and emotional wellbeing of Indigenous youth: reviewing and extending the evidence and examining its implications for policy and practice](#)

Haswell M et al. 2013, Muru Marri, School of Public Health and Community Medicine, University of New South Wales.

In 2010, Muru Marri was commissioned by the Department of Families, Housing, Community Services and Indigenous Affairs to capture the elements that led to the success of programs that seek to promote the social and emotional wellbeing of Indigenous young people.

[The experiences of Indigenous Australian psychologists at university](#)

Cameron S and Robinson K, 2013, *Australian Psychologist*

[Creating spaces in higher education for marginalised Australians: principles for socially inclusive pedagogies](#)

Gale T and Mills C, 2013, *The Higher Education Academy*, v.5, i.2, pp.7-19.

[Research Profiles – two-eyed seeing: bringing Aboriginal perspectives to health research](#)

Canadian Institutes of Health Research, 2013.

[A qualitative evaluation of a mentoring program for Aboriginal health workers and allied health professionals](#)

Browne J et al. 2013, *Australian and New Zealand Journal of Public Health*, v.37, i.5, pp.457-62.

Effective partnerships between Aboriginal Health Workers and non-Aboriginal health professionals are essential to achieve Aboriginal health outcomes. This study aimed to evaluate a mentoring workforce development strategy for Aboriginal Health Workers and non-Aboriginal allied health professionals.

[Refining the concept of cultural competence: building on decades of progress](#)

Thackrah R and Thompson S, 2013, *Medical Journal of Australia*, v.199, i.1, pp.35-38.

[Partnership and leadership: key to improving health outcomes for Aboriginal and Torres Strait Islander Australians](#)

Kimpton T, 2013, *Medical Journal of Australia*, v.199, i.1, pp.11-12.

BACKGROUND

The Leaders in Indigenous Medical Education (LIME) Network Program is a dynamic network dedicated to ensuring the quality and effectiveness of teaching and learning of Indigenous health in medical education, as well as best practice in the recruitment and 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 in Australia and Aotearoa/ New Zealand and by building linkages with the community and other health science sectors.

The LIME Network is a program of [Medical Deans Australia and New Zealand](#), funded by the Australian Government Department of Health and Ageing.* It was developed as a stand alone project in 2008 and stemmed from the Indigenous Health Project which began in 2002. Major outcomes of the [Indigenous Health Project](#) included the [Indigenous Health Curriculum Framework](#) and the [Critical Reflection Tool](#) (CRT), which remain important resources for the current Program.

The **LIME Network Program** has achieved significant outcomes including:

- The facilitation of bi-annual **Reference Group** meetings to provide the opportunity for those working in Indigenous health within medical schools to collaborate, share information, provide feedback and peer network
- The biennial **LIME Connection** conference to provide a forum for knowledge transfer and dissemination
- Publication of the tri-annual **LIME Network Newsletter** promoting best practice and sharing successes in the field
- Maintaining the **LIME Network Website** housing information on LIME Network projects and other news and events
- Building the evidence base of the efficacy of Indigenous health curriculum development and implementation as well as Indigenous student recruitment and retention initiatives through publications such as the **Good Practice Case Studies Booklets** and the Special Edition of the

ANZAHPE Focus on Health Professional Education Journal

- Developing and implementing internal **review tools** to support medical schools to reflect and evaluate their performance
- Supporting Indigenous high school students to understand the pathways to studying medicine through the online **Pathways into Medicine Resource**
- Building linkages across health disciplines and with medical colleges through **networking and information sharing**
- Supporting collaboration between medical schools and their local Indigenous Community Controlled Health Organisations through the facilitation of **Regional Meetings**
- Contributing to the **Medical Deans – AIDA National Medical Education Review**.

**The LIME Network is hosted by the [Onemda VicHealth Koori Health Unit](#) within the Melbourne School of Population and Global Health at the University of Melbourne.*

CONTACT DETAILS

If you would like more information on 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 at T: +61 3 8344 9160.



THE LIMENETWORK
 Leaders in Indigenous Medical Education



Australian Government
 Department of Health and Ageing

