



THE LIMENETWORK

Leaders in Indigenous Medical Education

LIME CONNECTION V

Re-imagining Indigenous Health Education:
Harnessing energy, implementing evidence, creating change

26-28 August 2013

Darwin, Northern Territory, Australia

POST-CONFERENCE REPORT

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POST-CONFERENCE REPORT CONTENTS

EVENT SUMMARY	3
EVALUATION SNAPSHOT	6
CONFERENCE ORGANISING COMMITTEES	11
SPONSORS	13
CONFERENCE STREAMS	14
DELEGATES	15
Registration.....	15
Reasons for Attending	18
What Delegates Hoped to Gain	19
Delegate Expectations	20
PROGRAM	22
Abstract Process	22
Presenters	23
Poster Presentations.....	29
Student Involvement	30
Indigenous and non-Indigenous caucus	32
Sign Language Interpreter	33
SOCIAL PROGRAM	34
Welcome Reception and Good Practice Case Studies Volume Two Launch.....	34
LIME Connection V Dinner and LIMELight Awards	35
Closing Event.....	36
LIMELIGHT AWARDS	38
STUDENT AND COMMUNITY BURSARIES	41
Bursary Sponsors	41
Application Process.....	42
Bursary Recipients	44
Bursary Welcome Event.....	44
Bursary Evaluations.....	45
ADMINISTRATION	49
Website and Smartphone App.....	50
Marketing and Promotion	51
Registration Process.....	52
Conference Venues.....	52
Accommodation.....	52
LIME Symbol	52
Conference Bag.....	53
CONFERENCE OUTCOMES	54
Key Themes, Outcomes and Findings	54
Benefits of Attending	55
Changes Over Time	57
Influence on Work	58
Influence on the Workplace.....	59
LIME CONNECTION VI 2015	60
ATTACHMENTS	62
Attachment 1: LIME Connection V Evaluation Results	63
Attachment 2: Media Release.....	97
SUPPORTING DOCUMENTS	103



EVENT SUMMARY

Event Name: Leaders in Indigenous Medical Education (LIME) Connection V

Theme: Re-imagining Indigenous Health Education: Harnessing energy, implementing evidence, creating change

Date and Location: 26-28 August 2013, Darwin, Northern Territory, Australia

Conference Organisers: LIME Network Program Team, The University of Melbourne

The fifth biennial LIME Connection was held in Darwin, Australia from 26-28 August 2013.

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 is an outcome of the Leaders in Indigenous Medical Education (LIME) Network. The LIME Network is a program of Medical Deans Australia and New Zealand, funded by the Australian Government Department of Health and Ageing. 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.

PURPOSE

The focus of this Connection was **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;
- Continuing to showcase the growing body of evidence illustrating the relationship between medical education and Indigenous health with a view to publication of this evidence.

KEYNOTE SPEAKERS

- **Dennis McDermott** (Australia): 'Warm' science/hard 'fuzzies': medical humanities, Indigenous knowledge and developing 'open' doctors
- **Elana Curtis** (Aotearoa): 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

The conference attracted 223 delegate registrations. 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% (n=187) lived outside of the Northern Territory and more than 16% (n=35) of delegates were international attendees.

SOCIAL PROGRAM

Support for collaboration within and between medical schools and encouragement for multi-disciplinary and 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 also presented at the LIME Connection V Dinner.

LIMELIGHT AWARD WINNERS

- 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.

AUSPICE ORGANISATIONS:

- Medical Deans Australia and New Zealand;
- Australian Indigenous Doctors' Association (AIDA);
- Te Ohu Rata o Aotearoa (Te ORA) - The Māori Medical Practitioners Association.

HOST UNIVERSITIES:

- Charles Darwin University;
- Flinders University.

VENUES:

- Day 1, 2 and 3 - Darwin Convention Centre;
- Student and Community Bursary Welcome Event, 25 August – Crocosaurus Cove, Darwin;
- Welcome Reception, 26 August – Australian Centre for Indigenous Knowledges and Education, Charles Darwin University;
- LIME Connection Dinner, 27 August – Darwin Sailing Club;
- Closing Event, 28 August – il Lido Restaurant, Darwin Waterfront.



Flags displayed in the plenary room during LIME Connection V.

All photographs in this document were taken by freelance photographer Fiona Morrison.

EVALUATION SNAPSHOT

A comprehensive evaluation of the event was carried out following LIME Connection V. The following is an overview of the main evaluation findings. Further results can be found throughout this report. Please see **Attachment 1: LIME Connection V Evaluation Results** for all evaluation data and comments.

GENERAL COMMENTS

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

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.

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

I loved how all medical schools in New Zealand and Australia come together and aim to work together (as opposed to the sometimes competitive attitude between universities).

REASONS FOR ATTENDING

The majority of delegates indicated that they attended LIME Connection V in order to learn more about activities and projects within the Indigenous health and medical education sectors, to network with others working in the sector and/or to present research to others in the field.

To present; to network with valued colleagues; to gain fresh insights from pan-Indigenous experience and perspectives; to hear of leading-edge initiatives and research within Indigenous health education and student recruitment and support; to, jointly, further the development of Indigenous health as a discipline.

WHAT DID YOU HOPE TO GAIN THROUGH YOUR ATTENDANCE?

Many delegates reported that they hoped to gain increased knowledge in the area of Indigenous health and medical education, to link with colleagues from Australia and abroad, and to seek inspiration and support for their ongoing work.

Increase my network of Indigenous medical practitioners and students. When we are the minority it is so important to come together and strengthen our drive for health equality by being around people facing the same struggles and with the same passion. Not only did the conference inspire me with practical and innovative ways to implement change re: racism in health, the aroha and commitment of everyone there has strengthened my spirit.

WERE YOUR EXPECTATIONS OF LIME CONNECTION V FULFILLED?

Overwhelmingly, delegates reported that their expectations of LIME Connection had been fulfilled, with 97% (n=88) responding positively.

It is amazing not only to have an Australian perspective but also perspectives from others globally and what we have all been working together to achieve. Very inspiring!

CONFERENCE PROGRAM

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.

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.

The **overall program** was well received by delegates, with 84% (n=77) of respondents ranking the program as very good to excellent, and 74% (n=68) ranking the relevance of topics and speakers as good to excellent. Many delegates noted that discussion time was often lacking, and requested a focus on increased discussion time for the next Connection.

The overall conference program has been well organised and successful especially the Indigenous cultural experience and networking with others working in the field.

Good mix of keynotes, workshops, break outs and panels! Not sure how this could be improved.

I thought it was a good well-balanced program... more support from Deans would be good.

SOCIAL PROGRAM

The LIME Connection V Welcome Reception, Dinner and Closing Event were well received by delegates. Many respondents noted in the evaluation that having dedicated time in the program for networking with colleagues is an important aspect of the event. Many delegates also noted that the LIMELight Awards, presented at the LIME Connection Dinner, were one of the highlights of the conference. Eighty percent (n=72) of respondents ranked the Dinner and LIMELight Awards as good to excellent, and 84% (n=76) ranked the opportunities for networking as good to excellent.

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, especially working towards bridging the gap between Indigenous and non-Indigenous people in our communities.



Delegates on a lunch break at LIME Connection V.

CONFERENCE ORGANISATION

Overall, conference organisation, the event venue and information provided via the LIME Network website were well received by delegates. Pre-conference administration was rated as good to excellent by 85% (n=76) of respondents, and 90% (n=80) rated administration during the events as good to excellent. Some delegates noted that the online registration process was frustrating, although 77% (n=69) rated the process good to excellent.

While 79% (n=70) of respondents rated the conference website as good to excellent, it is worth noting that 56% of respondents did not make use of the newly introduced smartphone app, available via the website. Of those who did use the app, 67% (n=26) rated it good to excellent.

The organisers did an amazing job!! They were lovely and so helpful and ridiculously thoughtful - they thought of everything!

The conference experience for me was as smooth as it is ever going to be. The LIME administration team has done a spectacular job.

THEMES, OUTCOMES AND FINDINGS

Delegates reported that the key outcomes and findings they experienced included; increased networks with colleagues in the field, both nationally and internationally; increased knowledge of the breadth of work being undertaken in Indigenous health and medical education; and a sense of support and inspiration for their ongoing work.

Finding a supportive and wonderful group of students and doctors who have similar interests was so exciting and inspiring.

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.

How many amazing awe-inspiring people there are in this field of health and education. How hard it has been, how far they have come and how much further we still need to go. I think I have a much clearer idea of where I can contribute now.

BENEFITS OF ATTENDING

Similarly, many delegates noted that the main benefits of attending the conference related to growing networks with colleagues, new ideas for teaching and learning methods, and a sense of collaboration and support.

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.

Exposure to international thinking, opinions, expertise, inspiration.

Getting some new ideas for teaching Indigenous health.

The energy! It helped me get grounded again and it was amazing to be surrounded with such brilliant minds, [it] was inspiring.

CHANGES OVER TIME

Delegates were asked to reflect on if and how the conferences have changed over time. Results varied, but many respondents noted the growth of the conference, in terms of numbers of delegates, as well as breadth of information presented. Some delegates felt that the Indigenaity of the event has become diluted over time, while others noted that the increased professionalism of the event, and the chance to see the evolution of initial ideas to implemented programs over time, is a significant benefit.

Lots of ideas have now been consolidated, the conference is very professionally run, lots of evidence to support work being undertaken.

Information sharing and ideas are being now used, evaluated and presented - exciting to see these things going from talks to realities.

The content has improved and I like the short workshops/breakout sessions...There are also more non-Indigenous delegates, which is great to see and should be encouraged further.

Ever broader, ever deeper into what the discipline is, and needs for success - also increasingly better articulated and evidenced.

INFLUENCE ON WORK

Through the evaluation process, delegates were asked to reflect on how their attendance at LIME Connection conferences has influenced their personal thinking and work in the area. Responses related to changes in teaching and research practices, increased confidence in the workplace, increased relationship building with colleagues and community members, and increased levels of awareness and understanding of the Indigenous health and medical education field.

It's a good update and reminder of all of the great work going on, important support opportunity for people working in Indigenous health education, has had direct impact on the content of our year four Physiotherapy Indigenous health workshop.

Acted to greatly reassure my self-confidence. That is the most important thing that this conference has done for me. The second is making me aware of organisations that I did not know existed. Has inspired me to keep trying.

To be brave in implementing my ideas. Just go for it and make it happen. Build networks for collaborative projects with partnerships.

Definitely feel more confident that there is light at the end of the tunnel. And have lots of ideas on how our university could engage more with Indigenous health.

INFLUENCE ON THE WORKPLACE

Delegates were also asked to reflect on how their participation at LIME Connections has influenced their workplace or organisation. Many people reported that their participation at LIME Connections has had a direct influence on changes to curriculum, teaching and learning practices, recruitment techniques and increased awareness of Indigenous health and medical education at their institutions. Many reported that each year more staff members, and often more senior staff members, attend the conference, building momentum for Indigenous health initiatives on returning to their organisation.

It's mobilised colleagues to present their pedagogical research and scholarship and use the feedback for refining their approach or, where that approach is contested, for course/Faculty validation.

I am bringing back everything I learnt to hopefully make social and political change in my university.

Allowed staff members attending [the] conference to talk openly about our practices and think of better ways of doing things.

Big influence important to our key work.

Given me the knowledge/weight/evidence to argue for and advocate for meaningful change.

Our Deputy Dean attended for the first time. He chairs a key committee and we discussed a lot of possibilities for action during the conference.

LIME CONNECTION VI

LIME Connection VI will be hosted by James Cook University in 2015. Ninety-seven per cent (n=70) of respondents indicated that they would like to attend LIME Connection VI in Queensland in 2015, and 99% (n=75) reported that they would recommend LIME Connection to their colleagues. Varied responses were received in relation to what delegates would like to see as the focus of LIME Connection VI, including a stronger focus on institutional change and Deans' leadership, increased collaboration with the allied health sectors, and showcasing positive programs and initiatives.

Strategic institutional change: How to get Indigenous leadership in power positions at the university: Deans, Senate, Vice Provost, etc.

How issues have progressed for the better - and did the Deans come to fruition with the promises made at LIME V.

Excellence in Indigenous medical training - aiming for excellence, not getting caught up in cultural essentialism or cultural deficit thinking about our potential as Indigenous students or practitioners

Spreading the space into Medicine, Nursing and Allied Health.

I think it would be great to have a focus on measuring progress and holding medical education accountable for outcomes - not just education outcomes but the impact of our graduates on Aboriginal and Torres Strait Islander health. This kind of connection is at the heart of what we are doing and we need to measure it on terms that are acceptable and accountable to Aboriginal and Torres Strait Islander peoples.

CONFERENCE ORGANISING COMMITTEES

The LIME Connection Management Team

- Shaun Ewen The LIME Network
- Odette Mazel The LIME Network
- Erin Nicholls The LIME Network
- Warwick Padgham The LIME Network
- Caitlin Ryan The LIME Network

The LIME Connection V Committee Members:

- Clair Andersen University of Tasmania
- Lilon Bandler The University of Sydney
- Christine Carriage The University of Western Sydney
- Dylan Coleman The University of Adelaide
- Elana Curtis The University of Auckland, Te Ohu Rata o Aotearoa (Te ORA)
- Cheryl Davis Flinders University, NT
- Wendy Edmondson Flinders University, SA
- Jasmin Hunter Australian Indigenous Doctors' Association
- Odette Mazel The LIME Network
- Lynda McCaffery Charles Darwin University
- Dennis McDermott Flinders University, SA
- Karin Oldfield Flinders University, NT
- Warwick Padgham The LIME Network
- Caitlin Ryan The LIME Network
- Sarah Strasser Flinders University, NT
- Ray Warner Australian Indigenous Doctors' Association
- Robyn Williams Charles Darwin University
- Terina Moke Te Ohu Rata o Aotearoa (Te ORA)

The LIME Connection V Scientific Committee:

- Elana Curtis Te Ohu Rata o Aotearoa (Te ORA)
- Shaun Ewen The University of Melbourne
- Jasmin Hunter Australian Indigenous Doctors' Association
- Dennis McDermott Flinders University, SA
- Odette Mazel The LIME Network
- David Paul The University of Western Australia
- Warwick Padgham The LIME Network
- Suzanne Pitama University of Otago
- Caitlin Ryan The LIME Network
- Ray Warner Australian Indigenous Doctors' Association
- Robyn Williams Charles Darwin University

The LIMELight Awards Committee:

- Australian Indigenous Doctors' Association
 - Australian Indigenous Doctors' Association
 - Te Ohu Rata o Aotearoa (TE ORA)
 - Australian National University
 - Former Dean (Medical Deans)
- Danielle Arabena
Jasmin Hunter
George Laking
Gaye Doolan
Neville Yeomans

The LIME Connection Bursary Committee:

- Australian Indigenous Doctors' Association
 - Australian Indigenous Doctors' Association
 - Te Ohu Rata o Aotearoa (Te ORA)
 - Te Ohu Rata o Aotearoa (Te ORA)
- Jasmin Hunter
Sean White
Terina Moke
Tania Huria



The LIME Network Program Team: Odette Mazel, Warwick Padgham, Caitlin Ryan, Erin Nicholls and Shaun Ewen.

SPONSORS

The LIME Network is very appreciative of the generous sponsorship, both financial and in-kind that has been received from a number of organisations including:

Auspice Organisations:

- Medical Deans Australia and New Zealand;
- Australian Indigenous Doctors' Association;
- Te Ohu Rata o Aotearoa (Te ORA) - The Māori Medical Practitioners Association.

Host Universities:

- Charles Darwin University;
- Flinders University.

Major Connection Sponsor:

- Flinders University.

Connection Sponsors:

- Australian Government Department of Health and Ageing (The LIME Network funding body);
- Australian Medical Council Limited;
- Charles Darwin University;
- Health Education and Training Institute (NSW);
- Health Workforce Australia;
- Northern Territory General Practice and Education;
- Royal Australasian College of Physicians.

Pen and Notepad Sponsors:

- Australian Indigenous Doctors' Association
- Te Ohu Rata o Aotearoa (Te ORA) - The Māori Medical Practitioners Association

Indigenous Medical Student and Community Bursaries:

LIME Connection V student and community bursaries were funded by the Australian Government Department of Health and Ageing, as well as the following Medical Schools across Australia and Aotearoa/New Zealand:

The University of Adelaide
Australian National University
The University of Auckland
Bond University
Deakin University
Flinders University
Griffith University
James Cook University
Monash University

The University of Melbourne
The University of Newcastle
The University of New South Wales
The University of Notre Dame,
University of Otago
The University of Sydney
University of Tasmania
The University of Western Australia
University of Western Sydney

CONFERENCE STREAMS

Themes of LIME Connection V were highlighted via the following keynote presentations, panels and streams:

- Medical Humanities and the restoration of humanistic care to patients and community;
- 'Warm' science/hard 'fuzzies': medical humanities, Indigenous knowledge and developing 'open' doctors;
- Re-imagining 'space': space invaders and the new frontier;
- Mai Ka Like A Ke Kumu: from the bud to the tree, the evolution of cultural competency training;
- Northern Territory Aboriginal health professionals;
- Medical educators panel: faculty leadership;
- Indigenous medical students' and recent graduates;
- Retention to graduation;
- Recruitment models;
- Professional development for Indigenous health;
- Development of an Aboriginal and Torres Strait Islander health curriculum framework;
- Implementing an evidence led curriculum;
- Recruitment and graduation of Indigenous students;
- Partnerships, placements and community engagement;
- Student perspectives;
- Advancing the discipline of Indigenous health;
- Indigenous health across the continuum;
- Decolonising the academy;
- Indigenous health in the inter-disciplinary space.

LIME Connection V intended outcomes included:

- Inter-sectoral networking of colleagues in Indigenous medical education;
- Knowledge exchange of best practice in Indigenous medical education;
- Synergistic development of new teaching pedagogies in Indigenous medical education;
- Development of collaborative research projects, including supporting international partnerships;
- A view to future publication of Indigenous medical education journal papers resulting from presentations at LIME Connection;
- Capacity development opportunities for students, community, clinicians and academics involved in the discipline;
- Strengthening of institutional collaboration;
- Building the Indigenous academic health workforce.

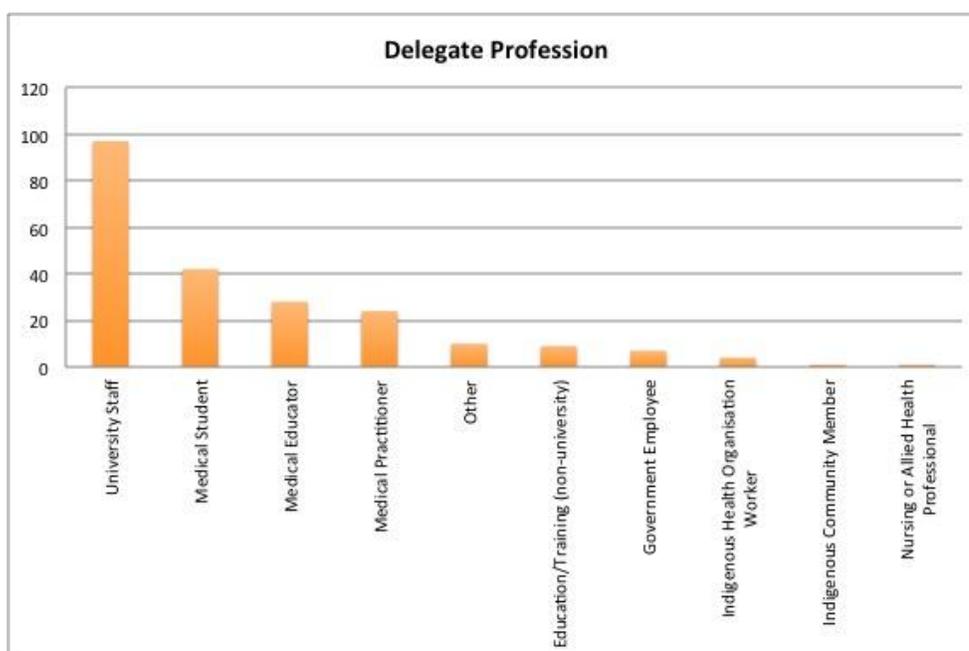
DELEGATES

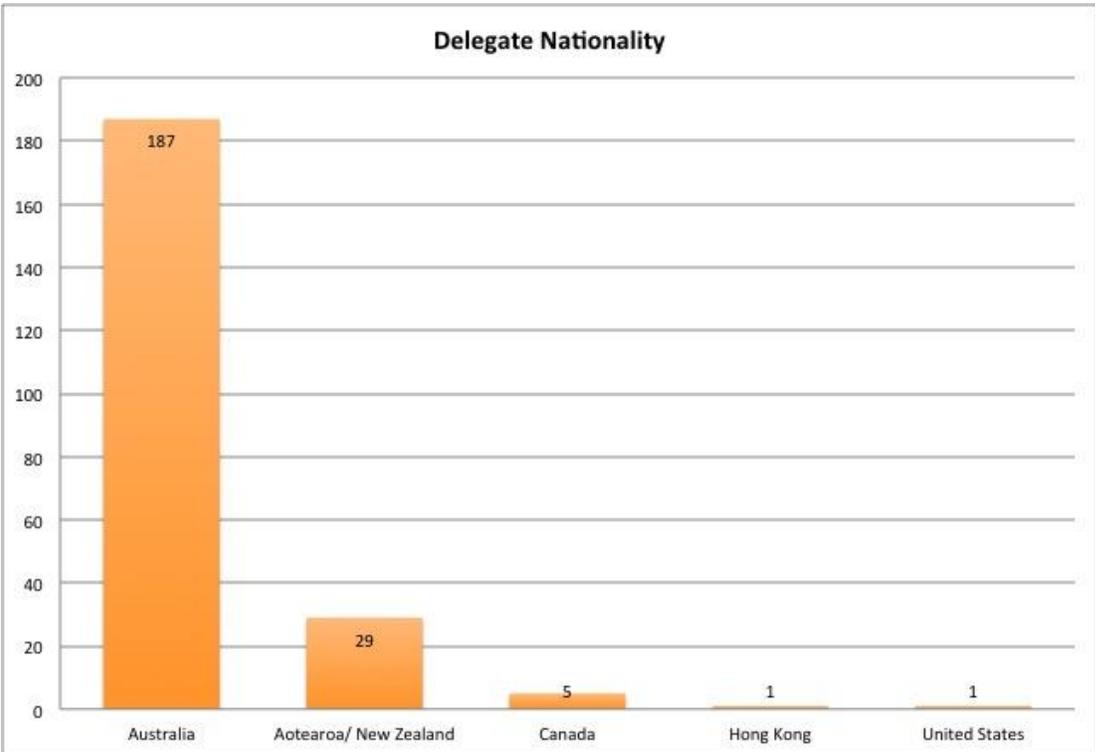
223 people registered for this year's conference. This included:

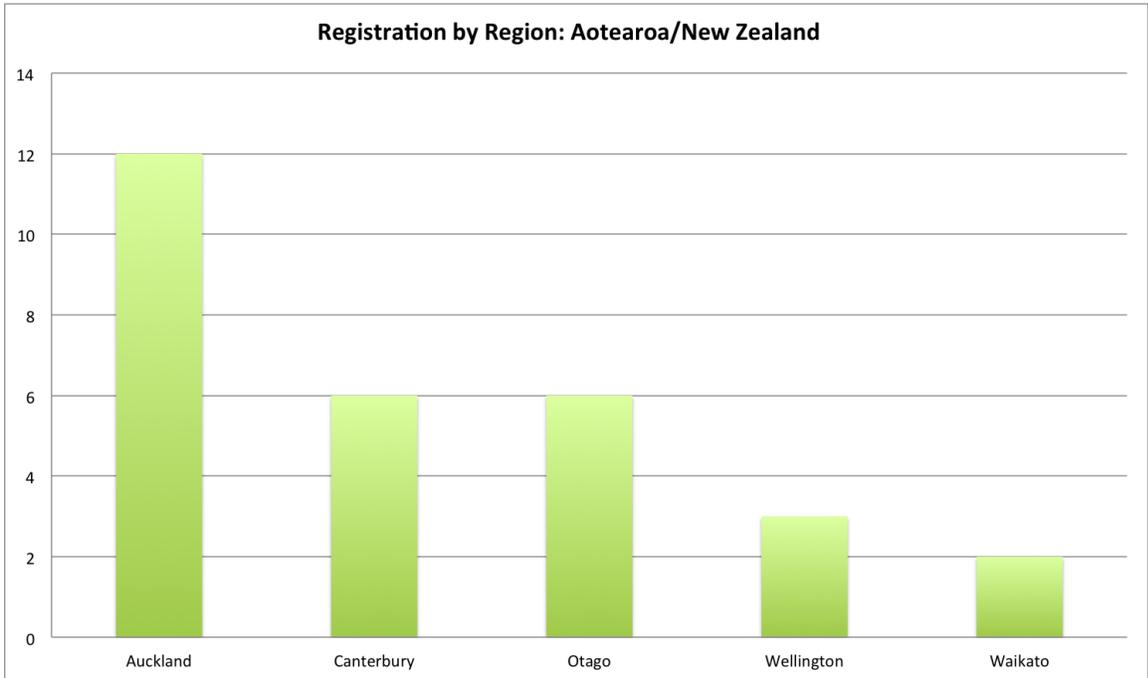
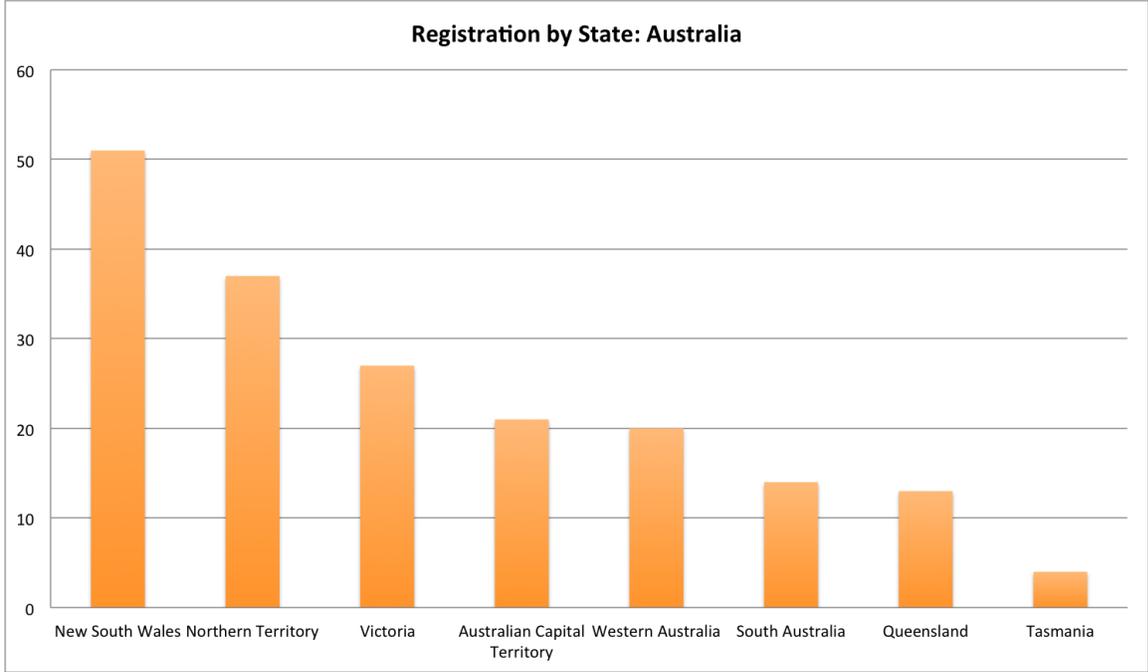
- 158 Paying Delegates;
- 33 Complimentary Delegates (including sponsors, honorary guests, keynote speakers, panellists and staff);
- 32 Student and Community Bursary recipients;
- An additional seven delegates cancelled their registration; two panel speakers (complimentary), two Early Bird registrations, one Full Price registration, one Speaker registration and one Sponsor registration (complimentary who sent a replacement representative);
- Four refunds were granted.

Registration

Paid Registration Fees	
Early Bird Registration	29
Speaker Registration	69
Standard Full Registration	34
Student/Concession Registration	15
2 Day Registration	11
Complimentary Registration Fees	
Complimentary Student Bursary Registration	27
Complimentary Community Bursary Registration	5
Complimentary Full Registration (Keynote Speakers, Honorary Guests)	17
Complimentary Full Registration (Sponsors)	10
Complimentary Full Registration (Staff)	6
Cancelled Registrations	7







What Delegates Hoped to Gain

Delegates were asked what they **hoped to gain** through their attendance. Many delegates reported that they hoped to gain increased knowledge in the area of Indigenous health and medical education, to link with colleagues from Australia and abroad, and to seek inspiration and support for their ongoing work.

Increase my network of Indigenous medical practitioners and students. When we are the minority it is so important to come together and strengthen our drive for health equality by being around people facing the same struggles and with the same passion. Not only did the conference inspire me with practical and innovative ways to implement change re: racism in health, the aroha and commitment of everyone there has strengthened my spirit.

Insights into our work; gaps and strengths, new tools and possible collaborations.

Understand with more depth what the issues are and some strategies to address the challenges.

To improve practice and outcomes as a health professional and educator. Develop greater leadership in the learning and teaching space for Indigenous peoples.

Better understandings of what people were doing with the curriculum and how they were measuring this.

An appreciation of the work carried out by the LIME organisation in the guidance and application of health care for Māori.

Wider understanding of medical education progress for Indigenous peoples; new ideas about future progress.

Update on where things are up to hear what people are working on, to participate in the dialogue around improving Indigenous health outcomes via tertiary education on Indigenous and non-Indigenous students.

Networking; ideas regarding future organisation's policies; celebrate academic efforts of colleagues' presentations.

Networking; better understanding on what has been achieved and what we are doing to improve Aboriginal and Torres Strait Islander health.

New ideas and inspirations for enhancing Indigenous health education.

Re-establishing a vision and enthusiasm for my work.

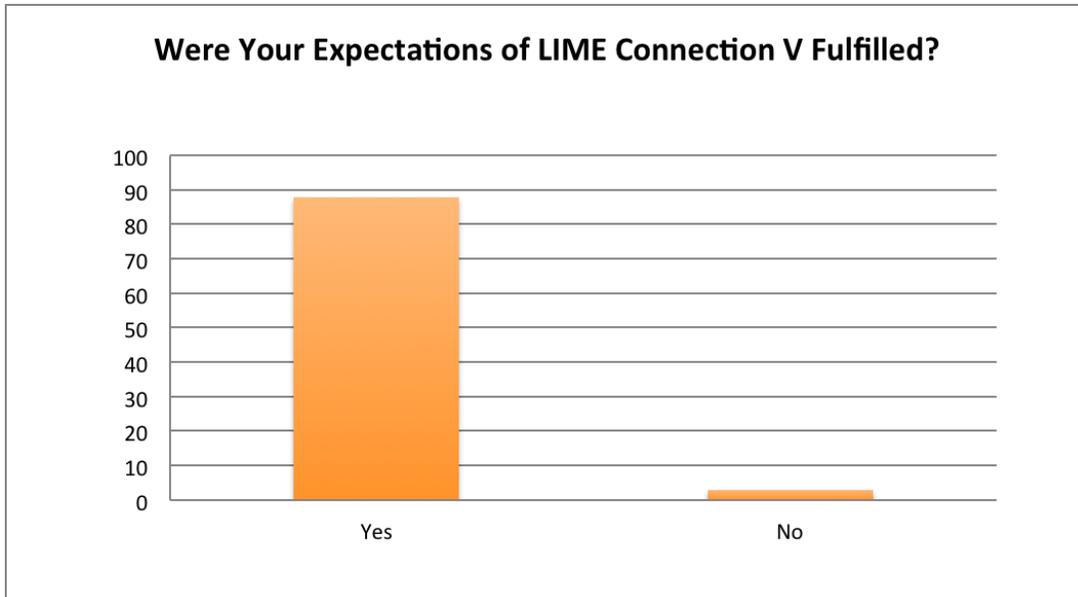
New and revitalised relationships; inspiration and re-energisation; knowledge about teaching recruitment and support of Māori students; supporting faculty education for a more culturally safe institution, curricula and environment.

I had hoped to gain perspective and refuel my hopefulness!

The content presented at the conference was excellent overall. I learned something and much was reaffirmed for me as its great that others are doing the same as I am

[Every] two years a connection with my colleagues refreshes and reinvigorates me ready for the hard work.

I will take away a sense of hope from the people with passion and dedication in Indigenous health and education.



Delegates catching up before the conference.

PROGRAM

Abstract Process

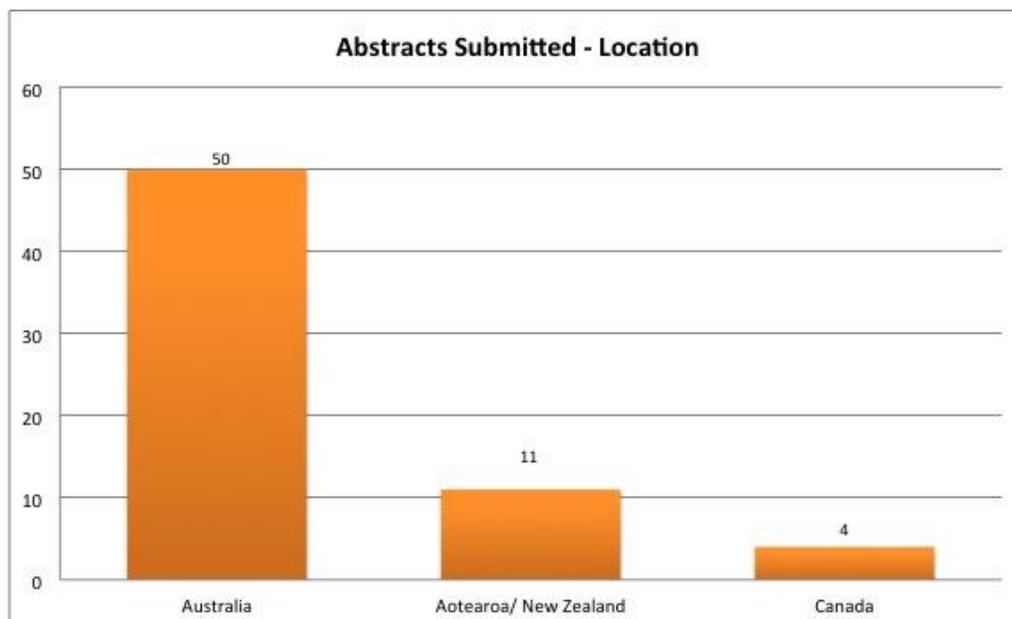
In November 2012, a call for abstracts was made for submissions of paper and poster presentations for LIME Connection V, aligned with the conference theme: **Re-imagining Indigenous health education: harnessing energy, implementing evidence, creating change**. The Organising Committee invited Indigenous and non-Indigenous medical educators, health specialists, medical specialists, policy makers, medical students and community members to submit abstracts for the conference.

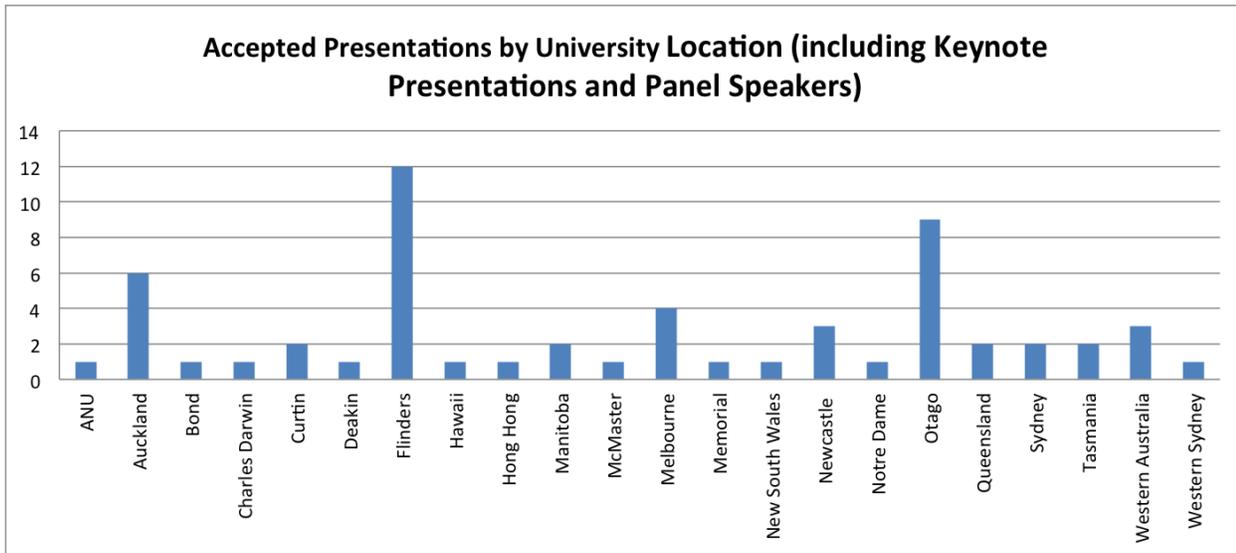
Project case studies, research and discussion papers that provided an opportunity for participants to discuss and share the unique challenges and opportunities faced in the teaching and learning of Indigenous health in medical education were considered under broad topics including (but not limited to):

- Advancing the discipline of Indigenous health;
- Implementing an evidence-led curriculum;
- Recruitment and graduation of Indigenous students;
- Partnerships, placements and community engagement;
- De-colonising the academy;
- Indigenous health across the continuum (undergraduate through to specialist training);
- Indigenous health in the inter-disciplinary space.

The LIME Network team, in collaboration with a web designer, developed an online submission form for both paper and poster presentations. The closing date for submissions was 29 March 2013. The Abstract Committee convened on 15 April 2013 in Melbourne to discuss and review the 69 submitted paper and poster abstracts. Of the 69 submitted abstracts, 51 of these were accepted as a paper presentation, and seven as poster presentations (of which five presented a poster).

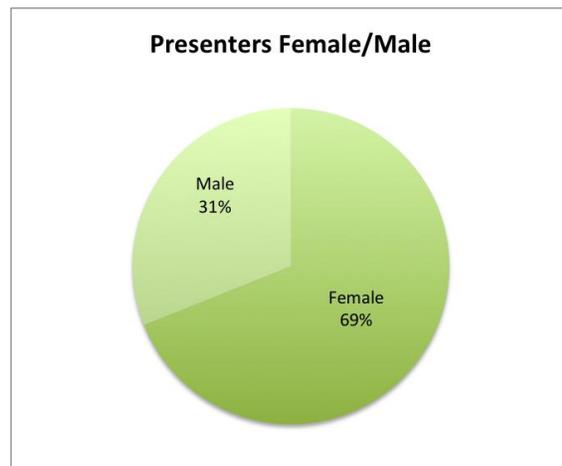
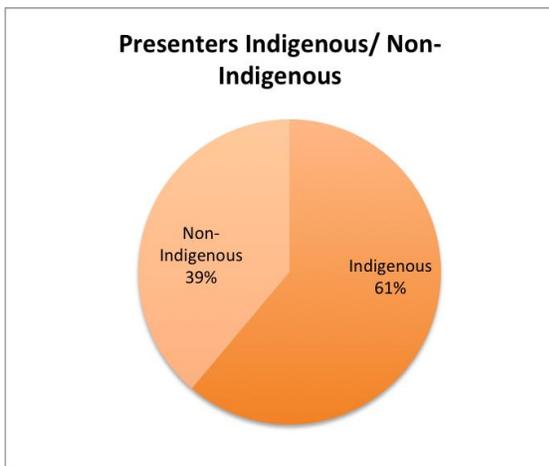
Abstracts were received from a range of locations and universities:



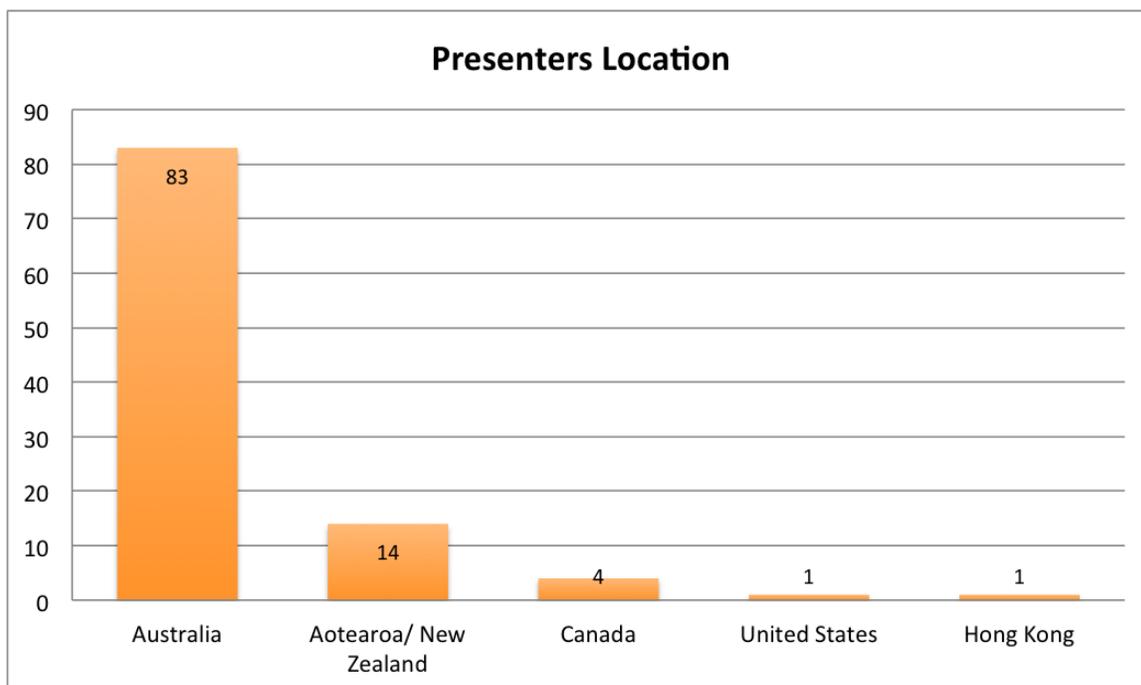


Presenters

The LIME Connection V conference program included 103 presenters (including four poster presenters and three presenters who welcomed delegates to specific sessions). Of these presenters, 61% (n=63) were Indigenous, a slight decrease from 64% in 2011.



Of the 103 presenters, 80% (n=83) came from Australia 13% (n=14) from Aotearoa/ New Zealand, 4% (n=4) from Canada and one each from the United States and Hong Kong. This ratio is a significant shift from 2011, where 63% of presenters were Australian and 24% were from Aotearoa/ New Zealand.



Keynote speakers for LIME Connection V included:

- **Dennis McDermott** (Australia): 'Warm' science/hard 'fuzzies': medical humanities, Indigenous knowledge and developing 'open' doctors;
- **Elana Curtis** (Aotearoa): 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.

Other invited speakers included:

- Northern Territory Aboriginal Health Professionals Panellists: **Cheryl Davis** (Flinders University NT), **John Reid** (Flinders University NT) and **Aleeta Fejo** (Northern Territory Medicare Local);
- Medical Education Panellists: **Geoff McColl** (The University of Melbourne), **Phillippa Poole** (The University of Auckland) and **Craig Zimitat** (The University of Tasmania);
- Students and Recent Graduates Panellists: **Maihi Brown** (Student, The University of Auckland), **Ian Lee** (Student, Flinders University NT), **Tyler Rudolph** (Student, University of Otago, Wellington) and **Alicia Veasey** (Graduate, The University of Queensland).

On day one, four concurrent workshops were held on the following topics:

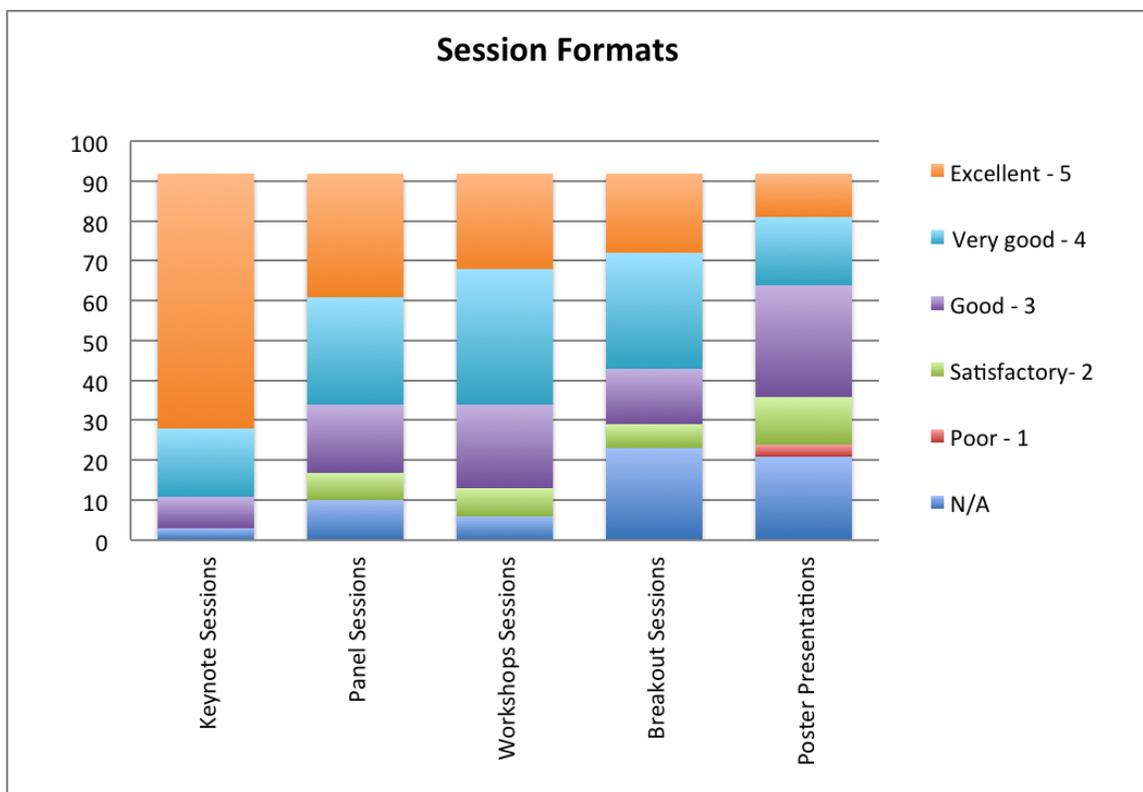
- Retention to graduation: Aboriginal learner narratives across the continuum
- Recruitment models: what has worked for you?
- Professional development for Indigenous health
- Developing an Aboriginal and Torres Strait Islander health curriculum framework – does it matter?

On days two and three, up to three concurrent sessions were held on the following topics:

- Implementing an evidence led curriculum;
- Recruitment and graduation of Indigenous students;
- Partnerships, placements and community engagement;
- Student focuses;
- Advancing the discipline of Indigenous health;
- Indigenous health across the continuum;
- Decolonising the academy;
- Indigenous health in the inter-disciplinary space.

The LIME Connection Program and LIME Connection Timetable contain further information, and are available on the LIME Network website: <http://www.limenetwork.net.au/content/program-and-timetable>

Delegates overwhelmingly reported that the four keynote speakers were the **highlights of the conference** with 88% (n=81) ranking the keynote sessions as good to excellent.



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.

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. Decolonising the academy was the best break out session by far, it was epic, in particular David Sjoberg's part.

Elana Curtis - fantastic, inspirational challenging; Martina Kamaka - beautiful, emotional, inspirational.

LC's presentation because it set an agenda for the conference to think globally and to think about care for others starting with care for self and being mindful of ourselves.

LC Humanity to medicine- it needs to be adapted to curriculum in medical schools in Australia as it has the same themes and ideas about how Indigenous people are in dealing with health and health issues. It can help challenge the minds of the scientific based students in regards to... Indigenous health and its people, Dennis McDermott; mindfulness- also needs to be included [for] the same reason stated above.

Dr LC Chan who reassured me that my circular approach dealing with patient history is valid.

Keynote sessions on each morning - inspiring personal stories; insights into effective and exciting implementation of cutting edge programs.

Every keynote... such amazing presentations.

The keynote speakers on each day were by far the highlights of the conference.

The dinner was a great opportunity to build relationships outside of the conference environment.

The dinner at the yacht club was absolutely beautiful and perfect for networking.

The student panel was very inspiring.

The student panel because it reminds us that each student travels their own unique journey and has a unique set of goals and support needs - plus it was really uplifting hearing from them.

Student panel: true test on how well we're doing.

The student presentations from Newcastle and ANU were very inspiring to me as a student.

Student panel - highlighted the importance of student attendance at such events.

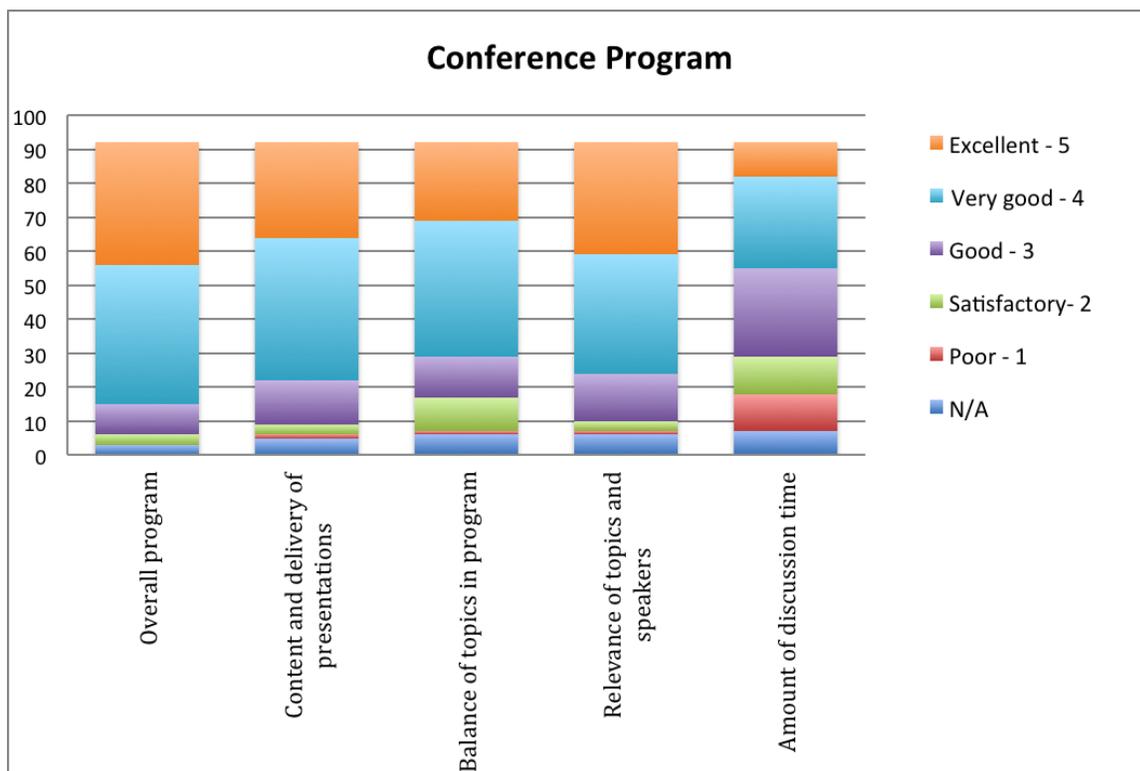
The session on de-colonising the mind... such a provocative and thought stimulating approach.

Craig Allen 'consistently inconsistent'. We don't talk much about the uncomfortable issue of uncomfortable space and I really appreciated the opportunity to hear about and reflect on this.

Dr Aleeta Fejo; inspiring story as it is a story similar to mine and I am on that journey through health and I know I can do this if I preserve and commit myself to finishing this degree.

Dr Fejo who was able to normalise my experience...and reaffirmation that I was not alone in my experience.

The **overall program** was well received by delegates, with 84% (n=77) of respondents ranking the program as very good to excellent, and 74% (n=68) ranking the relevance of topics and speakers as good to excellent.



Delegates' feedback on the program was overwhelmingly positive. A number of delegates noted that discussion time was often lacking, and requested a focus on increased discussion time for the next Connection.

Excellent and an honour; everyone is here for the right reasons.

Fantastic venue and location. Organisation was second to none. Food fantastic. Dinner venue and speakers superb. There were some very moving presenters.

Just gets better and better - wonderful work and effort.

The overall conference program has been well organised and successful especially the Indigenous cultural experience and networking with others working in the field of Indigenous health and research.

Good mix of keynotes, workshops, break outs and panels! Not sure how this could be improved.

I thought it was a good well-balanced program - I thought more support from Deans would be good.

It was all so emotionally full on!!! In such a challenging and growth promoting way. I felt very privileged to be able to hear the struggles and journeys of so many.

Absolutely loved the vibe of the conference and got a lot from all the speakers. I hope to be back for the next one.

Great conference and a great opportunity for medical students thank you.

I am so much more aware of what is happening and possible solutions to many problems we face. Australia has so much work to do.

I would like to see space in the conference program to grow into the Allied health professions space. All of our health professions would benefit from participating in this conference and it would be a shame to have to create a separate conference for this to occur.

Perhaps more time for discussion- there was a lot of listening!

Poster Presentations

Posters were displayed in the foyer of the Waterfront level at the Darwin Convention Centre for the duration of the conference. Posters included:

- *A student and evidence driven assessment of Indigenous health and cultural awareness training in the Deakin medical curriculum.* Adrian Luscome, Scott McCoombe and Evelyne de Leeuw;
- *Hands on learning of cultural safety in practice experience by first year medical students by shadowing Aboriginal health workers at Flinders Medical Centre.* Kate McQueen, Rosemary Williams, Paul Deklerk, Laney Mackean, Jill Benson and Courtney Ryder;
- *HoT 'n' Deadly Health 'n' Science @ ECU.* Daniela Mastrocola and Toni Wain;
- *Student experiences from Aboriginal cataract patient journey elective.* Raima Amin, Shoumit Mukhopadhyaya, Laney Mackean, Jill Benson and Courtney Ryder;
- *Validating a tool to capture absorption and transformation in Indigenous health and cultural safety: a research protocol.* Courtney Ryder, Heather Burton, Shaïd Ullah and Dennis McDermott.



Posters displayed at LIME Connection V.

Please see the **LIME Connection Timetable** and **LIME Connection Program** for further details. These documents are available on the LIME Network website:

<http://www.limenetwork.net.au/content/program-and-timetable>.

Student Involvement

In order to encourage the student voice at LIME Connection V, students were supported to attend through the provision of bursaries, and encouraged to present in the program. On Day two, a session was dedicated to student presentations and included:

- Jessica King and Danielle Medek – Australian National University. *Student learning journeys in Indigenous health at the Australian National University*;
- Sheree Enderby – University of Newcastle. *Our kids' kidneys – a ticking time bomb?*
- Sarah-Rebekah Clark and Nicole Whitson – University of Newcastle. *The Wollotuka Indigenous Students International Leadership Program*.

In addition to the Student Focus session, other students who presented at LIME Connection V were:

- Cara Lucas – University of Otago, Dunedin. *Career decisions: factors that influence the Māori doctor*;
- Dana Slape – University of Western Sydney. *Aboriginal and Torres Strait Islander commencing medical students' career intentions – the Medical Schools Outcomes Database and Longitudinal Tracking (MSOD) Project*.

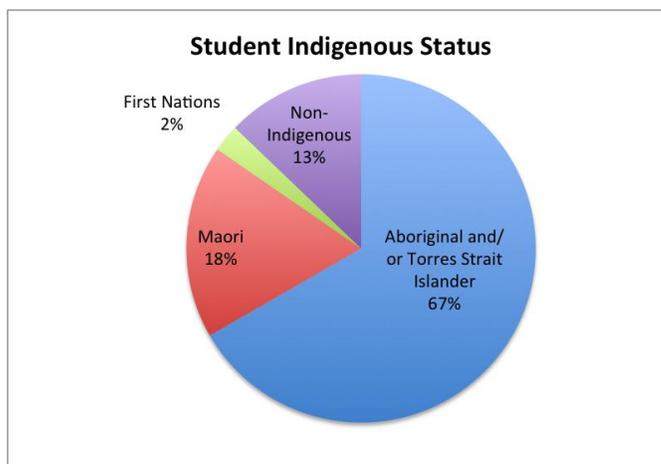
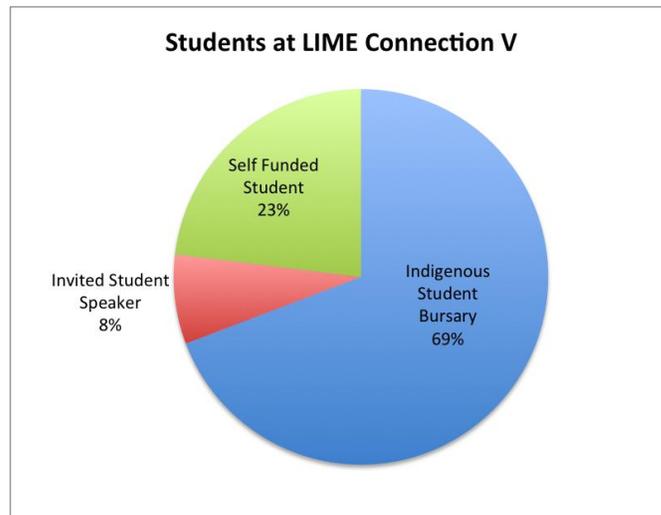
Students and Recent Graduates Panel

- Maihi Brown – The University of Auckland;
- Ian Lee – Flinders University, Northern Territory;
- Tyler Rudolph – University of Otago, Wellington;
- Alicia Veasey – Recent graduate, The University of Queensland.



Maihi Brown, Ian Lee, Alicia Veasey and Tyler Rudolph on the Students and Recent Graduates Panel.

Out of the total number of delegates that attended LIME Connection V, 17% (n=39) were students. Of these students, 27 attended the conference as a LIME Bursary recipient, nine were self-funded students (many supported by their universities) and three were invited speakers for the Student and Recent Graduates Panel.



LIME Staff Member Erin Nicholls with students at LIME Connection V.



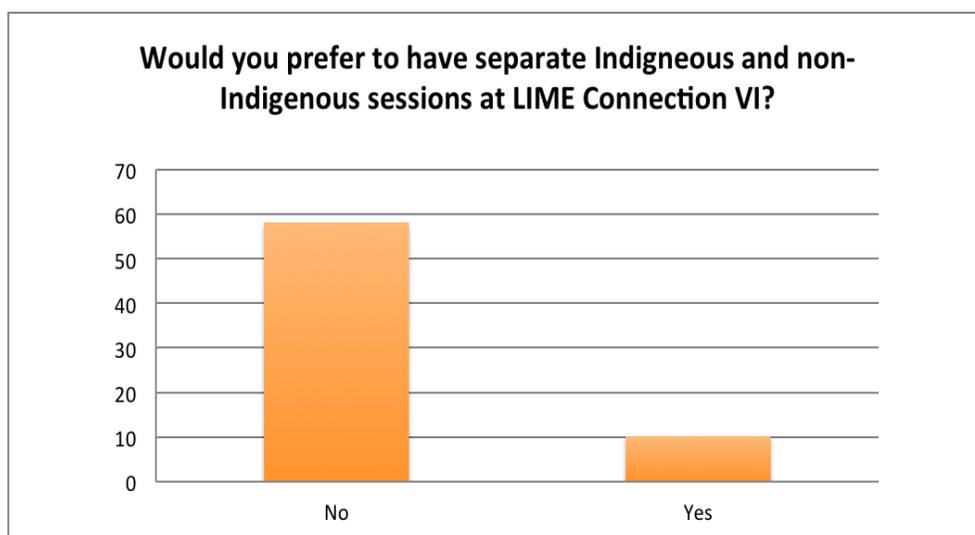
Students listening to a presentation.

Indigenous and non-Indigenous caucus

At LIME Connection III in 2009, Indigenous delegates gathered on the first day of proceedings for the Indigenous Caucus. In 2011, Day One of the event was extended into a Pre-Conference Caucus in which Indigenous and non-Indigenous delegates broke into separate groups for part of the day. The Pre-Conference Caucus was not included in the Program for LIME Connection V, and the conference ran without separate Indigenous and non-Indigenous sessions.

The first day of LIME Connection V focused on the local Indigenous context through the Northern Territory Aboriginal Health Professionals Panel and a Welcome Reception held at the Australian Centre for Indigenous Knowledges and Education (ACIKE), as well as an opening ceremony organised by Larrakia Nation.

Through the evaluation process, delegates were asked to reflect on whether we should continue to have separate Indigenous and non-Indigenous sessions as has been done in the past. The majority of feedback was in favour of having both Indigenous and non-Indigenous delegates meeting together (85%; n=58), however a number of comments were supportive of some separated sessions.



Responses to the question ‘Would you prefer to have separate sessions at LIME Connection VI? Why or why not?’ included:

I have not been to past conferences but I found it really great and interesting to see both perspectives and views on the different topics. I feel everyone benefits when they can be involved fully in the whole experience.

We are working together to achieve a common goal. We should stand together as one.

We are in this situation together - we should stand together as one, looking for similarities not differences.

As a non-Indigenous delegate, I found LIME V to be very welcoming and a safe space. I feel that separating Indigenous and non-Indigenous delegates would be detrimental to this.

It is nice, but NOT NECESSARY to have that Indigenous space. Honestly didn't really miss it this year.

As a non-Indigenous member I respect the right for an Indigenous space.

Indigenous caucus is empowering for Indigenous delegates.

I thought the Indigenous caucus at previous conferences allowed different conversations to be held that set a tone or frame for the following day that differs from western academic conferences and affirms Indigenous ways of engagement.

There are different pressures working in the field for Indigenous and non-Indigenous people. I think the separate caucus gives the opportunity to explore the separate experiences.

Sign Language Interpreter

For one of the keynote sessions, Liz Temple from the National Auslan Interpreter Booking Service (NABS), provided sign language interpretation. NABS is funded by the Australian Government Department of Families, Health, Community Services and Indigenous Affairs (FaHCSIA) and provides sign language interpreters nationwide for people who are deaf. For Indigenous clients and their health care practitioners this is a fee free service and covers all aspects of health including GPs, maternal and child health, mental health, diabetes education, allied health and a wide variety of health care specialists.

In the Northern Territory NABS works in a collegiate partnership and is co-located with the Aboriginal Interpreting Service. NABS is engaged with clients in many urban, regional and remote areas across the Territory. Many of these people have varied linguistic backgrounds and NABS aims to engage with family, and local interpreters and supports, to provide optimal communication for the client in ensuring medical and health care practitioners are getting the full message across. In this way NABS aims to support greater understanding of, and compliance to, health care treatment generating improved outcomes for people with hearing loss.

Liz, who been employed in the Northern Territory office of NABS for nearly five years, was available during breaks throughout conference to answer any queries delegates had of the service.



Liz Temple providing sign language interpretation for Dennis McDermott's keynote presentation.

SOCIAL PROGRAM

The following social activities were included in the delegate registration fee.

Welcome Reception and Good Practice Case Studies Volume Two Launch

Venue: Australian Centre for Indigenous Knowledges and Education (ACIKE), Charles Darwin University
Monday 26 August, 4.00pm – 5.30pm

Approximately 150 delegates attended the LIME Connection V Welcome Reception, hosted by Charles Darwin University and Flinders University. Delegates were transported on coaches from the Darwin Convention Centre for the first official networking opportunity and launch of the LIME Good Practice Case Studies Volume Two. On route, coaches took delegates past the recently built Flinders University NT Medical Program facilities, with representatives from Flinders giving a brief overview and history of the new program and campus.

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 was officially launched by Professor Ian Puddey, Dean, of the Faculty of Medicine, Dentistry and Health Science, University of Western Australia.

Entertainment for the afternoon was provided by the One Mob Different Country dancers, a troupe of low-security Indigenous prisoners able to take part in traditional Aboriginal dances at events. Catering was provided by Dee Bee Catering.



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



One Mob Different Country Dancers at the Welcome Reception.

LIME Connection V Dinner and LIMELight Awards

Venue: Darwin Sailing Club
Tuesday 27 August, 6:30pm – Midnight

The official LIME Conference Dinner was held at the Darwin Sailing Club. Approximately 240 delegates and invited guests attended the evening, in which the 2013 LIMELight Award winners were announced. The MC for the evening for John Paterson, CEO of the Aboriginal Medical Services Alliance Northern Territory (AMSANT) and the LIMELight Awards were presented by Aleeta Fejo, Northern Territory Medicare Local, and George Laking, Chair of Te ORA.

Upon arriving at the Sailing Club, guests were treated to local Indigenous elder Robbie Mills playing the didgeridoo with his son, whilst observing the spectacular sunset. Further entertainment for the evening was provided by Darwin local Timmy Duggan (DJ Timone).



Dinner MC John Patterson.



Robbie Mills and his son playing Didgeridoo to welcome guests.

The catering for the evening was provided by the Sailing Club and included local flavours unique to the Darwin area. The theming for the evening was provided by Dream Media and Larrakia Nation, and included heliconia flowers in glass vases as the centrepieces for each table, and a large snake lantern as a centrepiece above the stage.



Dinner tables and guests.



Table centrepieces.

Closing Event

Venue: il Lido Restaurant

Wednesday 28 August, 4pm- 6pm

Following the handover ceremony of the LIME Connection plaque from Flinders and Charles Darwin Universities to James Cook University (hosts of LIME Connection VI), delegates participated in a closing ceremony led by Larrakia elder, June Mills. The official closing of LIME Connection V incorporated a salt water ritual in the Darwin Waterfront lagoon. Once all formal proceedings were completed, delegates made their way to il Lido Restaurant for the Closing Event.

This event provided delegates with a final opportunity to network with other delegates. Catering was provided by il Lido restaurant with a selection of antipasto platters, wood-fired pizzas and sharing plates. Entertainment for the Closing Event was provided by local Larrakia man, David Spry.

The official photographer for the conference was Fiona Morrison, a local freelance photographer from Darwin.

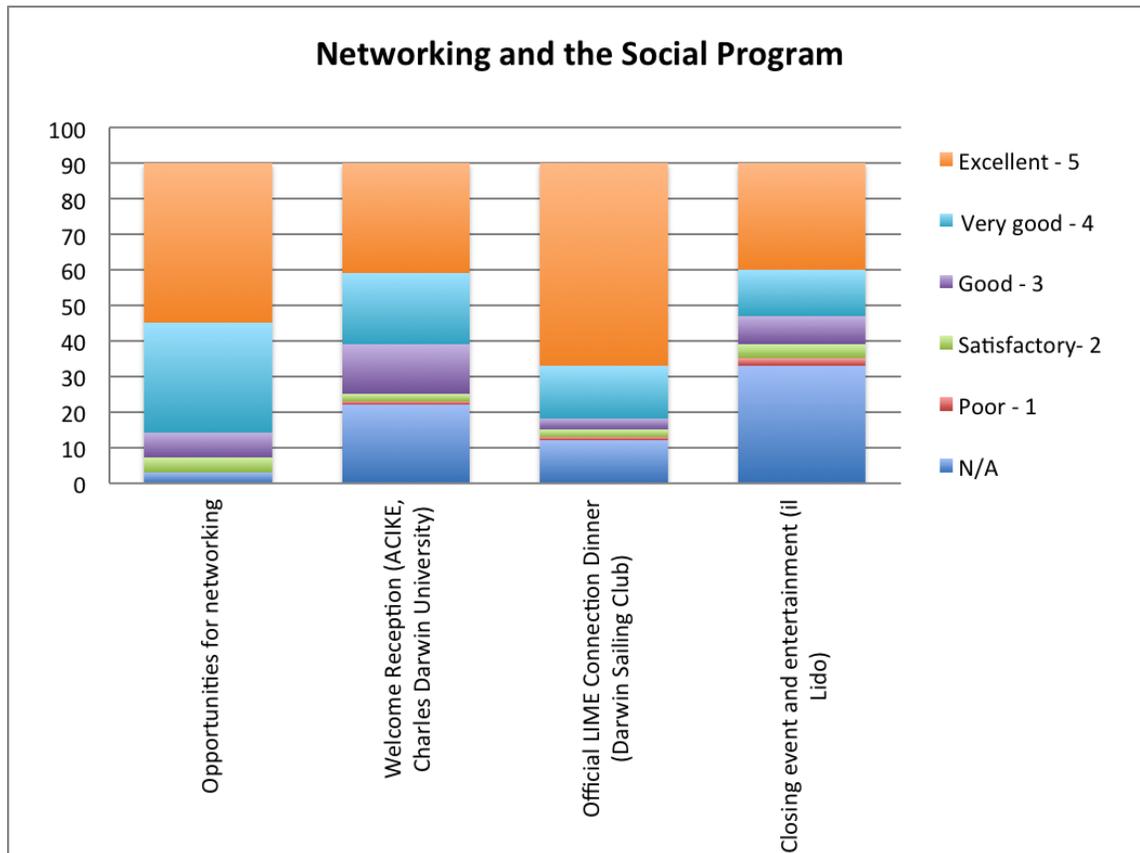


LC Chan talks with delegates at the Closing Event.



June Mills joins David Spry for a duet at the Closing Event.

The LIME Connection V Welcome Reception, Dinner and Closing Event were well received by delegates. Ninety-two per cent (n=72) of respondents ranked the Dinner and LIMELight Awards as good to excellent, and 87% (n=76) ranked the opportunities for networking as good to excellent.



Many respondents noted in the evaluation that having dedicated time in the program for networking with colleagues is an important aspect of the event. Many delegates also noted that the LIMELight Awards, presented at the LIME Connection Dinner, were one of the highlights of the conference.

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, especially working towards bridging the gap between Indigenous and non-Indigenous people in our communities.

Great, and important, feature of LIME.

I loved all the social events - great food! And lovely locations. 10/10.

Very good, it gave opportunity to talk to other uni colleagues and listen to their stories and experiences.

LIMELIGHT AWARDS

The 2013 LIMELight Awards were presented by Aleeta Fejo, Northern Territory Medicare Local and George Laking, Chair of Te ORA, at the LIME Connection V Dinner. They were given in recognition of the significant and outstanding work staff, students and medical schools undertake with regards to the teaching of Indigenous health in medical education, as well as Indigenous student recruitment and student leadership. These awards acknowledge initiatives which address critical issues, bring people together collaboratively and implement innovative solutions.

The awards were presented to the following recipients:

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

This award recognises an individual who has made a distinguished contribution to Indigenous Medical education. This year the committee presented the Leadership award to two individuals, whose nominations were both outstanding.

Associate Professor Peter O'Mara, Wollotuka Institute, University of Newcastle

Associate Professor Papaarangi Reid, The University of Auckland

Student Award

This award recognises a student who has been involved in leadership activities, e.g. encouraging Indigenous students to undertake medicine, supporting fellow-students in the university setting, participation in Indigenous medical education forums.

Daniele Medek, Australian National University



The MIHI team from the University of Otago with presenters George Laking and Aleeta Fejo.



Kanewa Stokes and Erena Wikaire accept the recruitment award.



Elders from the University of Auckland accept the community engagement award.



Danielle Medek accepting her award.



Peter O'Mara and Papaarangi Reid accept their awards from George Laking and Aleeta Fejo.

LIMElight Awards Process

Submissions for the following awards could be made by nomination or application:

Leading innovation in curriculum implementation

Leading innovation in Indigenous student recruitment, support and graduation

Leading innovation in community engagement (this application also had to include a statement/letter of support from the community named, or involve the co-nomination of an involved community member).

The *LIMElight Leadership Award for outstanding leadership by an individual* and the *Student Award* applications had to be nominated, have a second nomination, be supported by Curriculum Vitae and include a submission on why the nominee was an outstanding leader.

Award recipients were selected using the following criteria:

- How has the nominee contributed to Aboriginal and Torres Strait Islander or Māori Education?
- What particular circumstances differentiate the winning nominee from others?
- Demonstrated interest and experience in Aboriginal and Torres Strait Islander or Māori health;
- Commitment to improving Aboriginal and Torres Strait Islander or Māori health in the future;
- Why is the nominee an outstanding leader? (only applicable to Leadership and Student Awards).

In total 11 nominations were received by the closing date on 3 May 2013.

The LIMelight Awards were judged by a Selection Committee including:

- Danielle Arabena Australian Indigenous Doctors' Association (AIDA)
- Gaye Doolan Australian National University
- Marlene Drysdale Monash University
- Jasmin Hunter Australian Indigenous Doctors' Association (AIDA)
- George Laking Te ORA
- Neville Yeomans Ex-Dean (Medical Deans Australia and New Zealand)

To avoid a conflict of interest, any member of the committee who was nominated, or had nominated someone, for an award, did not participate in selection of the winner for that particular award.

Award winners received a trophy inscribed with their award category and name, designed and created by Larrakia Nation.



LIMelight Awards Flyer 2013.



The 2013 LIMelight Awards.



Papaarangi Reid accepts her award.

STUDENT AND COMMUNITY BURSARIES

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 purpose of the bursaries was to:

- Support and encourage those with a demonstrated interest and experience with Aboriginal, Torres Strait Islander or Māori health to gain professional development and increased learning in the field;
- Provide financial support for students who may be interested in presenting at the conference;
- Highlight a community and student commitment to improving Aboriginal, Torres Strait Islander and Māori health to other delegates;
- Increase and support leadership opportunities for those involved with Indigenous health from the community;
- Strengthen active involvement of students and community with Medical Schools;
- Encourage students to pursue a career in medical education through collegiality and inclusion.

Bursary Sponsors

LIME Connection V student and community bursaries were funded by the Australian Government Department of Health and Ageing, as well as the following Medical Schools across Australia and Aotearoa/New Zealand:

The University of Adelaide
Australian National University
The University of Auckland
Bond University
Deakin University
Flinders University
Griffith University
James Cook University
Monash University

The University of Melbourne
The University of Newcastle
The University of New South Wales
The University of Notre Dame,
University of Otago
The University of Sydney
University of Tasmania
The University of Western Australia
University of Western Sydney

Application Process

There were 32 student bursary applications received for LIME Connection V, and 27 of these were successful. Applications for the 2013 **Indigenous Medical Student Bursaries** were open to candidates:

- Of Aboriginal and/or Torres Strait Islander descent, who identify as Aboriginal and/or Torres Strait Islander and are accepted as such by the Indigenous Australian community in which they live or have lived; or be of Māori descent and identify as Māori (have Whakapapa);
- Who are a current student enrolled in Medical studies at an Australian or Aotearoa/ New Zealand University;
- Who are a student member or agree to register as a member of the Australian Indigenous Doctors' Association; or be a member or agree to register as a member of Te Oranga and Te ORA.

Applicants were asked to write a personal statement of up to one A4 page in support of their application. It was suggested that this include a description of:

- How the bursary would assist the student with their program of study, and their personal and/or professional development;
- The student's service to Aboriginal and Torres Strait Islander, or Māori, health;
- The student's future aspirations.

Student bursaries were awarded on the recommendation of a selection committee from AIDA and Te ORA, who took an active role in assessing the student applications from each country. LIME Network Reference Group members from each university were also consulted to ensure students were able to gain approval from their university to attend the event. Assessments were based on the following criteria:

- A demonstrated interest and experience with Aboriginal and Torres Strait Islander or Māori health;
- A commitment to improving Aboriginal and Torres Strait Islander or Māori health in the future;
- And those students who have submitted successful abstracts to present at LIME Connection V were considered first for bursary places.



Indigenous Medical Student and Community Bursary recipients at the LIME Connection V Dinner.

Applications for the 2013 LIME **Indigenous Community Member Bursaries** were open to candidates who:

- Are of Aboriginal and/or Torres Strait Islander descent, who identify as Aboriginal and/or Torres Strait Islander and are accepted as such by the Indigenous Australian communities in which they live or have lived; or of Māori descent and identify as Māori (have Whakapapa).

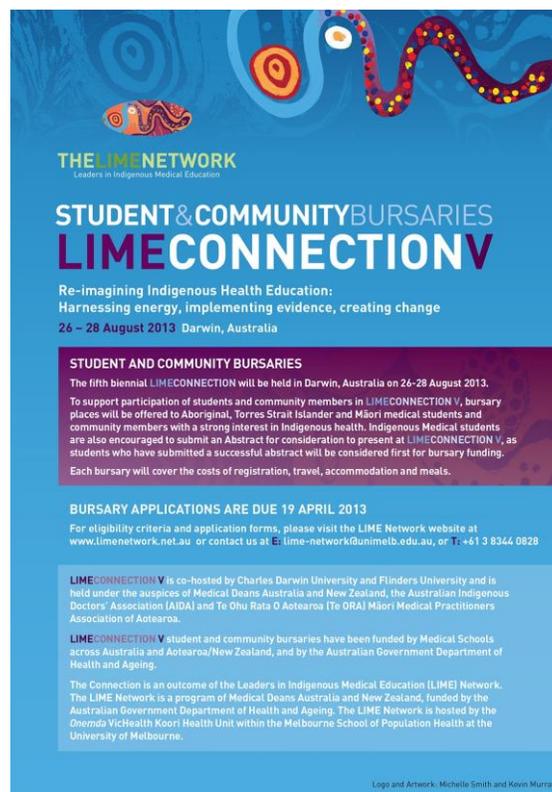
Community bursaries were awarded to applicants on the recommendation of a selection committee and were based on the following criteria:

- The applicant is actively involved in working with Medical Schools and/or;
- Has demonstrated interest and experience in Aboriginal and Torres Strait Islander or Māori health and/or;
- Is committed to improving Aboriginal, Torres Strait Islander and Māori health in the future.

Applicants were asked to write a personal statement of up to one A4 page in support of their application, including a description of:

- How the bursary would assist them with personal and/or professional development;
- Their service to Aboriginal and Torres Strait Islander and/or Māori health;
- Their future aspirations.

A total of seven community bursary applications were received for LIME Connection V, with all being awarded a bursary to attend the conference, however due to personal circumstances, five of the seven were able to attend.



The flyer features a blue background with a stylized map of Australia in the top left corner, composed of various colored dots and lines. The text is centered and includes the LIME Network logo, the event title 'STUDENT & COMMUNITY BURSARIES LIME CONNECTION V', and the tagline 'Re-imagining Indigenous Health Education: Harnessing energy, implementing evidence, creating change'. It also provides the dates '26 - 28 August 2013 Darwin, Australia' and details about the bursaries, including the deadline for applications and contact information.

THE LIMENETWORK
Leaders in Indigenous Medical Education

STUDENT & COMMUNITY BURSARIES
LIME CONNECTION V

Re-imagining Indigenous Health Education:
Harnessing energy, implementing evidence, creating change
26 - 28 August 2013 Darwin, Australia

STUDENT AND COMMUNITY BURSARIES

The fifth biennial LIMECONNECTION will be held in Darwin, Australia on 26-28 August 2013. To support participation of students and community members in LIMECONNECTION V, bursary places will be offered to Aboriginal, Torres Strait Islander and Māori medical students and community members with a strong interest in Indigenous health. Indigenous Medical students are also encouraged to submit an Abstract for consideration to present at LIMECONNECTION V, as students who have submitted a successful abstract will be considered first for bursary funding. Each bursary will cover the costs of registration, travel, accommodation and meals.

BURSARY APPLICATIONS ARE DUE 19 APRIL 2013

For eligibility criteria and application forms, please visit the LIME Network website at www.limenetwork.net.au or contact us at lime-network@unimelb.edu.au, or [TE +61 3 9344 0928](tel:+61393440928)

LIMECONNECTION V is co-hosted by Charles Darwin University and Flinders University and is held under the auspices of Medical Deans Australia and New Zealand, the Australian Indigenous Doctors' Association (AIDA) and Te Ohu Rata O Aotearoa (Te ORA) Māori Medical Practitioners Association of Aotearoa.

LIMECONNECTION V student and community bursaries have been funded by Medical Schools across Australia and Aotearoa/New Zealand, and by the Australian Government Department of Health and Ageing.

The Connection is an outcome of the Leaders in Indigenous Medical Education (LIME) Network. The LIME Network is a program of Medical Deans Australia and New Zealand, funded by the Australian Government Department of Health and Ageing. The LIME Network is hosted by the Dementia Vichealth Koori Health Unit within the Melbourne School of Population Health at the University of Melbourne.

Logo and Artwork: Michelle Smith and Kevin Murray

Bursary Flyer 2013.

Bursary Recipients

The bursary recipients were as follows:

Australian Students

- Dana Slape – University of Western Sydney
- Kelly Needham – University of Western Sydney
- Artiene Tatian – University of Western Sydney
- Tara Purcell – The University of Melbourne
- Ngaree Blow – The University of Melbourne
- Rob James – The University of Melbourne
- Gary Wood – The University of Melbourne
- Danielle Dries – Australian National University
- Benjamin Doyle – Australian National University
- Charmaine Earnshaw – Australian National University
- Guy Dennis – University of New South Wales
- Rebecca Gough – University of Newcastle
- Sarah-Rebekah Clark – University of Newcastle
- Madison Pullen – University of Newcastle
- India Latimore – University of Newcastle
- Wayne Ah Sam – University of Newcastle
- Kellyann Grayson – University of Newcastle
- Sheree Enderby – University of Newcastle
- Nicole Whitson – University of Newcastle
- Rebecca Hutchens – University of Western Australia
- Blair Rasmussen – University of Sydney
- Kersandra Begley – University of Sydney
- Bekkie Lee (unable to attend - family commitments)

Aotearoa/ New Zealand Students

- Lauren Barnett – University of Otago
- Cara Lucas – University of Otago
- Chivala Heal – University of Otago
- Mania Campbell-Seymour - The University of Auckland

Australian Community

- Adrian Hepi – Gold Coast, Queensland
- Lisa Hanson – Adelaide, South Australia
- Sharon Dennis – Penguin, Tasmania
- Veronica Robbins – Brisbane, Queensland

Aotearoa/ New Zealand Community

- David Paitai, Auckland, Aotearoa

Bursary Welcome Event

For the first time a Student and Community Bursary Welcome Event was introduced at LIME Connection V. This event was designed to ensure all bursary recipients had the opportunity to meet one another and form initial networks prior to the first day of the conference. In addition, the event served as a chance to ensure bursary recipients understood their responsibilities at the conference (including completion of a post conference report), and expectations related to their attendance at conference sessions.

LIME Network Reference Group members were also invited to the event, to ensure that bursary recipients could also make connections with relevant staff from their universities, to provide support and guidance as needed during the event.

The Student and Community Bursary Welcome Event was held on 25 August at Crocosaurus Cove, and was catered by the venue.

The bursary students were lucky enough to gather on the Sunday night for dinner at crocks cove. This was an awesome experience.

Bursary Evaluations

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:

Did your experience as a bursary recipient at LIME Connection V meet your expectations? Why/why not?

Yes. It exceeded my expectation and it was wonderful to be able to network and learn so much and see and meet my role models.

The LIME experience met my expectations as I was able to meet some fantastic medical students and health professionals that were extremely encouraging and inspiring.

Yes! 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!

My experience as a bursary recipient exceeded my expectations. At all times I felt welcomed, valued and honoured to be there. I am truly grateful for the experience and everything it had to offer. I feel there was a great balance of content and the post presentation discussions were always insightful. In addition, the cultural value of the connection completely exceeded my expectations.

Yes, I had the opportunity to meet and network with a variety of people including students from my own university and around Australia, staff within institutions and Deans.

What did you learn personally and professionally?

I learnt about the different initiatives and programs in Indigenous medical education both within Australia and internationally. I also learnt about different pedagogical approaches to Indigenous health.

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 I learnt that I can confidently speak in public forum setting without fear.

Most of the topics in the keynote sessions and other sessions had viewpoints I had never even considered before then.

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.

This was my first time co-presenting at a conference, let alone an international conference, and I surprisingly felt comfortable to speak as I soon realised that all the faces looking at me were genuinely

supportive and friendly. This was definitely a good confidence boost for me and encourages me to pursue similar opportunities in the future.

What were the key themes that were of most interest to you?

The humanistic side to medicine - Different approaches to Indigenous health education.

The experience of other medical student have at different universities across Australia and New Zealand.

I really liked the implementing evidence speakers, especially Elana Curtis' presentation "re-imagining space"... I thought the presentation was just fabulous, and showed legitimate evidence favouring an alternative pathway for Indigenous and Māori students.

I think one theme that came out of the conference which really grabbed me was that of self-reflection. Dr L C Chan and the two bells of which he chimed I think had the whole audience including myself captivated. I feel if we all take that small moment to take a step and back and do a little self-reflection we will all be better practitioners for it.

Indigenous recruitment and retention were of most interest. Also, the way that Indigenous health and perspectives are taught and the way we can challenge students to question their learning.

What were the benefits of attending LIME Connection V as a bursary recipient?

There were several things that I took away from the connection. The first being networking. 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.

It was amazing to have the ability to attend and participate without the cost of travel and accommodation. Without the bursary I would not have been able to afford to go.

Leaving with a greater understanding of the importance of Indigenous health in the curriculum and the continuous re-inventing of this.

Returning home with greater enthusiasm and the extra motivation needed to keep pushing the limits and challenging myself.

Regardless of my strong interest in attending LIME V, the expenses associated were not manageable for me as a student. The bursary is directly responsible for me being able to attend the conference and I am extremely grateful. The bursary allowed me to present my research at the conference - something I will be very proud to put on my CV.

Did you find any aspect of your experience challenging? If yes, please elaborate.

During the LIME conference I met many different people from different walks of life and at times also different thoughts on Indigenous health. As I am very passionate about improving Indigenous health I some times find these conversations very challenging at times.

Being out of my comfort zone and meeting lots of new people, very hard for an introvert.

A couple of times the theme arose that Indigenous medical students should all become Rural Generalists as the best way to help rural and remote Indigenous communities. I have great respect for Rural Generalists and could potentially be one myself one day. However to believe that this is the only way to close the gap is a little naive. We need Indigenous doctors in all fields and at all levels so that changes can be made and delivered in collaboration with government, NGO's, medical services, and communities.

The only aspect I felt challenging was the minimal times where I felt the content was not directly associated with being a student. I found it hard to grasp the relevance for someone in my position.

Did you build on or develop new relationships at LIME Connection V? If so, with who and why is this important to you?

I built new relationships with other medical students from other universities across Australia. I think that these connections are extremely valuable as they will be my fellow colleagues in the future and together we can be great support for each other.

I most certainly did. It is a desire of mine to study medicine, and I met staff from another university who would most certainly assist me on that journey.

Yes I did, with doctors, academics and students from other countries.

It strengthened relationships with my Dean and some of the staff at my university.

[I] made connections with some of the Deans and keynote speakers who gave me details and opportunities to contact them throughout my studies for assistance and placements in different areas.

Did you find the Bursary Welcome Function (Crocosaurus Cove) useful? Why/why not?

Yes it was useful. It was a great way for me to meet other students. I think it was also nice to have a formal welcome as bursary recipients.

I believe this function was a really fun icebreaker for everyone as we got to mingle in a relaxed environment and have loads of fun.

It was useful in terms of catching up with people or meeting new people in an informal context. The ability to move around an environment rather than sit at a table meant there was increased capacity to meet more people.

Yes I thought the welcome function was a great way to meet everyone and feel comfortable before the conference started.

Absolutely!! It was a great opportunity to meet the students, community members and organisers before the conference and I think this helped me feel more confident at the conference as there were already many familiar faces there. The event had a great, fun, relaxed vibe - a great welcome to Darwin. And I got to hold a snake!

Do you have any other comments or recommendations?

Overall it was a fabulous week and such a valuable experience that is am very great full for. Thank you to all of the organisers for giving me such a great opportunity.

The bursary recipients group size is relatively small compared to the entire LIME Connection cohort, therefore I think we should make time for a whakawhanaunga session. This is the Māori term for getting to know each other, networking, establishing relationships etc. We also do this at the annual Māori doctors conference. Each person is asked to stand and talk about who they are and where they come from, then the next person does the same, and so on.

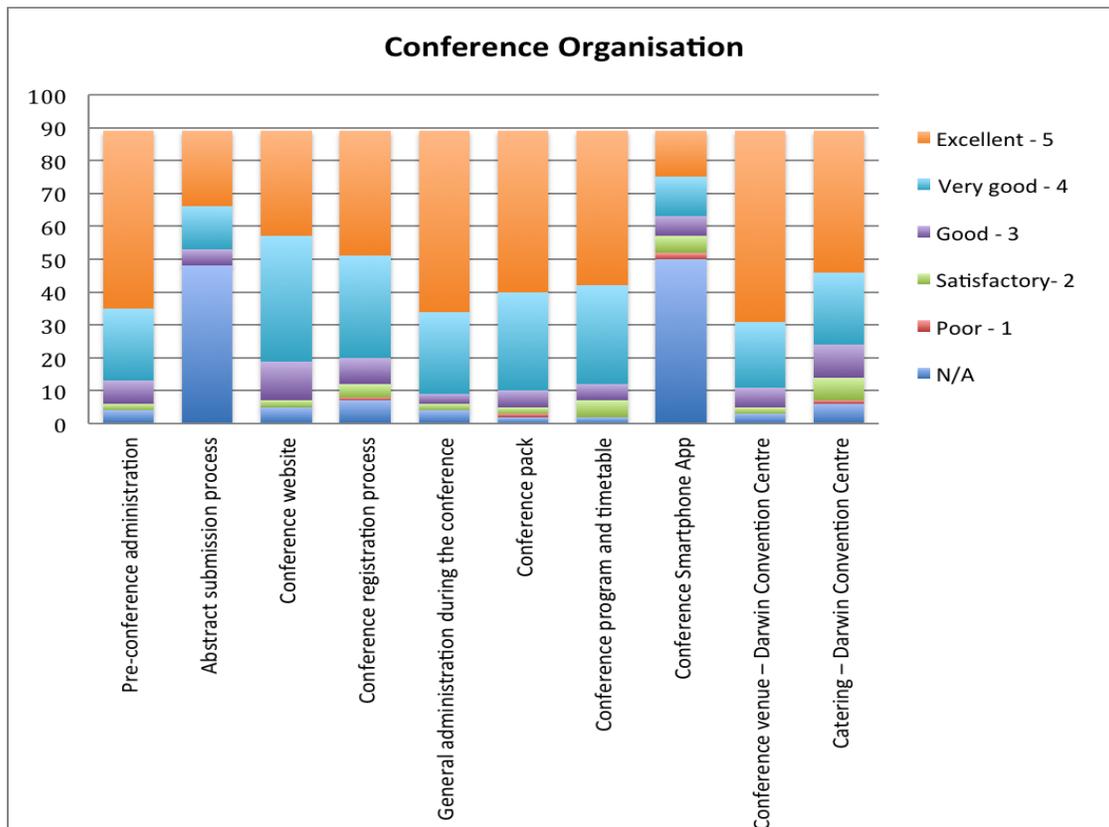
Very good conference in terms of content and relevance. Limiting talks to 15-20 mins is a wonderful idea as it serves to keep people engaged by keeping things different and allows people to see other talks in between sessions. Next time, I would suggest/recommend keeping tea and coffee facilities available throughout the day so one can come out and have a refreshing hot drink and go back in to listen to presentations. More local traditional decorations could also be included next time to adorn lecterns.

I think LIME should continue to include Indigenous speakers from outside NZ and Australia - I think it is important to be aware of our similar situations and support each other's efforts.

Once again, I would like to thank LIME for allowing me to take part in this wonderful opportunity and I can't describe enough the benefits, both personally and professionally I have taken from this Connection. I look forward to contributing to the future LIME Connections.

ADMINISTRATION

Overall, conference organisation, the event venue and information provided via the LIME Network website were well received by delegates. Pre-conference administration was rated as good to excellent by 85% (n=76) of respondents, and 90% (n=80) rated administration during the events as good to excellent.



Following are some delegate reflections on the conference organisation and administration:

The organisers did an amazing job!! They were lovely and so helpful and ridiculously thoughtful - they thought of everything!

The conference experience for me was as smooth as it is ever going to be. The LIME administration team has done a spectacular job.

Beautiful food Day 1, especially lunch. Also Vibe Hotel, close venue loved it. Very useful bag. Conference admin very good.

There was too much food - really great food but over catered.

The registration process through Uni of Melb site was very frustrating.

Should have given more details on the smartphone app before the conference, and given exact details of how to access at very start of conference.

Website and Smartphone App

The LIME Connection website was the major portal for information on LIME Connection V. Pages included: Registrations; Conference Program and Timetable; Venues; Accommodation; Darwin Information; General Information about the Conference; Sponsors; Call for Papers; LIMELight Awards 2013; Student and Community Bursaries; Organising Committee Information and Downloadable Flyers. The LIME Network website also houses photos from the Conference and this Post-Conference Report.

While 79% (n=70) of respondents rated the conference website as good to excellent, it is worth noting that 56% of respondents did not make use of the newly introduced smartphone app, available via the website. Of those who did use the app, 67% (n=26) rated it good to excellent. Between 19th and 30th August the smartphone app was visited 317 times, incorporating 1,502 page views. Of those who used the app, 66% used the resource more than once.

In addition to the website and smartphone app, a number of delegates made use of Twitter, with approximately 160 tweets posted over the course of the conference with the hashtag #limeV or #limeconnectionV.

Tammy Kimpton 27 Aug “@DArabena @timsenior now I am feeling all inspired and proud of our profession! @RACGP @AIDAAustralia #LimeV”

Rural Health Education Foundation 28 Aug “Loved my first experience @#LIMEV Stories and narratives really resonating with us. Looking forward to talking more with some of you – Helen”

Shannon Springer 28 Aug “LIME connection 2013 in Darwin gathers momentum & continues to grow international Indigenous health knowledge #limeV”

Lisa Jackson Pulver 28 Aug “Special mention to the Deans. Their perspective and input is important. Good some here when hard stuff said and shown #limev”

Sally Fitzpatrick 28 Aug “#LIMEV winding up ... Totally blessed by Aunty June Mills. #LIMEVI will be in Townsville at JCU. Looking forward to more true stories ...”



LIME staff member Warwick Padgham assists delegates at the registration table.

Marketing and Promotion

In collaboration with a graphic designer, promotional material was written, designed and printed. Conference flyers, an email banner, and posters for the LIME Connection student and community bursaries as well as the LIMELight Awards were produced.

The flyers were emailed as well as mailed out to all the Medical Schools across Australia and Aotearoa/ New Zealand, all auspice and partnering organisations as well as a number of other organisations with an affiliation with Indigenous health and/or medical education.

LIME Connection V was promoted via the following avenues:

LIME Network member promotions:

- The Call for Papers emailed out as a first promotion for the Connection (Nov 2012);
- Connection dates sent to approximately 75 websites and newsletters for initial promotion;
- Bursaries advertised via email to LIME membership;
- Bursary posters sent to all medical schools and a number of Indigenous Community Controlled Health Organisations;
- Abstracts, Bursary, LIMELight, Registration highlighted in LIME Newsletter (Nov 2012, March 2013, July 2013);
- Email reminders to all LIME members re: registration and LIMELight awards;
- Program alert sent out to all LIME members (July 2013);
- Final reminder (registrations) email sent to the LIME membership (August 2013).

External Promotions:

- Koori mail in-kind advertisement in two editions of their newspaper;
- Royal Australasian College of Surgeons Conference (Flyers);
- Aboriginal Health Conference (Flyers);
- Australian and New Zealand Association for Health Professional Educators Conference (Flyers);
- Te ORA Scientific Conference (Flyers);
- Australian Indigenous Doctors' Association Friday File bulletin;
- The Lowitja Institute bulletin;
- Australian Indigenous HealthInfoNet website;
- Australian and New Zealand Association for Health Professional Educators Bulletin;
- Message Stick email bulletins;
- VicHealth Events Update;
- Centre for Health and Society and Onemda bulletins at The University of Melbourne;
- LIME, Onemda and Australian Indigenous Doctors' Association facebook pages;
- Indigenous Allied Health Australia Newsletter.

The LIME Network Project Team in collaboration with media liaison officers from Medical Deans Australia and New Zealand, Australian Indigenous Doctors' Association (AIDA), Charles Darwin University and Flinders University developed a media plan and a media release.

Please see **Attachment 2: LIME Connection V Media Release.**

Registration Process

As in 2011, the University of Melbourne online ticketing service was used to manage delegate registrations and payment. Delegates were able to register for the conference via an online form, pay by credit card and receive an automated email confirmation and tax invoice. The organisers were able to manage and download delegate numbers and attendance details through a registration database.

Some delegates noted that the online registration process was frustrating, although 84% (n=69) rated the process good to excellent.

Conference Venues

- Day 1, 2 and 3 - Darwin Convention Centre;
- Student and Community Bursary Welcome Event, 25 August – Crocosaurus Cove, Darwin;
- Welcome Reception, 26 August – Australian Centre for Indigenous Knowledges and Education, Charles Darwin University;
- LIME Connection Dinner, 27 August – Darwin Sailing Club;
- Closing Event, 28 August – il Lido Restaurant, Darwin Waterfront.

Accommodation

Accommodation costs were not included in the registration fee and all delegates were responsible for booking their own accommodation. Special conference rates were negotiated for LIME Conference delegates at a number of hotels in Darwin, and many all delegates chose to stay at the closest hotel to the Conference venue, Vibe/Adina.

LIME Symbol

To symbolise the handing over of responsibility of LIME Connection to the 2015 host university, framed Mookaite Jasper and Obsidian Spearheads were presented to representatives from James Cook University. The symbol will continue to be handed over to each new host as the conference location changes. In 2011 the initial LIME symbol, designed and created by John Duggan, Kamilaroi Nation (North West NSW), was re-configured by Suzanne Pitama and Morehu Flutey-Henare.

At the bottom of the symbol is a traditional Māori design (completed for this piece by Morehu Flutey-Henare), which represents the mountain ranges of Aotearoa. It also encapsulates the traditional Māori proverbial saying (whakataukii) "Whaia te iti kahurangi, ki te tuohu koe me maungateitei" (Pursue that which is precious, and do not be deterred by anything less than a lofty mountain). This proverb encourages us to strive, set goals and to persevere.

In the middle of the symbol is a woven kete (made from florist wire by Morehu). A kete is the Māori word for a traditional woven basket. It is noted that many Indigenous populations used the materials they had available to weave baskets to store produce/products. In this token the kete represents the need for those working in Indigenous health to bring together their knowledge and resources to support and benefit all those who are attempting to support the development of Indigenous health within medical/health training.

Placed in the kete are two precious stones. The material chosen (Mookaite Jasper from Australia and Obsidian from Aotearoa) represents the lands of both peoples and they are also the preferred traditional raw materials utilised for tool making in both countries.

Mookaite Jasper, also called Australian Jasper, is a powerful healing stone that bestows strength, good health and provides stability to one's perspective of life. It aids in decision making and encourages versatility and

acceptance of change. It also connects people to the energies of the earth and with ancestor spirits. Obsidian, found in regions of Aotearoa, is a natural glass of volcanic origin that is formed by the rapid cooling of viscous lava and it has been used to produce sharp blades and arrowheads. Obsidian has also been used in cardiac surgery, and has a cutting edge many times sharper than high-quality steel surgical scalpels.

The lime perspex background represents the LIME network, but also when placed with the light behind it illuminates the room. This represents the illumination on the development of Indigenous health curricula that has occurred and that will continue to build through the efforts of the LIME network.



The LIME Connection Symbol

Conference Bag

The Conference Bags for LIME Connection V were purchased from Darwin based company Aus Designs. Aus Designs is owned and operated by HPA Disability Services, an organisation that employs people with an intellectual, physical or mental disability. The bags were made of material with an Indigenous art print, and were printed with Conference information on the front flap.

Each conference satchel contained:

- AIDA – Notepads;
- CDU – flyer;
- Flinders University – two flyers;
- HealthInfoNet – flyer;
- Health Education and Training Institute – rulers;
- Health Workforce Australia – USB and postcard;
- Lowitja Institute – flyer;
- National Rural Health Students’ Network – flyer;
- NT Tourism – Top End brochures;
- Program of Experience in the Palliative Approach – USB sticks and flyers;
- Stand Together Against Racism – badges and flyers;
- Te ORA – pens;
- Master of Public Health Indigenous Health Specialisation - flyer.

Ninety per cent (n=79) of evaluation respondents indicated that the conference pack was good to excellent.

CONFERENCE OUTCOMES

Key Themes, Outcomes and Findings

Delegates reported that the key outcomes and findings they experienced included; increased networks with colleagues in the field, both nationally and internationally; increased knowledge of the breadth of work being undertaken in Indigenous health and medical education; and a sense of support and inspiration for their ongoing work. Following are a selection of themes and outcomes as reported by delegates through the evaluation process:

Finding a supportive and wonderful group of students and doctors who have similar interests was so exciting and inspiring.

[The] shared journeys and challenges faced during training. A sense of community, respect [and] connection.

That racism is so deeply inbuilt – It's in the very language we use - and we really have to engage with this if we want to become aware of it. I also appreciated the similarity in the struggles different Indigenous people who have been colonised face -we have the same problems, and I feel we will be stronger if we face them together.

Learning about the Larrakia people's culture was really interesting.

Continue the work! Networking/connections are important! Stay positive and strong!

That it can feel like we've got so far to go, but really we've already come so far. I really liked the sessions on decolonising the curriculum and found this perspective can greatly inform how we all practice medicine.

The speakers were outstanding. I feel like we are making a difference, we still have a long way to go but we are the future and as students we can/are making a difference. It would be fantastic to see more Aboriginal and Torres Strait Islander lectures and as staff in the medical school we still need to make a more culturally safe environment for students where it is not expected they can answer all questions for other students.

How many amazing awe-inspiring people there are in this field of health and education... I think I have a much clearer idea of where I can contribute now.

I loved how all medical schools in New Zealand and Australia come together and aim to work together (as opposed to the sometimes competitive attitude between universities).

That New Zealand are pioneering the way in the sense of medical education and Australia is lacking the structure, workforce and support.

Vertical integration needs to be prioritised - Indigenous medical education at medical schools needs commitment to clinical team education in medical practice.

Moving on from bits and pieces to a considered and coordinated approach.

Decolonisation strategies, broadly defined, are core business for successful Indigenous health education; medical humanities can partner and support the work of Indigenous health and cultural safety education.

The importance of being connected with your peers around the globe, each keynote and workshop presenter had fought their own battles in championing the cause of Indigenous health.

Word Cloud: What were the key themes, outcomes and/or findings of LIME Connection V for you?



Benefits of Attending

Many delegates noted that the main benefits of attending the conference related to growing networks with colleagues; new ideas for teaching and learning methods; and a sense of collaboration and support.

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. To connect further with my people, learn my language, find my members.

Continue to have a voice, to make a difference.

Just all of it - inspired me, gave me new strengths to feel connected and personal sense of being on track and still lots to learn.

Networking. All the students have already set up a group so we can stay in touch and I really hope to see the Australian students again!

Networking with esteemed leaders within Indigenous medical education. Networking with medical students.

Exposure to international thinking, opinions, expertise, inspiration.

Seeing what others are doing new possible frameworks.

Approaching issues from a different perspective.

Hearing the keynote speakers and workshop presentations. Getting some new ideas for teaching Indigenous health.

Reassurance and confirmation of what I am doing. Reassurance that I am not alone in the difficulty I have been having.

It was a personal epiphany and personal emotional experience has made me aware of what else is available as support, AIDA for example, and that I was not alone.

Changes Over Time

Delegates were asked to reflect on if and how the conferences have changed over time. Results varied, but many respondents noted the growth of the conference, in terms of numbers of delegates, as well as breadth of information presented. Some delegates felt that the Indigenaity of the event has become diluted over time, while others noted that the increased professionalism of the event, and the chance to see the evolution of initial ideas to implemented programs over time, is a significant benefit.

Conference has definitely improved since Melbourne, which was my last one. The content has improved and I like the short workshops/breakout sessions, as it is easier to maintain concentration and keep fresh. There are also more non-Indigenous delegates, which is great to see and should be encouraged further.

They just get better and better - great job.

Ever broader, ever deeper into what the discipline is, and needs for success - also increasingly better articulated and evidenced.

People are branching out more and doing more innovative work; work reflective of their communities.

Lots of ideas have now been consolidated, the conference is very professionally run, lots of evidence to support work being undertaken.

More complexity, developing theory and practice and pedagogy, demonstrating the evidence of what works.

Information sharing and ideas are being now used, evaluated and presented - exciting to see these things going from talks to realities.

I found that the previous LIME connection was very inviting, welcoming and I felt that on a personal level that I was able to take away from there were some great innovations that I feel helped in my current work in terms of medical curriculum development.

There has been a DEFINITE dilution of the Indigenous AMBIENCE - It is becoming too CORPORATE.

This conference seemed a bit quieter and more low key than the previous two. I don't know whether the separate caucus at the beginning might contribute to a stronger conference in some ways?

This year, I detect more frustration with slow progress of Indigenous health curriculum progress. More dominant role of Māori colleagues.

Influence on Work

Through the evaluation process, delegates were asked to reflect on how their attendance at LIME Connection conferences has influenced their personal thinking and work in the area. Responses related to changes in teaching and research practices, increased confidence in the workplace, increased relationship building with colleagues and community members, and increased levels of awareness and understanding of the Indigenous health and medical education field.

I depend on it as my touchstone for a wider perspective and as a source of good ideas.

It's a good update and reminder of all of the great work going on, important support opportunity for people working in Indigenous health education, has had direct impact on the content of our Yr 4 Physiotherapy Indigenous health workshop.

Acted to greatly reassure my self-confidence. That is the most important thing that this conference has done for me.... Has inspired me to keep trying.

To be brave in implementing my ideas. Just go for it and make it happen. Build networks for collaborative projects with partnerships.

Yes, made me more confident and has made me re-energised.

As an Aboriginal person I am confident of a better and more positive future for my people. LIME Connections give hope.

This conference has reaffirmed my strong beliefs about the importance of Indigenous people undertaking medicine/working in the health field. I have a much greater appreciation for the support systems that are currently in place for Māori Medical Students. I appreciate the work that has been done and that continues to be done for Indigenous health.

Attending LIME has increased my awareness of Indigenous health education and increased my interest in this area.

It has definitely helped my awareness and understanding of where medical schools are up to in progressing an Indigenous health agenda and I feel that despite political and economic set backs we are making progress.

I feel I have an understanding now that I certainly didn't have previously.

I want to start a peer-support program at my university.

I will return to my university to consider selection and support for Indigenous students and the development of the medial humanities.

Definitely feel more confident that there is light at the end of the tunnel. And have lots of ideas on how our uni could engage more with Indigenous health.

Influenced how and what we teach.

Improved professional and academic practice.

Yes. Research approaches. The importance of what we are trying to achieve.

Influence on the Workplace

Delegates were also asked to reflect on how their participation at LIME Connections has influenced their workplace or organisation. Many people reported that their participation at LIME Connections has had a direct influence on changes to curriculum, teaching and learning practices, recruitment techniques and increased awareness of Indigenous health and medical education at their institutions. Many reported that each year more staff members, and often more senior staff members, attend the conference, building momentum for Indigenous health initiatives on returning to their organisation.

It will - my work place and colleagues will be keen to hear what came out of attending and it feels very positive.

It's mobilised colleagues to present... pedagogical research and scholarship and use the feedback for refining their approach or, where that approach is contested, for course/Faculty validation.

I am bringing back everything I learnt to hopefully make social & political change in my university.

Allowed staff members attending conference talk openly about our practices and think of better ways of doing things.

My workplace was very supportive of me attending, I will be reporting back to my whole department about the conference and ideas that have come up from it, the conference also enabled me to further network with my own colleagues from my own uni and provided renewed momentum for work that needs to occur.

Yes, I believe it will. I will be encouraging the teaching staff to implement 'deconstructing questions' in the curriculum as I think this will be invaluable for all students.

Two of my colleagues from my Dept. were at the conference this time so for the first time I felt like there was real support within my own area. It was a great feeling.

Our Deputy Dean attended for the first time. He chairs a key committee and we discussed a lot of possibilities for action during the conference.

[Government] sponsorship for LIME V was directed by [the] CEO. Agency submitted two abstracts, sponsored junior doctors, and facilitated 3 staff - all a sign of commitment to LIME's influence.

Implementing cultural safety within the university - staff and students.

I'm trying to implement some of the medical arts curriculum into our current program.

Has allowed planned Indigenous developments within School.

Organisation - is struggling to prioritise Indigenous health. I have recognised the importance of supporting others in my workplace who are involved in the area.

Influenced how and what we teach.

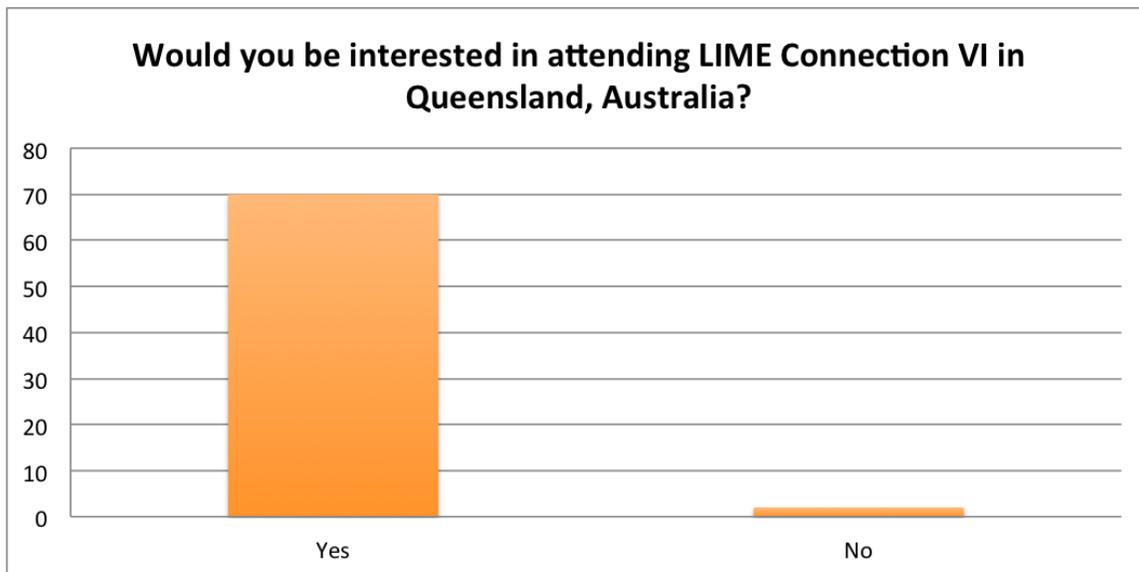
Big influence important to our key work.

Given me the knowledge/weight/evidence to argue for and advocate for meaningful change.

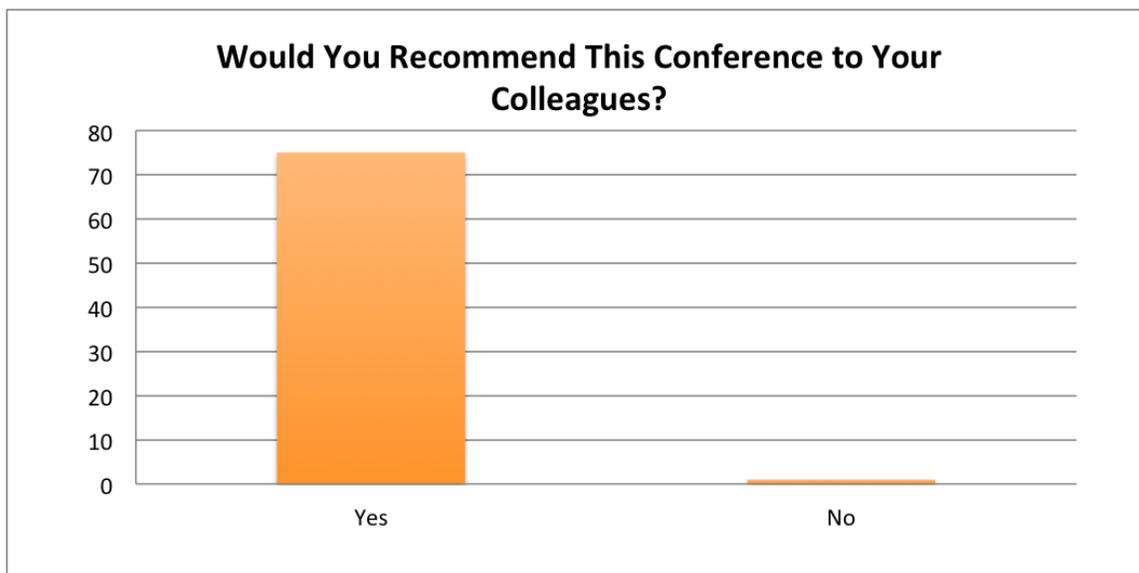
Reaffirmed that we are ahead in some areas but also where we can improve.

LIME CONNECTION VI 2015

LIME Connection VI will be hosted by James Cook University in 2015. Ninety-seven per cent (n=70) of respondents indicated that they would like to attend LIME Connection VI in Queensland in 2015.



Ninety-nine per cent (n=75) of evaluation respondents reported that they would recommend LIME Connection to their colleagues.



Varied responses were received in relation to what delegates would like to see as the focus of LIME Connection VI, including a stronger focus on institutional change and Deans' leadership, increased collaboration with the allied health sectors, and showcasing positive programs and initiatives.

Strategic institutional change: How to get Indigenous leadership in power positions at the university: Deans, Senate, Vice Provost, etc.

How to implement change within the academic environment, what are some steps to take to see/promote/cause change.

Vertical and horizontal integration of Indigenous clinical education in the health workforce/professions.

More true workshops on "how to" with innovative curricula and assessment.

Horizon scanning - where to over the next 10-20 years?

How issues have progressed for the better - and did the Deans come to fruition with the promises made at LIME V.

Excellence in Indigenous medical training - aiming for excellence, not getting caught up in cultural essentialism or cultural deficit thinking about our potential as Indigenous students or practitioners.

I think it would be great to have a focus on measuring progress and holding medical education accountable for outcomes - not just education outcomes but the impact of our graduates on Aboriginal and Torres Strait Islander health. This kind of connection is at the heart of what we are doing and we need to measure it on terms that are acceptable and accountable to Aboriginal and Torres Strait Islander peoples.

Global connectedness but also interdisciplinary connectedness.

Spreading the space into Medicine, Nursing and Allied Health.

Positives. Success stories from student.



The LIME Network Reference Group at LIME Connection V.

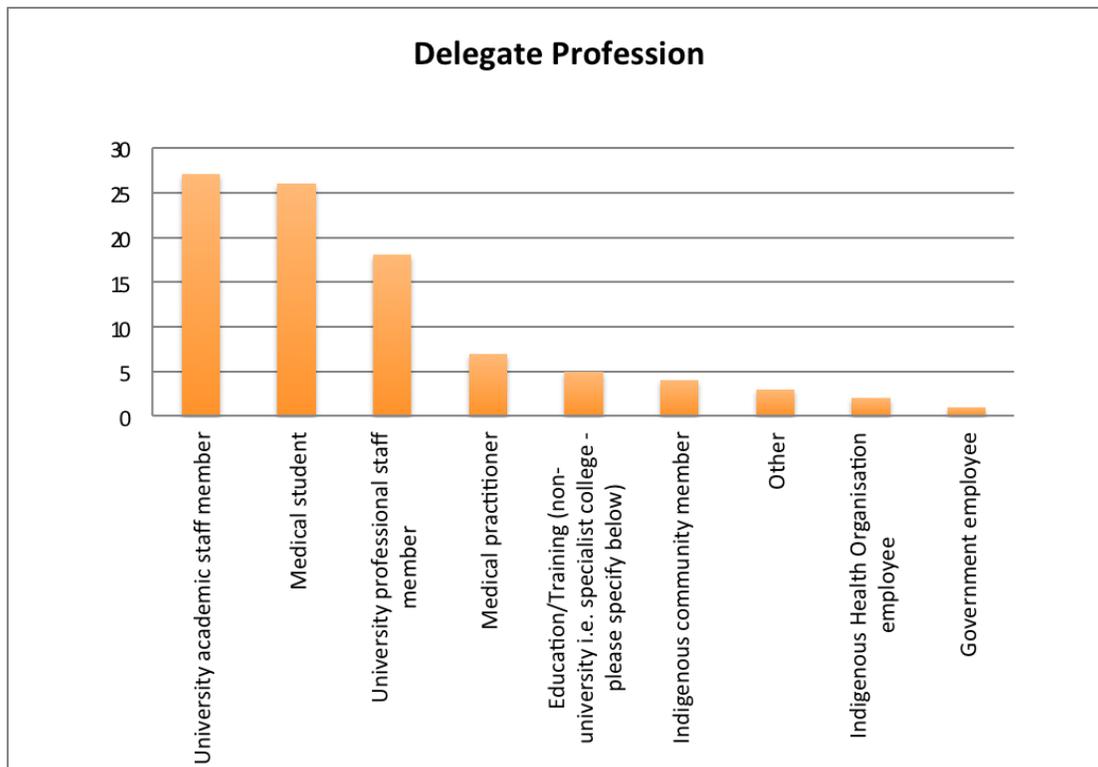
ATTACHMENTS

Attachment 1: LIME Connection V Evaluation Results

Attachment 2: Media Release

Evaluation Results

Section 1. Delegate Information



Other
Trainer of interpreters (Aboriginal)
Medical Educator for GP Training
RTP QRME
Regional training provider - QRME
ACEM- I am also a medical specialist
And Indigenous community member
Aboriginal Academic and Traditional Owner working on-country
And nursing
And nursing, allied health
Physiotherapy

What were your main reasons for attending the conference?
This is my work and it is the only conference that meaningfully engages with Indigenous health education.
Knowledge sharing present and receive feedback from peers.
Pursue interest in Indigenous medical education- new approaches around inclusion of socio- eco deprived Indigenous profile
Opportunity to see different Indigenous medical engagement techniques from National and International perspectives

To see what other people are doing - to discover new ideas, connections and networking
This is no 5 for me - interest, longitudinal knowledge - how far have we come
Learn about what the situation is in other countries. To be re-inspired in my very difficult medical study
First home conference. New direction of a rural clinical school. Interested to see what is happening in this space.
To highlight the need for Indigenous health in medical education - what is currently being done in unis.
Engage with others from the sector, both in the formal and informal settings; Learn skills and techniques from others who are teaching in Indigenous Health
Opportunity to learn and gain knowledge and add to toolbox in Indigenous health ed. And application
Learn more about effective teaching/learning of Indigenous health to medical students and faculty; get ideas for institutional change; Meet fellow travellers on the road of Indigenous health improvement
Find out what other med schools were doing in Indigenous health curriculum
To see what other Universities are doing with regards to teaching Health science Students about Aboriginal and Torres Strait Islander Health. Is Aboriginal content embedded in the courses?
Learn more of the teaching of cultural safety
To present; to network with valued colleagues; to gain fresh insights from pan-Indigenous experience and perspectives; to hear of leading-edge initiatives and research within Indigenous health education and student recruitment and support; to, jointly, further the development of Indigenous health as a discipline
To find out the latest developments in the Indigenous medical education and to see what the rest of the country and overseas are doing in regards to medical education
To gain ideas to implement locally at my rural clinical school.
Looking for vertical integration between medical schools to prevocational training to vocational training re Aboriginal health and developing culturally competent health workforce.
Engagement, empowerment and knowledge sharing
My role as ME for GP Training organisation with a focus on Aboriginal Health and GP Training in this area
Content, Colleagues
Indigenous Health awareness
Learn about recruitment and retention of Indigenous medical students
To support members from my community and meet others I have not met before so I can work with them in the future.
Learn about Indigenous health education
To improve my understanding of Indigenous health education
To learn of programs that we can implement at my own University
Interest in the development of curriculum in this area
Student recruitment, retention and support.
Seeing the innovations in Indigenous health education
I wanted to engage the Indigenous and Non-Indigenous communities around medical education in Australia and learn from what is being done elsewhere in the world.
Curiosity re good practice
Curiosity
First time I've attended. Curiosity
First visit - wanted to find out what it was all about
Curious, wanted to see what went on here
I had heard lots about the conference from my university and from other peers that it was an amazing conference
Finding inspiration and meeting colleagues working in this challenging space
Making student connections; to be inspired and development of insight into our medical education; speaking with colleagues on Day 2
Hearing about ways to improve our Indigenous health teaching through other University models. Also for [the] motivation and inspiration I knew I would get.

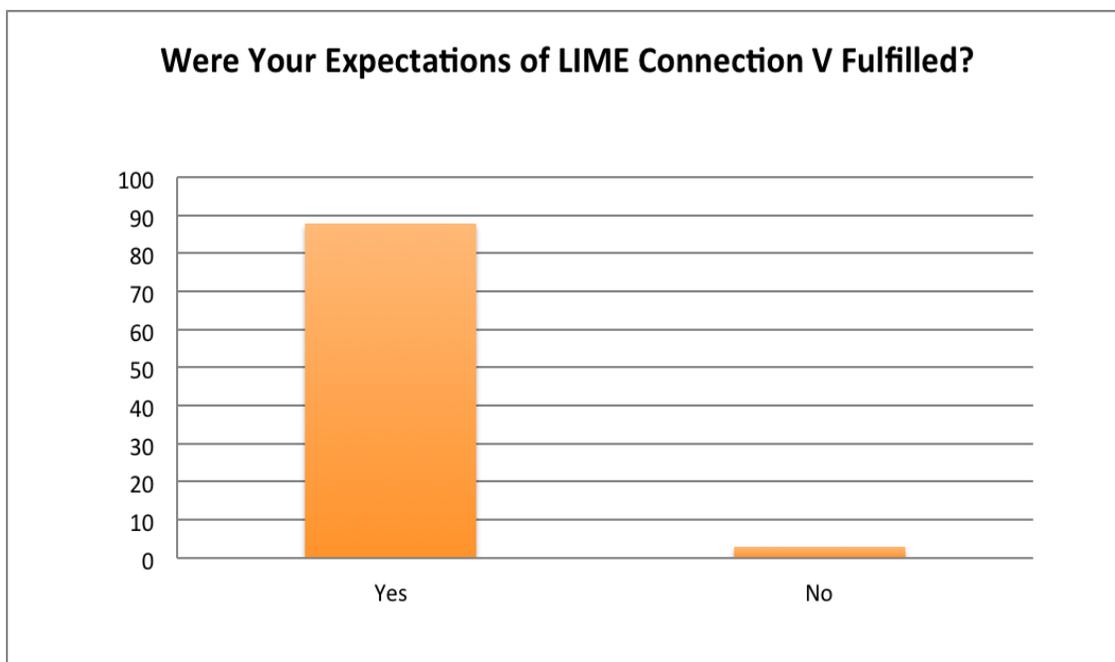
Experience, networking, represent UWS
Education and networking
To meet old friends, make and meet new friends and learn something new which can be a new approach to an old issue
International context, learning and connections
1. To learn about innovative ways to teach students; 2. To meet with colleagues so we can collaborate in future
Peer networking. Learning from fantastic world leaders in Indigenous health
Share information, networking; Gain knowledge of best practice models for recruitment and retention of students and integration of Indigenous health curriculum.
I have an interest in working collaboratively with other educators in the Indigenous health spaces.
To continue with the network and relationships I have made over the LIME years
Networking and sharing curriculum and recruitment and retention ideas
To meet other Indigenous Doctors/Students.
To network with my peers and faculty and other Indigenous delegates. And to increase my growing basket of Indigenous knowledge.
Networking, cultural exchange, compare other Indigenous medical education programs
Collegial connection
To network and understand a bit more on Indigenous health
Networking, getting involved in Indigenous student life. Being able to bond and connect with people in similar circumstances as me and to compare my university experience with other universities.
Networking and learning
To link in with the Rural Clinical School for a better working relationship towards Aboriginal inclusion
Academic development; networking showcase/present our work
Information sharing and networking
I have attended the conference previously & found it very good, great place to make helpful connections and good to get updates on what everyone is doing. Also to assist in us improving what we are doing at my University in teaching Indigenous health to allied health students
To network and learn more about making medical schools work for Aboriginal and Torres Strait Islander people and health care. And to give a presentation.
Learn more and network
Learn more and meet people with expertise
To explore ways to implement IH at the specialty college level and improve recruitment to training, to network, and basically to immerse myself in the wonderful environment that is LIME
Hei tautoko i te kaupapa, hei tutakitaki ki nga iwi taketake i tae mai. To give support along with my colleagues and to meet other Indigenous community members.
Presenting on ACEM Indigenous Health Project; Networking; Learning more about medical education in Indigenous health
Present and learn about what other people are doing.
To present the UWS program; To update myself on issues in the field; To stimulate new ideas for me by listening to my colleagues.
Presenting
Presenting a talk
Presented
To listen and learn what others are doing in the field of teaching Indigenous Health. To present what we have been doing at our university
To present a paper and develop an understanding of best practice in this area
Presentation and information gathering
Presenting at a break out session
Presenting research. Networking. Learning from others. Building peer relationships
I was presenting

To present my summer studentship research and to be inspired by the speakers - and to network with other medical students and medical educators!
Conference presenter
Poster presentation
Presentation, networking and to build knowledge
Invited talk, wanted some warmth in winter
Requested to attend as QRME registrar and educator
On LIME Committee - needed to see how it all came together; Interest in organisation's presentations;
Participant at meeting following LIME Representative of organisation in Darwin
Applied for a community bursary and was successful
Bursary recipient - wanted to gain further insight into how the medical education can be improved to better Indigenous people
Part of universities programme for Aboriginal students Met LIME staff at PRIDOC - 2012 - sounded exciting
I was offered a bursary scholarship to attend this years LIME connection.

What did you hope to gain through your attendance at LIME Connection V?
Insights into our work; gaps and strengths, new tools and possible collaborations.
Understand with more depth what the issues are and some strategies to address the challenges.
To be currently filled up and registered
Find out what we do is on the right track. To keep working towards improving Indigenous health in the curriculum
Finding out what other Uni Medical Schools are doing in Indigenous health; Learning the IME research results
I hoped to gain from others experiences in Indigenous health
To improve practice and outcomes as a Health professional and educator. Develop greater leadership in the learning and teaching space for Indigenous peoples
May be learn a few new strategies or techniques or tools
Determine new initiatives/ advances in Indigenous curriculum and cultural safety
Further weights into Indigenous challenges Catching up and developing further initiatives with colleagues
Better understandings of what people were doing with the curriculum and how they were measuring this.
Was not sure
Learn more of the teaching of cultural safety
New ideas about recruitment retention and curriculum
To see what programs other universities have in place, what the challenges have been, what support structures best meet the needs of students?
To learn more about Indigenous health and how are Unis are tackling the issue.
Insight into the advances and challenges in cultural safety training
An appreciation of the work carried out by the LIME organisation in the guidance and application of health care for Maori
More knowledge of how different institutions deal with Indigenous Health
Wider understanding of medical education progress for Indigenous peoples; New ideas about future progress
How to connect and work with the Aboriginal people to be culturally sensitive and aware.
Update on where things are up to hear what people are working on, to participate in the dialogue around improving Indigenous health outcomes via tertiary education on Indigenous and non-Indigenous students.
Learn about Indigenous health education
A better understanding of optimal educational methods in Indigenous health education
Learn about the fantastic programs of other Universities. Meet other students
An idea of what is and isn't working in Australia & overseas in medical education. Learn about Aboriginal health
To gauge what others are doing in Indigenous medical education

Looking at the website I was intrigued about all the work going on in the Indigenous medical education arena and I as a very active medical educator with a special interest in Indigenous health have been totally marginalised.
Greater knowledge of Indigenous curriculum and student life. Inspiration of where i want to head in the future.
Some ideas of programs that already work well and networks
Learn about what others are doing
To gain ideas to implement locally at my rural clinical school. To meet people at the forefront of Indigenous medical education.
Networking; Ideas regarding future organisation's policies; Celebrate academic efforts of colleagues' presentations
Networking; Better understanding on what has been achieved and what we are doing to improve Aboriginal and Torres Strait Islander health
Meet colleagues in the ed space for Indigenous Health professionals. Hear or discuss new approaches
Networking, new ideas
Networking opportunities catch up with former work and academic and Aboriginal and Torres Strait Islander and friends families
Networking experiences; catch up with mentors
Knowledge transfer; New networks and connections
Networks for research/research development
Networking; Better insight to other ways of working.
I was not really sure. Make contacts was the main thing
Presenting skills, connections to other university students and medical students
Information about other courses at other Universities and also to network
New ideas, meet people, see what works elsewhere
Network with like minded practitioners/students/educators
Forming relationships
Further information about other programs and developing network and relationships
Connection with other students, graduates; Have a good time and be inspired; insight into how things work
Meet people; hear what everyone is up to
Networking, learning, and experiencing other Indigenous cultures
Connections and connectedness re Indigenous medical education
To establish better research networks.
Further understanding of issues and hearing work of other people. Networking
Network connections, gain information about Indigenous health and issues that I could implement into my studies
Increase my network of Indigenous medical practitioners and students. When we are the minority it is so important to come together and strengthen our drive for health equality by being around people facing the same struggles and with the same passion. Not only did the conference inspire me with practical and innovative ways to implement change re: racism in health, the aroha and commitment of everyone there has strengthened my spirit.
To establish some networks and hopefully get a good understanding of what is happening in the medical education and supports.
Exposure to presentations and networking
Sharing and interchange of information. Understand what is working well, and what is not with other universities around Australia and International.
Networking, new information
To learn a bit, catch up with colleagues, share some stories, have some fun!
Motivation to do more/encouragement from other students. Be around minds that think alike and have meaningful conversations.
New ideas and inspirations for enhancing Indigenous health education.

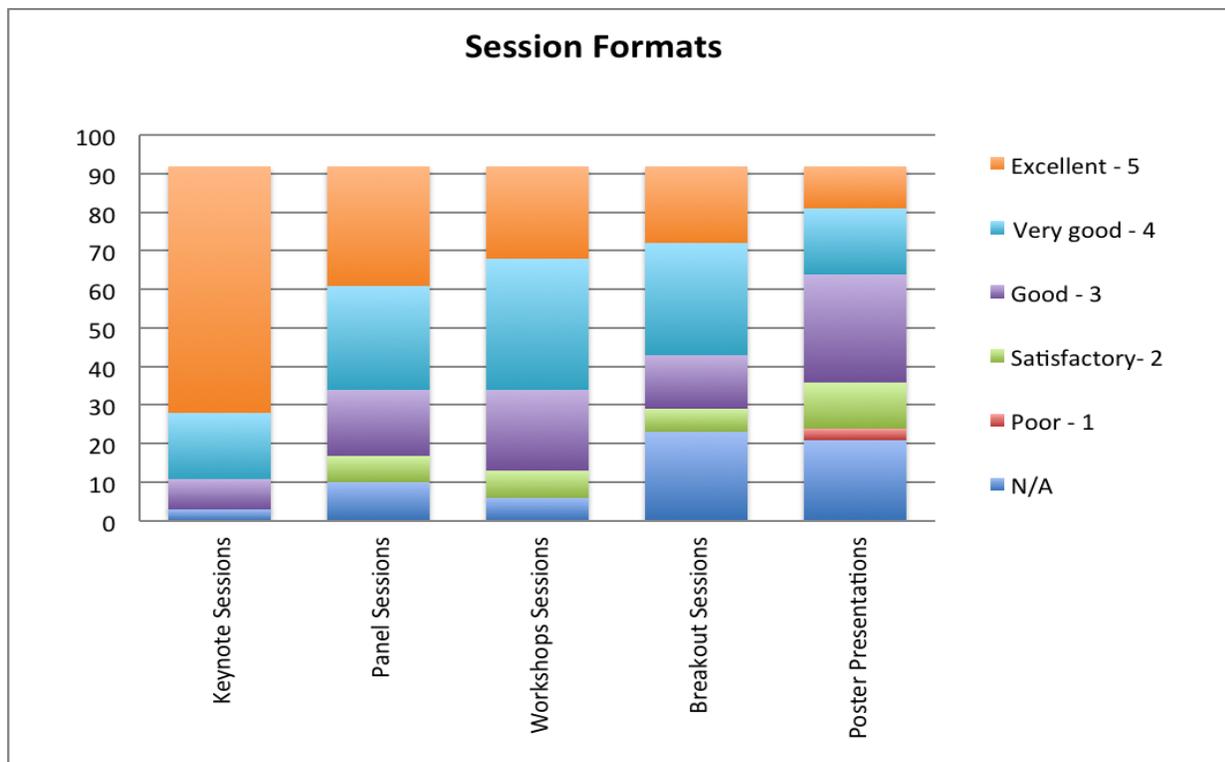
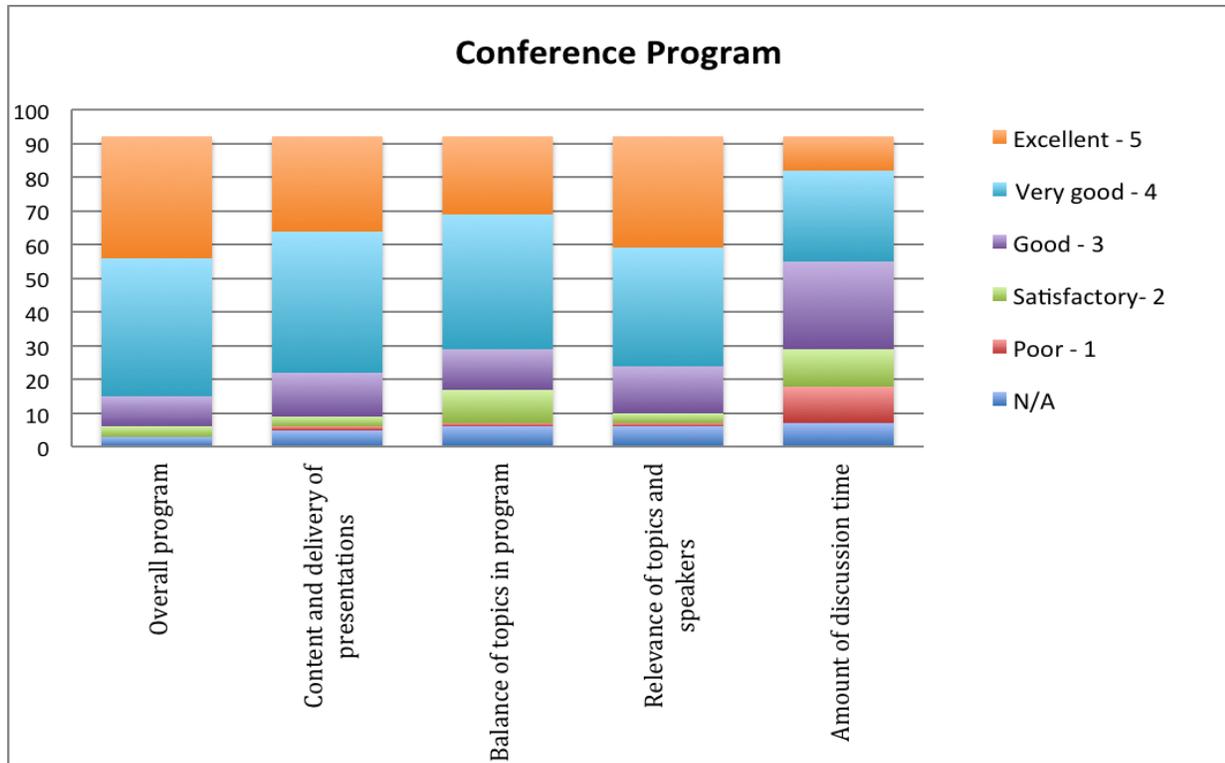
Re-establishing a vision and enthusiasm for my work.
1. New ideas, approaches; 2. Connection across centres
Fuel the fire for my passion around Indigenous health; Networking opportunities
Inspiration, new knowledge, new ways, positive stories, similarities in approaches etc.
New concepts. Inspiration and motivation to achieve great things
Good ideas from my colleagues; Inspiration
New and revitalised relationships; Inspiration and re-energisation; Knowledge about teaching recruitment and support of Maori students, supporting faculty education for a more culturally safe institution, curricula and environment
Inspiration; professional development
Professional renewal; better-grounded knowledge and improved strategies; stronger understanding of the ways in which Indigenous knowledge and bio-medical practice intersect, or can better-partner each other
I had hoped to gain perspective and refuel my hopefulness!
Exposure to others involved in Indigenous medical education, ideas, inspiration
Overall knowledge, inspiration for future plans, network
Increased cultural knowledge; increase networks
Indigenous views on how to teach mainstream students. Collaboration not competition
New perspective on the struggles facing our people to connect with the community more strongly.
A sense of Indigenous education - strategies to increase Indigenous recruitment and retention. A way to ensure we address these issues in our new Indigenous doctors.
Networking; cultural/spiritual recharge; Re-introduce reasons for Med (i.e. closing the gap)
I wanted to network with others for professional development and hope to gain experience and better understanding of other Indigenous cultures in Darwin and the Northern Territory region by attending LIME Connection V.



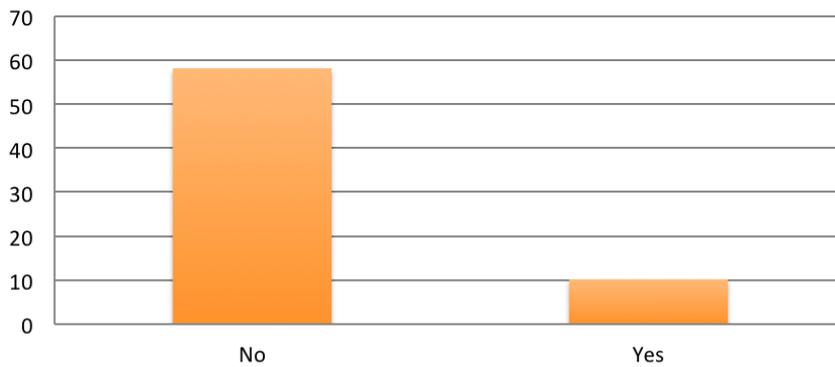
Were your expectations of LIME Connection V fulfilled? Why or why not?
Culturally, collegially, and professionally as good as LIME Connection IV, in Auckland, which is saying something
Amazing energy! Great work presented in a safe forum
The program of an hour lunch set outside the workshop doors was good because it gave immediate access to

each other.
Huge meeting of peoples - Indigenous and non Indigenous demonstrating openness and generosity of sharing of programs, practices and research, ideas successes and setbacks and future plans
Reconnecting and new connections; Learning about possible frameworks that could be implemented in our curriculum
Met many wonderful people and learned so much
Interesting - very helpful for future practice; Enthusiastic
LIME is always a great conference
So many great ideas, great people, such an amazing environment of support
It was an awesome few days, where I met some amazing people.
It is amazing not only to have an Australian perspective but also perspectives from others globally and what we have all been working together to achieve. Very inspiring!
Inspiration key note speakers; Great plenary sessions
From the inspiring stories from leaders all over the world. New initiatives that are being established every year
Voices of community members well heard; passion of keynote speakers; critical thinking
Great speakers
Great presentations
Was a great adventure; Inspiring speakers
Hearing what NZ and Hawaii are doing reinforces what I do and why I do it.
Presentations were very relevant; Networking with colleagues.
The content presented at the conference was excellent overall. I learned something and much was reaffirmed for me as its great that others are doing the same as I am
Such high level research
I now have a better knowledge of the current landscape
I have a clear gauge on the current status of Aboriginal or Torres Strait Islander education and training
The inclusion of humanities within medical education
I did get new ideas
Yes, a fantastic conference, lots of good information in some sessions. Reinforced my own ideas and projects in my teachings and helped me feel braver and not alone in innovative initiatives. The learning on country, 2 way learning had been something really reinforcing my own plans
Great to touch base with students, listen to their journeys, aspirations provide some cultural guidance.
Each 2 years a connection with my colleagues refreshes and reinvigorates me ready for the hard work.
I will take away a sense of hope from the people with passion and dedication in Indigenous health and education.
Has reaffirmed my own experiences and lets me know that I have not been alone in what I have experienced. Makes me feel more energised after draining experience
I met a lot of great people at LIME, students, teaching staff and Drs whom I am sure I will continue to interact with and learn from in the future
Absolutely- Darwin - ideal venue; developing medical education programs @ Flinders NT; Developed key relationships for future collaborative ideas
Great place, stimulating program, well managed.
Somewhat. Keynote speakers provided profound personal stories and metaphors for change. But focus was very medical.
Unable to find any reference for learning pathways other than through established medical school / Uni
Yes to some extent, but I think some of the presentations were not as tightly with theme as last time. Some presentations were too vague and didn't have a clear message to disseminate.
I thought that some of the presentations (abstracts) weren't up to a certain standard and were 'personal stories' as opposed to academic pieces of work
I didn't feel that there was anything presented that was new or innovative in terms of development of Indigenous medical curricular or programs.

Section 2: Program



Would you prefer to have separate Indigenous and non-Indigenous sessions at LIME Connection VI?



If you have attended past LIME Connection conferences, you will note that this year the committee chose not to include separate Indigenous and non-Indigenous sessions on Day One. Would you prefer to have separate sessions at LIME Connection VI? Why or why not?
Leadership!! If we expect out students to work together - we need to model it first
Participants generally cohesive in reasons why they are here and wish to share ideas and thoughts common to the promotion of Indigenous health and education.
I have not been to past conferences but I found it really great and interesting to see both perspectives and views on the different topics. I feel everyone benefits when they can be involved fully in the whole experience.
As a non- Indigenous person I find it is invaluable to hear how people feel to understand the roles my beliefs play in this
It is definitely time we all work in the same space
We are all here working toward the same goal, albeit from very different perspectives.
I do not think separation is a good idea. Indigenous and non-Indigenous need to work together.
We are working together to achieve a common goal. We should stand together as one.
Need to work together
Spirit is of reconciliation moving forward together
Because non-Indigenous people are capable of understanding the world from an Indigenous perspective, just as we can see things from their point of view. I think having everyone together encourages togetherness and collaboration. Non-Indigenous people who champion Indigenous causes are worth their weight in gold. We should allow them to participate as one of us. I like to think they will expect the topics to be Indigenous focused given the conference focus! And not feel excluded...but I would be interested to know how non-Indigenous people feel!
I think we all come together to collaborate with health, learning, research and social interaction
We are already separate enough - it seems to be against the spirit of collaborative collegiality to separate everyone
Seeking collaboration
Think it is good to avoid the binary and have things integrated
We are all colleagues together - no need to separate.
We should be all inclusive
As an Aboriginal woman I believe we need to build relationships and work in collaboration. Be inclusive.
We are in this situation together - we should stand together as one, looking for similarities not differences
The intercultural mix reflects the everyday experience and gives the opportunity to be exposed to the 3rd space interactions

I think that we have to be inclusion of what everybody else is doing and it needs to be representative of that. I think that if people are at these conferences they are there for the same reasons and I think that we need to be supported and heard by the wider community, as they can be the vessels that carry the messages on to others in a good or negative way.
All need to be treated same in achieving goals
As a non-Indigenous delegate, I found LIME V to be very welcoming and a safe space. I feel that separating Indigenous and non-Indigenous delegates would be detrimental to this.
No need for separation
I don't believe it is necessary.
Not necessary given the shared responsibility for curriculum, teaching and Indigenous student graduation
It creates an us and them
Segregation...
Better integration
The Indigenous agenda needs to be everyone's agenda
Both groups need to hear and understand what is discussed.
Diversity is important as is the opportunity for both Indigenous and non-Indigenous to learn from these sessions
I think sessions on Day One is important for all to meet at the same area to combine energies and set the pace for the rest of the conference.
I didn't miss it! Keen that everyone gets exposed to content delivered.
While specific Indigenous/non-Indigenous spaces to discuss matters and issues in this space are useful, I think it is kind of anti the underlying theme of "Connection".
It is nice, but NOT NECESSARY to have that Indigenous space. Honestly didn't really miss it this year.
Strengths and weaknesses of both If there is an Indigenous caucus, non-Indigenous spend all their time wondering what we are up to!
I don't really know the answer to this, as it is my first LIME. As a non Indigenous person, I would be happy with either option
As a non Indigenous person I don't feel I need it but would support it if the Indigenous delegates needed that time and space together
As a non-Indigenous member I respect the right for an Indigenous space.
Felt great as it was, but would be more guided by the thoughts of Indigenous participants on this
I think non-Indigenous and Indigenous educators continue to face different challenges and need to discuss these without taking up too much time in the conference.
Indigenous caucus is empowering for Indigenous delegates
I thought the Indigenous caucus at previous conferences allowed different conversations to be held that set a tone or frame for the following day that differs from western academic conferences and affirms Indigenous ways of engagement such as wananga
Specific focus on our needs and issues
This provides a 'safe' environment for both Indigenous and non-Indigenous attendee's.
A safe space to discuss issues for Indigenous teams within med schools.
There are different pressures working in the field for Indigenous and non-Indigenous people. I think the separate caucus gives the opportunity to explore the separate experiences.
In the past I have enjoyed the separate sessions. There is just a different level of connection
The workshops were not workshops! They became mini to not so mini presentations. Quality was not there. The opportunity to build capacity was lost.
First LIME Conference, so unable to comment
Not attended before
Have not attended before so no comment
Have not been able to decide as conflicted
I'm not sure I'm able to comment here.

I think there needs to be more culture specific activities here in the conference to celebrate NT Indigenous culture, given the place. All information is relevant to everyone - Indigenous health is everyone's business. But I would like to see more celebration of Indigenous culture, song, dance, dress. Recognising Indigenous champions

List three sessions or highlights of the conference that you found particularly interesting/valuable and why:
Keynote sessions on each morning - inspiring personal stories; insights into effective and exciting implementation of cutting edge programs
Keynotes Day 1, 2, 3. Last night dinner. Yacht club fantastic
The 3 keynote sessions were excellent
Keynote because of inclusion of mindfulness; Dr Fejo who made me aware of just how I was not alone in the drama I was having getting my fellowship finalised. The dinner at the sailing club
Keynotes - Li Chong and Martina Kamaka. Inspiring and personal presentations, but also practical.
Keynote speakers - LC committed to humane content, Martina inspirational, Elana - energy and passion and practical reality based approach
1. Every key note... such amazing presentations; 2. The session on de-colonising the mind... such a provocative and thought stimulating approach; 3. Listening to so many people give their heart felt acknowledgement of elders.
The three keynote sessions were very well presented and contained valuable information. The dinner was a great opportunity to build relationships outside of the conference environment. The student panel was very inspiring.
Keynotes were great; NT Aboriginal Health Professionals Panel - excellent, Personal stories. So generous; Loved the session on Wednesday - the work it takes to make it work
Keynotes; Made you think differently
All keynote speakers
All the Key notes - interesting, well presented and entertaining.
Keynotes on Day 1, Day 2, Day 3; Meeting range of stakeholders involved in Indigenous medical education especially Maori experience/sharing.
Fantastic key note speakers, great speakers all round
Keynotes
The keynote speakers on each day were by far the highlights of the conference
I really enjoyed the key note 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 emphasizes the impact and similarities of colonisation and extends our Indigenous solidarity worldwide. Decolonising the academy was the best break out session by far, it was epic, in particular David Sjoberg's part. I hope he can come to NZ and do what he does with his medical students over here!
The first keynotes were real thought provoking and inspiring.
The first key note address on the first day The focus on the 2 way on country learning Cultural safety and immersion programs the too hard questions, the unsaid space invaders, having our pacific family with us
Day 1 Keynote Presentation - Medical humanities; Day 2 Keynote Presentation Re-imagining space; Implementing and evidence led curriculum
LC and McDermott, opening address - set the scene for the conference. Confirmation of my 'wished I practiced' this way. Medical education panel; Student and graduates panel - commendable
LC and Dennis McDermott - the humanities in health I believe are really important and make good practitioners. It was great to hear that it's taking place in other Unis and countries; Elana Curtis - very inspiring. I am going to invade the space and strive for excellence; David Sjoberg - decolonising minds in the health sciences, very unique and new approach to raising difficulties for both Indigenous and non Indigenous students to discuss issues of Indigenous culture and health
LC Chan mindfulness a prerequisite for listening properly to Indigenous culture. Elena's storytelling decolonising minds

1. Prof LC Chan's keynote - for his convincing case for med humanities in the curriculum and his style of doing so; 2. Associate Prof Martina Kamaka - for the humility and curiosity in her depiction of the evolutionary process of developing requisite curriculum, understanding, and pedagogy in Indigenous health
LC Keynote, visiting Charles Darwin University, Dinner @ Sailing Club
LC Chan, Martina Kamaka and the Auckland Maori unit
LC's session on mindfulness
LC's and Denis keynotes on humanities in medicine - inspiring and practical stream on decolonising the academy which provided exciting way forward that I would like to implement in any institution where possible Reception at CDU - I enjoyed visiting the local learning institution and seeing how Indigenous values can be incorporated into the physical environment
LC's presentation because it set an agenda for the conference to think globally and to think about care for others starting with care for self and being mindful of ourselves. The student panel because it reminds us that each student travels their own unique journey and has a unique set of goals and support needs - plus it was really uplifting hearing from them. Also Craig Allen 'consistently inconsistent'. We don't talk much about the uncomfortable issue of uncomfortable space and I really appreciated the opportunity to hear about and reflect on this.
LC Humanity to medicine- it need to be adapted to curriculum in medical schools in Australia as it has the same themes and ideas about how Indigenous people are in dealing with health and health issues. It can help challenge the minds of the scientific based student in regards to address Indigenous health and its people, Dennis McDermott; mindfulness- also needs to be included as the same reason state above for LC and Dr Aleeta Fejo; inspiring story as it is a story similar to mine and I am o that journey through health and I know I can do this if I preserve and commit myself to finishing this degree
LC (a way forward); Student Panel (interesting and valuable); NZ (inspiring where they are at esp. preparation for Med)
Li Chong Chan, Elana Curtis, Martina Kamaka
LC and mindfulness, Martina Kamaka keynote, George Laking MC, Suzanne Pitama (content of all presentations were relevant, well researched and presented), Aboriginal interpreter talk was interesting
The humanities in medicine was very interesting The student presentations from Newcastle and ANU were very inspiring to me as a student; The dinner at the yacht club was absolutely beautiful and perfect for networking
Keynote Presentations from Li Chong (LC) Chan and Dennis McDermott on Day One, Elana Curtis, Erena Wikaire on Day Two and Decolonizing the Academy, with Rhys Jones, Francis Kewene, David Sjoberg and Dennis McDermott on Day Three. The lectures, workshops and were appropriate for my studies in Sociology and Humanities. These ideas are valuable to apply in community and human development in Australia and Asia Pacific region at this point in time.
Dennis McDermott Keynote, inclusion of what is important for Aboriginal people; David Sjoberg, honest and effective, offered skills knowledge to adapt to own area; Elana Curtis, positive and promotions of achievements
Elana Curtis; Martina Kamaka; Student panel
Elana Curtis - fantastic, inspirational challenging; Martina Kamaka - beautiful, emotional, inspirational
Elana Curtis keynote - wow so much happening – inspiring; Decolonising session - great presentations; M Kamaka keynote - learnt heaps
Elana Curtis – keynotes; Dave Sjoberg – Breakout; Li Chong
Elana Curtis; Martina Kamaka; Suzanne Pitama. They were all arresting speakers, who managed to pace their talks and provide energy that was inspiring.
1. Elana's keynote: it was fiery and full of passion, inspiring; 2. Decolonizing education (or language... not entirely sure of the name): an important part of health that commonly is ignored; 3. I'm not sure.
Keynote speakers - esp. NZ
Keynote speakers - esp. from NZ
Dr Curtis and Dr Kamaka's keynotes
Martina Kamaka, Elana Curtis and Shaun Ewen,
Dr Martina Kamaka's talk; opportunity to speak; networking
Keynote - Dr Ali, Hawaii

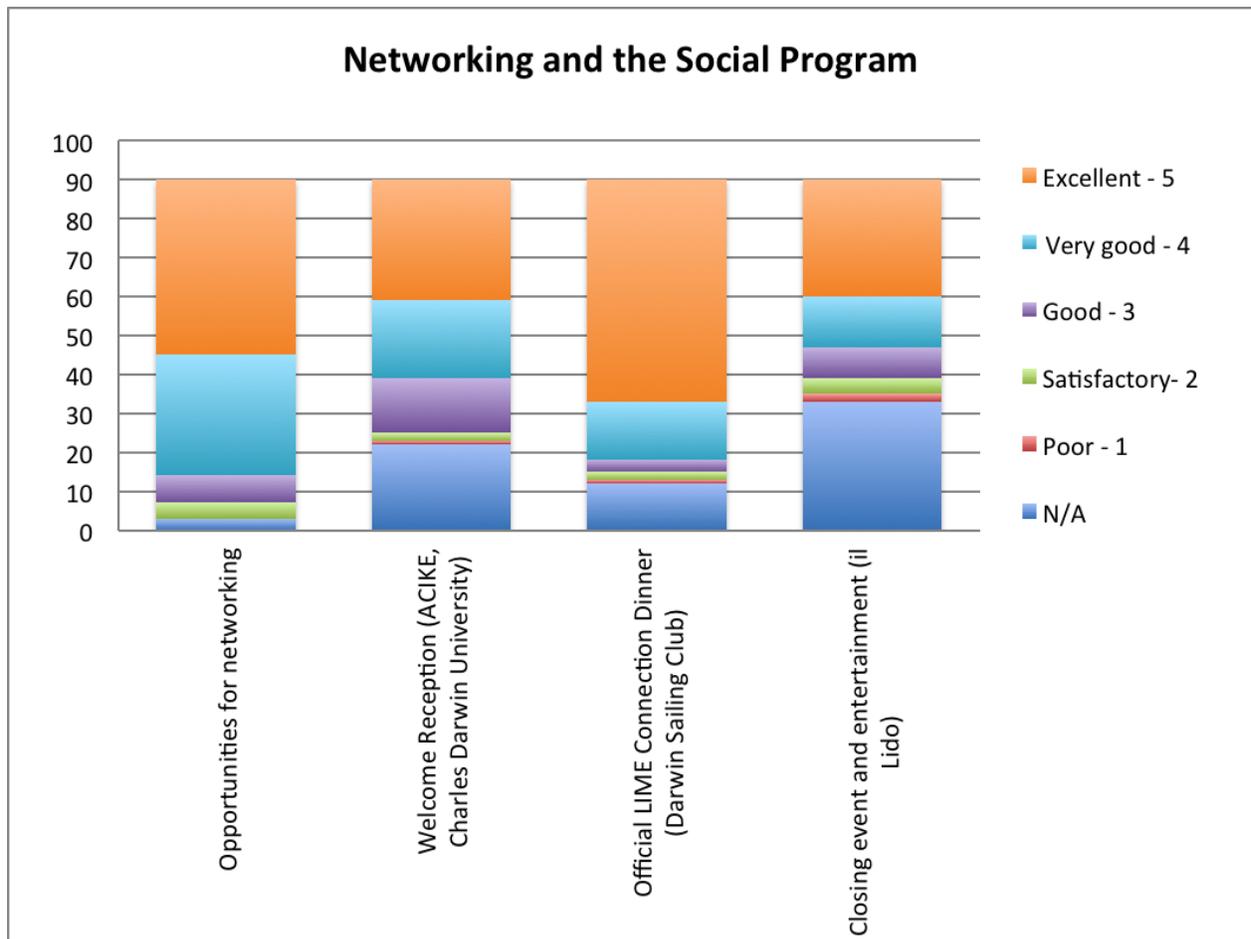
Keynote speakers - Martina Kamaka, LC Chan and Elana Curtis
I enjoyed the Day 3 keynote, the importance of cultural immersion across the university but also opening keynote address from LC. There is no/or little humanity in Indigenous health, especially when teaching/curriculum - we need public health perspective more.
Student panel: true test on how well were doing. Inclusion of humanities (SocSci) in medicine: very important. Panel waterfront room 3, day 3. 1045-1145: new tools and approaches for practical application.
Student panel - highlighted the importance of student attendance at such events; UWS; presentation Sheree Enderby renal presentation
Student panel; decolonising the academy; Martina and Elana's sessions I loved
Student panel- awesome to hear from the Aboriginal students; Cultural immersion Programme in Hawaii- really want to visit and be a part of it for my elective now. The Sunset Dinner on Saturday was gorgeous and great to get to know everyone more socially.
Student Panel; Learning about the Aboriginal Culture
Student/Jnr Doc perspectives - getting into med school - the good the bad and the ugly. Extremely moving and nice to hear directly from these people.
Aleeta Fejo – inspiring; Martina Kamaka - bright futures. How we can form a better solution and conditions in Australia. Wendy Edmondson and David Sjoberg - perspective from non-Indigenous
The Aboriginal health worker panel was great because it provided insights that I had not considered previously. I always enjoy welcome to country ceremonies. I enjoyed learning about the Larrakeyah.
Dr Fejo who was able to normalise my experience with the RACGP and reaffirmation that I was not alone in my experience; Dr LC Chan who reassured me that my circular approach dealing with patient history is valid despite my GP experiences. The sessions on the selection and promotion of potential students
Decolonising the academy or something along those lines - Interesting points; Student panel - relevant MAPAS - insight into how this is done and inspiring to how they formulate all this data, good presenter too
Medical humanities - Li Chong Chan Northern territory Aboriginal Health professionals Panel especially Dr Aleeta Fejo; Decolonising minds in health sciences - David Sjoberg
Decolonising medical student language
Decolonising the academy - Fran's talk really resonated with a range of academics in that same role; Keynotes - all fantastic; Evidence led sessions. Good to see implementation and outcomes
Decolonising Minds in the Health Sciences - David and Dennis; Student and Recent Graduates Panel; Elana's Keynote
1. The decolonisation workshop; 2. The student panel; 3. Visiting the local medical school
Decolonising the academy; mindfulness; the stories of the doctors journeys
David Sjoberg - non-Indigenous perspective; LC and Dennis keynotes - big picture and refreshing; Martina Kamaka - exciting and inspiring
LIMELight awards; Health workers panel
Celebrations - LIMELight Awards (lovely venue and great to relax; Key notes - very inspirational; Student Panel - great to have this space (well done Lilon as facilitator)
The dinner, the welcome at CDU and the chance to discuss things informally
1. Dinner; 2. 1st Keynote address and the concept of integrating 'arts' and 'culture' into the medical curriculum. The idea of humanising/humanitarian approach for medical students. 3. Interesting to hear some of the personal journeys for graduates and students.
-Donald Whaleboat, Professional Development Day 1 -Tim Leahy's presentation on Day 2 -Training Emerging specialists -The dinner and dancing.
-Education session - Day 2, good to see what others are doing. Got the sense that it is difficult for us all. - Keynote Day 3, an inspiration.
Advancing the discipline of Indigenous health (Day 3); Partnerships, Placements and community engagement (day 2) Re-imagining space.
The humour of the kiwis; Strong objections to inappropriateness
Networking, meeting up with people of like mind

Opening ceremony/closing; keynote speakers; students
Sharing time with Billawarra, her mum and other Indigenous members. The excellent response to the keynote session with Elana Curtis. The Limelight awards, dinner, venue and general ambience..
Discussion re: presentations where available; Ability to network and build working relationships; Exposure to new ideas and innovative thinking; Hearing the student voice
Plenaries; Students talks; Interpreters session

Further comments on the conference program:
Well organised! Well done! Excellent inclusion of Larrakia.
Excellent and an honour; Everyone is here for the right reasons.
Fantastic venue and location. Organisation was second to none. Food fantastic. Dinner venue and speakers superb. There were some very moving presenters.
Loved hearing how it is done in NZ. Keynote presentations - Elana Curtis very good
Just gets better and better - wonderful work and effort
The overall conference program has been well organized and successful especially the Indigenous cultural experience and networking with others working in the field of Indigenous health and research.
Good mix of keynotes, workshops, break outs and panels! Not sure how this could be improved. Starting at 9am was great, by the way!
A massive amount of work, put together and done well. Thanks!
Really well organised, great program booklets
I thought it was a good well-balanced program - I thought more support from Deans would be good. An enjoyable few days.
It was all so emotionally full on!!! In such a challenging and growth promoting way. I felt very privileged to be able to hear the struggles and journeys of so many
Absolutely loved the vibe of the conference and got a lot from all the speakers. I hope to be back for the next one.
Great conference and a great opportunity for Medical Students thank you. In the future I would enjoy time to learn more about Aboriginal Culture perhaps time set aside to hear some of their stories or learn about the land and things that are important to them.
Thank the organisers and project officers and committee for giving me the opportunity
Dinner was in a beautiful setting
Ka nui te mihi.
Loved it
The food was great. The student presentations were also amazing
Great collegiality, great atmosphere, great mix of social and academic
Definitely opened my eyes to the possibilities for Indigenous medical education
I am so much more aware of what is happening and possible solutions to many problems we face. Australia has so much work to do.
I especially enjoyed the 'decolonising' sessions - that's what Indigenous academics are doing everyday, when we teach in Medical education.
Good
I enjoyed most sessions but wonder if the format could be more varied. I had to leave early so missed the student session - could be held earlier in the future. The hospitality, food, location, administration aspects were outstanding and thoroughly enjoyable.
Day 1 - Aleeta Fejo should have been the keynote speaker at 10 am. her inspirational story would have made the right Indigenous theme and set the tune for the whole conference AND she is of this country. Sorry but this is where you got it WRONG
I would like to see space in the conference program to grow into the Allied health professions space. All of our health professions would benefit from participating in this conference and it would be a shame to have to

create a separate conference for this to occur
Haven't yet seen the student/new grad panel but I am looking forward to it. Student focus - short presentations were great and very valuable to provide space for students
Students tend to feel a bit unsure of our place in the conference - it would be good to have a student dinner, so we can get to know each other better and feel more comfortable. Academics from the student's Uni introducing themselves and being more approachable.
If references could be supplied when speakers say/refer to them
Involve the students more, give them more of a voice as they are the ones that leave a lasting impression
Three days may be a little long especially as there was a lot of repetition.
-A workshop on recruitment, retention.
Day 2 did not seem to have any presentations of relevance. Focus on medical curricula and recruitment/retention of medical students. I don't work in a medical school and NZ recruitment/retention while very interesting is just so far ahead of our processes. Yet day 3 I had a real difficulty choosing what to attend - all presentations were relevant.
More time for discussion, please
Not enough discussion time and people scattered not conducive to close discussion
More time for proper discussion would be good
Perhaps more time for discussion- there was a lot of listening!
Please allow discussion and question time after each speaker instead of waiting until the end of the 3 speakers. I found most sessions ran out of time and we missed out on valuable comments
Presentation timekeeping did not allow for discussion/questions; Need 5 minutes between 1hr sessions.
Workshops were still mostly just presentations rather than interactive
The inclusion of aspirational or poorly evidenced papers was disappointing to say the least. Politics should not be enough for inclusion if the message is junk!
Some of the breakout sessions were repetitive and could be better to be workshops with different university perspectives being shared amongst each other as "lessons learned".
Quite a bit of overlap and repetition in break out sessions by end Day 3
The topics for sessions appeared to be a little disjointed and it was hard to follow what the 'theme' of the LIME connection was.
I think the abstract committee and conference organisers need to be careful that the programme doesn't get hijacked by people with their personal stories etc. also timekeeping was a real issue in many of the sessions. I felt that the content took step back from LIME 4 and there was very little in the way of challenging content.
Generally we all need to improve the extent and integrity of research data and present it at this conference.

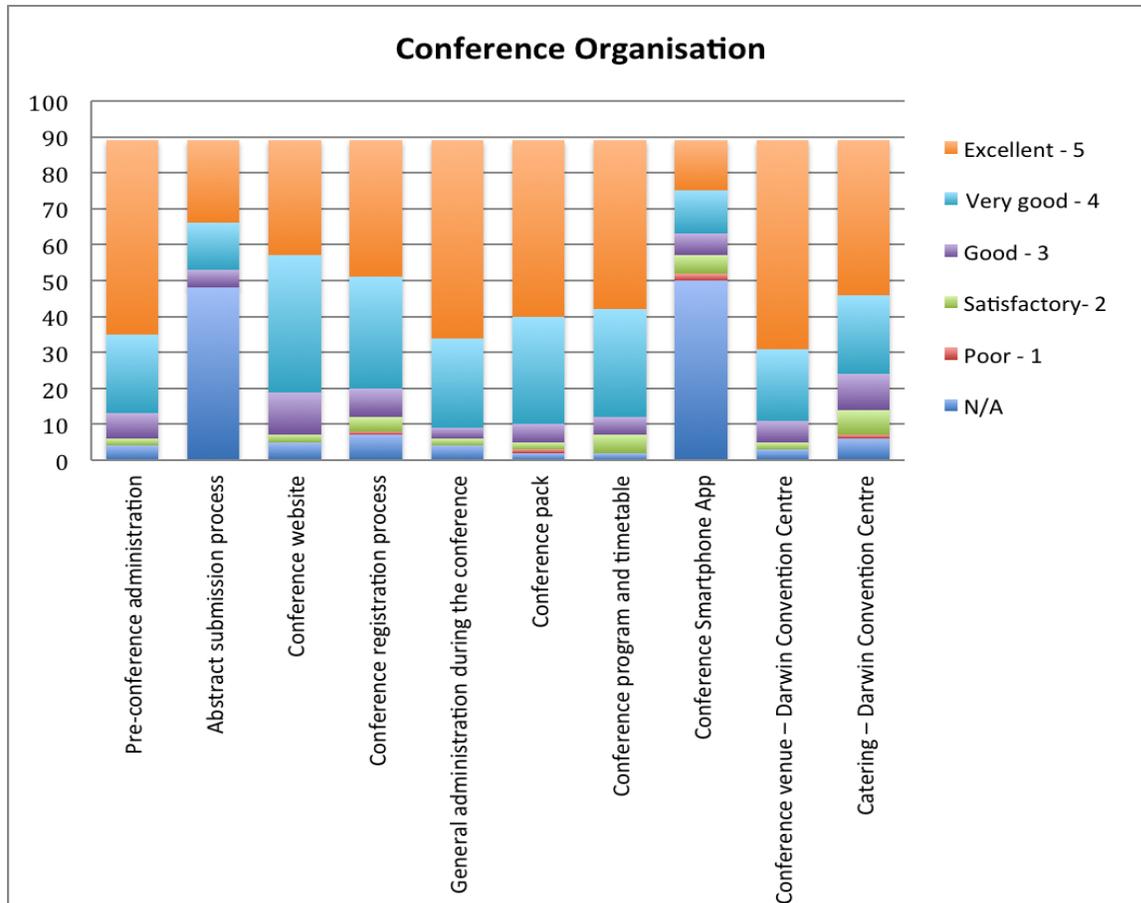
Section 3: Networking/Social Program



Further comments about the Social Program:
Awesome!
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, especially working towards bridging the gap between Indigenous and Non-Indigenous people in our communities.
Extremely well organised.
Fantastic events!!
Great way to connect
Great to be able to network informally
Great, and important, feature of LIME
Ka nui te mihi.
MC at awards George Larking, phenomenal!
LIMElight Awards dinner and event impressive
It was great to get to network and discuss the presentations and thoughts with others at the dinner
Excellent and very well organised - food and breaks were exceptional, the yacht club evening was wonderful, great events
I loved them, awesome social events, also great to celebrate some great outcomes with academics, Unis and students
Entertainment, dances, didg playing, fantastic

Love the dinner, loved venue and not bad food. Loved having free non- alcoholic drinks
Loved the Dinner and Program. V good.
I loved all the social events - great food! And lovely locations. 10/10
Very satisfied. many thanks.
Very good, it gave opportunity to talk to other uni colleagues and listen to their stories and experiences.
Important
Biggest night should be on the last night - very groggy on Day 3 am
All good
I liked that LIME wasn't paying for people to get drunk. It's always ironic when a health organisation is paying for people to get charged up.
The bursary students were lucky enough to gather on the Sunday night for dinner at crocks cove. This was an awesome experience. In Maori culture it is customary to hold a whakawhanaungatanga session at the beginning of and gathering. This involves everyone speaking individually about who they are and where they come from. This adds more value to networking and provides a sense of togetherness. This is commonly practiced and the annual Maori doctors conference. It is very time consuming but worth it. I would recommend that the students have a whakawhanaunga session amongst ourselves. This is what I would like to see.
Would like to see more cultural events - reflect on LC comments and show more pride. Where was elders forum, traditional medicines, healing circles
Did enjoy the dinner. Rest was just tolerant
sit down dinner a little awkward for newcomers who didn't know many people. perhaps choose tables in advance with a space for a new person on each table?
Really enjoyed the dinner all thou the MC put a bit of a serious spin during dinner, which was not necessary.
Official LIME dinner could have had Aboriginal band playing or other live music. Food servings could have been more generous and better quality c.f. PRIDoC 2012. Venue was nice though
The closing event needed to be tighter and with a clear purpose.
Clear outlines about our expected dress code would be preferable
Would have liked to have had time available to go to the State Art Gallery and museum and view the Aboriginal art and local Aboriginal History
Thanks - I later did a visit to NT Med school, shame others couldn't experience this, was great
Wish I was feeling up to socialising more....
Due to other commitments, I did not attend the social program, and I am sure I missed out on a great time!!
Sorry I did not attend due to family commitments
Unfortunately I missed the first day of the conference and was unable to attend the social events - they sounded great
More social interaction between students and academics.

Section 4: Conference Organisation



Comment on any aspect of the conference organisation that you felt could have been improved:
The conference experience for me was as smooth as it is ever going to be. The LIME administration team has done a spectacular job.
The organizers did an amazing job!! They were lovely and so helpful and ridiculously thoughtful - they thought of everything!
The LIME secretariat and organisers were excellent
Thank you Caitlin and colleagues
All good. Excellent organisation.
Unsure of any
Nil that I can think of
More opportunity for students to spend on one-to-one mentoring.
Sessions clashed that I wanted to attend -Dr Kimpton (Cultural Safety) and Odette/Caitlin (LIME) Smartphone app not accessed.
Beautiful food Day 1, especially lunch. Also Vibe Hotel, close venue loved it. Very useful bag. Conference Admin very good.
Catering - sorry sometimes gluten free people are vegetarian. No meat gluten free options would be great. Yum yum yum
There was too much food - really great food but over catered ++ reduce the amount of numbers by 25 % required for catering would work at most conferences and reduces costs as well as wastage.
It would be nice if coffee and tea were available throughout the day and not just at morning tea. Conference venue could have featured local Aboriginal art or have themed decorations especially lecterns and stage
Don't take down the instructions for how long workshops/presentations go for. The week before I couldn't

remember if it was 10/15 mins but could not find it on line. Food was pretty much the same each day for special eating and requirements. Some variety please!
The program and timetable too heavy and glossy. Lighter paper, perhaps timetable mini is enough
Everything from my perspective was well done, flowed perfectly - then level of presentations (nothing to improve) except an idea to have an open sharing space to share our more difficult areas and focus on mindfulness and how to keep ourselves well.
Better time arrangement by facilitators/chairs. Aircon in Rm 1 is freezing; Rm 2 fine and 3 is warm.
Seats were uncomfortable!!
The seats were uncomfortable
Cooled too much some rooms
The registration process through Uni of Melb site was very frustrating.
It is impossible to remember my password for 2 years.
Smartphone App to be available on the App store
The app wasn't actually a downloadable app. Would have been nicer if so. Catering was so-so. Could have been tastier, better. But I guess there are logistics involved there.
The app was a bit clunky. Some of the presentations were not in the app's program.
Making the app a play store or app store app with more user control
I couldn't get the smartphone app.... just linked to a normal website??? Also - we were served Crocodile - but my understanding is that the Larrakia people do not eat Crocodile as it is considered a sacred kaitiaki or protector. Perhaps it was inappropriate to serve this given their hosting status and Mana whenua?
Should have given more details on the smartphone app before the conference, and given exact details of how to access at very start of conference
It would have been great to see more Aboriginal culture, i.e. art, craft, music and dancing during the conference. I enjoyed Robbie Mills tell us about the history of the didgeridoo, but didn't play it and demonstrate its beautiful sounds.
I would have enjoyed more involvement with the Larrakia group that performed the opening ceremony and their invitation to dinner at the Sailing Club - for more chats as well.
The workshop sessions could have offered a more Indigenous way of imparting/exchanging knowledge, such as yearning circles. The process was too didactic/white "way" - may access more in-depth knowledge if these workshops are in 3, not 4 sessions, to permit more lengthy interactions on the themes presented.
The breakout sessions varied in timekeeping. Need to be uniform adhere to 15 min timeslot by presenters out of respect of those following. Brief presenters re time and Chairs needed to manage as applicable. Little time for last presenters and often "NO" question time discussion
Have commented above. Please bring back the Indigenous caucus and bring student session forward
Conference packs are so full of things. Some useful and some not. Perhaps culling it back a bit and providing additional things on a table for people to pick up if they want.
Very small comment - would like to have included some freebies in your conference bag - will know next time
Provision of references would be good
Some presenters need to take a short course on the effective use of PowerPoint - How to use PowerPoint effectively
The workshops, they were more like panel discussions and needed to be more interactive. Perhaps a workshop tailored for students?
More time for questions and discussions
Screening of content. If a person should not be able to speak on behalf of the Aboriginal Community with a project, they should include the Aboriginal person as a joint presentation. If Aboriginal Art is used in presentations, or photos, they should be endorsed by Aboriginal person or community

Section 5: Conference Reflections

What were the key themes, outcomes and/or findings of LIME Connection V for you?
Finding a supportive and wonderful group of students and doctors who have similar interests was so exciting and inspiring.
That I was not alone in the trouble I have been having with getting fellowship and how far behind we are in the way of education assistance compared to New Zealand and Hawaii
Shared journeys and challenges faced during training. Sense of community, respect, connection. Australian Indigenous medical education is performing far worse than NZ. Very tough struggles in Hawaii and Canada Aboriginals
1. That my experience has been a shared experience; 2. Reaffirmation of my approach to health care
That racism is so deeply inbuilt - its in the very language we use - and we really have to engage with this if we want to become aware of it. I also appreciated the similarity in the struggles different Indigenous people who have been colonised face -we have the same problems, and I feel we will be stronger if we face them together. Learning about the Larrakia people's culture was really interesting - again the similarities stood out for me: the bond to the land, the importance of networks and family groups, and reciprocal respect.
Networking and building academic relationships
That all though Indigenous health is behind, there are lots of people passionately working to better the health of our people.
Continue the work! Networking/connections are important! Stay positive and strong!
Learn from what others are doing
Networking, Challenges within Indigenous Health
Moving towards dissonance; Deep listening; Supporting educators
Importance of narrative? Responsibility of Indigenous students to work in areas of need. No matter what the talk was on, it was interesting as the speakers were all fantastic and spoke from the heart It was a very supportive conference. Everyone was talking as equals and sharing.
Support and Mentoring; Aboriginal inclusion and connection to country The three R's
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
That is can feel like we've got so far to go, but really we've already come so far. I really liked the sessions on decolonising the curriculum and found this perspective can greatly inform how we all practice medicine.
The speakers were outstanding. I feel like we are making a difference, we still have a long way to go but we are the future and as students we can/are making a difference. It would be fantastic to see more Aboriginal and Torres Strait Islander lectures and as staff in the medical school we still need to make a more culturally safe environment for students where it is not expected they can answer all questions for other students - David Sjoberg to address this
Lots of passionate people working hard to make it better. Still got some distance to go.
How many amazing awe inspiring people there are in this field of health and education. How hard it has been, how far they have come and how much further we still need to go. I think I have a much clearer idea of where I can contribute now
There is still much work to do for Indigenous medical education internationally. I loved how all medical schools in New Zealand and Australia come together and aim to work together (as opposed to the sometimes competitive attitude between universities). That Medical Education is leading the way in terms of Indigenous health professional workforce development (what is happening with other health professions)?
That we still have a long way to come in Australia to achieve meaningful equality for Indigenous Australians.
That there is still much work to be done
That our university is making changes but still has a long way to go
There is a lot of work/activity happening but minimal outcome. This is a self-serving forum for academics without any regard or consideration to connecting with medical colleges to create a seamless education

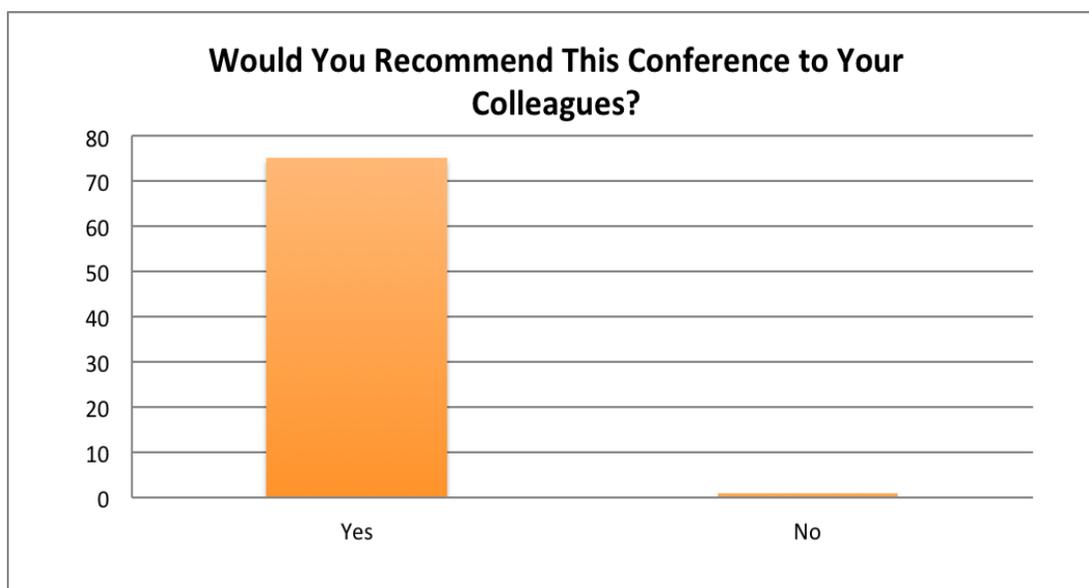
program with the common goal of improving Indigenous and other population health outcomes.
Being reassured that our long-term work has been in the right direction and enjoying hearing how others are embracing locally relevant variations. The growth of the sector and the slow but gradual and necessary shift from individual grandstanding (dare I say a more collaborative and professional approach?)
After having attended all LIME Conferences what really has changed in that time? Whilst I do like hearing the stories they have been very much the same
A continuing, difficult yet worthy battle to improve what is established in medical education and share what can make med ed more relevant and reflective of our key health concerns
Progress; Innovation; Exchange
Great to see changes and they way forward
That New Zealand are pioneering the way in the sense of medical education and Australia is lacking the structure, workforce and support
Building on current foundations, empowering Indigenous staff within our schools, learning from best practice.
Improvements in Indigenous workforce development
What the end panel said
Indigenous health imbedded into your courses in some form; Teachers of Indigenous health 'switched on' 'willing to include' Indigenous health for all in the practice of medicine. Components of Indigenous health and graduates
Curriculum - Indigenous content and embedding vertically and horizontally in curriculum. Variations of programmes
Increased understanding of complexities of Indigenous health education in curriculum planning
Vertical integration needs to be prioritised - Indigenous medical education at medical schools needs commitment to clinical team education in medical practice.
Moving on from bits and pieces to a considered and coordinated approach
Further curriculum development and support
Including humanities within the curriculum; an increasing level of social responsibility among medical programs
Medical humanities and relationship to Indigenous worldview
Alignment of the medical humanities and Indigenous health issues. Optimal and ethical selection and support for Indigenous students
Decolonisation strategies, broadly defined, are core business for successful Indigenous health education; medical humanities can partner and support the work of Indigenous health and cultural safety education
There is a general frustration about integrating Indigenous health in medical curriculums. But, many are positive
Everyone is trying to implement a curriculum. Resources are tight at all medical schools
The positive move forward in making Aboriginal Health and Culture - content available in Health Courses
That we all struggle with the same things. That institutions are all becoming more receptive to Indigenous health curriculum
The importance of being connected with your peers around the globe, each keynote and workshop presenter had fought their own battles in championing the cause of Indigenous health. Staying connected mean some of these battles need not be fought twice. The range of different recruitment and retention programs being implemented around the globe.
Persevering through difficulty decolonising our thoughts and programs; mindfulness
Unsure
Improves teaching practice
I think the conference met its goals around reimagining, energising, evidence and change, Great job
Recruitment, retention, but few answers
Improvement in Indigenous student retention and preparation for medicine
Number Indigenous Med students; Ongoing Dropout rate, ways helping; Linking Uni and other Post grad (College) training
Decolonising, immersion

Everyone is looking for connections to lands, cultures and each other. Sharing stories is the most important first point
Cultural safety. The difficulty of achieving cultural immersion.
Cultural safety issues. Supporting Indigenous students
Learn more of the teaching of cultural safety
Culturally safe spaces, smashing through the white glass ceiling, connecting students to the land for further and deeper understanding
Learning 2 ways, cultural programs. Dealing with hard issues - racism, lateral violence, strength of new directions and innovations
Sensitivity around language and behaviour. Evaluation is very important. New Zealand is more advanced than Australia in this sphere
Embracing the dissonance; invading space; deconstruction for decolonisation; fabulous work going on in Australia, Aotearoa
I believe those will be up for discussion back with Te Kupenga Hauora Maori and Papaarangi Reid.
The need for Indigenous people to have their own people as Doctors.
Ways to approach education in innovative manner. Chance for discussion on what works and doesn't work in international contexts
Facing difficulties
Creating change is a long and frustrating process. Learning more about AIDA.
What we are doing in Indigenous med ed, what others are doing, what we're not doing and what we should be doing
The difference in opinion from people talking about and who are involved in the same issues. There's no one single right answer or consensus on what should be happening in regards to any particular issue. Very eye opening

What did you find most beneficial about attending LIME Connection V?
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. To connect further with my people, learn my language, find my members. Continue to have a voice, to make a difference
Just all of it - inspired me, gave me new strengths to feel connected and personal sense of being on track and still lots to learn. Life stream learning continuum being here with students and colleagues
Networking - avenues to assist medical schools; Pre/post graduate, teachers implement Indigenous health
Networking, sharing, finding out what's happening elsewhere - Aust NZ, Hawaii, HK. Making connections
Networking; Curriculum ideas
Networking and recognising excellence (LIMElight awards)
Networking. All the students have already set up a group so we can stay in touch and I really hope to see the Australian students again!
The networking with other students
Networking & learning from each other's experiences.
Networking with esteemed leaders within Indigenous medical education. Networking with medical students.
Networking; Talk by GP Training organisations; Meeting Melb Uni contacts from diff depts. AIDA contacts My first LIME
Networking and catching up with associates.
Networking
Networking
Networking.
Networking
Learning and networking
Listening to key notes; Networking

Cultural exchange, networking
New ideas and networking
Different ideas
Hearing about other models.
Other peoples' experience
Understanding of what is happening in this space.
Learning what other university medical schools are doing.
Learning how different universities deal with the same issues
Exposure to international thinking, opinions, expertise, inspiration.
Seeing what others are doing new possible frameworks
Being able to listen to other speakers and the amazing work they've been doing. How I can take this back to my people
Hearing the narratives of others.
Exposure to alternative methods/tools that could be incorporated in our curriculum. Exposure to re-thinking our approaches.
A much stronger understanding of the hurdles and the hardships that our Indigenous people face.
The positive programs being delivered and the interest from others who are looking to improve Aboriginal content and inclusion
Listening
Approaching issues from a different perspective
Further understanding about Indigenous health
Checking the pulse, hearing new initiatives, lessons learned.
That there is still a lot to do
Reconfirmed my belief that nobody has yet found an answer
The innovation within medical programs
Fantastic innovations; passion; networking; contrasts NZ vs. Australia; student presence
Inspirational speakers
Hearing the keynote speakers and workshop presentations. Getting some new ideas for teaching Indigenous health
The medical humanities session
Reassurance and confirmation of what I am doing. Reassurance that I am not alone in the difficulty I have been having
An endorsement that joining collectively as a whanau is practiced and supported widely at the other universities as well.
It was a personal epiphany and personal emotional experience has made me aware of what else is available as support AIDA for example and that I was not alone. Has made me aware of some supports available and where to go
Encouragement to keep going as there are others trying to do what I am
Stimulated my heart and my mind
The energy! It help me get grounded again and it was amazing to be surrounded with such brilliant minds, was inspiring
Catching up with friends.
Chance for my students and Jr. Academics to be exposed to a safe, supportive and inspirational environment of peers.
I made so many new friends that will be great contacts for my future career. Great cultural experience
Meeting so many different people
Meeting people and learning about programs that work
Meeting up with people making new associations and connections
Meeting people
The interaction with others

Meeting up with old friends, hearing some good stories and witnessing the growth of the sector.
Meeting a variety of Indigenous students.
Finding a supportive and wonderful group of students and doctors who have similar interests was so exciting and inspiring.
Catching up with colleagues and gaining understanding on who is out there in Indigenous health New ideas and renewed determination from the content of talks
Enjoyed the opportunity to discuss and think with the broader field of people and experts in this field.
Keynotes; Networking; Validation of work
Putting faces to names. Being inspired to continue to "cause trouble".
Connections
I enjoyed the cultural aspects also the keynote address. Hard work brings success.
Cultural exchange; Discussion of Indigenous topics in safe environment Networking /socialising in other Indigenous Med students
The foregrounding and valuing of Indigenous cultures; the support and validation of trusted colleagues for innovative approaches
Love getting a cultural filling - feel as though it feeds part of me as a person
Honesty about students and educator growth in where and how they're here today. Including their culture journeys



If you have attended LIME Connections in the past, what are your reflections on if and how the conferences have changed over time?
Conference has definitely improved since Melbourne, which was my last one. The content has improved and I like the short workshops/breakout sessions, as it is easier to maintain concentration and keep fresh. There are also more non-Indigenous delegates, which is great to see and should be encouraged further.
They just get better and better - great job
Yes - this is simply the best
Focus is evolving each time
Ever broader, ever deeper into what the discipline is, and needs for success - also increasingly better-articulated and evidenced
We are doing better and better in our work and outcomes

People are branching out more and doing more innovative work; work reflective of their communities.
I attended the previous LIME connection in Auckland that was amazing. I enjoyed that conference but enjoyed this one a lot more because I got to travel outside of NZ.
Progressing well - improving overall.
Lots of ideas have now been consolidated, the conference is very professionally run, lots of evidence to support work being undertaken.
More complexity, developing theory and practice and pedagogy, demonstrating the evidence of what works.
Information sharing and ideas are being now used, evaluated and presented - exciting to see these things going from talks to realities.
I found that the previous LIME connection was very inviting, welcoming and I felt that on a personal level that I was able to take away from there were some great innovations that I feel helped in my current work in terms of medical curriculum development.
I think that they organisation is smother - topic are through provoking
Informal; Now as Elana Curtis acknowledges a celebration, recognition of achievement.
I don't know if it is a change but I did enjoy (although did not fully understand) the contributions of Indigenous health academics and professionals from the Australian organisations.
I like the change that there was no separation between Indigenous and non-Indigenous streams I liked the quality of presentations
Perhaps become more like a trad academic conference?
There has been a DEFINITE dilution of the Indigenous AMBIENCE - It is becoming too CORPORATE
This one lacked an Indigenous flavour
This is my second conference. Not sure how well the interactive workshops went. Like the short and lots of presentations (tasters)
I think last time the presentations were tighter and more succinct, this time people were trying to cram too much in, and not being time conscious in their presentations.
Greater numbers. Watch balance of Maori: Aboriginal activities
Perhaps helpful to start with local history and protocols in the preconference reading? + a song ? Need more discussion-maybe sheets on doors 30 per group room set up like a circle need some outcomes from the breakout themes? Delphi process more panels including elders required; decolonising minds; collaboration; reconciliation; students participating
This conference seemed a bit quieter and more low key than the previous two. I don't know whether the separate caucus at the beginning might contribute to a stronger conference in some ways?
Has not moved forward as much as I would have hoped. We are still grappling with the same issues (not surprisingly).
This year, I detect more frustration with slow progress of Indigenous health curriculum progress. More dominant role of colleagues.
This was my first time. However, talking to some of the veterans who have attended all of the events 5 +1 , they feel that we seem to be stagnating.
I didn't get as much out of LIME this year. Perhaps I've learned more about the issues and defined what I am most interested in. It just felt too medically focused (I recognise it is LIME).
Haven't been to one before
This was my second time at LIME.

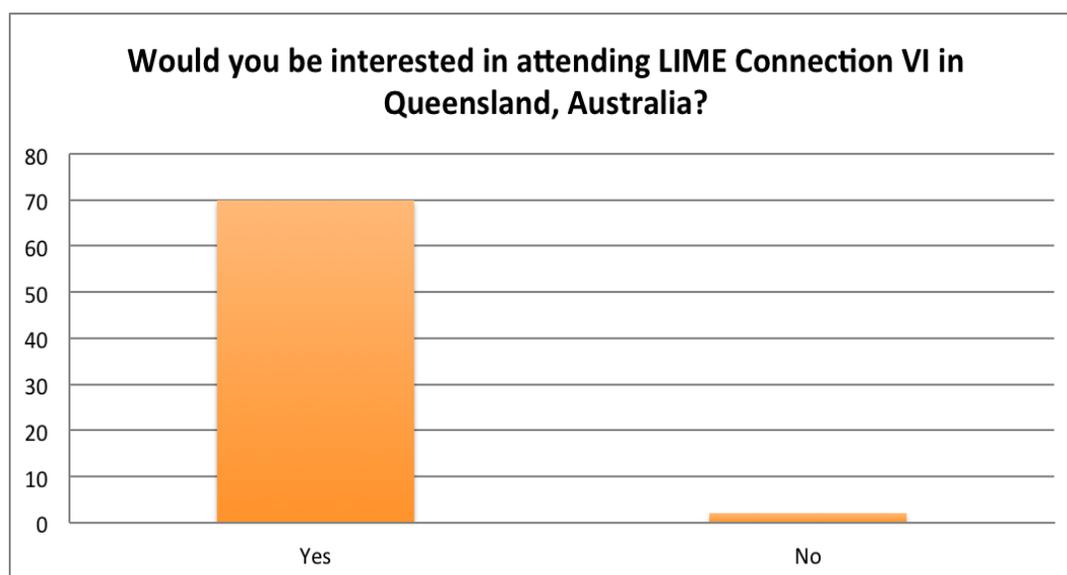
How has your attendance at LIME Connections influenced your thinking and/or work in the area? (i.e. teaching/research practices, interaction with community, relationship building, levels of awareness/understanding)
Attending the LIME conference opened my eyes as to where I fit in the big picture.
It's given me international/pan-Indigenous comparisons, contrasts and new perspectives on all of the above

I depend on it as my touchstone for a wider perspective and as a source of good ideas.
Evaluation of courses across schools and nationally and internationally community voice in every element of the curriculum. We are all facing many of the same issues
It's a good update and reminder of all of the great work going on, important support opportunity for people working in Indigenous health education, has had direct impact on the content of our Yr 4 Physiotherapy Indigenous health workshop
Acted to greatly reassure my self-confidence. That is the most important thing that this conference has done for me. The 2nd is making me aware of organisations that I did not know exist. Has inspired me to keep trying.
To be brave in implementing my ideas. Just go for it and make it happen. Build networks for collaborative projects with partnerships
Yes, made me more confident and has made me re-energised
Helped me to continue on, and keep trying different things (or feel confident in the things we are doing)
As an Aboriginal person I am confident of a better and more positive future for my people. LIME Connections give hope
Motivated me to think about what new advances can be made in Indigenous health workforce development - particularly in clinical education settings. - E.g. new ways of assessment of students.
This conference has reaffirmed my strong beliefs about the importance of Indigenous people undertaking medicine/working in the health field. I have a much greater appreciation for the support systems that are currently in place for Maori Medical Students. I appreciate the work that has been done and that continues to be done for Indigenous health.
It has inspired me to try harder in my work and study.
I am more inspired
It keeps me going! Building collaborations.
"Keep moving forward"! Walt Disney
Attending LIME has increased my awareness of Indigenous health education and increased my interest in this area
Levels of awareness as I am in 1st year and have not been to LIME before
Awareness/keenness to work in this field
Yes, but I am still assimilating that aspect... I know it is has given more reason to keep chipping away A very concrete outcome is a heightened awareness of the dominant white culture and the colonised language used everyday... although even that awareness in me needs sharpening
It has definitely helped my awareness and understanding of where medical schools are up to in progressing an Indigenous health agenda and I feel that despite political and economic set backs we are making progress.
Communication techniques, levels of awareness
Definitely increased my level of awareness of many interesting issues in the area of Indigenous.
Levels of awareness / understanding
I feel I have an understanding now that I certainly didn't have previously.
I will go away thinking about how much work we have to do in this area.
That I want to do more when I graduate to take Australian Indigenous medical education forward to enhance the success of the student
I want to start a peer-support program at my university and hopefully I can be involved in a similar thing later in my career.
After I went to LIME IV and saw immersion in practice I was encouraged to try it here; students participate
I will return to my university to consider selection and support for Indigenous students and the development of the medial humanities
Added to toolbox and energised see/hearing progress elsewhere. NZ!!
Reminded me about the importance of self-awareness, challenges me to decolonise my thinking.
Learning what NZ have achieved & the numbers of medical students attending made it feel worth the effort.
Re-energises reason to stick with med; Need to learn more from Kiwis who are 50-100 years old ahead of us in many ways culturally and socially

More teaching and wanting to learn how to teach people who have views that are different to my own, wanting to have a conversation with them, and keep the conversation going, maintaining a discourse so that over time preconceived notions can be deconstructed/changed.
It has made me more motivated to contribute to this area, and made me think about Indigenous health on a more global scale. It has motivated me to learn a lot more about the struggles of other Indigenous peoples.
I can go to the University with fresh ideas and on a level where there is an understanding of what is available and achievable
Definitely feel more confident that there is light at the end of the tunnel. And have lots of ideas on how our uni could engage more with Indigenous health.
Have come away with lots of ideas
Yes it has I came away with new ideas
I want to learn more about Indigenous cultures in particular my own - Maori to enhance my ability to practice as a Maori Doctor
Develop networks with participants and relevant organisations
Relationship building
Yes, collaborations with educators, researchers, clinicians to develop effective programs
More interaction with community in our work in clinical education and training.
For me there is always room for improvement in interaction with community.
I am very focused Aboriginal and Torres Strait Islander community member with involvement from health community level helping people in their journey in health
It has enabled me to see the strength found in community and we still have a long way to go in Australian Aboriginal medical education. Culture is very important as is maintaining humanistic care
I will link Universities in with work I do at BME more now I know the appropriate contacts. I will encourage a way for an Aboriginal Med student at UniMelb to come talk to Aboriginal Youth & Health workers at Bendigo
We will only continue to grow "our gardens" and "invade the space" I need to more in mentoring high school students and relatives that we are academics and not just good at sport
Teaching
Teaching practice - critical thinking, medical humanities
Yes: teaching; policy and administration at the university. Evidence to assist in moving forward the Indigenous/Aboriginal agenda.
Influenced how and what we teach
Improved professional and academic practice
Yes. Research approaches. The importance of what we are trying to achieve.
Mindfulness; public health is important
Reaffirmed the importance of public health (thank you to the Maori presenters)
Not specifically - Life goes on
Yes - all of the examples listed
All of it
Positively influenced all of the above.
Very much so. Will be re-thinking how to use some of the approaches.
Unsure at this stage, although the LIME connection has given me confidence to provide a framework to implement some changes
Not sure yet but will see if it will apply
Reinforced the approach we are taking and lots of new ideas to throw into the mix. I need some time to process before really answering this question.

How has your participation at LIME Connection(s) had an influence in your workplace or organisation, if any?
IT WILL! Give me some time... but I hope to bring our Director of Education to the next LIME connection
It will - my work place and colleagues will be keen to hear what came out of attending and it feels very positive
It's mobilised colleagues to present their pedagogical research and scholarship and use the feedback for refining their approach or, where that approach is contested, for course/Faculty validation;
I am bringing back everything i learnt to hopefully make social and political change in my university
Allowed staff members attending conference talk openly about our practices and think of better ways of doing things
My workplace was very supportive of me attending, I will be reporting back to my whole department about the conference and ideas that have come up from it, the conference also enabled me to further network with my own colleagues from my own Uni and provided renewed momentum for work that needs to occur
Yes, I believe it will. I will be encouraging the teaching staff to implement 'deconstructing questions' in the curriculum as I think this will be invaluable for all students.
I think our lecturer is taking some of the deconstructing colonisation writing back to Otago.
I am the Chair of our School's Indigenous committee so hopefully can influence things.
Two of my colleagues from my Dept. were at the conference this time so for the first time I felt like there was real support within my own area. It was a great feeling.
Our Deputy Dean attended for the first time. He chairs a key committee and we discussed a lot of possibilities for action during the conference.
More of team attending
Govt sponsorship for LIME V was directed by CEO. Agency submitted two abstracts, sponsored junior doctors, and facilitated 3 staff - all a sign of commitment to LIME's influence.
Enhanced the further development of our Indigenous health resources and support for Indigenous doctors working into appreciation.
Thing of evaluating the program
Initiatives for: -Recruitment/retention of students -Indigenous health curriculum -Cultural competence.
Furthering dialogue - action on Indigenous health education and improving outcomes
Implementing cultural safety within the university - staff and students
Base approaches on international evidence (as well as local)
I'm trying to implement some of the medical arts curriculum into our current program
Has allowed planned Indigenous developments within School
Has helped build capacity of others
1. Evolving notions of cultural competence; 2.importance of culture to teach competence via Arts and Music; 3.collaboration-shortens time to action-no point starting from scratch; 4.importance of elders
Organisation - is struggling to prioritise Indigenous health. I have recognised the importance of supporting others in my workplace who are involved in the area.
Raised awareness
Influenced how and what we teach
Big influence important to our key work
Given me the knowledge/weight/evidence to argue for and advocate for meaningful change.
Builds comradeship with our University group and AIDA group
Networks with other University - potential for collaborative research opportunities; Potential curriculum development and quality improvement
More Connections
I think it has made us feel like we are part of a wider organisation who has our back.
Reaffirmed that we are ahead in some areas but also where we can improve.
Cultural safety/competence
Realisation that our workplace is actually completing a lot of work. And that we are privileged and lucky to operate on the backs of work that has been done by generations before us. Motivates me/us to continue the

journey
Yes, I feel I am more informed to have an opinion in regards to Aboriginal Health and the requirements
Hopefully in the future I will be able to change the hospital/clinical practice.
The interest in the commitment to improve Aboriginal health is positive and the relationships for support to present ideas to work are stronger
AIDA self involved in some of the issues/topics people presented at LIME
Immensely, even though I work in specific Aboriginal and Torres Strait Islander program and unit.
That will show in time. I am still sorting through my own thoughts on the experiences.
I'm not sure what influence it has had. I will need to wait and see if there are more cultural immersion programs and if Australian medical education improves with time. I hope we can foster a a better environment for Aboriginal health education and research in the future
None
Not sure yet
Unsure
Unsure
Not yet



What would you like the focus of LIME Connection VI to be?
Decolonising the academy
I would like to see more story telling from Indigenous medical professionals, a hands on workshop by Davis Sjoberg on Deconstructing.
Strategic institutional change: How to get Indigenous leadership in power positions at the university: Deans, Senate, Vice Provost, etc.
How to implement change within the academic environment, what are some steps to take to see/promote/cause change
How to address discrimination and racism in the workplace/education and how to begin and continue a conversation with people who the people being discriminatory
Vertical and horizontal integration of Indigenous clinical education in the health workforce/professions.
Practical implementation and evidence of effectiveness of real institutional change Focus on clinical practice and education How to bring other health professions into advanced Indigenous medical education (to catch up to medicine and also to work together) Inviting international Indigenous expertise (outside NZ and Australia)

Stronger focus on post-graduate curriculum/programs i.e. across the continuum - especially because current clinicians are so important for undergraduate clinical years.
Re-educating the uninformed however not to be negative - The Journey Continues
I would suggest a greater diversity of topics and a bigger emphasis on 'how' rather than 'why'.
More true workshops on "how to" with innovative curricula and assessment
Pathways Ahead
Horizon scanning - where to over the next 10-20 years??
Professionalism
If there has been any progress in Australia towards the capacity of New Zealand
Focus on what is working well
How issues have progressed for the better - and did the Deans come to fruition with the promises made at LIME V
More on next step how to get registers through colleges; development of professional support bodies; dealing with cultural conflicts between the doctor and community
Excellence in Indigenous medical training - aiming for excellence, not getting caught up in cultural essentialism or cultural deficit thinking about our potential as Indigenous students or practitioners
I think it would be great to have a focus on measuring progress and holding medical education accountable for outcomes - not just education outcomes but the impact of our graduates on Aboriginal and Torres Strait Islander health. This kind of connection is at the heart of what we are doing and we need to measure it on terms that are acceptable and accountable to Aboriginal and Torres Strait Islander peoples.
What does good training look like
Teaching practice - curriculum content, evaluating programs, assessing students
Shifting mind sets that teaching Indigenous health/cultural is hard -
New innovations and initiatives; use of new media partnerships learning on country
1. Arts programs to teach deep listening and empathy; 2. Collaborations -who is collaborating across communities state-to-state; 3. Elders voices; 4. social accountability
Assessment of Indigenous Health programs; Evaluation of Indigenous Health programs
Targeting registrar and training issues for GPs
Global connectedness but also interdisciplinary connectedness
Interdisciplinary - working across boundaries. Learning and teaching theories and exemplars. Educator resources.
Allied health Practice increase effectiveness with Indigenous participation and education in AH
Spreading the space into Medicine, Nursing & Allied Health
Bridging the gap to speciality training
Safe communication
There should be a greater focus on the history of the Indigenous people of each area that LIME is held. In Darwin I would have liked a session focussed around the history and stories of the Larrakia people. Not just an introduction and closing ceremony. I want to learn their beliefs, values, and history. You can't assume that its common knowledge.
Bring in more elders and the arts into expressing the themes
Practical health services gain as articulated by Indigenous representatives of their communities.
Cultural revitalisation and decolonising our minds
Connecting with local contexts
Cultural exchange, traditional healing and seeing what improvements in medical education have been made since LIME V.
Positives. Success stories from students
Means to better engage with Non-Indigenous medical students - and means to help dismantle barriers to their stronger engagement with material that challenges them
Continuum of involvement at Multiple levels (Indigenous students) Curricula available, sharing knowledge of curricular components that work well (all students)

Some student stuff and what can students do now to help or how to handle when you get bullied by non Indigenous peers
Innovation/progress; Student innovation
I'm happy with the theme that was presented at the conference handover.
Open to anything and everything. From where I sit at this point, it is all useful, often novel to me, so happy with it all
More challenging content.
I think the topic they chose will be awesome, I can't remember it exactly but I think it was about tackling racism. I would love to attend this conference.
Need to think about this
I think the organisers will come up with a great event academically, presenters and culturally
Again what the panel at the end said
Brisbane/Gold Coast?

Any further general comments?
Such an inspiring conference with such lovely and approachable presenters and attendees. Excellent location for a conference - including the hotel and other venues, all 10/10. THANK YOU SO MUCH FOR THE AMAZING OPPORTUNITY!
The LIME organisers do fantastic work and very important work. LIME Connection so clearly gives people a boost of energy to keep going when its easy to feel demoralised especially when funding, resources and precious wins are eroded in an instant when we are in constrained times. I may not be able to attend the next LIME Connection but I will follow the proceedings either way.
As ever, I come away from LIME Connection feeling strengthened, affirmed and a little wiser ...
Thank you.... LIME Connection V has had a profound effect on me
Superb Conference - Well done to everyone involved. A great conference doesn't happen accidentally, it is obviously the result of a lot of hard work and planning.
Many thanks for all of your hard work. I have benefited greatly.
Loved every minute of it
Great job. Thanks very much
Lots of work is required to pull off such a warm and inviting conference. the people are warm and generous who attend the conference. Great size of conference and having accommodation located in close vicinity. Well Done!
Thanks to the organisers. Valuable experience!
Nothing but you are just a great team. Good on all the organisers, a totally successful conference
Well done team!
Cheers for a great event
Really enjoyed attending the conference
Well worth visit to beautiful Darwin! Productive, worthwhile, recommended. Thank you to the Larrakia Peoples for the warm welcome and sharing of country and culture.
Thanks:)
Ka nui te mihi
I'm in two minds. It seems that LIME has spread itself too far across: -retention/recruitment/engagement with community/T&L/curricula/policy workforce/interdisciplinary practices. So perhaps it needs to redefine the priorities and narrow the focus. Yet it is inspiring to have the international perspective and medical leadership in recruitment/retention and curricula. Perhaps needs branches that have optional days, e.g. interdisciplinary perspectives on Day 4?
The ability to promote this network to future and current students and Jr. Academics as a resource and support is vital; inspirational and validating.
LC cherished participation 'Acknowledgement of LIME'; Underlying or hidden motivation,

The inclusion of an AUSLAN interpreter for the session was useful. I am not sure how many people it helped. it raised an expectation that hearing loss would be accommodated.. The remainder of the program was a disappointment - poor or without use of amplification by speakers or in discussion. This severely limited my ability to access information reflected in the gaps of this evaluation form

Possibly advertise work opportunities.

Could you include opportunities for students to present perhaps? - Some insights into student-led initiatives

Have committed bursary students. Some haven't attended many events. Why not make sure these spots will be given to those who want to be here?

All medical colleges who have educational/curriculum responsibilities must be involved in this network and develop some key bottom liners for all trainees that continue from the undergraduate program and beyond.

In respect of the LIMELight awards - split student recruitment, support and graduation into 3 separate awards as that is where most of us are focused

Day 1 - I would make it "Australia Day" with Aust Aboriginal framework Day 2 - I would make it NZ / Aotearoa Day with NZ Maori framework and Chairs; Day 3 - "Global Indigenous Day" with presentations from other Indigenous peoples and focus on UN charter on Indigenous peoples for health - actually you need to invite me to be on the organising group!

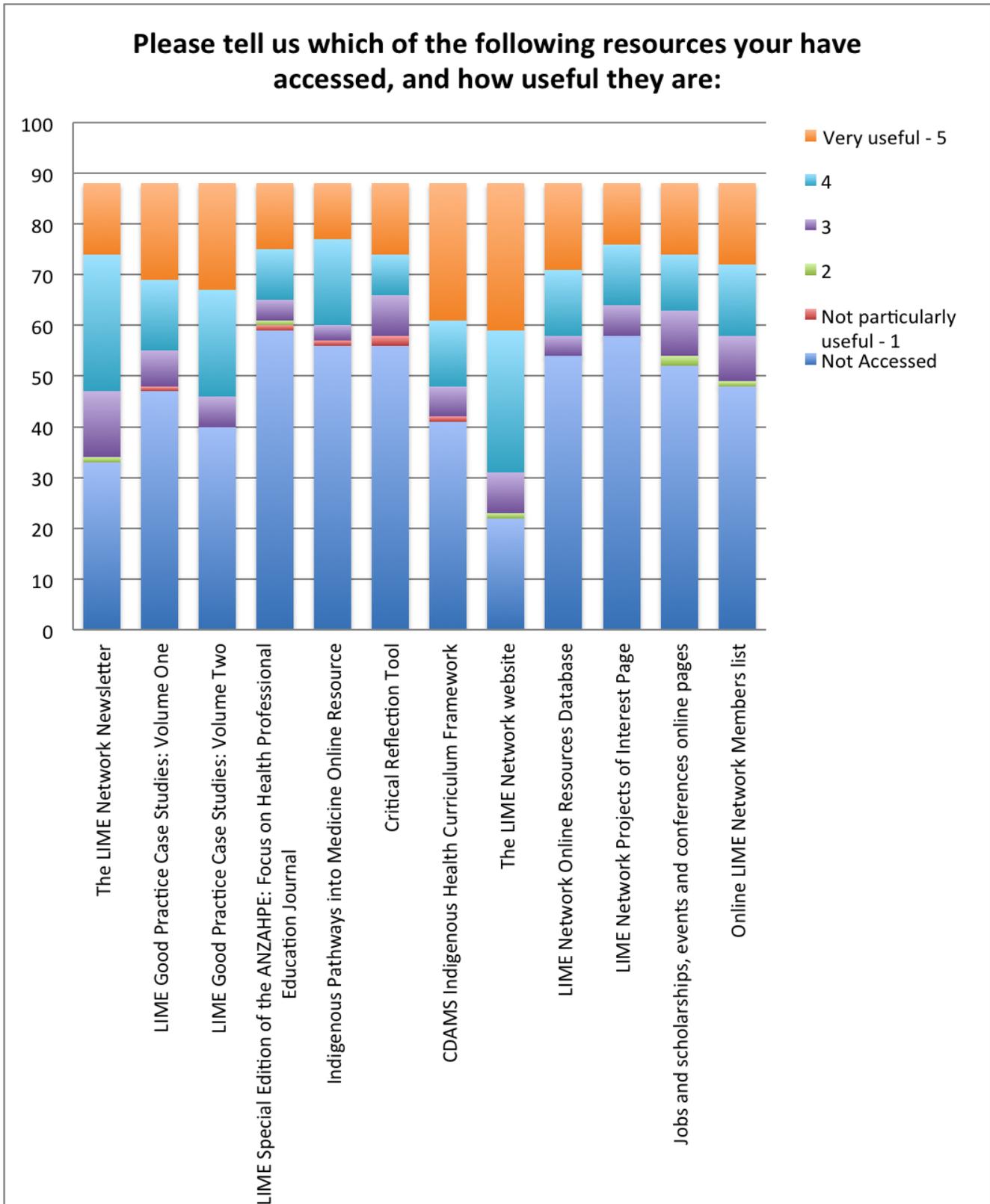
More involvement of the local community mob. Because here in the NT the Intervention has an impact upon the mobs health and wellbeing. Also have the local community, mob produce the tucker, entertainment. A blend of bio medical and socio- cultural aspects of health and blend in the social determinants. Networking is essential

Option for our own immersion experience that some may wish to take pre or post conference in the local or nearby community

Cultural protocols preconference - publicise this to wider world e.g. public health, teachers in hospital .mph students and staff more question and discussion time in more

This evaluation form is a bit excessive (length wise)

Section 6: LIME Network Activities



Please provide any comments on these activities, or suggestions for future work, that would support 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.
Best practice in learning and teaching of Indigenous health. How to encourage and theorise transformational learning, attitude change and developing reflective practice.
Great to have such fantastic staff with so much corporate knowledge and skills always improving
I enjoy reading the newsletter and CRT tool, very useful, great interaction opportunities
How to assist in completion of the RACGP fellowship
Online discussion forum to allow for feedback and greater discussion
A broadening of focus to health personnel education
Possibly more opportunities via funding for Indigenous students and kaumatua (elders) to attend the conference.
I have accessed most of these resources and find them very useful. I'd like to add that I often rely on LIME resources to provide good quality information and research information and find it a great source of high quality research
Integration of undergraduate curriculum with the postgraduate /specialist pathways.
Other random comments: That above list was helpful in making me aware of resources, thanks. Including contact details of all people at the conference was a great idea! I really liked the conference artwork. The gifts to the presenters were perfect. Hard as it is, I think we should push to do things more in line with Indigenous tikanga, or way of doing things (given this is difficult with various cultures attending). Calling it a network rather than a conference is a good step towards this, but still a conference is a very Western event, how can we get away from this? How can we achieve by Western standards and express our achievements in our own terms? How can we continue to decolonise our actions?
When is the PSR going to happen?
How do we get this smart phone app?
Now I know about them, I will have a look!
I look forward to accessing these resources now I know they exist
I have not made sufficient use of all of these resources. Sorry.
I did not realise these resources existed - so I will be able to explore these now I am aware.
Was not aware of above but will look at it
Clearly I have a bit of homework to do, so that my answers are not N/a
I will be using these a lot more, when I can

MEDIA RELEASE – 19 AUGUST 2013

**LIME CONNECTION V – Darwin, Australia
26-28 August 2013**

The Leaders in Indigenous Medical Education (LIME) Network will hold its fifth biennial conference, *LIME Connection V* at the Darwin Convention Centre from 26-28 August 2013.

Auspiced by Medical Deans Australia and New Zealand, the Australian Indigenous Doctors' Association (AIDA) and Te Ohu Rata O Aotearoa (Te ORA) Māori Medical Practitioners Association of Aotearoa/New Zealand, the theme of LIME Connection V is ***Re-imagining Indigenous Health Education: Harnessing Energy, implementing evidence, creating change***. The theme of the Conference builds on the focus of evidence based practice at LIME Connection IV in 2011, and aims to capture new initiatives, share successful methods and workshop visions for the future.

LIME Connection V is co-hosted by Charles Darwin University and Flinders University.

Keynote speakers for LIME Connection V are:

- Professor Dennis McDermott, Director, Poche Centre for Indigenous Health and Wellbeing, Flinders University;
- Dr Elana Curtis, Director, Vision 20:20, The University of Auckland;
- Dr Martina Kamaka, Associate Professor, Department of Native Hawaiian Health, University of Hawai'i, and;
- Professor LC Chan, Director, Centre for the Humanities and Medicine, The University of Hong Kong.

LIME Connection V will provide an excellent opportunity for experts in Indigenous health and medical education to discuss and critique current practices within the field.

LIME Connection seeks to support collaboration between medical schools and to build linkages with community, colleges and those from other health disciplines.

A bursary scheme funding Indigenous medical students to attend the event will also provide these nearly 30 students a unique opportunity to participate in discussion with their mentors.

The breadth of delegates attending LIME Connection V will include Indigenous medical students and doctors, Indigenous and non-Indigenous academics, health educators, specialists in Indigenous health, allied health and nursing professionals, policy makers and community members committed to the delivery of quality Indigenous health content in medical education and curricula.

LIME Network Project Lead, Associate Professor Shaun Ewen said "Medical education initiatives in Indigenous health are critical to improving Indigenous health. Since being established in 2005, the LIME Network has taken important steps in improving the awareness of Indigenous health issues in medical school programs, in a bid to close the life expectancy gap between Indigenous and non-Indigenous peoples, and provide health equality for Indigenous peoples, in both Australia and New Zealand."

LIME Connection V will also host the LIMELight Awards, acknowledging and celebrating the many successes in Indigenous health and medical education. For more information and to register for the conference, please visit www.limenetwork.net.au/content/lime-connection-v.

Further information:

The LIME Network is a dynamic network that encourages and supports collaboration within and between medical schools in Australia and Aotearoa/New Zealand to improve Indigenous health outcomes through medical education.

The LIME Network is a program of Medical Deans Australia and New Zealand, funded by the Australian Government Department of Health and Ageing, hosted by the *Onemda* VicHealth Koori Health Unit within the Melbourne School of Population and Global Health at the University of Melbourne.

LIME Connection V has received support from a number of organisations including:

- Australian Government Department of Health and Ageing
- Medical Deans Australia and New Zealand
- Australian Indigenous Doctors' Association
- Te Ohu Rata O Aotearoa (Te ORA) Māori Medical Practitioners Association of Aotearoa/New Zealand
- Flinders University
- Charles Darwin University
- The University of Melbourne
- Health Education and Training Institute (NSW)
- Northern Territory General Practice Education
- Health Workforce Australia
- Australian Medical Council

For more information or to schedule interviews, contact:

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For interviews please contact:

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Shaun Ewen

LIME Network Project Lead

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Medical Student Interviews:

Dana Slape and Rob James

Please contact Caitlin Ryan above to schedule student interviews.

LIMELIGHT AWARDS 2013

The LIMELight Awards are given in recognition of the significant and outstanding work staff, students and medical schools undertake in the teaching and learning of Indigenous health in medical education, as well as Indigenous student recruitment. These awards acknowledge an innovative programme or initiative which addresses critical issues, brings people together collaboratively and implements an innovative solution.

The Awards are held in conjunction with LIME Connection V – the Leaders in Indigenous Medical Education (LIME) biennial conference. The award winners will be announced at the LIME Connection Dinner on 27 August 2013, in Darwin, Australia.

LIMELight Awards will be presented in the categories of:

- Leading innovation in Indigenous health curriculum implementation
- Leading innovation in Indigenous student recruitment, support and graduation
- Leading innovation in community engagement
- LIMELight Leadership Award for outstanding leadership by an individual
- Student Award

2011 Winners

Leading innovation in curriculum implementation: Dr Rhys Jones, The University of Auckland

Leading innovation in Indigenous student recruitment, support and graduation: Shalom Gamarada Ngiyani Yana Scholarship Program, The University of New South Wales

Leading innovation in community engagement: Indigenous Health Attachment Year 5, University of Western Sydney

LIMELight Leadership Award for outstanding leadership by an individual: Dr David Paul, The University of Western Australia

Student Award: Alicia Veasey, The University of Queensland/ AIDA; Ibrahim Solomon, The University of Auckland

2009 Winners

Leading innovation in curriculum implementation: The Centre for Aboriginal Medical and Dental Health, The University of Western Australia

Leading innovation in Indigenous student recruitment, support and graduation: Dr Elana Taipapaki Curtis, The University of Auckland

'LIMELight Leadership Award' for outstanding leadership by an individual: Professor Ian Anderson, The University of Melbourne; Professor Helen Milroy, The University of Western Australia

Student Award: Ms Danielle Arabena, The University of Queensland; Ms Courtney Hore, University of Otago

2007 Winners

Leading innovation in curriculum implementation: Ms Suzanne Pitama, The University of Otago

Leading innovation in Indigenous student recruitment support & graduation: Centre for Aboriginal & Medical Health, The University of Western Australia

Leading innovation in cultural & organisational change: Dr David Paul, The University of Western Australia; Dr Tamara Mackean, Flinders University

Leading innovation in community engagement: Winnunga Nimmityjah Aboriginal Health Service

LIMELight Leadership Award: A/ Prof. Marlene Drysdale, Monash University; A/Prof. John Broughton, University of Otago

INDIGENOUS MEDICAL STUDENT BURSARIES

To support 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 covers the cost of registration, travel, accommodation, and meals.

This year, bursary places were offered to:

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

The purpose of the bursaries is to:

- support and encourage those with a demonstrated interest in and experience with Aboriginal, Torres Strait Islander and Māori health, to gain professional development and increased learning in the field
- provide financial support for students who may be interested in presenting at the conference
- highlight a community and student commitment to improving Aboriginal, Torres Strait Islander and Māori health to other delegates
- increase and support leadership opportunities for those involved with Indigenous health from the community
- strengthen active involvement of students and community with Medical Schools
- encourage students to pursue a career in medical education through collegiality and inclusion

Successful recipients of the bursary were selected on the basis of their:

- Demonstrated interest and experience with Aboriginal, Torres Strait Islander and/or Māori health;
- Commitment to improving Aboriginal, Torres Strait Islander and/or Māori health in the future;
- Leadership and involvement with community; and
- Active involvement with medical schools.

Bursaries have been received by students at the following universities:

- Australian National University x 3
- University of Auckland x 1
- University of Melbourne x 4
- University of Newcastle x 8
- University of New South Wales x 1
- University of Otago x 3
- University of Sydney x 2
- University of Western Australia x 1
- University of Western Sydney x 3

LIME Connection V student and community bursaries have been funded by the Australian Government Department of Health and Ageing, as well as the following Medical Schools across Australia and Aotearoa/New Zealand:

The University of Adelaide, The Australian National University, The University of Auckland, Bond University, Deakin University, Flinders University, Griffith University, James Cook University, Monash University, The University of Melbourne, The University of Newcastle, University of New South Wales, The University of Notre Dame, University of Otago, The University of Sydney, University of Tasmania, The University of Western Australia and University of Western Sydney.

KEYNOTE SPEAKER INFORMATION – DENNIS MCDERMOTT

Professor Dennis McDermott, Director, Poche Centre for Indigenous Health and Wellbeing, Flinders

Prof. McDermott is the Associate Head of Faculty, Aboriginal and Torres Strait Islander Health, within the Faculty of Health Sciences at Flinders University. He is also the Director of the Poche Centre for Indigenous Health and Well-Being, Adelaide. A Koori man, his mother's family are from Gadigal land (inner Sydney) with connections to Gamilaroi country (north-west NSW). Dennis has worked in such diverse fields as alcohol and other drug education and counselling, private therapeutic practice, community health and men's health research. He has trained Aboriginal foster carers, supervised counsellors to the 'stolen generations' and worked with families dealing with a death in custody. Dennis's teaching and research interests encompass early childhood, social determinants of Indigenous health, racism, incarceration, Indigenous social, spiritual and emotional well-being, workforce development, Indigenous health pedagogy, and the nexus of culture and context in service delivery.

'Warm' Science/Hard 'Fuzzies': Medical Humanities, Indigenous Knowledge and Developing 'Open' Doctors

Indigenous health and cultural safety may not only be peripheral to the educational trajectory of many medical students, but a 'warm and fuzzy' frustration to a number of their educators. With curriculum space limited, desires for a benchmark quantum of both science and clinical competence may lead to tensions with perceived interlopers. A false dichotomy between clinical competence and self-reflective practice can threaten good medical education. It may be especially inimical to culturally-safe practice in Indigenous care-settings. 'Fuzzy' and 'hard' can get along. From an Indigenous stand-point, health care interventions that are premised on the unfailing primacy of 'hard science' can lead to overly-proscriptive service paradigms. They can be capable – at one and the same time – of delivering specific outcomes, yet still be insufficient for the larger task of effective care and healing. A preference for 'concrete' thinking, linked to clinical competence by a number of medical students, might in fact ill-serve better health outcomes when set against complex Indigenous presentations - with their out-of-focus corona of powerful social determinants. A wealth of pan-Indigenous knowledge can assist here. From an Aboriginal and Torres Strait Islander perspective, 'deep listening' and 'seeing two-ways' are just two relevant offerings: each capable of enriching practitioner conceptual underpinning and clinical skill alike. Additionally, they may be protective of the moral reasoning, empathy and compassion at risk of fracture, even crumbling, from the disturbing 'tectonic' shifts of the student transition to clinical medicine. Embedding medical humanities in curricula boosts the likelihood of graduating doctors with their humanity and ethical practice enhanced, rather than eroded. When we foster the Indigenisation of that person's praxis, through a valorising of Indigenous knowledge (including its diverse values and ways), we not only assist the realisation of medical humanities' promise, but also augment it with a less-certain – though, less-armoured - more-responsive openness: one crucial to Indigenous health practice.

KEYNOTE SPEAKER INFORMATION – MARTINA KAMAKA

Dr Martina Kamaka, Associate Professor, Department of Native Hawaiian Health, University of Hawai'i

Martina Leialoha Kamaka M.D. is a Native Hawaiian physician who received her medical degree from the John A. Burns School of Medicine (JABSOM) at the University of Hawai'i at Mānoa. She is board certified in Family Practice. After completing her residency in Family Medicine in Lancaster, Pennsylvania, USA, she returned to Hawai'i where she spent the next ten years in a primary care practice. Since 1999, Dr. Kamaka has also been working in the area of cultural competency training at the John Burns School of Medicine. Currently, Dr. Kamaka is an Associate Professor in the Department of Native Hawaiian Health where she is the Director of the Departments' Cultural Competency Curricula project (C3). She is a founding member and past president of the 'Ahaui o nā Kauka (Association of Native Hawaiian physician) and founding member of the Pacific Region Indigenous Doctors Congress (PRIDOC). Dr. Kamaka also serves on the Native Hawaiian Health Care Systems Institutional Review Board and Scientific Advisory Council. She would like to acknowledge that this type of work requires a team and that she is very grateful for the support of her family and her C3 team at JABSOM.

Mai Ka Liko A Ke Kumu: From the Bud to the Tree, the Evolution of Cultural Competency Training at the John A. Burns School of Medicine

The training of medical students has changed drastically over the past twenty five years. Twenty-five years ago, students were told that the answer to excellent care for all populations was to 'treat all patients equally'. Nevertheless, health disparities are persistent or worsening, particularly for our Indigenous populations. There are a myriad of reasons for these worsening statistics, but one major player is the fact that 'culture matters' and because it does, one cannot 'treat all patients equally'. The issue is much, much more complex than that. Multiple influences impact each physician patient encounter, whether it is differences in ethnicities, socioeconomic status, language, education, gender, religion, histories or power and privilege. At the John A. Burns School of Medicine,

medical education has evolved with respect to the teaching around the interaction of culture and medicine. A key driver in the curriculum is the Cultural Competency Curriculum Project (C3) team from the Department of Native Hawaiian Health. The team recognised early on that teaching a subject like 'Cultural Competency' would require a mix of teaching pedagogies and should include an experiential learning component. In this presentation, early and current efforts to enhance the cultural competency curricula will be described, with a special focus on Native Hawaiian health across the continuum from medical student, to resident/registrars, to practicing physician. During the evolution of the cultural competency curricula, while a lot of teaching and training effort has been directed towards medical students, there is now a growing recognition that the resident and practicing physician would also benefit from similar training. This is of particular importance when recognising that these groups are the future teachers and mentors of the students being trained. Teaching cultural competency lends itself to dynamic, 'outside the box' approaches that continuously evolve. Several of the John A. Burns School of Medicine Department of Native Hawaiian Health faculty development initiatives, as well as curricular initiatives at the residency level, will be described in this presentation, with a focus on the evolution and future growth of the program.

KEYNOTE SPEAKER INFORMATION – ELANA CURTIS

Dr Elana Curtis, Director, Vision 20:20, The University of Auckland

Dr Elana Taipapaki Curtis (Te Arawa) was 10 years old when she first decided to become a 'Māori' doctor. Luckily for her, she managed to negotiate her primary and secondary education to enter medicine under the Māori and Pacific Admission Scheme (MAPAS) at the University of Auckland. Graduating in 1995, Elana is now a Public Health Physician and Senior Lecturer at the University of Auckland with responsibilities for academic direction of the Faculty of Medical and Health Science's *Vision 20:20* initiative involved with Indigenous student recruitment, retention and support. She has research experience in Kaupapa Māori methodologies, Indigenous and ethnic inequities in health care/outcomes and Indigenous tertiary education with growing experience in raising beautiful Māori girls Taipapaki (5 and ¾), Iritekura (3) and Bryanna (13).

Re-imagining 'Space': Space Invaders and the New Frontier – Dr Elana Curtis

Indigenous health education is challenged by tensions associated with negotiating 'space' and the need to incorporate multiple realities, dynamics and solutions. This presentation will draw on learnt experiences from Indigenous student recruitment, retention and support associated with the University of Auckland's *Vision 20:20* initiative. Broader experiences involved with being an Indigenous medical student, Indigenous researcher and Indigenous educator within a non-Indigenous institution will be shared. The value of re-imagining (and re-invading) spaces to create a new frontier requires an active, regular commitment to gathering evidence, self-critique and championing innovation.

KEYNOTE SPEAKER INFORMATION – LC CHAN

Professor LC Chan, Director, Centre for the Humanities and Medicine, The University of Hong Kong

Dr. Chan has a special interest in curriculum development, problem based learning in medicine and general education, and mindful practice. He is the Chairman of the Medical Humanities Planning Group responsible for developing and implementing a longitudinal and core medical humanities curriculum which was launched in 2012. He is on the steering committee of the Common Core Curriculum of HKU responsible for developing a liberal arts education for all students from 2013. He received an Outstanding Teaching Award of the University of Hong Kong in 2008.

Medical Humanities and the Restoration of Humanistic Care to Patients and Community – Prof LC Chan

Biomedical research and cutting edge medical technology have dominated the medical curricula in many schools over the past few decades. This has resulted in illness being managed through biomedical perspectives, and with little understanding of how an individual or community's experience of illness is influenced by social and cultural factors. Medical practice, traditionally associated with humanistic care, is becoming more of a clinician scientist's trade. To redress the imbalance and help develop humanistic care, the LKS Faculty of Medicine has pioneered a core medical humanities curriculum from 2012 starting with first year students which will span the entire 6 years of their curriculum. In my talk, I will present the background leading to the development and the conceptual framework of our program, the pedagogy and our first year experience. Whilst narrative medicine helps develop humanistic care through understanding of self and others and our interconnectedness, mindfulness training – a special feature of our program – maximizes the potential of delivery of such care by enabling health care professionals to work in situations which are difficult and challenging, hence opening up opportunities to turn towards and work with instead of away from dissonance.

SUPPORTING DOCUMENTS

The LIME Connection V Program and Timetable are available for download via the LIME Network website at: <http://www.limenetwork.net.au/content/program-and-timetable>

You can also contact The LIME Network via lime-network@unimelb.edu.au for hard copies of these documents.