



POST CONFERENCE REPORT

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Event Summary

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

Theme: Advancing Indigenous Health: Workforce Innovations

Date: 2–4 December 2009

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

Auspice Organisations:

- Medical Deans Australia and New Zealand (Medical Deans)
- Australian Indigenous Doctors' Association (AIDA)
- Te Ohu Rata O Aotearoa, Ma-ori Medical Practitioners (Te ORA)

Venues:

- Indigenous Caucus - Institute of Koorie Education, Kitjarra Residences, Deakin University, Waurin Ponds, Victoria
- Conference – The University of Melbourne Law School, Pelham St, Carlton, Victoria

Number of Delegates: 190 Delegates registered for the conference

Overview

The third Leaders in Indigenous Medical Education (LIME) biennial conference, LIME Connection III, was held in Melbourne on 3-4 December 2009, with a pre-conference Indigenous Caucus at the Institute of Koorie Education, Deakin University in Geelong, Victoria, on 2 December. The conference is an outcome of the LIME Network, a Medical Deans Australia and New Zealand Project hosted by the Onemda VicHealth Koori Health Unit within the School of Population Health at The University of Melbourne. The conference was held under the auspices of Medical Deans, the Australian Indigenous Doctors' Association and Te ORA (Te Ohu Rata O Aotearoa) Māori Medical Practitioners Association of Aotearoa.

A number of new initiatives were introduced as part of this year's conference. These included an Indigenous caucus, Indigenous student and community bursaries, the provision of GP continuing medical education points as well as the LIME Honorary Awards to recognise the first cohort of Australian Indigenous doctors.

The theme for this year's conference was '**Advancing Indigenous Health: Workforce Innovations**'. Specifically, the Conference program addressed leading practice approaches to integrating Indigenous health into medical education and workplace training and provided an opportunity to discuss and challenge some current practices and discuss emerging tools and techniques to drive continuous improvement in outcomes for Indigenous health as well as the recruitment and retention of Indigenous students. The Indigenous Caucus also provided an important forum in which Indigenous practitioners, medical educators, students and community members could share, in an Indigenous space, their experiences about workforce development, innovations in the field and strategies for the future.

The conference attracted 190 delegate registrations, a considerable increase on attendance records of LIME Connection II in 2007. 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, New Zealand, the United States and Canada. A representative from each Medical School across Australia and New Zealand was present at the conference, with approximately 59% of delegates representing the university sector.

Presentations covered topics such as student pathways into and through medicine; desired graduate attributes; curriculum and assessment of Indigenous health; as well as remote and rural perspectives and tools for benchmarking success. The conference also helped to support collaboration within and between medical schools as well as encourage multi-disciplinary and multi-sectoral linkages. This was achieved not only through conference proceedings, but also through good attendance at social events including a Welcome Reception, Cultural Activity and the LIME Network Dinner.

Conference Themes

Curriculum

- There are positive outcomes from specialised Indigenous health curricula including placed based learning, simulation and immersion techniques that are proving to be leading practice approaches to the teaching of holistic care. Extended engagement with Indigenous patients has an impact on the students that lectures can not provide. There is only so much that can be taught through large /small group classes and reading, the real learning occurs through experience and immersion that provides an added dimension allowing for personal growth and connection.
- Scenario based e-learning that presents authentic problems can provide a useful approach where there is community fatigue.
- The CDAMS Framework is a useful guide, but there is a challenge in bringing about a marriage between the established curriculum and the CDAMS Framework. Times of change are good times to engage in locally relevant ways to embed Indigenous health into the curriculum and to ensure that the teaching of Indigenous health is not reliant on the existence of one lecturer.
- There is a real need for an articulated and shared vision across the whole of faculty with regard to Indigenous health. This should be led and overseen by the Dean and supported with adequate resources and time within teaching schedules. Successful learning of Indigenous health is dependant on being guided by clear objectives and goals and this occurs best when there is support from the Dean.
- It is important to build the capacity of the faculty to teach into Indigenous health, whilst ensuring that Indigenous people have oversight of the program. This could be assisted by a collaborative vision as well as online resources for staff in the faculty to provide support.
- Future doctors working in Indigenous health need to have attributes that see them work well as part of a team and with an understanding of community control. Teaching needs to encourage good clinical leadership so that the medical hierarchies and power imbalances that currently exist are overcome, thus ensuring good patient care. Doctors should have an understanding of social justice issues and be able to acknowledge their deficits in medical knowledge and cultural knowledge in order to act appropriately and learn accordingly.
- While assessment drives learning – good assessment drives good learning. Indigenous health is multifaceted and therefore requires multiple assessment methods. A programmatic approach to assessment is needed using several methods over several occasions. Assessment based on actual observation of students with patients is worthwhile and effective along with students documenting the outcome of their encounters / interviews with indigenous patients. Feedback from Indigenous patients is also important.
- There is a need for robust evaluations of Indigenous health teaching and curricula – even another audit within faculties and between schools (medicine, dentistry, nursing, health science). What evidence or evaluation is there for the culturally unsafe practitioner?

Vertical Integration

- The vertical integration of Indigenous health curricula into postgraduate training is essential. Engagement and training of clinicians who are working with medical students

should be prioritised to ensure continuity of teaching and learning around Indigenous health.

- The importance of building on the gains achieved so far in terms of Indigenous Health curricula in the Medical Schools by building the cultural competence capacity and frameworks in the Colleges is widely noted. The conceptual model of building this bridge from both sides (undergrad and vocational colleges) is supported (as opposed to waiting for the current cohorts to grow through the colleges over time). Concerns were widely expressed about the experiences of junior doctors in the apprenticeship medical culture where the learning and understandings of Indigenous health were being 'undone' by the supervising physician/clinician.
- The way in which Colleges and Boards assess and monitor clinicians in terms of cultural competence (and other domains of competence) needs to be monitored and developed. Postgraduates need Indigenous issues integrated into their continued medical education (CME). CME should not just be attendance based, but should involve demonstrating one's competence.
- An audit for clinical practice should take place with regard to Indigenous health and cultural competence.

Indigenous students

- The importance of training Indigenous doctors, in terms of ensuring a holistic approach to health, should not be overlooked. It is essential then to work with Indigenous school children and communities to encourage Indigenous involvement in the health workforce.
- Support of Indigenous students is vital, yet this support needs to be balanced to ensure that the students become independent learners. There may be value in the provision of a short Pre-Med course for assessing academic readiness.
- Funding for students to be attached to rural medical practices should be tied to Aboriginal health funding from the government (as per rural health lobby).

Indigenous Leadership

- Indigenous academic leadership needs to be expanded in a way that is sustainable.
- Indigenous doctors need to work in culturally safe environments and be supported to prevent burn out.
- Legislation and regulation provides important impetus, but institutions need to take leadership and have ownership of their strategy to ensure Indigenous leadership

Networks

- Indigenous physician support networks are vital and should be ongoing through bodies such as AIDA, TeORA and LIME.
- Mentorship and peer support is of high importance and there is a need for ongoing engagement with others in the field to ensure sharing of information, knowledge and techniques. The potential to be more aligned with other countries should be explored.
- There is significant work still to be done in this area and LIME Connection is an appropriate space to continue these discussions, share information, experiences and resources.

Delegate Registrations

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

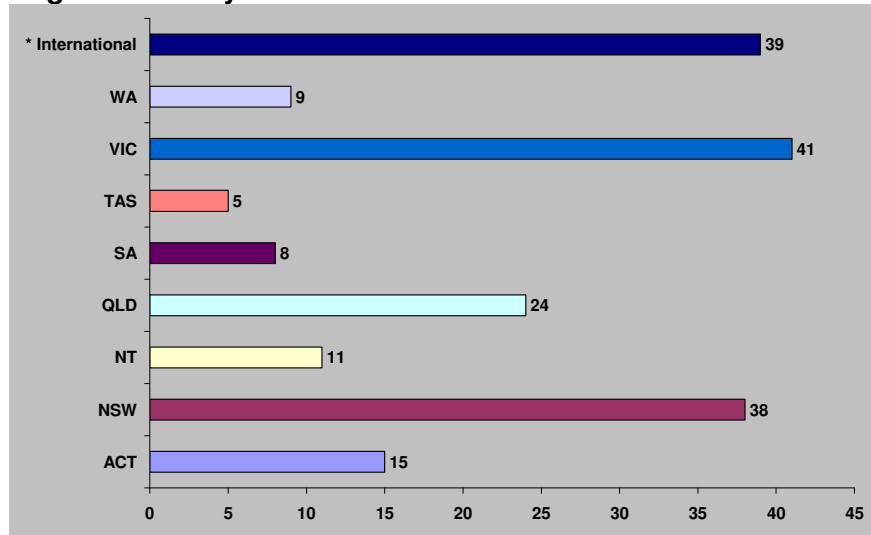
- 147 Paying Delegates
- 43 Complimentary Conference Delegates (including sponsors, keynote speakers, bursary recipients and staff)

5 other people registered, but later cancelled and had their fees refunded.

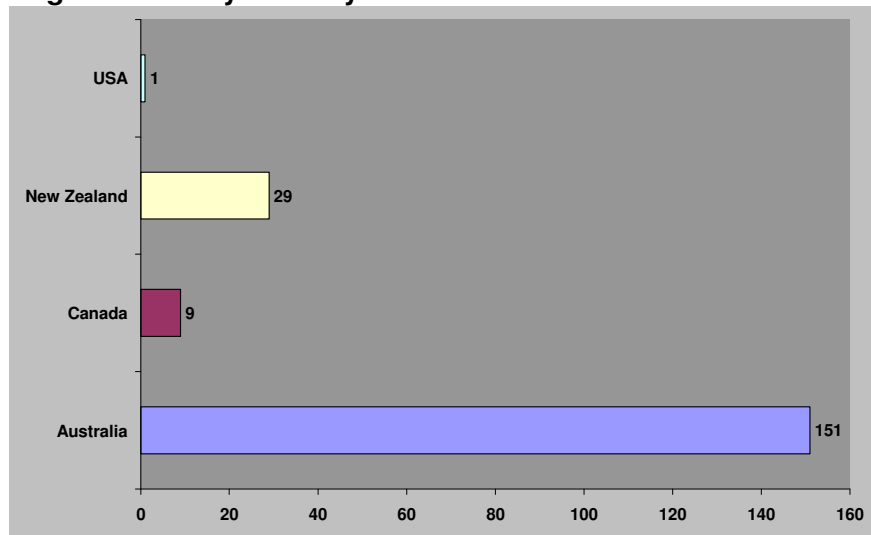
Registration Breakdown

Paying Registration Fees	
Early Bird Registration	63
Speaker Registration	36
Standard Full Registration	35
Student Registration	12
1 Day Registration	1
Complimentary Registration Fees	
Complimentary Student Bursary Registration	17
Complimentary Community Bursary Registration	10
Complimentary Full Registration (including Speakers, Staff Honorary Guests and Sponsors)	16
Cancelled Registrations	
	5

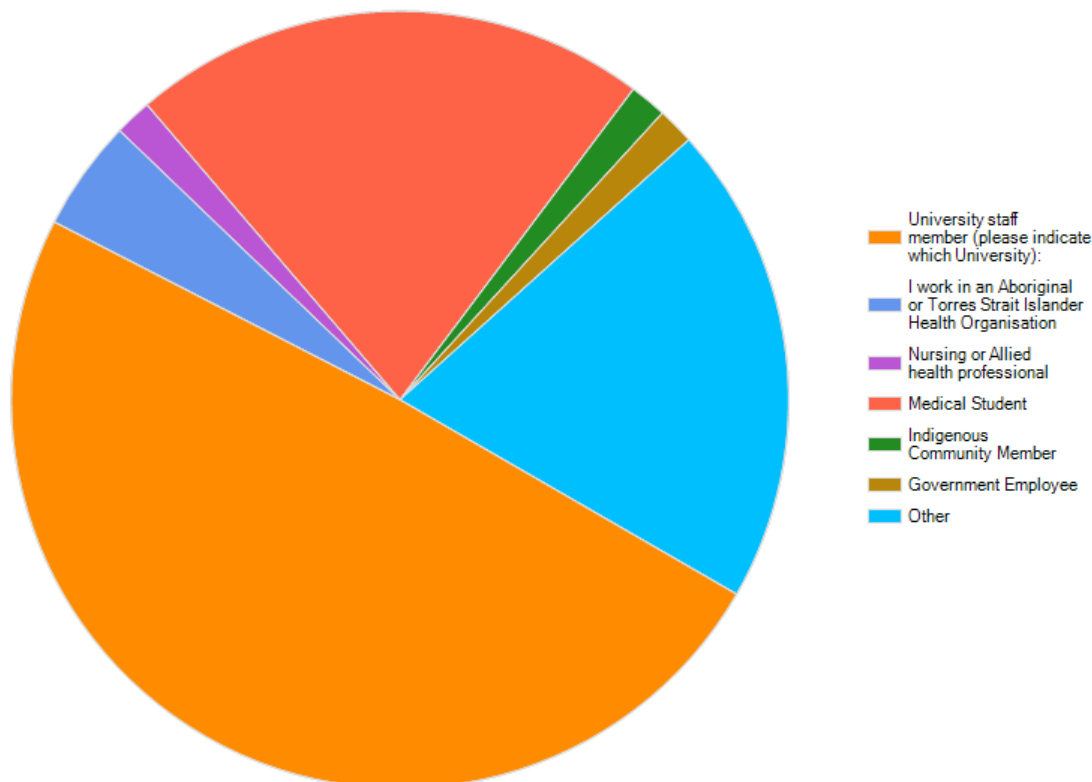
Registrations by State



Registrations by Country



Registrations by Profession



Conference Organising Committees

LIME Connection III Committee

- Ms Clair Andersen
- Professor James Angus
- Ms Danielle Arabena
- Dr Lilon Bandler
- Professor Wendy Brabham
- Professor Evelyne de Leeuw
- A/Professor Marlene Drysdale
- Mr Shaun Ewen
- Ms Mary Guthrie
- Professor Lisa Jackson Pulver
- Dr David Jansen
- Ms Odette Mazel
- A/Professor Dennis McDermott
- Ms Alison Miles
- Mr Rus Nasir
- Ms Erin Nicholls
- A/Professor Peter O'Mara
- A/Professor David Paul
- Ms Suzanne Pitama
- Professor Papaarangi Reid
- Professor Cindy Shannon
- Ms Laura Thompson

University of Tasmania
 MDANZ, The University of Melbourne
 Student Representative of AIDA
 The University of Sydney
 Institute of Koorie Education, Deakin University
 Deakin University
 Monash University
 The University of Melbourne
 AIDA
 The University of New South Wales
 Te ORA
 LIME Network Project
 Flinders University
 University of Tasmania
 The University of Adelaide
 LIME Network Project
 AIDA, The University of Newcastle
 The University of Western Australia
 University of Otago
 The University of Auckland
 The University of Queensland
 LIME Network Project

- Professor Paul Worley Medical Deans Indigenous Health Sub-Committee, Flinders University
- A/Professor Craig Zimitat University of Tasmania

Abstract Committee

- Professor Evelyn de Leeuw Deakin University
- Mr Shaun Ewen The University of Melbourne
- Ms Mary Guthrie AIDA
- A/Professor Lisa Jackson Pulver The University of New South Wales
- Dr David Jansen Te ORA
- A/Professor Peter O'Mara AIDA, The University of Newcastle
- A/Professor David Paul The University of Western Australia
- Ms Suzanne Pitama University of Otago

LIMELight Awards Committee

- A/Professor Marlene Drysdale Monash University
- Dr David Jansen Te ORA
- Mr Romlie Mokak AIDA
- Prof Neville Yeomans Former Dean, University of Western Sydney

LIME Connection III Sponsors

Auspice Organisations:

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

Host Universities and sponsors:

The University of Melbourne, Monash University, Deakin University, and the University of Tasmania.

Connection Sponsors:

Medical Deans Australia New Zealand; Australian Government Department of Health and Ageing; City of Melbourne; Cooperative Research Centre for Aboriginal Health; Department of Human Services Victoria; and Knowledge Transfer Division of the Faculty of Medicine, Dentistry and Health Sciences, and The University of Melbourne.

Pen and Notepad Sponsors:

Australian General Practice Network and Crisis Support Services

Speakers Program

The main conference program, held at the University of Melbourne included over 60 presenters. Of these approximately 70% were Indigenous. Up to three concurrent sessions were held on the following topics:

- Developing the health workforce
- Student pathways: Recruitment, retention and admissions;
- What are desirable graduate attributes in Indigenous health?
- Sustainable curriculum practice;
- Assessing Indigenous health;
- Ensuring culturally safe clinicians;
- Indigenous culture and clinical practice;
- Systems and structures in Indigenous health education;
- Curriculum tools;

- The challenge of ensuring culturally safe care to, through and beyond hospital;
- Remote and rural perspectives;
- Benchmarking Indigenous health curricula; and
- Indigenous simulated patients.

Keynote speakers included:

- **Mr Andy Tjilari, Mr Toby Ginger and Mr Rupert Peter - Ngangkari Traditional Healers** - NPY Women's Council Ngangkari Project;
- **Professor Helen Milroy (unable to attend)** - Director of Centre for Aboriginal Medical and Dental Health at The University of Western Australia;
- **The Hon Warren Snowdon MP** - Minister for Indigenous Health, Rural and Regional Health & Regional Services Delivery and Member for Lingjari; and
- **Professor Tim Wilkinson** (*Critical Discussant*) - Associate Dean (medical education) of the University of Otago.
- **Professor Noel Hayman (University of Queensland)** - Clinical Director of the Inala Indigenous Health Service in Brisbane and Associate Professor for the School of Medicine, The University of Queensland. Prof Hayman presented on behalf of **Professor Cindy Shannon (unable to attend)** - Director of the Centre for Indigenous Health at The University of Queensland;
- **Dr Marcia Anderson** - Assistant Professor of the Department of Community Health Sciences at the University of Manitoba.

The Conference provided an opportunity for those engaged in Indigenous health teaching and learning as well as Indigenous student recruitment and retention to present on and share the range of projects that are being undertaken.

Please see LIME Network website for copies of the LIME Connection Timetable and LIME Connection Abstracts and Speaker Biographies

(<http://www.limenetwork.net.au/content/conference-program-0>).

Indigenous Caucus

The Indigenous Caucus was held for the first time as part of the LIME Connection at the Institute of Koorie Education, Kitjarra Residences, Deakin University on Wednesday 2 December 2009 and was open to Indigenous conference delegates only.

The Indigenous Caucus was held on Wathaurong country and was attended by approximately 100 delegates from Australia, Canada, New Zealand and the United States. The venue provided a relaxed atmosphere in which Indigenous delegates could meet to share their personal experiences on workforce development, Indigenous student support, working in cross-cultural environments and Indigenous leadership capacity issues. Those who attended included Indigenous practitioners, medical educators, students, community members and Elders. The day also involved a Victorian Elders Panel and a presentation from the Ngangkari Traditional Healers. The Elders shared their wisdom through telling stories of their life struggles, successes and the challenges that lay ahead in Aboriginal health. The Victorian Elder's panel consisted of Aunty Alma Thorpe, Aunty Joan Vickery and Aunty Merle Bamblett and the Ngangkari Traditional Healers were Mr Andy Tjilari, Mr Toby Ginger and Mr Rupert Peter. The LIME Network Project Team received a lot of verbal and written feedback about how important it was to have the Indigenous Caucus and what a success it was on the day.

Poster Presentations

Poster presentations were displayed in the Foyer on Level 1 of the conference venue for the duration of the main conference event. An allocated time for poster presentations was scheduled on the final day of the conference at a breakfast session opened by Ms Kerry Flanagan (First

Assistant Secretary, Health Workforce, Commonwealth Department of Health and Ageing). All poster presenters also took up the opportunity to present their work to an audience at the lunchtime sessions.

Please see LIME Network website for copies of the LIME Connection Timetable and LIME Connection Abstracts and Speaker Biographies

(<http://www.limenetwork.net.au/content/conference-program-0>).

Student Involvement

In order to encourage the student voice at LIME Connection III, students were supported to attend through the provision of bursaries, and encouraged to present in the program. Those who presented are as follows:

Examining Students' Experiences of Indigenous Health within Monash MBBS

Ms Lana Prout (Monash University)

Student Issues and Immersion Programs

Ms Rachel Aubrey & Ms Jessica Blackwood (The University of Auckland)

15.3% of delegates were students, including those who received bursaries.

Abstract Process

In May 2009 a call for abstracts was made with applications to be submitted for LIME Connection III which highlighted workforce innovations in the context of advancing Indigenous health. The Connection committee invited medical educators, medical students, community members, health researchers and health providers with an interest in Indigenous health to submit abstracts for the conference. Project case studies, research and discussion papers were considered under broad topics including:

- Recruitment and support of Indigenous students in medical programs
- Teaching and learning, assessment, evaluation and curriculum
- Workforce, partnership, placements and communities
- Clinical and vocation training, cultural competence and safety

LIME staff in collaboration with web technicians developed an online submission form for paper, poster and cluster group presentations. The closing date for submissions was 28 August 2009. The Abstract Committee convened to discuss and review the 51 submitted paper and poster abstracts.

Evaluation of Program

Most enjoyed presentations:

- Ngangkari Traditional Healers
- *From CDAMS to Classroom* (Lilon Bandler)
- Victorian Elders Panel
- Cultural Competency session
- *Cultural safety in an Australian health care context* (Greg Phillips)
- Ensuring Culturally Safe Clinicians session
- Indigenous Caucus
- *Benchmarking Indigenous health curricula (CRT)*
- *Te Ara: A pathway to excellence in Indigenous health teaching and learning* (Rhys Jones)
- *First Nations, Inuits and Metis health core competencies implementation toolkit for Canadian UGME* (Daniele Behn Smith)
- *Development of a Hauora Maori pocket reference guide for medical students* (Suzanne Pitama)
- *Examining students' experiences of Indigenous health with Monash MBBS* (Lana Prout)

- *Is current education for health disciplines part of the failure to improve remote Aboriginal health?* (Fred McConnel and Suzi Demos)
- *Overcoming health workforce inequities – success for all* (Elana Curtis)
- *The Powhiri model* (Tania Huria)

Other areas of interest for LIME Connection IV:

- More curriculum based practical i.e.: simulated patient session
- More panel discussion
- Cultural and social challenges commonly experienced by Indigenous Medical students
- More student perspectives and struggles they face
- Ways to improve the recruitment of ATSI people into specialist fields and ways to support this process
- Themes including curriculum, assessment, challenges etc.
- Indigenous systems/policy research session
- Powhiri on/at a marae
- More Indigenous health community presenters
- More vocational colleges
- More on workforce issues
- More interactive workshops
- More research presentations - direct linkage with Indigenous communities and how then can influence training future medical students
- more students and graduates in attendance
- Greater representation by Postgraduate Academic Medical Colleges as to how they will engage with the CDAMS agenda for the ongoing training and maintenance of standards which have been commenced at the Medical school (undergraduate) level
- Good news / positive stories

General comments and other things to consider:

- More discussion time
- No poster presentations during lunch
- Continue with student & community bursaries
- More community participation – elders from Australia, New Zealand, Canada invited
- Hear perspectives of health and healing from traditional elders of other Indigenous cultural groups - Maori, Hawaiian and Canadian Indigenous peoples.
- More social networking time
- Don't have a too full agenda
- An additional day to incorporate more time for discussion and dedicated time for poster sessions rather than on lunch breaks
- Delegate contact list very useful
- Well organised conference
- The Indigenous caucus was particularly well done and an absolute necessity in the context of the cultural experience and traditional knowledge exchange.

Please see Attachment 1: LIME Connection III Evaluation Form and Attachment 2: Word Cloud: Evaluations

Social Program

Welcome Reception

Venue: Koorie Heritage Trust, King Street, Melbourne CBD
Wednesday 2 December 2009, 6:30–8:30pm

The Welcome Reception was held at the Koorie Heritage Trust in Melbourne. It was attended by approximately 120 delegates. Prof. Allan Carmichael of the University of Tasmania gave the Deans' Welcome and Jason Eades, CEO of the Koorie Heritage Trust, was the MC for the evening. Tiriki Onus, Don Bemrose and Zoy Frangos, three Indigenous opera singers from the Wilin Centre, Victorian College of the Arts provided the entertainment. The event was catered for by Black Olive Productions, an Indigenous catering company based in Melbourne.

Cultural Tours

A cultural tour along the banks of the Yarra River was offered to all delegates. The Koorie Heritage Trust Walkin' Birrarung Cultural Tour commenced near the Melbourne Aquarium and concluded very close to the conference dinner venue. The 2nd tour arranged was the Boon Wurrung Cultural Tour run by the owners of the Indigenous restaurant, Tjanabi, located at Federation Square. The tour commenced at the restaurant and finished there an hour later.

Unfortunately the weather conditions on the afternoon of the tours were unfavourable and after a busy day of the conference many delegates informed us that they would no longer be attending the tour as they wanted to relax and rest before heading to the conference dinner. Overall, approximately 20 people attended the 2 tours. Of the 12 delegates who attended the tour and completed the evaluation form, 58.3% rated the tours as good to excellent.

LIME Dinner & LIMELight Awards

Venue: ZINC Restaurant at Federation Square, Melbourne CBD
Thursday 3 December 2009, 7:00–11:30pm

The official LIME Conference Dinner was held at ZINC restaurant located at Federation Square along Birrarung Marr on the banks of the Yarra River. 190 delegates and invited guests attended what was a special evening in which the first cohort of Indigenous Australian doctors was honoured and the 2009 LIMELight Award winners were announced. The MC for the evening was Gregory Phillips. Entertainment was provided by Deline Briscoe and Band and the Koori Youth Will Shake Spears Aboriginal Dance Group. Epicure, the in-house caterers at ZINC Restaurant, designed a special Indigenous themed 3 course menu for the evening.

LIME Honorary Awards

The LIME Network in collaboration with AIDA and Medical Deans presented the LIME Honorary awards to the first cohort of Indigenous Australian Doctors graduating in the period 1983-1992 at the LIME Connection III Dinner. The awards were presented by the President of AIDA, A/Prof. Peter O'Mara and a Gunditjmara Elder, Aunty Joan Vickery. Five of the seven award recipients were present to receive their awards on the evening. Each honorary guest was awarded a certificate, a specially designed LIME Honorary pin and a *First Australians* DVD. The awards were presented to the following recipients:

Professor Helen Milroy - Unable to attend

Professor Milroy graduated in 1983 and is a descendant of the Palyku people of the Pilbara region of Western Australia and was born and educated in Perth. Helen graduated from medicine at the University of Western Australia in 1983 and worked as a General Practitioner and Consultant in Childhood Sexual Abuse for several years before completing specialist training in Child and Adolescent psychiatry. Helen currently works as a Consultant Child and Adolescent Psychiatrist at the Bentley Family Clinic and Families At Work residential programme, and is Director for the Centre for Aboriginal Medical and Dental Health (CAMDH) at UWA (University of Western Australia). Helen is a Past President of the Australian Indigenous Doctors Association (AIDA), current member of the National Advisory Council on Mental Health, a board member of headspace, the National Youth Mental Health initiative and a member of the Aboriginal & Torres Strait Islander Healing Foundation Development Team.

Professor Ian Anderson

Professor Anderson graduated in 1989 and is the Director of the *Onemda* VicHealth Koori Health Unit in the Centre for Health and Society, Melbourne School of Population Health, The University of Melbourne. He is also the Research Director for the Cooperative Research Centre for Aboriginal Health. Ian Chairs the National Indigenous Health Equality Council which was established in 2008 and is also the Deputy Chair of the Victorian Aboriginal Health Service. Ian has a professional background in medicine and social sciences, and has written widely on issues related to Aboriginal health, identity and culture. Ian has a broad interest in the sociology of health and illness, related policy analysis, and theory development in the social sciences. Ian has worked in Aboriginal (Koori) Health for twenty-three years. During this time he has been involved in a number of job contexts: as an Aboriginal health worker, health educator, general practitioner, policy maker, and academic. His family are Palawa Trowerna from the Pyemairrenner mob in Tasmania which includes Trawlwoolway and Plairmairrenner and related Clans.

Professor Sandra Eades

Professor Eades graduated in 1990 and was the first Aboriginal medical doctor to be awarded a PhD. She is a senior research fellow in Aboriginal Health at the Sax Institute and conjoint professor in the faculty of public health at the University of Newcastle. Professor Eades is a medical epidemiologist and a Principal Investigator on the WA Aboriginal Child Health Survey. Professor Eades is a member of Research Committee for the 2003-2005 NHMRC triennium and co-Chairs the Aboriginal and Torres Strait Islander health working committee.

Dr Louis Peachey

Dr Peachey graduated in 1990 and belongs to the Girrimay Clan of the Rainforest people. Louis completed his Medical Degree at the University of Newcastle in 1989. He was awarded a Fellowship of the Australian College of Rural and Remote Medicine in the year 2000. Louis is a medical educator at the Mount Isa Centre for Rural and Remote Health, teaching undergraduate medicine and pharmacy. He was the Founding President of the ADIA, a past President of the Pacific Region Indigenous Doctors Congress and a fellow of the Australian College of Rural and Remote Medicine.

Associate Professor Noel Hayman

Associate Professor Hayman graduated in 1990 and is a descendant of the Wakka Wakka people from South Queensland and the Kalkadoon people from Cloncurry and Mt Isa area. Noel graduated from the University of Queensland in 1990 and is a Fellow of the Australasian Faculty of Public Health Medicine. Noel is currently the Clinical Director of the Inala Indigenous Health Service in Brisbane. He also holds an appointment with the University of Queensland as A/Prof. for the School of Medicine. He is on numerous National and State Committees, including being the Chair of the Aboriginal and Torres Strait Islander Health Committee for the College of Physicians. Noel was presented with an award for the Outstanding Achievement in Aboriginal & Torres Strait Islander Health at the 14th Annual Aboriginal and Torres Strait Islander Deadly Awards in 2008. More recently, Noel was a finalist in the 2009 Suncorp Queenslanders of the Year.

Dr Christine Woolgar – Unable to attend

Dr Woolgar graduated in 1990 from the University of Queensland and is currently working in general practice at the Mindin Clinic of the Wuchopperen Health Service in North Queensland.

Associate Professor Ngiare Brown

Associate Professor Brown graduated in 1992 and is the Director of Bullana, the Poche Centre for Indigenous Health in the Faculty of Medicine, the University of Sydney. Ngiare is the Founding CEO of the Australian Indigenous Doctors' Association and a past Assistant Director of Indigenous Health in the Menzies School of Health Research. A/Prof. Brown is a Ministerial Appointee to the new Australian Social Inclusion Board and a member of the Aboriginal and Torres Strait Islander Social Justice Commissioner's Indigenous Health Equality (Close the Gap) campaign steering committee. She has a strong interest in bioethics and is the Chair of the Top End (NT) Aboriginal Ethics Sub-committee.



(L – R: **Honorary Guests** - Professor Ian Anderson, A/Professor Noel Hayman, A/Professor Ngiare Brown and Dr Louis Peachey)



LIMElight Awards

The 2009 LIMElight Awards were presented by the Hon Warren Snowdon at the LIME Connection III Dinner and were given in recognition of the significant and outstanding work staff, students and medical schools do with regard to the teaching of Indigenous health in medical education, as well as Indigenous student recruitment. These awards acknowledge innovative initiatives which address critical issues, bring people together collaboratively and implement innovative solutions.

The awards were presented to the following recipients:

1. Leading innovation in curriculum implementation

This award category recognises the implementation of Indigenous health content in medical curricula.

The Centre for Aboriginal Medical and Dental Health – The University of Western Australia

CAMDH was established in 1996 with three main interests: increasing the number of Aboriginal and Torres Strait Islander people in the health workforce; ensuring that graduating practitioners are better informed and skilled so that they can work in a culturally safer manner; and, facilitating inclusive research in the area of Aboriginal and Torres Strait Islander health. The Centre has taken strategic steps to build a health workforce that is better equipped to address the health of Aboriginal and Torres Strait Islander peoples. Recruiting, retaining and successfully graduating Aboriginal and Torres Strait Islander medical practitioners is a key strategy to help to address the representational inequity within the health workforce. Providing solid teaching and learning

opportunities for all graduates means that the future workforce will have more inclusive attitudes and the skills and knowledge to ensure culturally safe health care is available for Aboriginal and Torres Strait Islander peoples. CAMDH is participating in cultural and structural change for the future health system.

The Centre for Aboriginal Medical and Dental Health has been particularly successful in implementing a comprehensive vertically and horizontally integrated Indigenous health curriculum across the six years of the medical course at UWA. This curriculum utilises a stepwise learning pathway guided by graduate and year level outcomes, and has been fully evaluated, using an evaluation tool designed specifically for the purpose by Centre staff. The findings of the evaluation have been published and demonstrate a significant improvement in the preparedness of final year students to work with Indigenous peoples as a consequence of the curricula changes. Over the years CAMDH staff have freely shared their experience, strategies and knowledge with staff in other medical schools who are working towards implementing their own Indigenous health curricula. CAMDH staff have also played significant roles in the development of the CDAMS Indigenous health framework and the Critical Reflection Tool.

2. Leading innovation in Indigenous student recruitment, support and graduation

Dr Elana Taipapaki Curtis

Elana is a Māori doctor who has specialist qualifications in public health. She has been a Harkness Fellow and has research interests in health equity, cardiovascular disease, screening and Indigenous health workforce development. She is Kaiarahi (Academic Director) of Hikitia Te Ora (the Certificate in Health Sciences) and director of Vision 20:20. She teaches in foundation, undergraduate and postgraduate programmes across the FMHS. She has been a board member of Te ORA, the Māori Medical Practitioners Association and has held governance roles relating to Indigenous health in the New Zealand Faculty of Public Health Medicine.

Dr Elana Taipapaki Curtis has led the University of Auckland Vision 20:20 programme over the last four years and operationalised a number of quality improvement measures to ensure the focus, outcomes and consolidation of the three component projects: Whakapiki Ake (recruitment), Hikitia Te Ora (science foundation) and MAPAS (Māori and Pacific Admission Scheme -academic and pastoral support – retention). She leads two research projects that focus on improving the teaching and learning environment to improve outcomes for Māori and Pacific students. A number of key indicators of student engagement, performance and retention have been improved as a result of her leadership.

Dr Curtis is an alumnus of the University of Auckland and medical school and is committed to providing a quality pathway for Indigenous students who want to make a difference in Indigenous health. Her approach is firmly based around “evidence based best practice” and she believes that equity in the health workforce is an important part of achieving equity in health outcomes.

3. Leading innovation in community engagement

The LIMELight Awards Selection committee chose not to award in this category due to a lack of information and evidence submitted in the nominations. It was felt that the criteria under this category needed to be expanded upon with the suggestion to have the nominations endorsed by members of the Indigenous community and include members of the Indigenous community as nominees.

4. 'LIMELight Leadership Award' for outstanding leadership by an individual

This award recognises an individual who has made a distinguished contribution to Indigenous Medical education.

The Leadership Award was presented to two individuals.

Professor Ian Anderson

Ian shows outstanding leadership through his ability to be inclusive and to bring people along with him, in his vision for Indigenous health equality. His body of work speaks to the platform he has worked hard to establish, from which many can work together for improvement of Indigenous health, through medical education, policy reform and advocacy. Ian is in high demand nationally for his strategic vision, matched by his insight. Ian has professionally travelled a journey through the health sciences, beginning with his interest as an Aboriginal Health Worker, being the first Indigenous person to gain a medical degree at The University of Melbourne, and then through his management and leadership at national policy level, as well as local level at the Onemda VicHealth Koori Health Unit. This journey gives him insight from the perspective of lived experience.

Professor Helen Milroy

Professor Milroy graduated in medicine in 1983 and is Australia's first Indigenous doctor. She worked as a General Practitioner and Consultant in Childhood Sexual Abuse before completing specialist training in Child and Adolescent psychiatry. At present Helen works as a Consultant Child and Adolescent Psychiatrist at the Bentley Family Clinic and Families-At-Work residential program.

As its Director, Professor Milroy has led CAMDH in its development as one of the national leaders in Indigenous medical education. CAMDH has published outcomes in Indigenous health education, and has an excellent track record against the criteria in the *Healthy Futures* report. Professor Milroy is also a mentor to many Indigenous medical students and graduates. She has been closely involved in Indigenous medical education through her involvement as a founding member of the Australian Indigenous Doctors' Association (AIDA), the development of AIDA as an organisation, and as AIDA's President during the period 2004-2005. During her Presidency, Professor Milroy was instrumental in the development of the first Collaboration Agreement between AIDA and the Medical Deans Australia and New Zealand, from inception through to the signing of the document.

5. 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.

Ms Danielle Arabena

Danielle Arabena is a final year medical student. She was Student Director on the AIDA Board for the period September 2007 to September 2009. As Student Director, Danielle has provided leadership for AIDA student members; chaired the AIDA Student Representative Committee, which comprises an Indigenous Medical Student representative from each medical school in Australia; and represented the voice of AIDA Student members on the AIDA Board.

She is currently in her final year of medicine at The University of Queensland and has proudly represented AIDA as the Student Board Director for the past two years. Prior to this appointment she was the University of Queensland's Student Representative Committee member. She is a descendant of the Meriam people in the Torres Strait. Whilst her pathway into medicine was not direct – she has always been a healer. She believes her pathways allowed situations where she could learn skills or meet people who would be a support and be beneficial to her in medicine.

6. High Commendation for a Student (presented with a certificate)

A high commendation for a student was awarded after consideration of the nominations.

Ms Courtney Hore

Courtney has been a fabulous Māori medical student. She has displayed the qualities of leadership, determination and commitment to Māori health in the following ways; research, student performance, advocating for Māori health issues, student support and Medical curriculum involvement. Courtney is compassionate, empathetic but also action based! She is focused on the end goal of making a difference within Hauora Māori. She is committed to the structures (student

support, curriculum and the community) and has shown her ability to put herself into positions to allow her to continue to gain professional development opportunities within Māori health. Her initiative is greatly admired and respected.



(L – R: **LIMElight Award Winners 2009** – Ms Daniela Sabbioni, Ms Andrea McKivett, A/Professor David Paul, Dr Elena Taipapaki Curtis, A/Professor Ian Anderson, A/Professor Craig Allen and Ms Courtney Hore)

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

The *LIMElight Leadership Award for outstanding leadership by an individual* and the *Student Award* applications had to be nominated, have a second nomination and be supported by Curriculum Vitae as well as 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 Indigenous or Māori Medical Education?
- What particular circumstances differentiate the winning nominee from others?
- Demonstrated interest and experience in Aboriginal & Torres Strait Islander or Māori health.
- Commitment to improving Aboriginal & 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 20 nominations were received by the closing date on 23 October 2009.

The LIMElight Awards were judged by a Selection Committee including:

- A/Professor Marlene Drysdale (Monash University)
- Dr David Jansen (Te ORA)
- Mr Romlie Mokak (AIDA)
- Professor Neville Yeomans (Emeritus Professor, University of Western Sydney)

Each award winner received a Wathaurong glass platter inscribed with their award category and name, as well as a certificate.

LIMELight Awards Flyer



Student & Community Bursaries

Following the success of the inclusion of students at the Pacific Region Indigenous Doctors' Congress (PRIDoC), The LIME Network Project initiated, for the first time, student and community bursaries for Indigenous medical students and community members across Australia and New Zealand. The bursaries aimed at encouraging Indigenous students and community members to participate and present at the *LIME Connection* with the aim of assisting participants in their acquisition of skills by strengthening and consolidating professional development and knowledge generation. It also provided an opportunity for direct engagement between Indigenous students, Indigenous community members and those in the health sector.

Bursary places were offered to selected Indigenous Australian and Māori students and community members. Successful recipients of the bursary had their LIME Connection III registration fees, travel expenses, accommodation and meals supplied.

Applications for the 2009 LIME Indigenous Student Bursaries were open to candidates:

- of Aboriginal and/or Torres Strait Islander descent, who identify as Aboriginal 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;
- who are a current student enrolled in Medical studies at an Australian or New Zealand University;
- who are a student member of the Australian Indigenous Doctors' Association (AIDA); or be a member or agree to register as a member of Te Oranga and Te ORA.

AIDA and Te ORA took an active role in assessing the student applications from each country. All of the students who applied for bursaries were successful.

Applications for the 2009 LIME Indigenous Community Bursaries were open to candidates who are:

- of Aboriginal and/or Torres Strait Islander, who identify as Aboriginal, Torres Strait Islander and are accepted as such by the Indigenous Australian communities in which they live or

have lived; or be of Māori descent and identify as Māori.

The Connection Committee assessed the community applications.

Sponsors

The following organisations and universities contributed to the LIME Connection III bursary fund: Australian Government Department of Health and Ageing, The University of Auckland, The Australian National University, Deakin University, James Cook University, Monash University, Flinders University, The University of Melbourne, The University of Newcastle, The University of New South Wales, The University of Notre Dame, University of Otago, University of Western Sydney, University of Wollongong.

The Universities of Western Australia, Adelaide and Sydney all elected to sponsor their own Indigenous medical students to attend the Connection.

Bursary Evaluations

The LIME Connection III Student and Community Bursary were awarded on the condition recipients provide a post-conference report. In this report recipients provided feedback on whether the Connection met their expectations, what they learnt, what were the key findings of the conference for them, what were 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 LIME Connection III meet your expectations?

“Yes it did. I attended the LIME conference with the expectation of learning more about Indigenous health issues affecting people overseas. I also wanted to meet and hear the stories of people who had endured injustices of the past and had a vision of workable solutions. On a personal level I wanted to understand the issues facing Indigenous peoples and incorporate new ideas into my approach to Indigenous health.”

“The sessions were very informative and catered to a range of interests and knowledge. Also, the networking opportunities it provided were fantastic, especially the opportunity to meet with other students and doctors not only from Australia, but New Zealand as well.”

“This expectation was certainly fulfilled by providing key note speakers that are not only influential in their fields, but also passionate and professional leaders that communicated their skills and expertise with the audience in a fashion that encouraged maximal understanding and retention. The opportunities for networking and socialising were great to cultivate professional friendships and share stories about our journeys into and through studying Medicine at uni.”

“This is the best conference I have been to all year. I particularly enjoyed the Indigenous caucus and the Ngankari. I was pleased to meet people I had heard so much about and have read their research.”

What did you learn?

“I learned a lot about the concepts of cultural safety and cultural competence. Having only just finished first year, and coming from a uni with a good number of Indigenous students but no Indigenous academic education on these topics, I found it valuable to fill in gaps with solid concepts and words that give my understanding of these ideas a broader foundation. I also learned about positive ways that other universities are assessing student’s understanding and efficacy of Indigenous health and patient communication skills. It gives me a great drive to now approach my uni and offer the ideas shared at LIME to improve the way the non-Indigenous students approach Indigenous patients.”

"I thought the Indigenous Caucus was excellent particularly listening to the Aunties' life stories – very inspirational."

"I have been keen to see the Ngankaris for quite some time now as I have been told a lot about them and their healing practices. I learnt so much from them about Aboriginal culture and healing. It is good for us medical students to be reminded that science, while crucial for everyday medical practice, is not the be-all-and-end-all of healing."

"Big picture-wise, I learned that there is a lot involved in devising the Indigenous health curriculum and I am in awe of all those who are leading the way so far. The conference really made me realise how similar the themes are for Indigenous health across the world i.e. colonisation, poverty, lower health statistics etc."

What were the key themes, outcomes and/or findings of LIME Connection III for you?

"One of the main points I learnt was that cultural competence is not about knowing the 'ins and outs' of all Indigenous cultures, but rather focuses on having an awareness of one's own culture and how it interacts with different worldviews."

"There needs to be incentives to become culturally competent. This is probably best achieved in partnership with the various medical Colleges."

"Using multimedia showing relevant cultural issues (e.g. governmental apologies etc) are a good way to engage students."

"The presence of Indigenous people within the health workforce has been shown to be an important factor in improving the status of Indigenous health. Throughout the week in Melbourne I was made aware of the strategies other countries are using to address the shortage of Indigenous medical professionals and assist in their retention, as well as novel initiatives being implemented in our own country."

"..during the conference there was constant mention of the importance of creating our own space, a "black space", in which we can unite and be in an environment as Professor Anderson expressed, where we do not have to explain the situation to those around us, as we all know what it is like and what needs to be done. It was not until the last day, listening to Professor Anderson speak at the conclusion of the ceremony that I fully grasped the meaning of the concept. His words had a profound effect on me and it is a feeling I shall not forget; "we have done it, we have created our space, this is our space, but more importantly we can't stop here, there has to be more, this is just the beginning".

"The need for more communication and integration of medical schools and clinical programs."

"Found that there were more questions than answers being made but this would be very helpful for people in education."

"I have a bachelor of Education and taught for 5 years before becoming a Doctor. This is the second LIME connection I have attended and it has re-inspired me to be involved in medical education particularly Indigenous medical education."

"One of the things I noticed was a shift in my thinking - As a student I have often centred my thoughts on workforce and curriculum around medical schools, but, as I move through the course (and to graduation next year), I was excited to shift my focus somewhat to postgraduate opportunities and initiatives."

"Along with educating 'white Australia' about Indigenous culture, we need to further educate Indigenous students on their own culture, by introducing them to some of the elders in the communities, and the Ngankaris, so that story telling and sharing of culture can occur, making the

students more comfortable with who they are and where they come from, and hopefully, helping with the retention of students.”

What were the benefits of attending LIME Connection III?

- Increasing knowledge about the issues facing Indigenous health and medical education.
- Networking with other Indigenous medical students and doctors from around the world
- Being exposed to new ways of presenting data and discussing issues.”

“The opportunity to meet and interact with people with a shared vision and common goal was strengthening for myself and affirming for my orientation toward improving the health status of Indigenous peoples.”

“An opportunity to meet other health workers and share in stories and experiences as well as gain opportunities for future work. Great to mix with workers from all areas of health not just medicine. Recommend more students from allied professions attend.”

“The LIME connection conference has an important role in gauging and comparing other Indigenous health and education systems with the Australian system. I believe that it is very important for LIME to continue to run such conferences in order to be progressive in addressing specific Indigenous health and educational issues in a changing society.”

“I think for me it was being part of a greater network of people who are all passionate about teaching Indigenous health. It really inspired me to want to do more in this area and help those who are leading the way. Being a medical doctor it was great to learn about areas around the world and how they are tackling the issues of Indigenous health.”

Did you establish partnerships with other Indigenous people and organisations? If so, who and why is this important?

“The social events facilitated networking and I met a number of doctors and students from around Australia and New Zealand. Living at the same accommodation allowed for further networking opportunities. This is important as it will allow me to keep up to date with the latest developments and strategies in Indigenous health across the world.”

“Yes. Important to create strong networks, to strengthen the Indigenous voice in health and make more informed/ practised improvements within health.”

“I formed many new partnerships and strengthened old friendships. As a Māori medical student, particularly being a Māori with white skin, I often feel alone in a world dominated by other cultures and views and find myself losing focus as to what is important, the health of whānau and my people. Throughout the duration of this conference I was among Indigenous people from several countries including my own, who have overcome the greatest of obstacles, graduating from medical school at a time when discrimination was at its peak and paving roads that had never been walked before. They are now giants of the medical world, fighting for the health of their people and the awareness of their culture, they are heroes to medical students like me and being immersed in this atmosphere has provided me with a renewed energy and passion.”

“I was pleased to seek out members of my own University at the LIME connection, to start dialogues about improving (particularly) our curriculum. I found out about a curriculum audit that is taking place at my University and got myself invited to a faculty meeting in February to discuss the results. As with other AIDA/PRIDoC events, discussing and networking with other people in similar positions to mine was a highlight of this conference.”

“It is important as Indigenous community members with common goals to get to know each other and draw inspiration and motivation from sharing stories. It can be isolating at Medical School and in situations such as these you feel completely part of the family. This is very important for students to feel like part of something bigger that is giving a purpose to what we are doing. I aim to work with the support staff that attended from my uni to collaborate with the academics from other

universities to use their ideas from their presentations to bring Indigenous Health to life. I have had many opportunities offered to me to do my elective placement in various facilities that conference attendees work in which is great!"

Do you have any other comments?

"Great conference. Loved the venue and the accommodation. Thought that the Institute of Koorie Education was a great venue for the Indigenous caucus. Great mix of speakers and content. Came away with better knowledge about Indigenous health issues and ways to improve current inequality."

"I am very grateful for the opportunity to be part of LIME Connection III and am already looking forward to helping host LIME Connection IV in Auckland in 2011! "

"Continue to attract the leaders such as Ngaire Brown, Louis Peachey and Noel Hayman as they inspire future leaders like myself."

"A fantastic conference. I would highly recommend continuing to offer these scholarships to students, who would otherwise be unlikely to attend such as conference. I had a really great time and felt that the conference gave us a culturally safe place in which to discuss the issues pertinent to Indigenous health, medical education and workforce development. I look forward to LIME IV in 2011. Continue with the pre-conference Indigenous caucus. It would be interesting to learn more about the Maori culture and how they are dealing with these same issues."

"Recommendations – A wider range of representatives if possible in the speakers — more students also. Successful models of health in other minority groups."

"Future LIME Connection gatherings should strongly encourage stories, studies and presentations from work in postgraduate medical education."

"More from community and other allied health would be excellent. Include more on other Indigenous health course not just medical school based and current issues that are faced discussions."

"Encourage student presentations. They give a whole new dimension to the curriculum experience and I think they were eye-opening to those academics who are working with curriculum."

"More on issues and concerns and policy - discussions on related themes. Some group discussions that are open to emerging themes."

Please see Attachment 3: Word Cloud: Bursary Reports

Continuing Medical Education Points for GPs

For the first time, Continuing Medical Education (CME) points were offered to General Practitioners who attended the conference and fulfilled the required criteria. The GP Accredited Sessions included:

- *Ensuring Culturally Safe Clinicians: Part 1*
- *Ensuring Culturally Safe Clinicians: Part 2*
- *Swimming against the mainstream: The challenge of ensuring to, through and beyond hospital*
- *Indigenous simulated patients – A master class*

Applications to have the program accredited for continuing professional education points were successfully made with the Australian College of Remote and the Royal Australasian College of General Practitioners.

Twenty-five GPs enrolled in the module and 10 GPs completed the evaluation form and reinforcing activity and were awarded CME points.

The LIME Network Project team managed the facilitation of the pre and post-Connection activities including collation and distribution of reading materials, development and distribution of the evaluation form and reinforcing activity as well as the development of online resources and information. Final reports were also made to the Australian College of Rural and Remote Medicine and the Royal Australasian College of General Practitioners.

Administration

Website

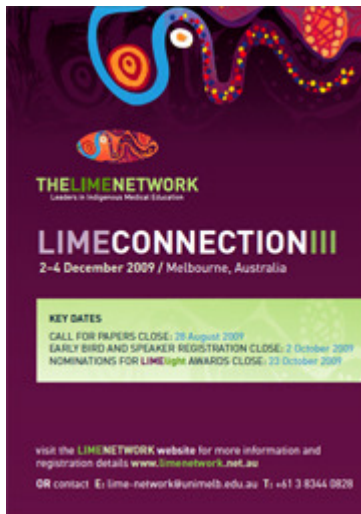
The LIME Connection website was the major portal for information on LIME Connection III. Pages included: General information about the conference; Call for Papers; Conference Registration; Conference Program; GP CME Points (GP active Learning Module); Social Functions; 2009 LIMELight Awards; Student and Community Bursaries; Sponsors; Venue; Accommodation; Information about Melbourne; and General Information (other information of importance).

The LIME Network website will also house audio-visual material from the Conference. Video footage will include Keynote Presentations, Opening and Closing Remarks and a short video of delegate experiences of LIME Connection III. Audio material will include all other presentations from the LIME Connection Program. Photos of the event are also available on the website for download.

Marketing & Promotion

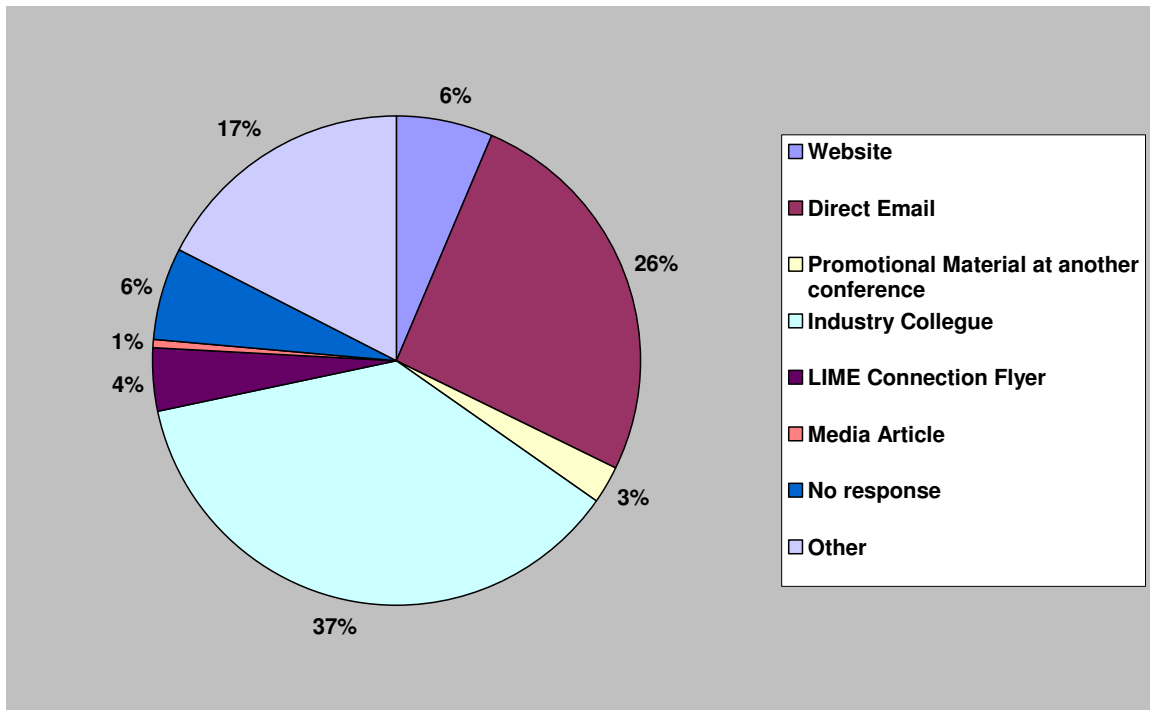
In collaboration with a graphic designer, promotional material was written, designed and printed. Conference flyers, LIME Network bookmarks, an email banner, and posters for the LIME Connection student and community bursaries as well as the LIMELight Awards were produced.

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



In answer to questions included on the registration form, delegates stated that word of mouth from industry colleagues was the most common way of becoming aware of the conference, followed by direct emails to LIME Network members, previous delegates of LIME Connection II and relevant organisations across Australia.

How did you hear about LIME Connection III?



Registration

The services of Event OFFICE (an online registration company) were 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.

Conference Venue

The conference was held in the University of Melbourne Law School, 185 Pelham Street, Carlton, Victoria. The conference was spread over 3 floors, with the majority of sessions and meal breaks held on Level 1 of the building. A Speaker's Lounge and Elder's Lounge was also made available.

85.7% of delegates who completed the evaluation forms (59 in total) thought the conference venue was good to excellent.

Volunteers

In early October Kangan Batman Institute of TAFE, Box Hill Institute of TAFE, NMIT Northern Melbourne Institute of TAFE and William Angliss Institute of TAFE were contacted with regard to recruiting event management students who would be interested in volunteering at the LIME Connection. A letter and form listing the volunteer activities and requesting assistance in the week leading up to and during the conference was sent to each of the institutions. Australians for Native Title and reconciliation (ANTaR Vic) were also contacted and offered in-kind support by promoting the conference in their newsletters and also by sending out emails to people from their volunteer database requesting help on our behalf. We received a good response and 3 of ANTaR's volunteers helped out on the conference days.

In total, seven volunteers provided assistance during the LIME Connection. Each volunteer received entry to the Connection, a certificate of appreciation and a small gift.

Media

The LIME Network Project Team in collaboration with media liaison officers from Medical Deans, AIDA and the University of Melbourne developed a media plan and a media release. Interest was generated from ABC Breakfast News (ABC2) and ABC Radio National.

Media stories on LIME Connection III include:

- Professor Ian Anderson interviewed on *ABC Breakfast News (ABC2)*, Friday 4 December 2009.
- 'Indigenous doctors help close the gap', by Samantha Donovans, *ABC News* (<http://www.abc.net.au/news/stories/2009/12/04/2761942.htm>)
- 'Indigenous doctors celebrated', by Samantha Donovans, *AM* (<http://www.abc.net.au/am/content/2009/s2761656.htm>)
- 'AIDA congratulates seven Indigenous medical pioneers' (<http://www.aida.org.au/viewrelease.aspx?id=56>)
- 'Paving the way for Indigenous doctors, University of Queensland School, of Medicine News' (<http://www2.som.uq.edu.au/som/News/Pages/ArticleView.aspx?List=9b62077e%2D28b5%2D4cc1%2Dbb73%2Dc51ea9d24941&ID=42&Source=http%3A%2F%2Fwww2%2Esom%2Euq%2Eedu%2Eau%2Fsom%2FNews%2FPages%2FDefault%2Easpx>)
- 'Encouraging Indigenous students to undertake medicine', *University of Queensland School of Medicine News* (<http://www2.som.uq.edu.au/som/News/Pages/ArticleView.aspx?List=9b62077e%2D28b5%2D4cc1%2Dbb73%2Dc51ea9d24941&ID=41>)

Please see Attachment 4: LIME Connection III Media Release

LIME Symbol

LIME Connection IV will be held in New Zealand in 2011, and to symbolise the handing over of responsibility to the next host Universities, framed Mookaite Jasper and Obsidian Spearheads were presented to representatives from the Universities of Otago and Auckland and TeORA. It is envisaged that the symbol will then be handed over to each new host as the conference moves from place to place.

The two points facing each other represent the exchange of ideas between the two nations of Australia and New Zealand. The material chosen (Mookaite Jasper - Australia and Obsidian - New Zealand) represents the lands of both peoples, they are also preferred traditional raw materials utilised for tool making in both countries. The light blue background represents shallow water which reflects the closeness between the 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.

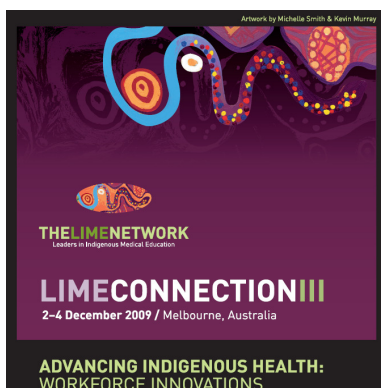
Obsidian, found in regions of New Zealand, is a natural glass of volcanic origin that is formed by the rapid cooling of viscous lava and it has been used to produce sharp blades and arrowheads. Obsidian has also been used in cardiac surgery, and has a cutting edge many times sharper than high-quality steel surgical scalpels.



Artist – John Duggan, Kamilaroi Nation (North West NSW)

Conference Satchel

The LIME Network Project Team worked with Worawa Aboriginal College in Healesville to utilise student artwork for the LIME Connection III conference bag. This involved a visit to the school by the LIME Network Project Officer and a Melbourne University Indigenous medical student in early September 2009 who talked with the school children about the possibility of studying medicine and becoming a doctor. Three pieces of artwork were chosen from 3 different students to be used on the conference bag and in the conference program. Each student was awarded a gift voucher and several copies of the bag and program in appreciation of their contribution to the LIME Connection.



Front of satchel



Back of satchel

Each conference satchel contained an Abstracts and Biographies Program; a Timetable; a notepad from Crisis Support; a pen from Australian General Practice Network; a Wandering Scholars Guide of the University of Melbourne; a Melbourne's visitor guide – summer edition; a flyer for the Indigenous Students' guide to postgraduate scholarships in Australia and overseas; a copy of *Journeys into Medicine* – an Australian Indigenous Doctors' Association publication; an Australian Indigenous Health *InfoNet* flyer; and a Welcome to Melbourne brochure.

Accommodation

Accommodation costs were not included in registration 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 the Carlton and Parkville area. All recommended hotels were located a short stroll from the Melbourne Law School.

63% of delegates booked accommodation recommended from our website, 19% were local residents, 13% used other accommodation and 5% stayed with family or friends.

Attachments

Attachment 1: LIME Connection III Program Evaluation



LME Connection III Conference Survey 2009

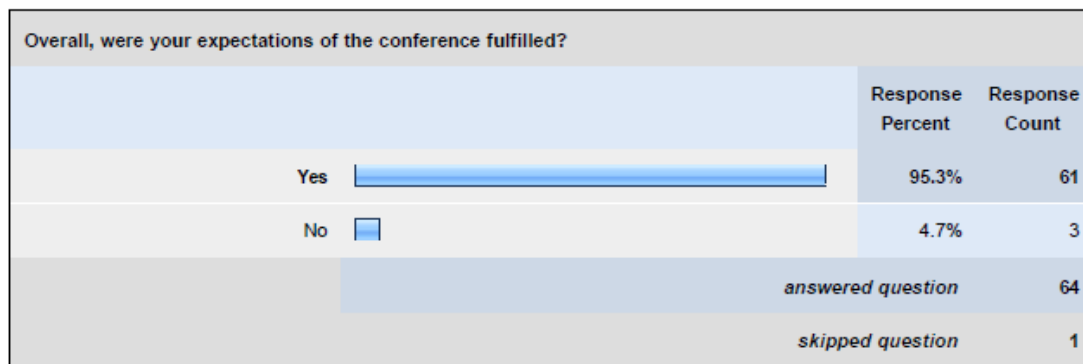
Q1.

Please tick which classification is most appropriate to you:		
	Response Percent	Response Count
University staff member (please indicate which University): <input type="text"/>	49.2%	32
I work in an Aboriginal or Torres Strait Islander Health Organisation <input type="checkbox"/>	4.6%	3
Nursing or Allied health professional <input type="checkbox"/>	1.5%	1
Medical Student <input type="checkbox"/>	21.5%	14
Indigenous Community Member <input type="checkbox"/>	1.5%	1
Government Employee <input type="checkbox"/>	1.5%	1
Other <input type="checkbox"/>	20.0%	13
Name of University or please specify details of 'Other'		40
answered question		65
skipped question		0

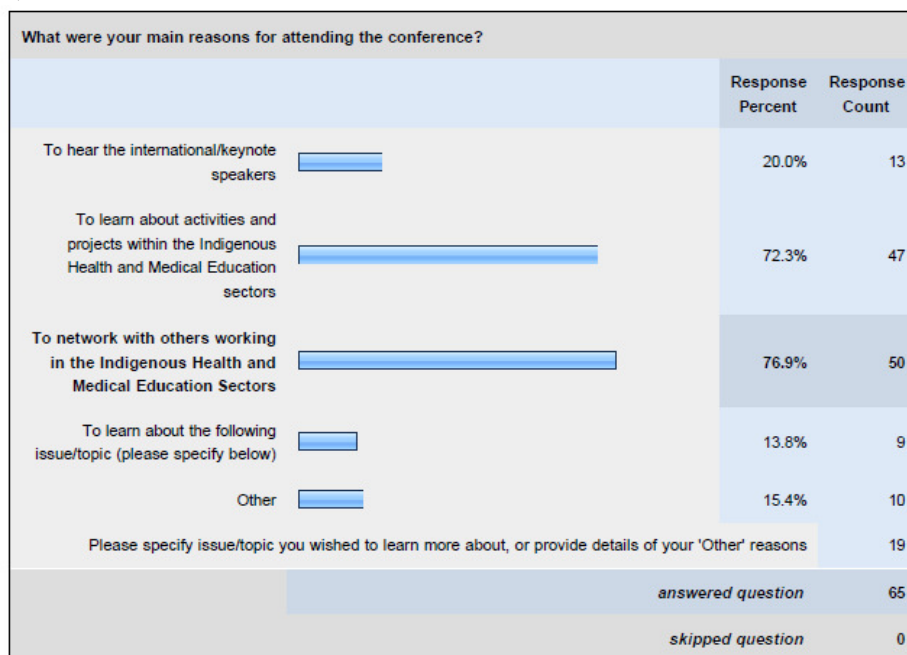
	Name of University or details of 'Other'
1	UWS/ANU
2	UWA
3	Hospital Senior Medical Officer
4	Auckland
5	Hawaii
6	Locum (self-employed)
7	Otago

8	USyd
9	Queensland
10	ANU
11	Alberta
12	Flinders
13	Auckland
14	Private medical practice
15	Monash
16	Otago Wellington
17	Notre Dame
18	Otago Wellington
19	Notre Dame
20	USyd
21	Employee of a Rural workforce Agency
22	University of Western Sydney
23	Monash
24	Medical college
25	Indigenous doctor
26	Workforce development, Aboriginal Health
27	Alberta
28	Peak body
29	Otago
30	Otago
31	ANU
32	Otago
33	University of Manitoba
34	Notre Dame
35	University of Otago, Christchurch
36	Newcastle
37	Flinders
38	Research Studnet UOM
39	Aboriginal Doctor
40	I work in a Maori health organisation in Northland, NZ

Q2.



Q3.



	Please specify issue/topic you wished to learn more about, or provide details of your 'Other' reasons
1	Learn more about support strategies in place for indigenous medical students / health professionals
2	Indigenous health curriculum development
3	Cultural competence
4	To attain CME points
5	To contribute to 'closing the gap'
6	Indigenous student recruitment and retention
7	Indigenous medical admission and support
8	Whanau/indigenous support/space/connections
9	Evaluation and national audit part 2
10	Promote SEWB issues
11	CRT
12	Find out initiatives at high school level and admissions process.
13	Getting a feel for the area in general.
14	Workforce development
15	To gain feedback about my own programmes from networks.
16	To learn more about the diversity in Indigenous cultures and health heritage and the value of traditional medicine from different cultural groups and respect for country.
17	recruitment and SUPPORT models of Indigenous students from primary and secondary to tertiary
18	Bring forward proposal for discussion
19	To gain some understanding of what would be in store for me as an indigenous medical student (I am contemplating retraining in medicine)

Q4.

Conference Program Please choose the number which best corresponds to your opinion							
	Very Poor	Poor	Satisfactory	Good	Excellent	Rating Average	Response Count
Overall program	1.5% (1)	0.0% (0)	7.7% (5)	47.7% (31)	43.1% (28)	4.31	65
Content and delivery of presentations	1.5% (1)	0.0% (0)	10.8% (7)	41.5% (27)	46.2% (30)	4.31	65
Balance of topics in program	1.5% (1)	0.0% (0)	16.9% (11)	43.1% (28)	38.5% (25)	4.17	65
Relevance of topics and speakers	1.5% (1)	0.0% (0)	12.3% (8)	40.0% (26)	46.2% (30)	4.29	65
Amount of discussion time	1.5% (1)	6.2% (4)	23.1% (15)	43.1% (28)	26.2% (17)	3.86	65
Poster session presentations	1.6% (1)	6.6% (4)	31.1% (19)	45.9% (28)	14.8% (9)	3.66	61
Comments							25
answered question							65
skipped question							0

	Comments
1	Excellent program, well managed.
2	<ul style="list-style-type: none"> - Key to have Ngankaris, but could have done with less airtime - not well suited to conference topic (Indigenous Medical EDUCATION) - Disappointing that Helen Milroy couldn't make it, but couldn't someone else have stepped in to address a similar issue? - Clash of concurrent sessions (e.g. afternoon of Thursday) but probably not much you can do about it.
3	Would have loved to attend the cultural activity but ran out of time.
4	Melbourne is awesome! Attendees were great, programme was excellent.
5	<ul style="list-style-type: none"> - More information for med students about WHERE (other than unis - clearly inadequate) we can get more cultural/indigenous training - as a non-indigenous student determined to make Indig health my future, I have so much to learn!
6	<ul style="list-style-type: none"> - Great conference. Really enjoyed travelling out to the Indigenous caucus. Was great to have a change in environment - Great venues. Really loved the Koorie Heritage Trust building. Young performers (Opera singers and Shakes Spear Dance Crew were great) - Great accommodation, good food. Nice to have attendees staying together and within walking distance
7	Curriculum essential to the training of doctors - what of postgraduate doctors (GPs) in centres other than Primary Health Care Centres responsibilities and accountabilities emphasised? How to achieve same complex - indigenous colleagues must play greater role in future national and state conferences and meetings.
8	Good variety of presentations
9	Accommodation at uni was poor
10	Poster sessions - great ideas, but unfortunately over lunch hours and think we needed to take a break.
11	Really uplifting and inspiring.
12	Great - really enjoyed conf!
13	Excellent standard and great to have practical examples of what is being done in various medical schools.
14	Excellent quality presentations, Good session lengths, Good to have writing space in venue and good access (desk)
15	Different stories about how we should work within the same cultural framework we all have the same stories.
16	I only attended one poster session - it was a very small audience - the chairs and presenters and me. Perhaps this could be woven into the program, or else leave it out entirely.
17	More on recruiting high school students into medicine and/or health generally!
18	I have only just started thinking about this area as I grapple with UG education.
19	A lot of good things are happening, inspirational. Interesting to hear the work being done in Canada and NZ.
20	As usual some presentations sound better as abstracts. The opportunity to catch and network with the legends of Indigenous Med Ed is invaluable.
21	No eating while dancers are performing, I hate eating while speeches are on, Accessibility to all rooms - elders room located on top level. They sat on stools on Level 1 most of the time
22	Welcome to country on Wednesday was great - but no opportunity for visitors to respond to the welcome and acknowledge the local mob.
23	Mr. Gregory Philips, Ms. Tania Huria, Dr. Elana Curtis
24	It was difficult to attend the poster sessions since they were over breaks in what was a packed agenda and my brain really needed the rest.
25	Overall, there were some interesting keynotes & presentations, but nothing really stood out for me, hence an "average" satisfactory rating, rather than good or excellent. It didn't really meet my expectations which were perhaps a bit too rosy, but in a perverse way I got a lot of unexpected learning's from it (see general comments)

Q5.

List 3 sessions or highlights of the Connection that you found particularly interesting or valuable		
	Response Percent	Response Count
Personal workforce development and networks awareness (IC)	2.5%	1
Scholarships/student support (IC)	2.5%	1
Working in cross-cultural environments (IC)	0.0%	0
Indigenous leadership capacity issues (IC)	0.0%	0
Welcome Reception at Koori Heritage Trust	2.5%	1
Ngangkari Traditional Healers (Keynote Day 1)	37.5%	15
Future Directions of (Indigenous) Medical Education - Workforce Implications (Keynote Day 1)	0.0%	0
Student Pathways: Recruitment, retention and admissions (Day 1)	15.0%	6
What are desirable graduate attributes in Indigenous health	7.5%	3
Poster Presentations	2.5%	1
Sustainable Curriculum Practice (Day 1)	22.5%	9
Assessing Indigenous Health (Day 1)	17.5%	7
Ensuring Culturally Safe Clinicians: Part 1 (Day 1)	20.0%	8
Ensuring Culturally Safe Clinicians: Part 2 (Day 1)	15.0%	6
Cultural Activity	0.0%	0
LIME Dinner and LIMELight Awards	25.0%	10
Cultural safety and workforce development (Keynote Day 2)	2.5%	1
Indigenous health workforce development in Canada (Keynote Day 2)	7.5%	3
Systems and Structures in Indigenous Health (Day 2)	7.5%	3
Curriculum Tools (Day 2)	17.5%	7
Swimming Against the Mainstream (Day 2)	20.0%	8
Remote and rural perspectives (Day 2)	10.0%	4
Benchmarking Indigenous health curricula (Day 2)	10.0%	4
Indigenous simulated patients - A master class (Day 2)	22.5%	9
Closing comments	0.0%	0
Other (please specify) or give further details		31

	Other (please specify) or give further details
1	Curriculum discussions & Canadian perspective
2	Learning about the role of CDAMS and CRT, Indigenous Caucus, Listening to the Koori elders about their struggles and success stories.
3	Australian indigenous doctors talking at LIME Dinner
4	Contact with the Ngangkari, Elders' panel at pre-conference caucus, Kimberly Area talk
5	Students' experiences of indigenous health (Monash - Lana Prout), Hauora Maori pocket ref. guide for med students (Uni of Otago) We need an Aboriginal version of this, Fred McDonnell and Suzi Demos
6	Student research results (Lana Prout), Hearing from colleagues on how to do SP better.
7	Development of Hauora Maori pocket ref, Overcoming health workforce inequities, Self-discharge & cultural competence at ASP
8	Anything on workforce (but that's because it's my area)
9	Canadian perspectives, Aboriginal Caucus, Limelight Awards Night
10	Seminars good, Acknowledgements sections too long
11	Suzanna Pitama - review of Maori health pocket card, Rhys Jones - review of Te ORA, Ngangkari healers
12	1. Limelight Awards, 2. Sessions, 3. Great food
13	Cultural safety discussion, CRT /evaluation / audit discussion, LIME connection dinner
14	Ngangkari men generous sharing & Patient simulation demonstration
15	Dr. Jones, D Behn Smith & Suzanne Pitama, Student research presentation on day 2
16	Ngangkari at Indig caucus & Student Presentations - CDAMS vs actual learning
17	CRT session, David Jansen's Masterclass, TOL paper
18	Indigenous Caucus day was excellent.
19	Ensuring Culturally Safe Clinicians, LIME Awards at LIME Dinner, Warren Snowden's Keynote Speech
20	1. The incredible things being done around Australian and in Canada and NZ, 2. "HUI", 3. The importance of exploring one's own cultural baggage.
21	Student experiences of indigenous health & Meeting people
22	Awards dinner & Gregory Phillips presentation
23	Elders & Cultural competency
24	The food, The Aunties, The Ngangkari traditional healers
25	Individual stories/experiences which came through many presentations.
26	Hearing about practical ideas and methods that people are doing and that work.
27	Discussion on racism, Discussion on organisational change, Examples from Canada and NZ of their Med Ed programs
28	<ul style="list-style-type: none"> - Pre-conference travel to the Institute of Koorie Education, Kitjarra Residence at Deakin University and all the activities, discussions and group sessions that day was well as the evening welcome reception. I have experienced that day to be welcoming, emotionally empowering, intellectually stimulating and culturally/spiritually enriching. - Day 1: Ngangkari Traditional Healers - Day 2: Sustainable Curriculum Practice session, particularly the talk by Dr. Lilon Bandler From CDAMS to Classroom
29	Found it all really good. The indigenous caucus was a really good idea and enjoyed this. Overall found it to be an energising and sharing conference. Enjoyed all sessions I attended.
30	Really like the way the sessions worked together so well.
31	The 3 "highlights" I chose all offered a point of difference to the rest of the programme, in that they all sought to expand and make connections beyond the bounds of "traditional western" medical education.

Q6.

Networking/Social Program Please choose the number which best corresponds to your opinion								
	Very Poor	Poor	Satisfactory	Good	Excellent	N/A	Rating Average	Response Count
Opportunities for networking	0.0% (0)	0.0% (0)	11.3% (7)	27.4% (17)	58.1% (36)	3.2% (2)	4.48	62
Welcome reception (Koorie Heritage Trust)	0.0% (0)	0.0% (0)	5.4% (3)	21.4% (12)	44.6% (25)	28.6% (16)	4.55	56
Cultural Activity (Tour along the Yarra River)	2.0% (1)	2.0% (1)	5.9% (3)	3.9% (2)	9.8% (5)	76.5% (39)	3.75	51
Official LIME Connection Dinner (Zinc @ Federation Square)	1.7% (1)	0.0% (0)	13.3% (8)	26.7% (16)	40.0% (24)	18.3% (11)	4.27	60
	answered question							63
	skipped question							2

Q7.

Information, Administration and Registration Please choose the number which best corresponds to your opinion							
	Very Poor	Poor	Satisfactory	Good	Excellent	Rating Average	Response Count
Pre-conference administration	0.0% (0)	4.8% (3)	6.3% (4)	33.3% (21)	55.6% (35)	4.40	63
Conference website	0.0% (0)	4.8% (3)	11.3% (7)	38.7% (24)	45.2% (28)	4.24	62
Conference registration process	0.0% (0)	0.0% (0)	9.5% (6)	42.9% (27)	47.6% (30)	4.38	63
General administration during the conference	0.0% (0)	0.0% (0)	7.9% (5)	27.0% (17)	65.1% (41)	4.57	63
Conference satchel	0.0% (0)	1.6% (1)	15.9% (10)	34.9% (22)	47.6% (30)	4.29	63
Conference program and abstract booklet	0.0% (0)	0.0% (0)	7.9% (5)	31.7% (20)	60.3% (38)	4.52	63
Conference venue	0.0% (0)	0.0% (0)	14.3% (9)	28.6% (18)	57.1% (36)	4.43	63
Catering	0.0% (0)	0.0% (0)	7.9% (5)	19.0% (12)	73.0% (46)	4.65	63
	answered question						63
	skipped question						2

Q8.

Indigenous Caucus Please choose the number which best corresponds to your opinion								
	Very Poor	Poor	Satisfactory	Good	Excellent	N/A	Rating Average	Response Count
Transportation	1.7% (1)	1.7% (1)	6.7% (4)	15.0% (9)	31.7% (19)	43.3% (26)	4.29	60
Venue	0.0% (0)	4.9% (3)	4.9% (3)	13.1% (8)	39.3% (24)	37.7% (23)	4.39	61
Catering	0.0% (0)	0.0% (0)	11.5% (7)	16.4% (10)	34.4% (21)	37.7% (23)	4.37	61
Content	0.0% (0)	3.3% (2)	11.5% (7)	18.0% (11)	29.5% (18)	37.7% (23)	4.18	61
answered question								61
skipped question								4

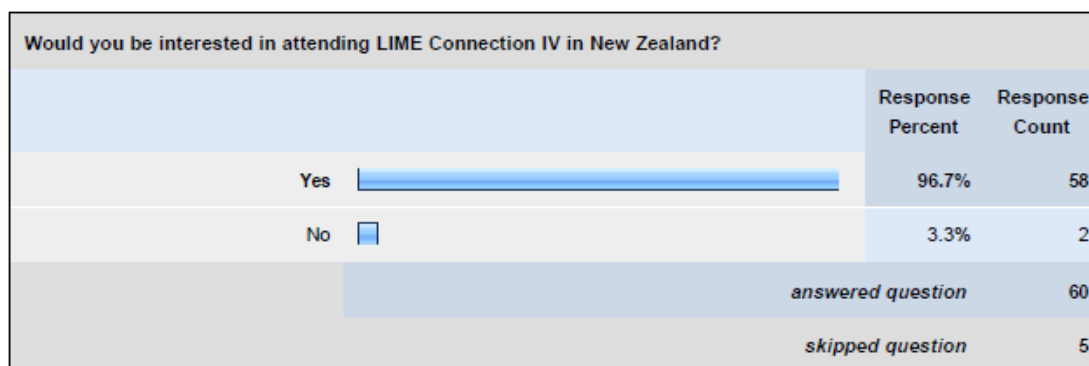
Q9.

Comment on any aspect of the Connection that you felt could have been improved	
	Response Count
	35
answered question	35
skipped question	30

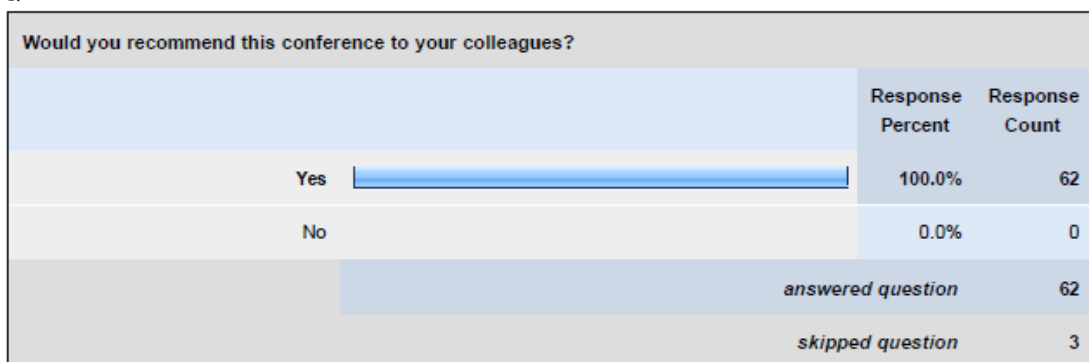
	Response Text
1	I wish we had less speeches at the dinner. Do we really need Warren Snowdon to come and speak? The quote from Keating's speech was offensive - we didn't need to hear that.
2	Recommendations from EVERY seminar session and every discussion
3	More 'meet and mingle' opportunities - informal gatherings that facilitate networking
4	I would have liked more time for discussion after presentations.
5	Indigenous caucus wasn't a good use of precious time together as Indigenous medical educators. need less emphasis on general stuff and more opportunity to share ideas - more time for focused discussion. Especially allowing open discussion about issues that we might not be able to talk about openly with non-Indigenous colleagues present.
6	The bus trip is a long trip to add to an already full, emotional day. Need more time with discussion section.
7	Darker dance floor, Would like to know how to acquire Ngankaris book, Not much to criticise - top quality conference.
8	(see other comments), some background (very brief) of history of the various indigenous peoples of Aust, NZ, Canada, Hawaii (even in the conference booklets would be helpful, More student focused sessions.

9	Indigenous caucus: would've been good if some brief contextual history was given. As a person from overseas I didn't know of the 1967 referendum etc that had taken place. Had to ask around. More time between cultural walk and end of conference - time was too tight, so that people couldn't get ready for the dinner.
10	Better direction on where and how to get to dinner/tours, i.e. maps, instructions on how to use public transport
11	re: caucus: did not seek out information/not clear at outset
12	I think just let people shout for the poster preso instead of making us go to another room
13	Poor accommodation
14	Program on website didn't show or wasn't there. Couldn't find map of venue.
15	Good to acknowledge traditional owners and introduce elders but does NOT require 2 hours on day one and another 2 hours on day 2 spent on welcoming and acknowledgements. This time would have been better spent on discussion time.
16	Pre-conference workshop (indig) a bit repetitive - could have used time a bit better/focussed, discuss a bit. Wasted potential? Should be indig only
17	Postgraduate medical education
18	Final keynote should have better summary (perhaps rapporteurs x 2)?
19	Transport for people with disabilities not considered. Venue too hot and seating uncomfortable
20	Would like more 'research informed' teaching content.
21	More stuff on Ethics with the different medical schools to make people more aware of the issues.
22	Finger food.
23	n/a
24	None.
25	More time for discussion after sessions.
26	Workshops facilitation needed work.
27	The open forum discussion was VERY disappointing: participants wanted to discuss their own specific situation rather than focus on the broader principles or concepts
28	Time to discuss workshop outcomes
29	It was great to see such diversity amongst the Indigenous groups represented. However, it would have been nice to also hear perspectives of health and healing from traditional elders of other Indigenous cultural groups such as the Maori, Hawaiian and Canadian Indigenous peoples.
30	? some more workshops about specific teaching initiatives. Also found concurrent sessions tricky - wanted to go to both (not sure what can be done re this!)
31	The agenda was very packed.
32	Why is there a 'closed' session to non-Indigenous? Not against it but would like to know advantages? Disadvantages? Not sure if it sends the right message....
33	Accommodation, Seating at caucus, welcome to country
34	Too insular - I think the conference would be improved by strengthening the wider indigenous health connections outside the Universities, medical profession & institutions. For example, I didn't attend the Indigenous Caucus because I wasn't sure I fitted the "qualifying criteria": indigenous - yes; medical student/ professional - no.

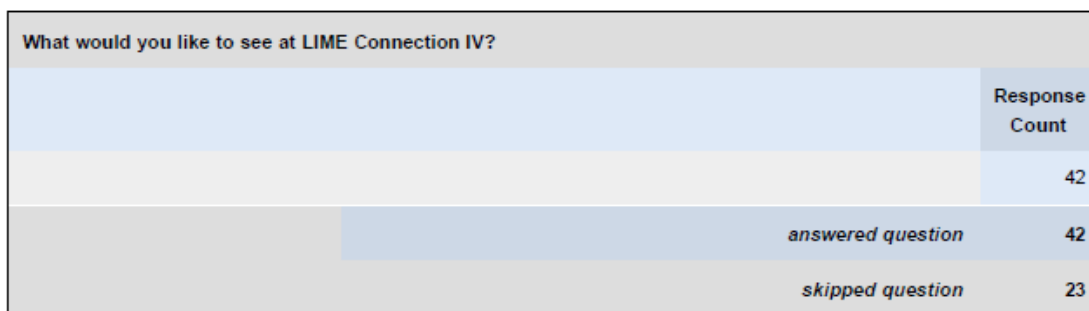
Q10.



Q11.



Q12.



	Response Text
1	More time to talk to each other
2	1. International collaborative project opportunities. More 'how to' sessions - faculty development; lifelong learning 2. Interdisciplinary/interprofessional issues 3. We all have more in common than sets us apart that offers an opportunity for active collaboration and knowledge sharing that could be further capitalised on. Also, sustainability of educators in this sector - supports/networks/collaborations
3	More student perspectives and struggles they face
4	Greater representation by Postgraduate Academic Medical Colleges as to how they will engage with the DCAMS agenda for the ongoing training and maintenance of standards which have been commenced at the Medical school (undergraduate) level.
5	ADVANCEMENT of knowledge/theory/practice. There is a tendency with networks like this to rehash some of the same issues. Need some mechanism to document the 'state of the art'/best practice articulated at LIME Connection III, and make it clear that LIME IV is about building from there, not revisiting the same stuff (unless appropriate to do so)

6	I would like to see people address history but put a positive slant on the history and then consider the building of positive people from our history. E.g. acknowledge ancestor's struggle but continue with more positives not talk about death and struggle etc at dinner.
7	More Canadians, Pacific Islanders being officially included, The friends I made at LIME Connection III
8	More opportunities for students to get indigenous health experience, Section of website with updates of work presented i.e. when it gets published and how to access it, Promotion to non-indig med students also to inspire more to go into this important field
9	Pacific islanders officially invited, Contextual history given of the Maori people and the struggle, victories and losses that have occurred (in conference booklet?), Cultural performers and other artist (opera/quartet) - nice variety and demonstration of different worldviews and culture coming together. A GOOD band to play at the formal dinner, with some contemporary music (hiphop/gangsta mix)
10	Further development of indigenous activities, focus
11	Inter-relationships with other Aboriginal Organisations re: aboriginal health worker association
12	Role of partners of medical practitioners (support network for partners of medical practitioners who are often left out of the equation)
13	The development of a set of core curriculum in IH & Compulsory cultural competence training for ALL Health professionals
14	Good accommodation
15	More examples of specific curriculum initiatives - mock ups? More student led discussion/research around their experiences of curriculum
16	Bigger, more positive stories, more students and graduates. It's all good
17	As above less welcoming time & More discussion time
18	Results of bi-national audit.
19	More research presentations, more involvement of direct linkage with Indigenous communities and how then can influence training future medical students
20	Actual practical demonstrations of activities - interactions/interventions etc. DVD Audiovisual media of engagement with indigenous
21	The different cultures doing a welcome in the different traditional dress wear to have an understanding of areas, and show the difference between Aboriginal and Torres Islander dancing.
22	More of the facilitated experience sharing sessions, eg David Jansen's Masterclass style.
23	As above - the recruitment and admissions of high school students could be a session separately to retention while at uni. More personal stories from Indigenous docs and students on ultimately why they applied and what kept them there. Maybe a language class for an indigenous language - something fun.
24	Hearing more positive stories.
25	I think it might have been interesting to have a student poster session of some kind of student input to see their experience of the programs discussed, or possible suggestions for indigenous education programs. I heard many times the notion that medical students were a reluctant party in the process - this is not my experience at all and I think listening to students might help to see medical students as something other than resistant parties in the system.
26	More interactive workshops
27	More on workforce issues.
28	More vocational colleges.
29	Indigenous health community presenters
30	Powhiri on/at a marae
31	Indigenous systems/policy research session.
32	Similar themes including curriculum, assessment, challenges
33	Ways to improve the recruitment of ATSI people into specialist fields and ways to support this process.
34	-Further discussion of Indigenous Medical education at intern, PGY 1 and 2 and vocational levels (i.e vertical integration of Indigenous medical education -Further discussion on Indigenous medical education preparing Docs for their mainstream practice including urban.

35	I would like to see further discussions with regards to the cultural and social challenges commonly experienced by Indigenous Medical students as these issues are often a barrier compromising learning and participation in medical education and coursework.
36	Similar networking opportunity, great to have different country input, liked the time in sessions for discussion. ?? time at the end or during for more "panel" discussions
37	Lots more curriculum based practical i.e. like the simulated patient session
38	Could probably do with an additional day to incorporate some more time for discussion and dedicated time for poster sessions rather than on breaks.
39	Peer reviewed, research based sessions that demonstrate authentic results and practices - qualitative is good! Maori delegates did this very well. loved the NZ model on how to interview Maori patients.
40	as well structured sessions that flow well
41	continued good content with presentations
42	I've ticked yes for questions 10 & 11 with the proviso that there are more keynotes & presentations from non-medical Maori and indigenous health professionals, and a lot more "cross-fertilisation" of thoughts, ideas and action to address the health workforce struggles, systems and institutional racism etc that we all deal with.

Q13.

General comments	
	Response Count
	30
answered question	30
skipped question	35

	Response Text
1	Maybe a progress report should occur during subsequent meetings. Big probs and issue from previous meetings which now have solutions.
2	Appreciate strong emphasis on curriculum, teaching and learning, institutional dynamics. Student recruitment/support important, but teaching and learning issues more academically challenging.
3	Solve problem by opening an Indigenous Medical School/ other health/affiliated to a major university and utilize their facilities eg 50 places with 10 for non-indigenous needs to be flexible to allow for family and cultural practices. Eg. 5 year course could take 6. Structure of exam needs to be a focus and written for indigenous people - room and Q designed to set you up so you have a more relaxed and less pressure before you enter the rooms. Need 7 (illeg) not 5 with room set up appropriate i.e. marker(s) not behind you and with door directly behind you
4	Thank you - amazing opportunity. Met great people and learnt a lot. Coming together with a vision for the future gives me strength and inspiration.
5	Was surprised and inspired by parallels between Canada, Hawaii, and especially Aust and NZ. Band at LIME Dinner was awesome, as were the dancers, and opera singers at the opening! Contact list - very helpful!

6	Would be great if the conference photos are made available on the link from your website going to a storage site with all of the pics, allowing conference attendees choice regarding which photos they want to download. I was shocked to find out that a generation ago, Aborigines were classified as 'flora and fauna'?! I didn't realise such racist legislation existed only a few years ago! Great to include a contacts list in the conference pack. Dr Peachy's speech at the dinner was very moving. Would be great to have them published /have other people telling their story in NZ.
7	Best part of indig caucus was the morning. Would have liked more time for networking. Thank you! Well done!
8	Separate timetable = brilliant
9	Fantastic effort by all
10	Beautiful, significant setting. Love being on the land. Grounding welcome/opening to the following days. Masi cho. Thank you for a phenomenal three days. It was inspiring and invigorating to spend time with my Australian, New Zealand, and Hawaiian cousins. I look forward to learning from and working with you in the future.
11	Learned heaps, great presentations, great atmosphere, great entertainment and wonderful cultural input and wisdom. Inspires hope.
12	Needed to be more clear on how to access CME points to GPs
13	Very inspiring, friendly people. Organisers need to consider access for disabled delegates eg transport, parking near venues and accommodation. But overall very well organised.
14	Great organisation - thanks.
15	I think you need more marketing! Excellent conference. Perhaps you could also include sessions from postgrad specialist training providers on their Indigenous initiatives. Excellent hearing from NZ people and was very impressed that they spoke their Maori language at the beginning of sessions. A proud people.
16	Great conference
17	As a medical student I learnt a lot about an areas that I was not aware of - I was really inspired by the work of Indigenous Health Educators in Australia and NZ. I knew before the conference that I wanted to be involved in Indigenous Health in some way when I graduate and this conference confirmed that for me. It also made me appreciate further the thought and time that goes into developing curriculum by university staff.
18	I was unsure about attending but found it immensely helpful.
19	Beautiful to be with the indigenous brothers and sisters.
20	Otherwise fantastic
21	Titles (e.g. Prof, Dr, Mr, Ms) should be removed from name badges as this reinforces a hierarchical context which does not sit well with indigenous processes.
22	Very well organised conference. Wonderful sense of community. Good sense of achievements as well as hurdles still to overcome. Really good food!
23	Really enjoyed the whole conference. Great networking opportunities, safe environment, synergies between talks and across nations. Well done! Looking forward to the next one!
24	Great program - thank you!
25	The conference was well organized and of a very high standard overall. The Indigenous caucus was particularly well done and an absolute necessity in the context of the cultural experience and traditional knowledge exchange. I found the open forum discussion at the Indigenous caucus to be especially useful in conveying the needs and challenges faced by Indigenous Medical students.
26	Excellent conference, well done

27	Some of the sessions seemed like 'fillers' and a bit repetitive...needed to be of more substance. The Ngankgari Elders were inspiring with their generous and welcoming spirit. I guess I'm talking about 'authenticity'. We need to come to this place of being authentic and loving with each other (indig and non-indig together) so that our common goals re: Indig health and education can move forward-because we all want the same thing now. A few speakers touched on it and it was a breath of fresh air. Yes, I gained a lot just from being in the presence of the Ngankgari Doctors. Thank you for a great conference.
28	Brilliant conference - very impressed.
29	better accommodation (students)
30	As a non-medical indigenous (Maori) woman with 15 years experience in Maori health and contemplating a career change to medicine, I often felt "out of place" / excluded from the medical clique of those who'd already "done it". Yet the issues, struggles etc are the same across the entire Maori health workforce, not just within medicine. I've seen the disharmony and destruction wrought by mythologising professional and institutional hierarchies - e.g. X University med students are better than Y University med students, bio-medical "mainstream" services more highly valued than Maori health services, Dr's higher up the pecking order than nurses, Pakeha/ white Drs considered more clinically competent than indigenous Drs etc. I didn't expect to find similar mythologies and hierarchies being perpetuated at an indigenous conference. The conference really made me rethink my approach to retraining in medicine, particularly my romanticisation of my indignity as giving me some sort of special protection from the vagaries of institutional and professional hierarchies. Furthermore, as a "mature student" with a family it seems there's no real place for me to enter medicine (I keep being told it will be very difficult to manage). Yet with the bulk of the non-medical Maori health workforce drawn from the "mature" ranks of women with whanau, institutions don't seem interested in attracting us into medicine, or supporting us when we are there.

Attachment 2: Word Cloud: Conference Evaluations



Attachment 3: Word Cloud: Bursary Reports



Attachment 4: Media Release

Leaders in Indigenous Medical Education (LIME) Connection III

3 December 2009

Conference set to advance Indigenous health workforce

Medical leaders from Australia, Canada, New Zealand and the United States will gather in Melbourne today for an international conference that aims to improve Indigenous health and the Indigenous health workforce through sharing strategies of best practice in the education of medical students and doctors, and in the recruitment and retention of Indigenous medical students.

The Leaders in Indigenous Medical Education (LIME) network is a project of the Medical Deans of Australia and New Zealand hosted by *Onemda* VicHealth Koori Health Unit within the School of Population Health at The University of Melbourne and funded by the Australian Government Department of Health and Ageing.

Members include Indigenous and non-Indigenous academics, medical educators, specialists in Indigenous health, allied health and nursing professionals, policy makers and community members concerned with the delivery of quality Indigenous health content in medical education and curricula.

Participants meet every two years at a conference known as LIME Connection.

'Medical education initiatives in Indigenous health are critical to improving Indigenous health,' said conference spokesperson Shaun Ewen.

'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 Australians and provide health equality for Indigenous Australians.'

Auspiced by Medical Deans, the Australian Indigenous Doctors' Association and The Māori Medical Practitioners Association (Te ORA), the two-day conference will focus on 'Advancing Indigenous Health: Workforce Innovations'.

The conference will address leading practice approaches to incorporating Indigenous health into medical education and workplace training, and provide an opportunity to discuss and challenge current practices and discuss emerging tools and techniques to drive continuous improvement in outcomes for Indigenous health medical education.

The LIME Connection also hosts the LIMELight Awards tonight, which acknowledge and celebrate the many successes in Indigenous medical education. The awards presentation dinner will be attended by the Minister for Indigenous Health, Rural and Regional Health and Regional Services Delivery, the Honourable Warren Snowdon, federal member for Lingiari.

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

Auspice organisations



Host universities



Connection III sponsors



Pen and notepad sponsors



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