The Muster 2014
27 – 30 October
Global Community Engaged Medical Education
ULURU, NORTHERN TERRITORY, AUSTRALIA
For the updated Muster 2014 program and agenda, visit: flinders.edu.au/muster2014

Muster Logo
The Muster 2014 logo was painted by Ms Colleen Hayes, Aboriginal Cultural Advisor, Flinders University in the Northern Territory.

The painting title is “Healthy Pathways for Healthy Bodies” and depicts people traveling from many places to Uluru to share stories about health and healing. These shared stories can make bigger and better changes to how we approach health and healing in our homes, communities, and workplaces.

Painting Interpretation
- The lines depict people travelling.
- The circle in the middle represents Central Australia.
- The four circles are places and countries from which people are travelling.

Ms Colleen Hayes comes from Black Tank-Apmwerre Outstation and is of Arrernte-Kaytetye descent. She is employed at Flinders University as the Indigenous Health Lecturer, where her main duties are presenting cultural orientation, consultation, preparation, and delivery. This involves exploring, implementing, and learning different operational tools that provide an efficient and supportive cultural program. Ms Hayes’ vision is to maintain a learning, sharing, and caring cultural program that encourages all people to gain the best of their abilities in practice. Ms Hayes is best described as positive, friendly, and supportive. Her greatest achievement is being where she is today, knowing where she came from, how she got there, and especially why it is important to continue on. This would not have been possible without her family, culture, education, and determination. Her main aim is to encourage and support young people to take steps in the pathways where she has travelled and, even further, as community members, individuals, and professionals.

Front Cover
Design is adapted from 4R Integrity Model by Prof. Paul Worley. Used with permission.
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Traditional Owners

Palya!

(Hello! in Pitjantjatjara—the language of the Aboriginal people of the Central Australian Desert).

The Central Australian landscape, of which Uluru and Kata Tjuta are an important part, is believed to have been created at the beginning of time. Anangu traditional owners have lived in and looked after Uluru and its surrounding landscape for tens of thousands of years. The Anangu Aboriginal people are responsible for the protection and appropriate management of these ancestral lands. The knowledge necessary to fulfil these responsibilities has been passed down from generation to generation. Anangu mainly speak Pitjantjatjara (pronounced as pigeon-jarrah) and Yankunytjatjara (pronounced as young-kun-jarrah) but can speak up to six different Aboriginal languages.

Anangu life revolves around the Tjukurpa. Tjukurpa (pronounced ‘chook-orr-pa’) is the foundation of Anangu culture. For Anangu, this is the ancestral period of when the world was being formed. It is the law of caring for each other and the land that supports them. Tjukurpa also tells of the relationships between people, plants, animals, and the physical features of the land. It is the past, present, and future—all at the same time. At Uluru, Mala (hare wallaby), Kuniya (woma python), and Liru (poisonous snake) are considered to be very important ancestors to the region.

The organisers of the Muster 2014: Global Community Engaged Medical Education acknowledge the Anangu people who are the Traditional Custodians of the land on which we meet. We pay our respects to all Anangu people both past and present, and are committed to working together with the Anangu to care for our shared future.
The Muster at **Uluru**

‘Muster’ is a term primarily used in Australia to refer to the round-up of livestock. However, it can also refer to the calling forth of people to a gathering. ‘The Muster’ brings together internationally recognised leaders in community-engaged medical education and will stimulate important discussions about key concepts and practices at the forefront of medical education.

The venue at Uluru is of particular relevance to this conference. Not only is Uluru a sacred site for Indigenous Australians, but the Voyages Ayers Rock Resort is owned by the Indigenous Land Corporation (ILC) and has a strong commitment to social responsibility, community engagement, education, and workplace training. All profits from their business activities go toward supporting the ILC’s Indigenous programs across Australia.

**Uluru - Kata Tjuṯa National Park**

Uluru is a rock monolith made of arkosic sandstone which rises 348 metres above the desert floor in the heart of Australia. Kata Tjuṯa (also known as The Olgas), located about 30 kilometres west of Uluru, is a group of more than 36 rounded red domes. Uluru and Kata Tjuṯa are both located on Aboriginal Land and are part of the Uluru - Kata Tjuṯa National Park. The Park is jointly managed by its Anangu traditional owners and Parks Australia. The Park is recognised by UNESCO as a World Heritage site for both its natural and cultural values. The surrounding region is abounding with stunning rock formations and a rich Indigenous culture.

There is a $25 per person National Park entry fee to access the Uluru - Kata Tjuṯa National Park. This ticket is valid for three consecutive days. Muster earlybird, full, partner, and extra ticket (Uluru Sunset Welcome 27 October) include a $25 per person National Park Entry permit, valid from 27-29 October 2014.

Climbing Uluru is not prohibited, however the Traditional Owners ask you to respect their law and culture by not climbing Uluru. They encourage you to think about the other great ways to experience Uluru—taking a cultural tour or dot painting workshop, a ranger-guided tour, or organised walks to discover the many surprising natural wonders of this landscape.
Welcome to the Muster 2014
A Message from the Chair

Flinders University and the Northern Ontario School of Medicine are very pleased to partner again in delivering this conference, Muster 2014 at Uluru. We acknowledge the Traditional Owners of the land and the Elders past, present, and future. Thank you for welcoming us to your lands. Thank you for starting our journey by performing the Inma, a very significant cultural ceremony.

With the theme of Aboriginal Health as a key component of this conference, we are delighted to be holding Muster 2014 in a resort owned by an Indigenous organization intent on doing exactly what we want to do in medical education, but in hostelry and tourism, so that we will have many opportunities to learn as we go about the conference, in and out of the sessions. I am particularly excited by the generous offer of the Ngangkaris to be with us throughout the conference, the opportunity to visit the Training College on Wednesday, and the Purple Truck (mobile dialysis unit) on Thursday.

We have over 200 people attending Muster 2014 which is fourth in the series of conferences on Global Community Engaged Medical Education, and the second Muster held here in Australia. For those of you who attended the first Muster in the Barossa—welcome back! And for those of you who have attended ICEMEN or Rendez-Vous 2012 in Canada—welcome to the heart of Australia, here in Uluru. For those who are new to these conferences and new to the underpinning concepts of community engagement, longitudinal learning and socially accountable medical education—this is a very important conference that will be the start of an exciting learning journey for you, just as it is a continuing learning journey for the rest of us. Don’t be afraid to join in and have your say! We intend to try and map your learning journeys in the report of the conference, so we invite you to have your say in many ways—blogs, twitter, quotes, evaluation, photos, maps (geographic and learning) etc—and put them all in to a portfolio style to record the memories. Please help us do this so that it will be meaningful to you.

It always has struck me that we could further maximize the expertise at a conference and so this year we have a new feature: Deans Unplugged! Sadly, Eric Clapton isn’t with us but I am sure the Deans will step up and try to be as heartfelt. This is an opportunity where, unfettered by a desk and piles of paperwork, you will find a number of Deans at the poolside, willing and able to discuss any issue you might want to raise with them. This is an occasion where you ask for forgiveness rather than ask for permission.

As the conference program grew, I kept wanting to clone myself to be able to attend everything. I hope you will find it easier to decide what to attend! A big thank you to all of the reviewers and the Organising and Scientific Committees.

We have tried to make the program easy to follow with a program outline at a glance; a small booklet with the program abstract titles; and the full program and full abstracts on the website which you can access by scanning the QR code, or via the USB provided. We have kept the coloured themes from the previous conferences, however many presentations cover more than one theme, so check all the abstracts for a list of themes covered. Key features are the plenary sessions (blue) which I hope you will all be able to drag yourselves away from the outdoors to attend. Over the three days, we traverse from ideas to theory then putting it into practice with a final session in the last afternoon on the future.

We have been able to engage great partners who have helped us to keep the program on track: The Consortium for Longitudinal Integrated Curricula (CLIC), The Federation of Rural Australian Medical Educators (FRAME), James Cook University (JCU), and The Training for Health Equity Network (THEnet). We are very grateful to our sponsors for their support to ensure that the conference happens this year against a climate of so many cutbacks.

A huge thank you to the Muster admin team: Lila, Eliza, Monica, Sylvie, Kim, and Kiri who have held this all together over the last eighteen months and managed to work across the world effectively without borders!

I recommend Muster 2014 to you and look forward to receiving your comments during and after the conference.

Professor Sarah Strasser
Chair
Muster 2014 Organising Committee
Quotes **from the Hosts**

“Muster 2014 offers exciting opportunities for delegates to discuss longitudinal learning, community engagement, social accountability, and Aboriginal health—all important aspects of medical education that serves rural and remote communities. On behalf of Flinders University, I wish you all well over the coming days, and hope that the exciting conference program provides you with many exciting learning opportunities.”

**Professor Michael Barber**
Professor Michael Barber
Vice-Chancellor
Flinders University

“It is appropriate that we are here together at Voyages Ayers Rock, owned by the Indigenous Land Corporation which is committed to social accountability in the tourism industry in the same way that we are in medical education. I am pleased to be your Master of Ceremonies and look forward to sharing and learning further about community-engaged medical education with all of you.”

**Professor Michael Kidd AM**
Executive Dean
Faculty of Medicine, Nursing and Health Sciences
Flinders University

“Flinders and NOSM both have a commitment to be accountable to the communities they serve. Community participation in medical education is just what brings so many collaborators together for Muster 2014. On behalf of the Northern Ontario School of Medicine, I wish you all the best in the many exciting learning opportunities that Muster 2014 will offer you. Remember that you are in a position to positively influence the health of underserved people and communities around the world... A call that I know you will answer.”

**Professor Brian J.R. Stevenson**
Chair, NOSM Board of Directors
President of Lakehead University
Thunder Bay, Ontario

“Canada’s Northern Ontario and Australia’s Northern Territory—we may be worlds apart, but our people and communities have much in common. The many shared obstacles and opportunities provide us an exciting chance to put our heads together. I look forward to hearing the many exciting outcomes and innovations that Muster 2014 is sure to inspire.”

**Professor Robert Kerr**
Vice-Chair, NOSM Board of Directors
Vice President, Academic and Provost of Laurentian University
Sudbury, Ontario
Message from Flinders University School of Medicine

Welcome to Muster 2014, the fourth in a series of international conferences presented by Flinders University and the Northern Ontario School of Medicine on community-engaged medical education. Over this time, it has become apparent that other international groups, most notably, the Training for Health Equity Network (THENet), and the Consortium for Longitudinal Integrated Clerkships (CLIC), share many of our values and aspirations and that there is more to be gained by collaborating at these conferences than by attempting to pursue independence. We welcome this shared intent and include for this conference our Australian partner in THENet, James Cook University, and the Federation of Rural Australian Medical Educators (FRAME) as additional aligned and valued hosts. Each of us has a unique and important perspective to bring, and together we raise the possibility that we may be successful in influencing the direction and impact of health professional education globally.

Working together is, after all, at the heart of community-engaged medical education—communities and universities in committed conversation resulting in effective action. It is ironic in some ways that this meeting is occurring at the base of Uluru, the world’s largest monolith or single stone, as isolation is anathema to collaboration and engagement. However, the recent history of this World Heritage listed site is all about community engagement, with ownership of the site officially returning to the Pitjantjatjara people in 1985, with joint management by the Anangu and National Parks and Wildlife under a 99-year lease arrangement.

The rock now has two official names—Uluru and Ayers Rock. The former is the community name, the latter the institutional one. I suggest the former has much more profound local meaning.

If we can suggest that ‘medical education’ is actually an institutional name to an activity we undertake, what may be the more profound community equivalent? Could it be ‘building a better health system’, or ‘keeping our community healthy, sustainable, and safe’? Both of these clearly require more than doctors to achieve. Even if we suggest the community term may be as focused as ‘creating doctors’, I suggest that the community would still add ‘creating doctors who are equipped and willing to care for me and those around me’.

All of these suggestions are, of course, guesses—unless we have a commitment as medical schools to ask and listen. Perhaps this time together in the ageless quiet of the Australian desert may give us an opportunity to reflect on the questions we could ask, the listening we may choose to embrace, and the commitment to excellence that such asking and listening will demand.

So, we welcome the world to this beautiful part of our world, a region that Flinders is privileged to be engaged with as part of our commitment to transformative medical education. We look forward to hearing of your creativity, learning from your experience, and sharing with you our aspiration to be part of making this a better world for us all.

Professor Paul Worley
Dean, School of Medicine
Flinders University
Message from the Northern Ontario School of Medicine

It gives me enormous pleasure to welcome all of you to Muster 2014 at Uluru in the red centre of Australia. A joint conference hosted by the Northern Ontario School of Medicine (NOSM) and Flinders University School of Medicine, Muster 2014 offers participants many exciting opportunities to learn, share, grow, and problem solve with international colleagues, all of whom are dedicated to global, community-engaged medical education. It also gives NOSM great pleasure to once again partner with CLIC, FRAME, James Cook University, and THEnet, all of whom share a commitment to the education of high-quality health professionals, capable of changing health care in underserved areas around the world.

During the preparation for this conference, I have often thought about Uluru, a 300 million-year-old rock comprised of sand and crystalline minerals. Though Uluru currently stands over 340 metres above ground, it is believed to have been originally under the sea floor. Over the ensuing millions of years, Uluru has weathered and refined, resulting in the now distinctive flat top and grooved sides.

I find it apt that Muster 2014 is being held next to this impressive monolith. As we gather to discuss global, community-engaged medical education, my mind draws parallels to the changes to the massive Uluru over time. Like individual rain drops and gusts of winds that have shaped the enormous red rock, we too will continue to work together to shape medical education with the purpose of improving the health of the people and communities we serve.

We have made a distinctive mark on medical education over the last eight years, with opportunities to collaborate in previous NOSM/Flinders conferences such as ICEMEN 2008, Muster 2010 and Rendez-Vous 2012. But as I picture global, community-engaged medical education still emerging as Uluru once did, I know that there is still much we can learn from each other. Muster 2014 will allow us yet another important opportunity to learn from each other and continue to mold global, community-engaged medical education for the better.

I look forward to learning with you over the coming days to further refine and discover best practices in community-engaged medical education. I also look forward to speaking with you personally at the Deans Unplugged sessions. Please, seek me out! I know we’ll have much to discuss.

Professor Roger Strasser AM
Professor of Rural Health
Dean and CEO
Northern Ontario School of Medicine
The Muster 2014 Hosts

The Flinders University School of Medicine has an international reputation for integration and innovation in patient care, education, and research. As a member of the Global Health Education Network and a founding member of the Training for Health Equity Network, the School is also committed to being accountable to the community it serves, both locally and internationally. The School’s main campus is situated in Adelaide, South Australia and extends to sites across rural South Australia and the Northern Territory (NT). In 2011, Flinders made a significant step towards improving health outcomes for people in the Northern Territory, in particular towards the “Close the Gap” initiative to improve Indigenous Health by establishing the first full medical program in the Northern Territory. The NT Medical Program (NTMP) has a social accountability mandate to train NT residents, with a particular focus on Indigenous students. The first students will graduate from this program at the end of 2014. The NTMP is based in Darwin and extends to key remote sites for training and research in Katherine, Alice Springs, and Nhulunbuy as part of Flinders in the NT. The NTMP is supported by the NT Remote Clinical School, the Centre for Remote Health, and the Poche Centre for Indigenous Health (Alice Springs).

The Northern Ontario School of Medicine (NOSM) is the first medical school to open in Canada in over 30 years. Since its official opening in 2005, the School has developed and delivered a distinctive model of distributed, community engaged, and socially accountable medical education and research. NOSM serves as the Faculty of Medicine of Lakehead University in Thunder Bay and Laurentian University in Sudbury, with teaching and research sites across the wider NOSM campus, Northern Ontario. NOSM is a made-in-the-North solution that is attracting attention from around the world for its innovative model. NOSM has become a world leader in community-engaged medical education and research, while staying true to its social accountability mandate of contributing to improving the health of the people and communities of Northern Ontario.
The Muster 2014 Partners

The Consortium for Longitudinal Integrated Curricula (CLIC) is a group of faculty from medical schools around the world who have or are considering developing, implementing, and studying the longitudinal integrated clerkship model to address core clinical training for undergraduate medical education. Longitudinal integrated clerkships have the following common core elements:

- Medical students participate in the comprehensive care of patients over time.
- Medical students have continuing learning relationships with these patients' clinicians.
- Medical students meet, through these experiences, the majority of the year's core clinical competencies across multiple disciplines simultaneously.

The Federation of Rural Australian Medical Educators (FRAME) is the peak body representing the Rural Clinical Schools (RCS) and Regional Medical Schools (RMS) funded (in whole or in part) through the Australian Government Department of Health and Ageing’s Rural Clinical Training and Support Program (RCTS). FRAME was established in 2003 to advance the causes common to medical student training in rural and remote Australia.

The medical and dental programs at James Cook University (JCU), North Queensland, have a distinctive regional mission with a focus on the needs of rural, remote, and underserved communities, tropical medicine, and the health of Aboriginal peoples and Torres Strait Islanders. The School aims to lead positive change in health and medical care for communities of tropical Australia and beyond through socially accountable health education, discoveries, partnerships, and advocacy that make a difference. Underpinning our work is a shared commitment to social justice, a passion for innovation, and a commitment to excellence.

The Training for Health Equity Network (THEnet) is a collaborative of need and outcome-driven medical schools in neglected, rural, remote, and under-served urban regions of Africa, Asia, Australia, Europe, and North and Latin America with a core mission to increase the number, quality, retention, and performance of health professionals in under-served communities. THEnet’s socially accountable schools are community engaged and embedded into the health system. They orient their education, research, and service activities towards priority health concerns of the communities in the region they have a mandate to serve. THEnet school programs address the continuum of education—from recruitment strategies and bridge-programs for high school graduates—to post-graduate and in-service training with the ultimate goal of improving priority health outcomes and services and increasing retention of health workers.

Significant Contributors

The Centre for Remote Health

Poche Centre for Indigenous Health & Well-being
Sponsor Acknowledgement

Silver Sponsors

FCD Health Limited is a not-for-profit organisation founded by Flinders University and Charles Darwin University with a vision of increasing the health workforce capacity in the Northern Territory and improving the health of Territorians.

Northern Territory General Practice Education (NTGPE) is the innovative provider of quality general practice training and an active collaborator in the provision of general medical education in Australia's Northern Territory (NT).
Ochre Sponsor

The Northern Territory Convention Bureau (NTCB) is the Business Events division of Tourism NT. The NTCB's role is to market the NT as a business events destination, working in collaboration with the tourism sector and broader suppliers to the events market. The NTCB also provides impartial expert advice and assistance for event planners considering the Northern Territory as a destination to hold their business events.

Garnet Exhibitor

The North Peace Division of Family Practice represents family physicians in Fort St. John and Hudson’s Hope, British Columbia. The Division gives local physicians an opportunity to work collaboratively with the Northern Health Authority, the General Practice Services Committee (GPSC), and the Ministry of Health to identify healthcare needs in the local community and develop solutions to meet those needs. The North Peace Division of Family Practice is a non-profit society.
Conference Planning Committees

Muster 2014 Organising Committee

Professor Sarah Strasser  
Chair

Professor Paul Worley  
Flinders University

Professor Roger Strasser  
Northern Ontario School of Medicine (NOSM)

Mrs Monica Barolits-McCabe  
Flinders University, Northern Territory (NT)

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Dr Peter Istvan  
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Professor Jennene Greenhill  
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CLIC

Dr André-Jacques Neusy  
THEnet
# Muster 2014 Scientific Committee

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<td>Dr Jacques Abourbih</td>
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<td>Assistant Professor Tim Dubé</td>
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General Information

Registration Desk and Check In
Please proceed directly to your booked accommodation to check in to your hotel room.

The Muster 2014 registration desk will open at 11am Sunday 26 October and 9am Monday 27 October. It will close at 5pm on both days. On Sunday and Monday, the Muster 2014 registration desk will be located adjacent to the hotel reservation desk at the Sails in the Desert Hotel. On Tuesday, Wednesday, and Thursday, the registration desk will be situated in the pre-function area of the Uluru Meeting Place and be open during conference proceedings.

For any conference enquiries, please visit the registration desk or phone Lila Loveard, Eliza Gill, or Monica Barolits-McCabe on 04 2781 7712.

Catering
Morning tea will be offered at the pre-function area of the Uluru Meeting Place and poolside at the Sails in the Desert Hotel. Lunch and afternoon tea will be served at the pre-function area of the Uluru Meeting Place and at the Ilkari Restaurant at Sails in the Desert Hotel. Ayers Rock Resort staff have been advised of any dietary information provided by Muster 2014 delegates at the time of registration. If you have a specific dietary requirement or allergy, please approach any of the Ayers Rock Resort staff and advise them of your requirement. They will provide you with your meal and/or advise what foods are suitable for you to eat.

Privacy
On the registration form, you were asked to complete the section relating to privacy. If you did not wish your personal information to be included in the published list of delegates, your name has been omitted from the list distributed on-site to delegates and exhibitors.

Medical Service
The Ayers Rock Medical Centre is located on Yulara Drive, Yulara and is operated by the NT Department of Health. It incorporates consultation rooms, emergency facilities, and a paramedical service. The Medical Centre provides a 24-hour, seven-day-a-week healthcare service for residents and visitors to Ayers Rock and the surrounding areas. General medical practice services are provided by the Centre’s doctors and nurses and a range of ancillary services are available on a regular basis by appointment.

Ayers Rock Medical Centre phone number (08) 8956 2224.

Resort Shopping Centre
The centre includes a bank, hair and beauty salon, post office, supermarket, news agency, tour and information centre, Rock Photographics, food outlets, and specialty shops. The walk to the shopping centre takes approximately five minutes from Sails in the Desert and Desert Gardens Hotels.

Bank and ATM
An ANZ bank and ATM are located at the Yulara shopping centre.

Free Shuttle Bus
A free shuttle bus circulates the Resort daily and departs approximately every 20 minutes.
Visitors Centre
Located near the Desert Gardens Hotel, the Visitors Centre provides information on local history, geology, flora, fauna, and Aboriginal culture as well as the opportunity to purchase souvenirs and educational gifts.

Red Ochre Spa
Located at the Sails in the Desert Hotel, the Red Ochre Spa has been designed with total indulgence in mind—a sanctuary where guests can exchange stressed states for tranquillity.

Children’s Activities
There is no formal children’s program available at the Voyages Ayers Rock Resort, however there are many activities suitable for children including resort swimming pools and a wide range of free daily activities. A playground and giant chess set are located at the Ayers Rock Campground.

Baby Sitting/Child Minding
Hotels provide baby sitting/child minding services. Please book directly with your hotel well in advance.

Tours and Experiences
We hope you can find time to join some of the tours, local activities, and attractions offered within the Ayers Rock Resort and the Uluru-Kata Tjuta National Park. There is a lot to fit in while you are here. Bookings can be made directly at your hotel reception.
• Sit back and witness a magical Uluru sunset.
• Visit Kata Tjuta—walking trails lead to cool valleys and secluded waterholes.
• Take to the skies in a helicopter, climb onto the back of a camel, or circumnavigate Uluru on foot.
• Join a tour to learn more about local bush tucker, rock art, and Aboriginal Tjukurpa.
• Create your own story in a dot painting workshop.
• Join the free daily activities offered at the Ayers Rock Resort.
• Visit Uluru and Kata Tjuta Cultural Centre and learn about Aboriginal culture and art.

Disclaimer: Every effort has been made to present as accurately as possible, all the information contained in this program. Flinders University, Northern Ontario School of Medicine, and the Organising Committee act only to procure and arrange these activities and do not accept responsibility for any act or omission on the part of the service providers. No liability is accepted for any inaccuracy or misdescription, nor for delay or damage, including personal injury or death, however caused resulting from or arising out of reliance upon any general or specific information published in this brochure. In the event of unforeseen circumstances, The Organising Committee reserves the right to change any or all of these details.
Get Social

Facebook
Find us on Facebook at:
Muster 2014 – conference

Twitter
Follow us during the conference on Twitter and send your tweets by using the following hash tag:
#Muster2014

Conference Technologies

Technological amenities have been prepared to help you to stay connected, informed, and engaged during the conference.

WiFi Availability
There is free low bandwidth WiFi to facilitate email/tweeting at the Muster 2014 conference rooms. At most Ayers Rock Resort hotels, WiFi is available at a cost to delegates.

Online Evaluation
Evaluations provide valuable information about the education, logistics, and facilities of the conference to ensure that conferences continue to improve and meet your needs. To access the evaluations for all Muster 2014 sessions, kindly visit flinders.edu.au/muster2014/evaluation.cfm

Accreditation
This program meets the accreditation criteria of the Australian College of Rural & Remote Medicine (ACRRM).

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<thead>
<tr>
<th>Activity Title</th>
<th>Code</th>
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<td>Flinders University - Global Community Engaged Medical Education Muster Yulara 27/10-30/10/2014</td>
<td>E1401FLUN</td>
<td>18 Core points</td>
</tr>
<tr>
<td>Long Way Round Tour - Flinders University - Alice Springs to Uluru 25-27/10/2014</td>
<td>E1402FLUN</td>
<td>5 Core points</td>
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<tr>
<td>Health Literacy Workshop - Flinders University 2014-2016</td>
<td>E1403FLUN</td>
<td>7 Core points</td>
</tr>
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This program meets the accreditation criteria of the College of Family Physicians of Canada and has been accredited for up to 16.75 Mainpro-M1 credits as approved by the Continuing Education and Professional Development Office at the Northern Ontario School of Medicine.

This event is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification program of The Royal College of Physicians and Surgeons of Canada, approved by the Continuing Education and Professional Development Office at the Northern Ontario School of Medicine for up to 16.75 hours.
Maximize Your Muster 2014 Conference Experience

We want you to get the most out of attending Muster 2014! Here are some tips to help make your experience the best it can be.

Introduce yourself by name.

Introduce yourself by name to everyone—even to people you have met before, or who you think should know you. The biggest opportunity you have at a conference is to network. People may choose not to greet you or connect with you because they are embarrassed they have forgotten your name.

Exchange contact information.

One of the particular values of attending a conference in person is the opportunity to meet other like-minded people. Don’t pass up the opportunity to take advantage of the large number of educators and professionals attending The Muster 2014. Hand out business cards with your contact information and return home with invaluable contacts and an expanded professional network.

Check out the exhibits.

The organisations exhibiting at Muster 2014 chose to be present at this conference because they know that the information and services they offer are of interest to those attending. Make sure to build time into your schedules to visit them. You may learn something valuable and it is a great way to make connections.

Get social with our media.

Follow us on Twitter @Muster2014, as we tweet live news, updates, and information from the conference. Connect with us on Facebook at Muster 2014 – conference. It’s an excellent way to connect with other speakers and attendees before, during, and after the conference.

Don’t exhaust yourself!

Be sure to include some quiet time into your days to refresh your energy level—also to stay hydrated. Mix up your experiences by attending a variety of presentation formats, so you do not become fatigued by repetition of structure. Wind down your busy days by enjoying dinner or a sunset tour with your fellow delegates.
Pre-Conference Activities

* Registration is essential.

Health Literacy Workshop: Developing a shared language for health

**Date:** Friday 24 October 2014  
**Time:** 8.30am - 5.00pm  
**Venue:** Centre for Remote Health West Wing Lecture Rooms 3 and 4, Skinner St., Alice Springs

Program Overview
- Health literacy: What is it, why is it important
- Communications in health care
- Linguistic diversity, world view, and health literacy
- Practical strategies for enhancing health literacy
- Exercise in writing and speaking plain English
- Health literacy resources and evaluation exercises
- Panel discussion: Health literacy—Who needs to know?

Long Way Round Tour

**Date:** Saturday 25 October - Monday 27 October 2014  
**Departure:** Saturday 25 October, 12.30pm  
**Return:** Monday 27 October, 12pm  
**Place:** Alice Springs - Uluru

Make your way slowly to Uluru from Alice Springs. Traditional land owner, Ricky Orr, will host your overnight stay in Rainbow Valley where you will share stories and sleep under the stars in a swag. On the second day, you will travel to the spectacular Kings Canyon, spending the night at Kings Canyon Resort. Two local staff members from Centre for Remote Health (CRH) will accompany the full tour and provide insights on the region, local research, and academic activities.

LIC 101 (Longitudinal Integrated Clerkships 101)

**Date:** Monday 27 October 2014  
**Time:** 1 - 5pm  
**Venue:** Sails in the Desert Meeting Rooms, Uluru

LIC 101 will answer the basic “nuts and bolts” questions on Longitudinal Integrated Clerkships (LIC) to prime attendees into focusing on the core components of LICs so they can then explore them further during the main Muster conference. LIC 101 targets an audience from schools who are newer to LICs however, LICers are also welcome to attend to enrich the discussion. The presenters come from a diverse range of urban and rural backgrounds from around the world so that the full scope of practice will be covered. There will be large- and small-group discussions.
Post-Conference Activities

Flinders Northern Territory Site Visits

Options can be personally arranged for you to visit the following Flinders sites in the Northern Territory (NT):

**Katherine:** Visit the Katherine Remote Clinical School where third- and final-year medical students, allied-health students, and Aboriginal health practitioner students train in the local hospital, general practice, and Aboriginal medical service. Gain an understanding of community engagement and longitudinal learning in Katherine; meet local teachers and fit in a visit to Katherine Gorge or Kakadu National Park. Katherine is 1,181 kilometres from Alice Springs and 316 kilometres from Darwin (not accessible by air except for private charter). A range of accommodation is available from deluxe to economy. Contact Associate Professor Pascale Dettwiller, Director of the Katherine Remote Clinical School at pascale.dettwiller@flinders.edu.au to express your interest in visiting Flinders University in Katherine.

**Alice Springs:** Visit the Remote Clinical School site at Alice Springs to meet students and academics; visit distributed teaching sites within the township such as the renal dialysis centre (Purple House); and the local 186-bed hospital in the centre of Australia to get a sense of desert medicine. Staff of the Centre for Remote Health and Poche Centre for Indigenous Health can also introduce you to their organisations. Contact Dr Deborah Fearon, Senior Lecturer, Alice Springs Remote Clinical School at deborah.fearon@flinders.edu.au for more information.

**Darwin:** Visit tropical NT and tour the recently completed, purpose-built facilities of the NT Medical Program located at Royal Darwin Hospital and Charles Darwin University. Meet key stakeholders such as the Menzies School of Health Research, the Australian Centre of Indigenous Knowledge and Education, NT General Practice Education, and the NT Simulation Lab. Darwin is a two-hour flight from Alice Springs or a 1,500 kilometre drive. Contact Eliza Gill, Assistant to Associate Dean, Flinders NT at eliza.gill@flinders.edu.au for more information.

**Nhulunbuy:** Visit the Nhulunbuy Remote Clinical School site located in Northeast Arnhem land. Visit the new teaching centre, Gove District Hospital, students on long-term placements, and local teachers. Take time to fit in some fishing! Contact Dr Sarah Chalmers, Senior Lecturer, Nhulunbuy Remote Clinical School at sarah.chalmers@flinders.edu.au for more information.

We encourage you to visit all four sites after Muster 2014. You will be made to feel very welcome and we are keen to help you meet your individual goals!

Delegates Contribution to the Muster 2014 Report

We would like to capture your experiences of the Muster 2014 to include in the Muster 2014 report. Please feel free to submit ‘aha’ moments of learning, specific strategies you will take home to implement into your teaching or cultural practice, reflections, photos, quotes, and social media ‘bites’ to make a grand portfolio.

Email your reflections or photos to muster2014@flinders.edu.au.
Evening Events

Uluru Sunset Welcome

Monday 27 October 2014

Join fellow conference delegates on a short bus trip into the Uluru-Kata Tjuta National Park, where we will watch the remarkable changing colours of Uluru as the sun sets over the desert landscape. Canapés and drinks will be provided at sunset.

To enter the National Park, a National Park permit is required. This permit is included as part of your full, student, or partner registration and also if you book an individual ticket to the Uluru Sunset Welcome. The permit is valid for 27-29 October 2014.

5.30pm - Buses depart from Sails in the Desert Hotel to Uluru Sunset
6.58pm - Sunset
7pm - Buses depart Uluru Sunset to Sails in the Desert Welcome Dinner

Sails in the Desert Welcome Dinner

Monday 27 October 2014

7.30pm - Dinner will be held poolside at the Sails in the Desert Hotel. When all buses arrive from the Uluru Sunset, the Taste of the Outback BBQ meal and drinks will be served. The official Muster 2014 Welcome will commence at 7.35pm with an Inma welcome from Traditional Owners from the local area.

Sounds of Silence Farewell Dinner

Thursday 30 October 2014

6pm - Buses depart from Sails in the Desert Hotel. The ‘Sounds of Silence’ is a unique event, offering the best of the red centre distilled into four unforgettable hours. The event is held under the stars with views across the National Park and includes transfers, entertainment, canapés, beer, wines and non-alcoholic beverages, BBQ buffet, dessert, tea, coffee, port, star talk, and star gazing. A National Park permit is not required to attend this event.
Day 1 **Monday 27 October 2014**

Evening Schedule

- **7.30** Muster Poolside Welcome Dinner, Sails in the Desert Hotel: MC Michael Kidd, Executive Dean, Flinders University
- **7.35** Inma Welcome from Traditional Owners
- **7.55** Address by Canadian Aboriginal Elder Julie Ozawagosh
- **8.05** Dinner
- **8.30** Formal Welcome: Michael Barber, Vice Chancellor, Flinders University
- **9.30** Muster Address: Pat Miller, CEO Central Australian Aboriginal Legal Aid Service Inc.
- **8.30** Formal Welcome: Michael Barber, Vice Chancellor, Flinders University
- **9.30** Conclusion of Dinner

### Inma

Ceremony reveals the laws of nature through singing, dancing, and body painting. It provides a blueprint for life and guiding map of the country. The landscape is linked through the song cycles and stories of the people who still meet today and share, celebrate, and pass on Tjukurpa. The “welcome to country” Inma involves 10-15 dancers and musicians, who prepare and paint up in traditional dress. It can occur at any stage of an event, either at the beginning to set the tone or during the event to create a highpoint, bring people together, and contemplate where the old meets the new.

### Elder Julie Ozawagosh

Residing at Atikameksheng Anishnawbek (Whitefish Lake First Nation), Elder Julie Ozawagosh has worked over 20 years at the N’Swakamok Friendship Centre, a non-profit organisation that supports Native interests and issues in Sudbury, Ontario, Canada. Providing cultural perspectives and supports to many colleges, universities, communities, and youth over the years, Elder Julie Ozawagosh has deep understanding and compassion for the spiritual and educational needs of her people. Humbly, she carries traditional knowledge and ceremonies. Elder Julie Ozawagosh is married to Frank Ozawagosh with three beautiful daughters and an adopted son and daughter. She lovingly cherishes three grandsons and three granddaughters. They show her many teachings of humility, love, and laughter. Elder Julie Ozawagosh attended St. Joseph’s Residential School for girls in Spanish, Ontario. As she journeyed, many gifts have been shown to her: gifts like sewing, working with leather, making hand drums, beading, and identification of medicine plants. She especially enjoys hand drum singing. Presently, Elder Julie Ozawagosh is an Elder of the Northern Ontario School of Medicine (NOSM) in Sudbury. The joy she feels in helping others inspires her every day.
Voyages Ayers Rock Resort Floor Plan

Sails in the Desert Meeting Rooms

Uluru Meeting Place Floor Plan
# Muster 2014 Uluru - Scientific Program at a Glance

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<tbody>
<tr>
<td>8.30 am</td>
<td>THEnet Invitational Meeting</td>
<td>Time with Tuesday Co-Chairs</td>
<td>Plenary: Housekeeping and Updates</td>
<td>Posters 2</td>
<td>Visit to Purple Truck/Time with Ngangkaris</td>
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<tr>
<td>9.15 am</td>
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<td>Keynote Speakers: Rachel Ellaway and Lambert Schuwirth</td>
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<td>9.45 am</td>
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<td>Keynote Speakers: Fortunato Cristobal and Stephen Billett</td>
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<td>THEnet</td>
<td>Registration at Sails in the Desert</td>
<td>Parallel Session A</td>
<td>Parallel Session C</td>
<td>Parallel Session F</td>
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<tr>
<td>11.15 am</td>
<td>LUNCH</td>
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<td>Time with Ngangkaris</td>
<td>Workshop Indigenous Training Academy</td>
<td>Time with Ngangkaris</td>
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<td>12.45 pm</td>
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<td>WHO Toolkit Launch (1pm)</td>
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<td>1.30 pm</td>
<td>THEnet</td>
<td>Registration at Sails in the Desert</td>
<td>Parallel Session B</td>
<td>Parallel Session D</td>
<td>Parallel Session G</td>
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<td>Time with Ngangkaris</td>
<td>Workshop Indigenous Training Academy</td>
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<td>3.30 pm</td>
<td>THEnet</td>
<td>Registration at Sails in the Desert</td>
<td>Plenary Collaborative Leadership</td>
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<td>Registration at Sails in the Desert</td>
<td>Parallel Session E</td>
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<td></td>
<td>LIC 101</td>
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<td>5.00 pm</td>
<td>LUNCH</td>
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<td>Meeting with Wednesday Co-Chairs</td>
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<td>5.30 pm</td>
<td>THEnet Dinner</td>
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## Colour Key
- THEnet
- Administration
- Plenary Sessions
- Parallel Sessions
- Posters

## Table for Parallel Sessions (90 mins)

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<tr>
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<td>B</td>
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<td>E</td>
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<td>F</td>
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<td>G</td>
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Muster 2014 Overview

The overall goal of Muster 2014 is to convene health professionals, educators, students, and researchers from all parts of the world to share experiences, opportunities, and the challenges of community participation in medical education. Through a variety of forums during the conference, participants will be involved in engaging and thought-provoking discussions and collaborative learning related to their perspectives of, insights in, and innovative strategies for community participation in education, research, and service.

Muster 2014 will raise awareness of the diverse global interests of members of the community, promote greater participation in international dialogue and exchange and, in turn, strengthen awareness of community-engaged medical education both nationally and internationally.

Learning Objectives

By the end of the conference, participants will:
• Understand the challenges and benefits of community-engaged medical education.
• Develop strategies for implementation of community-engaged medical education.
• Have the opportunity to engage in the community-engaged medical education research agenda across the globe as part of a worldwide network.
• Acquire knowledge and skills in teaching and clinical domains.

The Muster 2014 conference sessions fall within four distinct abstract streams. These streams have been designed to encourage thought-provoking discussions and inquiry related to the conference theme of community participation in education, research, and service. Engaging others in dialogue and conversation facilitates the process of research and scholarship combined with learning together.

Program Themes

**Longitudinal Learning**
1. Identify best practices of longitudinal integrated health professional education and research covering the concept of continuity throughout the learning journeys for the life cycle of health professionals.
2. Enhance knowledge translation through defined practical applications of new ways of linking education, service, and research in communities.

**Community Engagement**
1. Engage in dialogue that explores community engagement approaches in planning, administering, and evaluating education and educational programs.
2. Disseminate models of education pertinent to community-engaged health professional education.

**Social Accountability**
1. Identify successful measurement tools and processes in determining the degree to which health professional schools are advancing their social accountability mandates.
2. Identify innovative approaches in creating a sustainable future of community participation in healthcare including key success factors.

**Aboriginal Health**
1. Define a school’s role in developing and disseminating sustainable models, tools, and processes that support Aboriginal individuals and communities in taking action and responsibility for their own health.
2. Explore mechanisms for community participation and partnerships in working towards achieving health equity.

**Rural**
Presentation Formats

**Workshops**
90-minute workshops, half-day workshops or full-day workshops

Through interactive and engaging conversations, workshops are available at varying lengths of 90 minutes, half day, and full day. Workshops will deliver core content followed by small-group discussions stimulating questions and reflection. Workshops identify key learning outcomes to assist conference delegates in self-assessing what they may know about the content topics, what they don’t know, and what they can learn by attending the workshops.

**Short Presentations**
15-minute oral presentations

Oral presentations are 15 minutes in duration allowing for 10 minutes of content presentation followed by five minutes of interactive questioning and comments. The oral presentations highlight scholarly work in medical and health professional education, service, and research related to the conference themes.

**PeArLs**
30-minute PeArLs (Personally Arranged Learning Sessions)

Personally Arranged Learning Sessions (PeArLs) allow the presenter to present their narrative critical dilemma(s) in a way that allows the audience to actively participate in problem solving. The presenter will convey their problems and challenges in two to three minutes providing the context and highlighting up to a maximum of three questions for small-group discussion. Following, participants will discuss the situation and provide diverse perspectives and authentic problem solving. Through a collaborative process generating ideas and solutions, small groups will discuss the issue and present practical solutions back to the presenter(s). The presenters’ responsibility will be to listen and clarify and not to direct or guide discussions. Truly conversational, this allows the presenter(s) to also learn from the diverse groups.

**Symposia**
90-minute sessions for three 30-minute symposia

These sessions are designed to include three 30-minute symposia. Each of the sessions will be independent from each other and hence allow an opportunity for each of the presenters to present a topic related to their field of study. It is “presenter’s choice” in terms of how they wish to manage the session and present their information. Therefore, some sessions may be didactic in nature while others may include group discussions and audience participation. Overall, these sessions are designed to provide the audience with a broad range of topics and modes of delivery and to promote learning from multiple presenters.
Patricia Ann Miller AO, CEO Central Australian Aboriginal Legal Aid Service Inc. (CAALAS)

Dr Patricia Ann Miller AO was born in Alice Springs and is a member of the Liddle family which has both traditional and pioneering ties in Central Australia. Her mother, Polly Liddle, was a traditional Alyuwarre woman and her father, Milton Liddle, was of Arrernte and Scottish heritage. Through her parents, Miller is a native title holder and, as such, she plays a role within the Lhere Artepe Aboriginal Corporation which represents native title holders within the municipality of Alice Springs.

Miller is currently the Director of the Central Australian Aboriginal Legal Aid Service, an organisation for which she has worked since 1978. Prior to this, she worked for wholesale/retail distribution companies in Alice Springs for 10 years. Miller was appointed as Deputy of the Administrator of the Northern Territory on 30 June 2002. She is the first female Indigenous Australian to hold such a position and, as a member of the Arrernte people, she is also the first Northern Territory native title holder to do so.

Plenary Speakers

Donna Ah Chee

Donna Ah Chee is the CEO of the Central Australian Aboriginal Congress, an Aboriginal community-controlled primary healthcare service in Alice Springs. Congress employs up to 300 staff, delivering services ranging from antenatal and postnatal care, early childhood development, chronic disease, social and emotional wellbeing, women’s and men’s health and a 55-place childcare centre. This includes auspicing five Aboriginal health services in the central Australia, helping them achieve community control of their own services, while at the same time providing much needed primary healthcare services.

Ah Chee has lived in Alice Springs for the last 25 years and is married to a local Yankuntjarra/Arrernte man, Paul Ah Chee (Ngala). Together they have three children who are now young adults, all of whom are living in Adelaide undertaking tertiary studies.

Ah Chee is a Bundgalung woman from the far north coast of New South Wales. She has been actively involved in Aboriginal affairs for many years, especially in the area of Aboriginal adult education and Aboriginal health, having spent 11 years at Congress. In June 2011, Ah Chee moved to Canberra to take up the position of CEO of the National Aboriginal Community Controlled Organisation (NACCHO) before returning to Congress in July 2012.

Ah Chee has convened the Workforce Working Party under the Northern Territory Aboriginal Health Forum, was Chairperson of the Central Australian Regional Indigenous Health Planning Committee (CARIHP), a member of the NT Child Protection External Monitoring Committee, and jointly headed up the Northern Territory Government’s Alcohol Framework Project Team. She currently sits on the Australian National Council on Drugs (ANCD), the National Indigenous Drug and Alcohol Committee (NIDAC), and, at a local level, represents Congress on the People’s Alcohol Action Coalition (PAAC).
Agnes Soucat, Director for Human Development, African Development Bank

Dr Agnes Soucat is the Director for Human Development for the African Development Bank, where she is responsible for health, education, and social protection for Africa, including 53 countries in sub-Saharan Africa and the Maghreb. She holds an MD and a Masters in Nutrition from the University of Nancy in France, as well as a Master of Public Health and Ph.D. in Health Economics from John Hopkins University.

Unfortunately, Dr Soucat had to send her sincere regrets for Muster 2014. Please join the Muster 2014 Organising Committee in wishing Dr Soucat all the best in her work with Ebola.

“The Ebola came and ate my summer.

I was determined to attend the Muster this year and was still hoping the Ebola situation would get slightly better and allow me to come nonetheless. It is clear today, however, that it will not be possible. As you can probably see in the news, it is getting worse and increasingly frightening. Unfortunately, the Muster is highly relevant to this crisis as it is clear the core reason why this epidemic cannot be controlled so far is because of the severe shortage of health workers in these three countries.

As you imagine, I am really disappointed and wish you all the best for the meeting.”

Dr Agnes Soucat
October 16, 2014 via email.

Michael Kidd AM

Professor Michael Kidd AM is Executive Dean of the Faculty of Medicine, Nursing and Health Sciences at Flinders University. Kidd is a general practitioner and President of the World Organization of Family Doctors (WONCA). He has research and education interests in primary healthcare and family medicine, e-health, health policy, medical education, safety and quality in primary care, and the primary care management of HIV, hepatitis C, and sexually transmissible infections.

In the Queen’s Birthday Honours List in 2009, Kidd was made a Member of the Order of Australia for service to medicine and education in the areas of general practice and primary health care through a range of professional organisations. Kidd has been awarded honorary fellowships of the Royal New Zealand College of General Practitioners, the Hong Kong College of Family Physicians, the Academy of Family Physicians of Malaysia and the College of General Practitioners of Sri Lanka and life membership of the General Practitioners’ Association of Nepal. In 2007, he received the Australian Medical Association Award for Excellence in Health Care in recognition of his contribution to primary care, medical education, and the health care of disadvantaged people in Australia. In 2009, he was made an Honorary Professor of the Faculty of Medicine at The University of Sydney.

He is the founder and Editor in Chief of the Journal of Medical Case Reports, the world’s first peer-reviewed medical journal dedicated to case reports from all medical disciplines. He is co-editor of the textbook Health Informatics: an Overview and wrote the chapters on HIV/AIDS and Computers in the Consultation in the Oxford Textbook of Primary Care Medicine. He is the author with Professor Leanne Rowe of Save your life and the lives of those you love—your GP’s six step guide to good health, published by Allen and Unwin in 2007. His latest book, also written with Professor Leanne Rowe, is First do no harm: How to be a resilient doctor in the 21st century which was released worldwide by McGraw Hill in September 2009.
Keynote Speakers

Stephen Billett

Professor Stephen Billett is Professor of Adult and Vocational Education in the School of Education and Professional Studies at Griffith University, Brisbane, Australia and also an Australian Research Council Future Fellow. Billett has worked as a vocational educator, educational administrator, teacher educator, professional development practitioner, and policy developer within the Australian vocational education system and as a teacher and researcher at Griffith University. Since 1992, he has researched learning through and for work and has published widely in the fields of vocational learning, workplace learning, and conceptual accounts of learning for vocational purposes. He was a Fulbright Professional Scholar in 1999. His sole authored books include Learning through work: Strategies for effective practice (Allen and Unwin 2001); Work, change and workers (Springer 2006); Vocational Education (Springer 2011); and edited books Work, Subjectivity and Learning (Springer 2006); Emerging Perspectives of Work and Learning (Sense 2008); Learning through practice (Springer 2010); Promoting professional learning (Springer 2011); and Experiences of school transitions: Policies, practice and participants (Springer 2012). He is currently preparing a manuscript entitled The Integration of Practice-based Learning in Higher Education Programs. He is the founding and Editor in Chief of Vocations and learning: Studies in vocational and professional education (Springer) and lead editor of the book series Professional and practice-based learning (Springer) and lead editor for the forthcoming International Handbook of Research in Professional and Practice-Based Learning with colleagues from Germany. He was awarded a 2009-2010 Australian Learning and Teaching Council (ALTC) National Teaching Fellowship that identified principles and practices to effectively integrate learning experiences in practice and academic settings. In June 2011, he commenced a four-year Australian Research Council Future Fellowship on learning through practice, which aims to develop a curriculum and pedagogy of practice. In August 2013, he was awarded an honorary doctorate by Jyvaskyla University (Finland) for his contributions to educational science.

Fortunato Cristobal

Dr Fortunato L. Cristobal MD is the founding Dean of the Ateneo de Zamboanga University School of Medicine (ADZU-SOM) in Zamboanga City, Mindanao, Philippines. He is Professor for the Masters in Public Health Program and Masters in Health Professions Education Program at ADZU-SOM.

Cristobal trained in medicine at the University of the Philippines, Manila (1973-1977), and underwent paediatric residency training at the University of the Philippines-Philippine General Hospital. He took his postgraduate training in gastroenterology at Westminster Children's Hospital London in 1985; Community Paediatrics at King's College London in 1993, and also took advanced studies in medical education under the mentorship of Dr Charles Engel. He finished both his Masters in Medical Education and Masters in Public Health degree at the Ateneo de Zamboanga University in 1998 and 2001 respectively.

In 1993, Cristobal developed a new medical school in the region with a radical vision and innovative teaching and learning processes. These innovations are now being shared with other countries especially in Southeast Asia at the National University of Laos and Patan Academy of Health Sciences in Kathmandu.
Rachel Ellaway

Professor Rachel Ellaway is the Assistant Dean for Curriculum and Planning and an Associate Professor at the Northern Ontario School of Medicine in Sudbury, Ontario, Canada. Following her PhD in Medical Education from the University of Edinburgh, her academic work concentrated on online learning, simulation, and the use of new technologies for teaching and assessment in and around health professional education. More recently, she has been exploring the many connections between medical education activities and medical education systems. Ellaway was the instigator and continues to act as the Maîtresse des Ceremonies for the AMEE Fringe and she is the author of the eMedical Teacher column in the journal Medical Teacher.

Lambert Schuwirth

Professor Lambert Schuwirth graduated from Maastricht Medical School as an MD. He has been involved in medical education and medical education research since 1990. His main interest is in assessment of medical competence and performance, both in undergraduate and postgraduate training settings. He has worked at Maastricht University for almost 20 years as Assistant, Associate, and Full Professor in the department of Educational Development and Research, before relocating to teach at Flinders in August 2011.

Professor Schuwirth is currently Professor of Medical Education at the Flinders University School of Medicine’s Health Professional Education Unit. The unit’s main activities are in the domains of curriculum development, assessment, admissions/selection, programme evaluation, and faculty development.
Conference Program

Unique Muster 2014 Opportunities

Time with the Ngangkaris

The Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara Women’s Council (NPYWC) is a community-based community organisation formed in 1980 delivering services to the Ngaanyatjarra, Pitjantjatjara, and Yankunytjatjara women in the central desert region of Australia across the borders of the Northern Territory, South Australia, Western Australia, with its headquarters in Alice Springs. It provides a range of community, family, research, and advocacy services. The central objective of the Council is to relieve the poverty, sickness, destitution, distress, suffering, misfortune, or helplessness among the Aboriginals of the Ngaanyatjarra, Pitjantjatjara, and Yankunytjatjara communities.

The Ngangkari program is one of many programs run by NPYWC. Ngangkari are Anangu traditional healers, who have received special tools and training from their grandparents. Anangu have a culturally based view of causation and recovery from physical and mental illness and attribute many illness and emotional states to harmful elements in the Anangu spiritual world. Ngangkari are highly valued for their unique ability to protect and heal individuals and communities from this harm.

NPY Women’s Council is a non-government, not-for-profit organisation. They welcome any contributions from the general public.

Deans Unplugged

Tuesday 28 October 2014
1.30pm - 3.00pm

The aim of Deans Unplugged is to maximise access to expertise of senior academics attending the Muster 2014. Deans are invited to congregate poolside to be available for one-on-one discussion with Muster 2014 delegates. Whether this is about curriculum, academic administration, research, faculty, or learner affairs, this is the time to find a Dean unplugged from his or her desk. All Deans not otherwise presenting at this time are invited.
Workshop with Indigenous Training Academy

**Wednesday 29 October 2014**
11.15am - 12.45pm  
1.30pm - 3.00pm  
Location: Oval

The Ayers Rock Resort is operated by Voyages Indigenous Tourism Australia, a wholly-owned subsidiary of the Indigenous Land Corporation (ILC). The ILC established the National Indigenous Training Academy (NITA) at Yulara to provide enterprise-based accredited training programs, offering pathways for Indigenous people into sustainable employment at the resort and within the wider Australian tourism and hospitality industry. The National Indigenous Training Academy has regular intakes of trainees and, by early 2014, had 74 graduates receiving Certificate II or III qualifications. Graduates are offered employment at Ayers Rock Resort or other industry partners.

This workshop aims to give participants a deeper understanding into Indigenous training at Ayers Rock Resort. Through direct engagement with Indigenous Trainees, participants will learn how NITA is developing sustainable Indigenous employment in remote regions.

Muster Unplugged

**Wednesday 29 October 2014**
1.30pm - 3.00pm

This is an opportunity to share early ideas in education and training, research, evaluation, or clinical service that are not well enough developed for formal presentation but that a discussion with other like-minded people will help progress. This is an ‘expect the unexpected’ moment. Come prepared for anything!
Purple Truck

**Thursday 30 October 2014**
11.15am - 12.45pm
1.30pm - 3.00pm

Western Desert Nganampa Walytja Palyantjaku Tjutaŋku Aboriginal Corporation (Western Desert Dialysis) is an Aboriginal, community-controlled organisation whose mission is to improve the lives of people with renal failure, reunite families, and reduce the incidence of kidney disease in Western Desert communities. The organisation began as a reaction to the need for Pintupi/Luritja people who had to leave their families, country, and homes to seek treatment for end-stage renal failure. Dislocated to Alice Springs, they suffered great hardship. Communities feared for their future wellbeing if senior Pintupi were not there to pass on their cultural knowledge. In 2000, with the help of Papunya Tula Artists and Sothebys, artists from Kintore and Kiwirrkurra painted four collaborative works for the Western Desert Dialysis Appeal, an auction at the Art Gallery of New South Whales, which raised over one million dollars. The organisation’s name means ‘Making all our families well’. It recognises that people must be able to stay on country to look after and be looked after by their families. The Purple Truck (funded by Medicines Australia) was launched in 2011 by Western Desert Dialysis and travelled on its maiden voyage to dialyse in Papunya.

Services provided by Western Desert Dialysis include:
- A mobile dialysis service via The Purple Truck.
- Safe travel to communities for funerals and community events.
- Social support, advocacy, and wellbeing activities.
- Health promotion and education, primary health care, and allied health services.

WHO Launch

**Thursday 30 October 2014**
1.00pm - 1.30pm

The World Health Organization (WHO) has developed a range of resources to help policy makers and practitioners plan and manage improvements in their health workforce. In 2013, the World Health Assembly passed a resolution put forward by member States to develop a global tool to assist with the ’Transforming Health Workforce Education in Support of Universal health Coverage’.

Objectives:
- To present the WHO global health workforce education tool developed by a global technical working group.
- To demonstrate how this work fits in to the current work on transformative education.

Feedback is encouraged from all participants.
**Student Contributions**

Students have been invited to wear yellow T-shirts and are willing to shepherd, coax, coach, and help you to make the most of the Muster 2014.

Please let registration know if you would like to sponsor a student to dine with you on Tuesday and Wednesday evenings.

Please view student posters in room 8 and vote on the student posters in room 8 in Parallel session B on Tuesday from 1.30pm - 3pm.

**Registration Desk**

For any conference enquiries, please visit the registration desk, or phone 04 2781 7712 for support from Lila Loveard, Eliza Gill, or Monica Barolits-McCabe.

**Meet Muster Hosts, Partners and Sponsors**

Muster Hosts, Partners and sponsors will be located in Room 8 on Tuesday.

On Wednesday and Thursday, please come and say hi to them in the atrium outside rooms 4, 5, 6, and 7.
### Day 2 Tuesday 28 October 2014

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<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Room</th>
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<tr>
<td>9.15am</td>
<td>Meeting with Tuesday Co-Chairs (Room 3)</td>
<td>Room 3</td>
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<tr>
<td>9.45am</td>
<td>Housekeeping and Updates - Chair: Sarah Strasser (Rooms 1 &amp; 2)</td>
<td>Rooms 1 &amp; 2</td>
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<td>10.00am</td>
<td><strong>Ngangkaris Presentation (Plenary)</strong> - Chair: Michael Kidd (Rooms 1 &amp; 2)</td>
<td>Rooms 1 &amp; 2</td>
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<td>11.00am</td>
<td>Morning Tea</td>
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<tr>
<td>11.15am</td>
<td>Time with Ngangkaris at the Marquee</td>
<td>Rooms 1 &amp; 2</td>
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<td>11.30am</td>
<td>12 Community health assessment project curriculum in rural LIC; a program evaluation</td>
<td>Room 1</td>
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<tr>
<td></td>
<td>(Kathleen Brooks)</td>
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<td></td>
<td>157 Experiences in the implementation of longitudinal medical student placements in</td>
<td>Room 2</td>
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<td>urban general practice – lessons learned and recommendations</td>
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<td></td>
<td>(Mary–Louise Dick)</td>
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<tr>
<td>11.45am</td>
<td>82 Learning to fly: The experience of piloting the LIFT program in Alice Springs</td>
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<td></td>
<td>(Debbie Fearon)</td>
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<tr>
<td>12.00pm</td>
<td>Student centered learning for quality teaching in anatomy</td>
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<td>(Buddhika Weerasundera)</td>
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<tr>
<td>12.15pm</td>
<td>155 Peer and student support group (PaSS): Supporting rural learners and teachers</td>
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<td></td>
<td>(Jill Konkin)</td>
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<td>12.30pm</td>
<td>154 Implementing a successful reflective practice program at six different distributed</td>
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<td>ICC sites – an exercise in diversity and adaptation</td>
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<td></td>
<td>(Maggie Watt)</td>
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<tr>
<td>12.45pm</td>
<td>Lunch</td>
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<td><strong>Parallel A</strong></td>
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<tr>
<td>11.15am</td>
<td>Co-Chairs: Penny Moody-Corbett / Greg Raymond</td>
<td>Room 4</td>
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<td></td>
<td>12 Community health assessment project curriculum in rural LIC; a program evaluation</td>
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<td>(Kathleen Brooks)</td>
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<td></td>
<td>186 The clinical and operational benefits of point-of-care testing for Aboriginal people</td>
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<td>from remote communities in Australia's Northern Territory</td>
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<td></td>
<td>(Lizzie Shires)</td>
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<tr>
<td>11.30am</td>
<td>129 A model for enhancing community engagement of undergraduate health professional</td>
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<td></td>
<td>students on rural placement (Nicky Hudson)</td>
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<tr>
<td>11.45am</td>
<td>196 Cultivating community engagement, expanding cultural competency and defining</td>
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<td>curriculum: The NOSM Aboriginal and Francophone experience</td>
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<td></td>
<td>(Lee Rysdale)</td>
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<td>12.00pm</td>
<td>187 Conceptual design and evaluation of a new rural medical curriculum</td>
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<td>attracting and retaining health professionals in poor and rural areas in Germany</td>
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<td></td>
<td>(Markus Herrmann)</td>
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<tr>
<td>12.15pm</td>
<td>190 Building the Aboriginal health workforce in East Gippsland</td>
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<td></td>
<td>(Jane Groacen)</td>
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<tr>
<td>12.30pm</td>
<td>191 Approaches to distributed, socially accountable, and community-engaged medical</td>
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<td>education research</td>
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<td>12.45pm</td>
<td>194 Implementing a successful reflective practice program at six different distributed</td>
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<td>(Maggie Watt)</td>
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<td><strong>Parallel B</strong></td>
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<tr>
<td>11.15am</td>
<td>Co-Chairs: Sarah Strasser / Denese Playford / Doug Boreham</td>
<td>Room 5</td>
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<td></td>
<td>196 Cultivating community engagement, expanding cultural competency and defining</td>
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<td>199 Approaches to distributed, socially accountable, and community-engaged medical</td>
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<td>12.15pm</td>
<td>200 Approaches to distributed, socially accountable, and community-engaged medical</td>
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<tr>
<td>12.45pm</td>
<td>202 Approaches to distributed, socially accountable, and community-engaged medical</td>
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**Plenary Sessions**
- Social Accountability
- Community Engagement
- Aboriginal Health
- Rural
### Day 2 Tuesday 28 October 2014 (continued)

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<th>Workshop Room 6</th>
<th>Workshop Room 7</th>
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<td><strong>1.30pm</strong></td>
<td><strong>56 Learning and teaching after dark—innovative techniques inspired by the Tasmanian devil (Bruce Peyser)</strong></td>
<td><strong>73 Medical students being IMiVERSed into a virtual clinical setting</strong> (Keilie Brit)</td>
<td><strong>147 Remote clinical school—where are they now?</strong> (Sarah Chalmers)</td>
<td><strong>79 How to make social accountability accountable</strong> (Carole Reeve)</td>
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<tr>
<td><strong>1.45pm</strong></td>
<td><strong>184 Longitudinal tracking of graduates: tips and tricks from the JCU School of Medicine and Dentistry (Torres Wolley)</strong></td>
<td><strong>71 Longitudinal integrated clerkships—a model for facilitating medical student resilience</strong> (Janet Richards)</td>
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<td><strong>118 Moving from community involvement to active participation, engagement, and ownership: Developing influential local groups for transformative health professional education</strong> (Daniele Barbeau-Rodrigue)</td>
<td><strong>28 Exploring the journey to cultural safety</strong> (Samantha Goudie)</td>
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<td><strong>116 Progressive clinical skills—teaching clinical reasoning skills in the Northern Territory</strong> (Emma Kennedy)</td>
<td><strong>145 Creating effective change agents: Leadership training for students within the context of community engagement</strong> (Susan Rogers)</td>
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<td><strong>Deans Unplugged and Student Posters</strong> (Poolside and Atrium)</td>
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<tr>
<td><strong>Reflection on the value of longitudinal generalist experience for undergraduate medical education</strong> (Nikki Hudson)</td>
<td><strong>207 The impact of a distributed education model on specialty practice location intent</strong> (Doug Myhre)</td>
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<td><strong>77 Effectiveness of interprofessional learning in clinical simulation scenarios using standardised patients</strong> (Lucie Walters)</td>
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<td><strong>The public and private good benefits in addressing the chronic disease pandemic among Indigenous peoples</strong> (David Campbell, Flinders)</td>
<td><strong>Rural longitudinal integrated placements—How do they work? A social learning systems perspective</strong> (Michele Daly)</td>
<td><strong>61 Exposure to Public Health—a pathway to social accountability</strong> (Carole Reeve)</td>
<td></td>
<td><strong>78 Impact of sub-quota selection on rural career</strong> (Joanna Rutzen)</td>
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<td><strong>Example of an effective feedback loop in socially accountable medical education: NOSM’s engagement of Aboriginal communities</strong> (Kim Daynard)</td>
<td><strong>165 Medicine, assessment and the community: A space for the arts</strong> (Margaret Simmons)</td>
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<td><strong>R</strong></td>
<td><strong>111 Calling all comments: Using short phone calls as grading conferences in a LIC</strong> (Daniele Dickey)</td>
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<td><strong>R</strong></td>
<td><strong>105 Moving towards a health professions school in the North West province of South Africa: possible models for a collaborative approach</strong> (Ian Couper)</td>
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### Time with Ngangkaris at the Marquee

**1.30pm**
- **Room 1:**
  - 1.30pm: **Time with Ngangkaris at the Marquee**

### 1.45pm
- **Room 7:**
  - 1.45pm: **Exploring the journey to cultural safety** (Samantha Goudie)

### 2.00pm
- **Room 3:**
  - 2.00pm: **Progressive clinical skills—teaching clinical reasoning skills in the Northern Territory** (Emma Kennedy)

### 2.15pm
- **Poolside and Atrium:**
  - 2.15pm: **Deans Unplugged and Student Posters**

### 2.30pm
- **Room 6:**
  - 2.30pm: **Moving from community involvement to active participation, engagement, and ownership: Developing influential local groups for transformative health professional education** (Daniele Barbeau-Rodrigue)

### 2.45pm
- **Room 3:**
  - 2.45pm: **Impact of sub-quota selection on rural career** (Joanna Rutzen)

### 3.00pm
- **Poolside:**
  - 3.00pm: **Plenary: Collaborative Leadership Conversation**

### 3.30pm
- **Room 1:**
  - 3.30pm: **Plenary: Collaborative Leadership Conversation**

### 4.00pm
- **Room 2:**
  - 4.00pm: **Meeting with Wednesday Co-Chairs**

### 4.30pm
- **Room 3:**
  - 4.30pm: **Posters 1**

### 5.00pm
- **Room 4:**
  - 5.00pm: **Posters 2**

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**Plenary Sessions**
- Co-Chairs: Ann Poncelet / Adrian Gristci
- Helen Wozniak / John Dabous
- Cheryl Davis / Kathy Broatch

**Social Accountability**
- Helen Wozniak / John Dabous

**Community Engagement**
- Cheryl Davis / Kathy Broatch

**Aboriginal Health**
- Sarah Strasser

**Rural**
- Paul Worley
- Denise Raftis

**Longitudinal Learning**
- Lionel Green-Thompson
- Courtne Ryder / Tina Armstrong

**R** indicates sessions that are related to the theme.
### Plenary Sessions

- **9.45am** Housekeeping and Updates - Co-Chairs: Pascale Dettwiller/Paul Worley (Rooms 1 & 2)
- **9.50am** Keynote Speaker: Rachel Ellaway - Exploring the intersections of medical schools and communities (Rooms 1 & 2)
- **10.20am** Keynote Speaker: Lambert Schuwirth - Programatic assessment for learning (Rooms 1 & 2)
- **11.00am** Morning Tea

### Parallel C

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<th>Short Presentation Room 3</th>
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<th>Symposia Room 6</th>
<th>Master Class Room 7</th>
<th>Workshop Room 8</th>
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<tbody>
<tr>
<td>11.15am</td>
<td>Learning trajectories in longitudinal rural medical school placements (Cathy Owen)</td>
<td>Community engagement case presentation (Jill Bestic)</td>
<td>Lessons learned in the development of self-directed online learning for community-engaged faculty development (Kym Folkard)</td>
<td>Developing a simulation-based education program in a distributed environment breaking new ground and avoiding the potholes (Marion Briggs)</td>
<td>Toward a Theory of compassionate, evidence-informed, interprofessional, person-centred practice (Marion Briggs)</td>
<td>How do contextual issues influence socially accountable medical schools? (Robyn Preston)</td>
<td>Levers, barriers and strategies for sustainability? (Josephine Boland)</td>
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<tr>
<td>11.30am</td>
<td>What do medical students in an integrated longitudinal clinical placement actually see and do? (Kathryn Weston)</td>
<td>Lessons learned in the development of self-directed online learning for community-engaged faculty development (Kym Folkard)</td>
<td>Longitudinal integrated clerkships – what is their long-term career impact? 10-year impact of The Rural Clinical School of Western Australia (Denise Playford)</td>
<td>Developing a simulation-based education program in a distributed environment breaking new ground and avoiding the potholes (Marion Briggs)</td>
<td>Toward a Theory of compassionate, evidence-informed, interprofessional, person-centred practice (Marion Briggs)</td>
<td>What do medical students in an integrated longitudinal clinical placement actually see and do? (Kathryn Weston)</td>
<td>Is community engagement fundraising/friendraising or is fundraising/friendraising community engagement? (Gail Fressia)</td>
</tr>
<tr>
<td>11.45am</td>
<td>From scratch – a new medical school in Portugal (Pedro Marvao)</td>
<td>Social networking in the student, professional and wider community in longitudinal integrated placements - is it associated with better preparedness for practice opportunities? (Michelle Dahl)</td>
<td>Taking social accountability forward – a proposed framework (Lionel Green-Thompson)</td>
<td>Embedding community engaged learning within medical education: Levers, barriers and strategies for sustainability? (Josephine Boland)</td>
<td>Toward a Theory of compassionate, evidence-informed, interprofessional, person-centred practice (Marion Briggs)</td>
<td>Effectively addressing challenges presented by multi-cultural medical learners (Kimberly Krohn)</td>
<td>Assessing Patient-Centered Care in an Objective Structured Clinical Examination (Luann Wilkinson)</td>
</tr>
<tr>
<td>12.00pm</td>
<td>Feedback on the fly – an innovative approach to student assessment using a smart phone application (Bruce Peyser)</td>
<td>Designing ‘community’ into a distributed community-engaged curriculum (Tim Dube)</td>
<td>Planning and developing a global community-engaged learning experience for undergraduate medical students (Basa Sedlick)</td>
<td>Embedding community engaged learning within medical education: Levers, barriers and strategies for sustainability? (Josephine Boland)</td>
<td>Toward a Theory of compassionate, evidence-informed, interprofessional, person-centred practice (Marion Briggs)</td>
<td>How do you get from here to there – LIC expansion to new sites (Robert Boulay)</td>
<td>Views from the field: Exploring the perceptions of students on the reality of interprofessional learning and practice in rural and urban settings (David Thompson)</td>
</tr>
<tr>
<td>12.15pm</td>
<td>Effectively addressing challenges presented by multi-cultural medical learners (Kimberly Krohn)</td>
<td>Feedback on the fly – an innovative approach to student assessment using a smart phone application (Bruce Peyser)</td>
<td>Health policy and professional practice: implementations of the Lancet Commission (Janet Critchley)</td>
<td>Embedding community engaged learning within medical education: Levers, barriers and strategies for sustainability? (Josephine Boland)</td>
<td>Toward a Theory of compassionate, evidence-informed, interprofessional, person-centred practice (Marion Briggs)</td>
<td>How well can a rural longitudinal integrated clerkship prepare a medical student for internship? (Jane Barker)</td>
<td>Is community engagement fundraising/friendraising or is fundraising/friendraising community engagement? (Gail Fressia)</td>
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<td>12.30pm</td>
<td>Tracking value formation of medical student exposed to the ADZU-SOM iterative sandwich curriculum. A cohort study (Fortunato Cristobal)</td>
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### Time with Ngangkaris / W/S Indigenous Training Academy

- **11.15am** Time with Ngangkaris / W/S Indigenous Training Academy
- **11.30am** Learning trajectories in longitudinal rural medical school placements (Cathy Owen)
- **11.45am** Community engagement case presentation (Jill Bestic)
- **12.00pm** How do contextual issues influence socially accountable medical schools? (Robyn Preston)
- **12.15pm** Developing a simulation-based education program in a distributed environment breaking new ground and avoiding the potholes (Marion Briggs)
- **12.30pm** Toward a Theory of compassionate, evidence-informed, interprofessional, person-centred practice (Marion Briggs)

### Day 3 Wednesday 29 October 2014

- **9.45am** Housekeeping and Updates - Co-Chairs: Pascale Dettwiller/Paul Worley (Rooms 1 & 2)
- **9.50am** Keynote Speaker: Rachel Ellaway - Exploring the intersections of medical schools and communities (Rooms 1 & 2)
- **10.20am** Keynote Speaker: Lambert Schuwirth - Programatic assessment for learning (Rooms 1 & 2)
- **11.00am** Morning Tea
- **11.15am** Time with Ngangkaris / W/S Indigenous Training Academy
- **11.30am** Learning trajectories in longitudinal rural medical school placements (Cathy Owen)
- **11.45am** Community engagement case presentation (Jill Bestic)
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- **12.30pm** Toward a Theory of compassionate, evidence-informed, interprofessional, person-centred practice (Marion Briggs)

### Social Accountability

- **9.45am** Housekeeping and Updates - Co-Chairs: Pascale Dettwiller/Paul Worley (Rooms 1 & 2)
- **9.50am** Keynote Speaker: Rachel Ellaway - Exploring the intersections of medical schools and communities (Rooms 1 & 2)
- **10.20am** Keynote Speaker: Lambert Schuwirth - Programatic assessment for learning (Rooms 1 & 2)
- **11.00am** Morning Tea

### Community Engagement

- **9.45am** Housekeeping and Updates - Co-Chairs: Pascale Dettwiller/Paul Worley (Rooms 1 & 2)
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- **10.20am** Keynote Speaker: Lambert Schuwirth - Programatic assessment for learning (Rooms 1 & 2)
- **11.00am** Morning Tea

### Aboriginal Health

- **9.45am** Housekeeping and Updates - Co-Chairs: Pascale Dettwiller/Paul Worley (Rooms 1 & 2)
- **9.50am** Keynote Speaker: Rachel Ellaway - Exploring the intersections of medical schools and communities (Rooms 1 & 2)
- **10.20am** Keynote Speaker: Lambert Schuwirth - Programatic assessment for learning (Rooms 1 & 2)
- **11.00am** Morning Tea

### Rural

- **9.45am** Housekeeping and Updates - Co-Chairs: Pascale Dettwiller/Paul Worley (Rooms 1 & 2)
- **9.50am** Keynote Speaker: Rachel Ellaway - Exploring the intersections of medical schools and communities (Rooms 1 & 2)
- **10.20am** Keynote Speaker: Lambert Schuwirth - Programatic assessment for learning (Rooms 1 & 2)
- **11.00am** Morning Tea
### Short Presentation

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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>1.30pm</td>
<td>1 Factors related to medical students' engagement in LICs: A longitudinal study (Doug Myhre)</td>
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<tr>
<td>1.45pm</td>
<td>25 Using distance technology to facilitate a student balint group (Jay Eriksson)</td>
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<tr>
<td>2.00pm</td>
<td>14 Case-based learning: Participant opinions of its value in medical education. (Timothy Billington)</td>
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<tr>
<td>2.15pm</td>
<td>144 Case-based learning through peer review (Nancy Dickie)</td>
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<tr>
<td>2.30pm</td>
<td>87 Developing personal attributes of professionalism during clinical rotations: Views of final year bachelor of clinical medical practice students (Nontsikelelo Mapukata-Sondzaba)</td>
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<tr>
<td>2.45pm</td>
<td>159 Do medical students maintain their empathy differently depending on the location of their study in year three? (Sarah Mahoney)</td>
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<tr>
<td>3.00pm</td>
<td>Afternoon Tea</td>
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### Workshop/PeArLs

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<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>1.30pm</td>
<td>69 Building distributed community-based research capacity by leveraging a health systems data platform across Northern Ontario Canada (Joe Eibi)</td>
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<td></td>
<td>92 Let's start at the very beginning - MedQuest A pipeline program to medical school and practice (James Rourke)</td>
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<td>54 Conversion of traditional block rotation education (TBR) in an academic medical centre to longitudinal integrated clerkship (Longitudinal Integrated Finders Training LIFT) (Bill Heddle)</td>
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<td>141 Northern Ontario School of Medicine undergraduate learners' perspectives on rural practice and medical discipline (Owen Prowse)</td>
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<td>158 The development and implementation of an international student and graduate outcome cohort with medical schools aspiring to social accountability (Sarah Larkins)</td>
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<td>159 Improvisational scenarios to enhance communication and patient-centred education (Mauvanne Reade)</td>
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<td>164 Community based research in practice: Shared reflections on process, outcomes and impact (Josephine Boland)</td>
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<td>171 Frontline perspectives on telepractice/ telemedicine: Challenges and opportunities (Sue Berry)</td>
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<td>205 Indigenous health in Scandinavia - Pitfalls and Summits (Oleg Kravtchenko)</td>
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<td>189 (PeArLs) Scaling up: From social accountability in medical schools to address sing health inequity and universal health coverage at a national or international level – what will it take? (Sarah Strasser)</td>
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<td>196 We need to have a chat about that! Bringing social equity to the student conversation (Michael Douglas)</td>
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<td>90 How we established community engagement projects (Robert Boully)</td>
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<td>13 “Have I jumped the gun?” – assisting students’ transition towards clinical reasoning competency in a longitudinal integrated clerkship (Daryl Pedler)</td>
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<tr>
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## Parallel E

### Co-Chairs
- Doug Mhyre / Cathy Owens
- Sarah Mahoney / Robert Boulay
- Nancy Dickey / Paul Worley
- Nicky Hudson
- Deb Fearon / Tim Dubé
- Kathy Brookes / Jane Barker
- Gail Roberton / David Musson

### 3.30pm
- **29** Designing student centred and online learning approaches to develop clinical judgement: The student experience (Helen Wozniak)
- **7** School-based service learning for medical students: Design, implementation and reflections (Graeme McKenzie)
- **66** Developing tools for the evaluation of community-based education (Ian Couper)
- **124** Meaningful patient cohorts in a LIC (William Pierrat)

### 3.45pm
- **67** Changing perceptions of final year medical students throughout a fifteen week placement in rural primary care: A study using serial focus groups (Richard Hays)
- **45** Service-learning: Linking the local and global learning environment (Gobhan Farrel)
- **9** Extending the explanatory power of subjective wellbeing in relation to health through the integration of the psychosocial determinants (David Campbell, Flinders)
- **97** Developing and evaluating Aboriginal cultural self-efficacy in health professional learners (Lee Flysde)

### 4.00pm
- **130** Virtual clinics and vertical medical education (Patricia Knight-Billington)
- **188** A model of oral health services in remote Aboriginal communities (Nancy Weston)

### 4.15pm
- **150** Teaching clinical urology to learners training as ‘generalists’ in a rural setting (Emmanuel Abara)
- **185** A 360 view of simulated learning environments and interprofessional learning at a wilderness medicine event (Maurianne Reade)

### 4.30pm
- **106** “Followed him all the way”: the continuity of care experiences of longitudinal clerkship medical students (Kathryn Weston)
- **125** Strategies to manage Over-users of medical services (Philip McGuire)

### 4.45pm
- **132** Learning with community - students’ reflections on social accountability after community experiences (Jennie Greenhill)
- **202** How to transform a specialized clinical palliative care unit into a teaching performance (Peter Pype)

### 5.00pm
- **68** Part 2. Community engagement with a patient-centred approach (Kathy Brookes / Jane Barker)

### 9.15am
- **Day 3 Wednesday 29 October 2014 (continued)**
- **Visit to Purple Truck/Time with Ngangkaris**
## Day 4 Thursday 30 October 2014 (continued)

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Room(s)</th>
<th>Co-Chairs/Authors</th>
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<tbody>
<tr>
<td>1.00pm</td>
<td><strong>WHO Toolkit Launch</strong> - Chair: Paul Worley</td>
<td>Room G</td>
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<tr>
<td>1.30pm</td>
<td><strong>Parallel G</strong></td>
<td>Room G</td>
<td>Co-Chairs: Kathryn Weston / Bill Heddle</td>
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<tr>
<td></td>
<td>Short Presentation Room 1: Distributed learning in occupational medicine for family physicians (Joel Anderson)</td>
<td>Room G</td>
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<td>Short Presentation Room 2: Challenges in developing a new graduate program in a socially accountable medical school (David MacLean)</td>
<td>Room G</td>
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<tr>
<td>1.45pm</td>
<td><strong>Remote Health Experience (RHE)</strong>: An innovative and unique education activity in remote Northern Territory, Australia. (Pascale Dettwiller)</td>
<td>Room G</td>
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<tr>
<td>2.00pm</td>
<td><strong>Time with Ngangkaris/Visit Purple Truck</strong></td>
<td>Room G</td>
<td>Co-Chairs: Joe Elbl / Robyn Preston</td>
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<tr>
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<td><strong>Room 1</strong></td>
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<tr>
<td>2.15pm</td>
<td><strong>Room 4</strong></td>
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<td>Co-Chairs: Richard Hays / Sarah Strasser</td>
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<tr>
<td>2.30pm</td>
<td><strong>Room 6</strong></td>
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<td>Co-Chairs: Cathy Cervin / Josephine Boland</td>
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<tr>
<td>2.45pm</td>
<td><strong>Room 7</strong></td>
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<td>Co-Chairs: Jennifer Fawcett / Kathleen Meacham / Andrew Dean</td>
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<td><strong>Room 8</strong></td>
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<td>3.00pm</td>
<td>Afternoon Tea</td>
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<tr>
<td>3.30pm</td>
<td><strong>Student Panel (Plenary)</strong></td>
<td>Rooms 1 &amp; 2</td>
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<tr>
<td>4.00pm</td>
<td><strong>Wrap Up (Rooms 1 &amp; 2)</strong></td>
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<tr>
<td>6.00pm</td>
<td>Buses depart from Sails in the Desert Hotel for the Sounds of Silence Dinner and Farewell</td>
<td>Rooms 1 &amp; 2</td>
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### Poster Presentations 1

**Chair:** Fortunado Cristobal

<table>
<thead>
<tr>
<th>Poster Presentations 1</th>
<th>Poster Presentations 2</th>
<th>Poster Presentations 3</th>
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</thead>
</table>
| **198** Faculty development planning: A key strategy for success in the implementation of a longitudinal integrated clerkship Pilot Program at the University of Toronto, Faculty of Medicine  
(L. Graves) | **199** Evolution of the indigenous entry stream in the NTMP  
(C. Raymond) | **201** Community engagement: Integration through the Memorial University medical school curriculum  
(K. Stringer) |
| **193** The University of Toronto, longitudinal integrated clerkship students’ perspectives  
(L. Graves) | **123** The LIME Network indigenous pathways into medicine online resource and videos  
(O. Mazel) | **146** Effect of interprofessional training at rural small hospital – rural community is suitable field for interprofessional education  
(R. Nakaoke) |
| **149** The PACK’s first year as a longitudinal program at Texas A&M  
(K. Coble) | **35** Who writes the stories? Anishnaabeg animators creating patient-centred simulations  
(M. Read) | **115** Go to the people: Reflecting on the long-term outcomes of 1990’s community-engaged teaching and learning in Indonesia  
(B. Marjadi) |
| **131** Allocation of medical students to a 38 week longitudinal integrated community-based placement  
(T. Duguid) | **32** Impact of simulated emergencies in wilderness-based setting on learning interprofessional collaboration from the facilitators’ and simulated patients’ perspective  
(H. Smith) | **38** The 2nd evaluation for a pilot study of community participatory medical education – Possible new spectrum of community oriented medical education?  
(A. Takamura) |
| **43** Expanding the boundaries of clinical skill development in undergraduate medical education: Instruction in Point of Care Ultrasound (POCUS) at the Northern Ontario School of Medicine  
(L. Farrell) | **107** Use of context scoring in the medical school admission process as a tool in addressing the social accountability mandate of the Northern Ontario School of Medicine (NOSM)  
(O. Prowse) | **100** How do graduates of longitudinal integrated clerkships fare on the Medical Council of Canada Qualifying Exam Part II?  
(D. Mhyre) |
| **36** Wilderness & Survival Medicine as an Interprofessional Educational Forum  
(M. Read) | **101** The power of PaNDA: NOSM student placement locale data provides accountability and quality improvement measures  
(L. Rysdale) | **98** Student satisfaction with community versus academic medical center clerkship experiences  
(S. Tieman) |
| **15** Comparative clinical ethics education: LIC v TBR  
(K. Meacham) | **93** How is rural defined and used in Canada?  
(J. Rourke) | **94** Progressive diabetic ketoacidosis simulation  
(J. Watkins) |
| **178** John Flynn Placement Program – does community engagement shape rural careers?  
(L. Godier) | **143** Communication for the patient’s needs... the key to competent healthcare  
(D. Barbeau- Rodrigue) | **195** The University of Toronto, Longitudinal Integrated Clerkship: A process map: Avenues and roadblocks  
(L. Graves) |

### Poster Presentations 2

**Chair:** Ian Couper

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(L. Graves) |

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**Chair:** Richard Hays

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27 – 30 October
ULURU, NORTHERN TERRITORY, AUSTRALIA

Photo: Voyages Ayers Rock Resort

Flinders University
Northern Ontario School of Medicine
Ecole de médecine du Nord de l’Ontario

CLIC

FRAME

JAMES COOK UNIVERSITY
AUSTRALIA

Training for Health Equity Network