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WHEN a DREAM BECOMES a NIGHTMARE: WHY DO INDIGENOUS AUSTRALIAN MEDICAL STUDENTS WITHDRAW from THEIR COURSES?

ISABEL ELLENDER, MARLENE DRYSDALE, JANICE CHESTERS, SUSAN FAULKNER, HEATHER KELLY & LEANNE TURNBULL

Department of Rural and Indigenous Health, Monash University, PO Box 973, Moe, Victoria, 3825, Australia

Abstract

This paper investigates reasons Indigenous Australian medical students gave for leaving their courses prior to graduation. Indigenous students who had withdrawn or deferred from their medical courses were asked about the barriers and disincentives that had dissuaded them from graduating. Although the response rate to the questionnaire was very low, it opened up a way of looking at the particular experiences of Indigenous students. Of the 12 responses, the most prominent reason given for withdrawing was financial. Most were satisfied with enrolment processes but a number were disappointed with their courses and with teaching methods. More support from the university was the only encouragement that would have persuaded most respondents to continue. This paper explores the reasons for the high rate of withdrawal of Indigenous medical students and concludes by suggesting ways in which secondary schools, universities and their medical schools could respond to the recruitment and retention of Indigenous medical students.

Introduction

The numbers of Indigenous students enrolling in and completing their medical courses is unacceptably low. This is despite recognition by medical educators that one strategy to tackle poor Indigenous health is to increase the number of Indigenous medical graduates, the assumption being that most will want to work on better health outcomes for their peoples. Enrolments are low and an unacceptably large number of this small group of students do not graduate successfully.

In 2006, the *Footprints Forwards: Better Strategies for Recruitment, Retention and Support for Indigenous Medical Students* project was completed by a consortium of Monash University (Monash), the University of New South Wales (UNSW) and James Cook University (JCU). This work was supported by the Department of Health and Aging (DoHA), which regarded it as a project of national significance. The *Footprints Forward* project aimed "to look at opportunities for and barriers to Indigenous student entry into medical education" (Drysdale et al., 2006, p. 6). One of the tasks of the Monash team was to research the perspectives of Indigenous students who had withdrawn or deferred from their medical courses, to investigate:

- What barriers and disincentives dissuade Indigenous students from progressing through their medical course.
- What support students were given at the time they withdrew or deferred from their medical course.
- How to minimise those barriers and disincentives through better recruitment and supportive strategies employed by universities, medical schools and secondary schools.

The paper describes and analyses the results of a questionnaire sent to Indigenous students who had withdrawn from their medical courses. It concentrates on six of the questions that particularly seek out the personal experiences of the respondent, especially the emotions associated with the time and circumstances of the withdrawal from the course. The paper goes on to

suggest strategies that secondary schools, universities, and medical schools can adopt to encourage and support more Indigenous medical students to enter and complete their courses.

Background

The Indigenous Australian population in 2001 was estimated to be about 2.4% of the total population (Australian Bureau of Statistics, 2001, p. 15). In that year, some 90 Indigenous doctors represented only 0.18% of all doctors registered with the Australian Medical Association (Minniecon & Kong, 2005, p. xi). In 2002, there were about 27 Indigenous medical students in all Australian medical schools (Swinbourne, 2002, p. 8). By 2003, Indigenous medical students made up just 1.1% of all students in Australian medical schools, and by 2004, an audit conducted by Monash University indicated that the number had barely risen to 109 (An audit of Indigenous Australian medical students, in preparation). The Indigenous population by 2006 had risen to 2.5% (Australian Bureau of Statistics, 2008, p. xxi).

It is of concern that the number of Indigenous students undertaking medical education in Australia is still well below what could be expected given the proportion of Indigenous people in the total population and in terms of what is needed to address the poorer health of Indigenous Australians (AIDA, 2007; Minniecon & Kong, 2005).

Two key reports raised awareness at the national level of the need for medical schools to address issues of Indigenous health, and the recruitment and retention of Indigenous medical students. The then Committee of Deans of Australian Medical Schools (CDAMS) (now known as Medical Deans Australia and New Zealand (MDANZ)), delivered its Indigenous Health Framework (Phillips, 2004). The following year, the AIDA published its *Healthy Futures* report (Minniecon & Kong, 2005). The CDAMS Framework is a comprehensive, nation-wide commitment by all medical Deans to better address and integrate Indigenous health content in core medical education. The AIDA report defines the best practice for retention of Indigenous students in medical education and recognised that discrimination and racism compromise the learning environment for Indigenous students. It found that in spite of a drastic shortage of Indigenous doctors, Indigenous enrolments were not keeping pace let alone increasing significantly and called on Australian medical schools to adopt strategies for encouraging recruitment and retention of Indigenous medical students.

The retention of Indigenous students in Australian medical courses also needs examining. If numbers are used as an indication, some medical schools have been successful in encouraging Indigenous students to stay in medicine. For example, the medical schools of Newcastle, Western Australia and James Cook Universities have conspicuously higher numbers of Indigenous students than others. It appears then, there are lessons to be learned from them (Usher et al., 2003; Usher et al., 2005).

It is also vital is to hear the opinions of Indigenous students themselves – those who have been successful in the system as well as those whom the system has failed. This paper starts that important work by hearing from Indigenous students who have withdrawn from medical courses across Australia.

Methods

The survey instrument adopted for this project consisted of a questionnaire of nine open-ended and eight closed questions (a copy of the questionnaire is available on request). The electronic or hard copy questionnaire could be completed in about 10 minutes and was designed to be anonymous. Withdrawn Indigenous students were purposefully sought out and a snowball or chain sampling (Liamputtong & Ezzy, 2005, p. 47) recruitment strategy was used to increase the number of potential respondents. Eight months were available for recruiting participants, collating and analysing the data. The participants' responses were analysed using a content analysis method (Hansen, 2006; Wimmer & Dominick, 1991).

The focus of the questions was to find out:

- What help and information Indigenous students had in the process of enrolling in a medical course,
- What barriers and difficulties they encountered in the enrolment process and subsequently while undertaking their course,
- What made them withdraw from their course and what could have helped them to continue.

The Monash University Standing Committee on Ethics in Research Involving Humans required that intermediaries such as university Indigenous support centres, fellow students, or university databases, be used to contact potential participants. This strategy of indirect access provided for privacy, anonymity and avoidance of coercion of potential participants to respond.

The Australian Indigenous Doctors Association (AIDA), all 14 Australian university medical schools and Indigenous support centres were contacted by telephone or in face-to-face meetings in late 2005. The intermediaries passed on 130 kits containing an explanatory statement, the questionnaire and a return envelope (The Kit) to withdrawn students for whom they had contact details. An advertisement was also inserted regularly in the AIDA *Friday Flyer*, an electronic newsletter targeted at Indigenous health professionals and students.

Because student names could not be divulged, reliance had to be placed on those who had offered to

pass on the kit to potential participants. This indirect method also depended on the intermediaries having recent contact details for students who might well have moved away from their university address as a result of their withdrawal or deferment. This indirect approach provides safeguards for participants but put an onus on the intermediaries who stood to gain little for pursuing addresses and phone numbers, and forwarding the information.

After some months of no responses the intermediaries were contacted again to ask them to remind the potential respondents to complete the questionnaire. After two reminders, one or two responses were received by mail. It was decided not to pursue the intermediaries any further as several reported that the potential respondents did not feel comfortable "getting involved again". The AIDA *Friday Flyer* did trigger some responses.

Results

The questionnaire

After eight months and many reminders, from the 130 kits sent out just 12 responses had been returned (9.2%). An additional three completed questionnaires came from respondents who did not fit the criteria of being deferred or withdrawn or Indigenous but felt compelled to respond because they were impassioned by what they had observed as the difficulties encountered by their Indigenous fellow students. Their fervent responses and very useful observations have not been analysed as they would threaten the validity of this study. The data was managed in Microsoft Office ACCESS and the qualitative analysis was carried out manually due to the small numbers (n=12).

The 12 Indigenous respondents who completed the questionnaire had very strong statements to make. Eight of the respondents went on to say that they would be prepared to speak to up-coming Indigenous students about medicine.

Seven respondents were accepted by the university of their first choice (University of Newcastle) and chose it because it offered an Indigenous pathway and support. Six said the advice they were given about entering a medical course had been helpful and six had entered university through an interview process. However, seven said the medical course was not what they expected, with all citing disappointments with teaching attitudes and methods. Prior to deferring or withdrawing, seven reported that alternative pathways were not suggested to them.

Open-ended questions permitted respondents to give complex and multiple responses to a question. In the following paragraphs, the analysis discusses "responses" rather than "respondents." In order to give equal weight to the several components of a single respondent's sentence, these were separated out as individual "responses". So, for example, a respondent may have withdrawn for financial *and* family reasons.

Question 1. Why did you want to be a doctor?

The 12 respondents offered 24 individual responses to this question (n=24), as shown in Table 1.

The common assumption that Indigenous students choose to study medicine in order to contribute to a better health care provision for their people is supported by a third of the responses (n=8). Nine responses reflected personal interests which were broken down into the opportunity to "improve career options" (n=4), to "learn about the human body" (n=3), or to take on "a challenge" (n=2). The following comment sums up the personal challenges involved in taking up a medical course: "I suppose I didn't want to die wondering!" Four responses reflected the progression from "having had some medical experience" (such as having studied nursing), that prompted them to study medicine (n=4). It was difficult to interpret the three responses which cited "family reasons" (n=3) as the incentive to become a doctor.

Table 1: The responses of withdrawn Indigenous medical students to Question 1: Why did you want to be a doctor?

Responses	Number of responses
Question 1: Why did you want to be a doctor?	
Help people	1
The challenge	2
Family reason	3
Learn about the body	3
Improve career options	4
Prior medical experience	4
Improve Indigenous health	7

Table 2: The responses of withdrawn Indigenous medical students to Question 2: Why did you withdraw or defer from your course?

Responses	Number of responses
Question 2: Why did you withdraw or defer from your course?	
Poor career choice	1
Needed clearer guidelines about what was expected	2
Disappointed with faculty staff	1
Illness	2
Fatigue	2
Cultural isolation	3
Couldn't cope	4
Relationship/family problems	5
Financial reasons	6

Question 2. Why did you withdraw or defer?

Table 2 shows the 26 individual responses contributed by the respondents to this question (n=26).

This is a crucial question to help understand the barriers faced by these Indigenous students. Individual respondents usually had more than one reason for making the decision to withdraw. The most frequently cited reason was to do with "financial problems" (n=6). The second most prevalent reason was relationship and/or family problems (n=5). Some respondents were their extended family's primary financial provider and felt that responsibility:

> When things go wrong and they often do (dysfunctional family, poor socioeconomics) I am i) too far away to help much and ii) have no longer got a good income to support my extended family.

Eight responses reflected the burden of their course. Four respondents could not manage the workload (n=4), two of whom became "too fatigued", and two more indicated "illness" (n=2). Three responses listed "cultural isolation" as a factor leading to their withdrawal (n=3). The cultural isolation in large impersonal universities was too much to bear for these Indigenous students trying to maintain their Indigenous identity:

> Uni is like uncharted territory to us ...
>
> A lack of role models in a white world ...
>
> A relentless impression that I was not wanted there.
>
> The part of the course covering Indigenous health was seen as laborious and of little value by most students, the teachers were ridiculed.
>
> They already think we're going to fail ... we are already stereotyped into a particular class or group of under-successors/under-achievers.

Table 3: The responses of withdrawn Indigenous medical students to Question 3: What would have encouraged you to continue?

Responses	Number of responses
Question 3: What would have encouraged you to continue?	
Support from Indigenous unit	1
Better information	2
More flexible arrangements	3
Financial solutions	3
Better support from faculty	4
Nothing would have helped	4

Three other responses indicated the "lack of clear guidelines about what to expect of the course" (n=2) and "disappointment with the faculty staff" (n=1). One respondent admitted to making "a poor career choice."

Question 3. What would have encouraged you to continue?

This question drew 17 individual responses (n=17) as shown in Table 3.

Four indicated that the respondents were beyond the point where they could have been persuaded to continue (n=4). Another four indicated that "better support from the faculty" (n=4) or the "Indigenous unit" (n=1) would have been welcome and perhaps encouraged them to stay. "Financial solutions" would have helped in some situations (n=3) or "more flexible arrangement" (presumably to enable working off-campus) (n=3). Two responses noted that "better information" could have encouraged them to continue or to move into another health stream rather than opt out altogether (n=2).

Some respondents had children to support or they missed their family: "If I didn't have my child I would definitely have considered staying" and "Having family nearby".

Question 4. What are you doing now?

Table 4 shows the 13 individual responses to this question (n=13).

Ten responses indicated that people were working (n=10). Of the remaining three responses, all were studying but just one had re-enrolled in a medical course.

Question 5. What advice would you give to new students?

There were 36 individual responses to this question (n=36) displayed in Table 5.

Not surprisingly the advice offered in nearly all responses appeared to reflect the respondents' own experience of a lack of particular supports. Thirteen responses urged future Indigenous students to seek "all the help you can in the form of a tutor, mentor, scholarship ..." and to seek that assistance as soon

Table 4: The responses of withdrawn Indigenous medical students to Question 4: What are you doing now?

Responses	Number of responses
Question 4: What are you doing now?	
Re-enrolled in medicine	1
Studying something other than medicine	2
Working	10

as problems began to emerge (n=13). Psychological and personal strengths were seen to be important in 12 responses: these included "dedication" (n=4), "a strong mental state" (n=3), "believe in yourself" (n=3), and "don't have expectations that are too high" (n=2). "You can do it" was offered as advice! Other responses were more practical in nature: "manage your finances" (n=3), "work hard" (n=3) and "make room for relaxation" (n=3). Three responses counselled new students to "survive the first two years" (n=1), "don't be put off by negativities" (n=1), and "keep in touch with Indigenous academics" (n=1).

> Learn from the non-Indigenous students as well. These guys know how to get the results. Don't hang around your Indigenous buddies all the time. Get out of that comfort zone when it comes time to focus on your studies (I cannot stress that point enough).
>
> ... be prepared to make social and emotional sacrifices.

Question 6: Did you have any difficulties involved in leaving your community or family?

Table 6 displays the 18 individual responses offered for this question (n=18).

Family and community are important to Indigenous people. Respondents were asked if leaving their family or community or just being away from them for long periods of time influenced their decision to drop out of their course. When asked if they had to leave their community and/or family in order to pursue a medical course four said "no" and nine said "yes". For those who had to leave their community or family, the problems were for the family/community (n=3) or for the respondent (n=14).

Nearly half the responses referred to the emotional feeling of homesickness that contributed to making their university experience unbearable (n=7). Leaving home/community had brought on financial problems according to a third of responses (n=6). The financial problems were for the family/community (n=2) where the family income was reduced radically (n=1) or there were "general financial problems" (n=3). One response alluded to the "continuing responsibilities" to family and/or community for which the student was responsible (n=1). Nearly a quarter of the responses cited "a lack of support in my new life as a university student" (n=4) and "I am the support person for my family".

Table 5: The responses of withdrawn Indigenous medical students to Question 5: What advice would you give new students?

Responses	Number of responses
Question 5: What advice would you give new students?	
Keep in touch with Indigenous academics	1
Don't be put off by negativities	1
Survive the first 2 years	1
Don't have expectations that are too high	2
Believe in yourself	3
Make room for relaxation	3
Work hard	3
Keep a strong mental state	3
Manage finances	3
Get help early	3
Dedication	4
Get all the help you can (tutor, mentor, scholarship)	9

Discussion

The information gathered here complements and expands on the AIDA-commissioned report (*Healthy Futures*) (Minniecon & Kong, 2005). The project has extended our understanding of what happens when, for some Indigenous medical students, the dream of becoming a doctor fades into a nightmare. The important voices of Indigenous students have been heard.

The ethical constraints for recruiting students to complete the questionnaire presented many difficulties. The most awkward was approaching potential participants through an intermediary. This practice safeguarded their privacy but put such a burden on intermediaries that some were unwilling to take it on. Asking intermediaries to prompt potential respondents several times became too burdensome and we had to be satisfied with the responses we had. Only 12 responded to this questionnaire: this may seem a small number, however in total there were

Table 6: The responses of withdrawn Indigenous medical students to Question 6: Was leaving family and/or community any problem?

Responses	Number of responses
Question 6: Was leaving family and/or community any problem?	
Obligations continue	1
Family income reduced	1
Support person leaves family/community	2
Financial problems	3
Lack of support in new place	4
Emotional/homesickness	7

only 102 Indigenous students in all Australian medical schools in 2004/5 (Minniecon & Kong, 2005).

The responses indicate that approaches to recruitment of Indigenous students into medical courses and their support through to graduation are still inadequate. The responses of the withdrawn students demonstrate that they felt not just a lack of guidance and support from their university, including poorly resourced Indigenous support centres, but they were also disappointed with some teaching attitudes and methods. The CDAMS report (Phillips, 2004) also discussed this issue and recommended that instruction in Indigenous health be integrated longitudinally into the medical curriculum and that all staff and students become more skilled in cultural safety.

This project highlights a range of disadvantages experienced by many Indigenous medical students. For some of these, education has been a disrupted, unhappy or inadequate experience. This is not a preparation conducive to successfully embarking on tertiary education. Many are the first in their family to enter university let alone a demanding medical course. Too many are ill-prepared for the university system and what it expects of them. One respondent said:

> I feel the majority of the Indigenous students don't have the background of having had their parents to be involved with their study habits during school (being on their case about getting the work done), and so have joined university at a bit of a disadvantage.

Several respondents to the questionnaire cited financial difficulties as the main reason for giving up their medical course and moving into paid employment. Many undergraduate medical students have jobs to augment their income, but unlike some Indigenous medical students, few have children of their own, have cultural responsibilities to their community, as well as financial responsibilities to a family they have left in order to enter university. For those Indigenous students with children, leaving their family could mean the loss of childminding support. This extra demand on the student takes time, money, and draws attention away from course work. It seems that for several, the financial difficulties were the "last straw" on top of other difficulties.

Some respondents who withdrew from their studies got to the point where it was the only option. Others pointed out that they could have continued had they had specific help. Most of the respondents felt that their experiences would form a helpful basis from which to advise new Indigenous medical students. To an extent, they had "learned the ropes" and felt they had some useful tips.

If more Indigenous students are to be encouraged into and through medical courses the consensus is that universities will need to maintain well-resourced Indigenous support units, include Indigenous health as a core theme throughout health curricula, and have more Indigenous staff. The sort of strategies that have brought about success in recruitment and retention of Indigenous medical students include orientation programmes, scholarships, mentorships and providing social contexts that help students maintain their cultural identity. Some universities, such as Newcastle, James Cook and Western Australia, judging by their greater Indigenous enrolments, have implemented some of these strategies successfully and could provide a model for other universities to follow.

Several respondents drew attention to the special needs of Indigenous students. As a very small minority in their university course, Indigenous students will need support to maintain their particular cultural identity. The fundamental support structures that include a knowledgeable, supportive and diverse staff with a commitment to cultural safety and nurturing student aspirations are needed.

Recommendations

The following recommendations offer ways to minimise some of the barriers and disincentives for Indigenous students interested in a career in medicine or health sciences. They call on university health sciences faculties, university Indigenous support centres, Indigenous education bodies, government, and secondary schools to work much more closely and to take up affirmative actions in order to support Indigenous students and their families through the processes of getting into and through a medical course. Action is required at all levels of organisation from schools through university to government in order to bring about a sustainable increase in Indigenous student numbers. This paper as an integral part of the *Footprints Forward* report (Drysdale et al., 2006) makes the following seven recommendations:

Recommendation 1

It is critically important that university health sciences faculties and Indigenous support centres understand that jointly they have a social responsibility to implement the recommendations set out by CDAMS (Phillips, 2004) and upheld by AIDA (2005) and the *Statement of outcomes and intent* (Leaders in Indigenous Medical Education Connection (LIME) in Minniecon & Kong, 2005). All levels of government education departments and secondary schools have vital roles to ensure that they support and contribute to these recommendations in appropriate ways. Furthermore, all these organisations must do their part to disseminate and market the findings and recommendations of these documents so that the needs and actions are understood and practiced by all.

Recommendation 2

Universities should have in place and periodically review their Indigenous education policy, and ensure that the principles and strategies in it are actively operating. For medical/health sciences courses, this should as a minimum, lead to a marketing strategy for recruitment of students into medicine directed at government, schools and the community, identification of allocated places, scholarships, admissions considerations, a policy advisory group, pre-medical orientation, and reducing racism and disadvantage.

Recommendation 3

Universities should have Indigenous support centres which are properly funded and resourced to provide the appropriate and adequate support of Indigenous medical students. Such centres should be able to help these students in diverse ways to overcome the several disadvantages with which many of them come to university.

Recommendation 4

Secondary schools need to work a lot more closely with university health sciences faculties and university Indigenous support centres to interest, inform and better prepare those Indigenous students showing aptitude towards a health career, and their families. The medical course (in terms of its contents, structure, requirements, expectations and rigour) as well as how university and tertiary study function need to be demystified for secondary school students and their families about to embark on study.

Recommendation 5

University health sciences faculties and university Indigenous support centres should combine efforts to run information and skilling-up workshops or intensives for Indigenous students about to commence first year medicine, and their families. These sessions should include information about the supports available, personal counselling on issues such as financial management, as well as guided tours.

Recommendation 6

University health sciences faculties and university Indigenous support centres should make sure they have in place a tutoring assistance, mentorship and "buddy" system to provide the moral support and guidance so often needed by commencing Indigenous students. Indigenous medical students in their courses should be given the opportunity to speak to Indigenous secondary and new medical students about their experiences. This will in turn, give them a sense of pride.

Recommendation 7

University health sciences faculties, university Indigenous support centres, secondary schools, and government must each play an active part to promote careers in the health sciences to Indigenous students early in their school lives, and their parents, as well as to Indigenous communities.

Conclusions

It would be reasonable to expect that if all the above recommendations were in place, Australian medical schools would be able to recruit from a much larger pool of Year 12 students and more Indigenous medical students could feel that advice and support was readily available to enable them to manage any confronting difficulties. A salient point to remember is that prior education level is not the sole determinant of success (Bourke et al., 1996), as factors such as discrimination and racism can compromise the learning environment for Indigenous students, and every day issues which the withdrawn students alluded to can be sorted out with the appropriate backup and proactive strategies that universities and medical schools could put in place.

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About the authors

Isabel M. Ellender is a Senior Lecturer in the Indigenous Health Unit, Monash University Department of Rural and Indigenous Health. With a background in nursing and archaeology she has worked for 20 years with Indigenous communities. She now teachs in the nursing and medical curricula at undergraduate and postgraduate levels, and contributed to the *Footprint Forwards* project.

Marleen Drysdale is Head of the Indigenous Health Unit at Monash University Department of Rural and Indigenous Health. She has worked for 19 years in Aboriginal education and health with a strong community focus. Her family ties are in Wiradjeri country, New South Wales. She is completing a PhD titled "Reconciliation in Australia: A study of Communication Strategies and Symbolism". She is also an active member on education and health matters committees.

Associate Professor Janice Chesters has broadened her career beyond mental health research to investigate Indigenous issues, rural workforce concerns, theoretical and applied medical education and rural health in general. Janice is currently Deputy Director at the Monash University Department of Rural and Indigenous Health in Moe Victoria.

Susan Faulker is a consultant to the Monash University Department of Rural and Indigenous Health. Her career in communications has been in media, advertising, public relations, writing and editing predominantly in the health sector with a particular focus rural health education.

Heather Kelly has been involved with the recruitment to university of Indigenous mature age and secondary school students interested in careers in allied health, medicine and nursing. Her other interests include doing research and promoting health science courses to rural secondary students by conducting workshops for Victorian rural secondary school students in Years 10-12.

Leanne Turnbull has been the Administrative Assistant in the Indigenous Health Unit, Monash University for over 3 years and also Personal Assistant to Associate Professor Marlene Drysdale. Leanne holds an administration co-ordinator role for the *Footprints Forward* project entailing various roles during the project.