Intubation and voice abnormalities in premature babies

Extremely preterm babies are at risk of having voice disorders such as hoarseness, roughness, breathiness, weakness and strain in later childhood, according to new research.

Dr Rona Kelly, an advanced trainee in General Paediatrics and Community Child Health, said there was a link between one aspect of endotracheal intubation of the babies to assist their breathing in the first weeks of life and voice abnormalities.

New unit to help students cope with stress

The importance of good mental health for all university students has prompted the development of a new elective unit by Faculty members.

“Mental Wellbeing for Today’s World” aims to explore challenges to mental health throughout the lifespan and equip students with strategies for positive life-long mental wellbeing for themselves and others.

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Previous editions of MeDeFacts can be viewed online at www.meddent.uwa.edu.au
Nipping bad behaviour in the bud

A new Faculty guideline has been drawn up to ensure student misconduct in the professional arena is recorded, monitored and evaluated consistently and equitably.

The Policy on Professional Behaviour for Students covers all students enrolled in coursework programs of study offered by the Faculty.

Professional misconduct can include disorderly behaviour while under the influence of alcohol or drugs, sexual or racial harassment, assault, wilful damage, breach of patient confidentiality, failure to obtain consent from a patient before commencing an examination or procedure, and stealing equipment or medication.

Examples of academic misconduct include plagiarism and cheating in an exam.

The policy places a strong emphasis in its curriculum and assessments on ensuring students maintain the appropriate professional attitudes and behaviours expected of health professionals. Professional conduct is deemed a key factor in showing fitness or readiness for practice (see story in MeDeFacts March 2011).

The policy has among its aims the identification of unprofessional behaviour in students as early as possible and provision of appropriate education and/or remediation.

Its remit is also to ensure that students have the mechanisms to appeal and defend themselves against allegations of misconduct, and to inform students of the process for reporting unprofessional conduct in staff.

The policy guideline and various procedures for its implementation were developed by the Faculty’s Teaching and Learning Committee in consultation with the WA Medical Students’ Association, University Dental Students’ Society, Podiatric Medicine Student Society, Health Science Student Society and the Population Health Postgraduate Society.

Committee Chair Professor Sandra Carr, Associate Dean (Teaching and Learning), said the need for a policy on professional behaviour of students had been recognised for quite some time.

“It was very valuable to bring staff and students together to develop the policy,” she said. “Students have been reassured that the emphasis is on identifying any lapses in professional behaviour early and rectifying them.

“The processes around this policy will also mean that we will have a record of those rare cases of repeated and persistent minor lapses in professional behaviour that are of concern in future health professionals.”

All reported misconduct will be forwarded to the Professional Behaviour Advisory Panel. Once fully investigated, any disciplinary outcomes will be in line with existing university policy on conduct of students where they may be fined, suspended for a period of time or may be expected to do further work or repeat work within the unit in which the misconduct occurred. In instances of major misconduct a student may fail a unit or be excluded from the course. Other penalties also apply.

The policy also addresses the use of social media. “When using social networking sites, students should be advised to think before making offensive comments or jokes, sharing information about unprofessional activities (e.g. involving alcohol or drugs), or joining or creating groups that might be considered derogatory or prejudiced,” the policy states.

“For the policy to be successful, we do need staff and students to report incidents of unprofessional behaviour so they can be investigated and recorded if substantiated,” Professor Carr said.

The processes around the policy will be evaluated by Professor Carr during the course of its first year of implementation.

The policy and templates are online at http://www.meddent.uwa.edu.au/teaching/policies/professional-behaviour.

For information about how to use the policy, please contact Faculty Associate Dean (Student Affairs) Professor Roland Kaiser at roland.kaiser@uwa.edu.au or Faculty Manager (Student Affairs) Ms Deborah Rhys-Jones at deborah.rhysjones@uwa.edu.au.
Taking a bite out of Apple. Learning the collaboration lesson

By Professor George Yeoh, Faculty Associate Dean (Research)

Funding for research is increasingly competitive. National funding budgets for the Australian Research Council (ARC) and National Health and Medical Research Council (NHMRC) respectively have not grown significantly, in stark contrast to the increasing number of research grant applications and the growing costs of doing research. This can only mean that the success rate will decline. There are several ways to increase our competitiveness, including working harder, longer and also smarter. In the latter category, working together has to be one of the most important investments for moving forward in terms of attaining funding and advancing research outcomes.

There are two factors that I feel are important for enhancing our ability to work together. The first is to adopt the philosophy that more will be gained through collaborative research than through working alone. This can be achieved by growing the “pie” such that when it is divided, each member of the collaboration still ends up receiving more than the individual would if the application involved a single Chief Investigator. Worse still, there may be no pie!

The terms of reference of the Strategic Review of Health and Medical Research commissioned by the Hon Mark Butler under the chairmanship of Simon McKeon (http://mckeonreview.org.au) clearly portend that it is large scale, multidisciplinary medical research that will be increasingly supported. Indeed there is already evidence of an increasing trend towards funding more substantial research undertakings when you look up the schemes that are on offer from the ARC and NHMRC. These include the Special Research Initiatives scheme and Centres of Excellence that the ARC supports, and Partnership Centres, Program Grants, European Union Collaborative Research Grants, and Centres of Research Excellence Grants that the NHMRC funds.

Therefore we need to embrace a culture of working together and sharing our expertise and resources to improve our competitiveness. To achieve this we need to increase opportunities for interaction, both at formal events such as scientific symposia and workshops that schools, centres and Faculties run and less formal gatherings such as social events. This will give us the opportunity to bounce ideas off each other, and to do so more frequently.

Business analogy

The second aspect of collaboration is to facilitate the coming together of research groups through structural changes. I proffer an analogy in the business world to underline my point that structural changes do make a difference. This becomes obvious when we compare the recent fortunes of two giants in the business world; Sony and Apple. In their respective Q1 financial reports for 2012, Apple reported record-breaking earnings of $43.33 billion with a net profit of $13.06 billion. In contrast, Sony reported earnings of $19.2 billion and a loss of $312 million. In his article, in MacUser (Vol 29, No 9, 2012), Hemphill suggests that the structural difference between the two companies underlies the difference. Hemphill writes "Sony, like lots of multinational mega-companies, is split into divisions. And as in most companies organised in this way, the divisions regarded each other with suspicion and treated each other as competitors, rather than colleagues." In describing the corporate structure at Apple, Hemphill draws from Adam Lashinski’s book Inside Apple, “the company doesn’t have separate divisions, nor divisional heads. In other companies, each product line would have its own unit, with its own profit and loss account and its own marketing department.” It is clear that the Sony model is failing. Apple’s former CEO’s biographer, Walter Isaacson described Steve Jobs’ way of doing things; how each product from the company was based on a project that was undertaken by a team. The team comprised the best people, each with their specific expertise such as design, aesthetics, user interface, wireless technology, miniaturisation, etc. drawn from within the company. If it did not have the right person for the project, Apple would go outside its organisation to hire such a person. The success of iMac, iBook, iPod, iPhone and iPad, which accounts for the financial figures I quote above, is a testament to the effectiveness of Apple’s structure. It should be emphasised that the strength of such a model meant that the members of a team will vary in number and the level of expertise that each member brings. It is also possible for an individual to work on more than one project, and teams are dissolved upon completion of the project. The strength of such a structure is that it is flexible and it can evolve as the project progresses. It is also dynamic as projects are terminated and others are formed.

My view is that the research enterprise within our University can be considerably enhanced by adopting the Apple way of doing things. It reduces internal competition and promotes collaboration, which together will allow us to meet the challenges of future funding strategies that the ARC and NHMRC will implement and it will put us in good standing for future research successes. I see the translation of this model to our research enterprise will establish research programs that fit in with the vision of the University, which is to deliver benefits to the community. In this Faculty, it is to make significant discoveries and to translate these discoveries into tangible health benefits; in the first instance to Western Australians, then to all Australians and ultimately to the international community. This mandates that the research must be world class.
SHIP uncovers rocky lives of people with psychosis

The main challenges for people with psychotic illness are finance, loneliness and unemployment, in that order. These are the surprise findings of a study of 1825 people aged 18 to 64 years in Australia who have schizophrenia or schizoaffective disorder (63%), bipolar disorder, depressive disorder with psychotic symptoms, and delusional disorders.

The researchers of the 2010 Survey of High Impact Psychosis (SHIP) had expected the participants to rank their physical and mental health as their key challenges. The lead researchers were from the School of Psychiatry and Clinical Neurosciences. They were Professor Vera Morgan, National Project Director, Winthrop Professor Assen Jablensky, Chief Scientific Advisor, and Assistant Professor Anna Waterreus, National Project Coordinator.

"It (the survey) shows you just how important aspects of normal living are for people with psychotic illness," Professor Morgan said.

The survey also asked GPs to rank the main problems for their patients with psychosis and their top rankings were similar to those of their patients - loneliness, finance and unemployment.

The fourth ranked problem reported by the participants was poor physical health, closely followed by uncontrolled symptoms of mental illness, then lack of suitable housing, and stigma or discrimination.

The first phase of the survey covered 1.5 million people aged 18–64 years, approximately 10% of Australians in this age group.

Phase 1 consisted of screening for psychosis while, in phase 2, 1825 of those screen-positive for psychosis were interviewed.

The survey was the second national survey of its kind, expanding on the first survey conducted in 1997-1998 under the direction of Professor Jablensky.

"We value-added in the new survey," Professor Morgan said. "As well as asking about psychosis and symptomatology and service utilisation, we built on the questions we had used previously, adding a lot more depth to our understanding of the lives of people with psychosis."

One key new aspect was physical health. "We did a physical health assessment, we took blood for analysis in the future."

The survey also collected cognitive measures, including a test of pre-morbid IQ and a test of current cognitive ability, to determine if there had been a decline over time. The findings have implications for treatment. "There has been a correlation between cognitive skills and recovery in psychosis so cognitive remediation may be necessary in order to make sure rehabilitation is going to be maximised," Professor Morgan said.

"We also took blood for analysis in the future."

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The SHIP and the earlier psychosis survey (the Study of Low Prevalence Disorders) were a unique opportunity to get a cross-sectional picture of what was happening with people with schizophrenia and other psychotic disorders across all domains of their life, she said.

Some of the changes since the first survey 13 years ago include an increase in drug and alcohol use. There has also been a drop in inpatient admissions and, at the same time, an increase in the use of community mental health services, of non-government organisations supporting people with mental illness and of rehabilitation services. Notably, the proportion of mothers with dependent children living at home with them has doubled. Such information is useful for developing policies and planning services.

A detailed final report has been sent to the Federal Health Department, which funded the survey, and is available online. A brochure will be produced for GPs.

The findings have prompted the WA Health Department and the Mental Health to fund an extension of the survey to take in the North Metropolitan area because the last survey focused on the South Metro area.

Screening for the North Metro SHIP was held in March and interviews will be held until the end of the year for data collection.


-By Cathy Saunders

Key findings.

The majority (63%) of participants had schizophrenia/schizoaffective disorder. Two-thirds were rated as impaired in their ability to socialise. Educational achievement was low. Only 21.5% were employed. Over half (54.8%) had metabolic syndrome. Three-quarters were overweight or obese. Almost half were hypertensive. Two-thirds were current smokers. Levels of physical activity were very low. 92% were taking medication for their mental health. One-half reported attempting suicide in their lifetime.
Getting enough zzz's important for memory, mood, motivation

The pressures of everyday life mean that many of us are having shorter, more disrupted sleep. But what consequences does this have on our health and wellbeing?

UWA PhD student Alix Mellor, of the School of Psychiatry and Clinical Neurosciences, is exploring the links between sleep quality, memory and mood in older adults with and without depression.

“Poor sleep and depressed mood are common problems associated with ageing,” Ms Mellor said.

Important research emphasises the need for a good night’s sleep suggesting that without it, people commonly suffer from poor health, memory problems, low mood, reduced motivation and ability to concentrate.

Findings from research being conducted at UWA have indicated that sleep problems are very common among Australians of all ages. Although sleep quality declines with age, researchers found that older adults often do not complain about their sleep, possibly because they accept the changes in their sleep quality as a normal part of getting older.

“It is important for clinicians to assess sleep problems carefully in older adults as they may have an underlying sleep disorder that they are either not aware of or at least not complaining about,” Ms Mellor said.

This research has also found that poor sleep affects thought processes such as attention and concentration, memory, and problem solving. In addition, depression, a common mental health concern in older adults, has been linked to reduced ability to concentrate and problems with planning and short-term memory.

“As a result, it is of great interest to investigate the links between ageing, sleep, depression and thinking abilities,” Ms Mellor said.

The research has prompted a new study, for which more participants are needed.

“We are seeking adults with a current diagnosis of depression aged between 50 and 75 years to take part in a study that assesses sleep and thinking skills,” Ms Mellor said.

Participants would be asked to wear a small watch that monitors sleep-wake patterns for the duration of the study (2-3 weeks in total), and to complete a daily sleep diary. The study includes two overnight sleep studies, which involves attaching electrodes to the face and head, allowing the researchers to obtain measures of sleep stages and respiratory function.

There is also a range of tasks that assess memory and thinking skills, and a clinical interview asking about the symptoms of depression. There is an optional saliva sample taken which measures levels of cortisol, a stress hormone. There are five visits in total, all of which are conducted in the participant’s home. Some visits are 15 minutes and none exceeds an hour.

The data collected will allow the researchers to investigate the links between sleep and thought processes and how this can affect mood. Participants will receive detailed information on their sleep patterns and sleep quality.

If you are interested in taking part, please contact Alix Mellor (Chief Investigator) on 9347 6404 or mellora@meddent.uwa.edu.au.
From stitching an orange to virtual surgery

Health Minister Dr Kim Hames, who recalls practising suturing only once on an orange before suturing a patient, moved into a higher tech realm on a recent visit to the Faculty.

He became one of the first to try his hand at performing a virtual gastroscopy using a newly acquired computerised simulator at the Clinical Training and Evaluation Centre (CTEC) last month.

The Endoscopy VR Simulator will enhance the gastrointestinal endoscopy and endobronchial ultrasound training programs that CTEC offers with its realistic computerised imagery. The system has the power to evaluate and provide valuable feedback to help trainees develop essential skills before they attempt the procedure on real patients in the hospital.

The sophisticated simulator was provided to CTEC by funding made available from Health Workforce Australia, an Australian Government initiative, via the WA Health Department.

Surgical trainees attending a national surgical trainee workshop in the CTEC medical and surgical simulation laboratory met Dr Hames, who is a GP. He told them they were fortunate to be able to access such a fantastic facility for training before going into the hospitals.

Fostering future leaders

A method to help meet the increasing demand for clinical placements has been studied by a Faculty Masters student as part of her postgraduate course in Health Professional Education.

Physiotherapist Katrine Nehyba looked at the use of collaborative learning placements, where students attend a placement in pairs or groups instead of individually.

The research aimed to explore the learning experiences of physiotherapy students undertaking different models of clinical education in WA.

It looked at the amount of time students spent in various learning activities while on placement and whether differences occurred between different group sizes.

The results showed that physiotherapy students had similar experiences on placement, regardless of the clinical model they experienced.

“This supports the continued use of collaborative learning placements in physiotherapy clinical education,” Ms Nehyba said. “The participants spent most of their time on placement engaged in patient care and they were satisfied with their clinical learning experiences.”

Ms Nehyba said her teaching skills had improved during the Health Professional Education course and she had gained valuable research experience.

“I had a question about physiotherapy clinical education that I wanted to answer and I have achieved that,” she said.

She presented the results of her research at the Australia and New Zealand Association of Health Professional Educators conference in Rotorua, New Zealand in June.

Ms Nehyba is one of many health professionals from a variety of disciplines who are enrolled in postgraduate courses in Health Professional Education. Applications for next year’s intake are open from October to January.

Sonja de Munck has been working as an occupational therapist for more than 15 years, with the education of newly graduated therapists a key part of her role. She is mid-way through the research component of a Master of Health Professional Education, having completed the coursework units.

“The course has opened my eyes to better ways of enhancing learning for therapists and it is rewarding knowing I am now providing education with a sound theory behind it,” she said.

“I am now at the stage of writing my thesis related to educational needs of OTs in hospital settings. It is exciting to think that because of my study, I may be able to improve the learning experiences of OTs in my workplace.”

Ayma Khalifah is graduate dentist who has worked as a demonstrator for two years at the dental school at Taibah University in Saudi Arabia, where he plays a major part in students’ preclinical training and mentoring.

He is now a full-time student in the Masters in Health Professional Education course.

“I am keen to learn educational concepts and theories both in classroom and in clinical settings, in order to apply them as a dental educator,” he said. “Moreover, practising different teaching in different circumstances while studying has enhanced my knowledge of the various forms of learning approaches and modalities that are used in other disciplines. I can see where they could be used effectively in teaching dental students.”

One of the lecturers, Assistant Professor Sue Miller, said the postgraduate courses were designed to enhance the teaching and research skills of health professionals and thus the learning opportunities for their students.

“Another objective is to foster a community of future leaders in health professional education,” she said.

For information regarding the Certificate, Graduate Diploma and Masters in Health Professional Education please contact Professor Sandra Carr (sandra.carr@uwa.edu.au) or Ms Caroline Martin (caroline.martin@uwa.edu.au).
Add three decibels to your music volume, halve your listening time

An award-winning WA hearing protection program will be rolled out to more country areas using web-based technologies and is ideal for use in other states, according to the Ear Science Institute Australia (ESIA) which developed it.

The interactive educational program, Cheers for Ears, is considered a shining example of taking evidence based clinical research into the community. It has already reached more than 22,000 students from over 160 schools in metropolitan and rural WA since 2010.

Adjunct Professor Robert Eikelboom, of the Ear Sciences Centre (ESC) in the School of Surgery and ESIA, said they were stepping up and using the latest technology to deliver educational hearing programs.

Cheers for Ears was awarded the AMA (WA) Healthway “Healthier WA Award” for 2011 earlier this year.

As part of the Cheers for Ears program, children can plug their personal music player, such as an iPod or Android device, into a mannequin head that contains a computerised hearing loss simulator and a sound level meter.

“You can get your iPod and plug it into the mannequin head,” Adjunct Professor Eikelboom said. “You pull out your favourite music track and it can play and we can say ‘At this level, you can listen safely for so long - all day, or four hours or two hours or whatever.’

“We know that at a certain sound level, you can listen for eight hours. If you increase the sound by three decibels, you halve the length of time you can listen.”

At 106 decibels, which is equivalent to a very noisy nightclub or the maximum volume of some personal music players, the recommended listening time is 3.75 minutes - before you risk permanent hearing damage.

The students can also hear via the hearing loss simulator how their same favourite track would sound if they developed hearing loss.

“It tells the user their dose percentage for the day and whether they have got 10% of their dose or 50% or if they are approaching 100%,” Adjunct Professor Eikelboom said.

The free app can be downloaded to any Android device via links from the Cheers for Ears website (www.chersforears.org.au). and is suitable for all ages.

ESIA has also unveiled a free interactive online game, Epic Ear Defence, aimed at teaching children about the dangers of prolonged exposure to loud noise. It’s set inside the ear canal, where the player has to stop hazardously loud sounds from reaching the eardrum and causing damage.

The game can be downloaded from www.chersforears.org.au and can be played on multiple platforms, including Mac, PC, online and smartphones.

The Cheers for Ears program won one of the five Best Poster prizes at the Frontiers 2012 - Garnett Passe and Rodney Williams Memorial Foundation conference, a national ENT research meeting, held in Melbourne in July.

Scientists from the ESIA/ESC and the School of Surgery were also awarded another Best Poster prize for research which showed that silk fibroin is a potential alternative graft material to repair chronic eardrum perforations.

As part of its bid to help restore hearing, ESIA has joined with Melbourne’s Deakin University to engineer the world’s first acoustically optimised bio-engineered repair for perforated eardrums. It will aim to replicate the human tympanic membrane (TM).

Existing graft materials are not able to replicate the microstructure and properties of native eardrums and so hearing is not always restored when they are used to repair perforated eardrums.

**Safe listening**

At 85 decibels, about the loudness of a vacuum cleaner, the recommended safe listening time is 8hrs.

At 100dB, such as at a school dance, the limit is 15 minutes.

At 106dB, the volume that personal music players can produce, the safe limit is 3.75 minutes.
Continued from page 1

The unit will be offered to all second-year undergraduate students in all Faculties from next year by Associate Professor Kellie Bennett and Assistant Professor Zaza Lyons, of the Behavioural Science Unit in the School of Psychiatry and Clinical Neurosciences.

Associate Professor Bennett said for mental wellbeing, it was important for students to understand themselves and be aware of their own reactions. “While students are working through university, they can get anxious about life’s stressors, including exams and social experiences,” she said. “The unit will equip them with positive coping strategies and skills to avoid negative behaviours like substance abuse.”

The unit will look at a range of factors which challenge mental wellbeing in the modern world, including stigma towards mental health issues, experiences at university and in the workplace (e.g. university and workplace stress, bullying, unemployment and career satisfaction), challenges in interpersonal relationships (e.g. social networks, relationships, and grief and loss), and behaviours which can challenge mental wellbeing (e.g. substance use, eating behaviours, and sexual behaviours).

The unit will address strategies aimed at enhancing mental wellbeing and improving quality of life. Undergraduate students can take the unit as part of their course. Global issues such as the impact of new technologies (e.g. online social networking, online bullying, internet chat rooms) will also be discussed.

“The unit is not career-specific and it is not just to prepare people to work in the health environment,” Associate Professor Bennett said. “Mental health issues can arise in any workplace.” -By Cathy Saunders

How docs can look after themselves

The issue of medical student mental wellness has been tackled in the new curriculum for the Graduate Medical Program that will start in 2014.

Professor David Kandiah, Professor of Medical Education (Curriculum Development), said in the early Foundations phase of the new course, students would be trained not only in taking histories and communicating with patients, they would also have support in conceptualising self care.

“Right from the first semester they will be trained to think about self care and how to help themselves and address issues regarding their own health and their mental status,” he said.

Associate Professor Kellie Bennett, Head of the Behavioural Science Unit in the School of Psychiatry and Clinical Neurosciences, said students undertaking the post-graduate medical degree would be taught how to recognise anxiety disorders, depression, distress and eating disorders and other high-prevalence mental disorders in patients.

“Then we will switch it around to ask students to consider their own self care needs and how they can cope with mental health challenges,” she said.

Students will also be taught about places they can seek help for themselves, and where to refer patients for further help, if needed. Job-life balance will also be covered.

“Student wellbeing is considered to be a very high priority in the new curriculum,” Associate Professor Bennett said.

Students can seek help from Student Support Services at UWA (6488 2423), which has counsellors, or support staff within their year group. There is also a campus doctor (www.student.uwa.edu.au/life/health/medical-centre) or they can consult their own GP for further help.

(FROM LEFT) ASSISTANT PROFESSOR ZAZA LYONS AND ASSOCIATE PROFESSOR KELLIE BENNETT
Continued from page 1

The more often they had the respiratory tube changed, the more likely they were to have a voice disorder.

The study is believed to be the first of its kind. It is being conducted by a research group based at King Edward Memorial Hospital and Princess Margaret Hospital which encompasses doctors, speech pathologists and research assistants. Support has come from the Women and Infants Research Foundation, which secured funding through Telethon.

Dr Kelly said there was only one previous similar study, conducted in Germany, and it looked only at children at one year of age.

She will present her study findings at the Rising Stars Symposium at Matilda Bay Restaurant on 4 October.

She said the fact some of the children had weak or hoarse voices meant they were unable to raise their voices or shout. “Socially it can affect them at school because they can’t speak up in class and they can’t shout with their friends,” she said.

The WA study was initiated by Dr Noel French, Clinical Associate Professor in the School of Women’s and Infants’ Health and a developmental paediatrician at the State Child Development Centre (SCDC), after receiving a detailed speech pathologist report regarding one of the patients in the Neonatal Follow Up program. He had previously observed that a number of prematurely born children had abnormal voices.

Dr Kelly, who last year worked at the SCDC, was invited to join the project which looked at how children born <25 weeks were managed in the first few months of life, when they were in the neonatal unit.

“Babies born at 23 weeks are in the neonatal unit for at least the next 13 weeks of life,” she said.

The study involved 67 children aged six to 15 years, born between 22 and 25 weeks of gestation, who undertook a voice assessment with a speech pathologist.

The hospital neonatal database showed that during their stay in the neonatal unit, they had been intubated on average five times during their stay in the neonatal unit.

Of the 67 children, almost all had some degree of voice abnormality and 59% had moderate to severe voice disorders. More girls than boys were affected.

Dr Kelly said possible ways of addressing the problem included ensuring the appropriate sized tubes were used and attempting to minimise the number of times the tubes were changed.

Phase 2 of the study will examine whether speech therapy intervention can prevent the children’s voices from getting worse.

The study will also look at pre-term babies born at 25-32 weeks and the incidence of voice disorders.

-By Cathy Saunders

A time to shine for young researchers

Voice disorders in children born very prematurely, and factors relating to young pregnant women quitting smoking are among the topics that will be presented at a popular annual Faculty research showcase event.

The Rising Stars Symposium is a forum for early researchers, who have been supported by the Women and Infants Research Foundation (WIRF), to present the findings of their scientific projects. One of the key objectives of WIRF - which is affiliated with the Faculty’s School of Women’s and Infants’ Health - is the identification and support of young medical researchers in the discipline.

The symposium was initiated in 1999. It is held annually in September or October, with seven scientific presentations and about 100 audience members.

This year’s event will be held at Matilda Bay Restaurant on 4 October.

Winthrop Professor John Newnham, Head of the School of Women’s and Infants’ Health, said WIRF’s Rising Stars had proven itself to be a key ingredient in nurturing the next generation of successful medical researchers.

“It has also proven to be highly successful in ensuring that research discoveries from our local scientists are communicated to members of the health profession and general community,” he said.

“For many of these early researchers, their presentation at the Rising Stars event will be their first official scientific presentation in a formal environment. This opportunity is a key element in their training and is a prelude to their future appearances on the world stage.”

The topics for this year’s symposium are:

1. “Voice disorders in extreme preterm survivors” by Dr Rona Kelly, advanced trainee in General Paediatrics and Community Child Health. (See story page 1)
2. “An exploration of the issues around smoking cessation for young pregnant women: a qualitative research study” by Fiona Ronchi, research midwife, King Edward Memorial Hospital.
3. “Family vascular risk factors in the prediction of preeclampsia” by Claire Parker, Masters student, School of Women’s and Infants’ Health.
4. “Prevalence of Ureaplasma spp. in amniotic fluid from cohorts of Australian and Chinese women and potential association with preterm birth” by Dr Matt Payne, Research Assistant Professor, School of Women’s and Infants’ Health.
5. “Significance of tubal intra-lumenal tumour cells in endometrial carcinoma” by Dr Cindy Pang, Fellow, Gynaecologic Oncology Unit, King Edward Memorial Hospital.
6. “Maternal-fetal interactions in the genetics of fetal growth” by Dr Scott White, obstetric registrar, King Edward Memorial Hospital and PhD Student, School of Women’s and Infants’ Health.
7. “Antenatal corticosteroid administration induces selective maturation of the fetal ovine epidermis” by Tom Cox, PhD Student, School of Women’s and Infants’ Health.
Simulation takes a step forward

A $3.7 million state-of-the-art training centre in Geraldton will give a fillip to the training of rural medical and other health professional students.

The purpose-built Education and Simulation Learning Centre, dubbed EdSim, includes two clinical demonstration beds, five multipurpose consultation rooms, tutorial spaces, offices, student hot desks and will be fitted with disability access infrastructure.

It will be added to the existing Combined Universities Centre for Rural Health building.

Edsim will incorporate advanced technological and communication features to allow students completing clinical and community based placements in outlying regional sites to access support and training via a central hub.

A series of simulation activities have been planned to coincide with the establishment of the centre, including Mental State Examination (MSE) and psychiatric interviewing skills, Teaching on the Run (TOTR), chronic condition self-management, Primary School Partnerships, simulation educator and technician training, communication skills as a basis to rural health practice, and acute skills (scenario learning and skills laboratories).

The centre was funded by the Federal Health Department and the WA Department of Regional Development and Lands’ Royalities for Regions program.

Construction is expected to begin early next year.

Modern digs to attract students to Geraldton

Twelve newly refurbished student apartments in the heart of Geraldton’s education hub were officially opened last month, thanks to capital works funding of almost $3 million from Health Workforce Australia (HWA).

The 12 two-bedroom renovated and furnished units feature free internet access and can accommodate up to 34 students at one time.

The Combined Universities Centre for Rural Health (CUCRH) bought the site located on Milford Street last year as part of its initiative to support and increase learning opportunities for health professional students completing their placements in Midwest areas and surrounding communities.

CUCRH Director, Winthrop Professor Sandra Thompson, said access to high standard accommodation had been one of the recurrent issues raised in student feedback in the accommodation previously available.

"Accommodation that is affordable, comfortable and safe is a critical need for students to undertake and enjoy placements in rural areas," she said.

"CUCRH’s role is to ensure good academic support that develops students’ learning of the health of rural populations. Students are overwhelmingly city trained so experiencing the joys and challenges of delivering care in rural and remote settings really opens their eyes."

HWA has provided an extra $1.6 million to fund a five-bedroom student apartment to be completed late next year in South Hedland.

Both projects aim to attract more students to the area through community-based placements and ultimately contribute to addressing undersupply in the rural health workforce.

Faculty students get a taste of rural Pharmacy

Five Pharmacy students from the Faculty received their first close look at rural medicine during a two-week placement coordinated by the Combined Universities Centre for Rural Health (CUCRH).

Three of the postgraduate students were hosted in Geraldton, with two of them completing their placements at the Geraldton Health Campus and one at a local pharmacy, where they gained insights into the local health system and the communities it services. Two other students took on placements at the Port Hedland Regional Health Campus.

CUCRH’s Pharmacy Coordinator Adrian Walker said that since the program had previously been inaccessible to UWA students because of conflicting lecture times and funding limitations, CUCRH had to implement a series of innovative approaches to run this first-time trial placement program.

“Coordinating logistics and securing funding from Rural Health West to cover accommodation, meal allowances and travel costs were critical to making this placement happen,” he said. "There were a lot of people involved in the process, including UWA coordinators for the Masters of Pharmacy, who did a fantastic job committing to this rural placement program."

The Geraldton-based placement program included visits to local hospitals, health care organisations and rural industry workplaces with travel to Mt Magnet and Yalgoo to help illustrate remote pharmacy objectives and outcomes.

Winthrop Professor Sandra Thompson, CUCRH Director, said the program gave students the chance to experience real workplace challenges in a rural setting and engage with local health professionals, other service providers and, most importantly, to interact with the wider community and gain a better understanding of the health issues that affect people living outside the city.

“This experience could influence students to choose to become a pharmacist in a rural community – we hope the experience would have demonstrated just how rich and rewarding rural community life can be,” Professor Thompson said.
Winthrop Professor Donna Chung confesses she is aiming to reach a better work-life balance.

The new Chair in Social Work and Social Policy in the School of Population Health struggles when asked what she does with her spare time.

After some thought, she lists art and design, walking, watching films and travelling as her interests outside work.

Her previous appointment was as Associate Professor in Health and Social Studies at the University of Warwick in England, where she remained for more than four years, but she was lured back to Australia, partly because it is her birthplace and because she has held various academic posts here. Another appealing factor for her was that some of the research she undertook when she was in South Australia was based in WA, looking at domestic violence offender programs.

“This job seemed interesting because there was a long-standing history of Social Work at UWA but this was a new phase, coming across to Population Health (from the Faculty of Arts, Humanities and Social Sciences),” she says.

In addition, the Bachelor degree has been discontinued and Social Work has developed into a two-year Masters degree, similar to that offered by the University of Warwick.

Professor Chung sees the changes as positive. “Often people are highly motivated because they have done other degrees and often had other careers in different areas of work so they have made a very conscious, committed choice to give up two years to come and get the Masters qualification in Social Work.”

She is keen to build up the program to attract more people who are either looking to move into the field or who are already working in health and social sciences. “We are looking at how we can more flexibly deliver our courses so we can accommodate people who are part-time more easily,” she says.

At present, there are about 40 students, of whom about 80 per cent are female, with many juggling work and child care. Students include nurses, occupational therapists, psychologists, environmental scientists, teachers and bank workers. “Sometimes they are people who have been in a helping profession and want to change focus and other times people are making a very big career shift, so we have had people who have come from finance or the sciences or banking,” Professor Chung says.

The Masters is by coursework but also involves two extended placements in the field which constitute about half of the program for students. “They have then got a good feel for the type of work they want to do,” Professor Chung says.

The School also offers two graduate certificates, one in child protection practice and one in mental health practice. They are part-time over one year, usually taken up by people already working in the relevant field. A graduate certificate in social work is offered and can lead on to a graduate diploma.

“There are also a number of students undertaking PhDs who are attracted to research in the discipline because of the range of interesting and emerging social issues and challenges facing communities today,” Professor Chung said.

A major aspect of the her new role will be to build and consolidate research into social work and policy, using the talent of many new post-doctoral staff who have joined the team early in their careers.

“Our research is very heavily applied so we will be working with organisations and people who use the services,” she says. “We have a good network of connections into the field and that is a really strong base to develop our research.

“One of the things I think is really useful about Social Work and Social Policy is that we are active academics in that we sit on a lot of policy and advisory committees for government and non-government organisations. You feel as though it is not in the abstract.”

There are other advantages to applied research. “We have contemporary research and experience that we are teaching with, so we are not teaching material from when we left the field,” she says. “We are researching and working with practitioners around what is going on now so that research is really informative about keeping our teaching up to date.”

Some of the research is focusing on partnerships to respond to homelessness, child protection, mental illness, domestic violence and other social problems, which cannot be the responsibility of a single agency. “We look at how agencies can work effectively together to address the complexity of the problem,” Professor Chung says.

The researchers are also examining newly-emerging forms of relationships, including the LAT or Living Apart Together trend, in which couples in a relationship live at separate addresses.

Professor Chung says the findings are not always popular with governments or organisations because they can highlight a need to restructure or resource more intensively, or put in place prevention and early intervention measures and ongoing support once a crisis has occurred.

“Often there can be a lot of intensive help at the crisis end but once there is a medium to long-term need, the services taper off quite significantly,” she says. This means people often fall back into a crisis situation.

“So we advocate for a continuum of services.”

- By Cathy Saunders
Dr Carlo Bellini graduated from UWA Medical School in 2006 and completed his internship and residency at Fremantle Hospital. In 2008 he was awarded the inaugural Postgraduate Medical Council of WA Junior Doctor of the Year Award, and since has pursued an MBA at Oxford. He currently works as a management consultant.

Between June and September last year he completed the Google- and NASA-sponsored three month Graduate Studies Program at Singularity University, based at NASA, USA. Dr Bellini was one of three Australians to participate in the program and the first from UWA. “It was a phenomenal experience and had a significant impact on my life,” he said.

This is his overview:

Rule 1: The best way to predict the future is to create it.

My desire to use business as a lever for positive change in healthcare has underpinned my non-traditional career path, including an MBA at Oxford University, and consulting for the Boston Consulting Group, a leading business strategy consultancy. I am passionate about seeking innovative solutions to healthcare problems and believe one must explore beyond the traditional medical paradigm to do so.

In 2011, this passion led me to NASA to participate in the program and the first from UWA. “It was a phenomenal experience and had a significant impact on my life,” he said.

Eighty entrepreneurs, leaders and young tech rock-stars from many disciplines and 35 countries were selected from 2,500 applicants to embark on the 10-week program. We were challenged by Singularity University co-founder, physician and space entrepreneur, Peter Diamandis, to pick one of the grand challenges of humanity and come up with an idea that can positively impact on the lives of one billion people within 10 years.

No mean feat. But there is no reason to think this cannot be achieved.

We were mentored by the likes of Larry Brilliant, public health physician involved in the World Health Organisation smallpox eradication program, Astro Teller, Director of New Projects at Google, the Chief Technology Officer of the USA, NASA astronauts, and Singularity University co-founder Dr Ray Kurzweil. There was plenty of brain power daring you to dream beyond what most would consider implausible, let alone possible.

The first half of the program comprised of cutting edge crash courses from leading experts on artificial intelligence, robotics, nanotechnology, energy, space, medicine and neuroscience among others. The consistent exceptional content and discussion was akin to TED (a nonprofit group “devoted to Ideas Worth Spreading”) on performance enhancing pharmaceuticals. I was exposed to different paradigms of viewing the world, and provoked to recognise the massive opportunities made possible when converging trends across disparate disciplines intersect.

Site visits to Google, Tesla, Facebook, synthetic biology labs, amid other startups, offered insights into the innovation process and characteristics of an enabling ecosystem. The program culminated in team projects (e.g. www.matternet.us) proposing solutions to some of the world’s biggest problems.

So what for the future of healthcare?

We are experiencing change at an unprecedented and accelerating rate. This is challenging the traditional medical paradigm.

As Internet penetration and bandwidth grows, more people visit Google for health problems each day than visit doctors.

In 1990, the US Government commissioned the human genome project for $3 billion. Craig Venter trumped this in private enterprise when he sought to accomplish the same task from 1998 for $300 million. Today, we can sequence a human genome for less than $10,000 - a non-computing example of Moore’s law.

The power of genomics to radically transform healthcare is yet to be understood. But the cataclysmic shift in DNA sequencing intersecting with the growth of big data will significantly advance our understanding of pathology, disease and treatment. More radical breakthroughs such as Venter’s creation of the world’s first synthetic bacterium await.

IBMs artificial intelligence “Watson” in 2011 beat the world’s best Jeopardy players. The AI exhibited incredibly sophisticated natural language processing that is now being applied to medicine.

Jack Andraka, a 15-year-old, earlier this year invented “a new dipstick type diagnostic test for pancreatic cancer using a novel paper sensor that is, according to him, 168 times faster, 26,000 times less expensive (costing around three cents), and over 400 times more sensitive than the current diagnostic tests.” This was achieved after reaching out to 200 professors at John Hopkins with a 99% rejection rate.

We now more than ever have the opportunity to invent the future we want. We must foster in our medical students, junior doctors and other health practitioners both the desire to explore beyond the traditional medical paradigm, and the courage to trial new initiatives and not be afraid to fail.

The tools of change are more available than they ever were. We just need to believe we each can create the future.

Dr Bellini is keen to have feedback, opinions and collaboration from readers. He can be contacted at carlo.bellini@oba.co.uk
A little bit of glove can go a long way

Last year a 5th year medical student, Emily Huck, went to Arusha Regional Hospital in Tanzania for her medical elective as she wanted to broaden her perspective by travelling to a developing country.

She found that Arusha Regional Hospital had almost no financial support from its own government, leaving the hospital reliant on donations from other sources.

During her time there, Emily counted six different uses for the rubber gloves she brought with her from Australia - from clamping umbilical cords of newborns, to being used as tourniquets and hanging up infusion bags. The small donation she brought, coupled with her from Australia - from the rubber gloves she brought, counted six different uses for the small donations from medical equipment, various hospitals and individuals, are taken overseas by medical students to the hospitals they visit for their electives.

Emily Huck with an Infant from Engaruka in Tanzania. Emily went to several different areas in Tanzania during her elective last year.

The supplies and donation were organised by the Local and International Needs Contribution Scheme (LINC), a joint WA Medical Students' Society and Interhealth project run entirely by student volunteers.

Donations, which are collected from the main sponsor, Surgical House, plus other suppliers of medical equipment, various hospitals and individuals, are taken overseas by medical students such as glucometers and pulse oximeters,” he said.

LINC began in 2006 with five UWA medical students but has grown so successfully that medical students from the University of Notre Dame are able to take advantage of this scheme from this year.

LINC's target for fundraising this year is $5000. Donations and support are welcome. LINC can be contacted through Jo Khoo, sponsorship officer, at sponsorship.lincs@wams.org.au

Youngsters overseas benefit from WA generosity

In January 2012, 6th year medical student Diana Jose undertook her elective at Kanti Children's Hospital in Kathmandu, Nepal. This is her story:

Travelling to Nepal for my sixth year elective was an amazing experience and taking a LINC's donation with me was a great way to start on a positive note with our host hospital.

Kanti Children's Hospital is Nepal's only public paediatric service. Many of the children at KCH were from poor rural areas of the country. These families faced significant financial hardship to pay for simple investigations and treatments.

Arriving with a box full of useful items helped establish trust and a good relationship with the doctors and nurses from day one. The staff were genuinely appreciative of the donation as these items could be provided free of charge to patients.

The annual conference of the Australasian Society for Psychiatric Research (ASPR) will be held at the Esplanade Hotel, Fremantle, on December 5-7 with the theme Brain, Mind and Society: Crossing the Boundaries. The School of Psychiatry and Clinical Neurosciences, and the Centre for Clinical Research in Neuropsychiatry at Grays Hospital are hosting it.

Main topics will include Sleep in psychiatry, Substance abuse and misuse, Affective and anxiety disorders, Mental health and society, Schizophrenia and other psychotic disorders, Youth mental health and old age psychiatry, Internet based interventions for mental health, and Pharmacological and non-pharmacological interventions.

Pre-conference workshops on 4 December will feature Diagnostic Interview for Psychosis (DIP) training, drug and alcohol use in people with mental illness, media and presentation training, and an introduction to taxometric analyses.

The Early Bird deadline for registrations is Thursday, 4 October.

To register, please visit www.iceaustralia.com/aspr2012/register.html.

For more information on the conference, visit www.iceaustralia.com/aspr2012 or email the conference organisers at aspr2012@iceaustralia.com.
the word is out - Faculty in the news

Quoted As Saying

**The West Australian**

Professor Daniel Fatovich, Professor of Emergency Medicine in the School of Primary, Aboriginal and Rural Health Care, is QAS it is a concern to see young people with serious heart problems after taking ecstasy, particularly when the symptoms are delayed significantly. He was commenting on a report by Royal Perth Hospital emergency physicians which said one in four men aged in their 20s experimented with the illicit drug even though its toxic effects on the heart were not well understood. Their report for the Australasian College for Emergency Medicine detailed three Perth cases of otherwise healthy people in their 20s who were admitted to hospital with chest pains and heart attacks days after taking ecstasy, an amphetamine derivative also known as MDMA. Professor Fatovich said they were young, healthy people in an age group where heart disease was not normally found. “You would also expect to see any effects almost immediately but in some of these cases they appeared several days down the track, which is pretty weird,” he said. “It’s perceived as a safe drug but we’re seeing increasing medical reports about its toxic effects and this time it’s about the heart, which is on top of what we know about its effects on the brain.”

Professor Cate Taylor, of the Telethon Institute for Child Health Research, is QAS a study has shown that among children aged two who are late-talkers, 80% catch up by the age of seven. For a decade, TICHR researchers have been following 1000 sets of twins from infancy and their language development. Now their interest in how and when toddlers learn to talk will evolve into the world’s biggest and longest study of children’s language and literary development after they secured funding to follow the children through adolescence. The Looking at Language study, which involves TICHR, Kansas University and the University of Nebraska Medical Centre, has been awarded five years of funding by the US-based National Institutes of Health. The Perth researchers hope the study will reassure many parents of late-talkers that the development is normal. Professor Taylor said the study’s next stage would address fundamental questions about how and when children learnt to talk and how strugglers could be helped.

Professor Dickon Hayne, Professor of Urology in the School of Surgery, is QAS bladder cancer is at risk of being forgotten, despite figures showing it is the only major cancer in Australia in which survival rates are falling. It also had the highest lifetime treatment costs per patient of all cancers. Bladder cancer was one of the 10 most common cancers in Australia, with more than 120 West Australians dying from the disease each year, but it had been “forgotten” and the burden of the disease was grossly underestimated. Professor Hayne said possible explanations for the poorer outcomes included the following - people were going to their doctor later so they had less chance of a cure, a lack of awareness of the disease, clinicians were not aware of the seriousness of the disease or the way statistics were recorded was flawed. “Blood in urine is the one symptom that should ring alarm bells,” he said.

Winthrop Professor Carol Bower, of the Telethon Institute for Child Health Research, is QAS said it is encouraging to see the “no alcohol while pregnant” message is getting through but it is concerning that a significant percentage still think it is OK to drink while pregnant. She was commenting on the findings of a survey which found that nearly one in five Perth residents thought it was all right for a pregnant woman to drink a small amount of alcohol but more than 70 per cent disapproved. Professor Bower said though birth defects usually occurred in the first trimester, it was important for expectant mothers to understand that the fetal brain continued to develop throughout pregnancy and beyond. “Alcohol during pregnancy can affect brain development at any time,” she said. “No alcohol during breastfeeding is also the safest option.”

Professor Daniel Fatovich, Professor of Emergency Medicine in the School of Primary, Aboriginal and Rural Health Care, is QAS young amphetamine users are showing evidence of brain damage. Brain scans of Perth amphetamine users, mostly aged in their 20s, had shown one in five had a lesion. “Brain lesions are a part of normal ageing so if you’re in your 80s, more than 90 per cent of people have the lesions, if you’re in your 60s about 20 per cent of people have them, and if you’re about 30 only 0.5 per cent will have them,” Professor Fatovich said. “But in our study it was 17 per cent, which is obviously much higher than you would expect in that young age group. You see photos of people who’ve aged terribly after using amphetamines for a few years but we’re forming the view that not only is it ageing you on the outside, it’s ageing you on the inside.” Professor Fatovich said amphetamines appeared to affect the generation of new brain cells, either by stopping or impairing growth. A New Zealand study has pointed to reduced IQ in long-term cannabis users, while results from a recent University of WA study suggest heavy drinking affects memory, not just of recent events but prospective or “future memory”.

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**WITS ABOUT YOU**

Our medical quiz is kindly supplied by Emeritus Professor Bernard Catchpole, the second Professor of Surgery appointed to the Faculty.

1. In which muscle may a “Rider’s bone” develop?
2. Who discovered the tri-carboxylic acid cycle?
3. In which bone of the foot is the primitive “os centrale” incorporated?
4. We are all going to live longer nominally as the day has shortened recently. By how much and when?
5. Centuries ago, popliteal aneurysms in postmen were attributed to what?

Answers page 15

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**POINTS TO PONDER**

Does your grey matter need a kick start each day? Emeritus Professor Bernard Catchpole has posed a series of points to ponder that he suggests readers may like to contemplate as they clean their teeth in the morning.

If you have any bright solutions you would like to share, please send them in to the editor at cathy.saunders1@bigpond.com

Brain teaser: How does the voluntary muscle avoid tumour metastases so often?
Nominate a stand-out teacher

If there is a teacher or Faculty member you think deserves a major pat on the back for their wonderful work this year, now is the chance to let them know.

Nominations are open for the 2013 Excellence in Teaching Awards, which are a means of recognising and rewarding outstanding teaching, research supervision, programs and student support within the Faculty.

Students and staff can nominate by going to http://www.meddent.uwa.edu.au/staff/teaching/awards and downloading the nomination form.

For further information please contact Caroline Martin at the Education Centre on (08) 6488 6881 or caroline.martin@uwa.edu.au

The winners of the Faculty’s Excellence in Teaching Awards this year are:

Dr Karen Moore
Excellence in Teaching - Small Group Teaching (UWA Staff)

Dr Emma Allanson
Excellence in Teaching - Small Group Teaching (Non-UWA Staff)

Associate Professor Paul McGurgan
Excellence in Teaching - Early Career

Associate Professor Colleen Fisher
Excellence in Teaching - Postgraduate Coursework Teaching

Associate Professor Flavie Waters
Excellence in Teaching – Research Supervision

Associate Professor David Stanley
Excellence in Teaching – Individual Teaching (UWA Staff)

Dr Murugasu Segasothy
Excellence in Teaching – Individual Teaching (Non-UWA Staff)

Country Week Team, Combined Universities Centre for Rural Health (CUCRH)
Program Award - “Educational Partnerships and Collaborations with other Organisations”

Educator Supported Interprofessional Learning in Ambulatory Care Program
Program Award - “Innovation in Curricula, Learning and Teaching”

Associate Professor David Stanley
Excellence in Teaching – Individual Teaching (UWA Staff)

Dr Murugasu Segasothy
Excellence in Teaching – Individual Teaching (Non-UWA Staff)

Country Week Team, Combined Universities Centre for Rural Health (CUCRH)
Program Award - “Educational Partnerships and Collaborations with other Organisations”

Educator Supported Interprofessional Learning in Ambulatory Care Program
Program Award - “Innovation in Curricula, Learning and Teaching”

Associate Professor Paul McGurgan
Outstanding Contribution to Student Learning Award

Emeritus Professor Donald Robertson
Outstanding Career Contribution to Teaching and Learning

Step up for supervision role

Homeless people attending an East Perth shelter will have access to free podiatric services, if a plan by an enterprising final year Podiatric Medicine student comes to fruition.

Audrey Xie hopes to set up a clinic at Uniting Care West’s Tranby Day Centre for one three-hour session once a week.

“It came about through my experience of talking to homeless people,” she said. “I have a friend who is fundraising for swags for homeless people and she told me that they have really bad feet so I decided to do something.”

Some of the common problems are fungal infections, ingrown toenails, corns and calluses, warts, thickened toenails and complications of diabetes.

She is seeking qualified podiatrists willing to give three hours of their time once a month to supervise two students in a session. If more than four podiatrists volunteer, they would supervise even less frequently.

Many of the third and fourth year Podiatric Medicine students are expected to be keen to gain experience working at the clinic as an external placement.

The Podiatric Medical Students Society will fundraise to buy instruments and consumable items such as dressings and scalpel blades. The members will also ask footwear companies to donate discontinued shoes.

Ms Xie has also combined forces with fellow student Dianne Yap to fundraise for a scholarship program for Podiatric Medicine students (see story in MeDeFacts June 2012).

Answers to the quiz on page 14

1. The adductor longus.
2. The Nobel laureate, Hans Krebs.
3. The navicular.
4. 1.8 microseconds per day, following the last major earthquake in Japan. By changing the distribution of the Earth’s mass, the earthquake caused the Earth to rotate a bit faster.
5. This was in the in the days of John Hunter, riding a horse all day during their work. Cynics claimed the real etiology was syphilis!
Students work together to improve patient care

Final year Faculty medical students are learning to work independently during a nursing home placement, where one of the positive spin-offs has been a reduced number of ambulance transfers for the elderly residents.

And nursing students within the Faculty are also gaining hands-on experience in the Interprofessional Education (IPE) placement at the Brightwater Madeley aged care residential facility.

The Faculty established the project, known as “Building the workforce for aged care tomorrow – an innovative interprofessional approach”, with the Brightwater Care Group and Curtin University.

The placements occur throughout the year and are two weeks for medical and nursing students. Pharmacy, dietetics and occupational therapy students from Curtin University also attend.

Professor Neil Boudville, of the School of Medicine and Pharmacology, who is the co-ordinator for the Medicine Unit in the 6th year of the medical course, said the project was beneficial for students and residents.

“The medical students basically work like the junior medical officer for Brightwater, which is their equivalent to the interns and residents in the hospitals,” he said.

“If there is an acute problem with a patient, they will review the patient and then contact the patient’s GP. There is a lot of positive feedback from the residents in that they feel a lot more secure in having the medical students there.

“It has stopped some unnecessary ambulance transfers to hospitals.”

The students also review stable, chronic patients, checking their medical history and medications and sometimes suggesting changes which are discussed with the GP on call, Associate Professor Patrick McGonigle.

The students really enjoyed the independence, Professor Boudville said.

“It is what they will have to do next year when they are interns, having to make the decisions,” he said. “Some of them really do flourish in that environment.”

Multidisciplinary meetings are held between the students from the various health professions, conducted like a case review, to form a chronic care plan for each patient.

“That close interaction with the other students and their supervisors really gives the medical students a deep insight into what the other allied health professionals do,” Professor Boudville said. “And obviously the other allied health professionals get an opportunity to see what the doctors do and how we perform our assessments.”

According to Associate Professor Rosemary Saunders, of the Master of Nursing Science course in the School of Population Health, the IPE program has continued to be a very successful project and valuable experience for students.

The Brightwater project was a finalist in the Faculty’s Teaching and Learning awards, a winner in the Curtin Faculty of Health Science Teaching and Learning awards, and received national recognition from the Aged Care Standards and Accreditation Agency, winning a Better Practice Award for Innovation.

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