In memoriam
Two well respected and extremely popular contributors to the Faculty passed away recently and have left a void. See pages 4 and 5.

ASSOCIATE PROFESSOR ALISTAIR DEVLIN AT HIS DESK AT THE SCHOOL OF DENTISTRY IN MARCH. (PHOTO BY DENNIS BARNDEN)

DR BRENTON KNOTT.

Four into three goes beautifully
Students choosing the Faculty’s new post-graduate podiatric medicine course - which is unique in Australasia - will study for one calendar year less but emerge with extra clinical experiences.

It is anticipated they will have podiatry prescribing rights, whereas previously they needed additional study and supervised practice to obtain them, and they will have better surgical skills.

This has been made possible by making the new Doctor of Podiatric Medicine (DPM) course three years of 20-week semesters, replacing the former undergraduate Bachelor of Podiatric Medicine (BPodM) degree that was four years of standard-length semesters.

The DPM students will engage in 1440 hours of hands-on clinical practice compared with 1000 hours of the undergraduate degree.

Professor Alan Bryant, Head of the Podiatric Medicine Unit, said the new degree, which was introduced this year, would better prepare its graduates for general practice and they would be taught an expanded scope of procedural skills.

“One of the biggest changes to the clinical component is that in the first year of the course there will be mostly simulated clinical learning,” he said. The students will also have two weeks of observation in hospitals and private practice to get a taste of podiatric practice.

In the second year of the program, all of the clinical teaching will be conducted at the UWA Podiatry Clinic so that examination techniques and aspects of patient treatment can be standardised.

In the final year, the clinical teaching will be external with the students based in the teaching hospitals and community health centres four days a week.

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Memory of “ultimate GP” lives on in award

Dr Matt Lewis is, in his own words, a lover and not a fighter.

It was this realisation about eight years after leaving school that made him decide to quit the air force and turn to medicine.

His hard work and special knack in the field of general practice earned him two prizes at the Faculty Prize Ceremony in March after graduating last year.

He was awarded the Peter Anderton Memorial Medal and Prize in General Practice and the Alfred Nailer Jacobs Memorial Prize, presented for outstanding ability and promise in rural general practice.

Dr Lewis, 34, did his medical degree at UWA via the Graduate entry Medical Program, having completed an undergraduate science degree at the University of NSW in his home state.

He had joined the air force after leaving school and completed his officer training and degree at the same time. He then did honours in science and undertook several years of pilot training before deciding to study medicine.

Now an intern at Royal Perth Hospital, he said he was honoured to receive the Peter Anderton Memorial Prize.

“When you find out the legacy it represents and the person that it is about, it is actually extremely humbling,” he said. “The person we can all aspire towards had a very sad and tragic end.”

“The people who have set up the fund and offered to keep his memory going are amazing.”

Dr Kevin Carthew, who instigated the prize in memory of his friend, said Dr Anderton was often referred to as the “ultimate GP”, being involved in all aspects of general practice including obstetrics, anaesthetics, aged care and home visits.

“He was also a devoted family man, loved life, enjoyed sailing and was popular with all staff with whom he came in contact, as well as with his peers, as evidenced by the magnificent support for the memorial fund,” Dr Carthew said.

Dr Anderton, who practised in Kalamunda, was shot dead in 1999 while making a home visit to an elderly patient in Forrestfield whom he had known and treated for 20 years. He was 51.

“I felt pretty sad it had happened and wondered if we should commemorate him in some way,” Dr Carthew said.

So he wrote to all the GPs and specialists in the Perth hills area and within a month had raised $20,000 for a fund. He then went state-wide and a few months later the fund had reached $75,000.

Initially the fund committee, which he chaired, chose a GP of the Year from nominations.

“We also had a Student of the Year and had nominations from UWA,” Dr Carthew said. Committee members each interviewed a few of the students who had been nominated as likely to make good GPs.

The prizes were presented at a Peter Anderton Memorial Dinner each year.

Years later the committee received approval from the fund contributors to change the format and share the funds, which then totalled $110,000, between UWA and Notre Dame University.

“They could use the funds to give an annual award to someone graduating,” Dr Carthew said. “We were hoping they could choose someone who was not necessarily top of the year but someone who was likely to be a really good GP.”

Dr Lewis said although he hadn’t completely decided, he felt that general practice would allow him to combine his desire to have a fulfilling career and help the community with his family life.

“I am someone who cares and I like to communicate with people,” he said. “I think general practice falls into that category where you have to get to know your patients over a long period of time.”

His wife, who is a company auditor, supported him through his medical degree.

“She was pretty much what got me through,” he said. “And we actually had our first baby last year, a little boy, who is everything to us.”

At the Prize Ceremony, 88 prizes were awarded in the areas of Science, Health Science, Population Health, Social Work, Podiatric Medicine and Bachelor of Medicine and Bachelor of Surgery.

- By Cathy Saunders
Selecting Medical and Dental Students

By Winthrop Professor Ian Puddey, Dean

In a previous MeDeFacts editorial (September 2006) I committed the Faculty to careful ongoing monitoring of the selection processes for all entrants to medicine and dentistry. The aim was to ensure that any further evolution in our selection processes would be responsive to an increased understanding as to how the selection criteria related to student performance during the undergraduate years but also through prospective follow-up of their achievements and destination following graduation. We have since published the results for 1174 students who entered the course from secondary school and who enrolled in the MBBS from 1999 through 2009 (1) and for 398 school-leavers who enrolled in the BDSc from 1999 through 2011 (2).

Predictors

Together these studies have indicated that the strongest predictor of academic performance throughout both our medical and dental courses remains prior academic achievement as assessed by the Australian Tertiary Admission Rank (or ATAR - previously known as the TER). This relationship was strongest in the earlier years of the course and diminished in relative significance in the latter years. The second consistent predictor of performance has been the total score in the interview. However in contrast to the ATAR, this relationship is more consistent in the latter years of the course and is particularly related to performance in clinically-based units. The interview derives annually from a bank of criteria that have been developed. These criteria are based on qualities suited to the study and practice of medicine and dentistry and have included, for example, ability to work in a team, ability to see from the perspective of others, social responsibility, recognising and responding to social diversity, ethics, coping with uncertainty, motivation to study medicine or dentistry and communication skills. The latter two criteria have been assessed every year and more recently we have enhanced the emphasis on communication skills, having observed that for both our medical and dental students that much of the relationship between academic performance and the interview score can be explained by the communication skills score alone. The third consistent finding is that females in both courses outperform males across all years of the course. The findings for scores in the UMAT (Undergraduate Medicine and Health Sciences Admission Test) have been less consistent and relatively weak. The UMAT was developed by the Australian Council for Educational Research to identify candidates with cognitive skills and abilities, which may be suitable to the study and practice of health sciences and consists of three sections - logical reasoning and problem solving, understanding people and non-verbal reasoning. It remains controversial because of its greater emphasis on innate skills rather than knowledge and the paucity of evidence to date that it can predict performance. There has also been increasing concern at the growing industry of commercial coaching to enhance UMAT performance which, if effective, would give an even greater edge to those with greater economic resources at their disposal and disadvantage the less well off in selection processes. Recent reports, however, indicate either no effect of preparation courses on UMAT performance or a weak effect in improving non-verbal reasoning in selected students (3,4). The Faculty is therefore now part of a national consortium that is undertaking a longitudinal study of the predictive validity of UMAT that will not only focus on undergraduate outcomes but also follow students through to early career outcomes via the Medical Schools Outcomes Database (MSOD) and will enable the most comprehensive evaluation of the UMAT testing that has yet been undertaken.

Tracking change

We have also tracked the change in the demographic composition of our medical student cohorts since the introduction of the UMAT and interview into our selection processes in 1998 (5). Prior to that year selection was on the basis of ATAR alone. The introduction of the interview appears to have contributed to a restoration in gender balance with males having decreased from 57% to 45% of the cohort, females now being selected in relative proportion to their higher background number of applications to the course. Together with special entry quotas, the current selection processes have seen students of rural origin increase from 5% to 21%. At this point, however, there has been limited impact on the numbers of students recruited into the course from high schools with relative socio-educational disadvantage, this having remained unchanged at approximately 10%.

We will continue to carefully monitor and modify our selection processes as the evidence base for the effectiveness and utility of our approach grows. Ultimately we want an equitable process that recruits students from the whole of our community who will graduate to effectively serve the whole of our community.

Vale Alistair

“The light has gone out of OCHWA since it happened.”

This is how Winthrop Professor Andrew Smith, Director of the Oral Health Centre of WA and Head of the School of Dentistry, described the passing of a much loved member of staff, Associate Professor Alistair Devlin, who contributed enormously to the community, Paediatric Dentistry and the School.

“He had a personality that was dynamic yet so reassuring,” Professor Smith said. “He was the epitome of someone who was very good at handling children so that means he handled everybody else as well. He had a wicked sense of humour but he was not sarcastic in any way.”

Professor Smith said Associate Professor Devlin rescued the School’s Paediatric Dentistry program two years ago.

“He retired from his private practice and stepped into the breach when we had our Paediatric Dentistry teaching crisis, because we had nobody,” Professor Smith said. “He sorted the whole thing out and the students loved him.

“Basically through his efforts and hard work we have got a really fantastic program in Paediatric Dentistry. He gave the lectures, organised the practical classes and clinical sessions and, most importantly, was always there for the students when they were worried or needed advice.”

Associate Professor Devlin also instigated a school visit project, in which dental students visited primary schools each year and taught the students about oral health in a fun and animated way. “The dental students and the school students loved it,” Professor Smith said.

Associate Professor Devlin was 65 years when he suffered a heart attack doing one of the things he loved most - playing tennis. He played competitive hockey up until a year before his death and for many years sang in a Perth a capella group called Tuxedo Junction.

The accolades for him have come from many arenas. A UWA dental graduate, he was heavily involved with the Dental Alumni Society (DAS) in various capacities and was the president from 1997 until the time of his death.

Dr Nick Albalatis, who was the secretary for 15 years until 2010, said Associate Professor Devlin was intelligent, versatile, sociable, kind, humble and most generous.

“Alistair had a wonderful sense of humour that endeared him to all,” he said. “He was a tireless contributor to the profession.

“He established a lot of the fundamentals of the Alumni. And he tried to establish a way that the alumni would contribute to the undergraduate life, with continuing professional education, social development, prize giving ceremony, Freshers’ Welcome that the Alumni would pay for, and a series of lectures.

“I don’t know how he found so many hours in the day. There is such an extensive void that we have now that I am not sure it will ever be filled.”

Associate Professor Devlin was a founding member of the WA Dental Foundation (WADF), which was established in 2001 to “further dental education in the State and to raise funds to support teaching, research facilities and grants for undergraduates, postgraduates, academic staff and continuing education programs at the School of Dentistry.” He was the Dental Alumni Society representative and secretary of the committee of management of the WADF from its inception.

WADF Chair and Co-founder Dr Terry Pitsikas said Associate Professor Devlin’s experience in teaching and all aspects of life was of enormous help to the WADF.

“He was such a knowledgeable person and he was always a very valuable contributor,” Dr Pitsikas said. “He is a very difficult person to replace.”

Dr Pitsikas worked closely with Associate Professor Devlin as they shared a dental practice for many years in Karrinyup. “He hasn’t practised in our rooms for about three years but we are still having dozens and dozens of patients offering their condolences (weeks after his death),” Dr Pitsikas said. “He was very, very well liked by his patients and he was a fantastic mentor for students and young dentists.”

Dr Pitsikas said Associate Professor Devlin’s love was Paediatric Dentistry and he was heavily involved with Princess Margaret Hospital for Children, where he did a lot of voluntary work and also worked in the emergency department.

He lectured in Paedodontics to the students of the Central Institute of Technology (formerly Central TAFE) for almost 25 years.

The WA branch of the Australian and New Zealand Society of Paediatric Dentistry (ANZSPD) established the Alistair Devlin ANZSPD Prize in Paediatric Dentistry a few years ago to honour its longstanding and outstanding member.

Associate Professor Erica Yates, who worked alongside Associate Professor Devlin at the School of Dentistry, said she first met him 33 years ago when he tutored her as a student.

“He was a wonderful colleague with whom I had the joy of sharing an office for six months. He dubbed our new office the ‘Party Room’ and that it was! From the moment he arrived in the morning to the time he left in the evening, we had guests who stopped by to say hello, shoot the breeze and of course exchange jokes. In so doing he spread his happy disposition throughout the School.”

Associate Professor Yates said Associate Professor Devlin was charming and charismatic. He participated in everything, including the launching of new equipment, new registrar programs, the chance to fill in for an ill bus driver and the opportunity to greet new students to the course at the annual outdoor celebration at OCHWA.

He loved teaching the students as he
Vale Brenton

Dr Brenton Knott, a teacher and researcher who made an immeasurable contribution to The University of WA for close to 40 years, passed away in March after a lengthy battle with cancer.

He joined the university in January 1975 and was part of the School of Animal Biology in the Faculty of Science. The myriad notices from his family, colleagues and students and their content are testimony to his huge popularity.

A notice from the School’s staff and students said, in part, that he was a man of strong principles, great humour and keen wit and would be fondly remembered and greatly missed, not least by legions of students.

“The transition to new courses was Brenton’s most recent legacy to the School but he will also be remembered for his contribution to the education of many of Western Australia’s doctors and to a few people for his knowledge of cheeses and defence of the semi-colon,” the notice said.

A former student recalled fondly the times in Dr Knott’s lab - the fine wine, the cheese, the camaraderie and the challenging intellectual discussion. “I learnt a love of grammar from you (and an awareness of split infinitives) and an appreciation of the minutiae in science. Goodbye to a unique man, who was passionate about his role as an educator and about fighting the good fight.”

Dr Knott was extensively involved in the teaching of the Faculty of Medicine, Dentistry and Health Sciences undergraduate students and was the unit coordinator for Foundations of Animal and Human Biology for medical, dental and podiatry students.

Professor Alan Bryant, Head of the Podiatric Medicine Unit, said Dr Knott was an enthusiastic teacher. He recalled his contributions and willingness to help on the Podiatric Medicine Course Establishment Committee in 2005.

“He never missed a meeting and provided much positive input into the design of the BPodM course,” Professor Bryant said.

Another major contribution was his work on the Faculty’s Evaluation Committee.

Professor Sandra Carr, Associate Dean, Teaching and Learning, said Dr Knott was a member of the committee from about 2002 and chair for about three years until 2009.

“He was involved in the development of the theme: Scientific Basis of Medicine in the current MBBS and an active participant in the curriculum development,” she said. “He was also committed to the development of information literacy skills in medical students and worked with the medical library and the Education Centre to embed these learning outcomes into his unit.”

Dr David Paul, Senior Lecturer in the Centre for Aboriginal Medical and Dental Health (CAMDH), said Dr Knott had a close association with CAMDH and Aboriginal students interested in health careers and taught in the Pre-Medicine/ Pre-Dentistry course for many years.

“He also collaborated with us in a Faculty teaching and learning project that aimed at improving the quality of the experience for first year medical students in human biological sciences,” Dr Paul said.

A notice from the School’s staff and students said, in part, that he was a man of strong principles, great humour and keen wit and would be fondly remembered and greatly missed, not least by legions of students.

“Without seeking the spotlight, he did wonderful things behind the scenes every day for many, many people within OHCWA, the profession and the wider community,” she said. “Even on the way to that fateful tennis game, he came into OHCWA to sign documents for a staff member.”

A representative of the UDSS said the Professor’s passing left a hole in the hearts and minds of UWA dentistry students that would continue to be felt as they finished their degrees and onward into their professional lives.

“As a teacher, Dr Devon was patient and fair, he took his time with each of those he worked with,” the representative said.

“As a mentor, Dr Devon set a fine example of just how magnificent a health care professional could be. He was never too busy to offer advice and wisdom.

“As a friend, Dr. Devlin possessed the kindest heart. When you were feeling like no one understood, or cared, that you may falter and fall at any second, he would seemingly come out of nowhere to offer support.”

Professor Smith said Associate Professor Devlin was deeply missed. “It really has upset an awful lot of people and it has been a great shock to the students,” he said. “He was one of the most popular teachers.” He leaves a loving wife Helen, son Richard, daughter Gabrielle, daughter-in-law Erin, son-in-law Anthony and grandchildren.

- By Cathy Saunders

Scholarship

A memorial scholarship in the field of paediatric dentistry to recognise the enormous contribution made in that area by Associate Professor Alistair Devin is being considered. Anyone who would like more information or to make a contribution can contact Ms Fabienne Vonarburg, Faculty Development Manager, on (08) 6488 4211 or mobile 0423 415 047 or email fabienne.vonarburg@uwa.edu.au.
Common complex human diseases and disorders, such as cardiovascular disease, diabetes and obesity are the focus of a renamed Centre in the Faculty.

Winthrop Professor Eric Moses, Director of the Centre for Genetic Origins of Health and Disease (GOHaD), said the Centre was also currently involved in collaborative research into mesothelioma, melanoma, sarcoma, sleep disorders, scarring following burn injury and pregnancy disorders such as pre-eclampsia and pre-term birth.

The Centre was, until earlier this year, known as the Centre for Genetic Epidemiology and Biostatistics. Professor Moses said the name change was to better describe the work of the Centre and make it more comprehensible to the lay person.

“We study any complex heritable human disease or condition that is a major health problem,” he said. “These are diseases that are typically common in the population and are caused by multiple genetic factors, not just one gene, in combination with environmental and lifestyle factors.

“But we also work on the genetics of health. There are genes and genetic variations that come into play with human health.”

The Centre has some unique core strengths. Statistical genetics is an important part of the work and to this end the Director has recruited Associate Professor Phillip Melton from the US to head the section, Dr Nina McCarthy from Ireland as a Research Associate and Research Assistant Professor Gemma Cadby back to WA from an overseas stint in Canada.

Their skills are critical for developing the study designs necessary for projects looking to discover chromosomal regions that harbour the genetic variations involved in susceptibility to diseases.

“Unlike the rare genetic, Mendelian diseases where a mutation on its own is sufficient to cause typically a very serious disease, in the common complex disease field these variations are on their own not usually sufficient to cause disease,” Professor Moses said.

“So there need to be other genetic factors and/or interactions with some lifestyle or dietary or environmental factors.”

In the case of neuropsychiatric disorders, the trigger could be social or other factors.

Professor Moses said the Centre had a large focus on family based studies.

Research in recent years based on large case-control studies using genome-wide association scans to try to map the genomic regions that contained the susceptibility variants had not delivered what it had promised.

“We are very strong advocates that we have to go back to family-based study designs which are more powerful and appropriate for finding what are likely to be rare genetic variants that have large effects,” he said.

Several family studies are already underway, including a National Health and Medical Research Council-funded project on pre-eclampsia. The research to date has shown a possible link between risk of cardiovascular disease and risk of pre-eclampsia.

Another was a study into the genetics of schizophrenia led by Professor Assen Jablensky. “He has a very important collection of schizophrenia families,” Professor Moses said. The hope is to use whole genome sequencing in these families to try to find the genetic risk factors for schizophrenia and related disorders.

In a recent win, GOHaD’s Winthrop Professor Lawrie Abraham, Head of Translational Genetics, was among a group of researchers who received almost $3 million in funding from Cancer Council WA. His group is investigating ways in which thalidomide can be used in tailored treatment for patients with cancer of the liver, bone and blood.

Other key sections of the Centre are informatics and bioinformatics, with computer programmers and bioinformaticians working on efficient methods to interrogate very large genomic and other ‘omics’ data sets.

There are also people focused on molecular genetics, which involves genotyping, DNA sequencing and measuring gene expression by transcriptomics.

Another area is functional genetics, which is an evolving field that involves describing and showing how genetic risk factors actually function to cause disease.

“It is an important area that is going to be critical for progressing genetic research findings,” Professor Moses said.

The Centre has a student, Juan Peralta, who is undertaking a joint PhD with UWA and the Texas Biomedical Research Institute to research new methods in this area.

“We see ourselves very much as a research and teaching Centre whose mission is to ‘advance global human health through the application of statistical genetics, bioinformatics, functional genomics and human phenomics’ and key to this is partnering with the clinicians who are working in the community on the major human health problems,” Professor Moses said.

The Centre collaborates with many research groups in WA, nationally and internationally. Those in WA include the Busselton Health Study, the WA Pregnancy (RaIne) Cohort Study; the National Centre for Asbestos Related Disease (NCARD), the Lions Eye Institute, the Sock it to Sarcoma charity, the WA Sleep Health Study, the WA Melanoma Health Study and the UWA Burn Injury Research Unit.

- By Cathy Saunders

GOHaD and DOHaD go hand in hand.

There are strong ties between the Centre for Genetic Origins of Health and Disease (GOHaD) and the Developmental Origins of Health and Disease (DOHaD) consortium at UWA, says GOHaD Centre Director Winthrop Professor Eric Moses.

This was logical because many of the developmental origins of health and disease had a substantial genetic component, he said.

Professor Moses is a chief investigator in the Preterm Birth Genome Project headed by Associate Professor Craig Pennell, of the School of Women’s and Infants’ Health.

“The WA DNA bank, which is managed by Dr Tegan McNab from the Centre, is a resource for medical researchers in WA and Australia and is now positioned with King Edward Memorial Hospital, to take advantage of robotic equipment for DNA and RNA extraction that Associate Professor Pennell has made available on a collaborative basis," Professor Moses said. It was formerly situated at PathWest.

“The DNA bank provides the resources for isolation of DNA and RNA from human specimens and banking of those samples so that investigators who haven’t got their own laboratories but are collecting important patient samples can have them stored and efficiently retrieved,” he said.
A new wave of discovery

The 47-year-old Busselton Health Study population, one of the longest running in the world, may be used to tease out the risk factors for various common, complex diseases.

Winthrop Professor Eric Moses, Director of the Centre for Genetic Origins of Health and Disease (GOHaD), said the data generated by the study were potentially very powerful for use in family-based genetic studies.

“This study is a major research resource because it has been going for a long time and they have been collecting clinical information related to not only heart disease but also to a wide variety of common human diseases including diabetes and respiratory diseases,” he said.

Since 1966 more than 20,000 men, women and children in Busselton have taken part in a series of health surveys.

“We think that the Busselton Health Study has the potential to launch us forward into a new wave of genomic discovery,” Professor Moses said.

“I think it is a vastly underrated resource that West Australians should be right behind. I think it will continue to position us in a leading role in human medical research internationally.”

Professor Moses said the Centre’s researchers had used the study to obtain preliminary data related to cardiovascular disease endpoints such as coronary artery disease and heart attack that will be used to apply for grants to further develop the Busselton Health Study resource for genomic discovery efforts.

The preliminary study involved taking the genetic data previously generated from almost 5000 people in the study.

The researchers used super-computing resources at UWA and statistical genetics methods in the Centre to determine the relationships between the individuals.

“We were able to show from the existing genotype data, which is basically a DNA fingerprint, that this person is a full sibling of that person, or this person is a cousin of that person,” Professor Moses said. “So we were able to efficiently determine large family structures (pedigrees) from the Busselton population that provide a powerful resource for discovery efforts.”

Professor Moses said the findings were not surprising.

“We have seen with our international studies in places like Norway that when you go into a region that has been involved in a big health study and try to recruit as many people as you can, then to and behold there are a lot of relationships,” he said.

“These are usually geographically distinct or isolated places with not a lot of movement in and out over a long period of time.”

In another important advance, the Centre’s Research Assistant Professor Gemma Cadby provided analysis of height and weight data from the Busselton Health Study for a paper published online in Nature Genetics. The article described the discovery of four new loci (the locus is the specific place on a chromosome where a gene is located) affecting height and seven related to obesity.

Research Assistant Professor Cadby said the newly discovered genes represented further pieces in the puzzle as researchers sought to understand the genetic contributions to height and weight.

Other Faculty researchers involved in the paper included Clinical Professor Bill Musk, of the School of Medicine and Pharmacology, and Adjunct Professor John Balfy, of the School of Pathology and Laboratory Medicine.

The Busselton Health Study board is headed by Clinical Professor Musk and includes Professor Moses among its members.

Registered nurses and high-achieving nursing students will have access to a WA network of colleagues with the launch of a new collaborative society.

And after a year, it is hoped that will extend to membership of an international nursing community which would provide WA nurses with the chance to see how other countries deal with common health care issues.

The Western Australian at Large Honor Society of Nursing (WAHSN) was launched last month with the induction of 59 invited members. They include three staff members of the Faculty’s School of Population Health - the newly-appointed Head of Nursing, Professor Susannah Hart, Course Co-ordinator of the Master of Nursing Science, Associate Professor Helene Metcalfe, and Associate Professor Rosemary Saunders.

Academics, clinicians and students are encouraged to apply. Membership will provide opportunities to collaborate, keep in touch via newsletter updates, access the society’s resources and attend workshops and activities during the year.

The WAHSN is a partnership between the Nursing programs from The University of Western Australia, Edith Cowan University, The University of Notre Dame Australia and Curtin University, and supported by the Nursing and Midwifery Office of the WA Health Department.

Associate Professor Saunders said membership was now open to nurses who believed they met the entry criteria and UWA nursing academics were encouraged to apply. Nursing students who met the membership criteria would be invited to apply.

“The society is a wonderful opportunity for UWA to be part of a State nursing collaborative and to join an international community of registered nurses and nursing students,” she said.

After one year, WAHSN will be eligible for membership of Sigma Theta Tau International (STTI), an international community of registered nurses and nursing students with about 130,000 members in 86 countries.

Membership of STTI is open to nurse leaders who can demonstrate exceptional achievement in their nursing career, and by invitation to undergraduate or entry to practice nursing students and postgraduate nursing students who can demonstrate excellence in academic performance (course weighted average 75-80%).

Further information can be found at http://www.wahsn.com.au
Writing a grant application? - Dr Cleaver is the go-to person

When Dr Amanda Cleaver turns on her computer each morning, there are up to 100 emails in her in-box, including emails from academics seeking help or information about research grants and applications.

The Faculty’s Research Development Adviser says there are literally thousands of grants, awards, prizes and fellowships that various Faculty members are eligible to apply for. She is the go-to person for researchers trying to sift through them all.

“I look more at the bigger grants and anything that is local like the Raine Foundation, Cancer Council WA, Heart Foundation, and others,” she said.

In the role that she took up early last year, she helps more than 1,000 university and adjunct research staff of the Faculty, including those in the Centres. These include the WA Institute for Medical Research (WAIMR), Telethon Institute for Child Health Research (TICHR), Lions Eye Institute, and the Australian Neuro-muscular Research Institute (ANRI).

Dr Cleaver’s main aim is to assist anyone in the Faculty with writing their grant applications.

“People send me their grants in a fairly good draft and I help them with grantsmanship - putting things in the right order, making sure they have got their aims and hypotheses up front and that they have got clear objectives and outcomes,” she said.

She also helps with the aesthetics of the application, such as ensuring there is white space on the pages and correct formatting.

The beauty of having Dr Cleaver in the role is that she is likely to understand the science behind the often complex proposals, thanks to her background (see box).

Another big part of her work is to disseminate information about funding avenues for researchers.

“I do a mail-out once a month of different funding opportunities that come up,” she said. “It gets sent out to School heads and heads of Centres and the main administrative staff to send out to all their researchers.” She includes grants, awards, prizes, research days and workshops.

Many of the workshops that she organises are based on themes relating to National Health and Medical Research Council (NHMRC) fellowships and grants. One tackled the way to prepare for writing a grant application and another covered the budget for a proposal.

The themes are varied. One workshop last year advised on how to collaborate with industry. “Socialising your researchers is quite important,” Dr Cleaver said, adding that many were not good at promoting themselves and their research.

Another workshop last November involved NHMRC grant review panel members who participated in a feedback session, giving applicants information on how the last round of funding was arrived at and providing tips for going into the next round.

“We do networking sessions as well, which are a little bit like speed dating,” Dr Cleaver said. “They are inter-Faculty so we just give a general broad topic.”

These topics have included remoteness, environment and mining.

“People don’t know what other people do across the Faculties,” she said. “So you can imagine that with remoteness there would be people from the mining sector, people from medicine who work with rural and indigenous communities, people in education and in law.

“It is to get people in touch so that they can do collaborative research and apply for grants.”

Dr Cleaver also helps set up peer reviews for grants. “When it comes up towards the NHMRC rounds, I will round up researchers within the Faculty who wouldn’t mind looking over other people’s applications to give them some advice,” she said. “I ask researchers who have had previous success with these grants.”

She has also set up with the Faculty of Science and the Faculty of Engineering, Computing and Mathematics a peer mentoring scheme which is aimed at developing the research careers of PhD students and early- and mid-career researchers. “We have asked senior researchers from across the science faculties to talk to these groups about various aspects of developing a successful research career,” she said.

She has regular meetings with the Office of Industry and Innovation and the Development Office and is in touch with the Faculty’s Medical and Dental library staff. “The library do different things that people don’t know about,” she explained. “They help people figure out how many citations they have, what their h-index is and they will do reports for people, which may help with grant applications.”

All her help is gratis for the staff. “I ask a lot of other people’s time as well - it is all part of having a good collaborative environment,” she said.

Dr Cleaver heads out to the Faculty’s nine Schools and seven Centres when she can to explain her role.

- By Cathy Saunders
Dr Cleaver’s tips on how to write a successful grant application

Writing: Read the funding rules and have the judging criteria (if available) in mind while writing your application. Write clear, concise sentences that are not too long. Try to stick to one topic per paragraph. Don’t include jargon or too many acronyms. Include white space.

Research team: Make connections with researchers with strong track records in your research field to be chief investigators on your grant. Make sure you have established expertise in your team to carry out the aims of your grant proposal.

Research plan: Start with an overview of the research question and why it is important to give context, and then list your project aims on the first page. Reviewers don’t want to read three pages of background before finding out what you want to do! Make sure your aims are independent of each other. Include diagrams and pictures where possible to break up dense text and illustrate your research plan.

Selling yourself and your research: Highlight your research strengths and the potential impact on the field and wider community. If you have trouble selling yourself, send your application to a peer to review and ask them to talk you up (but don’t exaggerate).

Communicate: Participate in blogging, media releases, committees, conferences, awards, and volunteer to do talks to socialise your research and make yourself known.

Budgets: Justify each component of your budget or reviewers will find ways to cut your budget.

Administration support: I am happy to review your application, if you give me some warning (at least by the UWA internal deadline – two weeks before the external deadline). We also offer peer reviewing by previously successful researchers for some schemes. I have model applications which I can send you if you need some ideas on what to write in different sections of your application. Look out for our grant writing workshops advertised via the Research Announcements mailing list. If you have any queries related to funding, applications or career development, please email me at amanda.cleaver@uwa.edu.au.

Profile

Dr Amanda Cleaver completed her undergraduate degree in molecular genetics at Curtin University and proceeded to Honours in microbiology at UWA, based at Royal Perth Hospital. Together with Dr Mark Watson and Dr James Flexman, in the School of Pathology and Laboratory Medicine, she undertook a project to clone and express proteins to set up a more sensitive detection assay for Hepatitis C.

She then worked for Ozgene for two years, making knockout and transgenic mice for research projects.

The next step was a PhD in cancer cell biology, based at the School of Medicine and Pharmacology with Adjunct Professor Richard Lake looking for genes that could be used for early detection of mesothelioma.

There followed a postdoctoral position at the Telethon Institute for Child Health Research, working with Adjunct Professor Ursula Kees on a project seeking genes that could predict relapse in children with T-cell leukaemia.

She then changed fields to cancer immunology, working with Professor Bruce Robinson to look at how chemotherapy and different types of immunotherapy could be used to improve outcomes after tumour debulking in animal models.

Then came a Master of Business Administration, which she is doing part-time at night school and is ongoing.

After taking maternity leave, she took up the role of the Faculty’s Research Development Adviser in April last year.

Four into three goes beautifully continued from page 1

“There will be a great deal more case-based learning all the way through the course,” Professor Bryant said.

The outcomes of the new degree are summarised in the acronym CREATES, which refers to the fact they will graduate as a clinician, researcher, educator, advocate, team member, ethical professional and scholar.

The new course has been commended by the Australian and New Zealand Podiatry Accreditation Council’s assessment team in its draft report, which described the course as innovative.

“Professor Alan Bryant (who helped create the original BPodM program at UWA) has shown ongoing vision and leadership,” the report said.

Professor Bryant said it was the first level 9 Masters (extended) course in podiatry in Australasia, with the highest level in the Australian Qualifications Framework categories being 10 (such as for PhDs).

The first intake in February this year included graduates in nursing, biomedical science, occupational therapy, pharmacology, physiology and neurophysiology, and a paramedic.

Professor Bryant said the move to graduate entry was very positive, “We now attract much more mature students who are really focused on becoming health practitioners,” he said.

“And we can see that already in our first intake, the students are very enthusiastic, all of them, and very motivated.”

First year DPM student Yejeong Kim, a neuroscience graduate, said the course provided excellent clinical experience with a solid academic background of podiatric medicine.

Another student, Taapo Llewellyn, said, “I chose to do the DPM course because I wanted to work in a role that combined diagnostics and hands on intervention with my patients.”

Professor Bryant said of last year’s 26 BPodM graduates, all but two - who had been holidaying overseas - had secured work within the first three months of the year.

Entry requirements

Completion of a three or four year Bachelor degree in any discipline.

Pass in GAMSAT (Graduate Australian Medical School Admissions Test).

A grade point average of 5 in the undergraduate degree.
Pharmacy funding win for Midwest

Pharmacy students in Geraldton have received the good news that they will continue to receive allowances to offset the costs of completing their placements in a rural area.

CUCRH Assistant Professor Amy Page said the Pharmacy Guild of Australia had re-instated rural pharmacy funding for Geraldton and would continue to support the Midwest.

“In 2011, Geraldton was classified as a metropolitan area under PhARIA criteria,” she said. “PhARIA follows similar guidelines to ARIA - (Accessibility/Remoteness Index of Australia). Geraldton was assessed as being a metro area since we had 11 pharmacists in town instead of a maximum of 10.”

Assistant Professor Page said the assessment was based on statistics rather than the realities of the area. “We are located five hours drive away from a capital city and we support pharmacists operating from remote towns such as Mt Magnet and Mullewa,” she said. “It also meant that all subsidies and financial assistance for local pharmacists and student placements was cut.

“We’ve had to lay out the Midwest’s unique circumstances on the table and it is great to see that the Guild has taken the time to listen and understand and eventually opted to exempt Geraldton from the raw data classification process.”

Renewed funding from the Guild will also mean that:

- Pharmacy interns have access to incentive schemes and training allowances of up to $10,000.
- Pharmacists will be able to access the Emergency Locum Service and travel subsidies for their locums during personal emergency situations.
- Rural pharmacists can also recover travel costs related to professional development.

More than Talk gets good feedback

A new project, More Than Talk, is aiming to improve partnerships between Aboriginal and mainstream services in the Midwest and is already being put to good use in the outback town of Mullewa.

The project stems from the CUCRH – MAOA (Combined Universities Centre for Rural Health - Midwest Aboriginal Organisations Alliance) partnership, which researches and analyses core priorities for the Aboriginal community living in the Midwest Region of WA.

More Than Talk investigates the mechanics of partnerships formed to deal with complex issues that can’t be solved by one organisation alone. The aim is to improve them in order to use available resources more effectively and deliver better outcomes for the community.

CUCRH Research Officer Ms Christina Tsou said the project in Mullewa, about 100km inland from Geraldton, was a good example of More than Talk at work.

“We are working closely with key human services providers in town and beginning the process by applying a Healthy Community Assessment Tool,” she said.

“This tool, which was developed by the Menzies School of Health Research in the Northern Territory, has the advantage of focusing on the social determinants of health and will help to structure various discussions and action plans with appropriate delivery modes.

“I like to think of ‘More Than Talk’ as the type of project that translates research into action at each step during its lifetime – the type that will really yield the best ways for Aboriginal and mainstream organisations to work together to deliver effective changes for local communities.”

CUCRH Director, Winthrop Professor Sandra Thompson, and Ms Tsou presented the project at the first National Social Inclusion and Complex Needs conference organised by the Public Health Association Australia in April.

Ms Tsou said feedback from the conference audience indicated that evaluation of Aboriginal-mainstream partnerships and assessment tools were topics relevant to many organisations addressing people’s complex needs around Australia.

Funding for the More Than Talk project was received from Healthway.
Combined Universities Centre for Rural Health (CUCRH)

Health hub

A health hub that would help address the critical health workforce shortage in the Pilbara is on the cards.

The Health Education, Learning and Development Hub, planned by the Combined Universities Centre for Rural Health (CUCRH), would be located at The Junctions development site at the heart of the South Hedland medical precinct.

It would include hot desk areas for health students doing clinical and community placements, a common room and library, tutorial and training areas, offices and student accommodation. The hub would also target social and emotional wellbeing project ventures for the Pilbara.

CUCRH Director, Winthrop Professor Sandra Thompson, said the social and economic issues arising in the Pilbara as a result of the boom continued to make headlines around Australia.

“It’s now well-known that the inconsistent workforce capacity of the region impacts negatively on service quality and continuity of care and, more specifically, on primary and preventive health care,” she said.

“The hub could assist in addressing many of these issues and become the sort of facility that encourages agencies to collaborate more effectively and deliver the best services for the local community.

“By addressing the needs that currently exist in rural health training in the Pilbara, a training hub could help attract and retain staff in the area - that’s a step towards overcoming social and professional isolation experienced when working in remote areas. The hub also has the potential of becoming a strong supporting platform for existing health care providers.”

CUCRH had teamed up with health organisations based in the Pilbara for the project. While the development of a Pilbara hub had been on the table for almost two years, the project team had needed to find ways around the geographic, social and economic hurdles faced by the Pilbara environment.

“It’s been a long process but we are now at a critical point where we need to fill in the funding gap to continue towards materialising our vision for the Pilbara towns,” Professor Thompson said.

The hub has secured $2.7 million worth of funds from the Federal government and needs another $2 million to go ahead.

Helping pharmacists to help people

Final year Master of Pharmacy students have been taught a valuable lesson about the prevention, detection and treatment of Meningococcal disease.

Paediatric immunologist Associate Professor Peter Richmond, of the School of Paediatrics and Child Health, gave a detailed lecture in April to the students, who will graduate this month. Associate Professor Richmond heads the Vaccine Trials Group which is trialling an investigational vaccine against Meningococcal B Disease.

He was joined by Mr Barry Young and his wife Lorraine, who set up the Amanda Young Foundation after their 18-year-old daughter Amanda died of the disease in 1997, only 24 hours after her first symptoms.

Assistant Professor Deena Ashoorian, of the Pharmacology, Pharmacy and Anaesthetics Unit, said pharmacists were very accessible health care professionals in the community and had regular contact with patients.

“This demonstrates their potential role in screening and referral of people to the appropriate care when there are early warning signs of Meningococcal disease,” she said. “Early referral is crucial as the disease symptoms progress very rapidly and could lead to death within hours.”

Assistant Professor Ashoorian said the graduating student cohort, who began the two-year degree in a mid-year intake in 2011, would soon be working in pharmacies and found the presentation extremely informative. It is hoped to make the lecture an annual one.

Mr and Mrs Young were jointly named WA’s Senior Australian of the Year 2013 for their work in educating the community about meningococcal disease, supporting survivors of the disease and funding medical research into the development of vaccines to target it.

There are 37 students in the graduating cohort.
Disaster medicine takes centre stage

By Valerie Hiew, fifth-year medical student

Ms Hiew was one of 27 Australian medical students selected by the Australian Medical Students’ Association (AMSA) to attend the East Asian Medical Students’ Conference (EAMSC) 2013 held in Tokyo, Japan last December. Her attendance as a general delegate was partly sponsored by the Faculty.

The great Japanese earthquake of March 2011, which triggered a powerful tsunami that led to more than 15,000 deaths and 390,000 homes devastated on the east coast of Japan, set the focus for the Tokyo conference.

The theme was “Disaster medicine: transition from emergency care to routine/long-term medical care in the context of overall health recovery and development.”

More than 400 medical students from 24 countries across the Asia-Pacific region attended the conference, which was divided into academic, cultural and sightseeing sections.

Of particular interest in the academic program was the lecture by Dr Kentaro Hayashi, a physician who played a crucial role in setting up a special disaster response unit known as the PCAT (Primary care for All Team) following the Japanese earthquake and tsunami.

Later in an academic workshop, Dr Hayashi explained the use of the “Sphere standards”.

The Sphere Project is a voluntary initiative which establishes and promotes minimum standards by which the global humanitarian community responds to the plight of people affected by disaster or conflict. The evidence-based universal minimum standards are in four life-saving sectors: water supply, sanitation and hygiene promotion; food security and nutrition; shelter, settlement and non-food items; and health action.

Delegates could apply the “Sphere standards” by planning a refugee camp and the supplies required for a population of 10,000 refugees. In group discussions, medical students talked over their differences in opinion regarding the long-term management of a natural disaster scenario.

One academic activity was a visit to the Ikebukuro Life Safety Learning Centre. Managed by the Tokyo Fire Department, the centre is designed to educate citizens on safety procedures during emergency situations such as being in an earthquake or a burning building. Delegates were able to use a fire extinguisher, escape a smoke maze and even experience a magnitude 9.0 earthquake. A visit to the Tokyo Medical and Dental University Hospital was an interesting experience, with some hospital rooms appearing to be more of a luxury hotel room complete with kitchen, dining room, living room and a flat-screen plasma TV.

Every country was required to provide an entry into each of the EAMSC’s four academic competitions (movie, paper, public and scientific poster). The purpose was to raise awareness of natural disasters unique to each country and explore the different ways they are managed internationally. The Australian delegation focused on the topic of bushfires and was extremely successful, earning first place for the movie, second place in both the paper and public poster and third place in the scientific poster competition.

On the cultural side, all participants worked tirelessly over the five days of the conference to fold 1000 origami cranes, known as “senbazuru”, believed to be able to grant the receiver good luck, long life and recovery from an unfortunate event. As a symbol of support of the survivors of the great east Japan earthquake, the “senbazuru” was presented to the governor of Fukushima - the region most affected by the earthquake - on the final day.

Overall, the EAMSC proved to be an extremely rewarding experience. Disaster medicine is not something very much focused on in Australian medical education but is something well worth considering, as no country is completely immune to the occurrence of natural disasters. As well as allowing delegates to gain an appreciation of the role of physicians in the face of natural disasters, the EAMSC was a rare chance to develop friendships over geographical and cultural borders.
Donations

Fellowship enables end of life project

Rolling out advance care planning (ACP) for end of life decisions across the Great Southern Region is the target of a project being undertaken by a Fellowship awardee.

Research Assistant Professor Craig Sinclair, of the Rural Clinical School (RCS) of WA, Albany, received the inaugural Jack Family and Davis Rural Health Research Fellowship.

The Fellowship is considered different from the usual because the research is being conducted in Albany under the umbrella of the RCSWA, which traditionally has been more involved in the teaching of medical students than research.

Research Assistant Professor Sinclair said ACP was a process of ensuring medical treatment was concordant with a patient’s wishes if they were unable to make or communicate decisions. Legislation supporting ACP was enacted in 2010 and meant adults in WA were now able to complete legally binding Advance Health Directive and/or Enduring Power of Guardianship forms.

Yet there was a low uptake of ACP. “A recent retrospective notes audit of 90 deaths across the Great Southern region found low rates (<10%) of formal ACP documentation among patients who died in hospitals or hospice facilities,” he said.

“Utilisation of ACP is associated with a sense of perceived susceptibility; which can be triggered by past experiences with end of life care, health scares or prompting from health professionals. However it also requires adequate empowerment - a sense of personal control and support from family and health professionals - in order to engage in the preventative health behaviour.”

Research Assistant Professor Sinclair said the key aim of the project was to implement ACP in hospitals and residential aged care facilities (RACFs) across the Great Southern.

Higher uptake was predicted to result in improved patient and family satisfaction in end-of-life care, reduced rates of inappropriate emergency department admissions from RACFs, and reduced costs associated with acute care in the final days of life.

Funding for the two-year Fellowship came from various generous sources. The Jack Family Charitable Trust from Albany donated $40,000, the Davis Undergraduate Scholarship in Palliative Care provided $20,000, with the agreement from Mrs N. Davis, who is the donor of the scholarship, and an anonymous donor from Albany donated $10,000. The balance will be made up by the RCSWA.

All have pledged the same amounts for next year.

RCWSA Deputy Head of School and Chair of the Research Steering Committee,

Professor Kirsten Auret, was instrumental in organising funding for the Fellowship.

“Because I work and practise in a rural context, all the opportunities for academic work, be that teaching or research, have to be developed from the ground up,” she said. “If you see a good idea, why not make it happen and particularly why not make it happen in the university context?”

Professor Auret said another RCSWA philosophy was that it was important to nurture talent in a rural environment, be it that of medical students, clinicians or researchers, and it would eventually benefit the town and attract more talent.

The ACP project was based on a strong commitment by the RCSWA to understand the needs of the community regarding ACP and ensure their wishes were respected. “It will be so much healthier for our whole community and the people who are left behind,” she said.

In 2011, Research Assistant Professor Sinclair worked on a research project which successfully reduced catheter-associated urinary tract infections and generated substantial cost-savings for the Albany Regional Hospital.

Correction

A reader has kindly pointed out that the Faculty of Dental Science was established in 1946, not 1954 as published in the previous edition of MeDeFacts.

Briefscope

A commitment to education, research, surgical innovation and mentoring in the field of otolaryngology as well as the founding of leading organisations has won Winthrop Professor Marcus Atlas, Head of the Ear Sciences Centre in the School of Surgery, a fine accolade.

He was awarded the Society Medal for Distinguished Contribution to the Art and Science of Otolaryngology Head and Neck Surgery at the Australian Society of Otolaryngology Head and Neck Surgery (ASOHNS) annual scientific meeting in Perth.

Professor Atlas, who is also Founding Director of the Ear Science Institute Australia (ESIA), is the author of a gold standard surgical education book used globally, conducts surgical dissection courses for hundreds of international surgeons, established the Avant Centre for Ear Nose and Throat Education and Research, and helped develop the silk patch for eardrum repair.

Professor Atlas said he had been fortunate to work with some outstanding people who had bought into the big idea and partnered to make a difference on the broader landscape. “For this, I am delighted and most grateful,” he said.

In 2011 he received the Australian Medical Association (WA) Award for his pioneering work in otolaryngology.
the word is out - Faculty in the news
Quoted as Saying

The West Australian

Research Associate Professor Andrew Whitehouse, of the Telethon Institute for Child Health Research (TICHR), is QAS that for the period leading up to conception, as well as the pregnancy itself, parents are advised to avoid using professional pest controllers in the home. She led a study that found parents exposed to pest control treatments in their home in the year leading up to, as well as during pregnancy, faced an increased risk of having a child with a brain tumour. “If you get a pest controller in for termites then the risk is two-fold higher than for other types of insect treatments,” she said.

The research, which looked at 303 cases and 941 control families Australia-wide, investigated brain cancer - the second most common type of childhood cancer — and exposure to pesticides used for termites, insects and spiders before and during pregnancy. Professor Milne said previous studies had found an increased risk during pregnancy but the Australian research went further, suggesting the risk also existed for pre-conception exposure. Professor Milne cautioned that the results did not mean pesticide exposure caused brain tumours in children. “We cannot possibly say what causes brain tumours in children — there are likely to be many causes,” she said.

The Senior (Brisbane)

Winthrop Professor Osvaldo Almeida, of the School of Psychiatry and Clinical Neurosciences, is QAS that the (projected) increase in dementia over the next 40 years may not be as dramatic as is currently expected, if his group’s research findings are correct. The eight-year study of more than 5000 Perth men aged 65-85 found the risk of dementia was about 30-40% lower among older men who used computers than among those who did not. “As the world’s population ages, the number of people experiencing dementia will increase to 50 million by 2025,” he said. Researchers wondered if computer use could make a difference. “We found that it did, and that there was a significant benefit,” he said.
Our medical quiz is kindly supplied by Emeritus Professor Bernard Catchpole, the second Professor of Surgery appointed to the Faculty.

1. What is the function of the arteria comites ischiadici?

2. Which Olympic contest of all is most likely to lead to injury of a participant?

3. One venous plexus seems to be very rarely a host to thrombosis. Which is it?

4. Obesity sometimes causes Meralgia paraesthetica. What is this?

5. Which vein drains the darkest of all venous blood?

Our graduates - their achievements

Stepping towards advanced podiatric surgery

By Dr Mina Azarian-Bala

Dr Mina Azarian-Bala, a graduate of the Faculty’s Bachelor of Podiatric Medicine degree, is in her third year of the Doctor of Clinical Podiatry course, which provides Podiatric Surgery training. Last year she spent three months in the US and was the first UWA registrar to take part in such a placement. She became the only Australian podiatrist to be personally trained by Dr L. Weil Jr to perform the Weil metatarsal osteotomy with plantar plate repair, a relatively new surgery technique.

As an undergraduate podiatry student keen on surgery, I turned to the most respected podiatric surgery text, the McGlamry’s Comprehensive Textbook of Foot and Ankle Surgery. It was always my dream to learn from great surgeons and years later that became a reality when I met Professor Dalton McGlamry himself and was taught first hand by other authors of this instrumental text.

First stop was the Podiatry Institute, founded by Professor McGlamry in Atlanta, Georgia. I started my placement with a week long surgery course which provided one-on-one training on the finer details of common forefoot surgical procedures. I was surprised to find that cadaver specimens were stored at the teaching facility where residents had access to them 24/7. I took advantage of this luxury and often stayed back carrying out dissections.

I then started my mini-residency where I shadowed Dr Craig Camasta and Dr John Ruch who have pioneered numerous surgical procedures. I had the opportunity to observe major reconstructive and paediatric foot surgeries, allowing me to learn procedures and techniques that I had not yet seen in Australia.

Next stop was New York, where an affiliation had been established between UWA and the New York College of Podiatric Medicine (NYCPM), the first and largest such college in the US. I was able to participate in surgical procedures and attend pre- and post-operative sessions because of the UWA affiliation. During my podopaediatric placement I saw more than 20 children a day with congenital deformities and was involved in their assessment and treatment process.

Next was the windy city of Chicago and the Weil Foot and Ankle Orthopaedic Institute, where I spent three weeks observing and participating in a variety of reconstructive podiatric surgical procedures. The “Weil” name is well recognised around the world. It was a once in a lifetime experience for me, assisting and learning from Dr Lowell Weil Sr and Dr Weil Jr. I was given the opportunity to actively participate not only in theatre but also in the post-operative care of the patients. The days were long at the institute as I was involved in the gathering of data for research and performing cadaver dissections for publication purposes.

During this placement I met some inspirational people and look forward to utilising the techniques that I learned throughout my career.

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.

Brain teaser: The basic Fibroblastic Growth Factor (b-FGF) is currently being assessed in a trial in Western Australia. Why?

WA orthopaedic surgeon Dr Peter Bath, said he found the teasers very interesting and posed one of his own.

If you found an avulsed finger in the gutter, how would you know if it came from the left or the right hand?

Answer page 16.

WITS ABOUT YOU

(Answers page 16)

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

1. What is the function of the arteria comes ischiadici?
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4. Obesity sometimes causes Meralgia paraesthetica. What is this?
5. Which vein drains the darkest of all venous blood?
Bridging generations - an unbroken line

The Denney family of dentists has set a record that has no chance of being broken. Three direct generations have graduated in dentistry from The University of WA with a Bachelor of Dental Science, the most recent being Frances who completed her degree last year. She is now working in a private practice in Applecross. Her father, Simon, graduated in 1982 and runs the Busselton Dental Clinic. The clinic was established in 1975 by his late father, Brian, who completed his degree in 1953, not long after the first crop of UWA graduands. Associate Professor Alistair Devlin, who was a mentor to many dental students but who sadly passed away recently, told Frances’ mother Kate that the record could not be repeated. “A new Doctor of Dental Medicine course, a graduate entry course, has commenced in 2013 and the last three cohorts of BDSc, (WA) students are now in their 5th, 4th and 3rd years,” he said. Mrs Denney said that her father-in-law sadly died in 2011. “He was keenly interested in Frances’ progress and really enjoyed discussing what she was doing at uni with her, giving her advice on proposed treatments,” she said. “On one of her placements in fifth year, Frances treated a patient who had previously been a patient of Brian’s when he was in Harvey and who was still wearing a denture Brian had made for him. She would have loved to have been able to share that story with him.” Mrs Denney said her daughter wanted to get more experience but might consider country practice in the future, perhaps at the family clinic. “Her father would love to welcome her and that would be a great succession plan, wouldn’t it?” she said.

Tackling mental health of medical students

By Lee Fairhead, WAMSS President

The same age group that makes up the majority of our medical students and tertiary students in general, 16-24 year-olds, has the highest 12-month prevalence of a mental disorder. From a medical student perspective, the numbers are alarming when you look around a lecture theatre and can say with confidence that probably a quarter of your peers have already experienced, or will at some time during their degree experience, mental distress. This may be a diagnosed and long-standing psychiatric illness or it may just be a period of psychological distress requiring extra support. It is a prevalent and important issue that must continually be evaluated and addressed and mental health is one of Australia’s eight National Health Priority Areas.

Despite their high burden of disease, youth are less likely to access services for mental health problems compared to other age groups. The Australian Institute of Health and Welfare reports that only 23 per cent of those aged 16-24 years with a 12-month mental disorder accessed health services in the preceding 12 months compared with 38 per cent for those aged 25 years and over. There has been a welcome increase in interest and research into medical student mental health in recent years following the revelations that medical students exhibit lower psychological wellbeing than their peers as they progress through their degree.

A few years ago, the WA Medical Students’ Society (WAMSS) recognised that all students need to be encouraged to be aware of the importance of maintaining their own mental health. To this end, WAMSS has focused on the “wellbeing” of students – an approach which emphasises promotion of health and contentment and supports the World Health Organisation definition of health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

WAMSS has two dedicated Wellbeing Officers who, for 2013, are fourth year students Rachel Oznane and Arusha Miceovich. They are responsible for a number of initiatives including a WAMSS handbook detailing the support, representation and events available to students and a weekly Temple of Wellbeing newsletter emailed to all students.

WAMSS also has a newly formed subcommittee, Students Passionate About Mental Health (SPAMH) that is dedicated to raising awareness about the link between mental health, general health and wellbeing. The group aims to reduce public stigma against mental illness and psychiatry and promote a positive perception of mental health within UWA, the medical community and the wider community. SPAMH’s signature event, the annual Q&A session is held in the second half of the year for students, doctors and the general public. Combined with the regular coffee clubs, “R U Ok Day” and mental wellbeing lectures, SPAMH is helping to change the way students engage with issues of mental health and wellbeing both as professionals and personally.

Nationally, WAMSS was also represented at the first Australian Medical Students’ Association (AMSA) Council of 2013 in Sydney. A Student Mental Health Policy was passed that will see AMSA advocate nationally for recognition and action on student mental health issues.

So, while the statistics are confronting, these positive programs are a healthy sign for the mental health of medical students, and youth in general. But perhaps all readers will take a moment to reflect on their own mental health and wellbeing and of those around them. After all, we are all of no service to our patients, friends and family, if we first do not look after our own wellbeing.

Answer to Points to Ponder on page 15

The hair on the dorsum grows towards the ulnar side.

Answers to the quiz on page 15

1. Provides the sciatic nerve with a blood supply.
2. Snow boarding (about 35% of participants).
3. The vertebral venous network.
4. Parasthetic pain in the distribution of the lateral femoral cutaneous nerve.
5. The coronary sinus.

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