The difference between medicine or not?

A desire to support education and encourage philanthropy has prompted the specialist cardiology practice Western Cardiology to initiate and fund a scholarship for an aspiring medical student at The University of WA.

The directors of Western Cardiology want to ensure a high academic achieving student who is experiencing financial hardship has the chance to achieve his or her dream of becoming a doctor. The generous $55,000 scholarship will support the student for seven years through a three-year undergraduate degree and the four-year post-graduate Doctor of Medicine (MD) degree.

UWA Clinical Associate Professor Mark Hands, an interventional cardiologist and Chairman of Western Cardiology, said the scholarship would be awarded to a student

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Predicting academic outcomes in medical students

The strongest predictors of a higher academic performance in a graduate entry medical course are threefold, the findings of new research show.

They include prior academic performance as assessed by undergraduate Grade Point Average (GPA) at entry and the GAMSAT (Graduate Australian Medical School Admissions Test) score.

The study by Winthrop Professor Ian Puddey, Dean of The University of WA’s Faculty of Medicine, Dentistry and Health Sciences (FMDHS) and Associate Professor Annette Mercer, also of the Faculty, found also that being from a health/allied health background was an independent predictor of stronger academic performance in both knowledge-based and clinically-based units.

The score from the standardised interview - offered to candidates with the highest GPA and overall GAMSAT scores - only weakly predicted performance later in the course and mainly in clinically-based units.

The researchers said graduate entry medical programmes (GEMPs) in Australia had increased from three in the early 1990s to about a dozen now.

The researchers said graduate entry medical programmes (GEMPs) in Australia had increased from three in the early 1990s to about a dozen now.

They undertook a six-month bridging course before joining the undergraduate-entry students for Years 3 through 6 of the medical course and were selected using their GPA, GAMSAT and interview scores - all equally weighted. Students could apply from any background discipline and could also be selected through an alternative rural entry pathway, again using these three entry scores.

The study found the association of total GAMSAT score with academic performance was predominantly dictated by the score in GAMSAT section 3 (reasoning in the biological and physical sciences), with section 1 (reasoning in the humanities and social sciences) and section 2 (written communication) also contributing either later or early in the course respectively.

Being an older student at entry, from a humanities background or from a more disadvantaged socioeconomic background predicted weaker academic performance, with the latter negative effect being more evident early in the course but attenuating as the course progressed.

The researchers said a careful evaluation of the predictive validity of selection factors for graduate entry into medical schools needed to comprehensively consider the background demographic factors

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who had accepted an offer of assured entry into the MD degree through the Broadway Pathway, which is for students from schools in lower socio-economic areas.

Clinical Associate Professor Hands emphasised the Western Cardiology Scholarship in Medicine had to mean the difference between whether the student did medicine or not. "We felt the situation of being capable of doing medicine, wanting to do medicine, being selected to do medicine and the only hooker being your finances would be a tragedy in what is a very competitive course to get into," he said.

"We considered the scholarship married well with what we feel about education and UWA."

The majority of the Western Cardiology specialists were UWA graduates and many had teaching appointments at the University. All were involved in teaching undergraduate medical students at the Western Cardiology practice, which was allied with the St John of God Hospital Subiaco, a teaching hospital, Clinical Associate Professor Hands said.

Each week there were at least four medical students, two from UWA and two from Notre Dame University. "The students can do 40 hours of cardiology under supervision a week," he said. "We run two operating theatres, three cardiology testing laboratories onsite, a coronary care unit, inpatient ward rounds and onsite outpatient rooms. The students attend all of these." Western Cardiology had students on rotation every term day throughout the year, with each student spending from two to eight weeks with the practice. The cardiologists also taught graduate doctors in their resident and registrar years.

Applications for the scholarship will be reviewed and the winner selected by the Scholarships committee at UWA. "We purposely don’t have anything to do with the selection other than the University assuring us that the student is truly financially disadvantaged and that it will make a difference," Clinical Associate Professor Hands said.

The cardiologists unanimously agreed that they had a social responsibility to help talented students receive an excellent education in medicine, as they did from their alma mater. Clinical Associate Professor Hands said he hoped other companies and big practices might follow the lead. "I consider this initiative is another step forward in making our society more philanthropic, which we underrate," he said. "If you get a community right across the board doing these things, then that is what can really make a difference."

The scholarship will be offered for the first time next year.

Treating a new mix of patients - a special program for therapists

Newly graduated oral health therapists from WA’s Curtin University are being given the chance to see a wide mix of patients, including those seen by specialists, thanks to a new national scheme in which the Oral Health Centre of WA (OHCWA) is participating.

The Oral Health Therapist Graduate Year Program (OHTGYP) scheme is now underway. The state government Dental Health Services (DHS) are the host provider, with OHCWA offering a placement for therapists to provide access to a wider range of duties.

OHCWA General Manager, Mr John Cochrane, said oral health therapists in their first year of practice could work in private general or specialist practice as well as government adult clinics or within the School Dental Service.

"They have had a wide scope of practice since the training program expanded to a three-year Bachelor degree, which includes the dental disciplines of both restorative and periodontal dentistry as well as orthodontic procedural work under the direction of dentists," he said.

Within DHS, oral health therapists usually treated only general dental patients seen in the DHS clinics or children within the School Dental Service.

But the new graduate program, funded by the Federal Health Department, would allow each of the four registrars in WA to undertake an eight-week rotation at OHCWA this year.

"Here we have them as part of the periodontics program so they will see patients who are referred to us because they have gum disease," Mr Cochrane said.

"They will also treat patients in the other dental specialties such as orthodontics where they work alongside orthodontists to manage the care for patients.

"They will have the opportunity to observe specialist procedures such as placement of implant substructures used to support a replacement dental crown when a tooth is lost and will visit the OHCWA annexe and observe
By Winthrop Professor Ian Puddey, Dean

Education Futures Vision

In the middle of May, UWA launched its Education Futures Vision designed to build on best practices already in place together with encouraging new initiatives in teaching and learning. A wonderful series of short movies was prepared for the launch to highlight impressive teaching innovations already in place and I strongly encourage you to visit the website (www.education-futures.uwa.edu.au). You will find that four of the 20 movies on offer have arisen from initiatives within the Faculty of Medicine, Dentistry and Health Sciences. Teaching innovation by passionate and creative teachers has long been a part of health professional education and, under the leadership of the staff in our Education Centre, continues to be a vital feature of the teaching and learning landscape in this Faculty.

Annually we get to celebrate both our teachers and the quality of several of their teaching initiatives in our Excellence in Teaching Awards ceremony. This year it was held at the new University Hall and on arrival I felt like I was at the opening of a new exhibition at an art gallery. This was because some really exceptional pieces of art from our first year MD students were on display. As part of the Aboriginal Health component of their Foundations unit, they had been asked to deliver a piece of art that demonstrated their understanding of the historical, cultural and social issues that have shaped the current inequities in health outcomes for Aboriginal people. It was an assignment which took many of the students a long way out of their usual comfort zone. One of the students standing in front of his really exceptional artwork told me that this was the first time he had painted on a canvas and was clearly proud of the final result. The assignment has been one of the best evaluated components of the Foundations unit and Assistant Professor Craig Allen and his fellow staff at the Centre for Aboriginal Medical and Dental Health are to be congratulated on what I am sure will now become an annual component in the MD program, let alone the Excellence in Teaching Awards ceremony. The ceremony also provided an occasion for many staff to meet for the first time with our newly appointed Senior Deputy Vice Chancellor, Dawn Freshwater. With a professional and academic background as a mental and general health nurse, she feels a natural kinship with this Faculty and its teaching and learning agenda. In an address, she reminded Faculty of the transformative value for our community of their leadership in health professional education and research.

Innovative teaching

The curriculum content in each of our health-related disciplines is an ever evolving beast and so the opportunities for innovation in our teaching methods and delivery will always be present. In reflecting on the last decade, I think the two major advances have been the development of a much more integrated rather than discipline specific approach to teaching together with the institutionalisation of a highly collaborative and cooperative learning environment. Active small group learning is now the standard across the health related disciplines and prospects for increased inter-disciplinary learning have grown as the Faculty has moved from its medicine, dentistry and health science degree base in 2005 to now count nursing, pharmacy, podiatric medicine and social work amongst its graduate degree offerings. The Community Partnership of Learning and Care program, which received an Excellence in Teaching Award for programs that enhance student learning, is a shining example of this. It is based at the re-furbished former Bethanie Joondanna Nursing Home and is led by Associate Professor Rosemary Saunders and her team within the discipline of nursing. It focuses on clinical care and training in an institutional care environment and we now have an Aged Care Clinical Training Centre where training of nursing, medical, social work and podiatric medicine students can occur in partnership within an aged residential community.

We look forward to what changes the next decade will now bring to the teaching and learning environment in this Faculty. Being a part of the UWA Education Futures Vision with its focus on engaging and challenging students, maximising the integration of research experiences into teaching, enhancement of experiential learning opportunities and implementation of the best in learning technologies will be a vital component in maintaining our ongoing teaching excellence.
Is practice making perfect? The effects of practice in a high stakes selection test

Re-sitting the UMAT (Undergraduate Medicine and Health Sciences Admission Test) improves performance in each of the three sections as well as the overall score, raising questions as to whether practice effects are in play, a new study has found.

Lead researcher Winthrop Professor Ian Puddey, Dean of UWA’s Faculty of Medicine, Dentistry and Health Sciences (FMDHS), said there was a need to determine whether improvement on re-sitting was due to an improvement in performance or an improvement in understanding of the variables, and therefore competence.

“If the latter, then of course you would not discourage re-sitting,” he said.

If the former, improved performance on re-sitting raised potential issues of inequity in student selection for medical or dental schools in Australia and New Zealand.

Professor Puddey and a co-researcher, Associate Professor Annette Mercer, also of FMDHS, have received a grant from the UMAT Consortium universities to examine this question in detail, in collaboration with Winthrop Professor David Andrich and Dr Irane Styles, both of UWA’s Graduate School of Education.

The four researchers conducted an initial study “Practice effects in medical school entrance testing with the Undergraduate Medicine and Health Sciences Admission Test (UMAT)” and are now undertaking a more detailed psychometric study.

They said there was a rapid expansion and increasing popularity of commercially available preparation courses for the UMAT and coaching in Australia was reportedly as high as 65% of all candidates.

The admissions test is widely used for selection into undergraduate medical and dental courses in Australia and NZ and is sat by about 15,000 students each year. It tests aptitudes thought to be especially relevant to medical studies and consists of three sections – logical reasoning and problem solving (UMAT-1), understanding people (UMAT-2) and non-verbal reasoning (UMAT-3).

Being male, younger, from a non-English language speaking background, from NZ and, for Australian candidates, being urban rather than rurally based, were all predictors of re-sitting the UMAT twice or more.

“With respect to high stakes selection such as for medical or dental school selection, re-sitting of admission tests is common,” the researchers said. Some candidates have been known to sit the test six times.

Between 2000 and 2012, 158,909 UMAT assessments were completed. There were 135,833 cases where a candidate had sat once or more, with 86.5% having sat once, 10.9% having sat twice, 2% thrice and 0.6% four or more times.

The biggest increase in total UMAT score occurred between the first and second sits. There was a further significant increase in score at the second re-sit but no further increment with subsequent re-sits.

For those who sat at least twice, the total UMAT score between a first and second attempt improved by 10.7 percentiles, both UMAT-1 and UMAT-2 by 8.3 percentiles, and UMAT-3 by 7.7 percentiles.

The practice effects might warrant reconsideration in current approaches to medical student selection in Australia and New Zealand, the researchers said.

An increase in total UMAT percentile score on re-testing was predicted by a lower initial score and being a candidate from NZ rather than from Australia while a decrease was related to increased length of time since initially sitting the test, older age and non-English language background.

In another study titled “Socio-economic predictors of performance in the Undergraduate Medicine and Health Sciences Admission Test (UMAT)”, researchers Winthrop Professor Ian Puddey and Dr Annette Mercer found a direct relationship between socioeconomic background and performance by Australian candidates in the UMAT.

Those with increased socioeconomic advantage and reduced disadvantage did better.

“This observation provides a firm foundation for selection processes at medical schools in Australia that have incorporated affirmative action pathways to quarantine places for students from areas of socio-economic disadvantage,” they said.

Their study also found lower scores in those who self-identified as being of Aboriginal or Torres Strait Islander, older candidates, females and those speaking any language other than English at home. Higher scores were evident in those from fee-paying independent schools compared to government schools.

More findings

Previous research by Winthrop Professor Ian Puddey and others has shown:

* Older medical students are more likely to serve in rural areas and communities of disadvantage after graduation.

* Performance in the interview - in contrast to performance in theATAR (Australian Tertiary Admission Rank), UMAT and GAMSAT - is not linked to any index of socioeconomic advantage or disadvantage.

Communication skills score as assessed at interview is consistently linked to performance in the clinical years of the MBBS course and, at UWA, also the dentistry (Bachelor of Dental Science) course.

* Previous academic achievement and female gender are consistent predictors of MBBS course outcomes.
Predicting academic outcomes in medical students

Continued from page 1

that might impinge on the initial selection parameters as well as the subsequent academic performance.

“The high-stakes nature of the GAMSAT as a major criterion for potential selection of candidates for interview for medical school admission demand that it continue to be appropriately validated as a selection instrument for graduate-entry programmes,” they said.

The Faculty moved this year wholly to a postgraduate Doctor of Medicine (MD) course, which replaces the undergraduate medical and GEMP courses. Selection of graduates is based on the GPA, GAMSAT and interview.

Professor Puddey said through the combined use of GAMSAT, interview and GPA, together with quarantined places for disadvantaged groups (rural, indigenous, those from socioeconomically disadvantaged schools), the Faculty was achieving an increase in the diversity of each medical cohort.

“We are recruiting from the whole of the community to serve the whole community,” he said.

You can’t be what you can’t see

Yarning with the WA community about the opportunities for Aboriginal people to pursue careers in medicine, dentistry and other health sciences is high on the agenda of the new Director of the Centre for Aboriginal Medical and Dental Health (CAMDH).

Winthrop Professor Dawn Bessarab said her goals included increasing CAMDH’s profile in the community, promoting a new advanced diploma that acts as a bridging course into the health professions, and upping the research output.

In a bid to raise awareness about CAMDH, her team will go out to workplaces to talk to Aboriginal people employed in the health sector, such as in Aboriginal organisations and services, medical organisations, the Health Department, and areas involving social work, such as the Department for Child Protection.

She has already had requests from Aboriginal education workers to talk to primary school students and sow the idea that they could consider becoming doctors or dentists or other health professionals.

“The target has been in the past to target Aboriginal students in high school but I think we need to perhaps target the primary schools as well,” she said.

“If people aren’t talking to our young kids in school about their aspirations, then they can’t be what they can’t see.”

Professor Bessarab, who is a social worker and researcher, stepped into her new role last November from Curtin University for at least two years while the previous Director, Winthrop Professor Helen Milroy, is on secondment to the Federal Government’s Royal Commission into Institutional Responses to Child Sexual Abuse.

Professor Bessarab aims to continue the excellent work of CAMDH since its inception in 1996.

The new post-graduate medicine and dentistry degrees will impact on her role.

“It is about how we increase the number of Aboriginal applicants into the courses,” she said.

This year CAMDH launched a new Advanced Diploma in Medical and Aboriginal Health Sciences, a full-time 12-month diploma which serves as a bridging course for mature-aged Indigenous students - who have a level four qualification in primary health care or have two years of full time experience working in the health field - for entry to postgraduate professional health sciences degrees such as medicine, dentistry, social work, podiatric medicine, nursing or Aboriginal health.

Professor Bessarab said CAMDH’s work was not only for Aboriginal students but also non-indigenous students.

“It is about creating a space that can support not just students’ knowledge of medicine but how medicine relates to and is very important for Aboriginal people,” she said.

From her health research, she has found that many Aboriginal people have difficulty in accessing health care, in understanding what the doctor tells them, and in understanding their medications.

“The students are here to become doctors so the clinical side is really important but I think just as important is understanding the social aspects,” said Professor Bessarab, who is not only heading CAMDH but also lecturing and tutoring in the Advanced Diploma.

With a strong research record to her name, she is keen to increase the research focus of CAMDH and encourage more students to take on an Honours, Masters or PhD degree.

And CAMDH is keen to work in close collaboration with the new UWA Poche Centre for Indigenous Health in its three research areas of children’s health, mental health and chronic disease.

- By Cathy Saunders
Innovative teaching in the Faculty

Faculty academics have garnered numerous awards nationwide and from The University of WA for their teaching, says Faculty Dean Winthrop Professor Ian Puddey. They have also attracted considerable funding for infrastructure and original programs, he said.

The Dean was giving the keynote address at the Excellence in Teaching Awards ceremony last month at University Hall, where 10 winners from 28 nominees were presented with their awards.

Two examples of the innovations in pedagogy that are occurring across the Faculty were showcased at the event, which was hosted by Professor Sandra Carr, Faculty Associate Dean (Teaching and Learning).

A video was shown highlighting a clinical learning program, “Beyond the Teaching Nursing Home – A Community Partnership of Learning and Care”, produced by the School of Population Health in conjunction with the Bethanie Aged Care Facility.

It was one of 20 videos capturing outstanding teaching practices across The University of WA produced as part of the university’s Education Futures Project.

The video can be seen at http://www.youtube.com/watch?v=3fLxRMIaxQ&feature=U-o-overview-vi&list=PLD31E0E48AB1E4CA3

Program co-ordinator Associate Professor Rosemary Saunders received the award for “Programs that Enhance Student Learning” for the program at Bethanie.

The other innovation was a display of artwork by 17 first year medical students. They were selected from the entire year group, who were asked to submit a piece of Indigenous health-themed art as part of their assessment for the Aboriginal Health Foundations unit.

Assistant Professor Craig Allen, of the Centre for Aboriginal Medical and Dental Health, said they had been overwhelmed by the enthusiasm, vigour and passion with which the entire year of students had undertaken the assessment.

And Professor Puddey commented that someone admiring the art had remarked that perhaps many of the medical students had chosen the wrong course.

“I would suggest an alternative hypothesis,” the Dean said, quoting a literary reference advocating that to properly understand people, it is necessary to get inside their skin and walk around in it for a while.

Nominations for the 2015 Excellence in Teaching Awards are now open. If you know someone who deserves to be recognised for contributions to enhancing the teaching and learning experience within the Faculty, please visit the awards webpage to lodge a nomination: www.meddent.uwa.edu.au/staff/teaching/awards. Nominations close November 1.

The Outstanding Contribution to Student Learning Award went to Professor Stuart Bunt and was presented by recently-appointed Senior Deputy Vice Chancellor Professor Dawn Freshwater. Professor Bunt also received the award for Excellence in Teaching - Small Group Teaching on Campus.

Three academics received commendations. An interesting addition to the annual event was an exhibition of impressive artwork from first year medical students.

Professor Puddey reflected on the nine-and-a-half years he has led the Faculty, the substantial changes he has overseen in teaching and learning, and his aspirations for future directions in those areas.

He outlined the changes with respect to who, how, what and where the Faculty teaches.

The 2014 Excellence in Teaching Awards

1. Associate Professor Kellie Bennett
   Individual Teaching (UWA Staff)

2. Dr Yong Yau (Paul) Chia
   Individual Teaching (Non-UWA Staff)

3. Professor Sean Hood
   Small Group Teaching in a Clinical and/or Practicum Setting (UWA Staff)

*Commendation: Assistant Professor Helen Dugmore

4. Dr Katrina Calvert
   Small Group Teaching in a Clinical and/or Practicum Setting (Non-UWA Staff)

5. Professor Stuart Bunt
   Small Group Teaching on Campus

*Commendation: Assistant Professor Zaza Lyons

6. Assistant Professor Xeubin (Ricky) Chen
   Early Career

7. Associate Professor Cornelia Locher
   Postgraduate Coursework Teaching

8. Professor Ruth Ganss
   Research Supervision

9. "Beyond the Teaching Nursing Home – A Community Partnership of Learning and Care" - represented by Associate Professor Rosemary Saunders for Programs that Enhance Student Learning: Educational partnerships and collaborations with other organisations.

*Commendation: The Voluntary Graduate Dental Year Program – represented by Associate Professor Erica Yates for Programs that Enhance Student Learning: Educational partnerships and collaborations with other organisations.

10. Professor Stuart Bunt
    Outstanding Contribution to Student Learning
International Links

From tailor-made cell scaffolds to hip replacements - boosting research

The latest in 3D printed body parts and bio-scaffolds for prostheses were on the agenda when a Faculty research team visited China and Hong Kong in April.

Winthrop Professor Jiakai Xu, of the School of Pathology and Laboratory Medicine, and Winthrop Professor Minghao Zheng and Associate Professor Nathan Pavlos, both of the Centre for Orthopaedic Research in the School of Surgery, were part of a seven professor delegation to promote collaborative musculoskeletal research. The other professors were from the University of Adelaide (Professor David Findlay and Associate Professor David Haynes) and the University of Sydney (Professors Hala Zreiqat and Christopher Little).

Associate Professor Pavlos said the team attended symposia co-chaired by Professor William Lu and Dr Haobo Pan and undertook site visits at the University of Hong Kong and the Shenzhen Institutes of Advanced Technology in the Chinese Academy of Sciences during the week-long visit.

The meetings showcased diverse topics such as 3D printing of composite bio-scaffolds for regenerative medicine, particularly in orthopaedics.

The science of 3D printing, or biofabrication, involves printing custom-made scaffolds using bio-ink (tissue-friendly inks containing key ingredients of living tissues) and the patient’s cells to grow human tissue.

“3D printing is one of the major advances in tissue engineering at the moment,” Associate Professor Pavlos said.

“We can tailor-make particular shapes and composites of these cell-based scaffolds in order to promote cell growth, in particular bone cell growth, to use them for fracture repair, or autologous grafts for healing of large fractures, or when a tumour has been removed.

“We are looking at ways these can be tailor-made for craniofacial injuries as well.”

Modifying the surface of orthopaedic implants using nanoparticles, for example, to better stabilise them and promote growth was another topic.

Other highlights were new agents to stimulate bone and vascular formation, innovations in orthopaedic biomaterials design, the discovery of new anti-osteoporosis agents, autologous chondrocyte implantation which is a biomedical treatment that repairs cartilage damage, and regenerative medicine applications.

The delegates also discussed how to use multidisciplinary skills from an orthopaedic, engineering and basic molecular and cell biology perspective to improve research.

One of the several successes of the trip, which was spearheaded by executive members of the Australian and New Zealand Orthopaedic Research Society, was the establishment of the China-Australia Musculoskeletal Alliance to promote research collaboration addressing major issues in musculoskeletal conditions.

Associate Professor Pavlos said examples of such issues were osteoarthritis and the resulting need for hip and other joint replacements, and tendon and cartilage replacements.

“The aim of the collective alliance is to maximise research strengths and accelerate a lot of the research to take it from the bench to the bedside,” he said.

“We are quite excited about looking at moving forward into fostering a strong relationship between China and Hong Kong and Australia and seeing if we can advance orthopaedic research. They have some world class institutes.”

Another aim was to develop some scholarship-based programs for PhD students and senior researchers.

“We are hoping to develop a collaborative exchange program where students come to various sites for a period of time to see how we approach the same questions with a different set of tools and try to apply that back to their own research in China and Hong Kong,” Associate Professor Pavlos said. This could then be reciprocated by China and Hong Kong.

The team is looking to start the program over the next 12 months with 5-10 students visiting a couple of universities in Australia. They may be partly funded through scholarships from the Australian and New Zealand Orthopaedic Research Society, of which the visiting team are all members.
Good news on breast cancer

A microscope-in-a-needle, a hotline lifestyle intervention for cancer survivors, and a seed to pinpoint impalpable breast cancers are among the research projects being conducted through the School of Surgery. Winthrop Professor Christobel Saunders, Deputy Head of the School of Surgery, and her team are tackling the specific issues facing women diagnosed with breast cancer, researching them from a wide variety of angles.

Professor Saunders said more than 15,300 women would be diagnosed with breast cancer in Australia this year. Almost 3000 women and about 25 men would die from the disease, making it the second highest cause of death in the country. “The good news is survival rates have soared over the last two decades, mainly due to research into new and better treatments and, to an extent, better diagnosis,” she said. “Also, the good news is that we are increasingly recognising the importance not just of surviving cancer but of living well after cancer. Thus the importance of research into ‘survivorship’ issues such as side effects of treatment, fertility after cancer and psychosocial concerns.”

Some of her team’s collaborative projects being undertaken through the School at the QEII Medical Centre are in these two pages.

Exercise and the brain

The potential role of exercise in lessening cognitive impairment brought on by chemotherapy in breast cancer patients is being researched. Titled Exercise in the management of cancer: evaluating physiological, health economic and biomedical determinants, it is a collaboration with Dr Prue Cormie, Senior Research Fellow at the Edith Cowan University Health and Wellness Institute. They have a grant to obtain data/results for a funding application.

Helpline for cancer survivors

A project to evaluate the integration of an evidence-based, broad-reach, telephone-delivered lifestyle intervention for cancer survivors (the Healthy Living after Cancer program) into the Helpline service offered by the Cancer Councils started this year. The overarching goal is for the service to be integrated into survivorship care.

Professor Saunders is an associate investigator on the project which won a $1.2 million National Health and Medical Research Council grant and is being conducted through the University of Queensland.

A team has been assembled with Cancer Council partners in NSW, Victoria, WA and SA, plus consumer advisors and a multidisciplinary group of investigators with world-leading expertise in lifestyle interventions in cancer survivors and in translational research. The project will be conducted over five years in three phases.

The seed of an idea

A seed which appears to improve the pinpointing of impalpable breast cancers for tumour removal is a technique being studied by a team headed by Professor Saunders.

One of the commonest techniques for preoperative localisation of such cancers relies on hook-wire insertion but it is flawed and may be partly responsible for current re-excision rates, which range from 20-60%.

Hook-wires need to be inserted on the morning of the day of surgery, can move and using them to guide optimal tumour removal can be difficult.

Intra-operative ultrasound has been shown to reduce re-excision rates but at least 30% of impalpable cancers will not be visible with ultrasound and require another form of image guided localisation.

A new method where a low dose iodine 125 seed is inserted into impalpable cancers using ultrasound or stereotactic guidance and then located in theatre using a gamma probe has been shown to be promising.

The team is performing a randomised clinical trial at Royal Perth and Sir Charles Gairdner Hospitals to evaluate whether radio-occult lesion localisation using iodine 125 seeds (ROLLIS) can produce better outcomes - including re-excision rates, health care costs, patient satisfaction and cosmesis - compared with the use of hook-wires.

The seed can be inserted up to four days ahead of surgery, which may improve efficient use of theatre lists.

Dr Donna Taylor, Clinical Senior Lecturer in Surgery, is a co-investigator.

Microscope-in-a-needle

The world’s smallest hand-held microscope-in-a-needle, which can display 3D images detailed enough to detect cancer, has been developed and tested by a collaborative team. The humble hypodermic needle, employed as a high-tech device, will help guide surgeons to perform better, safer breast cancer surgery. The device was developed in the Optical and Biomedical Engineering Laboratory in UWA’s School of Electrical, Electronic and Computer Engineering, led by Winthrop Professor David Sampson who has pioneered the use of light in non-invasive medical diagnostic and treatment techniques, in collaboration with Research Associate Professor Robert McLaughlin. It has been tested by Professor Saunders during breast cancer surgery.

The new tool for intra-operative tumour margin assessment has led to the team being short listed as finalists in the ANSTO Eureka Prize for Innovative Use of Technology in 2012 and 2013.

The project is one of a number that Professor Saunders is working on, in collaboration with the two researchers, looking at minimally invasive diagnosis and treatment. Another such project is “Pre-operative assessment of neoadjuvant therapy for breast cancer using optical coherence tomography”.
Pregnancy and breast cancer

Pregnancy during or after a breast cancer diagnosis is the subject of an important research project.

Breast cancer in pregnancy is an uncommon condition. There is limited experience among individual practitioners in treating breast cancer diagnosed during pregnancy and little information about what is the best management for the mother or the expected outcomes for the mother and her baby.

Professor Saunders has teamed up with Research Assistant Professor Angela Ives, of the Cancer and Palliative Care Research and Evaluation Unit in the School of Surgery, Associate Professor Elizabeth Eakin, of the University of NSW, and others to undertake the research.

Following consultation with consumers and involvement of national collaborators in obstetrics, oncology and breast cancer care, the first Australian and New Zealand study of the incidence, management and outcomes of breast cancer in pregnancy will be conducted using data primarily collected by the Australian Maternity Outcomes Surveillance System (AMOSS), a proven model for studying rare and serious complications in pregnancy.

A study will also be conducted to give a much needed "voice" to the significance of being pregnant with breast cancer from the perspective of the women who have experienced it.

Knowledge generated from this project will provide an evidence base for consumers, as well as guidance for obstetricians, oncologists and other allied health professionals about the diagnosis, management and outcomes of breast cancer experienced during pregnancy and about making important decisions on maternal and fetal care.

Following on from this, an international trial aimed at young women with breast cancer who wish to attempt pregnancy after their diagnosis (the POSITIVE trial) is about to be launched by Professor Saunders in WA. It is being supported by St John of God Hospital.

More research

Other areas of research include:

- Novel breast cancer risk reduction strategies, particularly for BRCA1/2 mutation carriers.
- Understanding the relationship between breast density observed on mammograms, breast MRIs and ultrasound appearances to aid clinical interpretation of breast MRI images and improve the usefulness of breast MRI as a breast cancer screening tool.
- Ways to address the lack of high quality, tailored information available to young women and their families to improve decision-making and quality of life.
- Improving the poor outcomes in Australian cancer patients living in rural and remote areas. The Improving Rural Cancer Outcomes (IRCo) project is in collaboration with Winthrop Professor D’Arcy Holman, Chair in Public Health in the School of Population Health, and others.
- Is the implementation of a routine screening program for distress effective in reducing patient distress? A pilot study examining the impact and efficacy of a screening program intervention for distress on patient outcomes in oncology has received a small grant with Dr Toni Musiello in the area of psycho-oncology.
- Establishment of a national tissue bank of matched primary breast tumours and metastases obtained at autopsy for research aimed at reducing mortality from breast cancer. The researchers have a collaborative grant with the Peter MacCallum Cancer Centre in Melbourne.
- Epigenetic tailoring of the breast cancer genome: novel targeted therapies for recalcitrant breast cancer, led by Associate Professor Pilar Blancafort at the School of Anatomy, Physiology and Human Biology at UWA.
- Do guideline adherent multidisciplinary treatment and patient compliance improve survival and recurrence for women diagnosed with breast cancer? This is funded by two small grants and is a collaboration with Dr Neli Slavova-Azmanova of the Cancer and Palliative Care Research and Evaluation Unit.
- The Inherited Cancer Connect Partnership (iCon) is a multidisciplinary group of clinicians and scientists who are focused on improving the outcomes of people with rare inherited cancer syndromes.

Translational research

Professor Saunders is passionate about translational research and has played a leading role in a national group in successfully applying for the introduction of a Medicare item number for MRI as a screening tool for high risk women for breast cancer and to assess the local extent of the disease.

She has also submitted a new application for a Medicare item number to use MRI in local staging of breast cancer and to monitor neo-adjuvant treatment response. The proposal within this application is to offer improved local staging and/or early treatment monitoring and planning, and the use of MRI guided biopsy in patients with the use of MRI to screen high risk women for suspected breast cancer where the lesion is only identifiable by MRI. Breast MRI is not currently listed on the MBS for these purposes and this application is for five new MBS items for women of any age who have been diagnosed with breast cancer.

She is undertaking a second application to Medicare for an item number for a new procedure which delivers targeted radiotherapy intra-operatively rather than numerous times for up to several weeks. This application is based on results published in the Lancet from the TARGIT trial on which she was chief investigator with Clinical Professor David Joseph, also of the School of Surgery.

The Faculty of Medicine, Dentistry and Health Sciences

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Breathing new life into clinical psychiatry

When Winthrop Professor Aleksandar Janca was appointed Head of the School of Psychiatry and Clinical Neurosciences in June 2006, he visited a colleague in Victoria who had spent 19 years in the equivalent position at Melbourne University.

The professor is now stepping down and will hand the baton to Professor Sean Hood this month. At his first staff meeting as Head of School, Professor Janca said his leadership would be based on two principles - transparency and consultation.

After one year, he had to conduct a Professional Development Review of his senior staff members. Although he was not obliged to include it in such a review, he surprised his staff by asking all of them separately to assess briefly his own performance as Head of School.

“Most of them were very complimentary but one of my colleagues asked me, ‘Would you really like me to tell you? ’,” Professor Janca says.

His staff member told him, “If you want me to be honest, I don’t like your declared principles of transparency and consultation. These principles are typical of so-called horizontal leadership. I come from a country where leadership is vertical, meaning you’ve got a leader who tells you what to do and takes responsibility for that.”

Professor Janca says he found the comments strange but he learned from them that even best principles may sometimes be seen from a different angle.

“And I think it is good that you can challenge and question things. But it made me think that even the best of intentions might be the road to hell,” he says with a laugh, adding that it did not change his leadership style.

The professor says he feels his greatest success as Head was the establishment of a number of senior academic positions at no cost to The University of WA.

“That was done by persuading hospitals to convert clinical positions of consultant psychiatrists into half academic, half clinical,” he says.

“That wasn’t easy because they felt they would lose half of a consultant. At the same time, they understood that having an academic psychiatrist is of great benefit because such a person brings new life and gives them an opportunity to get involved in something interesting such as research, teaching and so on.

“I think that having an academic changes and enriches the atmosphere. It increases attraction and retention of staff and increases morale.”

Professor Janca also developed a very good relationship with the Mental Health Commission and secured funding from it for the School.

He says he had stayed on because he liked challenge, learning about his colleagues and being able to help them, and learning more about himself and how to deal with certain...
From Africa to China - the experiences of medical students

A fascinating account of an experience in Uganda has won a final year medical student this year’s Alan Charter’s Elective Prize.

Hsern Tan talked about his five weeks in Kisiizi Village, Uganda at the PathWest infectious diseases breakfast seminar held on May 1, where the three finalists gave presentations on their elective placements.

He won the $1000 first prize, which is sponsored by Dr Miles Beaman of Western Diagnostic Pathology.

The runners-up, who each received $250, were Ms Madelene Kannegiesser-Bailey for “Modernisation on the Silk Road: is China’s health system ready?” and Ms Usha Manickavasagar for “Behind the smiles of Swaziland”.

The new donors of the runner-up prizes were Drs Cathy and David O’Donovan. Dr Cathy O’Donovan is from the MBBS class of 1963 and knew Alan Charters when she was a young medical student. She was one of only four women who graduated in medicine in her year. She began her training in anaesthetics and later moved to general practice after the birth of her children.

Her husband David had a successful career in obstetrics and gynaecology.

The judges were Dr Miles Beaman, Clinical Professor David W Smith and Associate Professor Ben Clark, all of the School of Pathology and Laboratory Medicine.

The prize is in honour of Dr Alan Charters, who taught and practised medicine in East Africa and WA and had a lasting interest in parasitology and tropical medicine.

When spider webs unite, they can tie up a lion - lessons from Kisiizi, Uganda by Hsern Tan

Practising medicine in Kisiizi Hospital was an interesting experience to say the least.

I rotated across all the wards spending time in the general medical ward, the isolation ward (for TB, malaria, and atypical pneumonia cases), paediatrics, maternity, surgical, and outpatient department.

Often in the villages, the sick would see the witch doctor or the tribal elder who would give remedies often composed of roots and herbs.

Unfortunately, this only seemed to delay their presentation to Kisiizi Hospital, by which time it was too late to help them.

Having a keen interest in surgery, I spent a significant amount of time in the surgical theatre under the supervision of one general surgeon, Mr Gabriel, and an obstetrician, Mr Okumu.

I was constantly surprised at the wide variety of cases that would be covered by the one surgeon. Mr Gabriel would complete an appendicectomy, then move onto a paediatric sequestromy for chronic recurrent osteomyelitis, then onto an adult third degree burns case before finishing at lunchtime on a open radical prostatectomy. The title “general” surgeon remained true to its name.

I was also very fortunate to perform 20 or so spinal epidurals and intubations, as well as assist at and perform a lot of the surgeries. One of my most memorable highlights was the opportunity to perform skin graft surgery on an 11-year-old girl with Turner’s syndrome who sustained her burns after having a fit and falling into a fire.

There was however, one thought that troubled me upon returning to Perth.

We can go and volunteer in a third world country to help for one week, set up a clinic and diagnose a few “cool cases”, give out some medications, or as a surgeon, we can complete a list of 25 surgeries in one week before returning back home.

But what have we left behind? The issues still remain – the antibiotics will run out for the young girl, and she may eventually die of dehydration, malnutrition, diarrhoea, or other preventable diseases simply as a result of the poverty.

Even if she were to survive, it would be unlikely she would go on to receive a proper education and she is almost destined to live life in a vicious cycle of poverty.

My conclusion that I have arrived at is that helping those in need and creating progress in third world nations is a gradual process that requires long-term effort.

We need to find a way we can each contribute and do so with long-term intentions, because short-sighted attempts will fall short and not produce real progress.

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Hi-fi mannequins, volunteers and community members all pitch in

A change of name, a new simulation centre and a visit from government Ministers were highlights in April for the former Combined Universities Centre for Rural Health (CUCRH).

Federal Assistant Minister for Health, Senator Fiona Nash, joined the State Minister for Regional Development, Terry Redman, to open a newly constructed education and simulation centre (EdSIM) for the WA Centre for Rural Health (formerly CUCRH) in Geraldton.

The new health simulated learning facilities, which are now fully operational, received $2.5 million in Federal funding and $1.172 million from Royalties for Regions funds.

The EdSIM Centre is equipped to cater for the education and training needs of the local rural health workforce, undergraduate students completing placements, and the wider community and youth in developing health literacy and aspiring to future health careers.

Programs specialise in inter-professional team development as well as specific clinical skills and scope of practice. The Centre uses high fidelity mannequins, volunteers and community members with health care needs to simulate situations that healthcare professionals may encounter during their rural careers.

Senator Nash said the EdSIM Centre offered medical, nursing and allied health students the opportunity to practise their clinical skills in a rural environment, encouraging them to consider a rural career.

Simulated training was an innovative and affordable way to break down the distance barriers in training and helped complement face-to-face patient interaction.

“Providing education, training and support to students and rural health professionals is vital to providing better care and health outcomes for Australians living in rural and remote areas,” she said.

Minister Redman said the EdSIM Centre would improve local quality of life, increase social equity and enhance economic diversity and productivity.

“Education and health services are a critical factor in encouraging locals in the Midwest to stay and can also encourage people who live in Perth to move to the region,” he said.

Director of the WA Centre for Rural Health, Winthrop Professor Sandra Thompson, said the opening was testament to the importance of collaborative health education programs in the region.

“To have such high profile politicians pledge their support to the programs we deliver, and can deliver in the future, through the EdSIM Centre demonstrates a strong belief in the work that we do in supporting our rural health workforce and providing unique and meaningful experiences to our students, in the hope that they will choose to continue their professional careers in the country,” she said.

“There is a myriad of programs rolling out through the EdSIM Centre, thanks to funding we received through Health Workforce Australia, which allowed us to develop our skills and programs even before the building was opened. Our student numbers and programs have almost tripled since last year.”

Student Health Academy

Encouraging high school students to consider health careers early is an aim of the Health Student Academy program run by the WA Centre for Rural Health (WACRH).

The inaugural Academy took place over two days in Geraldton in February and March. Twenty-four students from all secondary schools in Geraldton got a taste of options available to them in the health industry, met a number of local health professionals and gained a variety of practical skills, such as basic life support certification, suturing, sports strapping, and plastering.

Participants also toured local health services and had the chance to network with university students completing their clinical placements in Geraldton and find out about courses and university life.

WACRH’s Clinical Education Manager, Assistant Professor Kathryn Fitzgerald, said the Centre was now maximising its capacity to enhance its rural health career programs.

“While we have consistently run half-day career expos for the past four years, the scope of the Academies were broadened extensively to give the students a rich, insightful experience of what it’s like to be a health professional working in rural WA,” she said.

“Not only do they get hands-on during the various skills sessions but they also get a better idea of the number of health careers they could pursue through direct access to a range of health professionals who volunteer their time to participate in our Academies.”

The Academies will run each school term this year.
Almost 70 nurses gathered at the Faculty’s School of Population Health to celebrate International Nurses Day on May 12 and show their solidarity for the profession.

The day is marked all over the world to commemorate the anniversary of Florence Nightingale’s birthday and recognise the contribution to healthcare that nurses make.

Nurses from the Faculty’s Master of Nursing Science program joined to support the theme for 2014, which was Nurses: a force for change – a vital resource for health, at a morning tea at the School.

Nursing is a relatively new discipline at The University of WA and the numbers are growing, with almost 100 students currently enrolled to complete their Masters of Nursing Science, with other nurses undertaking their Masters of Nursing Research or PhD studies within the School.

The study looked at the cohort of patients requesting LBP treatment through the Geraldton Regional Aboriginal Medical Service (GRAMS) between July and December 2011 and the same period in 2013. Phase 1 of the project involved developing and evaluating culturally appropriate LBP information for patients.

“This resulted in the production of a suite of short story-based videos aimed at various age groups and genders,” Assistant Professor Lin said. “We then compared existing LBP information to the My Back on Track, My Future videos and found that more than three times more participants felt more engaged with the videos featuring Aboriginal actors, with culturally appropriate language.”

“This clearly showed that using audio-visuals and narrative-based approaches are critical steps to improving patient knowledge around Low Back Pain management and beliefs.”

The study also featured a clinical audit and in-depth interviews with general practitioners working at GRAMS.

“This component helped identify some priorities to improve LBP care in the future, including the introduction of LBP information to locum staff, delivery of GP-led LBP information for new doctors and refining of LBP clinical audit tools,” Assistant Professor Lin said.

Funding for the project came from his National Health and Medical Research Council Translating Research into Practice (TRIP) Fellowship.
the word is out - Faculty in the news

Quoted as Saying

Cosmos

Winthrop Professor Geoffrey Shawlam, of the School of Pathology and Laboratory Medicine, is QAS a giant virus recently thawed from 30,000 year-old Siberian permafrost is clearly an infectious agent. Only a few studies have ever previously looked for viruses entombed in permafrost, so it is “always possible” that human pathogens might emerge, he said. French scientists first identified these giant viruses just a decade ago and have searched for them across the planet – even in a pond at Melbourne’s La Trobe University. Only a handful of giant virus species were known, but the revived specimen, named Pithovirus sibericum, suggests they might be more widespread. P. sibericum woke from its icy sleep none the worse for wear and infected the captive amoeba used as bait. However, this virus, which was 10 times bigger than average, seems harmless to humans. The scientists reported their recent finding in the Proceedings of the National Academy of Sciences in March.

ScienceNetwork Western Australia

Dr Catherine Bondonno, of the School of Medicine and Pharmacology, is QAS flavonoids and nitrate, two components of a fruit and vegetable diet, are currently generating interest as research shows they could improve health by increasing nitric oxide (NO) in the body. She was interested in testing whether flavonoid-rich apples and nitrate-rich spinach would increase markers of NO in the body, thereby leading to an improvement in cognitive function and mood. “An imbalance of NO has been found in cardiovascular disorders and certain pathological conditions in the brain, [and] it appears cardiovascular disease or the presence of risk factors for cardiovascular disease contribute to cognitive decline,” she said. Her team recruited 30 healthy female and male volunteers who were randomly assigned into one of four interventions – a) apple: high flavonoid low nitrate; b) spinach: low flavonoid high nitrate; c) apple + spinach: high flavonoid high nitrate; d) control: low flavonoid low nitrate. The active interventions (a, b and c) involved consuming 200g of Pink Lady apple skins homogenised with the flesh, 200g of spinach, or both, at lunch respectively. “Compared with the control, apples and spinach increased markers of NO in the plasma,” Dr Bondonno said. “In addition, spinach, and the apple and spinach combination, significantly improved markers of NO in saliva and urine as well.” While they did not observe any improvement or deterioration in cognitive function or mood, the study utilised healthy volunteers with normal cognitive function, and the researchers were only assessing short-term effects. “It doesn’t rule out the possibility of an improvement with long-term intake of spinach and apples, an effect in a group of volunteers with a lower cognitive performance, or an improvement with harder cognitive tasks,” Dr Bondonno said. She is now interested in examining the long-term intake effects of apples and spinach on NO status and cognitive function.

Clinical Professor Allan Kermode, of the Centre for Neuromuscular and Neurological Disorders, is QAS the holy grail of new treatments for multiple sclerosis is to reduce clinical progression of disability and also the relapse rate. Two new treatments -diethyl fumarate and teriflunomide recently joined fingolimod as oral treatments on the Pharmaceutical Benefits Scheme. WA was involved in some clinical trials for the treatments and a patient familiarisation program and continues to monitor people on the medications. “These drugs all reduce the frequency and severity of attack for patients with MS - in the case of dimethyl fumarate, clinical trials have suggested an 85 per cent reduction in the number of new inflammatory lesions,” Clinical Professor Kermode said. “We would like to think that reduction in inflammation also facilitates recovery from attack.” Clinical Professor Kermode said the therapies were believed to have a beneficial effect in MS via the immune system but other mechanisms of action were also possible. “You might say how can we select a drug when we don’t really have any idea of how it works?”, he said. “But it’s not that surprising when you consider we don’t have any idea what causes MS.”

Winthrop Professor Osvaldo Almeida, of the School of Psychiatry and Clinical Neurosciences, is QAS people vary genetically in their ability to cope with physiological stress. This interaction between vulnerability and exposure to harmful factors throughout life determined the development of depression in later years. “Understanding these factors and how they interact with each other opens several possibilities for the introduction of preventive strategies,” Professor Almeida said. He reviewed observational and other trial data on the prevention of depression. He also studied associated risk factors and suggested strategies for primary, secondary and tertiary prevention. Risk factors included limited access to education, adoption of hazardous lifestyle practices, poor social support, financial strain, lack of confidence, chronic medical problems and significant life events. Some factors could be quite remote, such as childhood abuse. Data suggested that they did not occur in isolation - instead a chain of events, together, may lead to depression. “Antidepressants reduce the risk of relapse among people who have had recent depressive episodes,” Professor Almeida said. “However, there is no evidence to support the preventive use of antidepressants or various types of psychotherapy outside this context.” Observational data indicated that physical activity, normal weight, non-hazardous alcohol use, smoking abstinence and healthy diet were associated with decreased risk of depression.

The West Australian

Winthrop Professor Fiona Wood, Head of the Burn Injury Research Unit in the School of Surgery, is QAS the first 24 to 48 hours are critical in burns patients. She is steering a new multi-million dollar research project that will help take the treatment of burns to a new level. The program includes innovative technology such as cell repair solution with magnetic nanoparticles that could be applied directly to the wound to reduce nerve damage and scarring. First aid therapies being investigated include a handheld device for use for burns and at mass disasters to gauge if a patient needs to be put on a ventilator. The Fiona Wood Foundation project is funded by Chevron Australia. Professor Wood said the three-year partnership would include cutting-edge research and improved emergency responses. “This will give tools to our first-line responders so they can respond with a level of accuracy that’s never been done before,” she said. “The ultimate goal is to have a mobile handheld device that we can just slip down the nose to see exactly how much swelling is there so we know whether to put a tube down.”

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. The U.K.’s use of coated steel to make coins may give some people a problem. Why is this?
2. What is the effect on the spine of prolonged bed rest or a mission in space for several months?
3. What is an omphalith?
4. Of the fresh water in the world most is unavailable. Where is it?
5. How much of the world’s water is salty?
Inspirational medical students
by Sebastian Leathersich President of the WA Medical Students’ Society

Student representatives from around the country come together three times a year to discuss major issues affecting medical students and develop intervarsity collaborations at the Australian Medical Students’ Association’s National Councils. Two WAMSS representatives attended the first Council of 2014 to take part in debate and policy discussion spanning a broad selection of policies, from the classification of Australian medical programs and bonded medical places to broader health topics such as access to safe abortion.

We returned with ideas for further improving our offerings, but also with confidence that we are achieving highly in a national context, both in enriching our students’ experiences of medical school and in representing and supporting them.

One of the most striking things I noted was the level of professionalism and skill with which these students lead their peers. For many, their abilities far surpass their years, and it is inspirational to have the privilege of working alongside them.

Recognising the incredible contribution that students can make, WAMSS supports leadership development through a number of events during the year, one of which is the Leadership Development Workshop (LDW). Hosted in May in conjunction with students from Notre Dame, the LDW saw 100 of WA’s most promising students come together for a day of inspiring speakers, practical workshops and invaluable networking.

WAMSS’ investments in the abilities of our members provide excellent returns to both individual students and to the student body in general. This is directly seen through a number of the excellent new events we are running this year.

The Under The Rug project (see this page) will use art to promote mental health and wellbeing across the entire UWA campus while raising awareness and understanding of mental illness.

In our fundraising portfolio, the new Red Aware Gala Ball, targeted at health professionals, was a great success last month, raising money and awareness for HIV/AIDS in South Africa. This joins our incredibly successful Red Party campaign, which has raised over $200,000 in Perth alone and has spread across the country to 16 other medical schools since its inception at UWA in 2007.

Under the Rug By Daisy de la Hunty, Under the Rug co-ordinator

Art is to be used to bring mental health issues out into the open on campus in a new project driven by University of Western Australia (UWA) medical students. Under the Rug is an initiative developed by Students Passionate About Mental Health (SPAMH), a subcommittee of the WA Medical Students’ Society (WAMSS), with the support of the School of Psychiatry and Clinical Neurosciences.

It will use art as a means of encouraging discussion and expression of mental health and by doing so, increase the understanding of mental health issues that affect students and staff at UWA and throughout the wider community.

The mental health of Australian university students is of increasing concern. Data from the Australian Institute of Health and Welfare show that the highest incidence of mental health disorders occurs in the 16-24 year old age group (26%).

Medical students are at a particularly increased risk of mental health problems, with levels of psychological distress and specific psychiatric diagnoses such as depression and anxiety found at a higher rate than that of the general population. In order to address this, it is critical that general awareness of mental health problems is improved and that the surrounding stigma is reduced.

Art and mental health have a longstanding and complex interface. Art therapy is widely used as an effective method of treating mental health problems and there is extensive interest in the complex mental health of artists throughout history. For these reasons, art is an ideal avenue for stimulating meaningful conversation about mental health.

The focus of the project will be an art exhibition held at the Cullity Gallery in October. A morning tea launch will be held on July 31 and will mark the opening of submissions.

Entries will be open to university students and staff, with works to be based on the theme of mental health. Artists will be encouraged to explore their personal experiences on campus and to challenge the stigma surrounding mental health issues.

A wide variety of media may be submitted, including paintings, photography, sculpture and audiovisual works.

The opening night will be October 9 and will feature guest speakers and the presentation of awards, with the exhibition then being open to the public.

By promoting interest in mental health and encouraging discussion from a range of perspectives, Under the Rug hopefully will contribute to a vital change in the perception and culture of mental health not only on campus but also in the broader community.

For more information, please contact Daisy de la Hunty at undertherug@wamss.org.au

In semester two we will be hosting the WAMSS Future Health Seminar. Focusing on the broader context of the WA health system, it will give students a chance to engage with those shaping the future of healthcare in WA and deepen their understanding of the health system that they will soon become an integral part of.

The Faculty has also recognised the importance of leadership in medicine, including the “Leader” theme as a core outcome in the new medical course. Combined with the opportunities and support offered by WAMSS, this will prepare UWA graduates to contribute more to the workforce than their clinical skills alone.

Though the lucky few seem born to lead, for most of us it requires learning and experience. Through our initiatives, we offer the chance for students to cultivate leadership qualities and put them into practice.

The skills developed by our members during their time as students will prepare them for their future role within the health system, making them better clinical leaders, better colleagues, and ultimately better doctors.

POINTS TO PONDER

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

Some people can stand on a cliff edge without any concern. For others this would be quite impossible. What enables some to have a “head for heights”?

DAISY DE LA HUNTY
OTC queries - barriers and boosts for pharmacists

Some of the factors that help or hinder pharmacists when dealing with "over the counter" queries have been teased out in a study by a Faculty researcher.

Assistant Professor Liza Seubert, of the School of Medicine and Pharmacology and Centre for Optimisation of Medicines, conducted research into the interaction between pharmacists and consumers in the community pharmacy setting for her PhD.

"With the growing trend for self-medication, community pharmacists are ideally placed to facilitate safe and correct use," she said.

"To do this, pharmacists must assess the patient by asking questions and provide appropriate advice. Disappointingly, research has shown pharmacists often fail to conduct appropriate assessments."

A lack of time was often problematic for pharmacists.

The WA study of 28 pharmacists, 27 consumers and five pharmacy assistants found pharmacists were hindered from asking questions by an unwillingness of consumers to answer questions because they did not understand the role, qualifications and professional obligations of pharmacists.

Consumers were worried about the confidentiality of any information recorded but rapport with, or trust in, the pharmacist and privacy when discussing personal qualifications and professional obligations of pharmacists.

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Also help facilitate the consultation process." She said integrating the expertise of health psychologists in practice change research was a growing area.

Work by health psychologists whose research focused on the design, delivery, uptake and impact of behaviour change interventions related to health would help with the development and delivery of an intervention in her research.

Assistant Professor Seubert will be collaborating with Professor Marie Johnston, Professor of Health Psychology at the University of Aberdeen, Scotland, later this year when she spends two months there developing her intervention.

She presented some of her findings at the Health Services Research and Pharmacy Practice annual conference in Aberdeen in April.

"This was a fabulous opportunity to present some of my PhD research and to meet one of my co-supervisors in person," Assistant Professor Seubert said. "Dr Margaret Watson, from the Centre of Academic Primary Care, University of Aberdeen, is a world leader in research in this area."

"I was honoured when she agreed to co-supervise my PhD with Professor Rhonda Clifford, Director of the Pharmacology, Pharmacy and Anaesthetics Unit, Associate Professor Connie Locher, also of the Unit and Dr Laetitia Hattingh, of the School of Pharmacy at Curtin University."

"Until this conference, all our meetings had been by Skype."

A UWA Graduate Research Travel Award helped with the costs of attending the conference, where Assistant Professor Seubert was awarded the scientific poster presentation runner-up prize for her research.

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A lack of time was often problematic for pharmacists.

Breathing new life into clinical psychiatry

sometimes very difficult, situations.

“The most challenging was to run a department which not only has more than 100 people but has eight sites, so I had to go from Joondalup to Rockingham and Kwinana, from Fremantle to Armadale,” he says.

He is looking forward to going back to his research, which is predominantly in the area of social and cross-cultural psychiatry including remote, rural and Aboriginal mental health.

The professor is also Director of the World Health Organisation Collaborating Centre for Mental Health and will continue to develop links between it and the School.

But, he says, no leader can do it alone. “I was lucky to have three Deputy Heads - Clinical Professor Nicola Lautenschlager, Professor Hans Stampfer and Professor Sean Hood.”

And his School Manager, Helen Moran, made his role very much easier and more efficient.

-By Cathy Saunders

Answers to the quiz on page 14

1. The nickel coating of the steel coins is more likely to trigger the nickel allergy of those sensitive to the metal than to that in the cupro-nickel amalgam of other coins.
2. The intervertebral discs become soft and rupture more readily (about 3-4 times) than in the general population.
3. The accumulation of epithelial detritus and dried secretion at the umbilicus.
4. At the Poles, in permafrost, mountain tops and glaciers.
5. About 97%.