Students top the agenda of new Dean

When the incoming Faculty Dean welcomed the new intake of medical and dental students in January, she told them her motto was “Students first”.

Professor Wendy Erber says they are the next generation of health professionals and are an integral part of The University of WA.

“When students and visitors if her plan goes ahead to turn the Medical and Dental Library on the QEII Medical Centre campus into an educational and learning hub for medical, dental and health sciences (see the Dean’s editorial, page 3).

Shes already introduced a key initiative at the library, having relocated the Faculty office there from the Clinical Training and Evaluation Centre (CTEC) building on the main university campus.

“Having the Faculty office here, we are co-located in the heart of the major medical, dental and health science activities in the state,” she says. “We see patients, their carers, students, academics and other researchers in the building.”

Beyond research, one of the Dean’s innovations will be very apparent to students and visitors if her plan goes ahead to turn the Medical and Dental Library on the QEII Medical Centre campus into an educational and learning hub for medical, dental and health sciences (see the Dean’s editorial, page 3).

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“Having the Faculty office here, we are co-located in the heart of the major medical, dental and health science activities in the state,” she says. “We see patients, their carers, students, academics and other researchers in the building.”

One of her main goals is to advance health through education and innovation. By embracing teaching and addressing innovation, research developments will be translated into better health care.

Students in the new Doctor of Medicine (MD) degree are trailblazing with an innovative addition to the course called Scholarly Activity.

The students can elect to undertake a research project, extra coursework towards another higher degree or, in a first for the Faculty, a service-based learning project. They will have three years to complete their activity.

Associate Professor Denese Playford, Co-ordinator of MD Scholarly Activity, said almost 40 students of the 240-strong cohort had opted for service-based learning.

“Service Learning for course credit is totally new to the Faculty but it is very much in line with the University vision to get university-community links happening,” she explained. “We
Laparoscopic anatomy dissection is performed by participants during the cadaver workshops at CTEC.

Participants from across Australia are led by Professor Yee Leung (far left) as they practise hand-eye coordination skills using laparoscopic trainers.

Looking through a novel upskilling

Practising specialists from around Australia headed to The University of WA campus last month to attend a novel 2-day workshop in how to manage complications in laparoscopic or “keyhole” gynaecological surgery.

While an Anatomy of Complications (AC) Course using “open” gynaecological surgery has been held at the Clinical Training and Evaluation Centre (CTEC) regularly since 2000, the latest offering is new because it is the first to focus on the laparoscopic approach.

Co-convenor Clinical Associate Professor Krish Karthigasu, of the School of Women’s and Infants’ Health, who is a Perth gynaecological endoscopic surgeon, said the course was unique in Australia in that it covered the prevention, identification and treatment of injuries in obstetrics and gynaecological surgery. This included laparoscopic “keyhole” dissection, and laparoscopic skills involving knot tying and suturing, and repair of the bladder and bowel injuries, and control of bleeding.

The participants are trained using fresh frozen cadavers and attend an animal laboratory, which provides a realistic “simulation of surgery” experience.

“It was very successful and we had a lot of positive feedback,” Clinical Associate Professor Karthigasu said. “Already we have got some enrolments for the next one, which we haven’t even got a date for.” It appeared the course, known as the Laparoscopic Anatomy of Complications, might need to be run twice a year rather than the planned once per year. The traditional open course continues to run 3-4 times per year.

“Our principle for doing it open is that it is still the gold standard to repair injuries and if you have a problem, you must know how to repair it open,” he explained. The new course was designed to enable doctors to “use their laparoscopic skill set to get them out of trouble in a safe way and repair injuries with safe techniques.”

Many doctors might not often see complications - some had an incidence of only 1% - and so did not get the chance to practise repairing them, he said. The workshop enables participants to correctly repair injuries in a supervised environment rather than for the first time in a live patient in an emergency situation.

Clinical Associate Professor Karthigasu’s co-convenors are Professor Yee Leung, also of the School of Women’s and Infants’ Health, and Dr Robyn Leake, a Perth gynaecologist.

Every workshop also has about a dozen experienced facilitators, who are leaders in their respective fields and come from interstate and WA. They, like the convenors, are the instructors.

“We get a lot of rural O&G specialists and GP obstetricians who say they have to be able to repair their injuries because to have someone else come is not practical all the time,” he said.

Courses have also been run in Hong Kong and Singapore. The Laparoscopic Anatomy of Complications was the 104th workshop.

“Part of the secret of the success of the AC workshops is the ability to give one-on-one tutorship,” Clinical Associate Professor Karthigasu said.

Over the years the AC course had proven popular with practising specialists and GP obstetricians as well as doctors nearing the end of their specialist training, he said. Workshops usually involved 20 participants and more than 1000 doctors had been through the doors since the course began. They attend from throughout Australia.
The Dean’s Diary

By Professor Wendy Erber

100 days as Dean

I am honoured and delighted to have been given the opportunity to lead the Faculty of Medicine, Dentistry and Health Sciences. I come into this post with a vision - to advance health through education and innovation. This is easily said, but there is much to do to realise this.

Before going further, I wish to take the opportunity to thank Professor Geoff Riley for guiding the Faculty over the past 12 months. I also wish to thank Professor George Yeoh who has given many years of dedicated service as Associate Dean (Research). I also wish to acknowledge the team that will be leading the Faculty going forward - our Deputy Dean, Professor John Newnham, together with Associate Deans, Professors David Mackey (Research), Sandra Carr (Education), Minghao Zheng (International) and Roland Kaiser (Student Affairs) and Faculty staff, especially Faculty Manager, Dr Jan Dunphy.

I take on the leadership of a Faculty with talented and dedicated staff and students of the highest quality. We offer a diverse range of educational programs and produce graduates in many health professions.

Three year plan

As I near the first 100 days in office, I reflect on what has been achieved to date. It has been a very busy period and there is much more to come. I have taken the opportunity to meet the Executive, faculty, students and alumni and to learn from them what they desire as we go forward. Together with senior members of the Faculty, we have developed a plan for the next three years. However this must be put in the context of the major changes taking place in the University. Although the details are not yet finalised, we know that we will also be embarking on University-wide academic restructuring to address the financial challenges the University is facing. At the same time the State health sector is coming to terms with similar challenges. These are very unsettling for staff and students but I am confident that we can work through these difficulties and that opportunities will follow.

The academic year has commenced. Students are the life blood of the Faculty - our future healthcare professionals and researchers. I have already had the pleasure to welcome the new intake of students into our medical (239 students), dental (60), podiatry (35) and pharmacy (60) programs. It has been wonderful to meet this new cohort who are excited as they embark on their chosen career paths but tinged with some apprehension about the volume of learning and studies that lie ahead. I try to ease their anxiety by informing them the Faculty is there to help and support them through education. We want all students to succeed in their studies. As teachers we educate and inspire and provide as much support as we can. I have also been fortunate to meet some of the new students commencing their Cycle 1 (Bachelor) degrees who wish to progress to medicine or dentistry in three years. I urge all students to take up some of the many opportunities that the University has to offer, such as clubs and societies. These extra-curricular activities are an important component of university life - participating, meeting students, volunteering, leadership, giving and so on - these are all valuable life experiences. The Faculty is looking to streamline progression from the Cycle 1 to Cycle 2 degrees, thereby giving school leavers a clearer pathway to our professional qualifications such as MD (Doctor of Medicine) and DMD (Doctor of Dental Medicine). We are also continuing to work on modernising our teaching approaches through pedagogical change.

On the research front, our academics have been busy submitting grants to the National Health and Medical Research Council and other research funding bodies. This year we have submitted approximately 250 applications for fellowships, projects and centres. This is a highly competitive process with success rates now less than 20% nationally. However to succeed in research, we must compete to secure funding and generate results of significance. The Faculty is encouraging greater and more productive collaboration both within the University and externally, nationally and internationally. The newly established WA Health Translation Network will assist in bringing together researchers from the other WA universities and clinicians in all our public hospitals to achieve translation of research outcomes to improve patient care.

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Faculty on the move

The Faculty office has moved back to be nearer the centre of its activities! We have been made welcome in the UWA Medical and Dental Library on the Queen Elizabeth II Medical Centre campus. This has already been a success being co-located with so many academics and students. The numbers on site will further increase over the coming years when other facilities open, including the New Children’s Hospital and the Sarich Neuroscience building. Students see the Dean and the Dean sees the students. The library is busier (and noisier) than ever and may soon undergo a further change. Over the past decade there has been widespread introduction of, and heavy reliance on, electronic collections, leading to an 80% decrease in the lending of books. We are planning to create a high quality medical and dental education and learning “hub” for students, staff and alumni. The new facilities will support modern teaching and learning. The Faculty office will be nearer the researchers and health professionals on the QEII site and many of our alumni. We propose to free up space currently occupied by print collections to provide a highly valuable space to better meet these needs. Some ideas include purpose-built, bookable meeting rooms, an alumni lounge and a UWA medical museum, while retaining a limited, more current selection of key books and journals. These changes will provide high quality, innovative and exciting spaces and facilities to house the Faculty and provide a strong focus and presence for UWA on the QEII site.

The first 100 days have been busy and I am only just starting. I still have much to learn, many people to meet. Visits to our teaching hospital sites in Perth and beyond are on my long list of important tasks. I am also meeting WA Health and the other universities in Perth to strengthen our ties in health education and innovation. I expect the coming months to be even busier than the first 100 days and have even more activity. I would like the entire local health professional community to feel it is part of the Faculty and look forward to their ongoing support and participation in its many activities.
Bridging **gaps** with new technology

In a first for an Australian dental school, the Faculty’s School of Dentistry has introduced cutting-edge digital technology to make hassle-free dental crowns, bridges and other prostheses.

For public patients attending the Oral Health Centre of WA (OHCWA), gone are the days of biting down on a dental mould and then waiting a couple of weeks for a crown or bridge to be made from it.

Also for dental students, the move to digital dentistry means they are learning the latest techniques they are likely to use when they enter practice.

The ultimate aim of the School is to become a Centre of Excellence and to produce dental prostheses for external clients, including dentists in private practice.

Professor Camile Farah, Head of the School of Dentistry and Director of OHCWA, said the technology, known as CAD/CAM (computer-aided design and computer-aided manufacturing) was being introduced in two phases into the clinics, laboratories and teaching rooms.

In the first phase implemented at the beginning of the year, seven CAD carts and three milling stations were installed.

A CAD cart is used to take an intraoral digital impression of the patient’s mouth, obviating the need for material moulds/impressions. The tooth colour is captured at the same time. The digital file can then be transmitted electronically to the milling units, doing away with the need to transport the mould to a laboratory.

Each robotic milling unit is suited to different types of materials, such as porcelain for crowns or wax for dentures that will later be cast in chrome cobalt. One machine is capable of producing 160 crowns overnight at top capacity.

“This is absolutely novel,” Professor Farah said, adding that he believes it is one of the first dental schools in the world to introduce such technology across all its clinical operations.

“It is less messy, it is more time efficient, it is as precise if not more precise than the previous, traditional method using the mould, and you cut out the consumables so there is less expense. But obviously you need to invest in the technology in the first instance.

“The standard time to get a crown or bridge is 10 days to two weeks. It takes a technician a full week to create a crown from the time they get the mould whereas with this technique we can have the crown ready in two days, or the next day if we had to.”

The crown can be milled in 20 minutes, is fired in a special furnace for 80 minutes and then polished by the technician for about 10 minutes.

“...The advantage is that we can mill them overnight so that the technicians can concentrate on more complex and intricate work by day,” Professor Farah said.

Another advantage is that if a crown or bridge needs modification, the digital file can be used rather than needing to call the patient in again to take another impression.

“Now because you don’t have to wait as long or pay as much, you might as well get a crown inserted instead of a very large filling because it is more protective to your tooth, it lasts longer and it is stronger,” Professor Farah said. “It is equal to the cost of a normal filling. Also the crown is more aesthetic.”

The School’s industry partner, Henry Schein Halas, a top international dental supply company, has installed the equipment and upskilled the clinical and technical staff to its use.

In addition every student in each year is being taught the CAD/CAM technology as part of the curriculum.

“The students in the old program spent a lot of time in the laboratory,” Professor Farah said. “This will cut out a lot of that for them, and free them up to do more clinical work and other learning, instead of planning, designing or fabricating the prostheses.
Implanting new techniques into dental practice

Teasing out the best clinical procedures and bio-materials that can be used in patients needing a dental implant is in the research sights of a newly-appointed dental academic and practitioner.

Associate Professor Alessandro Quaranta, Discipline Lead in Periodontics and Implantology at the School of Dentistry and Oral Health Centre of WA (OHCWA), will be responsible for leading education, research and clinical services in these disciplines. Another of his key research goals is to define the best treatments for gum disease around teeth and dental implants.

Associate Professor Quaranta, who completed his specialist dental training in Italy and has taught dental students in New Zealand and Italy, took up his role on January 18. He immediately started on the research program, in which he plans to involve as many academic staff members and students as possible and to develop international collaborations with New Zealand, Italy and the US. The ultimate goal is to translate the research findings into clinical procedures.

“We will aim at increasing knowledge in the etiopathogenesis and the treatment of the diseases that affect periodontal tissues and the tissues around implants,” he said.

A first line of research will be to assess some of the innovative protocols for the treatment of periodontitis. “We would like to develop some clinical studies on the use of combining systemic antibiotics with a non-surgical approach that is called full mouth disinfection, in which the entire dentition is scaled and deeply cleaned within 24 hours,” he said.

Another research line will be the pathogenesis of peri-implant diseases, such as peri-implant mucositis and peri-implantitis, which can lead to a failed implant. “Unfortunately, the tissues around dental implants may get inflamed and bone that supports the implant may be lost over time,” Associate Professor Quaranta said.

“It would be also great to investigate potential risk factors for these conditions, such as tobacco smoking, previous periodontal disease and other local and systemic factors.”

Associate Professor Quaranta said the reality was that the dentists of the future - the School of Dentistry students - would be increasingly faced with these conditions because of the rising number of implants that are placed worldwide annually.

“We would like to investigate the use of different bio-materials for sites after the extraction of teeth and before the placement of implants. In many cases it is indicated to place a graft material that will slowly resorb. It can be from the same subject or of animal origin or even a synthetic material and the aim is to try to reduce as much as possible the resorption of the hard and soft tissues of the gums.”

Associate Professor Quaranta said the idea was also to focus on the physical properties of the bio-materials, including their capacity to attract blood cells.

“There is definitely a gap in knowledge in terms of which is the ideal procedure in terms of maintaining hardness of the bone and gums and we still don’t know which is the best material among all the ones that are available in the market for the dentist,” he said.

The postgraduate dental students would also be involved in some international research studies, possibly including a multi-centre randomised study of the use of different antiseptic mouth rinses after common surgical procedures.

The students will learn to use innovative technologies in the clinic and for research. A cutting-edge 3D cone beam CT scanner will enable a comprehensive diagnosis of a patient’s mouth and the optimal placement of implants, using a minimally invasive approach.

“Through a careful and accurate treatment plan, based on the use of this technology, we will try to reduce the post-operative morbidity and even potentially the intra-operative or post-operative incidence of emergencies,” Associate Professor Quaranta said.

The School and OHCWA also now boast new digital scanners, which enables digital impressions of teeth to be taken, doing away with the need for moulds (see story page 4).

“Students will have a great exposure to digital dentistry from the very beginning of their curriculum,” the professor said.

“I see it as a very firebrand School,”

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New role for experienced instructor

For 25 years Mr Barry McGee has guided dental students through the intricacies of traditional dental prosthetics as their key instructor.

With the School of Dentistry’s move to digital technology, he has been appointed as Clinical Laboratory Supervisor and is overseeing the new CAD/CAM facilities, the prosthetic laboratories and all technical staff.

He is the liaison between clinical and laboratory staff and has a hand in the new curriculum for fixed and removable prosthodontics.
**Simulation aids patient safety**

A desire to ensure patient safety has motivated Ms Kirsty Freeman to pursue work and research in simulation education.

A WA healthcare simulation consultant, she is nearing the end of her Masters in Health Professions Education by research, having juggled work and family life to study part-time over the past two years.

A qualified nurse and midwife, she moved into the arena of the education of healthcare professionals a decade ago. “I completed a graduate diploma in adult and tertiary education, which I think gave me a good theoretical underpinning for my teaching, but over the years I have been curious about how my educational practices help to bridge the theory to practice gap,” she said. “The Masters of HPE at UWA has given me the opportunity to develop my research skills that I believe will enable me to work towards answering some of those questions.”

For her Masters research, she has focused on the debriefing practices of rural medical educators.

She has taken a year’s leave from her role as a Simulation Education Coordinator for postgraduate medical education for doctors working in rural and remote WA in order to pursue research overseas. Her various projects include consultancy work with the Human Performance in Healthcare (HPH) division of the Institute for Simulation and Training at the University of Central Florida. “HPH is committed to advancing the science of simulation in medicine, surgery, nursing and allied health professions,” she explained.

She is also co-chair for the Third Asia-Pacific Meeting on Simulation in Healthcare (APMSH), whose theme this year is Improving Outcomes, Building Connections, and she encourages her fellow UWA students with an interest in healthcare simulation to attend the meeting in Singapore on 15-17 November and submit their works in progress or their completed projects. Visit http://www.sssh.org/Events/APMSH-2016 for up-to-date information, or email apmsh@sssh.org

Ms Freeman said simulation education was important. “Simulation can be utilised as an important research tool through which to explore both individual and systems performance in healthcare,” she said. “It can be used to investigate the effects of factors that impact human performance that would otherwise be difficult to study in the actual clinical setting due to practical or ethical concerns.”

Ms Freeman is enthusiastic about the HPE course. “The thought of undertaking postgraduate studies can be daunting for many prospective students but my experience at UWA has been overwhelmingly positive,” she said. “I would encourage anyone who wants to take their studies to the next level to consider the Masters of HPE.”

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**Reaping the rewards of higher study as educators**

Graduates of advanced training for educators in the health professions are reaping the benefits of their study in the workplace, new research reveals.

A review of the Health Professions Education (HPE) courses run by the Faculty’s Education Centre shows that following completion of an HPE course, half of the graduates reported receiving a new promotion or moving to new positions requiring educational leadership. There was a two fold increase in those who identified as being involved with the development of new educational programs (70%) in their workplace. In addition, 34% received a new teaching award following completion of the course, and scholarly productivity doubled with 45% giving an oral presentation related to education, 21% publishing and 29% being successful in obtaining funding related to an education project.

The suite of HPE courses includes a Graduate Certificate, Graduate Diploma, and Master (by coursework or research). They are aimed at a broad range of health professionals wishing to increase their knowledge skills as educators within the health professions and are designed to enhance their educational capabilities, academic leadership and scholarly output.

Those who take up the courses come from across the health professions including medicine, nursing, midwifery, occupational therapy, dentistry, podiatry, radiography, physiotherapy and speech pathology.

The review by Professor Sandra Carr, Director of Postgraduate Courses in HPE, and others, was published in the International Journal of Medical Education last year.

The authors said the benefits of enhancing the skills of health professions educators had had an effect within and beyond the university, in health care institutions that include teaching hospitals across Australia.

“In addition to offering the courses to staff within the University, we deliver the courses to health professionals from external institutions, such as hospitals and private practice,” they said. “This adds to the diversity of the student population, thereby enhancing the opportunities for interprofessional learning amongst academics and health professionals, as well as providing opportunities for development.”

Ms Kirsty Freeman attended a simulation workshop at the International Meeting on Simulation in Healthcare in San Diego in January.
Emergency medicine training close to the real deal

When a patient is rushed on a stretcher through the doors of the emergency department at Fiona Stanley Hospital, sometimes it is not a human.

It is a mannequin. And it is being sent to put staff through their paces in a variety of in situ simulated emergency scenarios.

They are the brainchild of Dr Colin Clarke, an emergency medicine physician at the hospital who has been invited as a visiting scholar to Harvard University as a result of his experience with, and research into, simulation.

Dr Clarke, who is a Clinical Lecturer in Emergency Medicine with the Faculty, is undertaking a Masters in Health Professions Education (HPE) by research at The University of WA - one of several HPE courses run by the Faculty’s Education Centre.

He chose the course because he has been pursuing his interest in education for a long time. But although he is training junior doctors and medical students in the ED, he has received no formal training in teaching at medical school or during specialist training.

“There isn’t much formally in a health setting to get any qualifications,” he said. “So it was partly to put some formal qualifications behind me.”

He is halfway through the Masters degree and is taking a six-month break to be able to go to the Centre for Medical Simulation in Boston, which is affiliated with Harvard, for two months in May. He will undertake an advanced course and then work as part of the Centre’s Faculty, helping them teach courses and also fleshing out his own research project.

At FSH, he has instigated novel in situ simulation scenarios which are performed in the ED, looking at processes, teamwork and inter-professional collaboration either during crisis situations with priority one ambulance patients or with other types of patients. He runs four sessions each week.

The priority one ambulance simulations involve teams consisting of consultants, registrars and nursing staff. “If a patient came in with significant burns, for example, how would we respond to that as a department,” Dr Clarke said. “The idea with the simulation is that the department responds exactly as they would do if it were a genuine patient so we can look at whether there are any system errors or any issues and where they are so we can review them and work through them. It is more of a focus on quality improvement.”

The other simulation training is targeted at registrars, residents and nursing staff and is more educational, looking at the treatment of specific conditions such as chest pain or paediatric asthma.

The simulations are made as realistic as possible. “We literally phone in through the ambulance emergency phone number with the details of the patient who is coming in as St John’s would if they were bringing a patient in,” he explained. But the patient is an adult or child mannequin.

For his Masters research he plans to examine barriers to learning in in situ simulation. “There are lots of benefits,” he said. “Obviously you are in the situation that you will be working in, you usually work within the teams that you actually work with, and you are familiar with equipment issues.”

Another benefit is that there is no need to get staff and students off the floor to attend the simulation scenario. If they undertake teaching sessions in the hospital’s main simulation centre, they must attend in their own time or have dedicated teaching time allocated to them, taking them away from clinical duties.

“With the in situ situation, it generally takes about half an hour from start to finish so usually you can run it alongside clinical duties,” Dr Clarke explained.

But there are also potential negative factors such as whether the students are able to focus on the simulation and the debriefing if they are busy looking after patients in the ED.

His research will look at the positive and negative factors from the learners’ perspective.
Students top the agenda of new Dean

continued from page 1

Professor Erber feels that while clinicians improve health and patient outcomes through delivery of care, health is advanced by universities engaging with the next generation of health professionals and researchers, focusing on student learning, exceptional research and community engagement.

She believes so strongly in the importance of the latter that she will appoint an Associate Dean for Community Engagement. “It’s really at the front and the back end,” she explains. “It’s high school students, their parents, families and schools as we recruit the best students to come here and study with our expert, excellent academics. And it’s those who have been educated at UWA - our alumni – and continuing to engage with them.”

While there has been no discussion about curriculum change - apart from possibly shortening the seven-year pathway to medicine to six years via the awarding of credits for units previously learnt - the new Dean is planning to introduce a Dean’s lecture series, which would be open to any students of the Faculty. The lectures would be delivered by top researchers, including clinical academics.

She is also considering a combined MD/PhD program. “It is something I have seen in other places where I have worked and has been highly successful in generating medical students who are very academically-minded and interested in research. It is something about which I feel quite passionate.”

The concept still requires discussion with the University. The thought is that the three years of the PhD degree could be sandwiched between the first two and final two years of the MD course, somewhat akin to the previous Bachelor of Medical Science (BMedSc) research year but a step up.

Professor Erber is also keen to support early and mid career researchers. She would like them to have the opportunity to take a “sabbatical” in another location, whether in Australia or overseas, and then return with new skills and, potentially, collaborative partners. And she will work towards retaining well-established researchers. “So, nurturing the young, supporting the mid-career and retaining the established,” she says.

New options for Cycle 2 courses that lead to a Master’s degree are also on the agenda. “Students are coming through their undergraduate degree with an undifferentiated degree and are still thinking about the career path they wish to take. Medicine, dentistry, podiatry, social work and pharmacy are very popular but are there other possibilities we should be considering, and with cross-Faculty collaboration for some of the teaching.”

She also wants to ensure all the education delivered in the Faculty, in addition to being innovative and research-infused, is of high quality, affordable, of international standard and meets the needs of society.

Professor Erber says it is a time of change and the Faculty will move with it. These changes include the restructuring of the University, the development of the new medical school at Curtin University, and the Department of Health’s need to achieve financial savings. All of these will have an impact on the Faculty.

As part of the era of change, the Faculty will review its research priorities. “We can’t be world champions at everything,” Professor Erber says. “We have many strengths, particularly in translating discovery into practice. But we have many others.”

The new home of the Faculty is the Medical and Dental Library on the QEII Medical Centre Campus.
have services that have never had a connection with the university."

Dozens of not-for-profit organisations in rural and urban WA had signed agreements with the Faculty and students had chosen to work in primary and secondary schools and with services for disadvantaged children, at-risk populations, Aboriginal organisations, drugs and alcohol, crisis counselling, and others.

"Half of the service learning students are in the Rural Clinical School so they are doing rural projects," Associate Professor Playford said. She is acting as the mentor for all of them.

They initially developed project proposals with ethics approval halfway through last year and this year started working directly with the organisation of their choice. They will spend about one day a week over 30 or more weeks there.

"The whole point of service learning is that they are delivering something that the organisation wants, as well as developing the student’s skills” Associate Professor Playford said. Most organisations want an evaluation of some kind and some want applied research so, for example, a Kalgoorlie primary school wants to find out how effective their ear care program is.

"So the student is going to be looking at school records over the period of one school year to see if it is an effective program. Obviously other schools are going to be interested if it turns out to be an effective way of managing ear health issues."

Another student will work with the Smith Foundation to implement and evaluate a program that is designed to get reading materials to disadvantaged children early in life. “As well as being an excellent experience in project management, projects like this develop skills in working with children and families,” Associate Professor Playford said.

Some students will be involved in mentoring and include two who are going to a high school up north, working with Aboriginal students and focusing on well-being. “They will be role models themselves for what it is like to have a healthy lifestyle,” Associate Professor Playford said.

Others are heading for Clontarf where they will mentor the students, play some footy with them, and talk about ambitions and goals in life.

All the service projects were useful and practical and facilitated core MD attributes, Associate Professor Playford added.

"And doctors have always been very philanthropic and amazing advocates so service learning is to train them in advocacy."

A number of medical students in the past had created not-for-profit organisations and the service learning might enable other students to gain some insight that would help them follow suit, she said.

Of the three scholarly activities, research has proven the most popular option, with about 50% of students choosing it. They have three years to complete their research project and their topics cover every discipline, including oncology, cardiology, surgery, internal medicine and paediatrics. “They are doing genuine projects that have got publication potential,” Associate Professor Playford said. “And they are doing well, it seems. The supervisors who are marking their work have given them an average of 85%.”

The third option, coursework, was a visionary look at what scholarship meant, she said. The two choices are Public Health, potentially leading later to Master of Public Health, and Health Professions Education, which trains the health educators of the future. There has been a strong uptake, with a total of 80 students making these choices.

Summing up the options, Associate Professor Playford said, “It really is amazing that these students are now doing things that will have long-term consequences for their careers.”

The Scholarly Activity innovation made the UWA MD degree stand out from others, she said.

- By Cathy Saunders
**Clinical Academics - what they do for public health**

Clinical academics punch above their weight in terms of contribution to better patient outcomes in WA and have done so since the inception of the UWA Medical School, according to a recent Faculty report.

The domains of contribution include leadership, research, innovation, cost saving and others.

“The interactions between the academic and the clinical role result in substantial benefits for patients and the community of Western Australia,” the report said. “Clinical academics are leaders in the provision of clinical care to patients in WA through academic activities as researchers and teachers.

“The nexus between research and scholarship, and excellence in clinical service is indisputable. It results in many units in WA Health Department being recognised nationally and internationally as centres of excellence in provision of services, through the establishment of evidence-based standard operating procedures, national treatment guidelines and best practice models of services.

“Participation in leadership roles and committee work of the specialist medical colleges results in information exchange, new collaborations, sharing of best practices and innovations, and much more, which is brought back into the service environment and contributes to maintenance of high quality and best practice patient care in our hospitals.”

Some individuals were distinguished internationally and served on prestigious international peak bodies, as journal editors and so on.

In the realm of leadership, clinical academics might be international authorities in their field through their research and so contributed enormously by establishing innovative approaches to patient care in WA.

“All of this work has the potential or is already proven to bring cost savings to WA Health both directly and indirectly,” the report said. “The clinical academic role enhances health economic outcomes through innovative or better health care delivery.”

In the domain of teaching, clinical academics played a major role in the training of the next generations of researchers and clinicians.

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**Aiming to contain infectious diseases**

Paediatrician, microbiologist, university lecturer, author, researcher and advisor to the Federal government, Dr Chris Blyth epitomises the clinical academic by teaching, treating, leading, and undertaking and implementing research that has a direct impact on the health of the people.

For this interview, he was sitting at the end of a mobile phone at Brisbane airport, en route to Perth from Papua New Guinea where he had been furthering one of his many research projects. He was there to launch a new study, which he is leading, to evaluate the introduction of the conjugate pneumococcal vaccine into PNG. “We are asking an important practical question: how much vaccine do we need to get into arms to really see the community benefits we hope to realise?” he explains.

“I have been going up (to PNG) since 1997, running a project looking at childhood pneumonia.” The project, which has just finished recruiting, was to gauge the prevalence and causes of the disease before the introduction of the vaccine. The new study, which is funded by the Bill and Melinda Gates Foundation, is being run in Lao and Mongolia by other research teams.

Dr Blyth’s clinical academic role spans four areas. He is Head of the Department of Infectious Diseases at Princess Margaret Hospital (PMH), which provides a state-wide paediatric infectious diseases service with a staff of four other paediatricians. This important clinical department leads state-wide paediatric tuberculosis, HIV and antimicrobial stewardship services and helps treat some of the State’s most complicated paediatric patients.

He is also a Clinical Microbiologist with PathWest Laboratory Medicine WA, a Senior Lecturer in Paediatrics at The University of WA, and a Research Fellow with the Wesfarmers Centre of Vaccines and Infectious Diseases at the Telethon Kids Institute.

His research encompasses many areas, including the epidemiology, diagnosis, management and prevention of childhood infection with a particular focus on influenza, upper and lower respiratory tract infection, pneumonia, respiratory co-infection, emerging viral pathogens and vaccine safety. From 2016 onwards, this research is supported by a National Health and Medical Research Council career development fellowship. “The main direction at the moment, apart from invasive pneumococcal disease and pneumococcal vaccination, is tackling influenza and influenza vaccination,” he says.

“A lot of my influenza work is in WA at the moment, evaluating the influenza vaccination program. This research has demonstrated that influenza vaccine is both effective and safe in young children but is...
The Faculty of Medicine, Dentistry and Health Sciences

Collaboration continues between the Faculty and its partner Chinese universities, with a recent visit racking up three key successes.

Associate Dean (International) Professor Minghao Zheng recently took Faculty delegates, who were Associate Dean (Education) Professor Sandra Carr, Teaching and Learning Manager in the Education Centre, Ms Erica Yeh, and Professors Norman Palmer and Steve Wilton of the WA Neuroscience Research Institute, to visit three key universities in China. The team achieved the two main objectives of the trip – to successfully showcase the short courses in health professions education run by the Education Centre and to interview potential PhD students.

The third feather in the cap came during the visit to the first university on the itinerary, the Sun Yat-sen University (SYSU), which is one of eight Chinese universities to voluntarily go through the Australian Medical Council accreditation process.

They invited Professor Carr to be an external consultant in relation to the curriculum, including assisting them through the accreditation process. Professor Carr will also advise them on an evaluation program of their units and of teaching staff.

Ms Yeh said SYSU had its own government education rules to comply with but it was also keen to be internationally recognised. “The Education Centre has always dealt with AMC accreditation for the MD program and for our medical program so we have expertise in that,” Ms Yeh said.

SYSU and the second university visited by the team, Shanghai Jiao Tong University (SJTU), were both keen to pursue staff development courses offered by the Education Centre to improve the quality of teaching. “And we really wanted to understand their education system in the health professions and understand their style of teaching and learning,” Ms Yeh said. SJTU has already decided to send a group of at least 15 health professionals who are also educators to Perth to undertake a two-week course called “Education within the Clinical Setting”. It will be the first time the Education Centre has run such a course for Chinese university academics. “The course is not just for doctors teaching in class, it is also for doctors teaching in a clinical setting,” Ms Yeh said. “We have provided this type of training for several hundred local health professionals in recent years.”

The Education Centre also provides a suite of Health Professions Education qualifications, including Masters, Graduate Diploma and Graduate Certificate courses.

Professors Zheng, Palmer and Wilton interviewed a number of PhD candidates from SYSU and SJTU and from the third university they visited, Kunming Medical University. They will be offering scholarships to those who ranked highly.

“They were looking for PhD students who were well rounded and could take up their research,” Ms Yeh said. “They can also introduce other students outside their disciplines to other research academics who could act as supervisors.”

The Faculty is also pursuing potential student exchange and research collaboration with the Chinese universities.

Continued from page 10

being underutilised.” Along with colleagues in WA Health and PMH, Dr Blyth played an important part in establishing the State-wide vaccine safety program, known as the WA Vaccine Safety Surveillance program. “This has enabled PMH and WA Health to start to recover from adverse events observed with a bioCSL FluVax in 2010,” he said.

At UWA, he is a significant contributor to paediatric teaching, not only providing lectures and bedside teaching, and supervising higher degree students, but also providing important input into the paediatric content of the new Doctor of Medicine (MD) curriculum. “I have been

Dr Blyth is a member of a number of international and national committees and working groups, on the editorial board of the Journal of the Pediatric Infectious Diseases Society of America and a regular reviewer for several international infectious diseases journals.

He has contributed to national vaccination policy since 2012 and is deputy chair of the Australian Technical Advisory Group on Immunisation (ATAGI), Australia’s peak scientific immunisation advisory group to the Federal government, as well as chairing two ATAGI working groups - Pneumococcal Vaccination and Rabies.
When people suffer an anaphylactic reaction, they often turn to a pharmacy as the nearest source of help.

Pharmacist Dr Sandra Salter, of the Centre for Optimisation of Medicines and School of Medicine and Pharmacology, said because anaphylaxis required urgent treatment and could result in death, people could become desperate.

“They do things they might not do with a logical head,” she said. "Therefore, they will seek help from anywhere, anyone.”

Knowing pharmacies carried medicines, people saw them as places that would solve their problem when the emergency occurred.

“But we know from experience that some pharmacists don’t know what to do and they may panic,” Dr Salter said.

It is what prompted her to conduct research into the ability of pharmacists to help people with anaphylaxis. Only adrenaline, which in the community is given via an autoinjector (EpiPen), can treat it.

The study used simulated patient methodology by Master of Pharmacy students and an experienced patient actor, who visited 300 community pharmacies in and around Perth, posing as patients who had recently experienced anaphylaxis for the first time. They asked the pharmacists to show them how to use an EpiPen and whether antihistamines would be of benefit.

The findings, published in medical journals, showed that although almost every pharmacist was helpful, they weren’t always accurate. Thirty five per cent did not demonstrate the three steps for using the EpiPen correctly. By comparison, studies have shown 60-80 per cent of doctors get it wrong.

“My research was the first in the world that employed an unbiased way to assess EpiPen demonstrations,” Dr Salter said. “The pharmacists did better than the doctors but it is still not good enough.”

Pharmacists who checked if the patient had an Action Plan for Anaphylaxis were 16 times more likely to correctly demonstrate the use of the EpiPen.

Ninety five per cent of pharmacists said an antihistamine would not be effective in anaphylaxis but 50 per cent of them still sold an antihistamine to the patient, saying it would work in a mild allergy. However, two-thirds of those who sold an antihistamine failed to remind the patient to use the EpiPen if the antihistamine did not stop the allergic reaction.

“On average, pharmacists only communicated 2-3 (out of five) key practice points for anaphylaxis management during the consultation,” Dr Salter said.

She said the results showed that pharmacists either did not know enough or were unprepared to give anaphylaxis advice to patients. It was important for them to have refresher training because they were the only people who dispensed EpiPens.

Patients and carers also needed to be regularly reminded how to use the device, especially because they would use it rarely, if at all, in their lifetime.

Misplaced injection into a thumb resulted in the patient not receiving the adrenaline - a potentially fatal error - and the person administering the adrenaline potentially losing the thumb.

Dr Salter said anaphylaxis was the new epidemic, increasing in incidence as severe allergies to food and insect venom rose.

The most common cause of anaphylaxis is foods, followed by insect venoms and prescribed medicines. There are also cases of exercise-induced anaphylaxis, with or without food sensitisation.

About 2.5% of the population has diagnosed anaphylaxis – up from 0.5% in the 1990s.

“Because there are so many children with anaphylaxis now, this is a significant public health issue,” Dr Salter said. “We are going to have a tidal wave of people who do not outgrow their allergy and continue to live with anaphylaxis in our society.”

The number of adrenaline autoinjectors supplied on the PBS increased 93-fold in just over a decade, with funding rocketing from $188,000 in 2003 to $17.5 million in 2014.

As a result of her research, Dr Salter joined with the Australasian Society of Clinical Immunology and Allergy (ASCIA) to develop a checklist for pharmacists.
Burns management lessons

Last year, three sixth year medical students - who have since graduated - learnt of novel algorithms and protocols for burns management at a national conference they attended in Melbourne.

Kimberly Voon, Ilan Silberstein and Aditya Eranki were in the audience but were also presenters at the Australian and New Zealand Burn Association annual scientific meeting held in October. They delivered the results of their research project, “Is Xbox Kinect based rehabilitation a feasible adjunct for burns rehabilitating: a pilot RCT?” that they have submitted for publication.

The trio said they were grateful to the Fiona Wood Foundation and in particular their supervisors, Dr Dale Edgar and Professor Fiona Wood, for providing them with the opportunity to undertake research and for their continual support for their endeavour.

“We also thank The University of Western Australia for their generous grant in financially supporting our attendance at this conference,” they said. “This was our first proper exposure to a major medical/scientific conference and it was a highly educational experience.”

Things they had learnt, which would help them greatly in their medical careers, included how to structure and compile a scientific presentation of adequate standard and detail for the scientific community. They had the chance to listen to experienced health professionals present their research/clinical experience and were exposed to various ground-breaking treatment approaches and algorithms/protocols for a large spectrum of issues relating to burn injury management. “Although we may not become burns specialists, burn injuries are common presentations which we will most definitely encounter as junior doctors,” they said.

They also heard presentations by pioneers in the field on focal points for managing patients in an emergency/trauma setting, including reasoning and legal points.

Dr Voon, Dr Silberstein and Dr Eranki are now working at Fiona Stanley Hospital, Sir Charles Gairdner Hospital and Royal Perth Hospital respectively.

Researchers present their research at a national conference.

Kimberly Voon and Ilan Silberstein present the results of their research project at a national conference.

Researching anaphylaxis

Dr Salter has four current research projects into anaphylaxis. The first is a WA population-based study of people who have had anaphylaxis and been attended by an ambulance or gone to hospital. It will provide more accurate estimates of current anaphylaxis epidemiology and compare data from 1980 to the present.

The next study will involve a subset of that population and see how people managed their anaphylaxis - whether they visited a pharmacy, called an ambulance, used an EpiPen, and so on. It will also investigate change in management practice over time.

The third study will examine why people with an EpiPen chose to use it, or not. “We are trying to focus on the journey of the EpiPen,” Dr Salter said. “Evidence tells us that even when people have an EpiPen, some of them are too frightened to use it.”

The fourth study will look at the effect of the environment, particularly heat, on the stability of adrenaline inside the EpiPen.

Dr Salter showed the ASCIA training program for pharmacists was effective at increasing anaphylaxis knowledge long term. Researching anaphylaxis continued from page 12

on how to manage patients with anaphylaxis. It is available on the ASCIA website. A similar checklist has been developed for GPs.

ASCIA has developed and provides access to free online training programs in anaphylaxis management, tailored for different groups - schools and childcare, GPs, specialists, nurses, patients, carers, dietitians and pharmacists.

In separate research, Dr Salter showed the ASCIA training program for pharmacists was effective at increasing anaphylaxis knowledge long term.

- By Cathy Saunders

WITS ABOUT YOU

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

1. What do you associate with the following names (a) Alcock (b) Malgaigne (c) Wallace (d) Reynolds and (e) Fallot?

2. What is the brooch bone?

3. The ancient Greeks (including Hippocrates) apparently did not use our system for numbering ribs. What did they use?

4. The radiation received by a patient having a thoracic C.A.T. scan is equivalent to how many simple chest X-rays?

5. What is the prosthetic element of chlorophyll?

Answers page 15
A tireless commitment by Emeritus Professor D’Arcy Holman to reducing tobacco use has been recognised by an important award. He received the 2015 Dr Bob Elphick Medal for outstanding contributions to tobacco control, awarded by the Australian Council on Smoking and Health (ACOSH). Emeritus Professor Holman, Foundation Professor of Public Health at The University of WA (UWA), was presented with the award by WA Governor Mrs Kerry Sanderson, who said Emeritus Professor Holman had been regarded for many years as one of Australia’s leading epidemiologists and the award was a well-deserved acknowledgement of his enormous contributions to public health and epidemiology during a stellar career. The Elphick Medal is awarded each year in memory of Dr Bob Elphick, a pioneering chest physician and tobacco control advocate who was President of ACOSH from its inception in 1971.

Professor Holman received another accolade this month. He was awarded a Chancellor’s Medal by UWA as part of its autumn series of graduations. Professor Holman retired in 2014 after a career spanning 41 years as an epidemiologist, public health physician and law graduate.

Professor Bryant Stokes, former Acting Director-General of WA’s Health Department and an alumnus of the Faculty, has received an Honorary Doctorate (Medicine). Professor Bryant was one of the early graduates of the then young West Australian Medical School. He graduated in 1959 with distinctions in medicine and surgery and went on to become a well-known neurosurgeon. He has held the position of Clinical Sub Dean of the Faculty.

The first WA-based researcher to win the prestigious Millennium Science Award since its inception is Professor Alistair Forrest, of the Harry Perkins Institute of Medical Research. The award is given to a young researcher who has made outstanding contributions to Australian scientific research. Professor Forrest, who heads the Systems Biology and Genomics Laboratory at the Perkins, uses cutting-edge genomic techniques such as next generation DNA sequencing and bioinformatics to understand how cells work at a systems level. He aims to translate his basic research on mammalian systems into clinical applications such as identification of novel cancer biomarkers and drug targets.

A Faculty alumnus now working in the US, Dr Richard Pestell, has been awarded the Eric Susman Prize for 2015. The prize is awarded annually to a Fellow of the Royal Australasian College of Physicians for the best contribution to knowledge of any branch of internal medicine. Dr Pestell received the prize for work published over the last two years in the field of critical care medicine research and clinical care. His contribution included 39 peer-reviewed papers, adding to the understanding of the molecular mechanisms governing hormone responsive cancer. Dr Pestell, who graduated from UWA with a Bachelor of Medicine/Bachelor of Surgery in 1981 and was awarded an Honorary Doctorate in Medicine in 2008, is an internationally renowned oncologist and endocrinologist. He is based at the Sidney Kimmel Cancer Centre at Thomas Jefferson University Hospital in Philadelphia, Pennsylvania and served as the Centre’s director from December 2005 to January 2015.

Australia Day honours
Professor Peter Sly was made an Officer (AO) in the General Division for distinguished service to medical research and education in the area of paediatric respiratory medicine, as an academic, author, and clinician, and to professional organisations. Professor Sly was based for many years at the Telethon Institute for Child Health Research, now called Telethon Kids Institute, and has made huge contributions to the Raine Study, particularly in the field of asthma and allergy and cystic fibrosis.

Dr Susan Jenkins was awarded a Medal (OAM) in the General Division for service to medicine, particularly in the field of pulmonary rehabilitation. She is an Adjunct Associate Professor in the Centre for Respiratory Health at UWA.
the word is out - Faculty in the news

Quoted as Saying

The West Australian

Professor Carl Schultz, Chair in Cardiology, of the School of Medicine and Pharmacology, is QAS people still have heart attacks despite being on cholesterol-lowering treatment so new ways that work better must be found. “So far the only treatment to reduce hardening of the arteries has been lowering cholesterol, but while that cuts back the risk of heart attack, it seems to have absolutely no effect on calcification,” he said. He was commenting on a world-first trial at Royal Perth Hospital in which WA diabetes patients will be given vitamin K and the anti-inflammatory medicine colchicine - which is commonly used to treat gout - in a bid to prevent heart attacks and strokes. “We think vitamin K and colchicine have complementary effects, by reducing inflammation and enhancing the body’s natural defence against hardening of the arteries,” Professor Schultz said. The pilot study is the first to focus on turning off microcalcification activity to stop the build-up of calcium in the arteries. The study will also test whether nuclear-based PET scans can detect microscopic calcium activity many months before deposits can be detected in the arteries. “Once calcium is in the arteries we cannot get it out, it’s an irreversible process, but detecting activity before it is there allows us to retrieve the process,” Professor Schultz said.

The Sunday Times

Dr David Mountain, senior lecturer in Emergency Medicine, is QAS there is a whole bunch of long-term side effects from the extreme dieting techniques used by some young females before entering bodybuilding competitions. The methods include using steroids, oestrogen blockers, hard liquor, “waterloading” and last-minute junk food gorgefests. Dr Mountain said the women could end up with long-term side-effects such as kidney problems, liver disease and infertility. “These are all basically (ways of) pushing bodies to extremes to look a particular way,” he said. “It drives more dysfunctional behaviour, more problems with body image and I think it’s problematic that we have a whole branch of pseudo-sport that is completely about image and distorted body shape.”

ScienceNetwork Western Australia

Dr Cecily Strange, of the School of Population Health, is QAS participation in mothers’ groups locally appeared to help families connect to their local communities and build supportive networks, possibly impacting on mental health. She headed a WA study that found mothers in groups located in their own community ranked higher in all three measured factors: positive mental health, social capital and social support. With UWA and Curtin University researchers, she surveyed 313 Perth mothers who had a child between 0-5 years of age in 2013/14. Of these, 149 were involved in a mothers’ group locally while 51 were members in one outside their neighbourhood. One hundred and thirteen women did not participate in mothers’ groups. The findings showed that women who participated in mothers’ groups in a different region to them were not as strongly associated to the group. Mums involved in groups outside their community scored higher in social support only. Social support can take the form of practical help, such as child minding, as well as information and emotional support. “Perceived social support has been found to be a protective factor for the mental health of new mothers,” Dr Strange said. Social capital relates to how people feel, such as having a sense of belonging in a neighbourhood or security that neighbours will help out in an emergency. “Families are more fragmented and traditional social support capital may be less accessible than in the past,” Dr Strange said. Mothers who were born overseas had higher scores for social capital and positive mental health than those born in Australia.

POUNDS 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.

Is there a metabolic basis for the feeling of well-being or fitness we sometimes feel?
Q. Why was the first President of the Medical Students’ Society at The University of WA a doctor and not a medical student?

A. The society was set up to lobby for a Medical School in Perth because students were compelled to travel to Adelaide or Melbourne to complete their degree. Many practising doctors joined the society to help students agitate for a local School.

That was 70 years ago. In fact, the society predated by 11 years the establishment of the UWA Medical School, which opened its doors in 1957.

The first minutes of the society are dated 19 March, 1946 and this year on the same day, the now-called Western Australian Medical Students’ Society (WAMSS) will mark its 70th anniversary with a big celebratory event.

Current WAMSS President, final-year medical student Daniel Dorevitch said he had enjoyed trawling through the history of WAMSS in preparation for the event, adding that his team’s research had unearthed lots of interesting stories. Many things had changed in medical student life over the decades but overwhelmingly it seemed that medical students had always enjoyed, and continued to enjoy, socialising, sports and a bit of mischief.

“Professor John Newnham (Head of the School of Women’s and Infants’ Health) tells an amusing story about how a student in his year group flooded an entire floor of one of the King Edward Memorial Hospital buildings, only to see the entire cohort defend the person who did it, refusing to dob the student in to the Dean, despite being called in for questioning,” Mr Dorevitch said.

The anniversary celebratory event is to be held at the Lawrence Wilson Art Gallery on the main university campus, with entertainment, refreshments and a panel discussion on changes in the life of medical students through the ages. Guests will include WAMSS alumni and current students.

The event will feature the WAMSS History Project, chronicling its first 70 years with archival material from the UWA student guild and WAMSS publications from the 1950s to the present, as well as memorabilia that include clothing and other merchandise. Also on display will be the first WAMSS publication, “The Flex”, written in 1957 by Sonny Gubbay, who became a highly-respected neurologist and Clinical Professor in the School of Medicine and Pharmacology.

Mr Dorevitch said that unfortunately in 2015 a large amount of valuable and sentimental memorabilia from the WAMSS common room at Sir Charles Gairdner Hospital had been lost. The society was therefore asking alumni and others to send copies of any photos, documents or anecdotes about WAMSS history that they could contribute to foundation@wamss.org.au. The aim was to compile and publish it in the near future.