DENTAL SCHOLARSHIPS FOR CASH-STRAPPED AND COUNTRY STUDENTS

Dental students who are struggling financially during their clinical years will be in the running for two new scholarships donated by the Dental Board of Western Australia.

The Board has donated $200,000 for the establishment of the scholarships in perpetuity. They will each initially be worth about $5000 per year.

And in order to kickstart the scholarships so that they can be awarded at the start of next year, it has made an extra donation of $10,000.

The Dental Board of Western Australia Scholarship will be awarded to a student in financial need who has achieved excellent academic results in the preclinical year of the course.

The Dental Board of Western Australia Country Scholarship will be provided for a graduate of a secondary school from rural or remote WA for whom educational opportunities are limited.

Both scholarships will be for the clinical years of the degree
For the first time in Australia, doctors training to be surgeons can obtain a Master of Surgery at UWA in a course that incorporates practical skills.

The Master of Surgery degree offers trainee surgeons the unique opportunity to undertake a combination of acquiring research and technical skills training as part of a formal academic qualification. The first intake of six students will start in February but in 2-3 years’ time, up to 12-15 students may be accepted.

The course differs from other post graduate studies in medicine because of the practical skills training workshops where students will be taught generic and specialised surgical skills by high calibre consultant-level teaching staff.

“We designed this course to enable surgeons in training to develop research skills and hopefully develop the next generation of academic surgeons,” Winthrop Professor Christobel Saunders said.

“This is the first Masters in WA specifically for surgeons and provides a rare opportunity to include practical in-training assessments, along with research skills training and a research project.”

The surgical skills training will be conducted at CTEC where the students will be able to learn and practise skills during cadaver laboratory sessions under the guidance of specialist consultant surgeons. CTEC’s experience in course development and design will ensure that students have access to a safe and high quality training environment, including access to ethical use of cadaveric specimens.

In addition to the practical workshops, students will be supervised by experienced teaching staff and will receive focused attention through small teaching groups and interactive discussions.

Research will continue to be an integral part of the Masters degree and students will be involved in the design and management of clinical research papers and prepare a thesis.

In the initial cohort, research will be undertaken in neurosurgery, orthopaedic surgery, breast surgery and surgical education.
As we say farewell to 2009, it is timely to reflect on where we have come from and where we are now headed as a Faculty. An opportunity to look back was aptly provided by the occasion of the annual Dedication Ceremony for our graduating final year medical students. They represent the 50th cohort of students to graduate from our Medical School and it was fitting that eight of the 15 inaugural students to graduate in 1959 were able to join us at the dedication. Moreover, one of their number, Adjunct Professor Bryant Stokes, delivered the address to the graduands, reminding them that our Medical School has its roots deeply embedded in a community that gave so generously to the appeal of 1955-6 that brought the School into existence. He called on them to now honour those origins through the quality and commitment of their own future professional service to our community. Just prior to this year’s graduands reciting together a Declaration of Professional Dedication, the one that their predecessors of 50 years ago had each signed was read out. It began

“I acknowledge this day with gratitude the distinction which has been conferred upon me and I solemnly promise that as a graduate in Medicine I will abide steadfast in all due loyalty, and endeavour always to promote the welfare and to maintain the reputation of The University of Western Australia.”

These simple sentiments underpin the reality that this Faculty is only as good as the quality of the students it recruits and those it graduates. Its reputation hinges on the core values that they aspire to and the contributions that they have made and will continue to make, not only to the community of Western Australia but also nationally and internationally. Fifty years of building on such commitment received its acknowledgement this year with The University of Western Australia being ranked once again in the Australian Teaching and Learning Performance Fund as one of only three universities in the top band for the quality of its medicine and health sciences teaching nationally and also ranked at number 58 in the Shanghai Jiao Tong Worldwide Universities Index for its research in the discipline of medicine, one of only three Australian universities which have made it to the top 100 on this index. The bar has certainly been set high, and now with the ink just beginning to dry on our five year operational priorities plan that has now been established for 2009-2013, it will be set even higher for the next five years.

The first 17 students to graduate from podiatric medicine also held their inaugural Dedication Ceremony this month. The efforts of these students in completing the requirements for this degree have been ground breaking in terms of the history of podiatry in Australia. The first full time three-year diploma course for podiatry offered at any tertiary institution in Australia was by the Western Australian Institute of Technology (now Curtin University) in 1972. Following the closure of the course at Curtin, UWA took up the challenge of training podiatrists in 2005 and these students are now the first to graduate with a bachelor degree in podiatric medicine within a faculty of medicine in Australia, and more than that, a degree in podiatric medicine from a sandstone Australian university, a university of distinction which is embedded in the so-called Group of 8 research intensive Australian universities. Over a four-year period they have been participants in a rigorous and high quality course that at all times has sought to apply scientific method, training them in the allopathic care of the foot for the 21st century. It is a course that is now receiving increasing attention from interstate and overseas and will become a model for the future training of podiatrists in Australia and the region.

The year has finished on a high note with notification that our Bachelor of Dental Science course has received full re-accreditation from the Australian Dental Council for the maximum period of seven years. The MBBS course is due for its re-accreditation next year and I thank all those who have been helping us prepare for this demanding 10-year review of the Medical School by the Australian Medical Council. I am confident that we will be able to emulate our dental colleagues’ success.

Thank you all for your commitment to this Faculty throughout 2009. I hope this festive season is a time of rich joy and blessing to you all and I look forward to seeing what we can achieve together in the new year and beyond.

Ian B. Puddey
A new unit focusing on cancer and palliative care is evaluating services ranging from care of the dying in the last 72 hours of life to Tumour Collaboratives.

The Cancer and Palliative Care Research and Evaluation Unit (CaPCREU) has been so successful in the 12 months since it was established that it has doubled in size.

Based in the Faculty’s School of Surgery, it is a joint initiative of the WA Health Department, University of WA, Curtin University and Edith Cowan University.

It works closely with the WA Cancer and Palliative Care Network (WACPCN), clinicians and institutions delivering cancer treatment, the Health Department, other WA universities, funders of cancer care and families affected by cancer or who require palliative care services.

About 8,100 people are known to receive palliative care in WA annually. The number may however be much larger.

The CaPCREU team, headed by Winthrop Professor Christobel Saunders, consists of Research Assistant Professors Angela Ives and Claire Johnson and Research Officers Helen Lund and Manonita Ghoush.

Assistant Professor Ives said the Unit was collaborating with the WACPCN in the evaluation of a project to implement the Liverpool Care Pathway for the Dying Patient - a checklist of integrated care to ensure dying patients, their relatives and carers receive a high standard of care in the last days and hours of their lives.

“This pathway is used widely but has had limited formal evaluation and people want to use it here,” she said.

The team is also assisting the WACPCN to evaluate a project based at PMH on paediatric palliative care for people living at home. Such care can last for a few hours, for example, in some cases of children born with serious birth defects, right up to several years for children with incurable genetic disorders who are cared for at home.

Associate Professor Ives said another role of the Unit was to encourage clinicians and other health professionals to advise cancer services.

In the case of rural cancer patients, it is hoped to streamline the care so they can see all their health professionals in one visit.

“We have been talking to the clinicians who lead the Tumour Collaboratives and the cancer nurse co-ordinators who are now employed within the Department of Health, to see if they think the Collaboratives are of benefit,” Associate Professor Ives said. “The next stage of the research is to see if other people think they are helping to improve patient care.”

Associate Professor Ives said one of the first steps she and Assistant Professor Johnson took was to establish links with the WACPCN and relevant health professionals in WA to identify their research and evaluation needs. They also contacted other academics and groups involved in cancer care in WA to develop collaborations. Through this process, they began to increase the research capacity and collaboration by assisting with the development of grant ideas, proposals and applications, identifying grant sources and networking with other academics and health professionals locally, nationally and internationally who could support or assist in research.

CaPCREU have also administered a small grant scheme, which will help fund pilot studies, and a clinical trials grant scheme, which will help pay for staff for clinical trials that do not receive funding from elsewhere.

leading to qualification as a dentist, currently the Bachelor of Dental Science, at UWA.

Board President Dr John Owen said it was strongly felt that the scholarships would greatly assist the recipients who otherwise would find it difficult to keep working in part-time jobs during the clinical years, probably compromising their studies.

The renewal each year of the scholarships to recipients is dependent on satisfactory academic progress.

Dr Owen said when he joined the Dental Board of WA in 1996, it had about $35,000 of accumulated assets. Through sound management of the Board’s affairs over the subsequent period, reserves had risen to about $800,000.

“During this period, registration fees have only increased once, that being in 2006,” he said. “It is a great honour on behalf of present Dental Board members and past Dental Board members and all past and present registrants, to be able to be in this position and establish these scholarships.”

The Board had a strong desire to encourage undergraduates from the country and remote areas of the vast State of WA, Dr Owen said. “It is hoped that such support is actually an investment which will lead to greater availability of dental services in country areas in the not too distant future,” he said.

“We should encourage undergraduates from remote areas and students in general around the cities, we want to support remote and rural students. Students coming from the country are going to have a lot more costs, whether they stay at a university college or rent.”

Dr Owen said the Board saw the scholarships as a very worthy method of saying farewell to the profession it had overseen since 1894.

“Unfortunately, the Board in its current autonomous form, with its own corporate responsibilities and governance, will cease to exist with the introduction of the National Registration and Accreditation Scheme in approximately July 2010,” he said.

-By Cathy Saunders
Peering into the jungle – AIDS research

Visiting immunology physician Dr Evy Yunihastuti describes many of the AIDS patients in her Jakarta clinic as a “jungle”.

She looks after 1500 patients in the Pokdisus AIDS clinic at the Cipto Hospital in Jakarta, which is affiliated with the School of Medicine at the University of Indonesia.

“My patients are very young and newly-diagnosed,” she said. “But most have a late diagnosis and have many opportunistic infections, which can be a virus, or fungi or bacteria... even in the same person.

“So I like to call it a jungle,” she said, in reference to the fact that when looking into a jungle, it is possible to see some things while knowing other unseen things lurk there.

She has spent several months in Perth as a Royal Perth Hospital Visiting Fellow and PhD student working in the School of Pathology and Laboratory Medicine with Professor Patricia Price.

Most of the patients in her clinic are intravenous drug users and often present with problems relating to IV drug use such as sharing dirty needles. These include endocarditis, skin infections and emboli.

A high percentage of the patients are co-infected with hepatitis C or hepatitis B and half have tuberculosis.

Professor Price said by comparison, WA patients were usually homosexual, long-term patients who had been on antiretroviral therapy (ART) for more than 10 years and under other treatment for decades. A few were in their 60s and 70s.

Another difference was that resources were limited in Indonesia. Fewer than 10 ART drugs were available whereas in Australia more than 30 drugs were used, she said.

Dr Yunihastuti has recruited 50 of the patients in her clinic and followed them through their ART for a year and has made some important findings (see box).

The work will now continue with support from a grant from the Medical Research Foundation of RPH. Negotiations are underway to sign a Memorandum of Understanding between UWA and the University of Indonesia.

Professor Price, who established the collaboration with the University of Indonesia, said she had an even larger collaboration with University of Malaya.

“Indeed we have set up parallel laboratories at UWA and UM,” she said.

The collaboration has been underway for five years and Professor Price is appointed as a Visiting Professor there.

Like the work with Dr Yunihastuti, the UM research is into HIV, either on immune restoration disease (IRD) or neuropathy.

IRD is a complication of combination ART and results when the immune system, weakened by HIV and unable to control infection by the many different pathogens that cause opportunistic infections in AIDS patients, starts to recover with antiretroviral therapy.

“The drugs should cause the immune system to recover,” Professor Price said. “But in some patients it recovers too well and you get inflammation, and in others it recovers not enough and they are still susceptible to infection.

“So we have to understand what limits the recovery of the immune system and it seems to be some of the regulatory cells of the immune system, particularly the dendritic cells.”

About 20-30 per cent of patients on ART have IRD.

The researchers have been focusing also on TB, hepatitis C and B, and herpes virus infections, which are common in patients with IRD.

“We are particularly studying patients whose HIV disease develops to an advanced state before they go on treatment,” Professor Price said. “That, of course is not very common in Australia but it is common in Asia and that is why we are doing Asian studies. We are looking at people whose disease goes all the way to AIDS before they start their drugs.”

Dr Evy Yunihastuti has made an important discovery in her bid to predict hepatitis C in immune restoration disease.

The predictor she has discovered is that it occurs in patients with low-levels of antibody to the virus.

This suggests the antibody is protective. “We have never actually thought the antibody was protective against that virus,” Professor Price said.

The low levels of antibody in the patients are presumed to be the result of their immuno-deficiency.

“It is the first time anyone has had this insight into understanding the disease process,” Professor Price said. “We are hoping the findings will improve patient management.”

-By Cathy Saunders

(from left) Dr Evy Yunihastuti, Professor Patricia Price and Dr Silvia Lee. Dr Lee is a post-doctoral scientist who works with Dr Yunihastuti in the RPH immunology clinic and trains visiting students.
With the plight of refugees a focus in the media, new research currently underway in the School of Psychiatry and Clinical Neurosciences will highlight the flip side of the story and improve the mental health care of the vulnerable population.

The research is being conducted by the Community, Culture and Mental Health Unit (CCMHU).

At present, refugee entrants to WA from the UN Humanitarian Program are medically screened prior to migration with a focus on infectious diseases. They are refugees who have already been granted entry with permanent residency to Australia and are different from the asylum seekers often featuring in the media.

At this stage, there is no mental health component to the screening.

Following arrival in WA, refugees are invited as individuals or as a family to have a further, voluntary, medical assessment and screening at the Migrant Health Unit (MHU) in Murray St, Perth. About 80 per cent attend and current data show that about 500 adults and 500 children are assessed each year.

Mental health is currently included in the medical assessment but often, due to time and resources constraints, only a brief assessment is made by the clinician and no formal or structured evaluation is carried out from a mental health perspective. There are, therefore, no formalised data relating to the mental health status of this high-risk population group.

To address this gap in service provision and baseline knowledge of psychopathology, the CCMHU is conducting the Migrant and Refugee Mental Health research project.

The aim is to establish the level of psychological problems in refugee settlers by ensuring the Kessler 10 (K10) Mental Health and Post Traumatic Stress Disorder Screening instruments are included in the health checks performed by GPs at the MHU.

The researchers are aiming to recruit 300 participants by mid next year.

Lead researcher Associate Professor Jon Laugharne said the project, a collaboration between CCMHU, the MHU and other clinical and research colleagues, had been running for four months and would run until at least the middle of next year.

“It is anticipated that the research will also lead to recommendations for early intervention and optimising the provision of clinical mental health care in the context of a holistic psychosocial approach for this vulnerable population,” he said.

There are a number of psychosocial strategies that can reduce the risk of mental health problems; strategies that strengthen individual resilience and build self esteem and coping skills and abilities, as well as community support and connectedness. It is well recognised that strategies that support people to become involved with and feel part of the community through positive cultural connections with community members are effective in promoting positive mental health.

Recently, the CCMHU collaborated with key community stakeholders to organise a community forum to celebrate World Mental Health Day. The event, launched by the Minister for Mental Health, Dr Graham Jacobs, featured information stalls, and health and wellbeing demonstrations.
Migrants and Refugees at Risk of Mental Health Problems

By Meagan Shand and Alyssa Lillee, Senior Research Officers, Community, Culture and Mental Health Unit

“Afflictions of the mind and spirit know no boundaries of race, ethnicity or religious faith.” (Mental Health Council of Australia, 2007).

Last year, 19,500 migrants and refugees settled in WA, with more than 15 per cent, or almost 3,000, resettled for refugee/humanitarian reasons.

The number is set to rise, with an increase in the Humanitarian Program to 13,500 places across Australia for 2008-09, recognising the critical need for resettlement of Iraqis, while Africa, Middle East and Asia still remain priority regions (see graph).

Evidence indicates that resettled refugee populations experience significant levels of mental health problems and illness. A recent systematic review of 7,000 refugees settled in Western countries found significantly elevated rates of depression and a 10-fold increase in post-traumatic stress disorder compared to population norms.

According to the World Health Organisation (WHO), an estimated 50 per cent of migrants worldwide have a mental health problem – ranging from chronic mental disorders to trauma and distress, which is more prominent in those who have fled persecution. Although there are existing international data on prevalence rates of mental illness in resettled refugee populations, there is none for refugees settled in WA.

To redress this, the Community, Culture and Mental Health Unit in the School of Psychiatry and Clinical Neurosciences is conducting a study to determine the level of psychological problems in resettled refugee populations on entry to Australia, using mental health screening tools (see story on opposite page).

Lead researcher Associate Professor Jon Laugharne said data derived from the local refugee population was of great importance. “It ensures that public-health practitioners and policymakers neither exaggerate nor underestimate the burden of disease from the mental health perspective,” he said.

Mental illness is of significant burden and is a major public health concern in Australia. Over a 12-month period, one in five Australians will experience a mental health problem or mental illness, about 2,000 deaths will result from suicide, and mental illness will account for almost one-quarter of the total disability burden for all diseases.

It is estimated that about one in 20, or one million Australians have a psychiatric disabling condition, with almost half experiencing severe or profound core activity limitation, meaning they sometimes or always need help with self-care, mobility or communication. As a result, psychiatric and psychological conditions account for more than 25 per cent of recipients of the Australian Government’s Disability Support Pension.

This significant burden and high prevalence rates of mental illness have raised mental health to the nation’s third highest health priority, following cancer and cardiovascular disease.

Last year, the Australian Institute of Health and Welfare declared that “people with mental illness are more disabled, more distressed” and are hospitalised more often and for longer periods than the general population. In the financial year 2005–06, there were 322,110 hospitalisations with either a mental health-related principal diagnosis or a record of specialised psychiatric care (1,567 hospitalisations per 100,000 people). These accounted for 2.96 million patient days, which equates to an average stay of 9.2 days - higher than the average length of stay for all illnesses.

Increased hospitalisation may be due to the existence of comorbid conditions, as it has been well established that people who live with mental illness are more likely to develop chronic physical illness such as, cancer, diabetes, and heart disease. The causal link between mental illnesses and physical ill health is also widely recognised, with depression an identified risk factor for heart disease. Mental illness also has a major social impact, being associated with unemployment, homelessness, stigma and social exclusion.

This significant burden to the individual and society means that early intervention and screening is crucial.
More research, innovative teaching for Dentistry School

Winthrop Professor Andrew Smith ushers me into his office and points with a grin to an evil-looking drill in the corner and a box of tissues on the table.

I am wary of the juxtaposition but he assures me the old-fashioned drill is long out of use. The tissues, however, are for “weeping staff” who come to see him, he says with a laugh.

The new Head of the School of Dentistry and Director of the Oral Health Centre of WA (OHCWA) begins with light-hearted banter but soon gets down to serious matters. By mid-October, after only two months in his new role, he already had mapped out firm plans for the future.

The School and OHCWA underwent an independent external review last year which was, he says, a curate’s egg, with a mix of good and not-so-perfect.

“A lot of things that came out of it were glowing, that the School and particularly OHCWA were running really well, but there were some other issues they weren’t so happy with,” Professor Smith says.

As a result, he has taken on the task of instituting change in the School’s management structure.

“There is going to be a more structured administrative system rather than just direct responsibility to the Head,” he explains. In practical terms, this means the School will be divided into three sections, each with a Head and consisting of a mix of the eight disciplines. The section Heads will report to the Executive, which consists of Professor Smith, Deputy Head of School Winthrop Professor Paul Abbott, Director of Undergraduate Studies Professor Paul Ichim, Business Manager Stephen Home, and Clinical Director Associate Professor Stephen Routley.

The review also identified that there was a shortage of full-time academic staff in the School – which now has partly been remedied by the appointment of Professor Smith, who is an oral and maxillo-facial surgeon, and Professor Paul Ichim.

And while the School already trains graduates in periodontics, endodontics, orthodontics, and oral medicine and oral pathology, a further aim is to expand that to include the remaining disciplines of paedodontics, prosthetics, dental implants, orthodontics, oral and maxillo-facial surgery, and forensic dentistry.

Professor Smith says that the review found the School and OHCWA had shown excellence in their ability to deliver dental services and turn out high quality dentists but it was lagging behind other institutions in terms of research.

“We are probably a victim of our success in the delivery of service,” he said, adding that he intended to encourage more research. “The appointment of the previous Head of School, Paul Abbott, to be the Dean of Undergraduate Studies and Research is an important step towards achieving that.”

As the School has a low level of grant applications, another of Professor Smith’s imperatives is to increase the number.

As part of his role, he will continue with his own academic research. Before his appointment to the Faculty, he was Associate Professor at the University of Melbourne and directed the Victorian surgical training program in oral and maxillo-facial surgery as well as carrying out research.

“My particular areas are in quality of life for patients with mouth cancer and in development of virtual reality tools for simulation in dentistry and surgery,” he explains.

“To begin with, I am likely to be working with software engineering and electronic games development, because a lot of the software development of virtual reality tools is a spin-off from computer games.”

Much of his research in Melbourne was conducted as part of an integrated university multi-disciplinary team that included software and hardware engineers and scientists.

He is a computer enthusiast and says he is “unable to resist gadgets of any type, proudly tracing my interest back to the humble Sinclair ZX80.”

Professor Smith says he also wants to continue to improve the quality of teaching and learning for the students by introducing innovative techniques to deliver teaching, learning and assessment. An example of this is the use of a state-of-the-art dental simulator called DentSim (see story on opposite page).

He will also maintain programs to attract outer urban and rural and remote students, especially Indigenous students, to the School.

“We are part of the Faculty’s outreach program for outer urban students and we have active participation of our students in remote and rural dentistry in their final year,” he says. “The exposure of communities to dentists is one way of educating the community that their young people might consider a career in dentistry, which they might not have thought of before.”

Professor Smith, who has been involved in providing pro bono surgical services and setting up training programs in the Priest’s Hospital in Bangkok, Thailand and the Colonial War Memorial Hospital in Suva, Fiji Islands, will continue to foster the exchange of dentists from Asian nations such as Sri Lanka, Vietnam and Cambodia.

Another item on the full agenda is preparing for UWA’s change to a post-graduate dentistry degree.

Professor Smith says the new dental curriculum will be a big challenge, to fit five years into four, but he welcomes the change.

“Dentistry will be getting mature students who have had three years of experience of adult learning,” he says. “This is exactly the pattern that is in use throughout the Americas and a lot of places in Europe and there is research to show the outcomes are improved.”

The date of the first entry of post-graduate or Doctor of Dental Medicine students is being decided.

-By Cathy Saunders
The challenges facing the Dental School with the proposed shorter dentistry degree could be partially addressed by the use of virtual reality based technology (VRBT), according to a Faculty academic.

Associate Professor Erica Yates, of the School of Dentistry, said a dental simulator computer program, known as DentSim, had been shown to cut clinical training time by 40 per cent.

Dentistry, as with other professional courses, will become a graduate degree within the next few years and will be reduced from a five year to a four year course.

DentSim is an electronic dental training program that enables students to practise drilling and shaping preparations on plastic teeth in the mouths of manikins and then gives them an objective assessment of their skills.

Associate Professor Yates said every dentist needed to become competent with wielding the high-speed hand-piece as it was fundamental to good dental practice. “Dental students learn this essential psychomotor skill in pre-clinical training sessions and VRBT has proven to be an effective training method,” she said.

“There are multiple aspects to the use of DentSim. There is less time in training for the students and they are happier on the system because they get objective and on-demand feedback. And in the long run it is actually better for the patient because the students come into the clinic with a higher skill level.”

Associate Professor Yates said although dentistry students were academically in the top ranking, some did not shine at the motor skills section which involved drilling.

“The research has shown that having a totally different style of teaching may actually help them,” she said. “If we can discover those who are struggling earlier, then they can have more intense training and a better chance of getting through.”

Professor Judith Buchanan visited in September from the Dental School at the University of Minnesota, where she set up the DentSim program, to give UWA Dental School staff an introduction to the equipment. Faculty Dean Winthrop Professor Ian Puddey was one of those who tried his hand at the drill.

Professor Buchanan was funded by a UWA AJ Herman Fellowship, which provides funding to bring distinguished scholars from outside WA to UWA to undertake research or teaching.

DentSim will be available for the next few months for dentistry students and staff to experience the innovative training method. “Already the wider dental profession has indicated their support for the adoption of VRBT in using it for continuing education for their clinical staff,” Associate Professor Yates said.

She said she would love the School to be able to acquire 20 of the machines but that 10 would be a good start, if funding could be found.

Professor Judith Buchanan explains the DentSim program to Faculty Dean Winthrop Professor Ian Puddey (standing) and (from right, seated) Faculty Manager Susan Henshall, UWA Senior Deputy Vice-Chancellor Winthrop Professor Bill Louden and School of Dentistry Clinical Associate Professor Soheila Etemadi.
The first group of Master of Nursing Science students, who have switched from a range of careers to become nurses, started the innovative post-graduate degree in July. Course Coordinator Associate Professor Rosemary Saunders said the cohort of 21 had a mix of undergraduate qualifications, with the majority having a science degree followed by arts, business and other degrees.

The two-year full-time Masters degree allows graduates to swap from other professions to nursing without first having to do another undergraduate degree. Accredited by the Nurses and Midwives Board of WA, at completion of the course graduates will be eligible to apply for registration as a Registered Nurse.

The course, which is being conducted by the School of Population Health in conjunction with Sir Charles Gairdner Hospital, involves 800 hours of clinical practice and includes clinical placements in the winter and summer university breaks.

The course was initiated in response to the growing dearth of nurses in Australia and overseas.

The next intake will be in February and will be followed by a yearly annual intake.

A tale of two

These are the stories of two of the first intake of students for the Master of Nursing Science degree at UWA.

Simon Roebuck

I graduated from UWA with a Bachelor of Physical and Health Education and a Graduate Diploma in Education at the end of 1998 and headed for Albany and a small school catering for all years up to Year 10. I returned to Perth in 2001 to fill in as an outdoor education specialist on a senior (Year 10-12) campus in Churchlands. In 2002, I began a three-year contract with a non-profit organisation, coordinating their vacation camping program for primary and high school aged children.

In 2005, my wife, Karli, and I spent 10 months travelling through Canada before returning to Perth where I completed a Certificate IV in Fitness. I then took on a position as a course coach at the Australian Institute of Fitness. I began a personal training business based in Claremont in October 2006 and soon began to toy with the possibility of pursuing a Masters degree in motor learning and control.

In November 2007, my wife and I were blessed with the birth of our beautiful little boy, Oliver. In July 2008, our world changed when Oliver was diagnosed with cancer. Our world began to revolve around Princess Margaret Hospital. We began to interact with a large number of different medical personnel as well as parents and children coping with cancer.

As Oliver's very successful treatment approached its end in July 2009, I again began to consider further study. My focus shifted from human movement and I felt that I had something to offer as a nurse within paediatric oncology but was not keen on returning to an undergraduate degree and had a preference for returning to UWA if I was to continue my studies. I came across the Master of Nursing Science and the rest, as they say, is history. Oliver had his final dose of chemotherapy on July 1 and the Master of Nursing Science commenced with its first class on July 20.

It hasn’t been easy to study while trying to fit in the responsibilities of being a husband and father and running a business. It's a significantly different experience from my undergraduate years. I have discovered that nursing is a complex career to choose and I have found that I have enjoyed juggling the mix of skills required to provide a level of care I would be happy to receive.

My first practical experience at Sir Charles Gairdner Hospital was supported by enthusiastic and friendly ward staff and while our scope of practice was quite limited, it was an important opportunity to practise the softer skills of nursing.

I am looking forward to the coming months, tackling more complex situations, working in a wider range of practice areas, and ultimately using my experiences and training to provide the care my clients need.
My first degree was a Bachelor of Commerce, majoring in Tourism Management. After finishing my first degree I went on a year long working holiday in Ireland and Scotland. I returned to Perth to start my tourism career but unfortunately this was near the time of the September 11 attacks and finding a tourism job was a nightmare. I moved into Visitor Servicing roles with CALM (now Department of Environment and Conservation) and worked as a Visitor Centre Manager at Purnululu National Park (Bungle-Bungles) and Shark Bay.

I then moved into recruitment and human resources roles for a couple of years before deciding to return to study nursing. When I was working in HR, I helped out the Occupational Health and Safety team and worked as a first aider in one of my jobs. This is probably what led me to do nursing as I liked dealing with pre-employment medicals and safety issues more than the recruitment side of the role.

Studying nursing has been a very intense experience for me. Some good, some bad experiences but it is always interesting and unlike anything I have ever done before. I think the clinical experience at Sir Charles Gardiner Hospital has been the best part of the course as it has allowed me to really experience what it is like to be a nurse. When I started with my practical experience, I felt quite useless but by the end I felt like I could help out the nurses with some of the more basic but time consuming jobs like showering patients and feeding dependent patients.

I am 30 years old and going back to being a student has been a massive change. I am learning to survive on very little money again (baked beans for me!) and have moved into a share house which has been great. I like the fact that I am learning so many new things.

When I graduate, I would like to move into emergency or sexual health areas. Once I am experienced, I would like to do overseas work for a while, possibly working in Papua New Guinea or overseas aid work.

A School head has received a rare accolade by being made an Honorary Director in a Chinese university department. It is the first move of its kind for the department.

Winthrop Professor John Newnham, Head of the School of Women’s and Infants’ Health, is now an Honorary Director of the Department of Obstetrics and Gynaecology in the Drum Tower Hospital, Nanjing University Medical School.

“They have never done anything like this before apparently,” he said. “It is an honour. And it means I have access to their research data.”

Professor Newnham said some of the things he had achieved in China had probably led to the appointment.

He has set up a research collaboration with the Nanjing University Medical School. The first study will compare the incidence of pre-term birth and the factors leading to it in populations in WA, Hong Kong and the Jiangsu province, of which Nanjing is the capital.

“We are looking at the differences in our populations as regards pre-term birth and hoping to find clues as to how we can prevent it in our population,” Professor Newnham said.

“No-one has known the incidence of pre-term birth in China and they don’t have any national data so they have now provided us with the province data.”

The School has also fostered the exchange of senior staff between the two universities. The Director of Obstetrics and Gynaecology at Nanjing came to King Edward Memorial Hospital for a month this year and two young obstetricians visited for three months. Similarly, medical students from the Faculty School have been to Nanjing.

continued on back page
This year's medical graduates, affectionately known as “The Bulge” because they are the biggest cohort to date, are the 50th group to emerge from the Medical School as qualified physicians.

There are 197 graduates this year compared with 15 who attended their dedication ceremony in December 1959.

Faculty Dean Winthrop Professor Ian Puddey told the guests at this year’s dedication ceremony held in Winthrop Hall last month he was delighted that eight of the inaugural students were present and acknowledged their 50 years of contribution and service to the community. They were Adjunct Professor Bryant Stokes, Emeritus Professor Con Michael, Dr Malcolm Hay, Dr Neil Fitch, Dr John Hanrahan, Dr Owen Isbel, Dr Mashie Levi and Dr Isaac Raiter.

“The roll call of alumni since these inaugural graduates now includes many distinguished colleagues, global, national, and international, who have served our profession and community with distinction and in so doing have brought considerable prestige to the University of Western Australia and the Medical School,” Professor Puddey said.

They include a Nobel Laureate, Professor Barry Marshall, and an Australian of the Year, Professor Fiona Stanley.

Professor Puddey said this year’s graduates brought the total to 4017 since the Medical School's inception.

“Moreover, we began our graduate entry course in 2005 so today the first of our graduate entrants to the academic course completed their studies at UWA and of course they are the harbinger of the changes to come,” he said. “In 2014, UWA will be moving to an entirely graduate entry program.”

Adjunct Professor Bryant Stokes, who gave the Occasional Address, told the graduates they would face many challenges, including the rising cost of health care which was becoming unsustainable and which would require them to work in more productive and smarter ways while maintaining the best and safest practice for their patients.

“There will be more and more intrusion by Government on how healthcare is delivered and this is not unreasonable as Government in the long run pays the bills one way or another,” he said. “We must be able to respond safely and appropriately to this challenge.”

The fact that patients were well informed about their medical conditions, largely due to the blossoming of information on the internet, could also prove challenging, he said.

“They will demand answers —and rightly so—which will often tax your ability to respond and communicate effectively,” he told the graduates.

In another arena, as knowledge expanded to the cellular and gene level in the treatment of disease with, for example, stem cell research, the new graduates would face many issues including those of an ethical nature, he said.

Faculty Manager Ms Susan Henshall read the names of the prize winners and Associate Professor Rosanna Capolingua — whose daughter was one of the graduates — presented the Australian Medical Association (WA) gold medal and bronze bust of Hippocrates to the student with the highest marks in each year of the six-year course, Nicholas Copertino.
The first medical students to graduate with a West Australian degree celebrated their 50th anniversary this year with a reunion of doctors who have gone down very different paths.

The graduating class of 1959 reunited at the Weld Club earlier in the year.

"Included in this group are (recipients of ) Order of Australia Awards, Past Presidents of Royal Australian Colleges, Clinical Professors, A.M.A chairmen and dedicated country practitioners," Dr Isaac Raiter, known as Ike, said.

The group are Dr Neil Fitch, Dr David Formby, Dr John Hanrahan, Dr Malcolm Hay, Dr Owen Isbel, Dr Nicholas Kraw, Dr Mashie Levi, Dr Terence McAuliffe, Emeritus Professor Con Michael, Dr Ike Raiter, Adjunct Professor Bryant Stokes and Clinical Professor Timothy Welborn.

"Michael Kraw came especially from Canada and David Formby from Victoria," Dr Raiter said. "We mourned Charles Picton Warlow, Barry Killerby and David Walters."

Adjunct Professor Bryant Stokes, Consultant Neurosurgeon, said the group started their medical degree in 1954, when first year consisted of physics, chemistry, botany and biology.

"There were 120 I think in that first year and only approximately 18 passed," he said.

For their second, third and fourth years, two went to Melbourne and one to Sydney while 15 headed for Adelaide, returning to Perth to complete fifth and sixth years. It was the first cohort to gain the MBBS from UWA.

There had been only two years of WA graduates before them, in 1957 and 1958, but they gained their degrees officially from the University of Adelaide – although 18 of them were admitted ad eundem gradum to the UWA MBBS degree at a ceremony in 2007 to mark the 50th anniversary of the Medical School.

"The thing that impressed us most of all when we came back was the overwhelming welcome that we received as medical students from virtually all of the public hospital staff and also all of our teachers," Adjunct Professor Stokes said.

"We were unique as they hadn’t had medical students really significantly before and the teaching at fifth year level going into sixth year was new to the hospitals.

"The downside I suppose was the fact that we felt we were always a bit under the microscope, as it were, because there were so few of us."

The teaching was undertaken by the Foundation Professors and their staff and consultant doctors. "The consultants had not had much teaching experience and I think they were just as nervous as we were but they really threw themselves into it all," Adjunct Professor Stokes said.

The Medical School was a small building in Victoria Square, beside Royal Perth Hospital and the students rotated through various hospital departments but there were no rural electives. "In the obstetric field, we had to have 20 deliveries in a term."

The department of anatomy was set up for students in later years in old demountable buildings which were formerly the headquarters of the US Catalina flying boat squadron based in Matilda Bay.

"Their aeroplanes were on the hardstands in the Royal Perth Yacht Club," Adjunct Professor Stokes said.

The first cohort of medical students to graduate from UWA, 50 years ago, was encouraged to spend time in the community that they would eventually be helping.

Adjunct Professor Stokes said all the Professors, but particularly the Foundation Professor of Surgery, Cecil Lewis, promoted the idea.

"We had an afternoon a week off in which we went and mingled with other areas of the community," he said. "We went to the prisons, to the meatworks, and to vineyards and that was quite interesting," he said with a laugh.

"It was to try to get us to understand there were people out there who were working and doing various things."

However, students of today probably had a greater understanding of Indigenous issues, which was likely to reflect the fact that the whole of Australia had a better understanding, Adjunct Professor Stokes said.

Back row: Dr John Hanrahan, Dr David Formby, Dr Terence McAuliffe, Clinical Professor Timothy Welborn, Dr Mashie Levi, Dr Neil Fitch.

Front row: Emeritus Professor Con Michael, Dr Owen Isbel, Dr Nicholas Kraw, Dr Ike Raiter and Adjunct Professor Bryant Stokes

Photos courtesy of Dr Ike Raiter.
Quoted As Saying

ABC South Coast WA (Albany)

Professor Daniel Fatovich, Professor of Emergency Medicine, is QAS the findings of a study he conducted jointly with Royal Perth Hospital highlight the importance of the Royal Flying Doctor Service to rural and remote communities. The nine year study found that patients who suffer major trauma from car accidents have the same chance of survival whether they crash in the country or the city. Almost half of the major trauma cases in WA can be attributed to traffic accidents while 30% are due to falls.

Winthrop Professor Jon Emery, Head of the School of Primary, Aboriginal and Rural Health Care, is QAS studies have shown that rural people with cancer have a 20-30 per cent poorer survival rate than their metropolitan counterparts. He is heading a five-year study that will try to identify the major factors that underlie this disparity. Once the “bottlenecks” were identified, a multi faceted intervention would be introduced to reduce them, he said.

The West Australian:

Assistant Professor Kay Cox, of the School of Medicine and Pharmacology, is QAS a new study will target people with mild to moderate Alzheimer’s disease who live at home and are willing to take part in a study to determine if 30 minutes of walking a day can delay memory loss. The participants will need to have a family member or friend also happy to take part. The Fitness for Ageing Brain Study is recruiting volunteers in Perth, Melbourne and Brisbane. They will be given cognitive and fitness tests over a 12-month period. Assistant Professor Cox said the participants would be asked to complete a 24-week home-based program of moderate walking for the equivalent of half an hour for five days a week. The study will also look at whether exercise improves the carer’s quality of life.

Assistant Professor Emma Glasson, of the Telethon Institute for Child Health Research, is QAS the trend suggesting an increasing rate of autism spectrum disorders in WA children appears to be related to changes in early detection and treatment rather than a real increase. She was co-author of a study which found that the rate had been rising by almost 17 per cent each year for years. It rose from almost two in 10,000 children diagnosed by the age of eight in 1983 to 53 children per 10,000 by 1997. Assistant Professor Glasson said the findings might reassure parents of children with autism who worried that the rise in cases was due largely to environmental factors. Instead, the increase appeared to mirror a community push since the late 1980s for improved early intervention services and changes to the diagnosis in the 1990s. “The increase we’ve seen over the last 20 years can’t be genetic over that period of time, so parents are asking what’s causing it and always looking for environmental factors, particularly when autism crops up without any family history,” she said.

Winthrop Professor David Ravine, of the Western Australian Institute of Medical Research, is QAS although deciphering the human genome has been a major milestone, what is important is finding what switches on or regulates genes. UWA researchers have helped discover the chemical “clothes” or “decorations” that switch some genes on or off. They are tiny biological markers known as methylates which attach to cytosine, one of the four chemical building blocks that pair up to form strands of DNA. “There’s a real practical aspect to it and already we’re seeing epigenetic drugs coming onto the market for conditions such as some blood cancers that were previously untreatable,” Professor Ravine said.

WITS ABOUT YOU

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

Explain the following:

1. Codman’s reactive triangle.
2. Erb’s palsy.
3. Cock’s peculiar tumour.
4. Pott’s puffy tumour.
5. Klumpke’s paralysis.

Answers page 15
“Foot doctors” make foray into desert

Isolated indigenous communities which had never seen a “foot doctor” have been visited by a podiatric medicine team that made a ground-breaking trip into the Western desert.

Heidi Chin, a final year Podiatric Medicine student, travelled with podiatrist Mr Burke Hugo to the desert communities of Punnum, Parngurr, Kunawarritji and Jigalong. It was the first trip of its kind.

Mr Hugo is a senior podiatrist at Royal Perth Hospital and a mentor to Podiatric Medicine students. Other team members taking part in the Indigenous Diabetic Foot Program were diabetes educator Maria Bastian and physiotherapist Anushka Bandaranaike.

“The Indigenous Diabetic Foot program is a podiatrist driven initiative that is culturally specific to Indigenous Australians,” Ms Chin said. “Under difficult conditions, we were responsible for assessing, managing, treating and, most importantly, educating Aboriginal people about diabetes.”

Indigenous Australians are more than three times as likely as the non-Indigenous population to have diabetes. “This highlights the need for podiatric intervention in remote communities, to reduce the rate of foot problems and associated complications,” Ms Chin said.

The fact that the communities had never or rarely seen a podiatrist meant the team faced the challenge of how to make long standing contributions which would continue after their departure.

“Many acknowledged they were diabetic but did not understand that preventative measures for complications could be taken,” Ms Chin said. “I witnessed this sad reality as a lady was flown out of her community due to rapidly ascending infection resulting from a dog scratch. The foot appeared gangrenous and she was likely to become a bilateral amputee.”

Recognising that education was the first step in the prevention of serious foot problems, the team gathered community members, young and old, with and without diabetes, and held interactive educational sessions and practical demonstrations of foot care.

“It was rewarding to see the community being involved with our program - observing, touching, washing and scrubbing their feet while socialising and having fun,” Ms Chin said. “On meeting a teenage boy who was ashamed of his diabetes, missed medication and received no family or peer support, I realised the importance of involving youth in our diabetes foot care program. Empowerment through school education is a positive step which we hope to take in the future.”

The team also carried out podiatric assessments. “I treated a graceful, elderly lady Daisy, whose story was told through the 2002 film Rabbit Proof Fence,” Ms Chin said.

The team liaised with Home and Community Care workers, nurses, Aboriginal health workers and medical officers with the aim of encouraging them to continue foot care sessions on a regular basis. They also trained general practitioners, Aboriginal health workers and nurses to perform simplified diabetic neurovascular screenings to determine if a patient required ongoing surveillance and follow up.

By working closely with GPs, the podiatrists gave valuable input to current health screening practice and reinforced the importance of multidisciplinary interaction in the progression of health services, Ms Chin said.

“This move from a reactive, acute care model to one in which early prevention is important has significant value in rural and remote settings where podiatric services are lacking or infrequent,” Ms Chin said.

Although it was the first trip of its kind in the Western Desert involving podiatric care, advantages of the project were already recognised by community members, Aboriginal health workers, GPs, nurses and CEOs of each community, she said.

“Future activities such as these must be adequately funded, supported and continued. Podiatric management of the high-risk foot can save limbs, reduce the costs to community and greatly improve the quality of life of many.”

Answers to Quiz on page 14

1. An X-ray sign of periosteal elevation by a bone tumour.
2. The result of injury (often at birth) of the upper brachial nerve plexus (C.5 and 6)
3. A suppurating sebaceous cyst.
4. A swelling of the scalp indicating underlying osteitis or an extradural abscess.
5. The consequences of a lower brachial plexus injury (C.8, T.1)
6. “Osteitis deformans” - a softening and deformity of the bone involved.
SWIH’T sweat, swat rivals at sports shindig – but suffer splint setback

How SWIH’T it is – the School of Women’s and Infants’ Health (SWIH) sported a netball team at the UWA Sports Day held recently and managed to rumble their opponents. But School Head Winthrop Professor John Newnham (front row, right), who was cast as goal defence, paid a price for the glory – a broken finger that ended up in a splint. “I had never even watched a game of netball in my life, let alone played one,” the Professor said in his defence. “I was surprised at how violent this women’s sport is,” he added with a smile.

“I learnt I had to extend my hand out to intercept the ball and at some stage I must have broken my little finger.”

But it was worth it because his team won and took one for the Faculty, he said.

The Sports Day was run like a mini-Olympics, with a torch and walk-past of athletes holding banners.

Before the game, SWIH’T, including School Manager and team coach, Maz Schneider (next to the Professor), posed for a photo. Always having an eye out for happy kids, they spotted some children from the UniCare child care centre being entertained by being pulled around in mini-carts. “We saw the kids about 30 metres away and asked if we could borrow them,” Professor Newnham said. “It looks like it was a magnificently set up photo but it was actually just by good fortune.”

CONTINUED FROM PAGE 11
Professor Newnham has also organised an international workshop on the Developmental Origins of Health and Disease (DOHaD) as part of China’s 10th national conference on obstetrics in Beijing next June and has lectured extensively in China.

Professor Newnham said the School’s laboratory manager, Mr Shaofu-Li, who trained at the Beijing Academy of Science, was playing a major role in helping with the Nanjing collaboration.

“Shaofu single-handedly has made a huge difference, I believe, to the School’s linkage into China,” he said.

Perth and Nanjing are sister cities and the Faculty has forged strong ties with the Nanjing University Medical School, thanks to the initiative of Faculty Dean Winthrop Professor Ian Puddey.