Sleeping over for Raine

The Gen-Yers who make up the Raine Cohort Study have been giving up a night each to take part in a sleep study run by the new Centre for Sleep Science at UWA.

Winthrop Professor Peter Eastwood, who heads the Centre, said about 1500 of the 22- and 23-year-olds would take part in an overnight study over the next two years. The aim is to define the prevalence and natural history of sleep disorders in young adults. The study, funded by a National Health and Medical Research Council grant of $890,000, began in March and 15 of the young adults are now tested each week.

They also undergo a comprehensive asthma test as well as standard Raine Study cardiovascular, anthropomorphic, back pain and other measurements.

"We are also looking at facial shape as assessed by three-dimensional photography," Professor Eastwood said. "There is some work to suggest there are certain cranio-facial characteristics which may make you more susceptible to sleep apnoea."

Continued page 10.

Visionary project transforms dormant nursing home into student learning centre

UWA nursing students just six weeks into their career are learning how to assess, care for and communicate with older adults living independently and in residential hostel care.

They are gaining hands-on experience at an early stage, thanks to a visionary project launched in April in which the ground floor of a former suburban nursing home that lay vacant for about six years has been transformed into a clinical learning environment.

The former Bethanie Joondanna Nursing Home now houses a 12-bed ward, in which student nurses can be taught using volunteer participants or mannequins, and a simulated community flat, where they can learn how to assess patients living at home and how to care for them.

The project will support students on clinical practicums and the new environment will be also used to teach clinical skills to enrolled and registered nurses. It will eventually expand to include medical students, with the potential for inter-professional learning.

There is also a podiatric clinic, where patients will be seen on a fee-for-service basis by podiatric medicine students under supervision from a podiatrist, plus a general practice clinic and a nurse practitioner clinic.

The five-storey building also houses a residential aged care hostel and is co-located with another hostel and independent living units, all run by the Bethanie Group, which means students will see a range of patients, including some from the wider community. The age range of the Bethanie residents is 65 to 102 years.

Continued on page 10.

In this issue

p3 Guest editorial - A revolution in podiatry
p7 A fillip for anaesthesia research
p15 Hearing more about it

Previous editions of MeDeFacts can be viewed online at www.medent.uwa.edu.au
Mixing with medical brains

Patients and the wider community will have the chance to rub shoulders with medical researchers to learn more about various diseases when the northern hub of a new medical research centre opens at QEII next year.

The $112 million building of the WA Institute for Medical Research (WAIMR) will house a 250-seat auditorium, interactive areas, break-out areas and theatrettes where people will be able to mix with those working at the coal-face.

WAIMR Director Professor Peter Klinken said that an example would be Huntington’s awareness week when patients with Huntington’s disease and their families would be able to talk to researchers and watch audio-visual material.

“It is going to be a real meeting place for the community, clinicians and researchers,” he said.

One spin-off might be that individuals in the community, as well as patients, would become keen to volunteer to take part in clinical research. “The more people find out about what is going on, the more likely they are to participate,” Professor Klinken said.

“Level two is entirely dedicated to clinical research so that is where you do need people who will volunteer for specific studies. So by interacting with the community on the ground floor and all the interactive areas, you will get greater participation in new clinical trials.”

The interactive areas have been made possible by funding from Lotterywest and the McCusker Charitable Foundation.

The 10-storey northern hub will also include laboratory floors, a 90 seat seminar room and a ground floor café and will house medical researchers, university academics and hospital clinicians all in the same building.

“It is going to be fantastic for the training of young doctors and post-graduate researchers,” Professor Klinken said.

Research will be across many areas but key fields of focus include cancer, eye, lung and heart disease and genetic diseases. Researchers will investigate the environmental and genetic causes of diseases and new treatment options.

The hub will open with a staff of 450 people with the capacity to expand to house 800.

The interactive audio-visual material will be beamed to large screens at the WAIMR south hub, which is starting to go up on an 8000sqm building site on the Fiona Stanley Hospital campus in Murdoch.

The $70 million five-storey south hub will house laboratories, clinical research rooms and office space.

It is due for completion at the end of next year and will open in 2014 with an expected staff of 360.
A revolution in the training of podiatrists

By Professor Alan Bryant, Head of the Podiatric Medicine Unit, School of Surgery

As a practitioner I often reflect upon the significant changes that have occurred within the podiatry profession since the time I graduated, some 30 years ago. The profession I entered did not have access to local anaesthetics, medical imaging, pathology testing, hospital admission privileges or prescribing rights, as is the case today. It is quite difficult to imagine practising podiatry now without these accruements that are as important to podiatry as they are to medicine and dentistry.

My personal path into the profession happened quite by chance. Disenchanted with the course in medical laboratory technology I was studying at the time and fearing some of a working-life staring down a microscope, I began searching for an alternative career. I stumbled upon a seminal textbook entitled “Principles and Practice of Podiatry” by Charles Weinstein while scouring the shelves of the Curtin University Bookshop for ideas. The book was published in 1968 and presented the scope of podiatry as practised in the US at that time. The book contained chapters on medicine relevant to podiatry, roentgenology, therapeutics, local and general anaesthesia and above all, scores of surgical procedures to correct common foot abnormalities. It was listed as a textbook in the podiatry program at Curtin. I bought it without hesitation, realising immediately that this was the profession for me and transferred straight into podiatry. To my great dismay, the textbook was never once referred to during my time as a student podiatrist! The Curtin program was never once referred to during my time as a student podiatrist!

High-risk foot

Fortunately, podiatry practice in Australia has evolved considerably over the last 30 years. Helped along by the jogging craze of the 1980s that gave rise to many cases of “runners-knee” and “shin splints”, the profession quickly responded with the development of podiatric biomechanics and sports podiatry. More recently, with our increasing waistslines and prevalence of diabetes, podiatrists have come to play an important role in the co-management of the high-risk foot. However, the recognition and scope of practice of podiatry in Australia still lags behind that of the US, particularly in the field of podiatric surgery.

Podiatry in the US is well established as a highly specialised “medical” and “surgical” profession and practitioners enjoy parity of practice with MDs and DOs, albeit with a scope of practice limited to treating conditions of the foot and ankle. Orthopaedic resistance to podiatric surgery, evident in the 80s and early 90s in the US, has largely disappeared. The American podiatrist completes a four-year graduate entry Doctor of Podiatric Medicine (DPM) course and usually undertakes a further two to four years of hospital-based residency training in podiatric medicine or surgery. Some of this time is spent shadowing MD or DO residents and registrars as they rotate through various relevant medical and surgical departments.

New benchmark

While the education and training of podiatrists in WA has undergone something of a revolution since the commencement of the Podiatric Medicine Unit in the School of Surgery in the Faculty of Medicine, Dentistry and Health Sciences in 2006, we still have some way to go. Our present four-year BPodM course, the first to be taught within a Medical Faculty in Australia, will soon be replaced with an even more rigorous three-year graduate entry DPM program. This development is exciting for the profession and sets a new benchmark for podiatric education in Australia. Our existing Master of Podiatric Medicine, Doctor of Podiatry and three-year Doctor of Clinical Podiatry course, the only such programs in Australia, will continue to evolve and improve to provide postgraduate opportunities in clinical research, management of the high-risk foot and training in podiatric surgery.

As the programs in Podiatric Medicine at UWA mature, it is pleasing to witness examples of the high levels of professionalism being demonstrated by our students and graduates. Two years ago, with the assistance of the Dean, a group of our graduates formed the UWA Podiatric Medicine Alumni, which now has around 65 members. The Alumni has become an influential political force within the profession, a provider of mentors for new graduates, has sourced competitive professional indemnity insurance rates for members, delivers an interesting CPD program and is in the process of establishing a student prize for our new DPM course.

Student initiatives

Some of our final year students have shown great initiative recently by trying to establish an on-going “Foot Care For The Homeless” service in East Perth. With the help of the Podiatric Medicine Alumni and manned by senior students supervised by volunteers, this clinic is set to provide a new and important community health service. Additionally, the same students are attempting to develop an annual travel scholarship for two senior students to spend time in a third-world country over their summer break. This proposal comes as a result of them spending time in a leprosy clinic in Nepal, realising the urgent need for podiatry services in these communities.

Such display of enterprise and philanthropy is very encouraging and demonstrates the personal and professional qualities of our students and graduates that augur well for the future of the profession.

Our Faculty strives to produce highly trained and competent health practitioners of all disciplines and it is our collective responsibility as educators to ensure that our programs are of the highest national and international standard. I am confident that our graduates will be educated to a level approaching that of our US colleagues within a relatively short period of time. To fully achieve this reality, what the podiatry profession needs most is a period of post graduation hospital-based training for each and every graduate. A relatively small investment would provide immediate benefits for our graduates and substantial long-term improvements in the delivery of podiatric health care for the people of Western Australia. At the present time, the WA Department of Health provides only two 12-month graduate podiatrist positions each year and these are not reserved for UWA graduates. This situation is clearly inadequate for the needs of our graduates and the public in general and should be addressed by government as a matter of priority.
Going up the country in China and WA to hone medical skills

Six medical students spent two weeks in February gaining hands-on experience in rural medical care in remote China, dealing with emergency, obstetrics and trauma patients in outdoor clinics.

Also on the trip were one Health Science student and one ambulance trainee.

They were taking part in the first overseas rural medical student camp, a joint venture of Kunming Medical University and Shanghai Jiao Tong University, which have established a rural medical program in Yunnan province in south-west China, and UWA, which has a highly successful Rural Clinical School across 13 sites in WA.

The students carried out medical and health care in Yunnan in a rural area of the Lijiang region, an isolated and under-funded area in the mountains 2,300 metres above sea level and home to more than 1.2 million ethnic Chinese people.

Winthrop Professor Minghao Zheng, the Faculty’s Associate Dean (International), said the students were the first cohort in a program in which up to 12 Faculty medical students from the RCS would work each February in a rural area in China.

“In return, we will train their medical students in general practice in the Rural Medical School in Bunbury,” he said. Four medical students from the two Chinese universities will spend six weeks each year at the Bunbury General Hospital, with the first group arriving next month.

UWA has signed a Memorandum of Understanding with the two Chinese universities.

Professor Zheng said a major aim of the program was to develop Faculty rural medical links with China, given that there care in China and Australia,” he said. These included an ageing population and lack of good equipment and systems to conduct diagnoses in remote areas.

“So the students had to rely on their knowledge and skills to consult with the patients,” he said. “Some of the patients over there present at a very late stage with all sorts of problems, from infectious diseases to cancer and neurodegenerative diseases.”

Professor Zheng said there were many other similarities between the rural health programs of WA and China, which were not able to transfer all their complex medical problems to centres with specialist services.

Another problem common to both countries was difficulty in attracting doctors to rural areas. The director of the local health clinic in Lijiang had said if he had funding, his first priority would be to train more doctors from rural areas so they would return to country areas to practise, Professor Zheng said.
Communicating when you don’t speak the lingo

Street clinics held in a small town in a far-flung region of China, where farming people turned up with a myriad of medical problems, were the highlight of one UWA medical student’s visit this year.

Rachel Halls said the visiting team of students and staff set up tables in the street and provided free consultations. “It was a really good experience,” she said.

She was one of a group of seven medical and health science students, an ambulance trainee, and three staff who spent a fortnight on a rural camp in Yunnan province. (See story previous page.)

The broad medical training provided by UWA proved extremely useful in the street clinics. The host Chinese medical students, who tend to go straight into a specialty stream during their undergraduate training, acted as translators.

“It was a good collaborative approach because they were doing all the translating and we were helping them figure out what was wrong with people and working on a good diagnostic assessment,” Ms Halls said. “Learning how to communicate with people when you don’t even speak their language was a really interesting experience.”

The team also handed out health information pamphlets.

The big frustration was being unable to organise follow-up for most patients because they were one-off clinics. “There is definitely the potential to set something up that would be really worthwhile, something that is sustainable where there is a proper referral process,” Ms Halls said.

However, some patients were able to get what they needed from a nearby pharmacy and two local doctors took it upon themselves to organise a city referral for patients with major problems.

The students also visited hospitals where they were given bedside teaching.

Accompanying staff were Faculty Dean, Winthrop Professor Ian Puddey, Head of the UWA Rural Clinical School, Winthrop Professor Geoff Riley, and Professor Zheng.

Next year UWA students could undertake an elective for up to six weeks in Nanjing Drum Tower Hospital or in Shanghai Ruijin Hospital before the rural medical camp, Professor Zheng said. Both hospitals will provide free accommodation and scholarships to UWA students.

By Cathy Saunders

Ms Halls said there were many similarities between rural China and Aboriginal health outcomes. In China, patients in the big cities had much better outcomes than those in the remote provinces. There was also a high infant mortality rate in the rural areas.

“I see so much room for improvement by doing simple measures,” she said. “It made all of us appreciate health care in Australia and our providers.”

Ms Halls, who is a qualified physiotherapist, began her China trip with an obstetrics and gynaecology elective for four weeks in Nanjing before she embarked on the rural camp.

Accompanying staff were Faculty Dean, Winthrop Professor Ian Puddey, Head of the UWA Rural Clinical School, Winthrop Professor Geoff Riley, and Professor Zheng.

Next year UWA students could undertake an elective for up to six weeks in Nanjing Drum Tower Hospital or in Shanghai Ruijin Hospital before the rural medical camp, Professor Zheng said. Both hospitals will provide free accommodation and scholarships to UWA students.

By Cathy Saunders

Ms Halls said there were many similarities between rural China and Aboriginal health outcomes. In China, patients in the big cities had much better outcomes than those in the remote provinces. There was also a high infant mortality rate in the rural areas.

“I see so much room for improvement by doing simple measures,” she said. “It made all of us appreciate health care in Australia and our providers.”

Ms Halls, who is a qualified physiotherapist, began her China trip with an obstetrics and gynaecology elective for four weeks in Nanjing before she embarked on the rural camp.

By Cathy Saunders
Visionary project transforms dormant nursing home

Continued from page 1

The project is a partnership between Bethanie and the UWA Faculty of Medicine, Dentistry and Health Sciences and was driven by Associate Professor Rosemary Saunders, of the Master of Nursing Science course in the School of Population Health.

Faculty Dean Winthrop Professor Ian Puddey told guests at the launch in April that this type of project was a first for WA, and also possibly for Australia, and an important recognition of the role aged care can play in health professional education.

"An extensive research project is currently being developed as an important part of the project," he said.

Associate Professor Saunders said after the launch that Bethanie residents were proving willing participants in clinical learning activities and that they enjoyed interacting with the students. A group of the residents are also members of the project reference group and are guiding the project development.

“They have been very supportive of the project and are keen to be involved in the students’ learning,” she said. “One of the things they have done, which I thought was really insightful, is to ask what training they needed to undertake a participant’s role. And they thought it would be good if they could provide feedback to students in relation to their practice, not the skill aspect but their communication and the way they interact.” It is expected a feedback tool will be developed.

Associate Professor Saunders said up to 24 nursing students were participating in learning activities at the site each day, including those from UWA plus the West Coast Institute of Training and the Central Institute of Technology.

“Every UWA nursing student in the first year of their course will come here up to one day per week during the semester,” she said.

“This project is important because it provides an opportunity for students to engage with real people, and for real people to contribute to their learning.”

Professor Puddey said that the Bethanie Group had engaged the Faculty’s Nursing discipline since 2010 to develop and implement academic and evidence based courses for Bethanie nursing staff. These include a Preceptor Course and a Physical Assessment Course for registered nurses in aged care, employing Teaching on the Run methods.

Funding for the Bethanie project, Beyond the Teaching Nursing Home: Community Partnership of Learning and Care, has been provided by Health Workforce Australia and the Federal Department of Health and Ageing. The combined recurrent and capital works funding totalled more than $1 million. A project website has recently been launched at www.uwa.edu.au/bttnh

By Cathy Saunders

Looking - and learning - in the right direction

The students call them “spy glasses”. They are lightweight glasses that incorporate a video camera and are being used by Faculty Master of Nursing Science students to record their clinical procedures as they practise.

They can then simply download the recording onto a smart phone or plug the USB into a computer and watch their own work, enabling them to carry out self evaluation.

Associate Professor Helene Metcalfe, Course Coordinator of the Master of Nursing Science program in the School of Population Health, said the clinical skills which students were gaining feedback on included application of dressings, administering injections, and removal of sutures and staples.

“They are really good for self-assessment,” she said. “The students like them. People like to watch their own performance and they are quite critical of themselves.”

However, there is a knack to using them. “They have to position their head in a particular way or they are just videoing their shoes,” Associate Professor Metcalfe said.
Elective patients to help in valuable anaesthesia research

A new University of WA Anaesthesia Research Unit is expected to attract local, national and international participation in clinical trials.

It will also open up valuable new opportunities for research into paediatric anaesthesia, obstetric anaesthesia and pain medicine.

The unit, based at St John of God Hospital Subiaco, was launched last month.

Faculty Dean Winthrop Professor Ian Puddey told guests at the launch that the establishment of the unit represented a valuable extension of the existing cooperation between the Department of Anaesthesia at the hospital and the discipline of Anaesthesiology at the University of WA.

“SJOG Subiaco is currently the only private hospital that takes UWA students during their sixth and final year for their anaesthesia/pain medicine rotation,” he said. “I know personally the quality of the teaching and learning experience they receive. In 1974, my wife Peggy and I were members of the first group of UWA final year students to do a surgical rotation here. We were assigned to Mr George Pestell’s unit. We very quickly got to know why he was called Gentleman George and I still have embedded in my soul the answer to the question he would ask us on every ward round, ‘What is the price of survival Mr Puddey?’ And I would reply, ‘Eternal vigilance, sir.’”

Professor Puddey said the development of the new unit was facilitated by Dr Joe Pracilio, Director of Anaesthesia and Pain Medicine at SJOG, together with Clinical Professor Tomas Corcoran, Director of Research at the Royal Perth Hospital Department of Anaesthesia and Pain Medicine.

“Over the past few years SJOG has been keenly interested in furthering its research links with UWA,” Professor Puddey said. “On UWA’s part, our academic anaesthesiologists have been very much attracted by the (tens of thousands of) anaesthetics given at SJOG each year to relatively healthy patients in an elective setting. This represents quite a contrast to RPH, where most work is on an emergency basis and in complex and often very unwell patients, which makes recruitment into clinical trials exceptionally difficult.

The establishment of the UWA Anaesthesia Research Unit at SJOG Subiaco therefore now provides a greatly expanded clinical trials capacity for UWA researchers.” The trials which will be run at SJOG will be partially investigator driven by the academic personnel of UWA Anaesthesiology, namely Chair of Anaesthesiology, Professor Stephan Schug, Winthrop Professor Michael Paech, Professor Thomas Ledowski, Winthrop Professor Britta Regli-von Ungern-Sternberg and Clinical Professor Corcoran.

Professor Schug said the first clinical trials off the rank were likely to be into airway management of children during anaesthesia.

A proposed trial would look at the effects of nitrous oxide on long-term morbidity and mortality. “There is a debate over whether nitrous oxide is as harmless as it looks,” he said.

A third planned trial may examine whether beta-blockers peri-operatively reduce cardiac morbidity and mortality.

A research study linked to the use of the video glasses by nursing students, “Enhancing student self-assessment of a clinical skill using Point of View video glasses (POV)”, is in progress.

Associate Professor Metcalfe said other disciplines within the Faculty had shown interest in incorporating the glasses into their teaching. They cost about $80 each.

The video glasses are among some high-tech tools being used to make learning more efficient - and fun - at the new Bethanie clinical training facility in Joondanna that opened in April.

The staff have also used another resource called Photo Story to create photo presentations with narration of the various nursing procedures so the students can compare their clinical skills with the optimal way of performing them.

Another innovation being used by the students is an app called iCare which is an electronic health record designed for health professionals caring for long-term or home care patients.

Associate Professor Rosemary Saunders, of the Master of Nursing Science course, said the system enabled the clinical facility to have a paperless record system.

“Instead of using paper-based documents to record observations for care, we are using iCare on an iPad,” she said. “We can take the iPads up into the hostel area or use it in the clinical learning environment.

“We have an e-training environment where we have created simulated virtual patients and we also have access to the ‘live e-environment’ of real residents. In each environment there is a complete set of electronic documentation including photo, observation record, care plan, medications chart and progress notes that can all be charted electronically as required.”

NURSING STUDENTS TRY OUT THE VIDEO GLASSES
Expanding student horizons in Podiatric Medicine

A leprosy hospital in Nepal, a public hospital in Korea and podiatry centres in places as far flung as Glasgow in Scotland and Pisa in Italy were among the external placements undertaken by Podiatric Medicine students during their recent summer break.

Of the 26 students, about half went overseas for the compulsory two-week block placement. They are required to undertake the placement in the holiday break between third and fourth year, preferably in a rural area in WA but international work is also encouraged.

Associate Professor Virginia Bower, of Podiatric Medicine, said a lot of the students located their own destinations. “The primary focus is to draw them out of their comfort zone and get them to see a different perspective,” she said.

“They need locations, where possible, where they will get something a little bit different. So it doesn’t necessarily have to be in a podiatry service, it could be in a service that sees foot-related problems.”

Student feedback showed that they loved their placement experience and opportunity to expand their horizons. “A lot of them get a keen interest to, on graduation, look at pursuing something a bit beyond the metro environment,” Associate Professor Bower said.

About 10-15% of the students are from overseas. Associate Professor Bower said she thought it was a good result if they returned to their countries on graduation, particularly if they were from places where podiatry was not well established.

“I think they are adding a little bit extra to their own community,” she said. “I see that as a success.”

The students are required to complete a journal over the fortnight and to identify techniques they want to hone, such as clinical, communication or administrative skills.

This year, two students spent the fortnight at a large leprosy hospital in a remote part of Nepal, where they lived in fairly basic conditions. The hospital has no podiatry service so they were attached to a medical team.

“Two other students went to Korea, where there are also no podiatry services established in the public hospital system,” Associate Professor Bower said.

One student visited Pisa in Italy, where podiatry is an established, recognised profession. “But it functions at a lower level than we function in Australia and the podiatrists don’t have the same autonomy - they tend to be more assistants to doctors,” Associate Professor Bower said.

Other students went to England, Scotland, Singapore, Queensland and into rural areas of WA.

(expand to next page).

A scholarship to help students help others

A new travel scholarship for students studying Podiatric Medicine is in the offing, thanks to the efforts of two students who had an eye-opening trip to Nepal. (See story next page.)

Audrey Xie and Dianne Yap, fourth year Podiatric Medicine students, said they were inspired to start a scholarship program to help students visit hospitals in disadvantaged countries or areas in Australia and help people less fortunate than themselves. They took it upon themselves to ask the Faculty Development Officers how to go about it and will collect donations from any organisation or individual who want to contribute.

The aim is to raise $60,000 which would be endowed and would support up to two travel scholarships of $1,500 each annually.

Faculty Development Officer, Ms Lauren Hubbard, said it was decided after a meeting with the Head of Podiatric Medicine, Professor Alan Bryant, and Associate Professor Virginia Bower, also of Podiatric Medicine, that the scholarship would be for students wishing to travel for the elective they undertake over the summer break between third and fourth year.

Details of the scholarship are yet to be finalised or considered by Faculty, but it is likely students will be asked to include a personal statement in their application detailing their desire to travel to a certain area and how they will benefit from the experience and the scholarship. Preference will be given to students who want to travel to third world countries with the highest level of need, such as Nepal.

Ms Hubbard said it would be a challenge for the two girls to raise the funds because they were due to graduate next year. “However, it is a very worthwhile cause that I will strongly support,” she said.

Anyone interested in finding out more about the podiatric placements can contact Professor Alan Bryant via email on alan.bryant@uwa.edu.au. Those wishing to contribute to the travel scholarship can contact Lauren Hubbard on lauren.hubbard@uwa.edu.au
Our experience in a leprosy hospital in Nepal
By Audrey Xie and Dianne Yap, fourth year Podiatric Medicine students

This would have to be one of the most amazing experiences we’ve had in our lives! Every day posed different activities for us. We spent most of our time in the wards debriding, cleaning and dressing foot ulcers. On some days, we watched reconstruction surgeries and saw other leprosy patients in an affiliated hospital in the city. We would definitely promote this placement for students who are interested in the high-risk foot, as you will be dealing with patients who would present with foot ulcers of different degrees and require different accommodative devices.

For our two-week external placement, we went to Anandaban hospital in Nepal. It is a leprosy mission hospital one hour from the city of Kathmandu, with about 70% of patients admitted for complications of leprosy, such as ulcers in the hands and feet, as well as muscular problems affecting normal function of the eyes, hands and feet. Leprosy attacks the peripheral nerves of the body and is caused by the bacteria Mycobacterium leprae.

Our experience in Anandaban hospital opened our eyes to the lack of podiatric expertise and medical supplies and made us realise how blessed we are to be in Australia to have materials and equipment we need readily available to us. Having returned from this trip, we felt the burden in our hearts to start a scholarship program to enable students to visit hospitals in third world countries such as Anandaban hospital to learn and experience as well as to lend a helping hand to people overseas who are in less fortunate positions.

Out of her comfort zone
By Cassandra Gleadhill, fourth year Podiatric Medicine student

My placement in Glasgow in Scotland was definitely an interesting one that I loved and appreciated every moment of.

My first week was at Southern General Hospital, the primary clinic site for students studying Podiatry at Glasgow Caledonian University (GCU). The students start clinical placements in first year with half a day a week and reach two days a week by fourth year.

I was able to meet a range of students in years 1-4. During semester, the students get assigned different clinics that encourage them to specialise in different fields. Rheumatology, diabetic, biomechanics, repeat patients and the speed clinic are just some of them. I really liked the speed clinic, as it is a way to teach students time management - you are expected to treat the patient, write your notes and clean the cubicle within 30 minutes.

My second week of placement consisted of visiting various hospitals around Glasgow, where I got to take part in other specialist clinics. I went to rheumatology, diabetic, multi disciplinary, orthopaedic and speed clinics.

One thing that I really liked about my placement was the supervision. They have one supervisor per six students at any time and the specialist clinics have 4-5 students per supervisor.

The downside of my placement was my home stay. (I was told it) was only one bus away from the hospital, which it was, but only if you walk for 30-40 minutes in the freezing cold at 6.30am when it is still dark outside. It turned out I was also staying in the super rough part of Glasgow - multiple students on placement warned me not to go outside alone after dark. In the end I caught a taxi to the bus stop every day for two weeks, which was an experience in itself and something that is definitely funny now.

Overall I had an amazing experience. I learnt so many things in Scotland. The staff were kind and very welcoming. The students were more than happy to take me under their wing and show me around. I would recommend an overseas placement for anyone, as it is all the little things that put you out of your comfort zone and push you just that little bit harder.
An eminent WA orthodontist who is an Associate Professor in the School of Dentistry has made a long-term loan of a state-of-the-art three-dimensional camera (3dMD) to the Centre for the duration of the Raine study for the facial shape assessments.

“The participants arrive in the early evening and have a series of tests - measurements and a questionnaire - and then they get hooked up for their sleep recording and are asleep by 11 o’clock at night,” Professor Eastwood said.

“They get woken in the morning and do their lung function testing with the asthma group. They provide a blood sample, have breakfast, and then are out of there in the morning.”

The Centre also runs a Graduate Certificate in Adult Sleep Science jointly with the School of Anatomy and Human Biology and a Graduate Certificate in Paediatric Sleep Science jointly with the Faculty’s School of Paediatrics and Child Health.

They are for people with a background in science or allied health who want to train as a sleep technologist/sleep scientist or simply further their knowledge in the field.

The online units are intended to enable busy people to complete their studies from home via the internet. There are also intensive practical laboratory-based units held over two weeks at the Centre.

A Graduate Diploma in Sleep Science offers advanced training and is also a mix of online and laboratory-based study, covering both adult and paediatric sleep.

There is a worldwide shortage of people qualified to work in the growing number of clinical sleep laboratories that are being developed to help with the burgeoning problem of sleep disorders.

The Centre also runs a Graduate Certificate in Adult Sleep Science jointly with the School of Anatomy and Human Biology and a Graduate Certificate in Paediatric Sleep Science jointly with the Faculty’s School of Paediatrics and Child Health.

They are for people with a background in science or allied health who want to train as a sleep technologist/sleep scientist or simply further their knowledge in the field.

The online units are intended to enable busy people to complete their studies from home via the internet. There are also intensive practical laboratory-based units held over two weeks at the Centre.

A Graduate Diploma in Sleep Science offers advanced training and is also a mix of online and laboratory-based study, covering both adult and paediatric sleep.

There is a worldwide shortage of people qualified to work in the growing number of clinical sleep laboratories that are being developed to help with the burgeoning problem of sleep disorders.
From reflux to elite performance - what sleep studies can reveal

A sleep research centre at UWA that is the first of its kind in Australia is taking part in research into problems ranging from sleep disorders in young adults to the link between reflux and poor sleep.

Winthrop Professor Peter Eastwood, Director of the Centre for Sleep Science at the University of WA that opened in June last year, said they were involved in overnight sleep research for the Raine Study. (See story page 1.)

In a different focus, a study into gastroesophageal reflux and sleep disorders is being conducted in partnership with Sir Charles Gairdner Hospital. It is funded for about $500,000 by the National Health and Medical Research Council.

Professor Eastwood said sleep disorders were a major problem in today’s society and cost the Australian community $10 billion a year.

“We really can’t ignore the fact that we spend a third of our lives doing this thing called sleep and the quality does affect what you do during the day,” Professor Eastwood said.

The research at the Centre, which has high-tech sleep recording and analysis equipment, aims to help people who have sleep disorders, poor sleep habits or have other sleep problems resulting from shift work.

Professor Eastwood said there were many synergies between the Centre, which comes under the School of Anatomy and Human Biology in the Faculty of Life and Physical Sciences, and the Faculty of Medicine, Dentistry and Health Sciences.

The Centre’s clinical partner is the WA Sleep Disorders Research Institute (WASDRI) at Sir Charles Gairdner Hospital.

“Sleep is an area that crosses all disciplines and we will see more and more of these inter-disciplinary research projects and treatment algorithms coming out.”

WASDRI Director, Professor David Hillman, and he had built up a successful research program at WASDRI over the past years, Professor Eastwood said. “But it has always been hard to fit the research in because WASDRI is a very busy clinical facility so it has been a question of how we expand and grow,” he said. The new Centre is filling the gap.

Professor Eastwood said UWA had provided funds for the $1 million refurbishment of a building to house the Centre, which has five bedrooms equipped with state-of-the-art sleep recording and analysis equipment, consulting, training and seminar rooms.

Professor Eastwood said the teaching program at the Centre was important to underpin the research program.

The post-graduate certificates and diploma in sleep science offered by the Centre each involve two weeks of face-to-face teaching with the remainder being online. This year the Centre has partnered with the University of Adelaide to offer a postgraduate diploma in Dental Sleep Medicine, the first such one in Australia. (See story previous page).

The Centre has joined with the School of Sports Science to examine the effect of sleep on performance of elite athletes and with the School of Psychology to undertake research into insomnia and other behavioural sleep disorders.

“Sleep is an area that crosses all disciplines and we will see more and more of these inter-disciplinary research projects and treatment algorithms coming out.”

In other research, Professor Eastwood has received a grant from the WA Health Department to examine the relationship between stroke, sleep apnoea and dysphasia. “That is an important grant because it is a collaboration of scientists, neurologists, speech pathologists and sleep physicians,” Professor Eastwood said.

“Sleep is an area that crosses all disciplines and we will see more and more of these inter-disciplinary research projects and treatment algorithms coming out.”

Winthrop Professor Peter Eastwood

“This is not a clinical facility so we are not seeing patients but certainly the research will be done on patients to inform on new therapies and new ways to diagnose,” Professor Eastwood said.

For example, the Centre is partnering with WASDRI in the reflux study.

Professor Eastwood said UWA had provided funds for the $1 million refurbishment of a building to house the Centre, which has five bedrooms equipped with state-of-the-art sleep recording and analysis equipment, consulting, training and seminar rooms.

Professor Eastwood said the teaching program at the Centre was important to underpin the research program.

The post-graduate certificates and diploma in sleep science offered by the Centre each involve two weeks of face-to-face teaching with the remainder being online. This year the Centre has partnered with the University of Adelaide to offer a postgraduate diploma in Dental Sleep Medicine, the first such one in Australia. (See story previous page).

The Centre has joined with the School of Sports Science to examine the effect of sleep on performance of elite athletes and with the School of Psychology to undertake research into insomnia and other behavioural sleep disorders.

“Sleep is an area that crosses all disciplines and we will see more and more of these inter-disciplinary research projects and treatment algorithms coming out.”

Winthrop Professor Peter Eastwood
Medical and nursing students, who will inevitably face increasing issues surrounding palliative care as the population ages, now have a dedicated learning and debriefing hub that has been set aside in a Claremont hospital.

The student area in the 88-bed Bethesda Hospital is adjacent to the hospital’s 23-bed in-patient Palliative Care Unit.

The project, a joint venture between the Faculty of Medicine, Dentistry and Health Sciences at The University of WA, Nursing at The University of Notre Dame Australia (UNDA), and Bethesda Hospital, will enable students to learn about optimal palliative care within in-patient settings. They will also be exposed to community palliative care because the hospital provides such a service via its Palliative Ambulatory Service (North).

Faculty Dean Winthrop Professor Ian Puddey told guests at the launch last month that the establishment of the facility was a landmark in terms of the way students would be trained in the discipline of palliative care.

“There is a recognised shortage of nurses Australia-wide, of course,” he said. Often doctors and nurses who had not had palliative care training found themselves in the uncomfortable position of dealing with issues of death and palliation and this could lead to poor planning with regard to end-of-life issues for patients or the sub-optimal management of their symptoms.

“This project, I believe, is an important step in plugging the gap,” Professor Puddey said. Students would learn, hands-on, the assessment, symptom control and optimal care of patients in the terminal phase of their life.

Associate Professor Rosemary Saunders, of the Master of Nursing Science course in the Faculty’s School of Population Health, said after the launch that students would take part in a clinical practicum at the hospital, focused on palliative care. They will be supported by UWA Associate Professor David Thorne, who is a palliative care physician, UWA Assistant Professor Karen Tambree, who is a nursing practitioner scholar, and hospital staff. Each day there will be up to six students undertaking a placement. Associate Professor Saunders and Assistant Professor Olivia Hill, also of the School of Population Health, were key players in the establishment of the project.

Associate Professor Saunders said the students would develop knowledge, practice and skills that they could transfer to any setting where people had palliative care needs. Debriefing, which would occur in the new hub, was an important part of any practicum but particularly one in palliative care. “The setting is demanding, not only from a physical perspective but also an emotional perspective, so it is important we can support the students in that,” she said.

Other speakers and guests at the launch included WA Premier Colin Barnett, Bethesda Chairman Dr Neale Fong, UNDA Dean of Nursing and Midwifery Professor Selma Alliex, and Health Workforce Australia Chair Mr Jim McGinty.

The project, Building Capacity in Palliative Care Training, is funded by Health Workforce Australia.

A project website that will link all project partners and students and provide information about the project and palliative care has recently been launched. The website is www.uwa.edu.au/bcpct
Be a master with your mind and hands

Wide-ranging information on the artistic side of dentistry, how to tackle some dental conditions and the various specialties of dentistry was enough to convince some rural high school students recently to consider a career in the field.

They were attending a rural high school information evening with dental and medical stations held last month at CTEC.

The event was facilitated by the Faculty’s Student Support Coordinator, Mrs Sue Pougnault, to give rural and international students a “heads up” on the entry process of applying for the school leaver Rural and International Pathways for Graduate Dentistry and Graduate Medicine.

UWA medical graduate Dr Jen Martins, a fourth-year dental student who helped run the dental station, said there were still areas in regional WA that did not have regular access to dental care. By encouraging students from rural areas to enter dentistry, it was hoped the situation might improve.

“Be a master with your mind and hands.

**Wide-ranging information** on the artistic side of dentistry, how to tackle some dental conditions and the various specialties of dentistry was enough to convince some rural high school students recently to consider a career in the field.

They were attending a rural high school information evening with dental and medical stations held last month at CTEC.

The event was facilitated by the Faculty’s Student Support Coordinator, Mrs Sue Pougnault, to give rural and international students a “heads up” on the entry process of applying for the school leaver Rural and International Pathways for Graduate Dentistry and Graduate Medicine.

UWA medical graduate Dr Jen Martins, a fourth-year dental student who helped run the dental station, said there were still areas in regional WA that did not have regular access to dental care. By encouraging students from rural areas to enter dentistry, it was hoped the situation might improve.

"It was interesting that most of the students we initially spoke to that evening had not considered dentistry as a career option," she said. "However, after discussing the many beneficial aspects of dentistry including the different specialties, being able to be a master with your mind and your hands, and the lifestyle advantages, several students did appear keen to find out more about dentistry.”

The other fourth-year dental students who took part were Ryan Moldrich, Jennifer Hanna, Luke Rodman and Tim Steven. They presented a brief overview of dentistry and showed the school students how to perform a fissure seal on a tooth.

The students were supported by the School of Dentistry and Paediatric Dentistry lecturer, Associate Professor Alistair Devlin, who reviewed their materials and attended the event.

A breast cancer conference in the US is the likely destination for Winthrop Professor Christobel Saunders, Professor of Surgical Oncology and Deputy Head of the School of Surgery, who was one of four recipients awarded a 2012 Royal Australasian College of Surgeons (RACS) Convention Travel Grant.

The $10,000 grants were awarded to surgeons or surgical trainees with a demonstrated interest in academic surgery to enable them to attend a conference of their choice anywhere in Australasia or around the world that will be of value to their professional development.

Applicants had to nominate an international conference relevant to their area of research and provide reasons why such a meeting should be held in their state/country in the future by providing detail on local expertise and facilities which could be showcased to delegates.

The award – run under the auspices of Perth Convention Bureau’s Aspire Program – was open to all Fellows and Trainees of the College and recognises those pursuing, or about to pursue, a path in academic surgery in Australia and New Zealand.

Professor Saunders received the award at the RACS Annual Scientific Congress held in Kuala Lumpur last month.

Associate Professor Philip Reid, a Medical Coordinator with the Rural Clinical School in Kalgoorlie, was named Citizen of the Year in the City of Kalgoorlie-Boulder Australia Day awards. He has made a major contribution to the local community as a GP and at the Kalgoorlie Hospital and was honoured for his commitment to regional medical care over the past three decades.

He grew up in Kalgoorlie from the age of 2 ½ years and after completing his medical degree at UWA, established a general practice in Boulder. Later he worked as the Medical Superintendent at Christmas Island for 2 ½ years, followed by a similar term as Medical Director at Kalgoorlie Hospital. He eventually returned to private practice because, as he explains, “I had three girls in boarding school!”

He says living in Kalgoorlie is appealing. “It is where I grew up and it has some kind of magnetism,” he says. After three days in the city, he goes a bit “stir crazy” and wants to head back to the country.

Two other UWA medical graduates received awards at the ceremony. Obstetrician/gynaecologist Dr Barney McCallum received the Mayoral Award and GP Dr Mal Hodson was honoured for his work as a driver of a project to gild the dome of the historic Kalgoorlie Court building.
the word is out - Faculty in the news

Quoted As Saying

The West Australian

Professor Daniel Fatovich, Professor of Emergency Medicine in the School of Primary, Aboriginal and Rural Health Care, is QAS the psychiatric side effects of methamphetamine seem to be more acute, more devastating and tend to come on more quickly than with cocaine. I would describe it as a pretty devastating drug because it has such a huge health, social and personal impact on you," he said. "At the most extreme end is death, which is pretty uncommon but it does happen. Some people have heart attacks, strokes or severe infections. Much more commonly you’ve got the psychiatric side effects. They are much more likely to have psychiatric problems such as psychosis especially, depression and huge personal effects in terms of financial relationships. To an outsider, it looks like their life is a complete mess." He was commenting after former football champion Ben Cousins ended up back in a courtroom as his long struggle with methamphetamine abuse continued. WA has the highest proportion of recent methamphetamine users in Australia, with 3.4 per cent of the State’s population having used the drug over the past year, according to the 2010 National Drug Strategy Household Survey. Professor Fatovich and his team at Royal Perth Hospital found that one in five amphetamine users treated in the emergency department had a brain abnormality linked to memory loss, dementia and an increased risk of stroke. "It's not only ageing you on the outside, it's ageing you on the inside," Professor Fatovich said.

Assistant Professor Kathleen Potter, of the School of Medicine and Pharmacology, is QAS she had noticed as a GP that it was not unusual for some older people to be using 15 to 20 medications. "You have to think, are all of these medications really benefitting them," she said. "The greater the number of medications people are prescribed, the higher chance one or more are causing adverse side effects." She was commenting on a study by the University of WA’s Centre for Health and Ageing which aims to find out more about what Ageing which aims to find out more about what

Professor Potter said. Medicines deemed to be causing significant side effects or of no benefit will be gradually reduced or withdrawn.

Clinical Professor Graeme Hankey, of the School of Medicine and Pharmacology, is QAS a newly-approved drug, rivaroxaban, is one of a group of new anti-clotting drugs that targets the one in six strokes caused by blood clots from the heart, or about 10,000 strokes a year in Australia. The Therapeutic Goods Administration has approved the drug, which aims to prevent stroke and deep vein thrombosis in a single pill and is one of the first alternatives to the anticoagulant drug warfarin or "rat poison" in 50 years. Clinical Professor Hankey said many patients could not tolerate warfarin because the drug interacted with many foods, drugs and alcohol and to have to be monitored closely to make sure the blood did not become too thin. "Although warfarin reduces the risk of stroke by about two-thirds, its uptake is not very wide because it interacts with foods like broccoli and alcohol and affects the metabolism so many patients and doctors have been frightened off it," he said.

Clinical Professor Trevor Parry, of the School of Paediatrics and Child Health, is QAS children learn through play and it is better if it is in the real world, not the virtual world. He said outdoor activity was important for health amid a growing obesity epidemic, with many hours spent where the only exercise was "of the small muscles of the thumb." If parents were overprotective, their children could miss out on experiences that made them more resilient. "A few grazes on the knees is part of life," he said. There were easy, inexpensive ways to turn backyards into places where children could explore.

Professor Yusuf Nagree, Professor of Emergency Medicine in the School of Primary, Aboriginal and Rural Health Care, is QAS Government-funded health hotlines set up to take pressure off hospitals are a dismal failure and waste of money. Writing in the journal of the Australasian College for Emergency Medicine, Professor Nagree said nurse-staffed telephone advice lines such as healthdirect Australia had not eased demand at emergency departments or GP rooms. The national service was set up with an initial budget of $176.4 million over five years and was extended last July to include GP support at an extra cost of $50 million over three years, he said. "Despite the Government’s own advice that there is no good evidence that call centres reduce ED demand, the Government continues to misrepresent this in publicity of the after-hours GP helpline," he said. Access block, where emergency department patients had to wait more than eight hours to get a ward bed, was the main driver of overcrowding, not patients with mild illness. Professor Nagree said the Rural Doctors Association had calculated it cost taxpayers about $1000 for each person the after-hours GP helpline said did not need to go to hospital.

WITS ABOUT YOU

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

Questions: Each of the following is associated with a "manoeuvre". What are they?

1. Pringle’s.
2. Lovset’s.
3. Valsalva.
4. Heimlich’s.
5. Hallpike’s.

Answers page 15

POINTS TO PONDER

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

We will feature one or two in MeDeFacts. If you have any bright solutions you would like to share, please send them in to the editor at cathy.saunders1@bigpond.com

The questions for this issue relate to dinosaurs:

In a recently discovered dinosaur skeleton the neck was was in excess of 10 metres long. Should such a creature have spotted food or an enemy, how long would the motor impulses take to go from brain to legs for it to bestir itself? Did these creatures have recurrent laryngeal nerves?

And... how did they manage to empty their lungs of effete air up a trachea of such great length?

Answers page 15
Big ears help testers in noisy spots

An innovative device to test hearing that can be used in quiet environments without the need for an expensive sound booth is being studied by Faculty researchers.

Adjunct Professor Robert Eikelboom of the Ear Sciences Centre in the School of Surgery, is heading a trial of the audiometer that has tele-medicine capabilities and can be used in remote areas, with results transmitted to city-based audiologists.

The Adjunct Professor, who is also Senior Scientist and Research Manager at the Ear Science Institute Australia (ESIA), said the ESIA had the only such device in Australia.

The instrument fully automates a hearing test, which can be performed remotely with the supervision of a trained facilitator.

Via an online platform and using telemedicine audiometers, it enables small rural clinics without access to hearing services to provide hearing tests which are conducted from a distance by audiologists located in urban areas.

"The beauty of the device is that it is not only automated testing but it also does away with the need for a sound booth," Adjunct Professor Eikelboom said. "It blocks out the sound by the way it is set up so you can easily use it in a quiet room. It incorporates a little microphone which measures the sound so if a noisy truck goes by or somebody opens a door or starts talking, it stops testing for a while and then carries on."

The device has been pitched at Africa, where there is a chronic shortage of audiologists, with only one per million people. However, Adjunct Professor Eikelboom said it would be ideal for Australia, which is also deemed to have a shortage, with one audiologist for every 20,000-30,000 people. Most of the audiologists are based in the cities, with very few in rural areas.

The new device could be installed in a regional centre, operated by the local GP or health workers, Adjunct Professor Eikelboom said. If necessary, an urban audiologist could be brought into the loop using Skype and take control remotely of the testing or provide advice.

The ESC and ESIA trial of 60 patients involves comparing the results of patients tested conventionally inside a sound booth with a standard audiometer to those obtained in a quiet room using the new device, called a KuduWave after the kudu, an antelope with large ears.

Further trials are planned in conjunction with public and private health services in WA and continue the collaboration with South Africa.

"These trials will be more than just testing the device and include training the workforce, the referral pathway, the acceptance by the patients and the (different) automated audiometer. To date, 1,500 participants have been tested and the total is expected to be 4,000 by the end of next year." By Cathy Saunders

Audiology exchanges

Strong links in audiology between the Faculty and universities in South Africa are being developed, with several research projects and student exchanges already underway.

Adjunct Professor Robert Eikelboom of the Ear Sciences Centre (ESC) in the School of Surgery and Ear Science Institute Australia (ESIA), said the connection started partly as the result of a visit by Associate Professor De Wet Swanepoel, an audiologist at the University of Pretoria, South Africa, who was a Raine Visiting Professor for three months last year. "That really set the scene for some good collaboration," Adjunct Professor Eikelboom said.

He visited the University of Pretoria and the University of Cape Town (UCT) in February, partly to do some collaborative research, and has since been offered an Honorary Professorship at UCT.

The ESIA has recruited from UCT a research audiologist, Dr Dunay Taljaard, who will be involved with student supervision and collaborative research. It is hoped three of Dr Taljaard’s UCT students will come to Perth next year to join the ESC’s post-graduate program.

Answers to the quiz on page 14

1. Soft clamping of the portal vessels at the aditus to the lesser sac, to control hepatic bleeding at surgery.

2. Delivery of a breech presentation by traction and rotation of the infant body.

3. Forced expiratory strain against a closed airway. This should inflate the middle ear.

4. An upward thrust from the epigastrium to drive the diaphragm up to expel an impacted laryngeal bolus.

5. Test for vertigo. Rising from sitting with the head tilted to one side, results in dizziness or vertigo.
Almost three-quarters of people aged over 60 years attending hearing screenings have significant hearing loss but fewer than one in 20 of those have a hearing aid, according to new data. Adjunct Professor Robert Eikelboom, of the Ear Sciences Centre in the School of Surgery, analysed data from about 700 people tested by the Lions Hearing Screening Bus over the past two years. The bus, which is fully equipped with a hearing booth, is stationed at various venues throughout the year and provides free testing.

Adjunct Professor Eikelboom said the results provided evidence that more hearing screening services and audiologists were needed in WA. "While ear disease affects mainly young people, the effects of that go into adulthood with hearing loss and there is a real gap in the provision of adult hearing services," he said.

"Other data show that people are getting hearing aids 10 years after they really should, so there is still the stigma... and a lot of denial."

It is important to ensure people have good hearing at all stages of their life because otherwise children can fall behind at school and in their speech, adults may miss out on or lose jobs, and seniors can become lonely and isolated.

Adjunct Professor Eikelboom said people should have their hearing tested at any age, if they feel they have difficulty in hearing. One indicator is having problems hearing in a noisy situation.

According to the WHO and the Global Burden of Disease report, hearing loss is one of the leading causes of disability globally, with more than 278 million people with moderate or greater degrees of permanent hearing loss.

Contact Us
Medicine, Dentistry and Health Sciences
The University of Western Australia (M500)
35 Stirling Highway
Crawley WA 6009 Australia
Tel: +61 8 6488 8551
Fax: +61 8 6488 4848
Email: enquiries-fmdhs@uwa.edu.au
Dean: Winthrop Professor Ian Puddey
Deputy Dean: Winthrop Professor John Newnham
Faculty Manager: Dr Jan Dunphy
Editor/Writer: Cathy Saunders
Graphic artist: Yunhi Mook

We welcome contributions, photos, feedback and anecdotes. Please email the editor at cathy.saunders1@bigpond.com or call 0403 813 830

CRICOS Provider Code: 00126G