ON A WING AND A PRIZE

Faculty medical students are helping their own and have initiated a travel scholarship for cash-strapped students.

The Western Australian Medical Students’ Society has made a lump sum donation of $30,000 for the establishment of the WAMSS Elective Travel Scholarship.

It will go to an undergraduate medical student undertaking his or her elective unit placement overseas immediately before the final year of the course. It is expected that the value of the scholarship will be about $1,500 but the exact sum will be determined by the interest the capital will earn.

Michelle McMullen, the immediate past treasurer of WAMSS, was the driving force behind the establishment of the scholarship. According to the Faculty, she did a brilliant job building up the society’s funds and achieving a healthy surplus.

It was with this surplus that WAMSS decided to make a difference and set up the travel scholarship in perpetuity.

To be eligible to apply, an applicant has to demonstrate financial hardship and undertake the elective placement overseas.

Applicants will have to submit a statement on the difference the scholarship would make to them personally and professionally and to the broader community. Academic achievement will be used as a differentiator if there is more than one suitable applicant.

A unique national study into high impact psychosis that includes schizophrenia and bipolar disorder is being spearheaded by three WA researchers, all from the Faculty.

The Survey of High Impact Psychosis (SHIP) will collect data on functioning as well as cognitive and physical health data from people with psychosis across Australia.

The aim of the study, which is funded by the Federal Department of Health and Ageing with more than $5 million, is to better understand the characteristics of people with psychosis. This will allow mental health services to develop new models of treatment that will engage people with psychosis in a long-term recovery process.

If successful, it will help to significantly reduce disability and its burdens and costs.

UWA is the lead institution for SHIP and the key personnel are all from the School of Psychiatry and Clinical Neurosciences.
The new Rural Clinical School alumni association, which contains a mix of country-born students and city “converters”, was formed to help with networks and maintain a sense of collegiality.

The inaugural event was a cocktail evening in January.

Winthrop Professor Geoff Riley, Head of the Rural Clinical School of WA, said the RCS, which began in 2002, had reached a point of having more than 300 alumni and it was time to start gathering together.

“We want to keep in touch with people to see what their career paths look like as that is important information,” he said. “But the RCS is also a hugely fun and important experience. It is life-changing in all sorts of ways and for some of the students, it is the first time they have left home.”

The alumni association would also help with mentoring. “The older ones can encourage the younger ones and reassure them,” Professor Riley said.

Although a lot of the RCS students were from the country originally, many were also “converters” who hailed from Perth and fell in love with country life.

The RCS had a huge pull factor, Professor Riley said. “We are over-subscribed for entry so we have to interview.”

This year, there had been 120 applicants, of whom 116 were interviewed and 77 chosen.

“That is over our requirement, which was 73, but we have squeezed in some more because we wanted to give as many people as possible the opportunity,” the professor said.

Associate Professor Mike Mears, RCS Medical Coordinator, told the guests at the cocktail evening that medical life in rural WA was full of opportunity.

“When I trained in the UK there was a glut of GPs and hence little opportunity,” he said. “I felt I was de-skilling as soon as I was trained. Arriving in country WA could not have been more different.

“’It’s great that you are here! ’ ‘What can we do to make you stay?’ were common greetings.”

Associate Professor Mears said RCS students in the country would find the same, that they were always being presented with opportunities. “It is up to you to grasp them,” he told the crowd.

The status and standing of country medicine and country doctors had been enhanced by the presence of RCS students, he said.

“As my wife remarked late last year as she popped in to ED after hours to drop off some specimens and noted three students busy there, one with the ophthalmologist, one examining a patient and one stitching up his preceptor who had cut himself with an angle grinder, plus the ex RCS Prevocational General Practice Placements Program doctor setting a fracture; ’These students have breathed life back into this place- it feels like being back in a real teaching hospital.’”

Associate Professor Mears said all the country hospitals were now “real teaching hospitals”, thanks to the students, the teachers and those with the vision to make it all happen.
By
Winthrop Professor
Ian Puddey, Dean

The accompanying photographs tell the story of what happened to N block - the Faculty Office on the QEII Medical Centre campus - during the storm of Monday 22 March. As the wind stirred and the sky ominously darkened around 3.30pm, it was clear that something nasty was about to hit but none of us imagined that within 15 minutes the ceilings on both floors of N block would collapse under a deluge of water and ice. Light fittings, air conditioning vents and sodden suspended ceiling panels rained down, forcing a complete evacuation of the building. A torrent of water and debris turned the staircase into a waterfall and it became quite an obstacle course but all staff managed to get out safely.

What was waiting outside was another icy deluge heading along the Hampden Road extension and down into the Georgeff Quadrangle. This quickly swamped the F J Clarke and Mary Lockett Lecture Theatre complex and student computer laboratories and left them under six inches of water. When the rain and hail eventually stopped, staff headed across to the carpark only to find extensive further damage to both Faculty and private vehicles. Those staff living in the western suburbs continued to follow the trail of devastation to their own homes which all suffered varying degrees of damage.

The rest of the week has been a tale of dislocation and interim solutions. N block had also been home to the offices of the School of Primary, Aboriginal and Rural Health Care and our Office of Student Affairs. They have both been relocated to the Discipline of General Practice headquarters on Stirling Highway in Claremont. The Faculty IT Manager and his team have been relocated to the School of Psychiatry and Clinical Neurosciences offices in D Block and the Faculty Education Centre to the Discipline of Emergency Medicine offices in R Block. The Office of the Dean is temporarily located in the CTEC building next to the School of Anatomy and Human Biology on UWA’s Crawley campus. The F J Clarke Lecture Theatre is out of action until at least next semester while the Mary Lockett should be open again after Easter. The damage to N block has been assessed at approximately $5 million and will take 6-12 months to gut the building and completely refurbish it. So we ask all the readers of MeDeFacts for patience over this period as we try to get Faculty administration functioning efficiently again.

The dislocation also extended to our autumn graduation ceremony which ended up being held in the Recreation Centre gymnasium on Thursday 25 March. This was the inaugural graduation ceremony for our Bachelor of Podiatric Medicine students and also for our Graduate Entry Medical Program MBBS students as well as being the occasion of the 50th graduating MBBS class of the Faculty. In spite of the venue and the disappointment at not being able to use the temporarily out of commission Winthrop Hall because of its shattered windows, there was no diminution in the atmosphere of joy, celebration, relief, and high expectations for the future that typify all our graduation ceremonies.

The collegiate way in which UWA colleagues have rallied round to help us handle the consequences of the storm has been outstanding and we have been overwhelmed with the many offers of assistance. Sincere thanks to all involved and for pitching in with such a sense of community and generosity of spirit. I sincerely hope this will truly be a once in a hundred years storm.
True Grit

Students who include an engineer, music teacher, psychology graduate, physiotherapist, politics graduate and lawyer have become the first to emerge as doctors from the Faculty’s Graduate Entry Medical Program.

Despite having to juggle numerous commitments, not one of the original 19 intake in 2005 has failed and 15 graduated this month. More than half received Honours.

Some had children when they entered the four-year course, left behind lucrative careers, had to move interstate or live away from their families. Some started a family during the course.

According to Professor Sally Sandover, UWA Academic Co-ordinator and former GEMP Academic Co-ordinator, their degree of determination made them stand-outs.

“The single most important characteristic was not their background but their level of motivation,” she said. “These students had been wishing to get into medicine for a long time and many of them struggled with other life issues so they could complete their medical degree.

“A vast number had families, some were financially stretched because they were working prior to becoming students. Most had to support themselves by working as well as studying. Some had parents who died during their course and so there were all these other life issues that were going on.”

The students, whose average age was 28 years, had excellent time management skills, co-ordinating multiple aspects of their life.

They undertook a bridging course in 2005 for 26 weeks before joining third year undergraduate students in 2006 to complete their degree.

“The bridging course was really intensive particularly because some students came from completely different backgrounds and had to learn a new language and way of doing things,” Professor Sandover said. “In the first cohort we had law, engineering, music, politics, science and physiotherapy backgrounds.”

Professor Sandover set up a very strong sense of cohort during the bridging course and an academic mentoring role that she took on.

Of the original 19 in the cohort, one student moved to the University of Queensland and will graduate from medicine this year. Three who deferred for health, family commitments or pregnancies are all continuing their medical studies at UWA.

All the graduates have intern placements, most at Fremantle Hospital or Sir Charles Gairdner Hospital.

One of the first intake was a woman in her 40s with two children, married to a farmer in Esperance, who was a music graduate but wanted to become a doctor. She completed an online science course so she could sit the Graduate Australian Medical School Admissions Test (GAMSAT). She relocated her children and herself to Perth to do her medical degree and also joined the Rural Clinical School, which allowed her to spend a year in Esperance. And now she has graduated.
Medical school like childbirth

By Michael Cross-Pitcher

Childbirth could be described as a long, drawn-out and painful process rewarded by a magical gift with vast potential not yet realised. I could describe my journey through medical school similarly. Like many who make the decision to have their first child, I didn’t really know what I was in for but, on faith, took the plunge. Like many who joyously find themselves pregnant, I was joyous upon being accepted into the Graduate Entry Medical Program. Like those who happily struggle through the discomfort and pain for nine months and end up wishing it was over, so was my four and a half years of medical school. Finally, like those who receive a beautiful child into their lives and realise the hard work is really just beginning, so I received my qualifications wondering how I was ever going to be the competent and confident doctor I aimed to be.

Like many in the GEMP program, I gave up a less stressful and more financially rewarding life to become a doctor. What was lacking in my former life as an engineer in the mining and petrochemical industry, though, was soul food. I would return home each day and feel less fulfilled than when I left. It just wasn’t the right fit. I had made the decision early in my engineering career to change to medicine but was happily side-tracked along the way by meeting my beautiful wife and having a wonderful family. It was only many years later that I was able to get back on track. Time and time again through my journey so far, however, my decision has been vindicated. I feel more alive, caring for others, than ever before.

My first few weeks as a doctor, to be honest, have been driven by fear. Fear of failure. We are charged with the ultimate responsibility, people’s welfare, with the expectation that our competence and commitment are equal to the task. I truly feared that I was not ready. With time, however, I have learnt that the wisdom, guidance and experience of those doctors more experienced than ourselves form the safety net that ensures proper patient care. In time we will become the safety net for the next generation of new doctors.

I am uncertain about my journey from here. My ever-wise wife constantly reminds me to live in the moment and let tomorrow take care of itself. I am striving, therefore, to learn as much as I can from the speciality I am with (currently Emergency Medicine). I am conscious also that I have 15 years less than your average undergraduate punter to fulfill my career goals, whatever they turn out to be. What I do know is that I have been truly blessed to have this opportunity to reinvent my vocation and expect the next 10 years to be a rollercoaster ride like never before. Sit down, strap in, hold on…

Substantial sacrifices

By Andrew Thompson

All of the graduate entry students made some fairly substantial sacrifices to study medicine. Many turned their backs on well paying careers or sacrificed time with their spouses and children. We had lawyers, school teachers, engineers, musicians and microbiologists in the mix.

I chose medicine because it was a natural extension of a career that I love. I will always be a physiotherapist. Medicine is a means by which I can progress and round-out my knowledge in this area.

University study has changed immensely since I went through my first undergraduate degree – there was no internet and no such thing as “online notes” or email. Such advents have made study, research and peer discussion infinitely more efficient.

So where to next? I have several career goals for the next 10 years but Royal Perth Hospital is home to me for the next few years at least.
Catapulted into cognitive neuropsychiatry

A researcher into psychosis has had a meteoric rise in the Faculty.

Flavie Waters, who completed two degrees in England, started as a student at UWA in 2000 and last August was appointed Associate Professor in the Centre for Clinical Research in Neuropsychiatry.

This was all while working part-time in order to start a family and be with her two young babies.

Her work has focused on delineating the brain mechanisms underlying psychotic symptoms, which traditionally refer to mistaken perceptions, or hallucinations, and abnormal beliefs, or delusions.

She completed a combined Masters degree in Clinical Neuropsychology and PhD in Cognitive Neuropsychiatry at UWA. Her PhD, which was awarded in early 2005, examined the cognitive processes underlying auditory hallucinations in schizophrenia.

“I was drawn to this field and it is a continuing source of fascination for me,” she said.

“We know very little about why these symptoms arise and why they continue.”

As a result of her research she and her colleagues have developed a new theoretical model for hallucinations which explains voices as memories which are not recognised as such by the patient.

“These experiences are also unexpected and do not feel like normal memories, so they are often assigned to somebody else,” she said.

“Most of the voices are very intrusive and distressing. They’ll go on sometimes all day long telling people how hopeless they are, and so on.”

The patient often recognises the voices as belonging to a person they know, or someone on the radio or TV or elsewhere.

But this does not necessarily mean they are linked to past abusive experiences.

“Voices arise because of a dysfunction in the brain, although the interaction with past negative experiences is very complex,” Associate Professor Waters said.

In 2006, she was awarded a National Health and Medical Research Council Research Training Fellowship to work on a postdoctoral project examining the brain-behaviour relationship underlying a cluster of psychotic symptoms termed delusions of alien control, or passivity experiences. Her findings on this project seem to indicate that these delusions arise because of a distorted sense of bodily-self.

Recently, Associate Professor Waters was awarded a NHMRC project grant to continue her work on delusions of control in schizophrenia.

Another focus of her research is in the brain processes underpinning psychotic symptoms in older adults with mental health problems, including dementia.

Hallucinations and delusions become relatively common as people get older, yet very little is known about the brain processes responsible for these symptoms,” she said.

“I have two new projects this year which are undertaken by PhD students which aim to advance this area of research. My long term goal is to contribute to the development of non drug-based interventions aimed at reducing the severity and impact of these symptoms in older adults. This is especially important because of increasing concerns about the side-effects and safety of antipsychotic medication in older adults.”

Together with Dr Helen McGowan, she led the development a year ago of the Older Adult Clinical Research Unit, as part of a clinical service run by the North Metropolitan Area Health Services.

In the Unit, she has asked clinicians to generate their own research questions with regard to older people with mental health problems. This ensures that research questions have direct relevance to all clinicians involved who deliver care for older adults.

The combination of research into clinical practice is deemed a critical step towards improving health outcomes.

“The clinicians are very taken with it,” she said, adding that she helps them with setting up their research methods and analysing the findings.
HALLUCINATIONS STEM FROM BRAIN, NOT BOGEY-MEN

The distressing auditory hallucinations experienced by most people with schizophrenia arise from a dysfunction in the brain rather than, as most patients believe, an external malevolent force, according to research by Associate Professor Waters. Knowing this can help patients adapt and cope successfully.

Her research shows that the hallucinations arise from dysfunctions in memory and the ability to control thoughts and mental activities.

“These impairments result in unwanted thoughts and memories which intrude into the habitual flow of thoughts,” Associate Professor Waters said. “Because of deficits in memory, these mental events are not recognised as being self-generated and are misinterpreted as having an external source.

“My work on delusions of control also shows dysfunctions in the brain’s functioning. People with these symptoms have fundamental problems in the way that their body is represented in the brain and this causes confusion about what is self and what is non-self.”

The clinical implications of the research is that unusual or bizarre beliefs experienced by people with schizophrenia can be explained by these abnormalities in brain functioning, which lead to distortions in experiences.

“This is relevant because it suggests that cognitive deficits can become targets of treatment with remediation strategies which target these specific areas of dysfunctions,” Associate Professor Waters said.

Her future research will continue to examine the brain-behaviour relationship underlying psychotic symptoms in different clinical groups.

Currently she is examining the contribution of sleep disturbances in psychiatric illness. “We know that the intensity of symptoms fluctuates on a daily basis and initial evidence that I have collected suggests that sleep may contribute to this experience,” she said.

“We now have preliminary data which show a day-to-day relationship between sleep quality and intensity of psychotic symptoms.”

During the study, people with schizophrenia wore special watches to measure objectively the quality of their sleep and they also filled in daily diaries of their symptoms.

Associate Professor Waters now has applied for a NHMRC grant to conduct a larger study into the association between sleep and symptoms.

LEARNING ABOUT LUNG DISEASE

Two of four recipients of scholarships that enabled them to sample research into lung disease during their summer vacation were from the Faculty.

Sweeka Alexander, 21, a fourth year student, and Sai Rupa Baskar, 21, a third year student, who are both undertaking a Bachelor of Medicine and Bachelor of Surgery degree, were awarded the summer cadetships by the Lung Institute of Western Australia (LIWA).

They spent 10 weeks working full-time with internationally-renowned lung researchers on a research project, with the financial support of a $400 per week tax-free allowance during that time.

The other two recipients were Sarah Hayton, a Murdoch University student, and Thomas Losifidis, a Curtin University student.

The students presented their research projects at a symposium held at LIWA last month.

LIWA Director Winthrop Professor Philip Thompson said the scholarships were great for undergraduate students who wanted to gain a taste of what research was about or were interested in a research career in the lung disease arena.

The awards helped them develop skills and knowledge in a short period of time and provided the possibility of part-time employment with LIWA at the end of the cadetship.

The closing date for applications for next year is mid October. Go to www.liwa.uwa.edu.au for further information.

A FINE BALANCE

By Sweeka Alexander

The cadetship was a mixture of clinical and research experience and I appreciated the balance that this provided. Over the summer, I worked with Dr Siobhain Mulrennan, Professor Philip Thompson and the cystic fibrosis and bronchiectasis research teams.

The clinical aspects of the cadetship included participating in multidisciplinary team meetings, ward rounds, cystic fibrosis clinics and bronchiectasis clinics. One of the major parts of my cadetship involved an audit of bone health in patients with cystic fibrosis. We were able to calculate the proportion of patients attending the WA adult cystic fibrosis clinic who had had their bone density measured. We were also able to find the proportions of patients in each bone density category (normal, osteopenic and osteoporotic). We evaluated the proportion of patients with low vitamin D levels within each cohort and also looked at whether osteoporotic patients were receiving adequate treatment.

We found that patients with cystic fibrosis who had abnormal bone mineral densities were receiving the best standard of care and this was excellent news.

I plan to continue working with LIWA for my 4th year research project, which will be based on the information collected during the audit. In particular we plan to review the literature in this area and explore any gaps in knowledge that may emerge.

I have also been learning how to construct a research proposal, which is for a project that will look at whether the administration of cromoglycate prior to treatment with hyperosmolar agents for non-CF bronchiectasis will reduce hyperosmolar induced bronchoconstriction.
Rather than taking a break from an arduous year of study and research, medical student Vinay Menon chose to spend his university summer vacation volunteering in outback Australia.

Mr Menon, who is aged 23 years and in his final year of medicine, went to Arnhem Land to help run a school holiday program for Indigenous children under the auspices of the Australian Red Cross.

“It is a program we run in 10 communities in the Northern Territory,” he said.

“It is to provide strong role models during the holidays, work on issues such as nutrition and give the children healthy activities to do instead of getting involved in antisocial behaviour.”

The program consisted of a lot of sport, such as barefoot football and soccer, arts and crafts, disco and movie nights.

Mr Menon was in Arnhem Land as part of his role as National Youth Representative of the Australian Red Cross, in which he represents a few thousand young volunteers across the nation.

“The aim is to improve the service delivery to young people who are disadvantaged, such as those from a refugee background,” he said.

His interest in human rights and helping others began at the age of 15, when he enlisted as a volunteer for the Starlight Children’s Foundation which helps seriously ill and hospitalised children. His passion became even stronger when, at the age of 17, he volunteered for Oxfam, World Vision, Red Cross and other charities.

At the age of 19, he co-founded a program called World Aware, which is based in Perth and run by Red Cross volunteers and staff. They work to help refugees from various countries, including Sudan, Burma and Pakistan.

Each year the group runs a series of skill-building workshops over 6-8 weeks that focus on issues including mental health, sexual health, working with media, finding essential health and legal aid services, and understanding the Australian culture – such as interpreting what “bring a plate” actually means. The workshops may include dance, drama, arts and cultural pursuits.

His human rights work did not stop there and for his elective placement in his medical degree, Mr Menon worked in a hospital in Tanzania after which he spent several weeks as a volunteer with the Tanzanian Red Cross working in a refugee camp on the border of Tanzania, Burundi and the Congo. The refugee camp had three doctors for 49,000 people.

His voluntary advocacy work with refugees, Indigenous communities and children living with a disability earned him the high accolade of being awarded The Young People’s Human Rights Medal for 2009, which is sponsored by the Australian Human Rights Commission and the Australian Government’s Department of Immigration and Citizenship.

In a related move, Mr Menon took a year out last year to complete a Bachelor of Medical Science degree, having won the Neville Stanley BMedSc scholarship that is funded by a donation from John and Rosemary Pearman.

The reason he chose to do the BMedSc degree was that he “was not ready to enter the real world,” he said with a chuckle.

The real reason was that he wanted to get a feel for research. “The more I study medicine, the more I realise there is a lot of big picture stuff I really want to understand in terms of public health, and research is very important for that,” he said.

He worked for the year with the Vaccine Trials Group based at the School of Paediatrics and Child Health at Princess Margaret Hospital for Children and the Telethon Institute for Child Health Research. Mr Menon said he enjoyed his year with the group and would continue to be involved this year.
The fact that some Indigenous children in rural regions of Australia have to wear hearing aids when they start school because of chronic severe ear infections was one of the reasons that drove Vinay Menon to choose his research topic for his Bachelor of Medical Science degree.

It was also his passion for public health and interest in vaccines as an important public health measure that led him to join the Vaccine Trials Group in the School of Paediatrics and Child Health, which is researching otitis media in young children.

“Otitis media affects a lot of children, especially in remote communities where they will have almost universal disease quite early on,” Mr Menon said.

Previous research shows that Australian non-Indigenous children have an average of three months of ear infections in their life whereas Indigenous children have an average of 2.5 years of infections.

In the study with Associate Professor Peter Richmond’s group, the researchers looked at the difference between children who have a large number of otitis media or middle ear infections at an early age and those who have very few or no episodes. Mr Menon said some children had six or more episodes by the age of one or two.

While the study was conducted with children in metropolitan Perth, the group hopes the study findings can be applied to the most vulnerable children in remote communities.

“We are developing better and better vaccines against the pneumococcus, which is the most common cause of ear infections,” Mr Menon said. “We know a lot about the children who are more prone to infections but we wanted to know if there is an immune problem and whether they are having problems developing antibodies against the bacteria because if they are, it means that future vaccines are not going to be as helpful as we had hoped.”

Basically, if their immune response to the current vaccines was impaired, it would mean that immunisation with future improved vaccines would not be effective.

But the findings to date are that the children with many ear infections are responding normally to the vaccines and the bacteria and do not have an impaired immune system.

“So it looks like these children are probably vulnerable because they have greater exposure to the bacteria and this may be related to many other issues like overcrowding, daycare attendance, allergy and hygiene,” Mr Menon said.

The finding that the higher rates of infection did not appear to be linked to an impaired immune system was “really good news” for future vaccine development, he said. However, a lot more research was needed to detect more subtle immune problems in these children and he hoped to be involved in the Vaccine Trials Group’s ongoing research in the area, he said.
An intensive course in Advanced Podiatric Surgery conducted by the Podiatric Medicine Unit attracted a range of students, including two from Victoria.

The recent one-week postgraduate unit was for students enrolled in a Master of Podiatric Medicine or a Doctor of Clinical Podiatry degree which started last year.

Professor Alan Bryant, Head of Podiatric Medicine, said the course in the theoretical aspects of podiatric surgery included lectures, a number of case based learning sessions, clinical rounds and a well received half-day cadaver surgical workshop at CTEC arranged with the assistance of Professor Jeff Hamdorf, of the School of Surgery.

The intake of students has increased each year and has reached 38 this year. They include 12 international students and two transferring from other UWA courses.

Professor Alan Bryant, Head of Podiatric Medicine, said the potential for UWA graduates to find work was very good because of the dearth of podiatrists in Australia and overseas.

“Some of our graduates have had multiple offers of employment,” he said.

Although graduates must complete at least 12 months of clinical practice before embarking on a higher degree, several have signalled a desire to enroll in post-graduate programs next year.

Apart from an Honours year, one has a one-year internship at Sir Charles Gairdner Hospital, one has returned to NSW, one has gone to a hospital in Victoria and the rest have found positions working in existing private podiatry practices in WA.

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Professor Alan Bryant, Head of Podiatric Medicine, said the potential for UWA graduates to find work was very good because of the dearth of podiatrists in Australia and overseas.

“The clinic is developing nicely,” Professor Bryant said, adding that it is undergoing considerable refurbishment to increase teaching spaces and academic offices and provide a new operating suite to teach students surgical procedures.

Undergraduate students will learn nail and soft tissue procedures, such as operations for ingrown toe nails, while postgraduate students undertaking the Doctor of Clinical Podiatry will be taught elective foot surgery, such as correction of bunion and hammer toe deformities.

From 2014, the primary qualification in podiatric medicine will be a four-year graduate entry program leading to a Doctor of Podiatric Medicine degree.
SKI GEAR RETAILING LEADS TO NEW CAREER

By Ben Morrell

After graduating from Curtin University with a marine science degree in 2001, I travelled overseas through Asia, Europe, North and Central America and the Pacific for three years. I had various jobs in different countries during this time but was unable to find work in my chosen profession.

In England I worked in a ski shop, addressing people’s painful foot problems when wearing ski boots. This was rewarding work and I decided to pursue a career in podiatry as a result. I returned to Perth after hearing of the new podiatry course at UWA. I worked for Scitech Discovery Centre as a science presenter and communicator while waiting for the new course to start.

As we were the inaugural podiatry class, it was difficult to know what was in store for us. The challenge of a new and dynamic course was also very exciting and my science and communication background aided my approach to university life and study. The course was demanding from the outset. It involved a number of units with the medicine and dental students as well as podiatry specific subjects. The benefit of being in the Faculty of Medicine and Dentistry was seen throughout the course and provided a medical foundation to complement podiatric studies.

I enjoyed the large practical aspect of the degree and learnt much during my hospital and private practice placements. These placements also led to the development of many continuing professional relationships. I also enjoyed the pharmacological courses and look forward to the profession gaining prescription rights in the future.

Balancing work and study was difficult during the four year course. However, I was fortunate enough to develop a flexible working relationship with the Centre for Cerebral Palsy, providing recreation for children in respite care. I also worked part time as a receptionist in an established and successful podiatric practice. I now work there full time as a podiatrist and I’m enjoying it immensely. I also continue to work for the Centre for Cerebral Palsy when I have time. I plan to establish my own podiatry practice in the future but I still have much to learn before then.

ART GIVES WAY TO SCIENCE

By Mina Azarian

I started my tertiary education not knowing exactly what I wanted to do. I had gone through high school assuming that I would become an artist, however I soon realised my passion for the sciences.

I started a Bachelor of Science majoring in human genetics which was fascinating but something was still missing. I wanted to work with people rather than a test tube! It was then that the Bachelor of Podiatric Medicine degree caught my eye.

I started the degree in 2006 as part of the inaugural group. The course was intense, requiring a lot of motivation and dedication. As we shared a large part of our degree with the medical and dental students, soon close friendships formed.

Initially I wasn’t sure if this was the right career for me. However, by second year all the pieces of the puzzle came together. I had built a strong foundation in podiatric medicine and I loved it. I was always challenged and found the content very interesting.

I started treating patients at the UWA Podiatry Clinic and at all the major hospitals from very early on and this gave me great exposure to all aspects of podiatry. From the start, a very high emphasis was placed on excellence in knowledge and clinical skills, which was important to me.

The only thing that I would change is the lack of awareness by the public and some health professionals about podiatric medicine. That is something I would like to work on in the future, to educate others on what we do as podiatrists.

The highlight of the course would have to be the clinical aspects, especially surgery. I plan to complete the Doctor of Clinical Podiatry postgraduate degree and become a podiatric surgeon. I have been working at two private practices in Floreat and Ballajura for the past three months and feel very well prepared and confident. I find podiatry very rewarding and I am really enjoying work.

The teaching was largely undertaken by a guest lecturer, Dr Joe Sotherland from Arlington, Texas, past Chairman of the Board of Directors of the Podiatry Institute in Atlanta, and current Editor In Chief of the well-known “McGlamry’s Comprehensive Textbook of Foot and Ankle Surgery”. He has been involved in medical missions to Central America with the volunteer organisation Healing the Children and has travelled to Australia numerous times to teach podiatric surgery.
When orthodontist Dr John Owen and his wife Jan visited Halls Creek last May with the Madjitti Moorna choir, teachers at the school were thrilled because no dentist or dental therapy van had visited the school for the past 18 months.

The only dental care was provided at the hospital clinic by a visiting government dentist every six weeks.

As well as screening the local school children during their stay, Dr Owen and Mrs Owen, a former dental nurse and dental health educator, provided dental education sessions.

They did not have access to the dental facility so they conducted the screening of 133 school children under the age of 11 at the Halls Creek District High School.

Of these, 38% required urgent dental care for serious problems such as dental abscesses and gum boils and a further 18% needed treatment within six months. Only 44% of the group was free of caries.

Dr Owen, an Honorary Clinical Consultant with the Faculty, said one-third of the children had massive cavities and suffered continual pain and chronic infection.

It was this experience that led the Owens to set up the Kimberley Dental Team (KDT), which they have since built up to such an extent that they have 35 dentists and assistants willing to volunteer in the Kimberley to complement stretched State government resources. Most of the volunteer dentists are WA graduates.

As a result of their trip, the decommissioned Dental Health Services van was recommissioned and returned to the Halls Creek School last July with a school dental therapist and nurse, who were able to start treating some of the children screened by Dr Owen.

After their initial visit, the Owens took a volunteer team to the Kimberley in August. They were able to support the school dental van and provide further treatment for adults and children, having been granted access to the dental facilities at the hospital.

The team also organised for a four-year-old boy in chronic pain to be flown to Perth for a general anaesthetic and removal of 10 of his 20 primary teeth. After his treatment, he was able to eat a hot meal again after many months of chronic pain.

The team also visited schools and outlying communities, emphasising dental education and providing tooth brushing packs in all the places they visited.

“We can do the emergency care but there is no point just spending money on acute dental care, we have to focus on prevention education and early care,” said Dr Owen, who has been a member of the Dental Board of Western Australia for 13 years and President for the past 10 years.

The KDT has been gathering momentum and is working with the Faculty’s Centre of Rural and Remote Oral Health, Dental Health Services and Aboriginal Medical Services. The aim is to support and visit about 100 remote Indigenous communities in the Kimberley region.

It is known that many Indigenous people do not have a level of oral health that allows them to eat nourishing foods and that dental disease can result in higher levels of malnutrition, low birth weight, preterm births and cardiovascular disease.

Dr Owen said there was $1.3 billion available for Aboriginal health initiatives in Australia and the group hoped to receive some funding from the pool for their work.

As Dr Owen holds a pilot’s licence, they plan to transport dental teams by helicopter on a fly-in, fly-out basis into remote areas to avoid long road trips.

This year they have already made another visit, to the Warmun and Frog Hollow communities to provide screening, dental health education and provide emergency care at the request of Gija Total Health.

They will head north again soon, making two trips with different teams for the entire months of May and August. The teams will use Halls Creek Hospital as the base and visit Balgo (five hours drive, one hour by helicopter), Ringers Soak (three hours drive, 45 minutes by helicopter) and Yiyili Community.

The teams will include maxillo-facial surgeon Dr Dennis...
Gregory, who is WA chairman of the National Dental Foundation, Dr Aggie Frydrych, an oral medicine specialist, John’s father, Dr Ray Owen and recent UWA dental graduate, Dr Daniel Cocker.

“Several members of the team, including myself, are either Adjunct Associate Professors or Honorary Clinical Consultants with UWA and so it is intended that final year students will also be rostered to join these trips next year,” Dr Owen said.

“And a very exciting new development is that we have just established a joint venture with the WA arm of the National Dental Foundation to support the Sisters of Mercy and their four communities at and around the Gibb River communities.

“Eastern States dental equipment has been donated and in May, Dr Dennis Gregory and I will assist with mutual staffing and helicopter transfers to and between the communities to maximise basic care so desperately needed.”

A new dental module for a web-based program will enable the Kimberley Dental Team to track patients, their contact details and medical and dental records. Dr Owen helped with the development of the dental module with Dr David Glance, Director of the UWA Centre for Software Practice.

The module was produced for the e-health software, MMEx, which was developed by the Centre for Software Practice in partnership with the Department of Health and Ageing, WA Department of Health, WA Country Health Services, Kimberley Aboriginal Medical Services Council and clinicians.

“We see this as an invaluable tool to track very mobile populations such as those in the Kimberley and have their full medical history available so the appropriate care can be provided,” Dr Owen said.

“It is incredible to be able to bring up a patient’s full medical history, make notes, chart, develop and record a long term treatment plan and priority list, tick off the prior approved treatment plan as treatment progresses, and send digital photos and digital radiographs directly to a dentist or specialist in Perth for advice.”
They are Professor Vera Morgan, who is National Project Director and Convenor of the Technical Advisory Group, Winthrop Professor Assen Jablensky, who is Chief Scientific Advisor, and Assistant Professor Anna Waterreus, who is National Project Coordinator.

SHIP is the second national survey of psychosis, following the first Australian National Survey of Low Prevalence (Psychotic) Disorders undertaken in 1997-1998 under the direction of Professor Jablensky.

There have been major changes in the Australian mental health climate since the first survey in 1997-98. By replicating key questions from the original survey, the Technical Advisory Group will be able to measure changes in service use and satisfaction. Survey questions have also been aligned with the national general population survey of mental health undertaken in 2007, as well as other national surveys, which will help the team to benchmark their data against the rest of the Australian population.

Professor Morgan said the survey would cover the range of psychotic disorders including schizophrenia, schizoaffective disorder, paranoid psychosis, bipolar disorder and other psychotic illnesses.

Although the two surveys are targeting the same population, the survey name has been changed to make the point that, while psychotic disorders are low prevalence, they have an incredibly high impact on services, people with the disorders and those who look after them.

Underpinning the project is the idea that the social context in which people with psychosis live plays a critical role in their functioning and recovery. Consequently, SHIP researchers will be collecting information on social roles, employment, housing, health and other services for people with psychosis in addition to data on psychopathology and mental health service use. This will include assessing individuals’ role function and role support, cognitive function and physical health, examining the role of GPs in the management of psychosis and calculating the economic and community costs of psychosis, including the breakdown of social supports and networks.

Professor Morgan said that one of the major changes since the first survey was the involvement of GPs in treating patients with psychosis.

The second survey includes two questionnaires for GPs to complete on how they manage psychosis in general practice and the problems that they experience. It will also include many more questions. These will cover issues such as work, skill development, family responsibility, housing and homelessness, social engagement and community integration, and support networks and how well people are functioning.

“The first survey mapped the territory and the second survey provides us with the opportunity... to drill down a bit further,” Professor Morgan said.

There will also be a physical assessment, particularly for risk factors for metabolic syndrome and cardiovascular disease, both of which are elevated in people with psychotic illness. Drug and alcohol use will be canvassed.

“We will do a brief cognitive assessment of individuals and again I am not aware that this has ever been done in an epidemiological population survey,” Professor Morgan said.

“The collection of both cognitive and physical health data for people with psychosis within a national epidemiological framework is unique and should gain the SHIP project considerable international attention.”

Screening of people who come into contact with mental health services is taking place this month in seven catchments across five Australian States - NSW, Queensland, South Australia, Victoria and WA.

The total number to be sampled for interview and assessment from those screened is 2000. In WA, the SHIP catchment covers South Metropolitan Area Mental Health Services extending from Fremantle through to Peel and Rockingham/Kwinana. About 450 interviews are planned for the WA catchment.

Ms Jenny Griffith is the WA site coordinator, leading a team of five interviewers with extensive mental health work experience. The data will be ready for analysis early next year and the first results should be available by the middle of next year.

Special summary reports will be prepared for distribution to mental health services throughout Australia.

SHIP researchers – (from right) Winthrop Professor Assen Jablensky, Chief Scientific Advisor, Professor Vera Morgan, National Project Director and Convenor of the SHIP Technical Advisory Committee, Assistant Professor Anna Waterreus, National Project Coordinator and Ms Jenny Griffith, WA Site Coordinator
A third year medical student who attended last year’s Copenhagen summit on climate change is helping to form an international network of students and health professionals interested in the impact of climate change on health.

Nick Watts went to the United Nations Framework Convention on Climate Change (UNFCCC) summit as the representative for the International Federation of Medical Students’ Associations, and the Health and Environment Alliance. He was one of the few delegates advocating the importance of health as the central framework for the UN negotiations.

He was shocked to learn that concepts of global health equity were absent from the summit’s negotiated text, he said. This was despite the recent Lancet Series on Climate Change and Health, which stated that “Climate change is the greatest global health threat of the 21st Century.”

He was part of a group of doctors and health professionals who lobbied health and environment ministers, heads of state, and UN agencies with a degree of success, with a number of nations including health in their statements and as a priority in their ongoing negotiations. In particular, Tuvalu, Macedonia, the Maldives and, to a small extent, the UK, were the most receptive, he said.

And he had a pleasant surprise when the World Health Organisation asked him to rejoin the conference – after all civil society, that is, non-governmental organisations, student organisations, lobby groups, and business and research organisations had been evicted for the high-level segment – to be part of their delegation, providing a voice for health from students around the world.

They were helped by the fact that recent studies had shown that significant co-benefits to health were associated with mitigation strategies, Mr Watts said. These ranged from a decline in respiratory disease, through to healthier diets and lifestyles.

“It’s been over 19 years since the world began its first summit on climate change, back with the creation of the UNFCCC in 1992,” he said. “In 2010, we’re only just beginning to come to terms with the devastating impact that climate change will have on human health.

“While heat stroke, increased frequency and extremity of natural disasters and the spread of vector borne diseases are some of the more obvious and direct effects, there are also a number of indirect dangers. These hidden impacts include the exacerbation of already critical water stresses, famine and malnutrition, air quality degradation and violent conflict resulting from forced mass migration.”

Mr Watts said if success was to be achieved, the international health community would have to engage in the debate on climate change. “There are simple steps we can all take, ranging from decreasing our own carbon footprint and that of our hospitals and clinics through to acting as advocates on a local, national or international stage,” he said.

Mr Watts said the Faculty had kindly sponsored him in August last year to travel to the General Assembly of the International Federation of Medical Students’ Associations in Macedonia.

“This was an amazing experience, which has done a huge amount to introduce me into the realm of public health politics and economics, a career which I am very interested in pursuing,” he said.

Anyone interested in joining the network for climate change and health can contact Mr Watts onThinkglobal@ifmsa.org
The art of diagnosis in medicine has become increasingly complex over the last 20 years with a proliferation of laboratory and radiological tests. Newly qualified doctors and medical students must learn to use this huge array of tests wisely in reaching a diagnosis – a skill often not covered in standard medical textbooks.

Winthrop Professor Paul Jenkins and Associate Professor Paula Johnson, both of the School of Medicine and Pharmacology, have addressed this issue in their new textbook for medical students and junior doctors “Making sense of acute medicine: a guide to diagnosis.” (Hodder Education 2010)

Professor Paul Jenkins is Professor of Acute Medicine at Joondalup Health Campus. He moved to WA in 2007 from the UK where he was a consultant in acute medicine in Norwich and a founder member and past president of the Society for Acute Medicine UK. He was also Associate Dean at Addenbrookes Hospital and the clinical school of medicine of Cambridge University for 10 years.

Associate Professor Paula Johnson is a consultant general and respiratory physician at Fremantle Hospital. She also moved to WA in 2007 from London where she was a consultant in general and respiratory medicine for seven years, and a lead tutor for graduate entry medical students studying at St George’s Hospital Medical School. She is the Year 5 Medicine coordinator on the MBBS course and has a particular interest in the difficulties students face in learning to think logically about the diagnostic process in medicine.

The book covers all the common acute presentations to physicians working in hospital emergency departments and medical assessment units. It has extensive information on focused medical history taking, physical examination and prudent usage of diagnostic tests. Both authors have many years of experience on the “acute medical take” and this has guided the practical approach to diagnosis advocated in their book.

The book was launched at the World Conference of Internal Medicine in Melbourne this month and the full publication date is scheduled for next month.