Gratitude leads to gift

A generous endowment from a thankful patient will help enormously with many aspects of research into hearing and balance being conducted by a Faculty professor and his team.

Professor Gunesh Rajan, Head of the Otolaryngology, Head and Neck Surgery Unit in the School of Surgery, said the gift of $500,000 from his patient Mrs Lynette Kinnersly and her husband Ron would fund study at many levels, including basic science, translational and also clinical research.

The donors hope their Lynette and Ron Kinnersly Fund for Research and Education into Hearing and Balance will make a difference to vertigo sufferers in particular, and other people with balance and hearing problems in general. Their aim in supporting research and education is to ensure that disability and suffering are alleviated and best solutions are found.

It is thanks to Professor Rajan’s surgical expertise plus extensive therapy that Mrs Kinnersly’s serious vertigo has vastly improved and resulted in her having a normal life again.

Professor Rajan said she had a difficult balance disorder that required complex skull-based surgery. “It is a grey zone between neurosurgery and otolaryngology, head and neck surgery,” he said. “The challenge is to get there without causing any damage to all these critical structures and trying to alleviate or solve the problem.”

Surgery was one part of the treatment but equally important was the rehabilitation by a multi-disciplinary team, consisting of the surgeon, a dedicated balance physiotherapist and a balance neurologist, he said.

Professor Rajan said the Kinnersly gift would be directed partly towards translational research, including tissue engineering to repair eardrum perforations as well as studies in otitis media.

Rest

In Peace Geoff

and farewell Geoff

The lifelong contribution to the better understanding of human health and disease by a well loved and respected Faculty Professor has been honoured by the establishment of an eponymous fund.

The Shellam Fund for Research in Microbiology and Infectious Diseases has been launched by family, friends and colleagues in memory of Professor Geoff Shellam, who recently passed away at the age of 71 after a long illness.

Professor Shellam, who was well-known internationally for his work in the fields of microbiology and immunology, was Professor in the School of Pathology and Laboratory Medicine (PaLM), and Co-Director of The Marshall Centre for Infectious Diseases Research and Training. He was also Director of the Master in Infectious Diseases Program.

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Continued on page 9
Novice dental student and staff researchers heading to the lab will now be given a guiding hand on arrival.

In order to boost laboratory research, Head of the School of Dentistry and Director of the Oral Health Centre of WA (OhCWA), Professor Camile Farah, has created the new role of research laboratory manager. Dr Kate Shearston, who took up the position in late July, has a PhD in Medicine from the University of Sydney focusing on lipid research and post-doctoral experience working on RNA-binding proteins. Professor Farah said she brought a wealth of experience in research and laboratory management to the School and was keen to assist staff and students undertake their research work.

“This is a great opportunity to use my research and management skills to support a very exciting area of research,” Dr Shearston said.

To help focus the choice of research projects, four over-arching themes have been identified. They are dental biomaterials and biomechanics; orofacial biology and orthodontics; oral oncology and molecular genomics; and oral epidemiology. The laboratories are dedicated to research in the first three themes and will form part of what Professor Farah hopes will become the Centre for Orofacial Research and Innovation within the School. “In the upcoming reorganisation of research priorities within the School, research programs will be constructed under these broad themes and staff and students will work in teams to create critical mass in each of the designated research strength areas,” he said.

Previously the laboratories had been unsupervised. “Dr Shearston will ensure students can access the laboratories on a regular basis and in a safe manner, with the equipment set up and ready to go,” Professor Farah said. “That will enhance the research projects for the Doctor of Dental Medicine (DMD) students.”

Students in the four-year graduate DMD program began their research projects at the start of second semester, having formulated a project with a supervisor and written up their ethics applications and research grant proposals in the first half of the year.

Professor Farah said the calibre of the DMD students was very high and some had research experience from their previous degrees. For example, two students under his supervision have PhDs in molecular and cell biology and post-doctoral experience. They will research an area of oral oncology looking at DNA damage repair mutations and their importance in oral cancer initiation and progression, utilising the molecular genomics laboratory.

Smooth functioning of the laboratories is also important for the Doctor of Clinical Dentistry (DClinDent) and PhD students. “They have larger projects that they need to undertake so they need ready access to good laboratory facilities if we are to improve the calibre of research originating from the School,” Professor Farah said. The DClinDent is a three-year postgraduate degree for qualified dentists that leads to specialisation in fields such as Oral Medicine, Orthodontics, Endodontics, Paediatric Dentistry or Periodontics. It includes a supervised research project and thesis.

“Our strategic aim is to put research at the centre of what we do and raise the profile of research within the School and make sure that as many of our staff as possible are engaged in research activities,” Professor Farah said. “Ultimately that will feed into their workload allocation and career progression. Any staff member who has the desire to undertake research and hasn’t been active in that space will need some assistance, so having Dr Shearston available in the laboratory will greatly assist staff in pursuing their research endeavours.”

While each year there are 56 DMD students, 21 DClinDent students and several PhD candidates, not all will use the laboratories. Some students have chosen clinical research projects and will be able to use OHCWA’s clinics, while others have community-based projects.

-By Cathy Saunders
By Professor Wendy Erber, Head of the School of Pathology and Laboratory Medicine

The Faculty teaching Portfolio

When we think of the teaching we do within the Faculty of Medicine, Dentistry and Health Sciences (FMDHS), it is the medical and dental degree programs that come to mind. However these are only a fraction of what we teach and make up only 40% of our students. Why do our medical and dental students make up such a small proportion of our teaching contribution? What other teaching is the Faculty delivering? Who else do we teach and what are we teaching? In this editorial, I outline the range of teaching the Faculty is delivering at UWA.

What are the numbers for 2015?
1 Faculty, 9 Schools, 60 Courses offered, 792 Units taught, 3,750 Students enrolled.

Our teaching is spread across three levels or “cycles” of learning.

Cycle 1 degrees: Critical thinking.
Cycle 1 degrees are the direct entry three-year Bachelor degrees where students acquire knowledge and learn by “critical thinking”. In 2015 we have more than 2,100 undergraduates enrolled in undergraduate units offered or taught by the FMDHS. Why are there so many and what units are they taking?

In 2012 when UWA introduced its New Courses program, the structure of the undergraduate programs (Cycle 1 degrees) was simplified. UWA now offers just five Bachelor degrees: Bachelor of Arts, Commerce, Design, Science and Philosophy (Honours) programs. The Faculty does not have “ownership” of any of these degrees but makes significant contributions to the Bachelor of Science (BSc) degree through our majors in Pharmacology, Pathology and Laboratory Medicine, Microbiology and Immunology, Aboriginal Health and Wellbeing, Population Health and Genetics. We also contribute to units in the BSc Biomedical Science double major, a program of study that includes pharmacology, pathology, anatomy, physiology, biochemistry and physiology.

In addition to teaching BSc students, we offer a range of “broadening” units. The aim of these is to give students broader knowledge and skills in one or more areas of study outside their degree or major. These units cover diverse subjects with the aim of giving students a “broader understanding that prepares them for a changing world”. The units focus on some aspect of the “globalised and culturally diverse environment”. To meet this brief, we offer units in health and wellbeing, disease prevention, history of death and disease and health and globalisation. One of our most popular broadening units, Drugs that changed the world, is offered at Level 1 (first year) and is taken by close to 700 students. Another large Level 1 unit is Molecular Biology of the Cell, taught by FMDHS and the Faculty of Science. This unit, with more than 600 students, is a prerequisite for students wishing to proceed into many of our majors.

Many students taking BSc majors in our disciplines are interested in progressing to a Cycle 2 professional degree in a health-related field (e.g. pharmacy, medicine) or biomedical research. The Faculty is currently planning a new BSc major called Medical Sciences. If approved, this should be in place to commence in 2017. This new major would have core units in “pre-med” subjects, such as anatomy, physiology, biochemistry, pharmacology, pathology, microbiology and population health. As this would be a single major, students would have the opportunity to broaden their education, in keeping with the University’s New Courses philosophy by

• taking a second major in another preclinical discipline (e.g. anatomy), or
• taking a second major in a totally unrelated field (e.g. commerce), or
• picking and choosing additional units in biomedical or para-clinical sciences (e.g. psychology, neuroscience), or
• gaining a broad education by exploring unrelated and diverse fields of study, within or outside the sciences (e.g. language, music, design).

The UWA Cycle 1 degrees are “undifferentiated” - through the acquisition of knowledge and critical thinking they are to open students’ minds. At the time of graduation as Bachelor we hope they have found the path they wish to follow in the next phase of their academic and professional lives, be that further education in postgraduate study (Cycle 2) or in the workforce.

Cycle 2 degrees: Learn the craft.
Professional level courses are offered at Cycle 2 where students “learn the craft”. The Faculty offers postgraduate programs by coursework and/or research. We currently have 1,300 students in these Cycle 2 programs which are of 1.5 to 4-year’s duration. These include Graduate Certificates, Graduate Diplomas, Masters and professional programs (e.g. medicine, dentistry, podiatry). Some programs have specific entry requirements, such as an expected level of academic achievement in the undergraduate degree, entry examination (e.g. GAMSAT) and/or interview. Some, such as the medical and dental programs, also have quotas making entry highly competitive.

Over the past three years, much has been written about our new graduate-entry dental (DMD) and medical (MD) programs which commenced in 2013 and 2014 respectively. Our other Cycle 2 programs currently have 620 students. These are Master programs by coursework (e.g. Social Work, Pharmacy, Public Health, Clinical Pathology, Infectious Diseases) or research (e.g. Medical Science, Clinical Research, Public Health), and Graduate Certificates and Graduates Diplomas in very discrete disciplines (e.g. Health Professions Education).

Cycle 3 degrees: Discover new knowledge.
Cycle 3 or higher degrees by research are where students “discover new knowledge”. We currently have 350 students doing research degrees. Of these 290 are PhD students undertaking a dedicated period of research under supervision. The majority are in fulltime study and generally performing laboratory- or clinically-based research in our Schools or the Medical Research Institutes (e.g. Harry Perkins Institute of Medical Research, Telethon Kids Institute). The Faculty also offers some higher degrees for original innovative thinking and research which constitutes a substantial and distinguished contribution to knowledge (e.g. medicine - DM).

The Faculty of Medicine, Dentistry and Health Sciences offers a diverse range of popular programs at all levels of education. We closely monitor our educational programs - we take note of enrolment numbers, student views and the educational requirements of the medical, dental and health professions. Our portfolio keeps evolving to keep pace with educational developments, changes in pedagogy, external influences and professional requirements. New courses of study and units continue to be added and those no longer attracting students or deemed non-viable may be rescinded following due consideration. We change with the times and the only constant is change.
A novel accord has been struck between the Faculty's Pharmacy unit and a leading Chinese university that will enable Chinese students to expand their scope of practice by studying at The University of WA.

The 3+2 Articulation Agreement between UWA Pharmacy and the Zhejiang University (ZJU) College of Pharmaceutical Sciences (CPS) means eligible ZJU students who have completed three years of a four-year Bachelor of Science (BSc) degree can enrol in the UWA two-year Master of Pharmacy program.

Professor Geoff Riley, Faculty Acting Dean, Professor Ming-Hao Zheng, Associate Dean (International), and Professor Lee Yong Lim, of Pharmacy in the School of Medicine and Pharmacology, were in China to sign the accord in May.

While there, they also consolidated a pharmacy student exchange agreement that began this year (see story this page).

Professor Lim said under the 3+2 program, students would end up with a ZJU BSc and a UWA Master of Pharmacy degree in five instead of six years.

ZJU students with a BSc degree were able to apply to practise as pharmacists in China. With the Master of Pharmacy degree, plus the requisite level of competency in English, they would be able to apply for a pharmacy internship in Australia.

“Our program leans a lot more to clinical practice whereas theirs is very science-based so if the students want to, for example, practise in a hospital setting or community pharmacy, then our MPharm would offer an advantage,” she said.

“It opens up internship opportunities in other countries for them as well. It opens up New Zealand, Singapore, Hong Kong - a lot more practice sites for them.”

Each year five students from ZJU will be able to apply for entry to the UWA program.

A student exchange program initiated last year between the Faculty’s Pharmacy unit and Zhejiang University (ZJU) in China is now in full swing.

Two students from The University of WA’s Master of Pharmacy course went to China in January this year to spend six weeks at the College of Pharmaceutical Sciences (CPS) at the ZJU in Hangzhou as part of their first clinical placement (see story in the June issue of MeDeFacts). They are Andrew Leau and Becky Chau.

Now two students, Yunwen Chen and Yi Zhou, have come from ZJU to the UWA campus for six weeks from the end of July.

Professor Lee Yong Lim, of UWA Pharmacy in the School of Medicine and Pharmacology, said there were two aspects to their visit.

“One is a research project and the other is to experience the various aspects of student life that our Master of Pharmacy students go through,” she said.

The visiting students join the Faculty students conducting their final year research project. They also spend a day at Sir Charles Gairdner Hospital and a day at each of two community pharmacies to see how pharmacy is conducted in hospitals and in the community in WA. In addition, they are taken to visit two pharmaceutical manufacturing sites - one private and one at Princess Margaret Hospital for Children.

Professor Lim said the program offered students from both countries the opportunity to spend time at another university and experience a different style of teaching, make friends, and open their horizons.

It also enabled the Chinese students to see how the Faculty runs its Pharmacy program. “The students can then go back and be ambassadors for our program, which will further strengthen relations between UWA Pharmacy and ZJU CPS,” she said.

Two more UWA students, Di Zhang and Shawn Wang, will go to China on the exchange program in November.
Improving the state’s hospital medicines pipeline

The safety and cost effectiveness of the state-wide hospital medicines supply are in the sights of new multistate research.

A nice aspect of the research is that it has strengthened ties between the University of WA’s Pharmacy program, the UWA School of Population Health and the Sir Charles Gairdner Hospital (SCGH) pharmacy department.

Teams at UWA Pharmacy and SCGH have been granted State Health Research Advisory Council (SHRAC) funding to conduct the research, which is a collaboration between multiple WA tertiary hospitals and UWA and will consist of input from a number of external stakeholders. The competitive grant provides funding for projects aimed at improving the quality and cost-effective health care within WA Health.

The research is led by Mr Brock Delfante, a Pharmacy PhD student and pharmacist at SCGH, who said clinicians had noted the lack of consistent approach between WA Health pharmacy departments.

“Although efforts have been made within departments to improve internal processes, this grant provides the resources for the first coordinated approach,” he said.

“Having the opportunity to make meaningful improvements to state-wide hospital medicines supply will be rewarding. There are a number of deficiencies and inefficiencies that we hope to improve upon and we believe that the quality of care will rise as a result. Since its inception, the project has gathered quite a bit of interest, particularly from internal WA Health stakeholders resulting in the project growing in scope and significance.”

The project will form part of the PhD for Mr Delfante, who will consider some longstanding inefficiencies in the state’s hospital medicine supply processes. He has supervision from the UWA Pharmacy Program (Professor Rhonda Clifford, Assistant Professor Liza Seubert), School of Medicine and Pharmacology (Dr Brendan McQuillian), School of Population Health (Dr Frank Sanfilippo, Professor Elizabeth Geelhoed) and the SCGH Pharmacy Department (Mr Peter Smart).

Mr Delfante is also involved in teaching Masters of Pharmacy students, in both a lecturing and tutoring capacity, and brings his knowledge and experience in hospital pharmacy to the Pharmacy program academic staff. He is actively involved in the mentoring of newly enrolled students in the Pharmacy program.

The research team, including professors and clinicians across multiple sites, has begun research and has funding to continue the project to the end of 2016. The collaboration is seen as an important step in increasing the research activity between the UWA Pharmacy program and public hospital pharmacy departments.

Milestone in genomic research

The landscape of the genetic profiling of disease is shifting so rapidly that a national scientific meeting is held regularly to keep up with changes in technologies and research methodologies.

The Australasian GeneMappers Conference began in 1999 and has been staged every 18-24 months in Australia ever since. This year it will be held in Perth and is being convened by Professor Eric Moses, Director of the Centre for Genetic Origins of Health and Disease. He was invited to set up the initial conference in 1997 “very quickly” after returning from a Wellcome Trust-sponsored course on the statistical genetic analysis of complex human disease in Oxford, England, which he had been selected to attend.

“It was an exciting time,” he said. “The human genome project was under way and there was hope that gene mapping technologies could be used to identify the genetic risk factors for complex disease. It was a very defining time in my career. I was really inspired by the meeting and the people I had met.”

Back in Australia at the Royal Women’s Hospital in Melbourne where he was studying pre-eclampsia, he was told by a colleague who was associated with the Australian Academy of Science that if he “could do something very quickly”, they might be able to fund a meeting.

Professor Moses immediately teed up several of the Oxford course instructors and thus the first GeneMappers conference came to be held two years later. “The circle has now turned,” he said. He recently returned from the Wellcome Trust course, now held in Cambridge, where he was a guest lecturer.

This year’s GeneMappers conference will feature two of his original instructors as well as many other international and national leading lights, including Professor Nigel Laing, Head of Neuromuscular Diseases in the Harry Perkins Institute of Medical Research, and early career researchers.

“The meeting is about understanding the genetic basis of common, complex human diseases,” Professor Moses said. These include diabetes, heart disease, asthma, cancers, schizophrenia and other neuropsychiatric disorders. The focus is always on contemporary methods and techniques.

“It is a rapidly advancing field,” Professor Moses said. “We are now sequencing whole genomes ourselves. When we started the meeting back then (in 1999), the first human genome sequencing was underway but hadn’t been published. It took 13 years to complete it, costing billions of dollars, but now we are doing it for under $1,000.

“We are entering a new era of being able to determine the complete genetic blueprint of people on an epidemiological scale so that is a really important milestone in genomic research. Rather than just an individual or even a small family, we can look at a population potentially.

“It is a huge advance. It is changing the type of analysis routines that are needed and computationally the methods that are needed.”

The conference will be held at the Rendezvous Hotel in Scarborough on November 11-13.

For more information, go to http://genemappers2015.com/
Every year, thousands of medical, dental, podiatry and other health profession students, science students and surgeons benefit from a possibly difficult, but altruistic, decision made by members of the WA community.

That decision was to bequeath their bodies to the UWA Body Bequest program in the School of Anatomy, Physiology and Human Biology for medical and scientific teaching and research, allowing students and surgeons to learn special skills.

The oldest record of a body bequest is 1957 and the program has been running in some form since then. It helps about 2000 UWA students every semester who learn anatomy for their degree. That number does not include surgeons undergoing specialised training at UWA’s Clinical Training and Evaluation Centre (CTEC), or health and science students from the four other WA universities, or researchers studying the causes of diseases, who also avail themselves of the program.

School Manager Dr Ron Swann said the School was bequeathed about 70 bodies each year but ideally needed 100 for all the surgical and anatomical training.

The donors came from all walks of life and all socio-economic post-codes, including rural areas, he said. Surprisingly, only a small proportion were alumni but did include doctors who said they had benefited themselves from the program as students or surgeons.

“At the start of the teaching of each of the medical and science classes, the lecturer reminds the students that these are people with a life and a family and a history,” he said. It is an act of recognition and respect.

The average age of donors was late 80s, with many signing up in their 60s or beyond, Dr Swann said. It was important for all donors to explain their wishes to their next of kin.

Not only health professionals have benefited from the program. “Over the last 40 years or so, we have had a continuous stream of artists associated with the School who have come to draw and have made teaching aids for us based on their drawings of the bodies,” Dr Swann said. The School’s sculptor- and artist-in-residence, Mr Hans Arkeveld, has also constructed 3D models of body parts for teaching purposes.

Head of School Associate Professor Shane Maloney said although haptic technology was available nowadays, students said nothing could replace the real thing.

“And the surgeons tell us they need the program to practise surgical procedures because there is nothing like the feel of skin and tissue,” he said. “The other big thing is variability because an artery is not always in the exact same spot as in a model...or in the textbooks.”

Anatomy lecturers and surgeons have also said it has been a really good learning curve for them to see the complex anatomy of a human. “The people who use the program really appreciate it,” Professor Maloney said.

-By Cathy Saunders
Giving thanks

Former UWA Chancellor Clinical Professor Alex Cohen, of the School of Medicine and Pharmacology, presented an address at a Memorial Ceremony in 2005 which honoured those who had bequeathed their mortal remains to the science and learning of anatomy. Here is an excerpt. His full address can be read on the web at www.meddent.uwa.edu.au

Structure, Form and Function - these are the three stepping stones to an understanding of the workings of the living being and, through these, to the noble task of relief of pain, physical distress and injury and the prolongation of life. Each has been studied and pursued over the centuries. Those studies have brought us an awareness of what lies beneath the smooth folds and angular prominences of our skin, given us an understanding of the workings of those silent organs which serve to perpetuate the life force of our bodies and taken us into the mysteries of fetal development and birth. Anatomy and its ever widening sister disciplines have brought us this knowledge through that study of Structure, Function and Form. Anatomy provides the opening gambit for the study of Structure, Form and Function - these are the three stepping stones to an understanding of the workings of the living being and, through these, to the noble task of relief of pain, physical distress and injury and the prolongation of life. Each has been studied and pursued over the centuries. Those studies have brought us an awareness of what lies beneath the smooth folds and angular prominences of our skin, given us an understanding of the workings of those silent organs which serve to perpetuate the life force of our bodies and taken us into the mysteries of fetal development and birth. Anatomy and its ever widening sister disciplines have brought us this knowledge through that study of Structure, Function and Form. Anatomy provides the opening gambit for

The medical student it is amongst the earliest of exposures to the marvellous intricacies of life and, at the same time, a first contact with the eerie stillness and remoteness of death.

The medical and scientific professions know these things well and deeply respect the trust and generosity that brings them such enlightenment. How do others salute this knowledge in bringing them to an ultimate decision to consign their mortal remains for study?

It is to those who made such decisions that this day was dedicated. Their gift is acknowledged continuously in the fruits and rewards from their self-less generosity. By the medical and scientific community it is received with respect and used with care. The scientific and practical benefit which such a unique gift bestows cannot be measured even in the wonderfully impressive academic consequences and the workaday proficiency which has been the endowment of the gifting because, without such altruism, the whole edifice of medical science and medical management would be threatened.

The University honours and pays homage to those who have chosen to enrich its store of knowledge by this incomparable means, thus extending indefinable benefits to mankind.

Finding my father

For all my adult life, I had wondered about the whereabouts of the final resting place of my Dad. It is thanks to an unexpected email and two very helpful individuals that I now know. I hope this story may help even one person who may be seeking information.

My Dad, who passed away in 1971 when I was a teenager, bequeathed his body to the School of Anatomy at The University of WA for science and medical teaching. He was a teacher himself and an alumnus of UWA. I do not know what inspired him to donate his body, except perhaps that his brother was a surgeon, but I do know I always had huge admiration for his decision.

But I always felt terribly sad knowing that he had disappeared into the university and we never knew what became of his remains. There was no plaque to show that a man, who led a remarkable life, had ever existed.

One event that gave me huge joy was the advent of the UWA's Graduates' Walk project, which meant that in 2012 I was able to have a paver with his name set down beside the beautiful Oak Lawn on campus. At least now he had a paver to celebrate his connection with the university that he loved. (For more information on the project, please contact Suri Wan Malik at suriadin.wanmalik@uwa.edu.au)

By pure happenstance, I recently received an email from Clinical Professor Alex Cohen, who sent me a speech he made when he was Chancellor at a thanksgiving ceremony for the families of donors to the School of Anatomy's Body Bequest program (see an excerpt on this page).

It prompted me to write a story for MeDeFacts on the program (see story page 6) and chatting to the School's administrative officer, Ms Vicki Wallis, I learnt that back in my Dad's day, the remains of donors were cremated at Karrakatta cemetery and the ashes scattered on a garden. This news gave me inexpressible happiness - I now knew where Dad had been laid to rest (although I did not know exactly where). Ms Wallis also told me that anyone can go online to the Metropolitan Cemeteries Board (www.mcb.wa.gov.au) and do a search.

My search showed that indeed his ashes had been scattered over a garden but with no specifics. When I rang Karrakatta, they were incredibly helpful and were able to tell me the exact location of the rose garden, a beautiful place, which my siblings and children can now visit and where they can touch the soil that enfolds him.

-By Cathy Saunders
Goodye to an outstanding scientist and kindly man

By Emeritus Professor Alan Robson, former Vice-Chancellor of The University of WA.

Professor Geoffrey Shellam joined The University of Western Australia in 1977 as a Post-Doctoral Fellow working with Professor Neville Stanley. Geoff Shellam was born in Western Australia. He completed his BSc at the University of Melbourne before undertaking a PhD at the Walter and Eliza Hall Institute where he was the first graduate student of Professor Gus Nossal. Before taking up his appointment at UWA he had worked in England and the United States.

I first met Geoff in 1985 soon after both of us had been appointed Professors in the University. My dealings with Geoff indicated to me that he was a man of the highest intellect and integrity and a person whose word could be trusted. Geoff headed Microbiology for many years and always led with the best interests of the discipline and the University at the forefront.

In later years, Geoff played a leading role in the establishment of the Marshall Centre for Infectious Diseases as the Co-Director. Geoff also played the leading role and was the Director of the very successful Masters of Infectious Diseases Program.

Geoff was also an excellent university citizen. In particular, Geoff chaired the Board of UWA Press for 18 years. Twice during that time I tried to close the Press but both times the Academic Board rejected my proposal. Why?

Because of Geoff Shellam. In “A Press in Isolation”, Criena Fitzgerald writes, “Martin Griffiths says about Geoff: He’s an absolute champion of the press, he believes in it, very committed to it and he’s a very good arguer for its continuation. I would say the strongest reasons as to why it has continued is his personal commitment and his personal energy. It’s his standing within the University, he is respected as a senior academic; the largest contribution to its continuation is his commitment. This view is shared by Vice-Chancellor Robson.” I was wrong and Geoff was right. UWA should have a Press.

Geoff was an outstanding scientist with an exceptional record of publication and graduate supervision. From his appointment in 1977 until now he has maintained on-going funding from the National Health and Medical Research Council which is a remarkable feat given the competitiveness of these funds.

When I think of Geoff the words that come to mind are wisdom, intelligence and kindness. Geoff Shellam was a gentleman and a scholar who will be greatly missed by all at the University. Our thoughts are with Fiona, Halle and Tiffany at this sad time.
Retiring but still researching

By Associate Professor Manfred Beilharz, BSc and Seminar Co-ordinator, School of Pathology and Laboratory Medicine.

This is a brief summary of the presentation given by Associate Professor Beilharz at the Retirement Dinner for Professor Geoffrey Alexander Stewart at the University Club.

Professor Geoffrey Stewart obtained his PhD at the University of Birmingham. His area of study was rheumatoid factor and staphylococcal Protein A and its interactions with immunoglobulin G, as well as studying the effects of penicillamine in an animal model of chronic arthritis.

He then moved to Perth and worked in the Princess Margaret Hospital Children’s Medical Research Foundation where he undertook allergy research. He rose to a senior level in this unit which later became part of the Telethon Kids Institute.

After moving to the University of Western Australia, his work continued and expanded to include studies on the interactions of mite allergens with the respiratory epithelium, work which gave rise to studies on the importance of protease activated receptors on respiratory epithelium.

Professor Stewart rose rapidly through the UWA academic administrative ranks to become a Departmental Head (Microbiology and Immunology) and subsequently a Head of School (Biomedical, Biomolecular and Chemical Sciences). During his tenure as Head of School, Professor Stewart had to manage an untenable financial situation, top-down management myopia and the usual array of diverse academic and general staff issues. Throughout this very difficult period, which culminated in the disestablishment of the BBCS School, he continued to treat all his staff with understanding and fairness.

Professor Stewart was also directly involved in teaching both on the Crawley campus and the PSB campus in Singapore. In both situations, he has been involved in the development and refinement of various curricula and associated units in both science and medical teaching. His teaching involvement, like his management approach, was based on substantial personal knowledge and “coal face” participation. He spent substantial hours in practical classes and gave many lectures. This high level of teaching involvement set an important example to the staff at a time when the teaching loads were rapidly expanding.

Professor Stewart intends to remain in research following his retirement as an Honorary member of the School of Pathology and Laboratory Medicine. We look forward his ongoing contributions to the Faculty and the School.

The signing ceremony for the gift agreement took place in June.

-By Cathy Saunders

MRS LYNETTE KINNERSLY SIGNS THE GIFT AGREEMENT WHILE HER HUSBAND RON LOOKS ON.

It would also enable his group to enrol another PhD student who would focus on implant research. “We are looking at what happens in the brain when there is an auditory implant in place - how does the brain learn and change and adapt,” he said.

“Our research activity thankfully is growing and expanding because of the great people we have on board, so we also need more equipment and that will be part of how we can use the endowment funds. Another area where we can put it to good use is the Ear Health and Earbus outreach programs in rural communities that our group is involved in.”

Professor Rajan said dedicated funding for hearing and balance research was very helpful because other areas such as cancer tended to attract more research grants.

“Getting funding for hearing and balance research is quite tough in the current grant environment. Having an independent source of funding will be great.”

The signing ceremony for the gift agreement took place in June.

-By Cathy Saunders

MRS LYNETTE KINNERSLY SIGNS THE GIFT AGREEMENT WHILE HER HUSBAND RON LOOKS ON.
Harnessing social media for your research

Tweet? Got Facebook friends? Are you linked in?

Using social media can be a useful way of getting known for your research, says the Medical and Dental Library’s Acting Senior Librarian, Ms Kylie Black. She suggests that researchers have a professional Facebook page that is separate from their personal one and that they use LinkedIn and Twitter (see box below). “Twitter is quite good in that you can just put a few words in to describe something that is going on,” she says.

The University of WA has a profile for Twitter, Facebook and LinkedIn and research groups have their individual profiles.

YouTube is another helpful social media tool. Ms Black says that while it is a great tool to let people know about your research, you still need to be careful not to make statements that you can’t back up, the same as with any other publication.

Blogs are another forum where people can talk about their research. However, it is important to keep etiquette in mind, Ms Black says. “You are representing the University and you have a contract with the University, so you need to be professional and try to keep your personal views out of what you are saying when you are referring to your research.” There have been instances when researchers have been sued for what they have published, she warns.

Researchers can also make use of the UWA-based resources. Top of the list is the UWA staff profile. “When someone outside the University is looking to find someone who has a certain level of expertise or wants to know who is doing what in an area, the first place they come across on the website is probably the personal directory of staff profiles,” Ms Black says.

Individuals normally put up a photograph and a short piece about their area of expertise and the page then links to research publications, grants and supervised students. "You can put a link to your own personal web pages if you like, and if your research group has a web page then you can add that too," Ms Black says.

The UWA Research Expertise Directory can also be viewed by people outside the University. The key words you enter under your profile - such as cardiovascular, for example - will be important. "If a company was looking for someone in that area, they could go on the UWA website, type in the area they are looking at and know who to contact," Ms Black says.

She suggests researchers be as detailed as possible in their profiles. “The more information that you put in the better, as it will vouch for your track record.”

Another resource, Socrates, collates information from a number of different UWA databases. It captures information about who researchers are, the UWA-administered grants they have received, their publications and their supervision of higher degree students.

University News is an online publication for UWA while MeDeFacts is a dedicated print and online magazine for the Faculty of Medicine, Dentistry and Health Sciences and features research across medicine and related areas. If researchers have a publication that they think is worthy of publicising, they can contact the editors of University News and/or MeDeFacts, Ms Black says. “They will generally write the story and check it with you.”

She believes that it is important for researchers to be savvy when it comes to promoting their research. “The best thing for them to do is to speak to their Senior Librarian. We can also help with tools such as researcher profiles to get your research out there, and to find other researchers in your area.”

See the next issue of MeDeFacts (December) for more advice on raising your external profile.

Social Media and Networking

- Twitter (https://twitter.com/) - Online social media and networking service that enables users to send and read short 140-character messages. It has 284 million users worldwide, 2.8 million in Australia, including the NHMRC (NHMRR) and the Harry Perkins Institute of Medical Research (HPPerkinsComms). “Good” tweets have a link or image and 1-2 hashtags. UWA uses Twitter to disseminate news and information about events to the research, media and commercial sectors.
- Facebook (https://www.facebook.com/) - Online social networking service that enables users to create a profile, add “friends”, post status updates and photos, share videos and receive notifications. Facebook had over 1.3 billion active users as of June 2014, including the Australian Society for Medical Research (www.facebook.com/theASMR) and the Western Australian Medical Students’ Society (WAMSS) (www.facebook.com/WAMSSUWA).
- LinkedIn (https://au.linkedin.com/) - LinkedIn is a business-oriented social networking service with 259 million worldwide users, 3.9 million in Australia. The average member is 43 years old, university-educated, earning $107,000 annually. More than 26% of members are senior executives.
- YouTube (https://www.youtube.com/) - YouTube is a video-sharing website.
- TED (https://www.ted.com/) - TED is a global set of conferences (recordings) run under the slogan “Ideas Worth Spreading”.
- Blogs
- UWA profile
- UWA staff profile (http://directory.uwa.edu.au/person) - The UWA staff profile page yields a very high result within the Google search algorithm. Your UWA staff page will most likely come up as the number one search item when you Google your name. Please ensure that your profile is up to date and contains relevant and correct information. This is especially important for those submitting grants.
- UWA Research Expertise Directory (http://directory.uwa.edu.au/research) - The UWA research expertise search function allows others to find you by your area of expertise. This needs to be updated separately from your contact entry or your staff profile.
- Socrates (https://www.socrates.uwa.edu.au/) - Socrates is a research data capture system which pulls information from a number of other UWA systems including:
  - Minerva (publications collection system)
  - InfoEd (grants management system)
  - Aresco (HR system)
  - Callista (student system)
- University News (http://www.news.uwa.edu.au/) - News and media statements related to University business, teaching and research.
- MeDeFacts (www.meddent.uwa.edu.au/news/) - The Faculty of Medicine, Dentistry and Health Sciences newsletter which outlines current news and events in the Faculty.

MS KYLIE BLACK

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Mentors rank highly in medical student wellbeing stakes

By Melanie Still, Year 5 MBBS student

Medical students turn to people - including mentors - rather than print resources for help with mental health problems.

A recent survey found that students prefer Faculty and University based services such as UWA counsellors, the Associate Dean of Student Affairs, mentors in the Personal and Professional Development program, and medical or mental health professionals such as GPs, psychologists and psychiatrists. They were less likely to seek help from student run services, over-the-phone, web-based, and print services.

In 2013 Beyond Blue conducted a survey that highlighted the issue of mental health problems in medical students and qualified doctors. It found that there were high rates of problems with mental health among medical students. Based on this, my colleagues and I conducted a survey to evaluate the wide range of services available to medical students at UWA who seek assistance with mental health problems. We explored each service’s effectiveness, rates of use and barriers to use as perceived by the students.

The scale of the problem

Two hundred and eighty six medical students completed the survey (overall response rate of 41%). Sixty-two percent of respondents reported experiencing problems with their mental health while studying medicine at UWA. This highlights the size of the problem and need for adequate service provision and intervention.

Results: evaluation of support services

Services were ranked based on how frequently they were used by students who were experiencing difficulties with their mental health, how useful the service was, and how comfortable students would be using the service if they had a mental health problem.

A summative score was determined based on access, usefulness and the degree of student “comfort” with the service provider. See figure 1 on this page for the full results.

How can you apply this to your mentoring?

Your mentee may experience difficulties with their mental health (more than 50% will experience some problems in this area during the course). When you have your mentoring catch-ups, do you discuss this?

We recommend that mentors ask their students open, non-judgmental questions about how they are coping, stress levels and if they have any mental health concerns. Mentors are not expected to solve mental health problems but they have a valuable role in de-stigmatising mental illness, assisting with “mental health first aid” and pointing students in the right direction for further assistance. Simply asking the question acknowledges that there may be issues and that you are open to discussing them. This study demonstrates that medical students appreciate the role that PPD clinical mentors can play in promoting medical students’ wellbeing. We would like to encourage mentors to look out for the mental health of their mentees and know how to best assist them if problems arise.

Know where students can turn for extra help

Encourage and promote the use of the effective services that were identified by students. These include:

- The Associate Dean of Student Affairs, Professor Roland Kaiser (tel: 6488 8500; email: roland.kaiser@uwa.edu.au). Students can meet him to discuss any issues, impact on study and solutions.
- UWA counsellors (http://www.student.uwa.edu.au/life/health/counselling) are available free of charge and have appointments at the Crawley and QE2 campuses.
- Encourage the use of medical and mental health professionals such as GPs, psychologists and psychiatrists.

A quantitative analysis of these data for publication is underway. If you would like more information, please contact me by email at stillm01@student.uwa.edu.au

I would like to acknowledge the contributions of Ian Marley and Geoffrey Ryan, both Year 5 MBBS students, Professor Sean Hood, Head of the School of Psychiatry and Clinical Neurosciences, and Assistant Professor Zaza Lyons, also of the School, in this project.

PPD Clinical Mentors rated very highly in terms of usefulness and reasonably well in frequency of access.

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<thead>
<tr>
<th>Service</th>
<th>Rank of Access</th>
<th>Rank of Usefulness</th>
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<tbody>
<tr>
<td>Own GP</td>
<td>1</td>
<td>5</td>
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<tr>
<td>Associate Dean of Student Affairs</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Own Psychologist</td>
<td>3</td>
<td>2</td>
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<tr>
<td>UWA GPs</td>
<td>4</td>
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<tr>
<td>UWA Counsellors</td>
<td>5</td>
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<tr>
<td>Own Psychiatrist</td>
<td>6</td>
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<tr>
<td>PPD Mentor</td>
<td>7</td>
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<td>Web based services</td>
<td>7</td>
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<tr>
<td>AMSA’s publication</td>
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<td>11</td>
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<tr>
<td>WAMSS’ initiatives</td>
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<td>9</td>
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<tr>
<td>Student Support Coordinator</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Lifelines, Suicide Helpline</td>
<td>12</td>
<td>12</td>
</tr>
</tbody>
</table>

WAMSS = WEST AUSTRALIAN MEDICAL STUDENTS’ SOCIETY
AMSA = AUSTRALIAN MEDICAL STUDENT ASSOCIATION

If you are a qualified medical doctor and are interested in assisting with the professional development of tomorrow’s doctors, the Faculty of Medicine, Dentistry and Health Sciences is always looking for new clinical mentors. Please contact Ms Deborah Chapman, PPD Administrative Officer, for more information.

Email: ppdmnt-lmhrsl@uwa.edu.au or phone 64885075.
Internet: www.meddent.uwa.edu.au/students/ppd-degree/mentoring/clinical-mentoring
Showcasing the best

A combined event that showcased the experiences and photographs of final year medical students on their clinical elective placements proved to be a hit.

It was the first time that the Alan Charters Elective Prize seminar and the WA Medical Students’ Society (WAMSS) Elective Photography competition were held simultaneously. Being staged in the early evening at the Lawrence Wilson Art Gallery, the event was open to a bigger audience, Dr Peter Burke was the MC for the evening.

Listening to the four Alan Charters finalists describe their elective adventures, guests were able to appreciate the fine calibre of the medical students. Judges looked for the presenter who demonstrated an understanding of the social and public health issues beyond the strictly “medical”, among other qualities.

The $1000 prize was won by Binu Jayawardena for his presentation “incapacitated and incriminated: journey into the not-so-criminal mind” (see story page 13). It was presented by Clinical Professor Miles Beaman, of the School of Pathology and Laboratory Medicine, and Medical Director of Western Diagnostic Pathology, the donor.

Runners-up were Kieran Robinson, Ben Roestenburg and Devaki Walloopillai, who all received a $250 award donated by Drs Cathy and David O’Donovan, UWA medical alumni who attended the event. The prize is named in honour of Dr Alan Charters (1903-1996) who practised and taught medicine in East Africa and WA.

The WAMSS photographic competition, a student-led initiative, aims to promote the work of UWA medical students, who “seek out unique learning opportunities throughout the globe and act as ambassadors for UWA and Australia”. It allows students to display artistic talent and to highlight important global health issues.

The $500 WAMSS Photographic Prize, decided by committee members, was won by Chris Lim for his shot of the Drakensberg Amphitheatre in South Africa. The People’s Choice prize, voted for by the public on the opening night, was won by Carly Longbottom who received a $550 graduation photo package donated by Phillips and Father. Monica Leung was runner-up and received a $250 framing package.

The exhibition of photographs continued for a week after the June opening night.
Mental health leaders in the making

Early career psychiatrists from Asia and Australia are being taught leadership and professional skills in workshops run by a Faculty academic.

Associate Professor Mohan Isaac, of the School of Psychiatry and Clinical Neurosciences, focuses his community service energies on the Asian region where the prevalence of mental health disorders such as schizophrenia, bipolar disorder, anxiety and depression is similar to, or more than, that in the Western world.

“The only difference may be that whereas in Australia we talk about the methamphetamine pandemic, such things are comparatively lesser (in Asia) but there are other kinds of problems - cannabis and alcohol,” he said. “And in Asia there are substantially lower resources, not only in terms of money but in terms of trained personnel and the training of the personnel. Mental health is neglected.”

Associate Professor Isaac is the prime mover in a project he calls “Capacity building for mental health services training and research in Asia”. The countries include Indonesia, Malaysia, Nepal, Bangladesh, Pakistan, India, Sri Lanka and Thailand.

Every year he organises at least two leadership and professional development skills courses for young mental health professionals, including psychiatrists, clinical psychologists and psychiatric nurses, social workers and occupational therapists, who have graduated within the previous five years.

The three-day workshops cover topics such as how to write and present a grant proposal, chair a committee, make a presentation, answer queries from the media and from family members, lead advocacy movements, and work towards the reduction of stigma of mental illness and psychiatry. The organisers can accept 16-20 people who apply through a competitive process and receive their accommodation, training and funding for their travel. Last year two psychiatrists were selected from Australia.

Associate Professor Isaac said mental health professionals in developing countries were expected to take leadership and advocacy roles in establishing care for consumer organisations. For eight years, he has worked with the Taipei Medical University in Taiwan to conduct a community mental health development program for mental health professionals from Asian countries that include Cambodia, Indonesia and Vietnam where much of the care is still in institutions.

The week-long training focuses on young people who will go back to their countries and take up service delivery, training or research. Up to 30 people receive scholarships, funded by the Taiwan government, to attend.

Prior to joining the School a decade ago, Associate Professor Isaac was Chair and Head of the Department of Psychiatry at the National Institute of Mental Health and Neurosciences. Since 1987, he has been an advisor and consultant to the World Health Organisation’s Division of Mental Health and was based in their Geneva headquarters for more than two years in the 1990s. He worked with its then director, internationally renowned psychiatrist Professor Norman Sartorius, who is an important resource person for the workshops. Associate Professor Isaac has worked as a consultant in many countries in the developing world, including Africa and Asian nations, Palestine and Jordan.

-By Cathy Saunders

Exceptional elective experience

For his six-week elective, Binu Jayawardena chose to go to Sri Lanka, where he joined the forensic psychiatry team in a hospital inside the country’s largest prison - Welikada.

It was his description of his experience, titled “Incapacitated and incriminated: journey into the not-so-criminal mind”, that won him the Alan Charters prize.

The maximum security Welikada has about 1700 prisoners, well in excess of proper capacity. The hospital, excepting the medical staff but including nurses, clerical staff and gardeners, is run by former and current prisoners who have committed a range of crimes from serial murders to political opposition to chopping down a tree accidentally and being unable to afford a fine.

“What we do in the prison is take care of psychiatric problems or issues that emerge among the prison population who may or may not have had a psychiatric history,” Mr Jayawardena said. He has strong enough Sinhalese to be able to take a patient history.

His day consisted of an early morning round in the 17-bed psychiatric ward, often talking to prisoners who had attempted suicide the previous night (who numbered three or four), and later helping assess for the courts the mental fitness of prisoners to plead and their mental capacity at the time of the offence.

Mr Jayawardena said he chose the title of his elective talk because it was difficult to fit prisoners into neat boxes. “People often don’t see the humanity of these people,” he said. The experience left him with a good appreciation of the law and of the mental health issues faced by prisoners. “When you see it first hand, it is more visceral,” he said.

-By Cathy Saunders

Scholarship leads to mental health research

For four years of his six-year medical degree, Binu Jayawardena has also fitted in research and a thesis for a Bachelor of Medical Science and produced several papers on an important mental health issue.

He was the recipient of a John Harriott BMedSc Scholarship in honour of Mary Lockett, which has helped him since 2012 with an annual contribution of $2,000.

His research, conducted through the School of Psychiatry and Clinical Neurosciences, is on Depression and self-care attitudes among medical students and interns, and involved surveys to track Year 3 (preclinical) University of WA medical students into Year 4 (clinical), and Year 6 (final year) medical students into their intern year at WA tertiary hospitals.

He found higher self-reported mild-severe depression in interns (from 27.1% of final year students to 35.4% of interns). Only one in three (37%) of interns said they would seek help from a GP for depression. There was a decline in self-reported depression from the pre-clinical to clinical year but there was a 50% increase in suicidal thoughts, from 6.5% to 9.5%.

Mr Jayawardena said the fact suicidal ideation was significantly higher among students in Year 4 suggested higher levels of psychological distress due to the transition from the pre-clinical to clinical phase of the medical course. Moreover, only a third of respondents would seek medical help for depression. “Given that several interns also reported severe depressive symptoms, new measures to improve engagement with primary care and self awareness of mental health in this cohort should be considered,” he said.

He has presented his findings at many conferences, including the Royal Australian and New Zealand College of Psychiatrists’ annual congress in Brisbane in May, and said that conducting the research had given him the opportunity to meet academics from interstate and overseas, and provided him with different research skills.

Last year, he won the WA Youth Award for Community Leadership.
Put your WOrSt foot forward - patients sought for study

The optimal non-surgical treatment for chronic cases of a common foot condition is a puzzle - and a Faculty doctoral student is trying to solve it.

Qualified podiatrist Dr Renee Silvester, who is undertaking a Doctor of Podiatry degree through the Podiatric Medicine Unit, is conducting a study comparing two treatments for Morton’s neuroma, a painful condition of the foot. In lay terms, it is a thickening of nerve tissue usually found between the second and third and/or third and fourth toes.

“We are looking at a second tier treatment option as a permanent alternative to surgery,” Dr Silvester said. “Initial conservative therapies that the majority of podiatrists do are orthotic therapy, footwear modification, and using different metatarsal pads with the aim of offloading pressure from the area where the Morton’s neuroma is. Cortisone is commonly used but the evidence suggests that it is only ever helpful for about three months.”

Dr Silvester said conservative therapy was effective in about 30% of patients but within a year the pain had often recurred.

The two therapies she is studying are for chronic cases where conservative therapy has failed. She is hoping to recruit 120 patients and is keen to receive referrals from health professionals, including orthopaedic surgeons, GPs, podiatrists and physiotherapists. Her supervisors are Professor Alan Bryant, Head of the School of Surgery Podiatric Medicine Unit, and Dr Mark Hamlin, an interventional radiologist at Imaging Central in Claremont.

The first treatment is radiofrequency ablation in which, under ultrasound guidance, a small probe with an electrode is inserted via a needle catheter to heat and destroy the neuroma tissue. “It is usually well tolerated and may be a one-off session generally,” Dr Silvester said. “The recovery protocol usually involves activity reduction for a couple of days and then most people can return to light activities the following week and after that, back to normal,” she said.

The second treatment is ethanol ablation, in which a small amount of alcohol is injected into the foot, which is thought to break down the nerve tissue to reduce pain. Some patients may need up to 3-4 treatments, two weeks apart. It is also well tolerated, with side effects being mild swelling and bruising.

In the trial, both treatments are to be performed by Dr Hamlin under a local anaesthetic during a 30-60 minute procedure.

“The goal for us is to assess pre- and post-treatment foot health and foot function,” Dr Silvester said. These include activity, ability to wear footwear, function, pain and other factors.

She said the alternative to the two procedures was surgery, which carried a lot more risks.

Morton’s neuroma affects about seven in 100,000 people, mainly aged 55-65 years, and is three times more common in women than in men.

Dr Silvester said there were about seven different theories about the cause, including biomechanical and pathology-related factors. “The sort of people I see with Morton’s neuroma are often runners or dancers – they are quite active sort of people and don’t necessarily have comorbidities,” she said. Morton’s neuroma is also common in women who wear tapered or high-heeled shoes and in people with bunion deformities.

“It can be really painful,” Dr Silvester said. “It is often described as a burning sensation or numbness in the toes, to feeling like you are standing on a marble. So it can affect your quality of life quite a lot.”

Patients for the trial need to be over 18, not have had previous foot or neuroma surgery and be referred to Imaging Central with “trial” written on the referral. Dr Silvester can be contacted at renee.silvester@gmail.com. She will send out a referee’s pack with information and referral pads if required.

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The word is out - Faculty in the news

Quoted as Saying

The West Australian

Professor Christobel Saunders, Deputy Head of the School of Surgery, is QAS she wants the Federal Government to look at stronger laws against dangerous “quack cures”. She was commenting on the fact that the WA Health Department is investigating a reported resurgence in the use of a dangerous, illegal balm by cancer patients. The Cancer Council WA is also worried about a spate of patients, including women with breast cancer, using the corrosive solvent black salve as an alternative treatment.

Also known as red salve and cansema, the unlicensed product often has bloodroot plant extract and zinc chloride, which can eat at skin, causing significant scars. It can cause horrific burns and in at least one case a patient has forgone conventional cancer treatments because she believed the salve could cure her. Professor Saunders, a Cancer Council board member and breast surgeon, said she had seen five women who had used the salve on and off, including one who delayed legitimate cancer treatment. “I don’t have a problem with complementary therapies that can help people through their treatment and improve their quality of life, but this is horrific stuff that can cause horrific burns,” she said. Black salve is not registered by the Therapeutic Goods Administration, which warned there was no credible evidence any black salve preparations effectively treated cancer and to supply it was illegal.
Our people and what they do

Awards
Further research into inherited eye diseases is the main agenda for Professor David Mackey, who has been awarded a Churchill Fellowship that will take him to top ophthalmic research centres in London and Oxford. The Fellowship will allow him to evaluate the recruitment, treatment and monitoring of patients having gene therapy for inherited retinal diseases, which are a major cause of blindness in young people. He is particularly interested in looking at retinitis pigmentosa. Professor Mackey, Head of the University of WA Centre for Ophthalmology and Visual Science and Managing Director of the Lions Eye Institute, said Australia did not have enough people in one place who were affected by some specific rare eye diseases to justify independent trials being done in this country. So he hopes to be able to involve Australians in overseas gene therapy trials in order for them to receive treatment for rare eye diseases while being monitored in Australia. His research team has tested many families to identify genes associated with inherited diseases and his goal is to find treatments for them.

Research
A deep sea shrimp is playing its part in helping solve a medical mystery. The shrimp squirts out an enzyme that produces a bright blue burst to scare away predators and now Associate Professor Kevin Pfleger and colleagues from the Harry Perkins Institute of Medical Research, The University of Nottingham and Promega Corporation have tested a derivative of the bioluminescent protein. They found it was a “game-changer” for monitoring the way hormones and pharmaceuticals bind to receptors on the surface of living cells. Associate Professor Pfleger, Head of Molecular Endocrinology and Pharmacology at the Perkins, said this was very important for discovering and developing new therapies for patients. “Our world-first approach enables this binding to be observed in live cells in real-time under physiological conditions in a way that has not been possible before,” he said. The receptors studied are the targets for about one third of the pharmaceuticals on the Australian market, including for high blood pressure, neurological disorders such as Parkinson’s disease, asthma, pain and inflammation, reproductive disorders, kidney disease and cancer. A new technology called NanoBRET developed by Promega was used in the study. The results were published in the July edition of Nature Methods.

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.
Why is the wearing of high heels so attractive to both sexes?

Appointments
Professor Colleen Fisher, Head of the School of Population Health, has been appointed to the top role in the nation’s advocacy and “peak body” for public health teaching and research training. She is the new President, and Chair of the National Executive, of the Council of Academic Public Health Institutions Australia (CAPHA). Its members include 28 universities around the country as well as the Royal Australasian College of Physicians while the National Executive comprises senior representatives from seven Australian universities, across five States, the Public Health Association Australia and the PHILE (Public Health Indigenous Leadership in Education) Network. Professor David Preen, Deputy Head of the School, said Professor Fisher’s appointment to the prestigious position was a testament to her tireless efforts over many years and national standing in the area of public health education and training.

Correction.
In the March 2015 issue of MeDeFacts, we noted that Professor Florian Zepf had taken up the position of Chair in Adolescent Psychiatry and Professor Wai Chen was the new Professor of Child Psychiatry.
In fact, Professor Zepf is the new Chair and Winthrop Professor in Child and Adolescent Psychiatry. He is also Clinical Director/Head of the WA Department of Specialised Child and Adolescent Mental Health Services (CAMHS).
Associate Professor Wai Chen has been appointed Associate Professor of Child Psychiatry. He is also Head of the Complex ADHD Service, in the Specialised CAMHS.
We sincerely apologise for the error.

Answers to the quiz on page 14
1. They die from the early occurrence of particularly vicious skin cancer.
2. The breast lies in a superficial fascial pocket with only loose connections to the deep fascia.
3. Apparatus for taking plain X-rays. The secondary X-rays from the calcium in bone are blocked from blurring the picture by the inter-position of a grid filter. (C.f. the Bucky apparatus)
5. Flying rats.
The role of sugar in the obesity epidemic and tackling medical student mental health are among the topics that generated much interest at a global conference. Second year UWA medical student, Ms Claire Ferguson, attended the International Federation of Medical Students’ Association (IFMSA) general assembly in Turkey in March as a member of the Australian delegation. She was assisted by the Faculty with a travel grant. Here is an excerpt from her report.

**Pre-general assembly trade and health workshop**

A three day workshop on “trade and health” focused on the societal and legal frameworks that dictate access to medicine. It expanded my horizons in terms of not only possibilities but responsibilities for patient advocacy. I met many international medical students with strong involvement in a group called “Universities Allied for Essential Medicines” and while there is a branch at UWA, I believe medical student engagement with the group could be stronger. I am keen to increase medical student awareness of these issues via my role as Interhealth Education Officer.

**Australian Medical Students’ Association (AMSA) mental health campaign**

IFMSA holds a fair whereby medical student organisations from all around the world present what they believe to be their strongest projects. AMSA’s mental health campaign is a nine part program including events and the online course that focus on addressing the mental health of medical students, which is often neglected. The fair provided the opportunity to informally talk to international medical students about their perspectives on self-care. As research coordinator of the Australian delegation, I conducted a survey to formalise our understanding of international medical student perspectives on this topic and collected data on the projects being run by different countries that address medical students’ mental health. I believe this will contribute to the power of our formal proposal of AMSA’s campaign to be adopted as part of an IFMSA program, which means the resources will be available worldwide.

**Standing committees of the general assembly**

I attended the Standing Committee on Public Health (SCOPH) and the Standing Committee on Reproductive Health (SCORA). One discussion I really valued was about the underappreciated role of sugar in the obesity epidemic and the success of the sugar lobby in underplaying sugar’s hand. The point was raised about how the obesity discourse focuses too much on the role of the individual and that given every country in the world is likely to face rising rates of obesity by 2030, it is clear that something deeper is occurring.

In a SCORA session, a leading expert in HIV/AIDS took us through a detailed history of the disease from the first case to the post 2015 agenda. My favourite part of this discussion was when the presenter said that her work with HIV positive patients had taught her “how to be human”. This is a story of humanity pitting itself against a global threat and while it may never be beaten, AIDS is not the death sentence it once was.

**IFMSA policy**

AMSA-Australia proposed a policy on gender equity, particularly in medicine - which ultimately passed in the general assembly. I am definitely motivated to advocate for gender equity in medicine as well as prioritisation of the role of sugar in the obesity epidemic.