Closing the chasm between bench and bedside

Personalised pathology testing and treatments for cancer patients will be one step nearer with the advent of a new million-dollar laboratory in a Faculty School that will take discoveries from the bench and transform them into clinical applications.

The Translational Cancer Pathology laboratory will be established at the Queen Elizabeth II Medical Centre site of the School of Pathology and Laboratory Medicine.

The School received a $1.2 million grant from LotteryWest with support from UWA and Cancer Council WA in September, only months after the appointment of Winthrop Professor Wendy Erber as Head of the School in May.

“We have got big opportunities because there is so much happening in the world in the developments coming from the human genome project and our understandings of disease,” Professor Erber said.

“My aim is to try and translate some of those scientific developments into diagnostic pathology for patient benefit.”

The goal is to use advances in laboratory testing to better stratify patients and their likely outcome to optimise therapeutic choice and decision making.

“The genetics of everyone’s tumour may be different and as a result some patients may respond better or worse to particular new therapies,” Professor Erber said.

New, sophisticated tests will allow earlier and more refined diagnosis of patients which could be used to tailor treatment to the individual.

“‘We can also monitor treatment better,’” Professor Erber said. “‘There are some diseases now where if we monitor them regularly, we can pick up early warning signs and re-introduce therapy before you can actually see the disease.’

“It is like a tsunami warning system.”

A new force in dentistry

The School of Dentistry will be among the first in Australia to introduce a brilliant technology into its dental curriculum. It has been hailed by the Head of the School as one of the biggest changes to the teaching of dental instrumentation skills ever.

What do pilots, car manufacturers, musicians and dentists have in common?

The first three may all well have benefited from haptics, a technology that creates a realistic sense of touch in a virtual environment.

Using high fidelity force feedback, haptics has been used to incorporate the mechanical feeling of an acoustic piano into electronic keyboards and to simulate car parts for the automotive industry and aeroplanes for the training of commercial and fighter pilots.

And now in dentistry, haptics has been applied in a cutting-edge dental training machine called Simodont, which simulates dental procedures. It was used for the first time in an academic dentistry centre in Amsterdam, Netherlands last year.

The School of Dentistry hopes to have 10-20 Simodont dental trainer machines in operation by the start of 2013, when the new four-year Doctor of Dental Medicine degree is introduced.

It is seeking supporters to help fund the machines fully or in part. Each unit costs $60,000 and donors will have the option of naming rights.

It is expected that about 1,150 dental students will benefit from Simodont training over a 10-year span. They will use it within weeks of starting their first year.

They will learn to drill and manoeuvre instruments, including a dental mirror, and can practise treating virtual pathological dental conditions and complex cases without potential harm to patients.

The machine includes simulated dental burrs for the removal of tooth decay and simulated hand instruments to fill cavities and perform crown and bridge procedures.

It is anticipated the new machines will enable savings on plastic teeth for “phantom head” manikins, which cost the School $100,000 each year.

Winthrop Professor Andrew Smith, Head of the School of Dentistry, said dental students found manual dexterity skills the most challenging.

“This (Simodont) is a way of them doing tasks repetitively, without wasting materials,” he said. “There are also no occupational health and safety risks because there is no drill and therefore no sharps and they can’t damage themselves or anybody else. And they can practise and practise without having to have direct one-to-one tutor supervision.

Continued page 12

Continued page 11
Winthrop Professor Lawrie Beilin gives the Occasional Address to the Faculty Dedication Ceremony

Don’t be seduced by the siren of money, as it certainly won’t make you any happier.

Take care of yourself, mentally and physically, don’t self-diagnose or self-medicate - and make sure you get a good family doctor.

Take time out to foster friends and seek out the company of decent people, maintain your focus on what is important in your life.

Enjoy life but maintain your humility, humanity and integrity.

These were things for medical graduands to bear in mind as they embarked on their new career, said Winthrop Professor Lawrie Beilin in the Occasional Address to the Faculty Dedication Ceremony last month. This year there were 197 graduands.

Professor Beilin, of the School of Medicine and Pharmacology, said the new doctors should not under-estimate themselves, as they were among the best graduands in the world and had the ability to make a difference as doctors.

But while the dedication ceremony was all about them, from that day on it was all about what they could give to others, including their patients, the community and their future students.

“Be proud of your achievements but tomorrow forget your pride,” he said, adding that the new doctors should take care to treat every patient with the same sensitivity they would want for their family.

Professor Beilin also warned against the recrudescence of eugenics, which could occur with the advances in genetic testing and the ability to forecast in the uterus or early childhood the susceptibility to a wide range of disorders and even behaviours and intelligence.

Faculty Dean Winthrop Professor Ian Puddey, who welcomed the guests, said it was the first class participating in the Dedication Ceremony of 1959. The roll call of alumni now included many highly distinguished graduands who had achieved local, national and international renown.

Professor Puddey said the new doctors were the generation of the internet and globalisation.

“This has been reflected not just in your different styles of learning and broader perspective but also in your depth of understanding and deep connection with the global inequities that are frequent in health both in our immediate regions and beyond,” he said.

Many of the graduands would be the future key to finding solutions to the large-scale health problems abroad and locally.

AMA (WA) President, Associate Professor David Mountain, told the new doctors that taking up the medical profession was one of the finest things a person could do with one’s life and that it indeed required dedication.

“It is not just a career, it is really the whole of your life,” he said.

By Cathy Saunders

Year six medical student prize winners:

The recipient of the AMA Bust prize was Justin Hii.

ALAN CHARTERS ELECTIVE PRIZE – to the student who gives the best presentation on their elective attachment.

Robert Marshall

ALFRED NAILOR JACOB'S MEMORIAL PRIZE – to the student who has shown outstanding ability and promise in Rural General Practice

Kelly Houwen

AUSTRALASIAN FACULTY OF PUBLIC HEALTH MEDICINE (WA BRANCH) PRIZE – to the student who has shown the most outstanding performance in Public Health

Madhusudhan Bhamidipaty

AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS/AUSTRALIAN SOCIETY OF ANAESTHETISTS GILBERT TROUP PRIZE – to the student who obtains the highest mark for Anaesthesia

Evan Heinecke

ARCH ELLIS MEMORIAL PRIZE IN PSYCHIATRY - to the student who obtains the highest aggregate mark in Psychiatry in the course

Andrew Webster

C B KIDD MEMORIAL PRIZE IN PSYCHIATRY – to the student who obtains the highest aggregate result in all sixth year units

Andrew Webster

HAMISH MACMILLAN PRIZE IN DERMATOLOGY – to the student who has the highest mark in Dermatology

Courtenay Wood

HELEN JANE LAMARD PRIZE IN MEDICINE - to the student who is the most outstanding in Medicine in the sixth year

Ayon Guha

HELEN JANE LAMARD PRIZE IN SURGERY - to the student who is the most outstanding in Surgery in the sixth year

Sarah Devereux

HING-HANG LEUNG PRIZE IN PALLIATIVE CARE – to the student with the highest mark in the Palliative Care essay

Robert Marshall

PETER ANDERTON MEMORIAL PRIZE IN GENERAL PRACTICE – to the student with the highest average mark in the clinical components of Foundations of Clinical Practice and General Practice during the course

Hui Qi Lee

WESTERN AUSTRALIAN FACULTY OF THE AUSTRALASIAN COLLEGE FOR EMERGENCY MEDICINE PRIZE – to the student who receives the highest mark for the year incorporating the attachment rating and the emergency medicine elements of the end-year examinations.

Geoffrey Chan
I have just returned from Auckland where I attended the LIME Connection – a conference run every two years by the Leaders in Medical Education (LIME) Network. LIME is under the auspices of Medical Deans Australia and New Zealand (MDANZ) together with its partner organisations, the Australian Indigenous Doctors’ Association (AIDA) and Te ORA – the Maori Medical Practitioners Association. LIME has been a driving force in the implementation of initiatives such as the MDANZ Indigenous Health Curriculum Project and AIDA’s Best Practice Project for the Recruitment and Support of Indigenous Medical Students and has had an important role to play in assisting medical schools to share resources, insight and experiences in these arenas. One of the major objectives of the biennial conference is to build the skills and capacity of delegates to implement quality Indigenous health curricula in their medical schools. This was the fourth such conference, the first having been held in Perth in early 2005. I was asked to deliver a welcome address on that occasion and during it I opined that since I had only been Dean from January that year, rather than being a LIME I would more aptly be described as a LEMON - a Leader in Education in Medicine Over Night. At the recent conference, however, I felt a more legitimate member of the LIME connection and was delighted to see the growth in the organisation and to hear of the many outcomes now being delivered through critical partnerships that have been forged throughout Australia and New Zealand with medical schools, Indigenous communities, Aboriginal Community Controlled Health organisations and international leaders in Indigenous health.

CAMDH staff national leaders

What was very evident to other Deans who were in attendance was the major national leadership role that continues to be played by the staff of our Centre for Aboriginal Medical and Dental Health (CAMDH) in both Indigenous medical education and strategies to recruit more Aboriginal students into Medicine and Dentistry. Moreover, at this meeting attendees were appraised of the progress CAMDH has now made in implementing Indigenous health curricula in dentistry, nursing, podiatric medicine and health sciences at UWA, using the model already successfully implemented for the medical curriculum as the building block. They were also updated on the role CAMDH has been playing with Pathfinder International in assisting the implementation of an Indigenous health curriculum and Indigenous student recruitment in two medical universities and five secondary medical schools in the central highlands and northern mountainous regions of Viet Nam.

Huge achievements

The dedication and commitment of CAMDH staff will ensure all our health professional graduates are trained in culturally sensitive and appropriate approaches in caring for Aboriginal patients. The end result of these efforts is anticipated to be improved health and wellbeing for Indigenous communities and the graduation of more Aboriginal doctors and dentists. This year the 22nd and 23rd Aboriginal students will graduate from our Medical School (Daniela Sabbioni and Andrea McKivett), and the second (and first female) Aboriginal student from our Dental School (Chantel Thorn) and we extend to them richly deserved congratulations. The Director of CAMDH, Helen Milroy, is also an alumnus of this Medical School and in 1983 was Australia’s first Aboriginal medical graduate. She is also Australia’s first Aboriginal psychiatrist and this year became the first Aboriginal Winthrop Professor within our Faculty, capping off a magnificent year in which she also received two international awards as outlined on page 7 of this issue of MeDeFacts. In the same vein, the Deputy Director of CAMDH, David Paul, received a prestigious Limelight Leadership Award at this year’s LIME Connection conference. The award noted the pivotal role he has played in the development, implementation, integration and evaluation of what has been recognised as the most comprehensive vertically and horizontally integrated Indigenous health curriculum in an Australian and NZ medical school. It also cited his strong commitment to social justice and equity and his long-term advocacy for improvements in Indigenous health, especially through improved Indigenous Medical Education.

Scholars and scholarships

The shift to New Courses 2012 provides new challenges in Indigenous student recruitment into our Faculty. We will be maintaining a pipeline from high school with quarantined places for Aboriginal students in a pre-med pathway and CAMDH staff are now developing a diploma in health professional studies as a possible alternative pathway for mature-age Aboriginal people to embark on a post-graduate career in medicine, dentistry, podiatry or nursing (see story page 7). No matter the pathway into our health professional courses, our students are reliant not just on excellent mentorship by CAMDH throughout their courses but also scholarship support. If you want to make a donation to UWA this Christmas or New Year, one targeted towards such scholarship support would be money very well spent. In closing, can I wish you all a time of rich joy and blessing this Christmas and a very happy 2012.
A translational medicine research symposium, plans for a perinatal research laboratory and cementing links with new university partners were the highlights of a recent visit by senior Faculty academics to China.

Winthrop Professor John Newnham, Faculty Deputy Dean, said the trip in October was undertaken primarily to increase collaborations with Shanghai Jiao Tong University (SJTU) and Nanjing University.

In Shanghai, the visitors inspected various hospitals, interviewed potential PhD candidates and renewed a Memorandum of Understanding on the double badged PhD program in biomedical science and clinical medicine between UWA and SJTU.

“I think it has been excellent in fostering relationships,” Professor Newnham said.

“There is potential for a lot more student exchange in both directions, with PhD students from there to here and our medical undergraduate and language students going from here to there.”

In addition, the second research symposium between UWA and SJTU was held in Shanghai, the first one having been organised in Perth last year.

The delegation included Winthrop Professor Alan Dench and Mr Kelly Smith who represented the Vice Chancellor’s office and the International Centre.

The Faculty representatives were Professor Newnham, who was Acting Dean, Winthrop Professor George Yeoh, Faculty Associate Dean (Research), Winthrop Professor Minghao Zheng, Faculty Associate Dean (International), Winthrop Professor Steve Wilton, Head of the Molecular Genetic Therapy Centre for Neuromuscular and Neurological Disorders, Winthrop Professor Peter Leedman, Deputy Director of the WA Institute of Medical Research, Winthrop Professor Wendy Erber, Head of the School of Pathology and Laboratory Medicine, Winthrop Professor Jiake Xu, Head of the Molecular Laboratory in the School of Pathology and Laboratory Medicine, Professor Richard Prince, of the School of Medicine and Pharmacology, Dr Mark Fear, Adjunct Senior Research Fellow in the Burn Injury Research Unit of the School of Surgery, Winthrop Research Professor David Smith of the Faculty of Engineering, Computing and Mathematics who participated in the research symposium with Professor Zheng on bone and cartilage research, and Winthrop Professor Brendan Waddell, Vice-Dean of the Faculty of Life and Physical Sciences.

From Shanghai, a smaller executive group continued to Nanjing. They included Professor Newnham, Professor Dench, Professor Yeoh, Professor Zheng, Professor Waddell and Mr Smith.

Professor Newnham and the team visited the clinical school of the General Hospital of Nanjing Military Command, a potential new Faculty partner under the agreement with the Nanjing University.

Professor Newnham said the hospital was impressive for several reasons.

“It is a paperless hospital. The only thing that is written with a pen on paper is prescriptions, everything else is electronic.

“We would like to be moving up to that.”

The software enabled each patient’s clinical history, attendances, laboratory tests and imaging studies such as magnetic resonance imaging (MRI) scans, X-rays and ultrasound scans to be displayed simultaneously on a single computer screen. “So the doctor can see everything about the patient with a stroke of the keyboard,” Professor Newnham said.

General Mr Yueming Yi, the President of the General Hospital of Nanjing Military Command, with Acting Dean Professor John Newnham
In another clever advance, MRI was built into some of the operating theatres. This allowed the surgeon to order an intra-operative MRI study, with the anaesthetist wheeling the patient into the MRI machine in the middle of the operation. “That is extraordinary,” Professor Newnham said, adding that he had watched a neurosurgical procedure in which the surgeon benefited from having MRI images displayed on screens around him.

“The surgeon can see what he has done and what he has got left to do,” he said.

The UWA academics also visited Nanjing University and its affiliated Drum Tower Hospital. Professor Newnham said there were plans to open next April a joint Nanjing University/UWA perinatal research laboratory, which would be funded by Nanjing University and established in the Drum Tower Hospital.

It would build on parallel studies into amniotic fluid currently being run at both universities. “It will enable us to have a much greater sample size much faster and to learn valuable lessons from comparing populations,” Professor Newnham said.

Professor Zheng also has a joint research centre with Nanjing University.

“The Nanjing University is interested in developing this relationship further, with the creation of more joint centres with a view to forming a joint institute in Nanjing with UWA, primarily funded by China,” Professor Newnham said.

“They are conscious of UWA’s research standing in the world and the research standing of our medical Faculty, which are both very high, so they are very keen to be aligned.”

Professor Newnham said he believed UWA researchers seeking a fruitful collaboration with China would be helped by attending the UWA Confucius Institute, which provides teaching in culture and basic language.
The chance for hands-on nursing experience in a developing country has been taken up by four nursing students from the School of Population Health, who travelled to Tanzania at the end of last month.

Sophie Henry, Daniel Ballenger, Sasha Webb Ware and Regan Preston, who are in the Masters of Nursing Science program, joined 16 nursing students from four other WA universities.

They went for a two-week clinical placement in Dar Es Salaam, the former capital of Tanzania, at the Amana Hospital and the Mission Mikocheni Hospital, attached to the Hubert Kairuki Memorial University. Visits to two rural clinics were also on the agenda.

Associate Professor David Stanley, who travelled with the group as a clinical facilitator, said the students had successfully fund-raised about $14,000 to buy equipment such as stethoscopes and pulse oximeters, which they would use and then donate to the clinics.

It was also hoped funds would be available to help sink a well in one of the villages they visited.

Before he left on the trip, Associate Professor Stanley said the experience would give the students the chance to gain another perspective on Australian nursing practices and health services.

“Everyone complains about it but they have no idea how it could be,” he said.

“The students also get to see stuff they only read about. There aren’t hundreds of thousands of people with TB and malaria in this state so they will see that. They will see multiple births, people with some quite exotic conditions and lots of HIV.

“They won’t see great numbers of old people in the hospitals, which they will see here, and they will see many children with injuries and conditions that are very rare here. Burns are very common because people have open fires.”

Other common conditions were chest infections and diarrhoea.

The nursing conditions were also very different. Often 40-50 patients would be housed in a 20-bed ward, sharing beds and sometimes being cared for by one nurse alone.

“But they don’t nurse the way we do, they don’t do hygiene care and they don’t feed people - that is all provided by relatives and friends,” Associate Professor Stanley said.

The international placement program, now in its second year, was funded by grants from the Global Health Alliance Western Australia, which provides aid and clinical expertise to developing countries.

Helping with brain research

An Italian sixth year medical student from the University of Cagliari in Sardinia has undertaken three months of research in the Faculty, made possible by a strong link between the academic bodies.

Silvia Urpis has worked with the Stroke Research Group at the Australian Neuromuscular Research Institute (ANRI) under the supervision of Adjunct Associate Professor Bruno Meloni.

Treatments to minimise brain injury after stroke and cerebral ischaemia were limited and new therapeutic targets needed to be identified urgently, she said.

The Stroke Research Group studies were largely focusing on the neuroprotective effects of different proteins and peptides and hypothermia.

Her research centred on the protective effect of a particular peptide - developed by the Drug Discovery Group at the Telethon Institute for Child Health- in cultured brain endothelial cells after exposure to stroke-like conditions (oxygen-glucose deprivation).

Ms Urpis arrived in Perth in September. “In Italy, medicine is a six year program with a final thesis so for the final thesis, I had the opportunity to come here,” she said.

The exchange was organised by the Faculty’s Associate Dean (Research), Professor George Yeoh. The Faculty has a Memorandum of Understanding with the University of Cagliari.

Ms Urpis, who has also studied at the Karolinska Institute of Stockholm in Sweden and the Jagiellonian University of Cracow in Poland, hopes to specialise in neurology.
Moves for sharper focus on Indigenous health

A new major in Aboriginal health to be offered from next year is aimed at enabling university students to take a deeper understanding of Indigenous health issues with them into their chosen career.

And a proposed advanced diploma in health professional studies is expected to encourage mature-age Indigenous people to consider a career as a health professional.

Both the Aboriginal Health and Wellbeing major, offered in the Bachelor of Science degree, and the proposed diploma are believed to be the first of their kind in Australia.

Centre for Aboriginal Medical and Dental Health (CAMDH) Senior Lecturer Dr David Paul said the introduction of the major was a big step forward. “Instead of providing Aboriginal health teaching to students enrolled in medicine, dentistry, podiatry or nursing, it is providing an Aboriginal health focus for the rest of the university, to all students to have access to, if they wish,” he said.

“Hopefully that will provide a whole range of graduates who will be better informed about Aboriginal health issues, irrespective of what they go and do next.”

Also with the move to post-graduate professional courses, it was expected many students headed for a career in health would choose the BSc as their undergraduate course, and it was hoped a significant number would choose the new major, he said.

A possible flow-on effect was that more health graduates would be interested in working in Aboriginal health, both in the city and in rural and remote areas.

This effect would be compounded by the fact that the students would be taught mainly by Aboriginal health professionals and have the chance to work with indigenous people.

About 50 students are expected in the first intake.

CAMDH Associate Professor Tim Fetherstonhaugh said the planned diploma in health professional studies would provide a pathway for mature-age Indigenous people to embark on a post-graduate career in medicine, dentistry, podiatry or nursing.

It will offer an alternative to an undergraduate degree entry after 2013, when the new postgraduate degrees will start to be phased in.

“The diploma course was seen as a way to provide an intensive course for particular students who have had some experience working in the health field,” Associate Professor Fetherstonhaugh said.

The one-year diploma will be available to Aboriginal students over the age of 20 years. Potential students will include Aboriginal health workers and enrolled nurses.

“They will bring to bear a wealth of experience,” Associate Professor Fetherstonhaugh said.

Dr Paul said the aim was to eventually enrol about 25 students.

“We are working in collaboration with some other universities because we see the diploma as a pathway for access to post-graduate courses elsewhere as well, not just for UWA,” he said.

“We have currently got a formal agreement with Melbourne University.

“It is about improving the numbers of Indigenous people in the health workforce.”

There were currently about 160 Indigenous doctors in Australia but on a population basis, there should be more than 1500, he said.

There have been 23 Aboriginal medical graduates from the Faculty.

More awards

The Centre for Aboriginal Medical and Dental Health (CAMDH) and its staff have added to their growing list of awards.

CAMDH Director Winthrop Professor Helen Milroy, a Faculty medical graduate and the first Indigenous psychiatrist in Australia, has been acknowledged again internationally with two awards.

She was a conjoint winner of the 2011 World Council for Psychotherapy’s Sigmund Freud Award, which recognises the life work of individuals and groups who have made original contributions to the field. She was one of the group of the first Indigenous people to receive the award.

Professor Milroy was also named the 2011 Yachad Scholar, awarded by the National Australia Bank Women’s International Zionist Organisation. And last month, CAMDH Senior Lecturer Dr David Paul was awarded the 2011 LIMElight Award for Leadership in Indigenous Medical Education (awarded to an individual).

In 2007, he was a joint winner of a LIMElight Award for Leading Innovation in Cultural and Organisational Change and the same year CAMDH won the Leading Innovation in Indigenous Student Recruitment Support and Graduation category. In 2009, Professor Milroy won the LIMElight Award for National Leadership in Indigenous Medical Education and CAMDH won the Leading Innovation in Curriculum Implementation category. In 2008, Professor Milroy was the recipient of the Suicide Prevention Australia Award, Indigenous Category. CAMDH also took off the Premier’s Award, WA, for People and Communities: Education and Skills Development in 2005.

Student dental clinic a hit in the country

The first rural dental clinic operated by the School of Dentistry has opened in Bunbury.

The Head of the School, Winthrop Professor Andrew Smith, said the purpose-designed, four-chair clinic was a fully equipped general dental practice, staffed by a Professor of dentistry and five dentistry students.

“Each final year student in the future will spend up to one month at Bunbury, exposing them to practice in a rural location, with the aim of encouraging our students to practise in rural centres,” he said.

Although dental students were already required to complete a rural rotation for a month, the Bunbury placement would be an addition.

The Bunbury Dental Clinic opened in September.

Professor Smith said although the clinic had only been running a short time, the model of care using dental students and one staff member had been shown to work effectively.

“They are able to run a cost-effective clinical service,” he said.

“At present, specialist services are by referral as is standard in the rest of the state, however, we do expect visiting specialists to be attending in the future.”

The School has provided accommodation for the students, refurbishing a five-bedroom house.

It is hoped the Bunbury Dental Clinic will be followed by others, with Northam, Geraldton and other rural centres being considered as potential sites.
A young man has been in a brawl overnight and ended up with facial injuries and a broken tooth.

Another patient is a diabetic man transferred from an aged care facility after falling out of bed. He is confused and may have a broken hip.

These are “simulated patients”, actors who play out case scenarios in a simulated ward to help Faculty students of medicine, dentistry, nursing and podiatric medicine in an interprofessional learning program.

Professor Sandra Carr, Associate Dean (Teaching and Learning), said the program had been piloted on four occasions since the middle of last year.

A simulated four-bed ward was set up and four actors came in to be simulated patients to be treated by eight students, two from each of the four professions, over a four-hour morning shift (see story page 9). The venues have included CTEC (Clinical Training and Evaluation Centre) at UWA and Royal Perth Hospital.

“The students come together to learn from each other and how each other works in the clinical setting,” Professor Carr said.

“The whole purpose of interprofessional learning is that you are actually getting better at communicating and collaborating to provide safer care for patients. The reason we are doing it is to try to reduce those medical errors that occur because of poor communication among the health professional team.”

The students prepare by attending a workshop beforehand where they learn about the roles and responsibilities of the other health professionals. The medical students are in years 5 and 6, the dentistry and podiatric medicine students in year 4, and nursing students in year 2.

The simulated patients are briefed on the case scenarios, which are related to trauma and emergency management, acute care of patients in an inpatient setting and ongoing management of chronic disease.

They are made up professionally using the ancient art of moulage, a technique for applying mock injuries for the purpose of training medical personnel. They may have simulated wounds, ulcers and so on.

The students are given a verbal hand-over for each patient by a nurse who then goes off duty and they must work out between them how to care for the four patients, including triage and management plans. There is a nurse coordinator present, as in a real ward.

“The students have to take an updated history and examination of the patient; apply diagnostic and clinical reasoning skills to decide on the investigations needed, working diagnoses and their priorities of management and care; and communicate the necessary information to the team and the patients,” Professor Carr said. “Some patients will be seen by the medical students, some need to be seen by the dental students, some might be seen by the nurse in the first instance to gather more information.”

In the background are four consultants, one from each profession, as well as Medical Education Lecturer Ms Gillian Cleary and Professor Carr.

“We are observing them from behind the glass,” Professor Carr said.

The students examine the patients and can order blood tests and other investigations, which are given to the nurse coordinator. The results are returned some time later and the students must then discuss the next step in managing each patient.

“It definitely makes them open their eyes about the roles they will have to take on and the level of responsibility they will have,” Professor Carr said.

If the initial scenario is dealt with quickly, a more complex scenario is brought into play with patients developing “complications”.

“Somebody’s ulcer may start bleeding,” Professor Carr said.

“But if the students feel overwhelmed by the decisions they have to make...they can call a consultant. That is part of working in a ward environment, that you know your own limitations. “The idea is not that you are being hyper-critical of their clinical care, the idea is that they are learning how to work together as a team.”

Sometimes a debriefing is held with the patients, who give feedback on the care they have received from the team.

“They are very kind and it does make the students feel more confident about what they have done,” Professor Carr said.

Discussions are also held with the consultants and program leaders.

Professor Carr said the students found it a very rewarding experience. “The dentistry students definitely value that opportunity to contribute to the health team and see how other members of the health team work because usually they are just called in for a referral and they are on their own,” she said. “And often with the podiatry, they are not part of the whole team.”
“But the thing that is most valuable for them is prioritising the care.”

Professor Carr said it was hoped the program would continue but it depended on funding. The four pilot days were funded by a Teaching and Learning grant.

“It has shown its value and it does need to be continued,” she said. The aim was for interprofessional learning to be embedded in the curriculum so that every student could be exposed to it, either through simulated wards or clinical attachments in hospitals or practices.

The staff involved in the program are Professor Carr, Ms Cleary, Associate Professor Pam Nicol, of the School of Paediatrics and Child Health, Associate Professor Paula Johnson, of the School of Medicine and Pharmacology, Associate Professors Laurie Foley and Virginia Bower, both of Podiatric Medicine, Professor Jane Heyworth, Sub-Dean of Health Science, Professor Paul Ichim, of the School of Dentistry, Associate Professor Denese Playford, of the Rural Clinical School, and Associate Professor Rosemary Saunders, Course Co-ordinator of the Master of Nursing Science.

Professor Carr said another arm of the program, also funded by the Teaching and Learning grant, was an overseas option unit in interprofessional learning for students from medicine, nursing and health science to address a public health issue in a less developed country. Future development would see other Faculty courses included.

The unit involves a trip to India by 15 students to work in a community for two weeks focusing on community health and development.

“The project team currently has well-established relationships with two non-government organisations (NGOs) in India, one of which addresses water quality and environmental health issues and the other maternal and child health in the context of community development,” Professor Carr said.

“The fieldwork will enable the students to develop skills in public health practice, develop applied knowledge of the social determinants of health and reflect on issues for their professional practice, work in an IP team over a two-week period, and develop their skills in cross-cultural communication and understanding.”

The first group of students leave this month.

By Cathy Saunders

Dozens of West Australians help in the training of future doctors by volunteering to be “patients”, acting out medical sketches and role plays in simulated clinical settings.

Professor Sandra Carr, Associate Dean (Teaching and Learning) said the Faculty had a group of standardised patients who took part in a variety of clinical training and examination scenarios.

They include former and current patients and healthy people in the community who take on the “job”. They are trained to be actor-patients and are paid a small remittance to cover their expenses and time.

“The standardised patients, who range in age from 18 to 80 years, are trained on the scenarios they act out and become quite involved in students’ learning,” Professor Carr said. “They are definitely providing a fantastic service to the Faculty.”

One of the advantages of using simulated or standardised patients was that students were able to practise and develop clinical and communication skills in a safe environment with a real person, Professor Carr said.

Some of the actors had signs and symptoms or a diagnosed medical condition but often they were healthy people.

“So they are real people who have real heart sounds, real breath sounds, not a manikin that has got those things happening through a machine,” she said.

The general practice unit in the School of Primary, Aboriginal and Rural Health Care has a group of “patients” they use in the first three years of medicine. The actors help students practise their physical examination and communication skills in the Foundation of Clinical Practice units.

And year five students hone their consultation skills for general practice with the help of actors.

The program has been running for more than 10 years, currently headed by Associate Professor Lucy Gilkes.

The School of Women’s and Infants’ Health also has a group of women who assist fifth year students to learn about well women’s checks in the obstetrics and gynaecology component of the medical course.

The program, known as the Student Pelvic Examination Clinic (SPEC), was set up by Professor Carr 11 years ago and is now run by Associate Professor Di Carmody and Associate Professor Lexie Tregonning.

Some simulated and standardised patients also participate in the clinical examinations for fourth and fifth year medical students in the Objective Structured Clinical Examination (OSCE).

Professor Carr said many of these patients came into the Faculty regularly, some of them weekly throughout the teaching year.

“Most people really enjoy it, they are motivated by their belief that this type of learning is important,” she said. “It’s their way of contributing to the quality of future doctors.”
Final year medical and nursing students have been working together to provide health care to patients with chronic respiratory disease, diabetes, and cardiac disease.

They undertake an interprofessional clinical practicum in the respiratory clinic at Sir Charles Gairdner Hospital under the direction of a nurse educator and medical teaching registrar.

They also go out into the homes of patients as part of the clinic’s home visiting service.

The patients include those with cancer of the respiratory tract, cystic fibrosis, emphysema and chronic obstructive pulmonary disease.

Associate Professor Rosemary Saunders, Course Coordinator of the Master of Nursing Science degree in the School of Population Health, said the interprofessional practicum involving care by medical and nursing students of patients in ambulatory care settings was piloted last year in the respiratory clinic at SCGH and Silver Chain. It was expanded this year to include the diabetes and cardiac clinics at SCGH.

This is the first year medical and nursing students have undertaken an interprofessional practicum together.

Some students also undertake a practicum in the Silver Chain’s Hospital at the Home program, an initiative that delivers hospital-quality health care services to the homes of eligible patients.

This year 26 medical students and 24 nursing students were involved over the two sites. They were supervised by clinicians with support from a nurse educator and a teaching registrar.

“On a daily basis, one medical student and one nursing student are working collaboratively to deliver care,” Associate Professor Saunders said. “It is a structured program to make sure they have an interprofessional experience and based on the feedback from the students, it has allowed them to learn with, from, and about each other.”

Each practicum enabled the students to better understand each other’s roles and how they were critical for a good patient outcome, she said.

Students engaged in the ambulatory environment gained valuable experience of patients with chronic disease and were able to participate in interprofessional collaboration that involved well planned, integrated and coordinated care of patients.

The project was funded by a Federal Government Innovative Clinical Teaching and Training Grant, provided to develop interprofessional training for medical and nursing students.

In another initiative this year, students undertook an interprofessional practicum in residential care at four sites of the Brightwater Care Group. They also participated in the home care service.

There were 46 medical students and 26 nursing students from UWA. They joined students in physiotherapy, pharmacy, social work, occupational therapy and speech therapy from Curtin University.

“One of the other strengths of that is that they have student-led case conferences that are overseen by interprofessional facilitation,” Associate Professor Saunders said.

One medical student commented that one benefit was “improved understanding of the roles of other professions”.

The project recently received a Faculty Teaching and Learning Award at Curtin University.
Life-altering events shaped career of new Professor

As a medical student, Winthrop Professor Wendy Erber, now an eminent haematologist, had her sights set on being a surgeon - until two life-changing events steered her in a different direction.

“One was a family tragedy,” she explains. “My younger sister had acute leukaemia and died of it. She was 18.

“It started me thinking about my own career and that maybe I was more interested in cells and how they become malignant and what can we do to help.”

The other factor was the unfavourable attitude at the time towards women becoming surgeons. When she was asked in an interview by a professor of surgery whether she was prepared to devote her entire life to surgery, she simply said, “No. I will commit to it but there is more to life.”

Professor Erber, appointed in May as Head of the School of Pathology and Laboratory Medicine, graduated in medicine from Sydney University in the early 1980s and was awarded a Rhodes Scholarship. Her time at Oxford University, where she completed her doctorate, cemented her career choice.

“I worked with a fantastic and enthusiastic haematologist,” she says. He was the late Professor David Mason, an internationally renowned authority on the diagnosis and pathology of human lymphoma and leukaemia, and he was her doctoral supervisor.

“It was a very exciting time in haematology and cell biology because monoclonal antibodies had just been made a Nobel prize-winning achievement,” Professor Erber says.

Professor Mason was doing important work on using monoclonal antibodies in the diagnosis and classification of haematological malignancies.

He was a perfect example of why research students should choose their supervisor before they chose their subject, Professor Erber adds.

Four years later, she returned to Sydney and completed her specialist training in haematology. “Most haematologists also treat patients but that was not what I wanted to do, I very much wanted to be a diagnostic haematologist, a pathologist of blood and bone marrow,” she says.

“Then I needed a job. That job was to be a seven-year stint as a consultant haematologist at Royal Perth Hospital from 1990, followed by a role as Clinical Director of Haematology for the WA Centre for Pathology and Medical Research (PathCentre) until 2004.

Head-hunting by Cambridge followed and she was appointed the Director of Haematology and Head of the East of England Haemato-Oncology Diagnostic Service at Addenbrooke’s Hospital, a centralised laboratory providing services for about 15 hospitals and covering about five million people. She was also an Associate Lecturer at the University of Cambridge.

One of her aims for the School is to raise the profile and appeal of pathology.

“Undergraduates regard pathology as being very difficult,” she says. “We have to engage and work with the students and show them that this is the foundation of disease.

“Pathology is really crucial to being able to treat patients correctly.”

This year there were many more applicants for specialist pathology training than there were places available. However, there is still a national shortage of pathologists.

One disease in which the genetic monitoring has made a huge impact is acute promyelocytic leukaemia which formerly had universally the worst prognosis of the haematological malignancies and is now potentially curable.

When Professor Erber was approached to take up the role as Head of the School, she had flagged that the establishment of the laboratory was one of her key aims.

“I could see a real void, a real chasm,” she said. “We need to bridge the gap between the pure science and the role of a diagnostic pathologist.

“My aim is that it doesn’t matter where the pathologist is sitting, they should be able to have access to the results we can gain from the new genetic discoveries.”

The laboratory will open next year. Professor Erber said the WA Health Department was also supportive and would provide extra staff through PathWest.

The School has major research facilities at the Queen Elizabeth II Medical Centre and Royal Perth Hospital sites and international research collaborations with Europe, USA, India, South East Asia, China and South Africa.

Pathology outreach is another goal of the professor. “I am aware of our position in the world geographically,” she says. “It came through my time working at PathCentre and involvement with thalassaemias and multi-ethnic communities.

“We have an increasing number of people who have inherited diseases of their blood. These people come to our shores and we are gaining expertise in that area and I would like us to be able to provide some of that expertise to the developing nations in our region.”

Further support could be provided in many ways, including expertise in infectious diseases, cleanliness of water supplies, and blood transusions, she said.

Professor Erber has more than 100 publications in peer-reviewed journals, has edited haematology texts and contributed to several books. She published her first book, Diagnostic Techniques in Hematological Malignancies, last year and learnt in October that she had been awarded a high commendation in the British Medical Association medical book awards.

Professor Erber, who is married to Dr Gary Hoffman, a former anatomical pathologist and now retired, says her downtime includes walking to and from work and enjoying classical music.
A new force in dentistry

Continued from page 1

“Everything is recorded that they do, so they can see their progress in their learning.”

Dutch studies suggest students exposed to training on the machine achieve competency more quickly than those not exposed.

The machine could also be used to teach advanced techniques, including in endodontics, orthodontics and oral surgery, Professor Smith said.

“The introduction of true virtual reality will be one of the biggest changes to the teaching of dental instrumentation skills ever,” he said.

However, it would not take over entirely from conventional simulators.

“Working on a plastic tooth in an artificial head, a real tooth in an artificial head and, of course, a real tooth in a real patient is the most important thing,” Professor Smith said.

The Simodont could also be used to help in the selection of potential dental students, all of whom undergo manual dexterity and spatial awareness testing.

Associate Professor Erica Yates, Co-ordinator for Operative Dentistry Units, said Simodont had captured the imagination of the students.

“It is truly like a Nintendo game machine,” she said.

The machine would help address the issue of students entering dental school with less and less experience in using their hands in a wide range of activities.

“These days they do a lot of sitting at the computers and playing Nintendo games and all those sorts of things but we find fewer and fewer of them have done carpentry or building or dressmaking or even much in the way of following recipes and cake decorating,” Associate Professor Yates said.

Any plans not to teach handwriting in schools but go straight to keyboarding skills would also have a detrimental impact.

“We have to manage that increasing gap between the skills the student brings to the course and the skill set we need them to have to be able to perform surgery on the patients,” Associate Professor Yates said.

What you see is what you feel: looking down the lens of the dental training machine

Exit sewing and screw sets, enter Simodont

When he was young, Clinical Associate Professor Graeme Ewers made Meccano sets and carved teeth out of chalk.

His partner Dr Lyn Loreck was a keen seamstress.

“But how many female dental students now would have done sewing? I hate to think,” Clinical Associate Professor Ewers said.

“And they wouldn’t have screwed up the little tiny nuts and bolts of Meccano.”

The couple were both so impressed by the Simodont machine that they have each donated $5000 towards a unit for the School of Dentistry.

“To me, the machine was doing the things that we did naturally as kids,” Clinical Associate Professor Ewers said. “It really appealed because it assessed manual dexterity so quickly.”

He said the simulation was very close to reality. “It does feel like a handpiece, it does make the right noises, the tooth does feel like a tooth,” he said.

He and Dr Loreck, both graduates of the UWA School of Dentistry, were both close to retirement and keen to give back to the profession which had served them well, he said.

He had decided on dentistry at the age of 10 years, thanks to his own personable dentist, and between them, he and Dr Loreck had more than 80 years of practice under their belt. Clinical Associate Professor Ewers is also a lecturer at the School.

They are among several alumni who have already put up their hand to help fund the acquisition of machines for the School.

Senior Development Officer Fabienne Vonarburg said more individuals might like to take up a naming opportunity for a unit or classes and groups might like to consider a year group donation to fund a unit collectively.

“However, all people are encouraged to contribute, as lots of smaller contributions add up,” she said.

The Simodont initiative gave dental alumni a tangible opportunity to give back to UWA.

“People can therefore actively participate and ensure dentistry in WA remains at the forefront of teaching, learning and research,” she said.

“Haptic simulation training will make a difference to all future dental students and positively contribute to their study progress. Ultimately this will benefit the broader community and their dental health.”

Anyone interested in donating towards a unit can contact Ms Vonarburg on +61 8 6488 4211 or fabienne.vonarburg@uwa.edu.au

If they would like a demonstration of the Simodont unit and the chance to try it out themselves, they are asked to contact Ms Vonarburg.
Fifth-year medical students have been accessing a new site around the clock to brush up on their anatomy and physiology - favouring extension work in the small hours of the morning.

They have had at their fingertips virtual classrooms, on-line quizzes, webinars, learning forums, formative case study reviews, shared interest groups and blogs.

The aim of the Anatomy and Physiology Teaching Initiative was to provide an on-line managed learning environment to support the learning needs of the medical students studying Obstetrics and Gynaecology in the School of Women’s and Infants’ Health.

SWIH Adjunct Associate Professor Susannah Hart, who developed the project as part of UWA’s Learning Management System (LMS) 2010 review, said the site was a huge success.

“Being medical students, they loved the quizzes and they also enjoyed the formative case study reviews,” she said.

“A lot of them were doing long hours clinically as well as academically so the other plus was that the learning initiative was available 24/7 and they could download it on their phone and access it whenever and wherever they needed to, at a pace and place that suited them.”

Although she initiated the idea, the strategy was largely driven by the interest of the students. Thirty-nine out of 42 students accessed the site.

“The expectation is that they come to the course already having a sound knowledge and understanding of the anatomy and physiology aspect of the program,” Adjunct Associate Professor Hart said.

“So what they really wanted was a repository of anatomy and physiology knowledge and applicable content online that they could develop as an interactive learning tool for themselves personally and also as a group.”

The students tended to log on to academic content during traditional teaching hours and on to interactive content, including shared interest groups, blogs, emails and virtual classrooms, in the afternoons and evenings throughout a 24 hour period, seven days of the week (figure 1).

Academic and interactive content were accessed to the same degree as formative assessment content during the early evenings.

“This kind of information is helpful in terms of future ‘blended learning’ course content mapping,” Adjunct Associate Professor Hart said.

She agreed on times with the students when she would be available online for virtual classrooms to discuss certain aspects of the course content that they might be finding difficult or especially interesting.

The students rated practice and timed exam papers, and interactive content for all units of study, as the most important in the development of their learning needs (figure 2).

The introduction of problem based scenarios and more online quizzes were rated next, followed by an equal rating for Lectopia, academic progress information, placement information and anatomy and physiology content.

Adjunct Associate Professor Hart said the students liked Lectopia as evidenced by comments such as “Lectopia is very useful because I can revisit them (lectures) at a time when I’m less tired than a Friday afternoon and I will be able to give fuller attention.”

Some students commented that feedback from the online quizzes would be useful, rather than a simple pass/fail mark.

The lowest ratings were for learning forums, personal development content and shared interest groups.

Adjunct Associate Professor Hart said the students tended to go online fleetingly for the coffee-break quizzes and spend 20-30 minutes on interactive content. They devoted 1-1.5 hours to academic content and three hours to extension work in a single session.

It was difficult to know if the site had helped the students achieve better marks.

“They were a talented cohort anyway and the overall pass mark was excellent,” she said. “But the qualitative feedback from the group in terms of the managed learning environment as an effective means of learning was one hundred per cent positive.”

“Building on the success of the Blackboard LMS anatomy and physiology website, my colleagues in SWIH are very interested in the newly selected UWA LMS ‘Moodle’ and great plans are being formulated in terms of some aspects of the course adopting a blended learning element.”

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**Fig 1: Frequency and type of course content accessed**

**Fig 2: Ratings of LMS Functionality**
Clinical Associate Professor David Blacker, of the School of Medicine and Pharmacology, is QAS patients with both arthritis and cardiovascular disease posed a dilemma. He was commenting on a study in the Medical Journal of Australia that found that QAS use is associated with an increased absolute risk of stroke in older Australians. Analysis of prescribing data from a Department of Veterans’ Affairs register from 2001 to 2008 found a 1.88 times increased risk of hospitalisation for stroke following incident dispensing of an NSAID. The absolute risk of stroke for 162,000 Australian men aged 65 years was calculated at 1.2 per 1000 per year. The study authors commented the finding for ischaemic and haemorrhagic stroke following NSAID dispensing equated to an increased absolute risk of 13.4 strokes per 1000 per year. The data strengthen the association between NSAIDs and cardiovascular events emergent internationally, researchers said. Diclofenac had a similar increased risk of stroke to rofecoxib (Vioxx, now withdrawn) while naproxen posed the least increased risk. Although rofecoxib has been withdrawn, meloxicam, diclofenac and celecoxib accounted for more than two-thirds of all NSAID dispensing in 2008 in Australia and were shown to be significantly associated with increased stroke risk. “This certainly is an alarm bell,” Professor Blacker said. “While no-one would want to deny a low-risk patient the benefit of an anti-inflammatory, for a high-risk patient, I think we perhaps need to look for other alternatives,” he said. He was the author of an editorial accompanying the study.

On a roll - commemorative pavers increasingly sought<br><br>The perimeter of the popular Oak Lawn on the main UWA campus is a characteristic of its own, with the names of graduates being set down in the pavement. The granite pavers, which are inscribed with the name, degree and graduation year of the individual, are available to all UWA graduates with academic and honorary degrees. Several families have opted to have Commemorative pavers. A family member placed side by side. The first phase of the project by the UWA Centenary Trust for Women, in which 157 pavers were installed on the eastern edge of the Oak Lawn, was completed in July and the second phase will finish in February. However, the opportunity to acquire pavers will continue to the end of 2013, which will mark the end of the University’s Centenary Celebrations. A total of 7000 pavers is needed to cover the area. The pavers cost $1500 each.

The West Australian<br><br>Assistant Professor Gavin Pereira, of the School of Population Health, is QAS that study results showing car times in Perth suburbs are affecting the growth of unborn babies and making them smaller at birth than expected were surprising because the pregnant women studied did not live in heavily poluted areas. He was commenting on the findings by UWA researchers and the Telethon Institute of Child Health Research that even mothers living in suburbs with low industrial activity and average traffic emissions were giving birth to babies weighing 58g less than the average expected weight of 3.5kg. Assistant Professor Pereira said the growth of some babies in the study exposed to vehicle emissions was even more impaired than the 58g average. While it was not a reason for pregnant women to panic, he said there was a message to planners not to build houses close to major roads. The findings, based on the records of 1800 pregnant women and their babies, were published in the Australian and New Zealand Journal of Public Health. Assistant Professor Pereira found in a study last year that Perth’s traffic pollution increased the risk of young children having serious asthma attacks by up to 75 per cent.

As the study was published in the MJA In Sight, Winthrop Professor Jeff Hamdorf, Head of the School of Surgery and Director of the Clinical Training and Evaluation Centre, is QAS private patients have the right to be treated by a consultant only and to decline to be treated by a trainee but that rarely happens. He was commenting on a study in the Archieves of Surgery and Director of the Clinical Training and Evaluation Centre, is QAS the more detailed the information given to patients about trainee participation in their surgical procedures, the less likely they were to consent to its being done. In another study among 162,000 US army hospital in Washington, US, were mostly supportive of such participation. Answering an anonymous study on the experience of residents and consultants about being treated by a consultant, 316 elective surgery patients at a tertiary-level army hospital in Washington, US, were mostly supportive of resident training and most consented to having an intern or a resident treat them. The study has found that the more detailed the information given to patients about trainee participation in their surgical procedures, the less likely they were to consent to its being done. In another study among 162,000 patients, their surgeons were “for a high-risk patient, I think we perhaps need to look for other alternatives,” he said. He was the author of an editorial accompanying the study.

ABC South Coast WA, Albany<br><br>Winthrop Professor Assen Jablensky, Director of the Centre for Clinical Research in Neuropsychiatry, is QAS there is an overlap between schizophrenia and bipolar disorder. Both disorders had a psychotic component which meant a reality distortion in perceiving the world, characterised by delusions and hallucinations. In a study on schizophrenia, for the first time a pathway which regulated brain development was found by an association with certain genetic markers. The markers found suggest that there is a problem with the development of some brain areas. The participants contributed thousands of measurements and information on more than 2.5 million genetic variants for research into pregnancy, childhood and adolescence. Professor Jablensky said the fact the children were now reaching early adulthood was opening new areas of focus, including fertility. “There have been a lot of changes happening lately in the number of people who are finding it hard to conceive and this study is trying to track the causes of that,” she said. The study has developed more than 20 different research groups and has more than 100 national and international collaborators worldwide.

MeDeFacts December 2011 The University of Western Australia
Wrap up of research despite strong findings on the boards

Pandemic management, parental attitudes towards childhood obesity, and symptom appraisal delay in metropolitan cancer patients are among important WA research projects supported by a Federal funding stream that has dried up.

The Research Capacity Building Initiative component of the Primary Health Care Research Evaluation and Development (PHCRED) strategy comes to an end this month after 10 years. It was funded by the Federal Department of Health and Ageing.

Statewide PHCRED Coordinator Lyn Brun said PHCRED WA had been linked to important results in the Department of General Practice and School of Primary Aboriginal and Rural Health Care at UWA.

“This important and productive funding stream has enabled UWA to build capacity for research of general practitioners, nurses, allied health and others in primary health care,” she said.

“It has allowed these researchers a taste of research which they may not have had the opportunity, or support from staff, to undertake.”

More than 110 researchers in primary health care have been helped to undertake small projects between 2006-2010 with the provision of resources and Fellowship funding.

Other examples of projects that have been undertaken include doctor-patient communication and international medical graduates, workforce training in the Great Southern, roles of consumers in primary care research, folic acid and asthma risk, preferred place of death in Albany, nurse-led asthma intervention in Northam, and surfing injuries.

The funding has also supported four PhD students and four Masters and Bachelor of Medical Science students.

Ms Brun said the three major objectives for the RCBI were to increase the pool of primary health care researchers by up-skilling early-mid career researchers, support them to undertake more high quality primary health care research and ensure its relevance to policy and practice, and to aid the uptake of evidence in policy and practice.

The three units funded in WA were UWA, Combined Universities Centre for Rural Health and the University of Notre Dame Australia.

A retrospective analysis of outcomes of the PHCRED strategy in WA from 2006-2009 reported by the three units showed that more money was allocated to fewer Fellows, resulting in improved quality research.

In addition, more publications and presentations by supported researchers added to the evidence base for primary health care research.

The annual state research conference enabled local research initiatives to be showcased. And stronger links were formed with WA teaching and other organisations such as WA General Practitioner Education and Training, WA General Practice Network and the Royal Australian College of GPs. Connections with GPs and Divisions of General Practice across WA were also made.

WITS ABOUT YOU

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

Questions:

1. Which long bone has no medullary cavity?
2. Approximately what proportion of healthy individuals have palpable axillary lymph glands?
3. The presence of a major arterial occlusion.
4. The peripheral pulse is lost instead of being enhanced.
5. Anastomoses can restore a peripheral pulse after arterial occlusion; the muscle vasodilation of exercise sabotages this effect.

Answers to the quiz:

1. The clavicle.
2. 25%.
3. The presence of a major arterial occlusion.
4. The peripheral pulse is lost instead of being enhanced.
5. Anastomoses can restore a peripheral pulse after arterial occlusion; the muscle vasodilation of exercise sabotages this effect.
Social work in concert with population health

A historic move

In a historic move, student social workers will come into the fold of the Faculty of Medicine, Dentistry and Health Sciences after more than 30 years in the Faculty of Arts, Humanities and Social Sciences.

The move of the discipline of Social Work and Social Policy at the beginning of next year to the School of Population Health is a better fit, says former chair Dr Susan Young.

“A clinical or practice profession like this is much more in concert with allied health,” she said.

The Master of Social Work (entry to practice) had much in common with the Master of Nursing Science (entry to practice). “So there may well be some teaching and research partnerships,” Dr Young said.

An intake of about 40 students is expected next year, with a potential maximum of 55.

“So much of the course is placement out in the field and it is finding placements for that number of students that really constrains us,” Dr Young said.

There are 980 hours of placement over the two years in social service agencies, including hospitals, child protection units and the justice system.

In another initiative, a mentoring program for students is being developed with alumni, who number more than 1000.

Social Work and Social Policy Lecturer Dr Sue Bailey said the program was a partnership between the UWA Social Work Alumni, Friends and Associates (AFA) and UWA Career Mentor Link Coordinator Ms Jo Hocking.

“This project will partner final year students and newly graduated students with experienced social workers in a mentor relationship,” Dr Bailey said.

Head of School Professor Elizabeth Geelhoed said Social Work and Social Policy would be a welcome complement to the current disciplines of Population Health and Nursing.

“There are a lot of synergies to be explored,” she said.

Social Work has had several incarnations and for many years it was a two year graduate bachelor degree and then a four-year bachelor degree, changing in 2009 to a two-year masters degree for people with a relevant undergraduate degree, such as public health or psychology.

One-year postgraduate qualifications by coursework in Child Protection Practice, Mental Health Practice, Social Work and Advanced Social Work are available as are postgraduate research degrees, including a PhD. There are currently 26 PhD students enrolled.

A new chair, Winthrop Professor Donna Chung, was appointed in August.