Total make-over for dental education

The School of Dentistry is the flag-bearer for The University of WA’s advance to post-graduate professional degrees, being the first to move to them with its new four-year Doctor of Dental Medicine (DMD) this year.

Head of School, Winthrop Professor Andrew Smith, said the shift had meant not only a totally revised curriculum but major philosophical and physical changes to the School, which from 2016 would no longer deal with undergraduate students.

“It is the biggest change to UWA dental education ever, since it was introduced in 1954,” he said.

“It is very innovative and approved and credentialled by the Australian Dental Council.” The ADC has commended the School for its preparation and documentation.

In February, graduates from many disciplines embarked on the new course.

“The exciting thing is the fact they are going to have very early clinical exposure,” Professor Smith said. “They will be providing treatment to patients in first semester of first year as opposed to first semester of third year for our previous students.

“At the same time, they will using our innovative Simodont (a virtual reality haptic feedback machine that provides high-end dental simulation and training) and other technology in terms of preparation for clinical practice.”

Director of the DMD program, Professor Paul Ichim, said it was a major shift to have simulation training using Simodont meshed with clinical practice rather than preceding it.

“I am not aware of any other programs which have such early patient contact,” he said.

It was important because dentistry was being learnt by the chairside, not in the classroom. “We are trying to maximise the time students are spending in the clinic,” he said, adding that due diligence and control would be maintained to ensure patient safety.

It was hoped that the early clinical contact would restrict any student attrition to the first year because students would discover early whether dentistry was for them.

“In the conventional course, they spend two or three years in a theoretical environment and then they go into the clinic and they might have a change of heart,” Professor Ichim said.

It was also expected that because the students were graduates and had chosen their career path as adults, they would be more motivated to become dentists and the attrition rate would be lower.

First year students would begin with non-invasive procedures such as a simple clinical examination, taking X-rays and a plaque score, issuing oral hygiene instructions, and performing a scale and clean.

“Slowly the more invasive procedures are introduced in the second semester of first year,” Professor Ichim said.

The clinical competency modules are supported by didactic teaching, which includes face-to-face and online tutorials.

The course is structured in two cycles of two years, the first being foundations and the second the broadening phase.

“In the last two years we regard the students as quasi-independent practitioners while in the first two years basically it is a boot camp,” Professor Ichim said.

There are other wholesale changes in the School.

“The governance has been revised, which alters the complete dynamics of the School,” Professor Smith said. “We are moving into a more corporate structure with clearer division of responsibilities and clear directorships of key areas within the School.”

Research is now the single responsibility of the Director of Research, Professor Linda Slack-Smith. “We increased our ranking in the ERA (Excellence in Research for Australia), a measure of research output, at the end of last year. We are now ranked as a world-class Dental School in terms of research,” Professor Smith said.

Dr Gareth Davies takes on the role of Director of the Doctor of Clinical Dentistry (DClinDent) program, the research and training degree for specialists.

The school has received about $3 million in Federal government funding to increase its clinical capacity.

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Imagine this. Every person has a bank of cells, taken perhaps in a simple skin biopsy, that could be used to create stem cells that are able to differentiate into any organ in the body.

This would allow for personalised treatment for diseased organs, obviate the need for organ donors and avoid the problem of transplant rejection.

It is not a wild dream but a target of many researchers, including those at UWA’s new Centre for Cell Therapy and Regenerative Medicine which opened in the WA Institute for Medical Research (WA iMR) last June.

The Centre’s Director, Winthrop Professor Geoff Laurent, who is based in the School of Medicine and Pharmacology, said it was a possibility within several decades. It is already possible to create so-called pluripotent stem cells - which can differentiate into any type of cell - from skin cells.

“The key is you can take a skin biopsy from anybody, so you take a differentiated skin cell, and you can drive it back to be a stem cell,” Professor Laurent said. “The next step is to be able to use such cells therapeutically.”

Eventually, hospitals could generate pluripotent stem cells for each individual from their skin and then bank them. “This would be an incredible technical achievement,” he said. “But we are not talking about extending life, we are talking about stopping dreadful diseases that cut your quality of life early, like Alzheimer’s and chronic joint diseases which make you immobile.”

Banked cord blood from babies has the same potential. “But of course that doesn’t help those of us who haven’t had cord blood banked,” Professor Laurent said.

Progress is also being made in settings where it is possible to get stem cells directly into tissues. “Stem cell therapy is already the treatment of choice for many leukemias and other blood cancers,” Professor Laurent said. “The extension of this approach to more chronic diseases such as Alzheimer’s disease, diabetes and macular degeneration is our next target. Should we pull this off the impact on people’s lives would be enormous.”

While there have been many successes in animal models and already in humans the use of stem cells is showing promise for treating joint and eye diseases, it has been much more difficult getting stem cells into hearts, lungs and internal organs.

“I think we need to pursue the idea of improving the quality of the cells we use,” Professor Laurent said. This is why research into pluripotent stem cells is so vital.

Despite the exciting advances, it is important to remember that stem cells can have their downside. “They are able to potentially generate any cells in the body and we should be wary that they could turn into cancer cells as well,” Professor Laurent said.

The professor was recruited to lead the new Centre from his role of heading the Centre for Respiratory Research at University College London (UCL), one of the world’s most important research centres for respiratory diseases. Originally from WA, where he completed his undergraduate science degree at UWA and his PhD jointly from UWA and UCL, he has spent most of the past 30 years in England.

WA already had a lot of talent in cell therapy, he said. Examples include Winthrop Professor Fiona Wood, globally known for her work in skin repair for burns and wounds, and Winthrop Professor George Yeoh, a world renowned leader in liver stem cell biology. Professor Wood is the Centre’s Clinical Director and Professor Yeoh is the Deputy Director.

Professor Laurent said his first goal was to bring together the WA talent, which had already largely been done, despite the fact that the researchers come from disparate disciplines.

“Another main role is to recruit some young staff, put them into state-of-the-art laboratories and really get Western Australia on the map in this area,” he said. They will be housed in the new WAIMR building that is going up on the QEII campus.

He is reaching out to other research centres across Australia for joint research work and aims to link UWA to Europe, having already put in place formal collaborative agreements with leading medical research centres including UCL and the Helmholtz Institute in Germany. “As well as having international collaborators we are inclusive of all academic institutions and hospitals in WA,” he said.

“Our vision is to have a major centre for stem cell and regenerative medicine.” The world class facility would include, on one site, science laboratories, clinical treatment facilities and a cell and tissue banking facility for medical use in treating patients.

If the technical challenges could be solved, regenerative medicine could help people live longer with an improved quality of life, he said. It is estimated that one in three people could benefit from regenerative medicine.

Such technologies would also likely have financial benefits, decreasing the long term care needed to treat chronic diseases, he said.

- By Cathy Saunders

On the life track

The amazing life of a stem cell is evident in one good example.

Professor Laurent, whose key expertise is in the lung, said it was possible to take a cadaveric lung, strip it of all cells so that only the connective tissue matrix remained, and then seed stem cells onto it.

“The stem cells find their way around and differentiate on the lung matrix into some of the constituent cells of the lung, in the right place,” he said.

“We have known for some time that the matrix contains many of the cues in developmental biology,” So the matrix may be like an intelligent scaffold, telling the cells where to go.

The new lung then starts to exchange gases, “it is not perfect but it is the beginning of function,” Professor Laurent said.
As we sit on the verge of a new phase for our Faculty, one of graduate education of health professions, we must reflect on what is important to us around teaching and learning. During my time with the Faculty, we have seen significant periods of curriculum change. Of course our aim has always been to graduate health professionals ready to provide quality health care for the community. Still the quality of the student learning experience is a dominant theme for us. How we focus on this, however, has changed over time.

In the mid 1990’s the focus was to improve the way students learn from each other, that is, collaborative learning. The student learning experience was somewhat competitive and we wanted to break that down. In the early 2000’s the emphasis on collaborative learning exploded with the encouragement of active learning in small groups through such initiatives as PBL (problem based learning). By 2005, attention had moved toward providing transparency in course learning outcomes, standardised teaching for clinical and procedural skills and the development of professional behaviours including becoming reflective practitioners.

Data from the Course Experience Questionnaires of Faculty graduates over the past 10 years show increasing overall satisfaction of students as well as an improvement in perceived teaching skills and sense of the learning community in the Faculty. It is heartening to consider the positive impact of curriculum developments on student learning experience.

Challenges

So what are the current challenges facing education of the health professions in our Faculty? If we look internationally, a paper commissioned for The Lancet on education of health professionals for the 21st century identifies the need for education of health professions to move beyond learners simply acquiring knowledge and skills towards transformative learning to produce professionals with a focus on strengthening health systems. Similarly, a review of medical education 100 years after Flexner discussed the subordination of teaching to research and the persistent narrow focus of medical education on biological matters as undermining the ability for education to move forward.

Challenges described elsewhere and echoed locally include the growing pressure for clinical teachers to increase their clinical productivity, leaving less time for teaching, and economics affecting the way in which health care is delivered and, consequently, how we provide appropriate opportunities for experiential learning. The rapid change in technology both for learning and its utility by the community seems impossible for us to keep up with. And while many are interested in learning about interprofessional teamwork, population health, and health policy, representation is still limited within our curricula.

Not all of us are used to teaching graduates who, while generally found to be highly motivated, committed and more self-directed, are also reported as being challenging, demanding and questioning. So how do we deal with these challenges to ensure ongoing overall satisfaction of our students and continuation of the increasing trends in the quality of our teaching and the learning community we offer?

We recognised these challenges while developing the educational principles underpinning the new Level 9 Masters qualifications in medicine, dentistry and podiatric medicine. The clinical and medical sciences are being integrated as much as possible so that the clinical relevance is obvious early and the scientific basis remains connected to the learning in the clinical setting. All courses are offering meaningful clinical learning opportunities early so that students develop and practise communication and clinical reasoning skills and the Faculty’s philosophy of supporting active small group learning has been continued. The development of professionals aware of their roles in the health system is a priority with the introduction of explicit instruction around professionalism, leadership, advocacy and scholarship. The groundwork has also been laid for instruction in interprofessional learning and practice through an Interprofessional Capability Framework.

Technology

Furthermore, discussions are ongoing to develop learning resources around the use of different technologies and the Faculty is working with the University to consider how the LMS (learning management system) can be adapted to best suit our students’ learning needs.

It has long been observed that assessment drives learning. If we care whether students become skilful and sensitive health professionals as well as knowledgeable technicians, our approaches to the assessment of learners must reach beyond knowledge to rigorously assess procedural skills, judgment and commitment to patients. Self-assessment, peer evaluations, portfolios of learner’s work, written assessments of clinical reasoning, standardised patient examinations, oral examinations and sophisticated simulations will need to be used increasingly to support the acquisition of appropriate professional values as well as knowledge, reasoning, and skills.

Amidst all of this activity, continuing to develop our teachers may be the most important thing we can do. Good teaching, whether it is conducted in the classroom, clinic or hospital, requires time, support and professional development. To meet the challenges of curriculum change, the Faculty Education Centre is available to assist staff in evaluating their teaching through peer observation and providing support in the use of the LMS. The Education Centre also offers workshops, short courses and postgraduate courses in health professions education as well as individualised consultations and support. We encourage our teachers to take advantage of these opportunities.

Our student learning experience track record is strong, however, it is important we continue to monitor and support our teachers during the process of curriculum change to ensure continued improvement.

If you would like further information about support for Teaching and Learning in the Faculty please contact me at sandra.carr@uwa.edu.au
A halo of support for new dentists

Six bright Faculty dentistry graduates have been chosen to spend their first year after graduation at the Oral Health Centre of WA (OHCWA) to gain invaluable experience with support from clinical advisers and mentors.

They were selected via a national merit based process. OHCWA was awarded six of 50 new graduates from within Australia for the Voluntary Dental Graduate Year Program (VDgyP).

Associate Professor Erica Yates, VDgyP co-ordinator at UWA, said the aim of the new program was to enable dentists in their first year after graduation to have the opportunity to develop their potential while increasing the dental workforce in the public sector, which provides oral health care for pensioners and health care card holders.

The Federal Health Department program is being run jointly in WA by OHCWA and the State government’s Dental Health Services (DHS). OCHWA has been allocated $900,000 for infrastructure to increase its physical capacity to provide four new dental chairs for the dentists. DHS will receive $670,000.

The VDgyP Dental Registrars will spend 20% of their clinical time on a rural placement with DHS and the remainder in the metropolitan area in OHCWA dental clinics.

“They are not supervised as they are registered dentists but they work within an environment where there is a halo of support around them,” Associate Professor Yates said. “They are clinicians in their own right and it is entirely up to them if they want to ask for advice or discuss something with another clinician.

“They will also have opportunities such as experiencing remote or rural clinical practice. The variety that is available in their 12 months within the program would be difficult to achieve had they moved into private practice immediately upon graduation.”

The other advantage is that they undertake professional development, with 20 case studies available to them online. They will be required to participate in 10 of them, answering questions and developing a treatment plan.

They will be expected also to write up two case studies each based on their own patients and will discuss them at a meeting of the 50 dental graduates in the middle of next year, which will give them the chance to network with other new graduates from around Australia.

Associate Professor Yates said the Dental Registrars would be trained in clinical photography to help them with their national presentation. They would also be given other “hands on” training opportunities in oral surgery and clinical restorative procedures.

Last month they underwent a training session at CTEC to broaden their surgical skills. After a demonstration from Head of the School of Dentistry, Winthrop Professor Andrew Smith, they used porcine flesh to raise surgical flaps, expose unerupted teeth, expose the mental nerve, and replace and suture flaps with a range of suture styles. They successfully extracted porcine incisors which were three times longer than those of humans.

The VDgyP program is voluntary in that it is not compulsory for all new graduates. The participants will be paid the same as first year dentists in the public health service plus a $15,000 bonus when they complete the year’s clinical and academic requirements.
Opening eyes to outreach

A new website for a WA outreach program for eye health had been up for only one day when an Eastern States eye research institute requested that it be rolled out nationally.

Associate Professor Angus Turner, who heads Lions Outback Vision which is committed to delivering eye services to rural, remote and Indigenous West Australians, said they had immediately received good feedback about the portal.

Outback Vision, established in 2010 with the support of the Lions Eye Institute (LEI) and the University of Western Australia, covers many areas of the state.

Associate Professor Turner, of the Centre for Ophthalmology and Visual Science (COVS) and the LEI, said the new website included a link to a map pinpointing where all the outreach services occurred and a calendar showing where eye services were scheduled for each area.

Another feature enabled GPs and optometrists to make a Telehealth booking online for patients for a consultation with an ophthalmologist.

“It helps a city doctor, for example, in a big public hospital like Royal Perth who is sending a patient back to a remote area,” Associate Professor Turner said. “They can actually check if there is an optometrist visiting in a month and that would save the patient from having to come back to Perth for the follow-up.”

In another scenario, an ophthalmologist performing an operation in Broome, but who would not be back for three months, could check if there was a local optometrist who could perform the one-month check-up.

Medulloblastoma Down Under

By Dr Anke van Eekelen, honorary research fellow at the Telethon Institute for Child Health Research and a Faculty adjunct senior lecturer

A much needed joint strategy to better diagnose and treat children with the most common malignant form of childhood brain tumour, medulloblastoma (MB), has been drawn up in WA.

It was developed by some of the world’s best researchers and clinicians in childhood brain cancer who gathered last month for a three-day symposium in Bunker Bay.

The event was organised by Dr Nick Gottardo, Head of the Brain Tumour Program at the Telethon Institute for Child Health Research (TICHR) and a paediatric neuro-oncologist at Princess Margaret Hospital (PMH). Funding came from the Telethon Adventurers, a group of WA volunteers committed to finding a cure for MB.

“We have reached the limits of radiation and chemotherapy and cannot push treatment in children any further,” Dr Gottardo said. Ongoing European clinical trials focus on chemo-intensity and do not coincide with the US-based trials in reducing radiation - a difference in study objective hindering refinement of the most successful current multi-model treatment approach.

At the Bunker Bay’s “Medulloblastoma Down Under” meeting, the 50 invited leaders compiled a priority list of initiatives. It is hoped that, through better international collaboration, it will result in more tailored treatment and more hopeful long term outcomes for children with MB throughout the world.

The action plan addresses all aspects of the disease to enhance insight into its cause and understanding of its subtype diversity, so that drug targeting and treatment regimes can be improved and validated in jointly established transnational clinical trials.

Dr Gottardo’s research at TICHR is contributing to a more accurate classification of MB. “It is the key to progress, we believe, as opposed to early diagnosis in adult cancer,” he said.

Using gene expression profiling of primary continued on page 11
Preventing burns in Nepal

By Dr Anke van Eekelen, honorary research fellow at the Telethon Institute for Child Health Research and a Faculty adjunct senior lecturer

A three month stay last year in Nepal by a Faculty researcher has led to a newly funded international project to start a public health intervention program there on hygiene and the prevention of burn injuries.

Research Assistant Professor Hilary Wallace, of the Burn Injury Research Unit in the School of Surgery, received the 2012 Endeavour Executive Award, which enabled her to temporarily shift her focus from undertaking clinical studies at the Unit to the public health issue of burn prevention in developing countries.

Nepal ranks in the top 10 countries worldwide for burn incidence and mortality rates and it is thought that development of prevention strategies may be the most effective way to improve outcomes.

The aim of Assistant Professor Wallace’s visit was to live amid the people at risk and work with non-government organisations (NGOs) interested in community-based burns prevention. Having visited Nepal on three previous occasions, she was confident that such a cultural enrichment would lead to stronger relationships with local organisations engaged in public health advocacy.

“Cultural competence and a change of mind set is needed to understand the circumstances, use of resources and means of communication to develop the right strategies,” she said.

In Kathmandu, she worked with Burns Violence Survivors- Nepal (BSV-Nepal), which delivers burn injury awareness through street theatre performances of scenario-based plays, touching on domestic burn accidents and burn violence.

The other NGO was Public Health Development Nepal (PHD-Nepal), an organisation with expertise in research-supported delivery of primary healthcare programs to those living in the slums.

Assistant Professor Wallace immersed herself in Kathmandu’s way of life to appreciate the complexity of social and economic factors influencing the situation on the ground. Like everyone else, she faced the daily challenges of getting to work and being productive. Electricity can be cut for hours on end, paralysing any computer-based activities. Regular public transport strikes and the financial reliance of Nepalese colleagues on more than one job to make ends meet, impacted on presence, communication and teamwork.

A persistent shortage of funding further adds to the constant battle by the NGOs to survive.

“I knew all along that unless you live there, you just wouldn’t know what is easy or difficult to achieve,” she said.

Slowly, progress is being made. BSV-Nepal has produced two radio jingles with the support of a WA charity founded by Mr Grant Gilmour. The first song touches on the issue of burns violence towards women using sound bites such as “Violence is never the answer” and “Burns scars last a life time”. Assistant Professor Wallace helped compose the second jingle on accidental burns in the home, conveying the simple message to be careful with children at cooking time around open kitchen fires, still commonly used in Nepalese homes.

It is the kitchen that will be at the heart of her continuing involvement in burns prevention in Nepal this year. “The kitchen is the epicentre of activities in the home which can either enhance or undermine health,” she said. “With rapid and uncontrolled urbanisation, these activities can become risk factors for the main health problems experienced by the very poor, like lung disease, gastrointestinal infection and non-communicable disease (NCD), including burn injury.”

The project, Healthy Kitchens-Healthy Cities, is funded by the Worldwide Universities Network to contribute to its Global Challenge in Public Health and NCDs. It is largely the result of Assistant Professor Wallace’s networking skills and efforts to link BSV-Nepal and PHD-Nepal with new partners interested in improving health outcomes in Nepal, including Dr Sushil Baral and Dr Helen Elsey of the Health Research and Social Development Forum (HERD).

“The immediate emphasis is on improving the lives of women and children and we aim to facilitate urban poor women’s participation in identifying suitable interventions - possibly as simple and low cost as lifting cooking stoves from the ground,” Assistant Professor Wallace said.

UWA will lead the research project’s data analysis of trends in weather conditions and the availability of electricity that impact on the wide spectrum of public health issues covered by the project.
Global connections

Stepping towards podiatry in China

China, with its population of 1.3 billion and therefore about 2.6 billion feet, does not have a single podiatrist - but hopefully that is about to change.

The Faculty aims to make it possible for medical and science graduates in China to come to WA to undertake the new three-year graduate entry Doctor of Podiatric Medicine (DPM) course, which this year replaces the former undergraduate four-year Bachelor of Podiatric Medicine (BPodM) degree.

Professor Alan Bryant, Head of the Podiatric Medicine Unit, said the Faculty hoped to develop a Memorandum of Understanding with Wenzhou Medical School in Zhejiang to achieve these goals. "It will seed the podiatry profession in China," he said.

He visited the School in December, having been invited to talk about the possibility of also developing a Podiatric Medicine program based in China.

"People are mostly cared for by medical practitioners," he said. "If anyone has a complaint, they go to the local hospital as private practices do not exist in China as they do in Australia."

With the increasing prevalence of diabetes and all the implications for foot health, the need for podiatry services is becoming even more evident.

The Wenzhou Medical School is planning to send two medical practitioners to WA this year to observe the podiatric medicine programs at UWA and visit various hospital podiatry departments.

Professor Bryant said it was expected they would be interested to see how foot problems could be managed on an outpatient basis - something that did not seem to occur in China to any extent.

It was hoped to develop research collaboration between the two countries.

"It seems that there is no such thing as a rare condition in China," Professor Bryant said. "We are often limited in the number of certain conditions that we see whereas in China, because of the population, there are plenty of potential subjects that could be used in joint research projects." The first research was likely to be into diabetic foot problems.

Professor Bryant also visited the 1st Affiliated Hospital, a large health centre associated with Wenzhou Medical School that provides a medical care service to the Southern Zhejiang-Fujian region with a population that exceeds 20 million.

Professor Bryant's group was the only one to present at the School. "There are plenty of potential subjects that could be used in joint research projects." The first research was likely to be into diabetic foot problems.

Professor Hayne's group was the only one in WA to receive a Cancer Australia grant this year.

The trial, which begins in the middle of this year, aims to recruit 500 high-risk patients with aggressive disease which is invasive but has not entered the bladder muscle. "They can still potentially hang on to their bladders but they are at high risk of getting worse," Professor Hayne said.

The control group will receive the gold standard treatment of BCG while the treatment arm will have the chemotherapy drug mitomycin C added to the standard treatment. "We hope there will be less toxicity," Professor Hayne said.

Bladder cancer was the second most prevalent urological cancer, after prostate, he said. It was three times more common in men than women but the survival rate was lower among women, possibly because they presented later.

While early disease is curable for urological cancers, late disease is incurable.

The trial will involve sites in WA, NSW, Queensland and Victoria.

Professor Hayne said the national bladder cancer statistics underestimated the burden of disease by about 50% as they did not class non-invasive bladder cancer as cancer. "These tumours still cause symptoms and require treatment and can also change into invasive cancers," he said.

Failure to heed the warning bell of blood in the urine is partly to blame for the declining rates of bladder cancer survival, according to a Faculty surgeon.

Professor Dickon Hayne, Head of the urological research team in the Faculty’s School of Surgery, leads a group which was recently awarded $457,000 from Cancer Australia for a national trial aiming to redress the situation.

It will test a new treatment for high-risk non-muscle invasive bladder cancer (NMIBC) and is the first trial of its kind in Australia. It is hoped the new treatment will prevent the need for radiotherapy or cystectomy (removal of the bladder), which currently are necessary for one in three people with high risk NMIBC within five years despite best treatment.

Professor Hayne, consultant urological surgeon at Fremantle Hospital, said there was the same incidence of death from bladder cancer as from malignant melanoma in males in WA each year. "But it is the forgotten cancer," he said. "We have seen a deteriorating survival in Australia for bladder cancer and one explanation is that people are presenting later.

“There is probably an under-estimation of the seriousness of haematuria – or blood in the urine – among lay people but also among medical people. It could easily be an explanation of why things aren’t going so well with bladder cancer as we might like.”

More than 120 West Australians die from the disease each year.
Aboriginal women are four times more likely to miss out on antenatal emotional wellbeing screening compared with non-Aboriginal women. And, on average, only 17% of women (one in six) are screened for emotional wellbeing during antenatal visits.

These are among the findings of a study by CUCRH researcher Dr Kaniz Gausia into mental and emotional screening processes currently accessible through Aboriginal Primary Health Care as part of the ABCD National Research Partnership.

Data were collated from 800 women, sampled from the 36 participating centres across WA, Northern Territory, Queensland, South Australia and New South Wales, between 2010 and 2012. The data were received with support from One21seventy, a not-for-profit organisation.

Dr Gausia said the study aimed to assess the extent to which antenatal emotional well-being assessments are undertaken in Aboriginal Primary Health Care Centres.

“We looked at how these screenings and assessments were conducted and whether they were linked to other antenatal preventive health services such as plan for care, breastfeeding and nutrition,” Dr Gausia said. “We also examined records about whether women were referred for further care and investigated the value of the care delivered.”

Tracking Back

A project to tackle the debilitating problem of chronic back pain is underway in Geraldton.

CUCRH Assistant Professor Ivan Lin, who heads the “My Back on Track, My Future” project in collaboration with the Geraldton Aboriginal Medical Centre (GRAMs), said low back pain affected eight out of 10 people in their lifetime.

Thanks to a fellowship from the National Health and Medical Research Council and the WA Department of Health, “My Back on Track, My Future” aims to audit, assess, develop and implement strategies to enhance the management of chronic low back pain conditions.

“Low back pain can be incapacitating, and for some, affects physical and psychological wellbeing, and social participation,” Assistant Professor Lin said. “For those suffering from acute disability, there can be a flow on detrimental effect to their families and communities.”

The project also seeks to underline and support the important role played by health professionals in screening patients and providing them with high quality care.

“There are a number of tools available to help identify risk factors for persistent low back pain and establish the best way to manage the condition,” Assistant Professor Lin said.

“My Back on Track, My Future” will feature a series of short filmed scenarios designed to provide information to patients on how to manage low back pain, under CUCRH Project Officer Kim Ryder’s supervision.

“The information, in the form of short films, aims to highlight the management of persistent low back pain as a holistic approach; self-management and active, healthy lifestyles work hand in hand to help patients get their backs and futures back on track,” Ms Ryder said.

The project is expected to reach completion early next year.
Combined Universities Centre for Rural Health (CUCRH)

More Than Just a Placement...

Regular interactive interprofessional tutorials held at CUCRH are gaining momentum as Health Science students completing their placements in Geraldton take interest in discussing a variety of topics with other students from different disciplines.

Twelve participants attended the Community Connections session this month, steered by CUCRH’s Assistant Professor Kathryn Fitzgerald and Assistant Professor Maeva Hall.

The session provided the students with information about the Geraldton community and encouraged them to consider continuity of care across settings in a rural environment. Community Connections also introduced students to CUCRH’s Student Volunteering Program, recently established to enable students to have input in the community, expand their connections, build friendships and assist local organisations.

Future tutorial sessions will focus on scope of practice across disciplines, cultural security, simulated learning opportunities, primary health care and even practical tips relating to driver skills and what to do if encountering vehicle operation problems while travelling to remote destinations.

“Our student tutorials are designed to work at many different levels,” Assistant Professor Fitzgerald said.

“These sessions also aim to help students transform their placement into a positive and memorable experience, showcasing the highlights and challenges of a career in rural health.

“Working in the country is a career and lifestyle choice and our aim is to demonstrate that although locations may be remote, health professionals can overcome isolation through countless community channels and support services.”

Cycling towards prevention

An enterprising WA health professional couple have raised more than $40,000 - double their original target - to help treat and avoid a preventable obstetric condition that is prevalent in developing countries.

Dr Gracie Vivian, a 2009 graduate of UWA medicine and now a GP registrar in Broome and her partner Mr Bruno Cordier, a nurse in aged care in Broome, organised a fundraiser event, Cycling for Fistulas, to raise awareness and funds for Hamlin Fistula Ethiopia.

The non-government organisation was founded by Australian obstetricians Dr Catherine Hamlin and her late husband Reg in the 1970s.

“Dr Catherine Hamlin started and continues to run six hospitals in Ethiopia where women who have suffered horrific birthing injuries such as the obstetric fistula are able to access surgery and rehabilitation,” Dr Vivian said. “The organisation also trains midwives so that the preventable condition can be avoided.”

An obstetric fistula is an abnormal tract that develops after prolonged, obstructed childbirth which causes a woman to leak urine and/or faeces indefinitely afterwards. Some women suffer nerve damage which can lead to paralysis. The baby is usually stillborn.

Dr Vivian said more than two million young women lived with untreated obstetric fistula in Asia and sub-Saharan Africa, with more than 9000 new cases in Ethiopia each year.

“One third of these new cases are treated for free by Hamlin Fistula Ethiopia every year,” she said. “Treating the condition is simple and means that a woman goes from being an outcast with a deep sense of shame to living a normal life again.”

Having been inspired on a recent visit to one of Dr Hamlin’s hospitals in Ethiopia in March last year, Dr Vivian and Mr Cordier decided to help her by staging the fundraiser.

The event involved Mr Cordier completing a solo bike ride without a support vehicle across Australia from Sydney to Perth via Adelaide. He started on January 11 and rode into Perth on Valentine’s Day, having completed the 4400km adventure in five weeks.

Dr Vivian said wonderful support from health professionals and complete strangers across the country, and the Rural Clinical School at UWA in particular, enabled them to raise the funds.

For more information or to donate please see the official website at hamlin.org.au/bruno or visit the blog at cyclingforfistulas.blogspot.com.
A program using a suite of five assessment tools to routinely assess palliative care patients on a daily basis is being rolled out across rural WA over one year.

The Cancer and Palliative Care Research and Evaluation Unit (CaPcREU), based in the Faculty’s School of Surgery, has been encouraging palliative care services and hospices to use the program. The suite of five tools helps assess the stability of the patient; how much help they need with activities of daily living; their level of debility; problem severity completed by the physician to identify the patient’s pain, symptoms, psycho-social-spiritual well-being and family well-being; and includes a score to enable patients to rate the severity of their symptoms.

Research Assistant Professor Claire Johnson said some areas in WA did not have a palliative care service. “We would like to see that all health providers have an understanding of good clinical observation and care planning for people who are at the end of life,” she said.

“In some places where people who are dying are being cared for, they do temperature and pulse and maybe a pain score but they don’t routinely assess all the symptoms and needs of the patient and then go back and plan the care according to the assessment.”

With the five tools, all the treating professionals assess the patient using the same criteria and can detect problems and changes in their severity and adjust their care plan accordingly.

More than 8,000 people receive palliative care in WA annually.

Assistant Professor Johnson said about 70% of patients dying with cancer received palliative care whereas only about 10% of people dying with non-cancer diseases such as heart disease, respiratory failure, kidney disease and neurological conditions had access to palliative care services.

“The new program will ensure that all patients will receive the best possible care at the end of their life, wherever they are cared for,” she said.

The program was developed by CaPcREU and the WA Cancer and Palliative Care Network, in conjunction with the Palliative Care Outcomes Collaboration (PCOC), a national voluntary project that provides benchmarks and measures outcomes in palliative care.

A CaPcREU quality improvement facilitator is available to help services understand and use the information in the PCOC reports.

Prime projects

1. Colonoscopy prioritisation project. Aims to streamline colonoscopy services and reduce delays in cancer diagnosis by using certain criteria to identify patients at highest risk in a project driven by clinicians.

2. Psychosocial needs of adolescents and young adults (AYAs). A study to examine the needs of patients aged 13 to 24 years who are receiving cancer treatment in WA.

3. Emergency presentations and/or unplanned admissions to hospital in the first year following a diagnosis of cancer. Few data are available on oncological emergencies.

4. Osteoradionecrosis (ORN) of the jaw in people with head and neck cancers. This pilot project will investigate any association between ORN and dental care received.

5. GPs’ preferences and cancer management. Results of a survey by CaPcREU of 2000 GPs from around Australia show that the majority want to be involved in most aspects of cancer care except post-operative management, co-ordination of treatment and supportive care. This work has now been published in the Asia-Pacific Journal of Clinical Oncology- Early view online 26 Dec 2012 http://onlinelibrary.wiley.com/journal/10.1111/ (ISSN)1743-7563/earlyview
Donations

Breast cancer inspires the act of giving

A group of eight close-knit friends has raised more than $400,000 for breast cancer research in memory of a dear friend who died from the disease.

The Friends of Breast Cancer Research group has been holding an annual golf fund-raising day since 1988 and last year’s record of $42,000 has been used to help fund the Jenny Clements Memorial Scholarship.

Mrs Lyn Meadows, who has been president of the group for 24 years, said the golf event attracted 144 players plus up to 90 people who attended the lunch only.

Much of the food and all of the wine, prizes and raffles were generously donated. “Some people have been donating since the inception of the event,” she said. “You mention ‘breast cancer’ and everyone just wants to give.”

Mrs Meadows said the funds had been directed over the years to the Cancer Foundation of WA (now Cancer Council WA), Royal Perth Hospital, Sir Charles Gairdner Hospital and more recently the UWA research group led by Winthrop Professor Christobel Saunders, Deputy Head of the School of Surgery.

“When we go in there (to the School), they are so grateful, yet we are so humble because we are just running a golf day and having fun but they are working their butts off and are desperate for funds,” she said.

The inaugural recipient of the Jenny Clements Memorial Scholarship is Dr Vineeta Singh, who has five years training in general surgery and breast surgery and is a Research Associate at the School of Surgery.

She will help with the clinical validation work for the EMPathy project (see box).

Her interest is in how it may be possible to see how circulating tumour cells vary with treatment.

Anyone who would like to attend the next fund-raising golf day or just the luncheon at Lake Karrinyup Country Club, to be held on 23 August, can contact Mrs Meadows at lynmeadowswa@yahoo.com.

EMPathy Project

A simple blood test for early diagnosis for breast cancer patients before they progress to advanced stage disease is one of the goals of a national research team that includes the School of Surgery.

The hope of the team is that such a test would enable the cancers to be treated appropriately and the patients cured.

The WA team, led by Deputy Head of the School of Surgery, Winthrop Professor Christobel Saunders, has optimised techniques to extract genetic material from cancer tissue stored in the archives of the pathology laboratory. This will allow them to measure genetic changes in the tumours and metastases of a much larger cohort of patients with greater efficiency.

They will use the information to investigate the presence of “cancer-indicating” changes in cancer cells during their progress from the primary tumour into lymph nodes, blood, bone, marrow and distant metastases.

The researchers have been aided by the fact they have acquired some new laboratory space in the School of Surgery and have Study Coordinator Dr Linda McInnes now dedicated exclusively to breast cancer experiments, including EMPathy research.

About 40 patients were recruited last year to the EMPathy project, in which Professor Saunders and Adjunct Associate Professor Nik Zeps, also of the School of Surgery, have teamed up with scientists from around Australia. The project is investigating the ability of breast cancer cells to “flip” between epithelial and mesenchymal states, which may enable them to spread throughout the body (metastasise), and resist current therapies.

The fact that breast cancer cells can swap between states may explain why they can become dormant after initial treatment and later emerge as distant metastases.

The survival of such metastatic cells in new environments is paramount to breast cancer recurrence. Epithelial-mesenchymal plasticity (EMP), the term coined by the research group, is known to be part of normal embryological development as well as a newly recognised process in cancer metastasis.

The EMPathy network’s primary aim is to eventually develop treatments to stop this process and thus stop metastasis.

Opening eyes to outreach

continued from page 5

The website could also be of help to visiting Fellows from overseas undertaking a training stint at a city tertiary hospital who did not have an understanding of the geography of the state.

“They may not know where Kununurra is so they could say ‘Follow-up in two weeks’ and they don’t realise what that involves,” Associate Professor Turner said.

The website also has a patient information section that includes the Patient Assisted Travel Scheme (PATS), eye health, diseases and treatment.

The first Lions Outback Vision conference held last month brought together ophthalmologists, optometrists and Aboriginal health workers.

“We all work in eye health,” Associate Professor Turner said. “It was a way of integrating eye care so that we don’t double up for patients and are more efficient and can make use of each other’s services. And it was fantastic because the health workers had some training on retinal camera screening for diabetes.”

There was also a half-day when the health workers taught GPs and optometrists about cultural awareness.

LEI Managing Director Professor David Mackey, who is also Director of COVS, said WA was taking a national leadership role in developing improved access to eye health services for Indigenous and remote populations.

The website is www.outbackvision.com.au
Our Graduates - their achievements

A year at Harvard - a life-altering experience

by Dr Jesse Li, a UWA Medicine class of 2009 graduate who embarked this year on the General Surgery training program in Perth

Last year I was given the opportunity to study at Harvard University as a visiting Fellow in the health care policy department at Harvard Medical School as well as being a cross-registered student at Harvard Business School. It’s been a life-altering experience and I felt very lucky to be able to study, socialise and live with some of the brightest students in the world.

Perhaps unlike the movies and postcards, Harvard is not filled entirely with elitists or geniuses. Of course you will find these characters if you look hard enough but the majority of students are very down to earth and come from diverse backgrounds. If there were two traits that defined almost all Harvard students, I would say they are being high achieving and motivated.

My research was on electronic medical records and technological startups in health. There was a huge startup culture and you would hear about new ventures being rolled out almost everyday. My teammates and I, through Professor Regina Herzlinger’s “Innovating in Healthcare” class, worked on a business plan to commercialise a wireless sensing device to measure the pulmonary artery pressure in patients with class 3 congestive heart failure. The value of this device would be to transmit this critical biomarker to physicians in an outpatient setting, allowing early intervention and thereby preventing hospitalisation. I learnt that succeeding in a startup is not just about “a good idea”, but more about to how to connect resources, manage people, navigate regulation and execute a well thought out strategy. For this project I learnt how achieving buy-in from physicians, government, Medicare and hospital key decision makers was just as important as the innovation itself.

Classes at the Business School were all taught using the case-based method. That is, every class is a discussion (even accounting!) and students are expected to come to class having done the readings and prepared to discuss and argue some guiding questions. All students are required to speak at least once in class and this healthy pressure forces students to be on their toes. What I really like about this teaching method is there is big focus on “What would you do if you were CEO?” This forced me to emulate making the tough decisions that CEOs face every day. The big treat was that these CEOs would often be invited guests and after some heated discussion and watching sparks fly, they would discuss how they would think through the problems presented in class. This was a tremendous opportunity for personal growth that no textbook could match and the take-aways were extremely valuable. Not having had a business background, it was definitely a steep learning curve for me. I found myself Googling acronyms under the table (laptops were not permitted in class). I felt like a sponge absorbing everyone else’s intelligence!

The social life was fantastic and well organised. Harvard works on the house system and every student is affiliated to one of the 13 houses, which function as the jumping base for the varied and rich social life. I was lucky enough to be affiliated to Dudley house. The best party would have to be the Priscilla cross dressing ball organised by the HBS Australian club. A foam party organized by Mather house with the undergraduates came a close second. Although I did sneak in once or twice to the “finals club” parties (as seen on the social network), they are not officially endorsed by the university. Not being well connected and male put me at an inherent disadvantage to scoring invites to these parties!

I would urge all those who have an interest in Harvard, no matter what the inspiration, to apply. There are very few Aussies at Harvard. Out of the 7000 undergrads, there are only about 50 Australians. Coming from a part of the world where few students come from, we have a tremendous advantage and the process for admission may be easier than one may think. In addition to the Fellows program, other programs such as the Masters in Public Health (MPH) would add tremendous value to a UWA Medical School graduate thinking of continuing their medical education (many UWA medicine grads have gone on to do this). If you want to find out more, feel free to send me an email at vaxtat@gmail.com

I will take home many great memories from Harvard. I’ll never forget the dining hall conversations that created lifelong friendships. I’ll never forget the long nights I spent in the library reading texts that reigned a sense of discipline and the positive reinforcement I got the next day when this discipline pays off in the form of stimulating discussion. I’ll never forget my brilliant classmates who were not afraid to challenge some of my long held preconceptions but were just as inclined to listen. My year at Harvard has taught me a new way of thinking and instilled in me the confidence to take on the world.
**Profile**

**A role model for Gen Y**

“Why did you bother?” is often the first question asked of Professor David Kandiah when colleagues and students discover that he has attained four Masters degrees and a doctorate.

The answer is simple for the rheumatologist and architect of the Faculty’s new post-graduate four-year Doctor of Medicine (MD) course - he wanted to be the most broadly qualified doctor he could.

“When I was six I wanted to be a pastor but when I was 10 I decided I could do more for the community by having a medical background,” he says.

Professor Kandiah, Professor of Medical Education (Curriculum Development), stresses that all his study has been for a purpose. He has a Master of Clinical Education, Master of Public Health, Master of Health Law, Master of Business Administration and a PhD in medicine.

“One of the things that has allowed me to stay sane is the fact that I have varied interests and I’ve applied it in practice,” he says, adding that he does not study just for the sake of it. “Doctors at any level are expected to be good all-rounders.”

Moreover, he says his degrees have given him the currency to relate to professionals across the medical field on an equal footing.

His journey in academia began as an undergraduate in medicine at The University of Sheffield – a choice that required him, the youngest of three children, to leave his family and home country of Malaysia.

“I had no problem culturally going to the UK because we were Christian and were brought up speaking English at home,” he explains.

While he had no trouble fitting in, Professor Kandiah’s move was not without brushes with racism.

On his first day at university, Professor Kandiah was asked by one of his fellow students “What is it like living up in trees?”

Without hesitation he replied, “Actually, it is perfect for colour television reception, you should try this one day.”

After graduation, he embarked on specialist studies in internal medicine and rheumatology, four years of which were spent working 120 hours a week. “You do accumulate lots of good experience in working these hours, but I wouldn’t recommend doctors doing it in their 30’s or 40’s,” he says.

Ironically, in the United Kingdom, the more he worked, the lower his hourly rate of pay.

He received five pounds an hour for the first 40 hours, just one pound an hour for overtime between 41 and 80 hours and nothing from 81 to 120 hours.

“That was how the NHS (National Health Service) survived,” he says. “At that time it was legal because they weren’t part of EU regulations but British doctors now don’t work more than 56 hours a week.”

Full-time work has been a constant throughout Professor Kandiah’s studies and he has also always maintained a clinical practice – albeit of differing sizes.

After migrating to Australia and completing his rheumatology training at the Royal Melbourne Hospital, he was drawn to St George Hospital in NSW because it was a “world leader” in lupus research.

Clinical practice was the hospital’s strength but when it came to medical education, it was struggling - a situation that inspired him to enrol in a Master of Clinical Education.

While at St George, he won a National Health and Medical Research Council scholarship to undertake a PhD in medical science, specialising in lupus.

During 1993 and 1994, he juggled his Master of Clinical Education and doctoral studies with a Master of Public Health and even managed to make time to conduct and play the piano for his local church youth choir on Sundays after putting in a full day at his clinical practice on Saturdays.

Always keen to plug gaps in his knowledge, Professor Kandiah was driven to complete a Master of Health Law at the University of Sydney by his desire to formalise his skills in Ethics and the Law relevant to clinical practice.

The professor believes strongly in the value of collaboration and has applied it since moving to Perth in June 2010 to coordinate the development of the new medical curriculum. He formed a master committee of 23, drawing a representative from every discipline in the Medical School, to design the program. “It made a huge difference because no group can now say they don’t know what’s going on,” he says. “If you don’t involve everyone you will get negative feedback.”

He is coordinating the second stage of the submission for the Australian Medical Council with the subsequent accreditation visit planned for June that would clear the way for UWA to run the new MD program next year.

In all his endeavours, Professor Kandiah says he has striven to be a role model for colleagues and students.

“I’ve been researching the factors that drive the Millennial Generation - Gen Y - in professional education and one key influence is role modelling,” he says. “To me that is part of my ethos, we really need to show students, patients and the community that we always have their best interests at heart.

“Medicine should be a vocation and to do something well, one should lead from the front.”

- By Amanda Saunders

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**Medulloblastoma continued from page 5**

MB cells from tumour biopsies of newly diagnosed patients at PMH, his team has supported the current view that MB patients vary in their genetic disease profile.

The team has built on this by developing new experimental models for translational research, including immortal cell lines and transplantation of the cancer cells into the brain of immunodeficient mice to resemble human MB-pathogenesis as best as possible.

Dr Gottardo’s research is complemented by his clinical experience at PMH. Among his patients was Elliot Parish, who was diagnosed with MB in 2010, and it is Elliot’s father, Rick Parish and his friend and adventurer, Peter Wilton, who founded the Telethon Adventures that year.

It was a victory for the Telethon Adventurers to raise the funds for the MB meeting, which was held exactly two years after Elliot lost his battle with cancer. Its success will make the group undertake more bike rides, sky falls and mountain climbs to continue raising funds for research at TICHR, PMH’s Childhood Oncology Unit and the coordination of the new global partnership to fight MB.
not suggesting people spend a lot more time outside, which could increase skin cancer risks and eye diseases such as pterygium. Adjunct Professor Billie Giles-Corti, of the School of Population Health, is QAS that people who live in an area with access to three types of public open space - parks, ovals and beaches - increase their walking for pleasure time by more than an hour each week. “That’s a very significant and important change,” she said. She was commenting on a survey by the School which confirmed that people would walk more when given the opportunity. The survey - the first of its kind in the world - involved 1400 residents who had moved to new subdivisions, usually on Perth’s urban fringe. They were interviewed before their move and one year later. The survey found that residents who moved to areas near a park, the beach or a sports oval increased their walking for recreation by 21 minutes for each feature. It has been shown that walking 30 minutes a day can reduce the risk of heart disease by 30-50%, diabetes by 30% and some cancers, including bowel and breast, by 20%. Adjunct Professor Giles-Corti said providing shops and services was also important and could add another six minutes for each of these destinations to the amount of walking done by residents every week.

Winthrop Professor Barry Marshall, of the School of Pathology and Laboratory Medicine, is QAS he believes it is possible to harness the upside of his favoured strain of Helicobacter pylori to “dampen down” hyperactive immune systems linked to allergies and asthma. He said animal studies in conjunction with the Telethon Institute for Child Health Research had added some weight to the theory after finding mice infected with H. pylori were less likely to develop asthma. “The mechanism and association seem to there, so we just have to do the hard stuff now and take it to the next level,” he said. He has singled out a relatively harmless strain of H. pylori, HPS2, to piggyback a range of edible vaccines as well as prevent allergies and asthma in children. The plan would be to use a probiotic drink or yoghurt with HPS2 infused with viruses to stimulate the immune system and produce antibodies to various diseases, while causing no harm. A trial of 30 patients at Sir Charles Gardiner Hospital, which tested five strains of H. pylori, showed they had no major ill-effects on the stomach while producing a strong immune response. HPS2 was considered the pick of the bunch and researchers have sought another 24 volunteers to further study its safety and effectiveness. The first candidate for the vaccine trial is likely to be the flu virus, which could not only help deliver quick and cheap vaccinations but has a potential global market of about $4 billion a year. Professor Marshall’s theory that the bacterium could possibly prevent allergies and asthma is based on the so-called hygiene hypothesis that argues children in developed countries are not exposed to enough germs to help their immune systems develop properly.

Medical Observer

Adjunct Professor Ralph Martin, of the School of Psychiatry and Clinical Neurosciences, is QAS people looking for a miracle pill to cure Alzheimer’s will not find it, but future treatments could include combined efforts including fish oil, which he believes will be a major player in preventing and delaying the onslaught of the disease. He is leading a clinical trial which will combine testosterone and fish oil to try to prevent or delay Alzheimer’s disease. About 400 WA men over the age of 60 are needed for the trial, which will investigate the effects of the combined supplementation on people with memory problems but who have not been diagnosed with dementia. Adjunct Professor Martin, who heads the McCusker Alzheimer’s Research Foundation, said participants would be asked to make contact with the research centre every 10 to 12 weeks for an injection. The new treatment was aimed at getting in early before any primary damage to brain cells. “It is not going to be a magic bullet but if we can reduce it by 10 or 15% that would be excellent,” he said. The WA government has committed $500,000 for the trial.

Subiaco Post

Winthrop Professor Osvaldo Almeida, of the School of Psychiatry and Clinical Neurosciences, is QAS limiting prevention strategies to managing depression may fail to reduce significantly the number of people contemplating suicide in later life. Developing supportive and meaningful social networks might have a much greater beneficial impact, he said. Professor Almeida was the lead investigator of a study published last December in the British Journal of Psychiatry which found that 38% fewer people would be contemplating suicide if adequate social support was available. “Thoughts about death and self-harm in old age are commonly linked to depression but these results highlight that other risk factors may be just as important in reducing the prevalence of suicidal thoughts among the elderly,” he said. The study surveyed 21,290 Australians aged between 60 and 101 about their health, psychosocial, lifestyle and clinical data.
Calling all students interested in a future in medicine
By Rebecca Long - WAMSS Undergraduate Communications Officer

Last year UWA introduced its new course structure, which meant a year of big changes for the Western Australian Medical Students’ Society (WAMSS). With the phasing out of the undergraduate, six-year MBBS degree and introduction of a post-graduate, four year MD course commencing next year, we saw a loss of a post-graduate, four year MD course. It offers a unique opportunity to build relationships with older medical students, the WAMSS Associate Membership Program will also have its own social events where students can meet other prospective medical students and network with future colleagues. We plan to run events such as quiz nights, sundowners, bowling, sausage sizzles and cocktail parties. This social program also aims to provide a support and friendship network for students. Meeting like-minded students with similar academic interest will allow the formation of study groups for common units and advice may be provided from older students who have completed those units. WAMSS Associate Members may also compete in the WAMSS sports events, including inter-year sport competitions across a range of sports.

WAMSS is proud to announce a revamped medical camp for Associate Members that will be taking place in early March. This camp will be alcohol free and involve medically-themed academic activities as well as socialising and provides a fantastic opportunity to make new university friends. We look forward to being pioneers in UWA’s new attitudes to orientation camps and events.

Following a hugely successful “Day in the Life Of…” discussion last year, where three doctors at different stages came to talk to students about the medical lifestyle, the WAMSS Associate Membership Program will continue to run academic events and opportunities for its members. These include speeches by many health professionals, panel discussions and small-group workshops in clinical skills, suturing and other medical skills. WAMSS Associate Members will also be engaged in WAMSS’ subcommittees and events such as Interhealth’s Global Health Short Course, Students Passionate About Mental Health’s events as well as other WAMSS academic events.

Leadership opportunities are available through the program with an Associate Member sub-committee to be formed early in the semester.

Another opportunity for WAMSS Associate Members is involvement with WAMSS’ initiatives such as Interhealth and Red Party. There are many WAMSS subcommittees that address a range of health issues and have fantastic programs with great causes.

Overall, we hope that the WAMSS Associate Membership Program is able to provide a well-rounded opportunity for like-minded students to meet, form friendships, learn new skills and have new experiences. If you have any questions please feel free to contact Rebecca Long, Undergraduate Communications Officer for 2013 at uco@wamss.org.au

To sign up for WAMSS Associate Membership and mailing list please visit http://www.wamss.org.au/associatemembership

POUNDS 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.

If you have any bright solutions you would like to share, please send them in to the editor at cathysaunders2@gmail.com

Brain teaser: Why does the colon not have a complete coat of longitudinal muscle?

WITS ABOUT YOU
(Answers page 16)

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

1. The parasitic guinea worm has almost been eradicated from the world. How is it transmitted?

2. The oriental habit of squatting has resulted in the development of an “extra” joint. Where is it? (An epigenetics phenomenon.)

3. Approximately 10% of Olympian contestants are injured during the Games. What is the safest contest?

4. A bursa allows tissues to move over each other with minimal friction. How many bursae are there around the knee?

5. A very few people have been cured of haemophilia. How?
On the way up: heading north with research and teaching

UWA medical students will soon have the chance to study at a brand new clinical school at the Joondalup Health Campus, which is setting its sights on becoming a top class research centre.

UWA Professor of Primary Health Care, Alistair Vickery, said it aimed to be a renowned private research facility.

UWA, Edith Cowan University, Curtin University and Ramsay Health Care expect the new $20 million facility for the outer-metropolitan Community Clinical School to be open in June. It will be used to train undergraduate students in medicine and allied professions, including nursing, podiatry, dietetics and physiotherapy.

The Joondalup Health Campus has undergone extensive redevelopment and the new Community Clinical School will cater for the rapidly expanding northern metropolitan corridor.

The School will include teaching laboratories, lecture theatres, teaching rooms and simulation laboratories for anaesthesia, emergency medicine, surgery, general practice, psychology and nursing studies. The new building will help cater for the increase in enrolments of medical students by next year.

Professor Vickery said the UWA Community Clinical School began in 2006 and key appointments included chairs in psychiatry and medicine, and academics in emergency medicine, surgery and general practice.

“That was a wonderful thing because it added capacity to the hospital and, more particularly for UWA, increased capacity to teach students,” he said.

When he took up his position in 2006, there were 10-15 medical students from the Faculty of Medicine, Dentistry and Health Sciences at any one time and now nearly 100 medical students are taught there.

“Partly that is because of an increased academic presence and partly because of integrated models of teaching, particularly in psychiatry,” Professor Vickery said. The clinical load had been shared successfully between general practices and the hospital.

“Students spend time seeing patients in hospital but also in general practice seeing patients from the same specialty, which means they see high prevalence diseases which are often low acuity,” he said.

“The teaching of medicine is to give the students a broader outlook but often what they get is a hospitalised outlook with less common disease and people who are very sick whereas the majority of students will spend their professional life in the community seeing people with high prevalence diseases.”

For example, of the 40 medical students who studied psychiatry at Joondalup each year, one or two would go on to be psychiatrists. However, the rest of the students, no matter in what specialty they studied, would all have to recognise and appropriately manage common psychiatric diseases such as depression and anxiety because they were so prevalent, he said.

It was partly for this reason that the integrated model was considered so beneficial.

Professor Vickery said it was hoped the new facility would encourage medical and other students to consider the outer urban area as a place of future employment.

“Joondalup Hospital is now the first choice of medical students for many of our clinical attachments,” he said.