



Health Science Alumni committee members get into the masquerade theme at the Health Ball with their glamorous swine flu prevention masks. New awards announced at the ball are among many recently established Faculty scholarships and awards. See full story page 4.

The juggler – Paul Abbott steps back from the spotlight

For the past seven years, Winthrop Professor Paul Abbott has juggled up to five huge roles –as the Faculty’s Head of the School of Dentistry, Director of the Oral Health Centre of WA (OHCWA) and Winthrop Professor of Clinical Dentistry.

He is also a practising endodontist and from 2005 until 2007 he was the Deputy Dean of the Faculty.

But now he has stepped down from the first two positions, handing over to Winthrop Professor Andrew Smith, an oral and maxillo-facial surgeon from Melbourne, in the middle of last month.

“It was time for me and time for the School because it is a pretty demanding job,” Professor Abbott says.

continued on page 8

Alumni gifts in the multi millions

More than 5500 UWA alumni have donated almost \$2.5 million to the Annual Fund since it was established in 2001, with the latest campaign proving another major success.

The fundraising appeal, which ran over five weeks to 31 July, attracted commitments of \$311,585 in gifts.

One of the reasons for the establishment of the UWA Annual Fund is that the University is aiming to be one of the world’s top 50 universities by the year 2050 and achieving that goal requires the financial support of alumni.

Miss Deirdre de Souza, Associate Director of the Office of Development, said the average gift size was \$403 but some donors funded personal scholarships (see story page 4) or named the University as a beneficiary in their will.

The participation rate, or percentage of donors from the alumni approached in this campaign, is 32 per cent.

continued on page 2



Callers and scholarship recipients meet for the first time at the Celebration of Annual Giving which was held in June.

A caller for the UWA Annual Fund at work. A computer laboratory in the School of Population Health is used as the call centre.



Alumni gifts in the multi millions continued from page 1

The Fund has been going since 2001 but has been considerably revised since then, partly because it was shown that telephone appeals are more fruitful than direct mail.

“Our graduate population, unlike in the United States, are still being educated about the value of philanthropy in higher education,” Miss de Souza said. “As a result, a five or 10 minute conversation during which we can explain that, seems to produce much, much better results.”

Since late 2007 when a consultant was brought in to revamp the approach, six successful telephone appeals have been conducted, targeting different alumni.

“Remember, we have got 60,000 graduates with valid addresses and contact details,” Miss de Souza said. “What we are trying to do over time is reach them all.”

Donations from alumni, however small, are crucial because when big corporations, trusts and foundations are approached for funding, they want to know the level of support from graduates.

“It is not just the money, it is the fact alumni have put up their hands and are supporting their university as a good place to invest their dollars,” Miss de Souza said.

About one third of the graduates called agree to make a gift for a specified cause, such as University scholarships or the recent restoration of the McGillivray organ in Winthrop Hall, or to the unrestricted fund which enables the Vice Chancellor to direct the money to areas of highest need. There is also a Dean’s unrestricted fund for every Faculty so that donors can direct their funds to desired areas.

The callers are all UWA students, who are matched as closely as possible with the graduate, such as coming from the same Faculty.

The graduates do not receive a cold-call. The Vice Chancellor signs a pre-call letter to them advising of the purpose of the forthcoming call.

The callers are recruited through emails sent to all students, outlining the job and the pay.

They work three shifts per week on a roster at the call centre, which operates Monday to Thursday in the evenings, all day Saturday and Sunday afternoon, and are paid appropriately.

The Office of Development has built up a caller pool of about 50 students, with about 25 rostered on for each shift.

“They are being up-skilled in their communication skills and negotiation skills,” Miss de Souza said. “And they have spoken to alumni, some of them senior alumni, from their own Faculty and that is the start of a career network and the foundation for career mentoring in some instances.

“From every campaign we have run since 2007, at least a couple of students have had a job offer on the telephone.”

Miss de Souza said successful callers had poise and professionalism in their voices, the ability to tune in, listen and respond, and make the request in a confident and impassioned manner.

Calling on graduates

Chris McGrath is philosophical about “slammers”.

Mr McGrath is a 5th year medical student who has been a caller for the UWA Annual Fund over the past two campaigns and is heading into his third this month (September).

And slammers are people who hang up as soon as they learn who is calling.

“But you never know what is happening with the person right then and there,” Mr McGrath said. “They might have just had a blue with their teenage child, or they might have just got in from a run, or from a busy day at work.

continued page 15

By Winthrop Professor Ian Puddey, Dean



SPRING FOLLY

Get very distracted at this time of the year, a distraction resulting from the annual astonishing profusion of unique wildflowers that bursts forth each year, which I love to hunt down with my camera and subsequently categorise in relaxing moments with my wildflower books and computer. Unfortunately however, this year another distraction is on the horizon.

Curtin University has announced that it is hoping to develop a third medical school in Western Australia. Will this be good for Curtin University? No doubt! Medical and Dental Schools enhance a university's reputation, increase recruitment of the highest quality students and boost research productivity. Will it be good for Western Australia? I have some concerns on this latter point.

At maximum capacity

To be planning a third medical school indicates a serious underestimation of the scope of current efforts in WA to deal with our relative shortage of doctors and an overestimation of the capacity of the system to train more students and doctors. In Western Australia we have 223 doctors/100,000 population compared to an Australian average of 287/100,000. That leaves us approximately 1,350 doctors short in this state at the moment. We will graduate 197 students this year (our largest ever graduating year) while the Notre Dame School of Medicine will graduate approximately 80. Both medical schools have expanded even further over the last 3 years with 246 students entering UWA next year and 110 students into Notre Dame. The medical profession in Western Australia has responded magnificently to this large increase in students and by tapping the capacity of the system to the full, there has been no diminution in the quality of our graduates or their clinical training. There remain some pressure points but both medical schools have worked well together to ensure adequate quality and availability of clinical training places. However, anyone teaching in a private or public hospital or in the primary care environment will readily testify that we are indeed at maximum capacity. When our 2010 entrants graduate in 2015, UWA and Notre Dame together will be graduating approximately 350 students per year into the Western Australian medical workforce. Given that there is an attrition rate of around 200 doctors per year either leaving WA or the profession itself, the additional students already in the pipeline will ultimately more than adequately address the current 1,350 shortfall in doctors. Going above 350 medical graduates as a result of a third medical school will eventually go well in

excess of this state's current or future needs.

In terms of the capacity of the system to handle the current number of graduates at exit from the Medical School, it has to be realised that all graduates deserve not only the guarantee of an internship in Western Australia, but also the delineation of clear training pathways over their subsequent 4-5 years as they train to become independent medical practitioners. Such pathways have not yet been guaranteed by the state in terms of either infrastructure, employment opportunities or adequate levels of supervised training for the current numbers of graduates, let alone for the already expanded numbers in the pipeline. In this respect, it should be noted that 17 international medical graduates from the UWA Medical School this year have not yet been given a place as an intern here in WA. These students have not only paid in full for the 6 years of their medical education but in many cases also spent 2-3 of their high school years here in Western Australia. Yet these students, trained in and fully acculturated to, our health system will be sent back to their home countries or interstate, while we deal with our current doctor shortage by continuing to import up to 200 international medical graduates into our hospitals each year as well as several hundred into primary care.

Why threaten 50 years of investment?

Our graduates are very well trained not only in the fundamentals of primary care, emergency medicine, paediatrics, women's health, surgery, medicine and psychiatry, but also in indigenous health, rural and remote medicine, chronic disease management, geriatrics, cancer medicine and palliative care and by practitioners who are national and international leaders in their craft. Moreover, they are trained in a research intensive environment that serves to enrich and inform their teaching and learning experience. This is the outcome of more than 50 years of investment by the Western Australian community in its foundation Medical School. Why would any one want to threaten this with a proposition for a third Medical School? I can only suggest it is because spring is in the air.

Ian B. Puddey



New awards unmasked at masquerade ball

Almost 300 people mysteriously swept into the Health Ball in April and discovered that three new awards were being launched.

The guests, who included staff, undergraduate and postgraduate students and alumni of the School of Population Health, were attending the masquerade event in Perth.

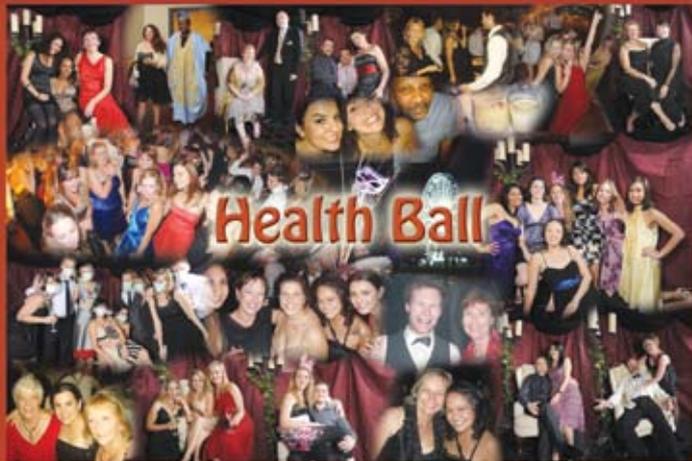
The ball was initiated last year when the undergraduate Health Science Society was approached by the Chair in Public Health, Winthrop Professor D'Arcy Holman, who offered a generous foundation grant for them to lead a Health Ball which would bring everyone together to celebrate their achievements as a School. The Ball was organised by HSS and representatives from the School of Population Health, Population Health Postgraduate Society, and the Health Science Alumni.

This year, three new awards were presented.

The Health Science Alumni's "Health Science Community Achievement Award" went to undergraduate student Esther Dawkins, with Gemma Rosato and Warren Raymond receiving high commendations.

The Population Health Postgraduate Society's "Postgraduate Student Academic and Community Achievement Award" was won by Fatima Haggar.

The Health Science Society's award for a staff member for "Excellence in Teaching/Student Support" went to Assistant Professor Alex Bremner. Professor Holman and Associate Professor Jane Heyworth received high commendations.



A single call prompts a medical scholarship

Dr Isabelle D'Souza, a 1991 medical graduate of the Faculty, was among hundreds of UWA alumni who received a call this year asking them to give to the UWA Annual Fund.

She was more than happy to do so – but did not stop at a simple donation.

Instead, she has seen to it that a scholarship has been established for the first time to support a Western Australian Indigenous medical student for the full six years of their course and is providing the funds for it. It will be the same annual amount provided by Commonwealth scholarships and is likely to be \$2100 in the first year, rising incrementally each year.

"I have a fondness for Indigenous people, having had the honour and privilege of friendship in my suburban village as a volunteer in the Catholic archdiocese at Anawim women's refuge, as a medical student to Derby, and working in the Pilbara," Dr D'Souza recalls.

An immigrant to Australia from Uganda as a young child, she had been wanting for some time to fund a scholarship for an Aboriginal or Torres Strait Islander in gratitude for the welcome of her family to Australia.

"I have had the luxury of living in a country of great freedom, of minimal violence and of gaining an incredible education," she said, adding that she wanted to help a student from a remote or rural area experiencing financial difficulty during their degree.

"Additionally the student may be raising a family, caring for elders or others within their community or cultural factors may prohibit completion of their medical degree."

Dr D'Souza, who has been a GP since 1994 but is now practising as a GP surgical assistant, said the scholarship was also partly in memory of her late father, Wilfred D'Souza who was a senior lecturer in cross cultural psychology, human communication and English as a second language at Murdoch University.

"I have admiration and respect for my father's spirit of encouragement, generosity, self responsibility and outreach toward his students, family and indeed the wider community," Dr D'Souza said.

A mentor to UWA medical students in ethics, she said she encouraged people to "carpe diem" and help each other today rather than waiting for the government to be the source of funding.

The first Isabelle D'Souza medical scholarship for Indigenous people will be awarded to a medical student commencing study next year.

D SCHOLARSHIPS

Scholarship to back career-changing degree

A Professor who is a world authority on immunogenetics is funding a scholarship to help students undertake a Bachelor of Medical Science degree because he values the degree so highly.

Emeritus Professor Roger Dawkins completed the BMedSc degree in 1963 in a year he found was career changing.

He is now backing the Roger Dawkins Bachelor of Medical Science Scholarship in honour of Professor Rolf ten Seldam, who was the Faculty's Foundation Professor of Pathology. The scholarship, which is for \$6000 per year, will be awarded on the merit of a research proposal within the field of pathology. If more than one student submits a proposal, the award will also be based on academic merit.

For the BMedSc degree, medical students take time off from their MBBS degree to complete one year dedicated to medical research and then resume their medical studies.

The funds for the Roger Dawkins Scholarship will be drawn from the A.L and M. Dawkins Foundation, which was established by Professor Dawkins and his family in honour of his father Alec Letts Dawkins, who was an orthopaedic surgeon, and his mother Muriel. Professor Dawkins' daughter Kate Duncanson, who is chair of the Foundation, said her father felt the BMedSc had been a starting point for his lifetime of multi-disciplinary research.

An immunologist who is renowned for his work in tissue typing and genomics, he worked for a number of years with pathologist Professor ten Seldam, who greatly inspired him.

"Something he found very valuable from that experience was the idea of multi-disciplinary problem solving and the innovation that comes out of working with people from different fields who have different experiences and who can contribute something new and interesting," Mrs Duncanson said.

Her father wanted to fund a scholarship to help a student undertake a BMedSc degree who otherwise might not be able to do so.

"He felt it was really a valuable way to get into biomedical research," she said.

Professor Dawkins named the Foundation in honour of his father and mother because they had instilled a culture of devotion to public service in their family, said Mrs Duncanson, who is a social worker. Her three brothers all sit on the board of the Foundation. The Foundation aims to encourage innovation and research.

The signing ceremony of the Deed of Gift for the scholarship was attended by Dr Ralph ten Seldam, who is the son of the late Rolf ten Seldam, Winthrop Professor Paul Waring, who is the Head of School of Pathology and Laboratory Medicine, and Winthrop Professor Jennet Harvey, of the School of Pathology and Laboratory Medicine, who worked with Professor Dawkins and Professor Rolf ten Seldam.

Another guest was Mr David Gibb, who was the senior laboratory technician in the former Department of Pathology in the time of Professor ten Seldam and worked closely with Professor Dawkins when he completed his BMedSc.

(from left) Dr Ralph ten Seldam, Winthrop Professor Paul Waring, Mr David Gibb and Winthrop Professor Jennet Harvey



And still they come - more scholarships

The Lung Institute of WA is celebrating its 10th anniversary year by ramping up its scholarship program.

It is offering new Tenth Anniversary PhD Top Up Scholarships for students with outstanding undergraduate results. They can apply for supplementary awards valued at \$10,000 annually over three years to top up their income for the duration of their research studies with LIWA. Up to four scholarships are available and are open to applicants across Australia who intend to enrol at UWA or Curtin University.

There are also three new Tenth Anniversary Honours and BMedSci Scholarships, worth \$5,000 annually, for students undertaking an Honours year or a BMedSci year.

And LIWA is continuing its Vacation Cadetship Program next year for full-time medical and science undergraduate students interested in learning about medical and scientific research and undertaking a supervised research project.

A tax free scholarship of \$400 per week for up to 12 weeks of full time work is offered to successful candidates. Up to six cadetships are available in a number of areas of respiratory research and basic science. On completion, the potential exists for part-time employment for some students. Applications close 16 October.

Two conference travel awards of up to \$1,750 for junior medical scientists and one travel award of up to \$3,000 for a senior medical scientist are also available and open to anyone in Australia.

Applications for PhD Top Up Scholarships, Travel Awards and Honours and BMedSci scholarships close 30 October.

For more information, please contact Sharon Squires-Hansen, Public Relations Manager, on 9346 4758 or email sash@liwa.uwa.edu.au.

Dr Ralph ten Seldam (left) and Emeritus Professor Roger Dawkins



Teaching pioneer creates prototype for virtual clinical courses

A paediatric rheumatologist who has developed a virtual clinical teaching course has won a national award for her exceptional work with students.

Associate Professor Prue Manners was one of only eight UWA recipients of a citation for outstanding contributions to student learning awarded by the Australian Learning and Teaching Council.

The citations recognise the diverse contributions that individuals and teams make to the quality of student learning in higher education. UWA is ranked first in WA in the number of citations the staff have been awarded and is ranked equal second across Australia.

Associate Professor Manners' award was "for developing paediatric rheumatology teaching over decades, culminating in an online pioneering program achieving virtual clinical teaching, prototypic for clinical teaching in the twenty-first century."

She developed the Graduate Certificate in Paediatric Rheumatology (Grad Cert PRheum), which consists of 20 learning topics delivered on the web.

The tutor/lecturer and students are able to communicate collectively or individually via the program and the discussion board is open at all times.

"The result is like a noisy electronic classroom," Associate Professor Manners said.

The course is as affordable as possible for graduate students in the most remote and poorest countries and is accessible from wherever broadband internet reaches.

"Where fees would be impossible for potential students, I have lobbied corporate and government bodies and found scholarships to support disadvantaged students," Associate Professor Manners said.

She has also developed curricula for students at every level of expertise within the medical profession and the community throughout Australia over 35 years.

Moreover, she has taught more than 3000 undergraduate medical students at various stages of



Associate Professor Prue Manners

their training from UWA and Notre Dame University.

"My wider aim was to plant the seeds of curiosity in paediatric rheumatology in the minds of these young colleagues, to help instill the joy of learning, and to spark a curiosity that might lead them to contribute to paediatric rheumatology in later years," she said.

Associate Professor Manners has also taught more than 200 postgraduate trainees in the specialist paediatrics program.

"Postgraduate fellows have come to work and study with me from Iran, Malaysia, India, Japan, South Africa and Philippines," she said.

Faculty Dean, Winthrop Professor Ian Puddey, said Associate Professor Manners' award was richly deserved.

"It represents appropriate national recognition for her achievements with the Graduate Certificate in Paediatric Rheumatology together with her pioneering teaching efforts over many years with respect to paediatric rheumatology," he said.

Winners of the 2009 ALTC awards for two other categories - for teaching excellence and for programs that enhance learning - will be announced in late October.

“A Curious Little Hobby”

My story: the birth and growth of paediatric rheumatology in Asia Pacific

by Associate Professor Prue Manners

As a paediatrician in the 1970s, I realised little was known regarding rheumatological disorders of children (RDCs) in WA or elsewhere in the Asia-Pacific. The few children presenting to the children’s hospital with RDCs had clear evidence of a diagnosis made too late, causing lifelong deformities potentially avoidable. There were no education programs throughout Asia-Pacific in paediatric rheumatology (P-Rheum). In 1984, I became the first Australian paediatric rheumatologist after studying overseas.

At Princess Margaret Hospital for Children (PMH), P-Rheum was considered a laughing matter, “a curious little hobby for Prue Manners”. There were few resources and profound ignorance of the specialty. Only 10 children attended the hospital with defined RDCs. Currently, there are 200-300 new cases per year from the same population, the difference being increased knowledge and expertise in P-Rheum.

I wondered then how many children with RDCs remained undiagnosed in the community and destined to deformities. To answer this, I examined personally 2,300 12-year-olds in WA schools for my doctoral research and found, as suspected, that within the community there were three times the RDCs undiagnosed in “healthy” children, as were being diagnosed, suggesting in WA there would be at least 1600 children who would have juvenile arthritis and many others with other RDCs.

In 1984 I was invited to chair the Standing Committee for Paediatric Rheumatology of the Asia Pacific League of Associations for Rheumatology (APLAR), an umbrella organisation uniting rheumatology services and organisations throughout Asia Pacific.

I realised with nearly 1.5 billion children in APLAR countries, there would be millions of children with RDCs mostly untreated, with no paediatric rheumatologists in most of these countries to identify and care for them and to prevent crippling deformities.

From that time, my goal was to make education in P-Rheum available in places where previously this was not possible and to awaken P-Rheum throughout Australia and the Asia-Pacific. I commenced teaching undergraduate and postgraduate medical students, allied health professionals, patients and families in WA

and Asia Pacific countries. I was particularly keen that undergraduate medical students should have exposure to P-Rheum, knowing that in my own undergraduate days there had been no P-Rheum teaching, causing too many children to suffer the consequences.

Since I was in full time clinical service, while establishing diverse education programs over 35 years for much of this time, I was solely responsible for over-seeing the rheumatological care of 450,000 WA children. From the very beginning, I collected photographic images of interesting patients and clinical signs. Thus, I have accumulated an invaluable and powerful teaching resource containing thousands of clinical images of children for whom I have cared - a precious and unique teaching resource.

In 2002, I commenced developing an online graduate course in P-Rheum. The first proposal was too complicated for the online technology of the time and too expensive for students in countries that most needed it and it floundered. By 2006 I was working on a smaller, tighter course with better technology allowing greater affordability and accessibility. The first students enrolled in February last year. By this December, 20 students in four states of Australia, New Zealand, Singapore, Sudan, Malaysia, Philippines, Indonesia, India and Pakistan should graduate with the Graduate Certificate of Paediatric Rheumatology (Grad Cert PRheum).



Associate Professor Prue Manners (second from left) during a visit to a hospital in Islamabad, with two young Pakistani doctors. To her right is an overseas rheumatologist who came to Perth to work with her for six months and joined her later in Pakistan when she was visiting.

The juggler

– Paul Abbott steps back from the spotlight

continued from page 1

“I am actually the second longest serving Head or Dean of the School now, so time to move on.”

He admits the roles amounted to much more than a full-time job and he typically put in 14 to 15 hours a day, plus hours at the weekends.

Part of the deal was that he had to maintain his clinical expertise, so this meant working a full day on Wednesdays at his Subiaco endodontic practice.

“But I was checking emails at lunchtime and in between patients and I’d go home on Wednesday night and catch up on the day,” he says.

Reflecting on his years, he believes one of his greatest achievements was to consolidate and develop the relationship between the School and OHCWA, a teaching facility which is contracted to provide public dental services to eligible members of the WA public.

He took over when the new link between OHCWA and the School was only 12 months’ old. In that time, he has overseen vast changes, including a totally new structure, completely revised curriculum, some changes to the OHCWA facilities, and wide recruitment of staff.

Professor Abbott is also pleased that postgraduate student numbers have grown to about 20 a year and the research output is on the rise.

He has remained a prolific researcher and has published 77 articles in refereed dental journals, written 11 course manuals and contributed to 11 textbooks. In 1997, he wrote a comprehensive teaching manual on endodontics and dental traumatology which has been adopted by most Australian and many overseas dental schools as a course text book,

and he has developed the curriculum for undergraduate endodontic courses at several overseas universities.

Professor Abbott has also overseen the forging of international links between the School and overseas universities and researchers.

“There is a lot of interest from overseas people wanting to come here to study, to do specialist degrees and even undergraduate degrees as well, and to do research,” he says.

“Our biggest problem is that we are beyond capacity in the building so we can’t take them.”

It was hoped a second centre would be built to increase the capacity to take more patients and enable a greater student intake, but the global financial crisis has put that plan on ice.

From a personal point of view, the Professor is happy that he has been able to maintain his teaching and research and clinical work, all of which he enjoys.

“One of the things I want to do now is spend more time on them because I have found the Head and Director positions have taken up more and more time,” he says.



*Winthrop Professor
Paul Abbott*

ORAL HEALTH CENTRE IS A MODEL FOR OTHER STATES

The Oral Health Centre of WA, which was the first dental centre to achieve accreditation with the Australian Council on Healthcare Standards, has grown from its inception in 2002 to a throughput of 15,000 patients who are treated each year.

This amounts to about 50,000 patient appointments annually – and enables OHCWA to be self-funding.

“Most of our income to run the place comes from treating patients and that is effective and productive because that money we can use to run the School and the Centre,” Professor Abbott explains.

The symbiosis between Centre and School works well. “It was a new model in terms of Australian dental schools when it started,” Professor Abbott says, adding that one of the greatest strengths of the School is the clinical experience the students gain by seeing patients at OHCWA.

Some Schools in other states have copied the model and others are looking to follow as well, impressed by its success and the fact it was the first School in the nation to achieve a five-year period of accreditation by the Australian Dental Council – a term that has since been extended to six years.

The School is now the biggest it has ever been, in numbers of both students and staff.

When Professor Abbott took up the reins, there were about 140 students over the five years of dentistry and now there are almost double that.

The biggest graduating class was last year, numbering 48 students. The academic staff totals 22 in full-time equivalents.

Another time grabber has been monthly trips interstate and abroad to lecture to dentists and specialist groups, attend conferences and visit other dental schools.

“But it gives you a bit of a break from the day to day grind,” he says with a chuckle, adding that his commitments have taken him to 30 countries and every continent except Antarctica.

Although Professor Abbott has relinquished two of his key roles, he has taken on the newly-created position of Director of Postgraduate Teaching and Research and will remain as Winthrop Professor of Clinical Dentistry.

“One big thing I want is to try to slow down a little bit and have a relatively normal working day and do more of what I enjoy doing rather than a lot of administration,” he admits.

He has coped with the demands of his jobs by having several short breaks each year rather than one long holiday and most mornings he rises early to have a walk.

In his scant spare time, he likes nothing more than to be out on the river on his boat – his love of the river goes back to high school and undergraduate university days when he was heavily involved in the sport of rowing – or enjoying fine food with good wine.

A measure of his popularity is that when word got out he was stepping down, his students started a Facebook page saying “Save Abbott”.

“I was very moved,” he says.

New curriculum for dentistry

The School of Dentistry curriculum is to be rewritten to cater for the momentous change from a five year undergraduate course to a four year graduate entry degree.

This will make it similar to the dentistry courses offered at the University of Melbourne and University of Sydney. It is part of the UWA-wide move to make graduate entry the path to all professional degrees, while undergraduate degrees will be generic.

The other six Dental Schools in Australia will retain undergraduate entry courses.

Winthrop Professor Paul Abbott, Professor of Clinical Dentistry, said he did not think the change would deter students. “I just think it will be an entirely different mixture,” he said.

The School was very proud of the quality of its graduates.

“We have had some of the large employer groups such as state health services, in Queensland for instance, that have told us several times they pick our graduates over anybody else,” he said. The Northern Territory government is also a keen employer.

“The reputation of the School's graduates out in private practice is also probably the best in Australia,” Professor Abbott said. The School had always tried to maintain the highest standards of clinical training, he said.

Winthrop Professor Paul Abbott



Do women experience psychosis differently from men?

Men and women with a psychotic illness such as schizophrenia or bipolar disorder experience and express their illness in markedly different ways, according to research by an epidemiologist in the Faculty.

Women reported better functioning before illness, a more benign course of illness, lower levels of disability and better community integration than men with the same psychotic illness.

Research Associate Professor Vera Morgan, Head of the Neuropsychiatric Epidemiology Research Unit in the School of Psychiatry and Clinical Neurosciences and operational epidemiologist with the Centre for Clinical Research in Neuropsychiatry (CCRN), conducted a study with fellow researchers Clinical Professor David Castle and Winthrop Professor Assen Jablensky.

They examined 1090 cases of psychosis randomly selected from a catchment of 1.1 million people as part of the Australian National Study of Low Prevalence (Psychotic) Disorders.

For analysis, the women were categorised into one of four groups - schizophrenia, affective psychoses including bipolar disorder, schizoaffective disorder, and other psychoses.

Dr Morgan compared women's and men's functioning before illness, the onset and course of their psychotic disorder, their symptoms, their levels of disability and their use of health and other services. The findings were published recently.

Women in the study group were significantly more likely to be in long-term relationships and to have children, and to be engaged in meaningful employment, whether paid or unpaid.

They were also less likely to be on a pension, and reported higher levels of satisfaction with their level of independence and their life as a whole.

No consistent pattern of difference emerged when comparing symptoms, although, on the whole, women were less likely to report hallucinations, delusions or negative symptoms of psychosis. Similarly, the pattern of difference in service utilisation was variable. It appears that better functioning in women may be independent of symptom expression and service need.

Dr Morgan then went on to compare women across psychotic disorders and found that differences between women with different forms of psychosis were even more marked than differences between men and women with the same form of psychosis.

In particular, women with schizophrenia were severely disabled compared to other women. Women with schizophrenia were more likely to be childless, be unemployed, to be receiving disability benefits and to suffer from a variety of impairments. They also spent more time in hospital than women with other forms of psychosis.

"It is likely that several mechanisms are needed to explain the differences," Dr Morgan said. "Better social integration and functioning in women across diagnostic groups may well reflect culturally and socially determined gender differences. On the other hand, variability and attenuated findings with respect to symptom profiles beg the question of biological mechanisms with some degree of specificity.

"For example, some people have hypothesized that oestrogens may play a protective role in delaying onset or moderating the course of schizophrenia in women. However, we were not able to investigate this in our data."

Dr Morgan said the data could help researchers to understand the basis of the disorders and inform risk management and treatment.



Research Associate Professor Vera Morgan and Winthrop Professor Assen Jablensky

New international collaboration for schizophrenia researchers

A Faculty group has been selected to be a key player in two huge international genetic research projects.

The Western Australian Family Study of Schizophrenia (WAFSS) will take part in the Wellcome Trust Case Control Consortium project, which is the largest study of the genetics behind common diseases such as diabetes, rheumatoid arthritis, coronary heart disease, and schizophrenia.

Professor Robin Murray, of Kings College, London, will manage the schizophrenia research arm of the project and has chosen WAFSS to participate, along with other centres in London, Germany and Spain.

WAFSS is also involved in an Australia-wide study known as the Australian Schizophrenia Research Bank (ASRB), which is part of an international collaboration in schizophrenia research. It has been set up to recruit large numbers of people so that a clearer idea of this complex disease can be developed.

Up until now, the project has only focused on the Eastern States but in April, WA officially joined the project. The ASRB project is nested in WAFSS, which will continue to collect a large sample of people with schizophrenia and their first-degree relatives, matched with healthy controls.

The data will be available to Australian and international teams to support researchers working in the clinical, cognitive, genetic, and brain-imaging fields. The ultimate aim is to improve treatments for schizophrenia and other mental health problems and to develop preventative strategies for this devastating disorder.

In order to carry out this project, WAFSS and ASRB are seeking research participants. The project especially needs people with no immediate family history of mental illness to help match the data collected for people with schizophrenia.

To volunteer, call 1 800 648 223 (freecall within WA) and leave your contact details.



Dr David Chandler, the WAFSS laboratory technician who handles all the genetic laboratory work

The WA Family Study of Schizophrenia – cracking the code

The WA Family Study of Schizophrenia is on the hunt for the answers to elusive questions including the cause of schizophrenia, how it affects the brain and whether it is curable.

A major reason for the 14-year-old study, which is the core project at WA's Centre for Clinical Research in Neuropsychiatry, is that the global burden of illness attached to schizophrenia is considerable. Those who experience it usually subsist on low incomes, with poor social networks, a host of related physical illnesses, loss of skills and employment, and an overall downgrading of their expectations.

Under the direction of Winthrop Professor Assen Jablensky, WAFSS has undertaken a long-term study of potential endophenotypes - characteristics that are normally associated with a condition but are not a direct symptom of it - for schizophrenia.

Research has found that when people with schizophrenia undertake certain cognitive and language tests, they produce different results to healthy controls. Their immediate family members who are not affected by schizophrenia also produce the same kinds of altered results. The results indicate that a specific cognitive deficit may have a genetic link, which makes that characteristic a potential endophenotype for schizophrenia.

Endophenotypes may be a far more accurate way of diagnosing schizophrenia and its related conditions earlier in a person's life. They can help with early detection and intervention for people who may be genetically at risk of developing schizophrenia.

An endophenotype-like cognitive deficit also points the way to possible remedial therapies. Training in better use of cognitive strategies may lessen the burden of disability for people with schizophrenia, and help them rebuild their lives.

WAFSS has tested 454 people with schizophrenia, 276 first-degree relatives (parents, siblings and children), and 230 healthy controls. Research participants are all volunteers, recruited from mental health care services and the community, who take part in testing of one and a half to three hours. Tasks include language tests, computer-based recognition tests and interviews about the participant's life experiences.

Because WAFSS is a genetic study, the research team takes a blood sample from which the DNA is extracted and the sample frozen for later analysis.

Some participants are asked to have an MRI brain scan while others are requested to take part in a recording of their brain electrical activity while they listen to sounds or do simple tasks involving sounds.

From these data, researchers are beginning to build a genetic and endophenotype profile of schizophrenia. When combined with other research results, it produces a clearer picture of which genes are, or are not, involved with schizophrenia, and of how the human brain functions when it experiences a mental illness.

In the last 10 years, the WAFSS project has provided data for more than 150 publications examining schizophrenia from a range of angles, including genetics, epidemiology, psychology, neuropharmacology and electrophysiology. With the help of international collaborations (see story this page), WA mental health research is making a difference to the global burden of disabling conditions like schizophrenia and other mental disorders.

Schizophrenia has a long and well-documented human history. Originally known as 'dementia', and then classified by Kraepelin as 'dementia praecox', the term 'schizophrenia' was first used by Eugen Bleuler in 1911.

How to generate rigorous knowledge



Clinical Professor David Smith

A desire to learn how medical and scientific information is generated was the spark that led Clinical Professor David Smith to launch himself into a Bachelor of Medical Science degree when he was a young medical student.

"I was always interested in how you generate rigorous knowledge," he says.

"Of course, we also did pracs and laboratory experiments and that interested me as well."

He completed his BMedSc degree in 1977 between third and fourth year of his MBBS.

"The medical course was very clearly differentiated at that time between the first three years, which were the pre-clinical years and the last three years, which were the clinical years," he says.

Most students who chose the BMedSc degree did it before they embarked on the years that involved patient contact and were deemed more demanding.

They were taught by doctors who had been involved in research themselves, many of whom inspired the young David Smith.

"I was quite fascinated and impressed by their thought processes and the way you work through things to try to make logically-based decisions," he says.

Clinical Professor David Smith, who lectures in microbiology, virology and infectious diseases in the Faculty, says he chose medicine and research because of his fascination with the complexity of the human organism.

"You could see no end of challenges and the interesting and useful things you could do with your knowledge," he explains.

The uncertainties of medicine and the way the human body reacts also prompted him to set out to gather research evidence and develop rigorous thought processes to help in decision-making in medical matters.

"A biologically based research degree is a great way of doing that," he says. "At the end you are going to have to draw some conclusions based on the data available to you and that is what medicine is."

The degree also gave him time out from the long undergraduate course to try something different, particularly before he became immersed in the exacting clinical years.

"It allows you to experience that research environment, for only a year of your time," he says. "And it allows you to get a feel for whether you want to have that as an integral part of your ongoing career, which is what I have done."

"I have always participated in research activities directly or in collaboration with other groups or by supervising students. If you enjoy it, it is an extremely rewarding part of your career."

Clinical Professor David Smith holds several positions at PathWest, where he is Head of Microbiology and Infectious Diseases, Site Director for Pathology at the QEII Medical Centre, and Director of the National Influenza Centre. He is also Co-Director of the Arbovirus Research and Surveillance Laboratory at UWA and holds an appointment as an Adjunct Professor in the Australian Biosecurity Cooperative Research Centre at Curtin University.

He teaches medical and science students at UWA and Curtin University and supervises honours and PhD students. He also continues to pursue a number of research areas and holds National Health and Medical Research Council grants, among others.

During his BMedSc degree, he studied auditory physiology with teachers including Frank van Bockxmeer, now Professor in the School of Pathology and Laboratory Medicine, and Don Robertson, now Winthrop Professor of Physiology.

"It helps you realise there are a lot of people outside the direct medical area here who have major contributions to make," Clinical Professor David Smith says.

He recommends the BMedSc degree to those students attracted to research.

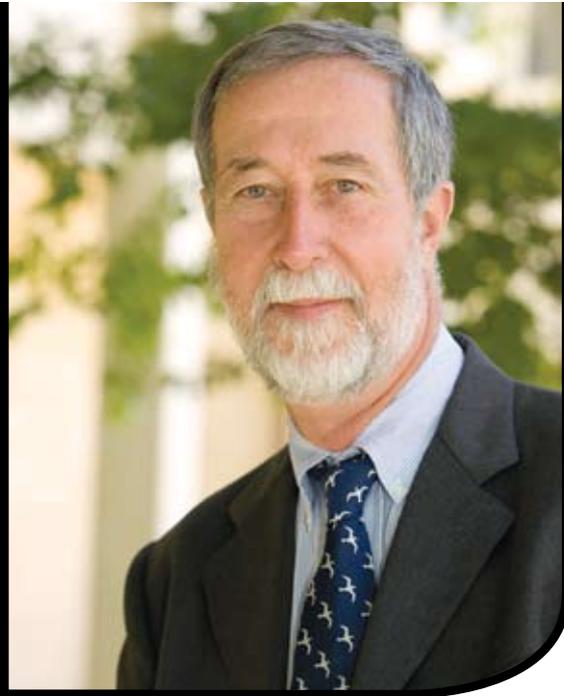
"If they have that interest in seeing what research is like, working within a different environment, developing critical thinking, developing an evidence-based approach to things... then absolutely.

"Often in medicine you can spend a lot of your time bashing your head against brick walls. Research is one way of feeling you are moving forward and doing something useful and achieving things.

"You do something, you finish it, you write it up and you feel you have made a contribution overall."

If you would like to donate to a BMedSc scholarship, please contact Fabienne Vonarburg at fabienne.vonarburg@uwa.edu.au

BACHELOR OF M



Tying the knot not before further research

Adjunct Professor Bernard Laurence made a difficult decision back in 1959 – one which involved delaying his clinical training and his marriage for another long year – but he has never regretted it.

He was at the end of his third year as a medical undergraduate and opted to be one of the first two students in WA to undertake a Bachelor of Medical Science degree the following year.

He studied with the late Emeritus Professor Wilf Simmonds, who was the Foundation Professor of Physiology while the other inaugural BMedSc student, the late Robert Wheeler, worked with the late Professor Rolf ten Seldam, the Foundation Professor of Pathology.

“It was a difficult decision to leave our mates in the first stream and delay clinical training a year,” Adjunct Professor Laurence admits. “More importantly, I had met my future wife in first year – we sat next to each other in Zoology 1 pracs - and my parents had laid down the law that they couldn’t continue to support me through the medical course if I married. So it was a very tough decision, that extra year.”

Adjunct Professor Laurence says being the first to embark on the new degree was slightly daunting. “There was no local experience to call on and I wasn’t aware of any other BMedSci degree in Australia at that time, although now it’s commonplace worldwide,” he says.

Adjunct Professor Bernard Laurence

Although he initially had some misgivings about interrupting his medical course, the year spent in Physiology was one of the most fulfilling in his career.

“Wilf Simmonds was a dedicated, patient teacher and an outstanding mentor,” he says. “I owe Wilf an enormous debt as a role model, not only as a meticulous, highly principled scientist but also as a very supportive, generous, senior colleague. He was also a skilful, cunning squash player.”

Adjunct Professor Laurence says without the degree, he probably would not have gone on to do the things he did. He became an eminent gastroenterologist and Professor and Director of the Clinical Training and Education Centre (CTEC). Robert Wheeler became a well-known WA plastic surgeon.

Both emerged from their BMedSc year with 1st Class Honours. “I think my degree was the first granted because of the alphabetical order,” Adjunct Professor Laurence says.

The two young students were in the first intake of first years into the Faculty’s Medical School in 1957. Until then, aspiring doctors had to travel east to study the initial years of medicine and then return to WA to complete the training.

“They were heady days as an undergraduate in the new Medical School, with small student numbers totalling only 30 in second year, strong camaraderie, a different new curriculum, friendly, accessible Foundation Staff and shared enthusiasm for a new venture that was long awaited in the State,” Adjunct Professor Laurence recalls.

He believes the BMedSc was an invaluable introduction to the scientific method and research. “In those days, they were skills not readily available in the empiricism of clinical training,” he adds.

The BMedSc program involved completing a research project. In his case, it was a study of gastric emptying in rats.

“This stimulated my interest in GI physiology and determined my clinical directions,” he says.

The year after graduation, he was appointed the Craig-Moyston Fellow to the Clinical Research Unit at Prince Alfred Hospital in Sydney, which had major interests in haematology and gastroenterology.

It was there that his desire to become a gastroenterologist and researcher was cemented. “I thought that I could combine clinical practice with clinical research, which wasn’t all that common in Australia at that time.”

After a spell back at UWA, in 1975 he won a FA Hadley Travelling Scholarship to study in Germany and at the Middlesex Hospital in London.

“This was the start of a long association with the Middlesex Unit as a Fellow and as a Consultant Physician, with involvement in developing, assessing and teaching the evolving applications of endoscopy, including the control of ulcer bleeding, laser coagulation of tumours, removal of bile duct stones,” Adjunct Professor Bernard Laurence says.

He and his wife – whom he had married in his intern year - then returned to live in Australia, where he pursued clinical practice and research.

“I was able to continue my interests in developing new techniques in endoscopic therapy... and skills teaching, both nationally and internationally,” he says.

As he neared retirement, he took up the position of Director of CTEC.

“I had four fascinating years teaching students how to do dangerous things without putting patients at risk” he says. “We got a whole suite of GI endoscopy courses up and going, which are still running and which were the first in Australia and among the first in the world.”

As he puts it, the wheel had turned full circle. “After 40 years, I returned to the CTEC site which was a stone’s throw from the old Physiology Department huts where I had benefited so much, in so many different ways, from my BMedSc year.”

the word is out - faculty in the news

Quoted As Saying

ABC 720 Perth news:

Faculty Dean Winthrop Professor Ian Puddey is QAS the hospital system does not have the resources or infrastructure to support any more medical graduates. Curtin University has announced plans to establish a medical program to help address the shortage of doctors and healthcare professionals. Professor Puddey said if there was an expansion, the resources needed would have to be considered.

The West Australian:

Rae-Chi Huang, of the Centre for Genetic Epidemiology and Biostatistics, is QAS it is not alarmist to call childhood obesity an epidemic. She was the lead author of a study published in the Medical Journal of Australia which found that nearly a third of children in the study were unhealthy because of their weight, diet and lack of exercise. The results showed that 29 per cent of 14-year-olds and 25 per cent of eight-year-olds were in a high risk cluster for future health problems such as heart disease, diabetes or stroke. Ms Huang said the problem was wider than the 6 to 8 per cent of children classified as obese. "It's a strange epidemic because we are not going to reap all the full effects for many years," she said.

Research Professor Ruth Ganss, of the WA Institute for Medical Research, is QAS she hopes a discovery by a team she led will pave the way for improved treatments for people with pancreatic cancer. The team used nanotechnology to develop a "homing device" for an inflammatory agent which is sent straight to the tumour site, causing inflammation and triggering immune cells to attack the tumour. "This process avoids toxic side effects and allows us to kick start the immune system – a natural defence mechanism – which is very powerful when focused on the tumour," Professor Ganss said.

Winthrop Professor of Gastroenterology John Olynyk, of the School of Medicine and Pharmacology, is QAS people with a family history of bowel cancer should have regular colonoscopies in a bid to pick up early warning signs and help prevent the disease developing. He was co-author of a study by the WA Institute for Medical Research, of which he is Deputy Director, which found that a gene mutation could raise the risk of bowel cancer by 300 per cent. The mutation

H63D is found in one in 36 Caucasians. People with two copies of the defective gene, as well as other gene mutations linked to bowel cancer, were three times more likely to develop hereditary nonpolyposis colorectal cancer, which accounts for five per cent of bowel cancer cases in Australia.

Winthrop Professor Michael Millward, Cancer Foundation Professor of Clinical Cancer Care in the School of Medicine and Pharmacology, is QAS he hopes a new online register, the WA Cancer Clinical Trials Register, will combat a lack of awareness. He said clinical trials gave patients access to promising new therapies and were monitored by a team of researchers, doctors and other health professionals. It is estimated that fewer than three per cent of WA cancer patients are involved in clinical trials.

Dr Graham Hall, Adjunct Associate Professor in the School of Paediatrics and Child Health, is QAS very young children can have their lung function tested, possibly paving the way for better management of asthma. He said recent advances in testing meant doctors now only needed children to breathe normally into the equipment and the information could be used to track the use of medication and the impact of common allergens. "It means we can begin to collect data on children as young as three," he said.

EdCentre newsletter now online

The quarterly newsletter, EdCentre News, showcases the Education Centre's Teaching and Learning initiatives, its support services and promotes opportunities and achievements in the area of Teaching and Learning.

To download the newsletter please go to <http://www.meddent.uwa.edu.au/teaching/centre/edcentre-news>,

or subscribe to the mail list

<http://maillists.uwa.edu.au/mailman/listinfo/fmdhs-edcentre-news>

If you prefer to receive the EdCentre newsletter as a hard copy, please email your mailing details to ully.fritsch@uwa.edu.au

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. Ultra long electromagnetic waves are used for underwater communication with submarines, but what are the ultra short waves used for?
2. If the pituitary gland is the leader of the endocrine orchestra, where does the leader of our thinking processes seem to reside?
3. Approximately how many sacral vertebral segments take part in the sacroiliac joints in (a) the male and (b) the female?
4. A third light sensing cell has been found in the retina to add to the rods and cones. What is one associated function suggested for it?
5. Why are the bony "flanges" on the inferior pubic rami of the male larger than those of the female?

Answers page 15



Darren Falconer

Calling on graduates contined from page 2

“But people are generally polite and willing to have a chat because they know it is from the uni.”

His attitude has probably largely been the reason he is considered one of the best callers and has been hugely successful in raising funds for the University, even though he only took on the job at the beginning of the year.

He had several reasons for starting at the call centre, apart from the fact the evening and weekend hours fit in well with his medical degree.

“It was quite appealing to me to speak to ex-graduates and also do something positive for the uni,” he said.

“I can speak to some of the doctors who are working now and find out the path they took to get where they are. You get an understanding of the rigours of work life, particularly in the junior doctor years.”

About one-third to one half of alumni he rings make a generous pledge to the university.

He puts his success in obtaining donations down to his approach of having an honest chat with alumni, talking to them about their own university experiences, the progress of UWA, improved facilities on campus and the new scholarships available to students. He also encourages them to reconnect with their fellow alumni.

“Often if you don’t get a donation straight away, you plant the seeds for the future and they might be in a position to give later,” he said. “If not, it is great to have more and more people getting involved in the university community.”

His best call was to a doctor who graduated from UWA in the 1980s, trained in anaesthesia and worked throughout Australia and Europe and is now living interstate. At the end of the conversation, she donated \$1500.

Courses in Health Professional Education prove popular

Health professionals intent on improving their knowledge and skills in education can enrol in a choice of postgraduate courses in Health Professional Education.

Since the courses started in 2007, enrolments have been increasing steadily.

Darren Falconer, a registered nurse who has worked in emergency nursing and in-flight nursing, is enrolled in a Masters in Health Professional Education to help his current role as a lecturer of undergraduate student nurses.

“In my capacity as a university lecturer, I now feel I have a much better understanding of the educational processes,” he said. “I have learnt new skills such as online collaboration, utilising referencing technology and become familiar with using online library databases.” He has also benefited from the theoretical and practical aspects of the coursework.

“I have really enjoyed working alongside students from other disciplines,” he said. “This has fostered communication skills, encouraged problem solving and also given me confidence in dealing with others from all walks of life.”

Assistant Professor Sue Miller, who recently joined the Faculty’s Education Centre, will teach coursework units in the postgraduate courses and supervise Masters students.

“Studying the principles of teaching and learning, assessment and evaluation, and understanding how to conduct educational research, enhance one’s ability to be an effective teacher,” she said.

There is a suite of four courses which include a Graduate Certificate, Graduate Diploma, Masters by Coursework and Research Masters. They can be studied full-time or part-time. Applications are due by mid December for study starting next year. Further information can be found at <http://www.meddent.uwa.edu.au/teaching/centre/courses/coursework> or by emailing Associate Professor Sandra Carr (sandra.carr@uwa.edu.au).

Answers to Quiz on page 14

1. Treating cancer.
2. In the frontal cerebral lobes.
3. (a) three; (b) two.
4. That of circadian rhythm.
5. They give attachment to the penile corpora cavernosa bodies.

From left: Myra Robinson, Health Science Alumni treasurer, Jen Girschik, an HSA committee member, and Louise Stewart, tutor and researcher in the School of Population Health, at the HSA reunion sundowner



Trial of online network

The progressive Health Science Alumni (HSA) has carved out such a reputation in its first two years that it has been selected for a UWA online trial.

The group will take part in a pilot project for the UWA alumni web community called alumniConnect.

It will include a full range of social and professional networking applications and will also interface with Facebook. The opinions and usage by HSA members will have the potential to shape the product before it is launched next year by the UWA Office of Development.

HSA communications officer Victoria Gray, a graduate research assistant in the School of Population Health, said the HSA, in only its second year, already had an excellent reputation among graduates and industry.

"Given Health Science is such an innovative degree producing a wide network of broadly-skilled graduates, it makes sense for us to trial such an innovative project," she said.

In the past few months, the HSA has held a Sundowner event to welcome new graduates, and an AGM where four new faces joined the committee, now with 10 members.

Later this year, the HSA will launch a profile book highlighting the achievements and destinations of their graduates, a useful resource for upcoming Health Science students to find out opportunities offered by the degree and for graduates to discover what their peers are up to.

Ania Stasinska, also a communications officer for HSA and lecturer in the School of Population Health, said career pathways from the degree were broad and the profile book was an excellent way to highlight where the degree could take students.

"The book will also act as resource for graduates, showing what their University mates have gone on to do," she said.

MeDeFacts



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CONTRIBUTIONS: We aim to make the newsletter relevant to as many members of the Faculty as possible, and to achieve this we welcome contributions of articles, photographs, letters, feedback, story ideas and humorous medical or dental anecdotes.

Please email your contributions to the editor at: catscan@optusnet.com.au