



St Vincent's  
& Mater Health  
Sydney

UNSW  
MEDICINE



# St Vincent's Clinical School Annual Teaching Report 2007

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## Season's Greetings!

We wish you all the best for the festive season and look forward to working with you again in 2008!



And we hope you enjoy your gift!

### Cover images (clockwise from top left)

Dr John Kennedy, Consultant Tutor of the Year (SVPH/SVC); A/Prof Michael Neil and a student pose for a photograph for the Clinical School Information Brochure; Rebecca Wood and Alan Chan, Year 6 Surgery Award winners; Jennifer Lee practicing lumbar puncture on the patient simulator; Phase II students at the student-led Grand Rounds session - (clockwise from top left) Tom Hughes, Cameron Korb-Wells, Hugo Lee, Ping Lee, Nan Wang, Judy Kuo, Jim Liou, Bilal Vanlioglu

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Editor: A/Professor Eva Segelov  
Design & Layout: Jennifer Tayler

# Director of Medical Student Education

## Associate Professor Eva Segelov

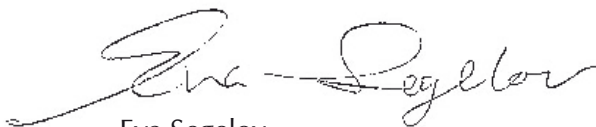
**Welcome** to the 2007 Annual Report, highlighting the teaching activities and achievements of the St Vincent's Clinical School during the past year. To be truthful, we have been so busy that there was a suggestion that we not produce a report for 2007. However, I think it is an excellent vehicle by which the achievements of our staff - academic, conjoint and administrative - as well as our students, are recorded and promoted.

Highlights from 2007 include our contribution to the St Vincent's Sesquicentenary Historical Week display; our involvement of interns and JMO's in Phase 1 teaching, which has been a huge success; our liaison dinner with key members from St Vincent's Clinic, focusing on teaching in private rooms; upgrading of our skills equipment including eye and ear models and setting up of a room with facilities to videotape practice consultations.

We are further into the rollout of the New Medicine Program, with only Year 6 remaining of the 'old program' for 2008. This means that across St Vincent's Campus we will have students from Phase 1 (tutor-led bedside sessions), Phase 2 (the "Ageing and Endings" and "Health Maintenance" courses), the Independent Learning Projects and BSc Med research students, Phase 3 students (for the first time) and the last ever Year 6!! It is complex and we have tried to lay out the courses in a simplified way in this report but also on our website, where much more detail is provided.

Opportunities to become more involved in the Clinical School abound - bedside teaching; small group themed tutorials; examinations; supervisor for ILP or Honours; interviewing students applying to do Medicine at UNSW.... and so on. Please don't hesitate to contact us for more information.

Thank you to all who make the St Vincent's Clinical School a true centre of excellence and a hotly desired place for training by UNSW Medical Students. Best wishes of the season and I look forward to working with you in 2008!



Eva Segelov



### Proposed Clinical Teaching Committee Meeting Dates 2008

To be held 8.30-9.30am in Tutorial Room 2, Level 5 de Lacy Building:

Wednesday 13 February

Wednesday 21 May

Wednesday 13 August

Wednesday 29 October

**ALL WELCOME!!!**





# Head of School Report

## Professor Allan Spigelman

Our Clinical School has grown significantly over the past year. New clinical academics appointed are Dr Mark Danta, Senior Lecturer in Medicine, Dr Rohan Gett, Lecturer in Surgery and Dr Darren Gold, Senior Lecturer in Surgery. It has been essential to grow our Clinical School because of the increasing number of students and the requirements of the new curriculum. In this way we hope to be able to provide more support for the very valuable work in teaching and examining performed by our Conjoint Appointees. The School, Faculty and University remain extremely grateful for their efforts.

Professor Terry Campbell, Head of School until I took on that mantle this year, continues to contribute to our activities, while at the same time working as the Senior Associate Dean in our Faculty.

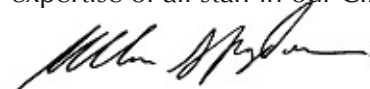
The Clinical School contributes to the function of St Vincent's Hospital via many and varied initiatives. These include the work of Dr Tony Grabs, Senior Lecturer in Surgery and also Director of St Vincent's Hospital Trauma Service, while I direct the St Vincent's Hospital Cancer Program. Dr Eva Segelov, Director of Medical Education, provides oncology services to the hospital and has been promoted to Associate Professor this year. Dr Segelov has been charged with further improving the Faculty's relationship with our many conjoint appointees at each University of New South Wales clinical school campus. Richard Day, Professor of Clinical Pharmacology, provides the students of this School with valuable expertise. Associate Professor William Sewell handed over the role of Postgraduate Supervisor to Dr Mark Danta – Professor Sewell performed this role with aplomb for many years. All clinical academics serve the Hospital, Faculty and community by sitting on numerous St Vincent's Hospital, NSW Health, University and other institutional committees.

The Clinical School donated a substantial historical display for the Sesqui-centenary celebrations of St Vincent's Hospital and part funded the production of the first St Vincent's Annual Hospital Annual Quality of Care Report. In addition, the Clinical School continues to provide funding for Medical Grand Rounds and for several prizes and awards.

An extra Tutorial Room and Clinical Skills area with videoing equipment have been provided in the Clinical School, together with the purchase of additional clinical skills training items and computers for student use. Tribute must be paid to Professor Don Harrison, who sadly passed away this year. It is a fitting memorial to his tireless efforts over many years at St Vincent's Hospital that adjacent to the Clinical School is the renamed Don Harrison Patient Safety Simulation Centre.

2007 saw the announcement of the intention to build the Garvan St Vincent's Campus Cancer Centre. It is envisaged that the development of this Centre will further facilitate teaching, training and research in coming years.

2008 should see us well placed to capitalise on the teaching and research expertise of all staff in our Clinical School.



Professor Allan Spigelman  
Clinical Associate Dean and Professor of Surgery

# Faculty and University Events Research Initiatives Professor Terry Campbell

Faculty-wide there have been a number of major research developments in the past 12 months. The most important of these is the commencement of work on the new building to be sited in front of the Wallace Wurth building. This will house the Lowy Cancer Centre at UNSW. The ground-breaking ceremony was held on October 22 attended by the Chancellor and Vice Chancellor as well as the NSW Premier, Mr Iemma and the Federal Minister for the Environment, Mr Malcolm Turnbull. This is a \$100M plus investment, and will produce a state-of-the-art cancer research centre for both Biomedical and Epidemiological cancer research at the University.

In addition, planning for another major research enterprise at UNSW, namely the so-called Prince of Wales Research Precinct, is well under way, driven by a planning committee chaired by Mr Peter Joseph, the former Chair of the St Vincent's and Mater Health Service Board. This research precinct will combine the research taking place in the clinical arena at the Prince of Wales Hospital with the basic research going on at the Prince of Wales Medical Research Institute directed by Professor Peter Schofield and result in a state of the art facility for the Prince of Wales Hospital site.

Closely related to this, Professor Robyn Ward, who was formerly based entirely at St Vincent's, took up her new post as Chair of Medicine and Director of Research at the Prince of Wales Hospital. The Hospital and University have renovated office space for her and her Department and this was officially opened earlier this year. This is a major step forward for academic medicine on the Prince of Wales site which has lacked a Chair of Medicine for several years now since the retirement of Professor John Dwyer.

Meanwhile, St Vincent's campus has not been out of the action. As you all will have observed the new Research Building next to the Garvan building is powering ahead and will be ready next year for occupation by the VCCRI and by several UNSW/St Vincent's research groups.

Another transition to be noted with regret, is the resignation in November 2007 of Associate Professor Rosemary Knight, Head of the School of Public Health and Community Medicine. Rosemary is moving back to Canberra, where she has worked with distinction in the past, to take up a major role advising Government on community and public health. She will be missed. She has initiated a number of significant changes in the school in the relatively short time she has been with us and the research profile is beginning to rise as a result of her efforts.

Commencing in November 2007, and running through into 2008, the University is rolling out a professional development program which will involve annual interviews with their supervisors for all academic staff at UNSW. This has been done very professionally and should prove to be of significant value, particularly to younger academics, in helping them plan the next steps in their academic careers.

Last but not least, it is with great pleasure that I note that UNSW had its best ever result in the NHMRC grants recently announced, with more than \$30M in grants coming to UNSW. This places us 5th out of the "Group-of-Eight" research-intensive universities across Australia, (two places better than we have been performing in the last couple of years), and is very much a trend in the right direction.



*T. Campbell*

Professor Terry Campbell

Senior Associate Dean and Professor of Medicine

## Staff

### Profile: New Senior Lecturer of Surgery Dr Darren Gold

I am a colorectal surgeon, trained at London University (Charing Cross and Westminster Medical School) and qualifying in 1989. I undertook my postgraduate training in South East England and obtained my FRCS in 1993. In 1995 I was awarded a Royal College of Surgeons Research Fellowship to develop a system for three-dimensional trans-anal ultrasound at St Mark's Hospital, London. I obtained my Masters in Surgical Sciences in 1997 and after completing my higher surgical training in 1999, I returned to St Mark's as Resident Surgical Officer to develop my sub specialist interest in inflammatory bowel disease and diseases of the pelvic floor. A short period of time was also spent at the Mount Sinai Hospital in Toronto before returning to the UK to take up a position as Consultant General and Colorectal surgeon at Basingstoke Hospital, Hampshire in 2000.

During my time in Basingstoke, I continued to develop my sub specialist interests as well as taking an active interest in undergraduate and postgraduate teaching. I was appointed as the hospital Director of Medical Education in 2002, a post I held for four years.

In 2002, whilst travelling in Australia, I met my wife, Julia, and we were married in Sydney in 2003. We have two children born in England but have recently decided to return and live in Australia.

I commenced at St Vincent's in September 2007 and will take an active role in undergraduate teaching as well as continuing my research into inflammatory bowel and anal diseases.

Out of work I am a keen golfer and photographer as well as an advanced PADI open water scuba diver, all of which are well suited to the relocation to Australia.



# Staff Administration Report

2007 has gone so fast! There's been a lot of coming and going this year. The previous admin assistant Chris Pile left in March, with Jen Tayler arrived in May to replace him. Melinda Gamulin (Clinical School Manager) went on maternity leave in July (baby Lily arrived shortly afterward) and was replaced by Marie Hobman. Kate Rowe, the executive assistant to Professor Spigelman, went on leave at the end of August to compete in the Half Ironman Championships (which she won for her age group, making her the world champion!) and Barbara Osterloh has replaced her for her three month absence. Then Marie had to move to Brisbane and so we lost her and gained Nalini Krishnan. Dr Darren Gold arrived in September to take up an appointment as Senior Lecturer in Surgery, and it's been great to have someone who's had lots of time to teach for a while!

Sadly we lost Prof Harrison in October after a long illness. To everyone who knew him, it was obvious how committed he was to teaching and the Patient Safety Simulation Centre, even still coming in to keep things running smoothly until only a few weeks before he passed away.

And of course we've also seen the arrival of Ed, Elvis, Knigel and Larry (they would be our various new clinical skill simulators - more on them later!) We're looking forward to the arrival of our skeleton which will hopefully be before the Christmas break (Jen wants to hang baubles and tinsel off his ribs – macabre yet festive). We're not sure what to name him yet but any suggestions are welcome.

There's always plenty to keep things interesting - the general routine of making sure all the teaching and exams run smoothly. Organising Phase 1 tutors can be tricky at times (possibly the Avril Lavigne flyers attracted a few extra volunteers, but Jen seems to be avoiding taking responsibility for those...) Getting students to hand in anything on time can also be a challenge – we've had to resort to holding their term allocations to ransom to provide a little extra encouragement. Speaking of which, with ever more students coming our way, it's going to take some creative allocating to fit them all in!

As part of the Year 6 PrInt term, we ran a series of "skills refresher" sessions that were enjoyed by most students. Setting up for the Intercostal Catheter session with the sheep torsos was a little less pleasant for us (yuck - now that's macabre), but it did give the students a more realistic experience.

On a slightly more glamorous note, we had a D-list celebrity moment in September when an episode of a low-budget comedy show featuring Matthew Newton and Leo Sayer was filmed in our Clinical Teaching Rooms.

At the moment we are very busy in the process of organising the program for 2008. The introduction of Phase 3 has generated a lot more work and we're still a little confused about its more detailed components! We are also in the process of setting up our Video Skills Laboratory, which we hope to have up and running for students to access in 2008.

Picking out gifts for our tutors and patients is always fun, and we are getting more creative with each year! The gifts are just a small token of our appreciation for the support that our volunteers, patients and tutors give us in running the teaching programs. We'd like to thank all of our conjoints, tutors, volunteers and patients for their continued support, especially those who so often go above and beyond what's expected of them.

**Naomi & Jen**





# Staff Conjoint Photograph 2007

## St Vincent's Clinical School Conjoint Staff

The conjoint staff at St Vincent's Clinical School, some of whom are pictured below, make an invaluable contribution to medical student teaching and to both clinical and basic research. These are provided in many forms: scheduled teaching sessions such as lectures, bedside tutorials and examinations as well as supervision during ward attachments, in private rooms and for clinical and basic research projects and higher degrees. To recognise the contribution of our conjoint staff, a formal photograph was taken in May and a framed copy was distributed to all who were present.

We thank all our 170+ conjoint staff for their continuous effort and enthusiasm!



BACK ROW (L-R): Dr R Garrick, Dr D Christ, A/Prof D Bryant, Dr J Lamoury, A/Prof T Preiss, Prof D Chisholm, A/Prof D Champion, Prof J Eisman, A/Prof S Wilson

MIDDLE ROW (L-R): Dr C Sun, Dr C Bradbury, Dr D Stock, Dr P Austin, Prof K Ho, Prof D Ma, Prof A Keogh, A/Prof D Fatkin, A/Prof A Dodds

FRONT ROW (L-R): A/Prof K Stanley, A/Prof M Perry, Dr N Sammel, A/Prof L Bester, A/Prof M Dawson, Dr G Jones, A/Prof M Cohen, Prof G Harrison



# Staff

## St Vincent's Clinical School Awards

### Tutor Awards

Every year students are asked to vote anonymously to reward tutors who they perceive to be the most innovative and exciting. As well as a certificate, each award recipient receives a Berkelow book voucher.

2007 Tutor Award Recipients:

Consultant Tutor of the Year (SVPH/SVC) - **Dr John Kennedy**

Consultant Tutor of the Year (SVH) - **Dr Emily Granger**

Registrar Tutor of the Year - **Dr David Yeung**

RMO/Intern Tutor of the Year - **Dr Ramesh Pandey**



### Student Awards

The St Vincent's Clinic Foundation generously sponsors prizes for student excellence during the Year 6 Surgical Term at St Vincent's Private Hospital and St Vincent's Clinic. The winning students receive a certificate and a monetary prize, this year presented by Dr Eva Segelov at the Year 6 Farewell Pizza Lunch at the conclusion of the PrInt term.

Award Recipients:

Best Students in the Year 6 Surgical Term at SVPH/SVC/SVH  
**Rebecca Wood and Christine Quigley**

Best Student Presentation at the Year 6 SVPH/SVC/SVH Education Sessions  
**Alan Chan**



### Intern Allocations

Only one SVHCS student was allocated to St Vincent's Hospital for 2008, **Welcome back Dr Lyn Chiem!**



### Congratulations to University Medal Winner Alice Henschke!

Alice has been with us at St Vincent's Clinical School for Year 3 and Year 6. We knew all along she was a smart cookie!



Clockwise from top right: Dr John Kennedy; Dr David Yeung; Dr Ramesh Pandey; Year 6 Students Alan Chan and Rebecca Wood.



# The Year Past Undergraduate Program 2007

## Phase I

**Fortnightly Clinical Tutorials:** small group bedside tutorials led by a combination of GPs, Intern and Registrar tutors.

Some Year 6 students also acted as tutors during their PrInt term.

**Tutors:** Dr Carol Fenton-Lee, Dr William Lee, Dr Kartik Bhatia, Dr Alex Hamilton, Dr Fraser Drummond, Dr Carolyn Block, Dr Emily Chong, Dr Keira Schelz, Dr Caitlin Matthews, Dr Hanneke Chudleigh, Dr Dani Linden, Dr Cosima Karlburger, Dr Lea-Anne May, Dr Allen Ko, Dr Alyssa Scurrah, Dr Clare Suttie, Dr Rohan Gett, Dr Milhan Vlahovic, Dr Tim Robertson, Dr Kudzai Kanhutu, Dr Roma Steele, Dr Paul Atkinson, Dr Mitchell Nash, Dr Caitlin Tunnicliffe, Dr Rachelle Silvers, Dr David Yeh, Dr Sanjeev Kumar, Dr Ramesh Pandey, Dr Payal Saxena, Dr Jennifer Law

**Procedural Skills:** Manual Handling, non-invasive blood pressure measurement; non-invasive measurement of temperature; Urinalysis

## Phase II

### Clinical Rotations

- Health Maintenance
- Ageing & Endings
- Society & Health (Off Campus)
- Beginnings, Growth and Development (Off Campus)

### Tutors

#### Health Maintenance

**Course Tutors:** Dr Mark Danta (STP), Dr Rohan Gett (TP1), Dr Tony Grabs (TP2), Prof Ric Day (TP3), Dr Abdullah Omari (TP4)

**Clinical Tutorials/Activities:** Madeline Attril, Nicole de Tullio & Physios, Dr Peter Foltyn, Dr Farid Ali, Dr Joe Suttie, Dr Andrew Jabbour, Dr Geoffry Warwick, Gary Gazibarich & the Lung Function Team, Alex Pile, Dr Liz Silverstone, Dr Tim Furlong, Dr Mark Nicholls, Dr Priya Nair, Dr Greg O'Sullivan, Dr John Rooney, Dr Brad Seeto, Dr Emily Granger

#### Agings & Endings:

**Course Tutors:** Dr Eva Segelov/Dr Stephen Faux (STP), Dr Sam Milliken/Dr Nick Brennan (TP1), Prof Allan Spigelman/Dr Stephen Faux (TP2), A/Prof Bill Sewell/Dr Nick Brennan (TP3), Dr Gerald Fogarty/Dr Stephen Faux (TP4)

**Clinical Tutorials/Activities:** Dr Ian Cole, Dr David Dalley, Dr Don Frommer, Dr Robert Feller, Dr Ruban Thanigasalam, Dr Phillip Macauley, Dr Neil Cooney, Michael Dash, Sue Guigni, Dr Kathryn Brooke, Dr Malcolm Bowman, Dr Clive Sun, Dr Shahrzad Jahromi, Dr Alex Falcon, Dr Shoba Iyer, Mandy Barnes

**Procedural Skills:** Basic Life Support, Venous Blood Sampling, Operating Theatre Procedures, Sterile Gown & Glove, Intravenous Cannulation, Intramuscular & Subcutaneous Injection, Peak Flow & Spirometry, Oxygen Therapy, Use of Ophthalmoscope, Plaster Backslab, Performance & Interpretation of ECG, Wound Care

**Bedside Teaching (Medicine & Surgery):** Dr Andrew Jabbour, Dr Ishtaq Ahmed, Dr Laila Girgis, Dr Marshall Plit, Dr Katrin Sjoquist, Dr John Rooney, Dr Manish Gupta, Dr Peter Smitham, Dr Tina Adorini, Dr Mark Fiorentino, Dr Andrew Mahoney, Dr Joe Suttie, Dr Andrew Webster, Dr Alistair Watson, Dr Suren Jayaweera, Dr Emily Granger, Dr Rohan Gett

## Year 5

### Flexible Terms (Term Coordinators listed)

Plastic Surgery (Dr R Aldred), Infectious Diseases/STD/HIV (A/Prof D Marriott, Prof A Carr), Radiation Oncology (Dr Raj Jagavkar), Anaesthetics (Dr G O'Sullivan), Clinical Pharmacology (Prof R Day), Nuclear Medicine (A/Professor Judith Freund), Ophthalmology (Dr J Kennedy), Laboratory Pathology, Rehabilitation Medicine (Dr Steven Faux), Diagnostics SVPH (Dr Garry Schaffer), Diagnostics SVH (Dr Sam Milliken)

## Year 6

### Clinical Rotations

**Elective Term:** Undertaken in the Summer Teaching Period

**Surgery (based at St Vincent's Private Hospital):** Cardiothoracic & Vascular Surgery; Orthopaedics; Neurosurgery; Plastic Surgery; Urology; Upper & Lower Gastrointestinal Surgery; Surgical Oncology/ENT; Ophthalmology. Includes sessions in consultant rooms in St Vincent's Clinic. Coordinator: A/Professor Michael Neil

**Medicine:** Cardiology, Diabetes & Endocrine; Gastroenterology; Geriatric Medicine; Haematology; HIV Medicine and Immunology; Medical Oncology; Nephrology; Neurology; Thoracic Medicine. Includes sessions in consultant rooms in St Vincent's Clinic. Coordinator: Dr Eva Segelov

**Critical Care:** ED, ICU including Sydney Hospital. Coordinator: A/Professor Gordian Fulde

**Rural:** Lismore, Shoalhaven, Coffs Harbour, Griffith, Port Macquarie, Bowral, Broken Hill, Northern Territory, Albury, Kempsey.

**Flexible:** Cardiothoracic Investigations; Diagnostic Methods; Drug & Alcohol; Infectious Diseases/STD/HIV/Microbiology; Palliative Care.

### Scheduled Teaching:

**Therapeutics Sessions:** Weekly

**Interactive Topic Teaching:** Weekly

**Lecture series in Radiology**

**Procedural Skills:** Advanced Life Support; Wound Care, Passage of Nasogastric Tube; Urinary Catheterisation

**Small Group Bedside Tutors (Surgery & Medicine):** Dr John Raftos, Dr Sandy Beveridge, Dr Tony Grabs, Dr John Moore, Dr Warren Hargreaves, Prof Ric Day, A/Prof Reg Lord, Dr Mark Danta, Dr Rohan Gett, Prof Ken Ho, Dr Michael Jensen, Prof Allan Spigelman, Dr Geoffrey Warwick, Dr Max Coleman, Dr Eva Segelov, Dr Chris Haywood, Dr Mark Nicholls, Dr David Segara, Dr Marshall Plit



*"Making the Leap from Student to Intern" Panel discussion, led by 2006 St Vincent's Clinical School Graduates.*

### Pre-Internship (PrInt) Term

October 2007 saw the running of the inaugural PrInt term, following the Year 6 final exams which were held one term earlier than previously. Students elected preference for a combination of 2 or 4 week terms to "fill in gaps" or strengthen areas of weakness. A broad range of terms were offered, including PECC (Psychiatric Emergency Critical Care), attachment to RMOs on ward overtime and Community Medicine terms. In addition to shadowing the team intern/RMO, special sessions were held to try to equip students with as many clinical tools and as much confidence as possible.



# Events and Innovations

## New Facilities & Equipment

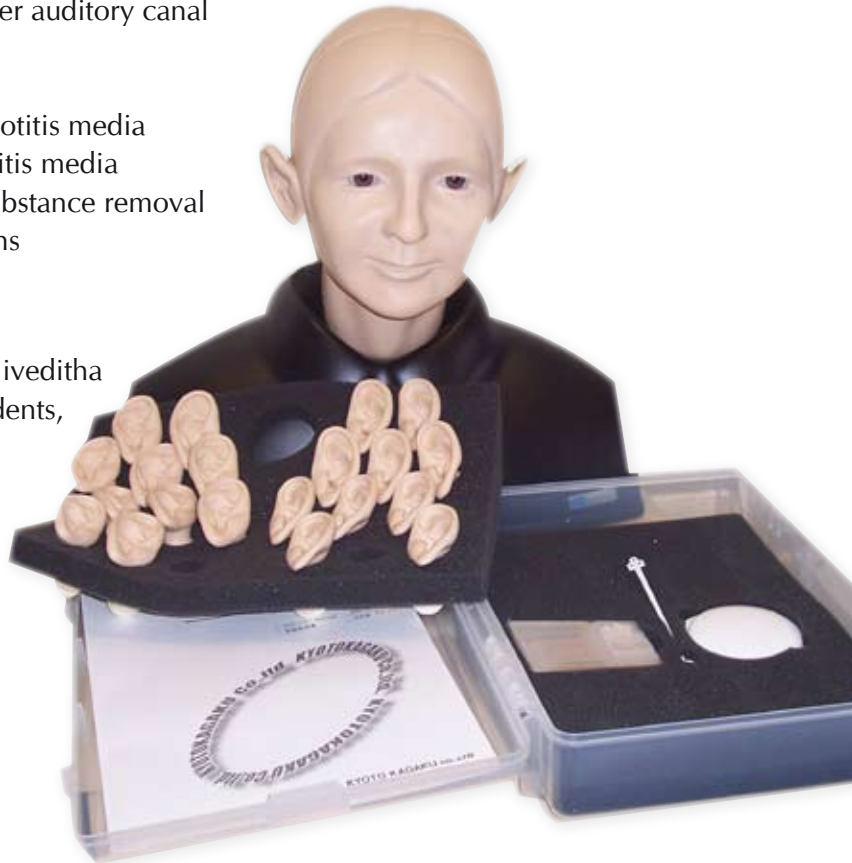
### “Ed” The Ear Examination Simulator

“Ed” arrived in September, joining “Jed”, our Eye Examination Simulator.

Ed comes with 22 sim ears, a supply of sim ear wax and a variety of sim foreign bodies. There are 10 clinical cases that can be practised on Ed:

- Normal Ear
- Normal ear with wider auditory canal
- Serous otitis media
- Muroid otitis media
- Chronic suppurative otitis media
- Acute suppurative otitis media
- Practice of foreign substance removal
- Traumatic perforations
- Cholesteatoma
- Cerumen Block

Tom Georgeson and Niveditha Rajadevan, Year 6 Students, have developed a self-access package for use with ‘Ed’, similar to that developed for ‘Jed’, the school’s ophthalmology trainer.



### “Knigel”, The Knee Aspiration Simulator

This model is used for learning the technique of synovial fluid aspiration. It features precise anatomy with bony landmarks and discrete muscle and skin layers to provide a realistic tissue and needle response. The refillable synovial sac allows for the joint to be aspirated from both lateral and medial aspects.

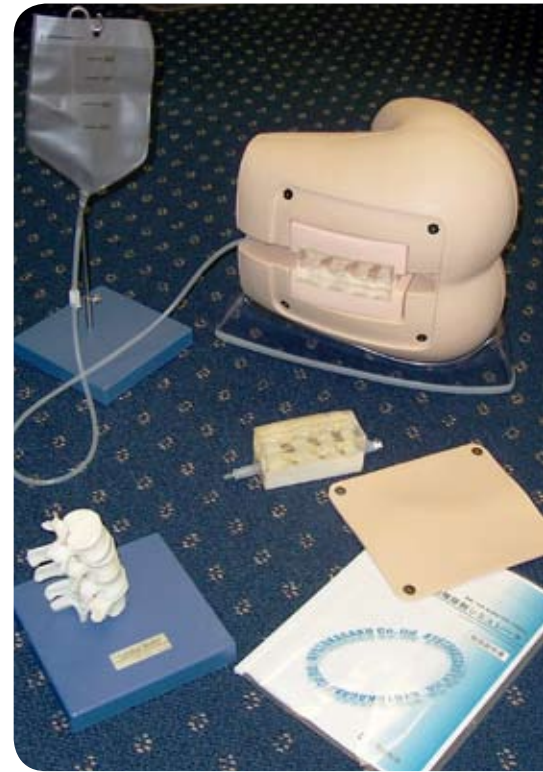


### “Larry” the Lumbar Puncture Simulator (right)

This training model allows students to get hands on experience practising the lumbar puncture technique.

The model features a puncture block which is clear to allow viewing of the vertebrae (L2-L5) and the puncture sites. Simulated cerebrospinal fluid (i.e. water) can be drawn from the simulated subarachnoid space with realistic changes in resistance as the needle penetrates the different structural layers.

Also included is an articulated Lumbar Spine model (L2-L5) and a step by step guidebook. However, students are only allowed self-access after they have attended the tutor-led skills session on Lumbar Puncture.



### “Elvis the Pelvis” Interchangeable Enema and Catheterisation Trainer

Elvis is a life-size pelvis with interchangeable genitalia designed for practising urologic and rectal access and procedures including indwelling catheter insertion, care, irrigation and removal. The model also allows for bilateral thigh, gluteal, and ventrogluteal IM injections.



### Donated Stephen Kaldor painting for School Office

This large artwork was recently donated to the Clinical School. The painting, which measures 183cm<sup>2</sup>, or 72x72”, will fill the empty space on the back wall of the Clinical School office perfectly!

### Video Skills Laboratory - COMING SOON!!

A long term project of Eva Segelov’s has been the setting up of a facility for practising consultations (history and examination) that can be videotaped and then replayed for analysis by individuals or groups of students. This is an excellent way to gain insight into one’s performance (a technique well recognised by the sporting elite). The availability of computers in the adjoining room for “instant replay” should make the facility extremely useful for students in all Phases of the curriculum.





# Events & Innovations

## PrInt Skills Workshops

### Report by Dr Rohan Gett

In 2007, St Vincent's Clinical School held a series of clinical skills workshops for the final year medical students who had successfully completed their examinations and were looking forward to commencing internship. The workshops were part of the PrInt program, which has been a highly successful way of engaging the medical students after the examinations and giving them a package of skills and knowledge which will ease them into the stressful and demanding year ahead.

A/Prof Eva Segelov selected a number of skills which were to be taught at the PrInt workshops in St Vincent's Hospital. In a first for NSW hospitals and universities, 7 skills were offered in an interactive hands on small group workshop:

1. Removal of foreign bodies from the ear and nose
2. Removal of foreign bodies from the eye during slit lamp examination
3. Insertion of chest tubes
4. Aspiration of joints
5. Assessment of fractures and dislocations
6. Lumbar puncture
7. Suturing

The ear, nose and throat station involved the use of a specially purchased ear and nose head mannequin called "Ed". Dr Nigel Biggs, Dr Sofie Bogaerts and Dr Darren Cope instructed the students in groups of 7 for half an hour at a time in the use of nasal speculums and ear curettes. In addition, these clinicians provided their own headlights to allow the students to complete full head and neck examinations.



*Year 6 Student Jennifer Pokorny practicing the technique of suturing a chest tube in place.*



Dr John Kennedy kindly allowed the entire group of 48 students to attend his rooms over two days. There, small groups were tutored on the use of the ophthalmic slit lamp and were shown how foreign bodies could be safely removed from the cornea. The aftercare of corneal abrasions was also carefully explained.

Dr Paul Janz, Dr Jee Yeong Leong, Dr Darren Gold and Dr Isaru Nammuni all taught the chest tube insertion

*PrInt students with cardiothoracic surgeon Dr Paul Jansz practicing chest tube insertion on a sheep carcass.*





skill. With sheep chests from a Picton abbatoir provided by Mr Garcia of Covidien, each student was able to appreciate the feel and resistance of real intercostal muscles while inserting chest tubes into the sheep carcass.

Dr Martin Duffy, Dr John Rooney and Dr Kate Williams taught the orthopaedic and rheumatology stations, ably assisted Dr Peter Yu. They used a series of Powerpoint presentations, X rays and “Knigel” the knee model which allowed students to aspirate a simulated joint effusion. Kate in particular allowed the Pre-Interns to discuss the indications for aspirating swollen joints and also stressed the importance of aseptic technique.

Dr David Yeung and Dr Pim Mutsaers facilitated a session on lumbar puncture technique. After a brief presentation about the anatomy and the indications for the technique these haematology trainees allowed the students to perform LP’s on another back simulation mannequin, “Larry”, designed purely for lumbar puncture training.

Finally, Dr Piotr Laniewski and Dr Darren Gold held a suture technique workshop. The instruments and pork bellies were provided by Mr Garcia from Covidien again and the students got a valuable opportunity to brush up on suturing simple lacerations.



Above: Year 6 students aspirating “Knigel” the knee simulator.

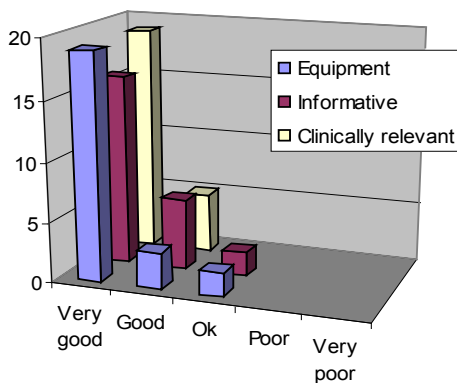
Right: Student Jennifer Lee practicing on “Larry” the Lumbar Puncture simulator.

The feedback from the PrInt workshops was very positive. This should insure that these skills sessions become part of the academic calender. Many of the final year students appreciated that this was an excellent opportunity to become acquainted with a skill before encountering it for real early in the internships. Many thanks to all of the clinicians mentioned above who provided their time and teaching so generously.

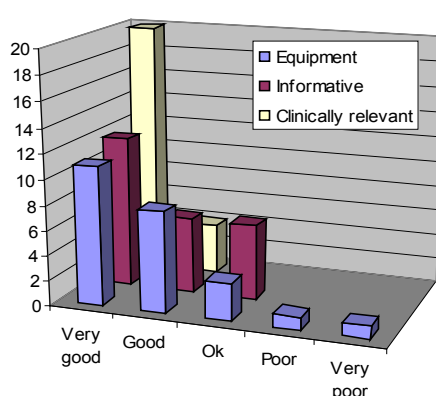


## Student Feedback on Some of the PrInt Skills sessions

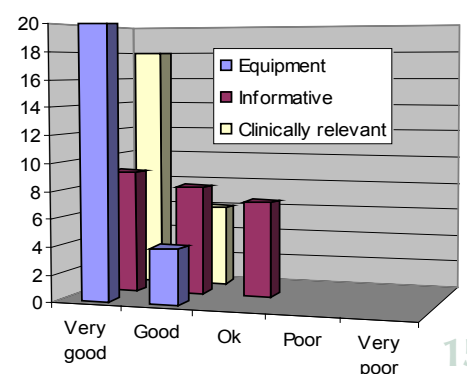
Insertion of Intercostal Catheter



Lumbar Puncture



Suturing



# Events and Innovations

## Student Conference Participation

During 2007, the Clinical School provided sponsorship to a number of key meetings. Delegates were chosen on the basis of submissions describing their motivation and interest in attending. Each student was required to write a conference report upon their return.

### MedEd 2007 – Seamless Medical Education: Social and Generation Change

The MedEd conference, which gathered to discuss the progress and future of Australian medical education, was held in Melbourne in April. There were >200 delegates from 20 medical schools, 13 specialist medical colleges, 29 stakeholder organizations and 4 state /territory health departments. The Clinical School assisted Year 6 students **Victoria Ward** and **Lyn Chiem** and Phase 2 student **Lachlan Donaldson** to attend. Here are their reflections on the experience.

**Victoria Ward, Yr 6 (left):** “Delegates readily agreed on the need to confront new issues: what competencies we need to teach at what stages of medical careers, whether streaming should occur early or we should acknowledge some potential benefits of generalist medicine. These competencies were also understood by delegates to be complicated by a burden to harmonize both public and private sector teaching as well as urban and rural community based teaching...”

“Despite an under-representation by some important stakeholders - including pre-vocational trainees - delegates were able to formulate some encouraging recommendations... Proposals were made for collaboration across the colleges and recognition of common competencies... One solution was a national curriculum to encourage doctors to become lifelong educators. Keynote speakers also shared the lessons learned from the United Kingdom and New Zealand... **We must draw on the current deficiencies in rural health service delivery and maximizing opportunities in private sectors** to build bridges, share loads and retain a functioning, well distributed and sustainable medical workforce.”



**Lyn Chiem, Yr 6 (left):** “Is there much difference between the older and wiser doctors and us, the doctors of the future? At first glance, one may say that we are worlds apart... identifying and respecting these differences is pivotal in bettering current medical education. It has to be understood that we no longer learn within a hierarchical model. **Regardless of position, we can learn from everyone around us, both younger and older, because everyone has had an experience which they can share...**”

“My discussion group included members ranging from students to nearly-retired doctors... The students in the group were very vocal and our views were discussed at length [however] this experience was quite different to other student delegates who felt that their role was quite tokenistic. Although my personal experience in the discussion group was quite positive, the three-day conference in general was an academic talkfest and it will be interesting to see if any solid practical solutions are set in place.”





**Lachlan Donaldson, Phase 2 (left):** I was comforted by the MedEd conference as it ameliorated a number of the concerns that seem to be shared by a lot of us, about the “new course” content and its delivery. What I realised was that almost all medical schools in Australia have moved to a course similar in structure and content to ours. **It was reassuring to see that so many experts in medical education (including, significantly, representatives from the various specialist colleges) across the country, and internationally, feel that the structure and content of the new program is appropriate...** Notwithstanding this, Australia continues to produce a highly regarded quality of medical graduate.

## Swan XV Trauma Conference

The Clinical School sponsored three competition winners, to attend this two day conference at Liverpool Hospital in July, addressing issues in contemporary trauma management.

**James Thompson, Yr 6 (right):** “My lofty expectations of this conference were indeed superseded... The adrenaline-junkies from the UK military surgeons in Iraq were there with their heavy metal music blaring deafeningly over clips of footage from managing trauma in conflict zones.

“We then received punchy 10 minute presentations on topics ranging from one Doctor challenging the most basic trauma paradigm of ABCDE, to managing terrorist attack mass casualty situations and logistics planning (from our very own Dr Grabs).

**The pace of the conference matched the subject matter, and there was a great variety of formats including case scenarios with an expert panel, topic debates and even a game-show like 1 vs. 100...** Professor Sugrue then capped the conference off with a heart-wrenching but amazing story of a young man who had attempted suicide with a shot-gun to the face and had survived, including live interviews with the young man and his family.”



**Christine Quigley, Yr 6 (left):** “An amazingly hectic two days filled with presentations, panels and discussions on a variety of aspects of trauma care... experienced health professionals pulled and picked and generally dissected a range of trauma cases from the initial ambulance response through the emergency department and on to definitive management. The charismatic and imposing Dr Sugrue chaired the discussions, which were invaluable in demonstrating a solid commonsense approach to the unstable patient (and incidentally didn’t hurt the exam preparation either!).

Many thanks to the staff of the clinical school for organising such **a great opportunity – it is one I would definitely recommend for future students.**”



# Events and Innovations

## Student Conference Participation

### LIME (Leaders in Indigenous Medical Education) II Connection



**Phase 2 student Sarah Ong (left)** made a “great decision” when she decided to enter the Clinical School’s Competition to win registration to the LIME Connection II, held on campus at UNSW in September. Sarah found the conference enlightening and remarks “I never realized the cultural barriers that accounted to poor compliance with treatment and adersion to hospitals. I now understand that Aboriginal patients avoid hospitals as they dislike visiting places in where their loved ones passed away.

“One of the lasting impressions I had from the conference was the speech given by Dr Kelvin Kong, our own UNSW medical graduate and the first Aboriginal surgeon in Australia. His speech was memorable as he did not merely present the facts and figures on Aboriginal health but mingled it with his own experiences as an Aboriginal doctor and also in relating to his Aboriginal patients... A bright note to this conference was that **despite the negative media reports and big headlines in newspapers, there are pockets of success where improvements have been made;** in particular the Royal Darwin Hospital in collaboration with the University of Flinders started a successful teaching program for medical students called ‘Sharing True Stories’. It is a good reminder that there is hope in delivering equal access and standards of health care to the Aboriginal community and that we should not stop trying.”

### National Rural Health Alliance Conference (NRHA)



This event took place in March in Albury to discuss issues facing health services in rural and remote areas of Australia. A number of high level delegates and speakers were involved, not to mention **Year 6 student Tom Georgeson (left).**

As Tom reports, issues addressed included:

- The continuing **appalling health statistics of Australia’s indigenous population;**
- Possible improvements in **tackling the workforce shortages** in many rural and remote areas;
- The presentation of research reporting **relatively adverse cancer outcomes for rural patients and cancer service difficulties in rural areas;**
- Pilot communitiy programs such as mental health forums with high school students and some innovative approaches to tackling obesity.

Tom also attended the pre-conference student forum of the National Rural Health Network, which discussed:

- The possibility of **collaborative training between students of different health areas**
- Dealing with **mental health issues in rural areas;**
- Various approaches that can be used by health workers in dealing with the stressful environment of working in rural areas.

# Events and Innovations

## St Vincent's Hospital Sesquicentenary

### Clinical School Display

The Clinical School made a significant contribution to the St Vincent's Hospital Sesquicentenary celebrations throughout 2007. In particular, we mounted a significant exhibition for the Sesquicentenary "Historical Week Display", held on Level 4 Xavier in May.

The St Vincent's Clinical School display was coordinated by Lisa Anthony, who sourced images and antiques from the Hospital archives. Medici Graphics designed the posters and Dr Paul Jansz kindly loaned a Macintosh computer which ran a continuous slideshow. The large display posters included:

- An introductory panel **"Who we are"** which included hand-outs of winning student essays (see over page).
- A timeline of the school's history, presented across two panels entitled **"How we grew"**
- A comparison of the current and past student experiences at St Vincent's was the subject of the panel **"Teaching and Learning"**.
- A panel on the past and current Heads of School entitled **"Academic Leaders"**, and two posters headed **"Professorial Research"** highlighted past achievements from the School's Academics and conjoints.

Clinical School Administrative Assistant Jennifer Tayler used the information and images from the sesquicentenary posters to design a permanent series of display posters for the school which will be exhibited from early 2008.

Some of the posters that were displayed during the Hospital's "Historical Week".



Phase 1 students Claire Ruan and Hok Mo check out the display.

A variety of antique teaching materials, including an old-fashioned "White book", were provided by the hospital archives.





# Events and Innovations

## St Vincent's Hospital Sesquicentenary

### Essay Competition

In order for our students to share their experiences of training at St Vincent's Clinical School, Dr Rohan Gett (Lecturer in Surgery, pictured left) proposed an essay competition for the St Vincent's Sesquicentenary celebrations in which students would be asked to write about an experience at St Vincent's that has inspired, touched or enlightened them.

Jerome and Victoria's essays were reproduced as part of the Clinical School Sesquicentenary exhibit in the Historical Week Display.



### Victoria Ward

It would be easy to assume that there are only a handful of isolated encounters that we as medical professionals will be moved and inspired by during our learning career that we will reflect on in the days approaching our retirement. In reality, there are **numerable encounters** that shape us as we exist with our patients suspended in the milieu of busy hospital life. Often it is only through the passage of time, when this suspension of heterogeneous experiences settles, that we are able to appreciate the impact of the characters for which we are privileged to encounter and the core values that St Vincent's Hospital so humbly upholds. Fortunately, it can take only a simple day's reflection to be touched by it.

**06:55** I ascend from the stale air of Kings Cross Station; dodge the swinging bottle of an inebriated local and pass a cluster of homeless patients crouched on the sidewalk along the street leading to the hospital. Two of them have always been stifled by poverty; the third used to be a commercial banker before he descended into the murky darkness of a mental illness. They all attend outpatient clinics at the Public Hospital. After making my regular diversion into a small café, I am offered the daily Parisian greeting by the audacious French owner in his floral pants and buttoned pink shirt. After installing myself on one of the wooden chairs, glancing at the daily special and nodding at the French barista – who knows the order of almost every employee at the hospital – I notice the old man sitting outside hunched over a bowl of coffee two bony fingers clutching the end of a cigarette. Within minutes his cloud of smoke is parted by two medical pharmacologists as they enter the café and sit at the table beside me. Scanning the room, I realise I am surrounded by the **St Vincent's community** before I have even reached the hospital: a cardiologist sits in a corner with a long black and a newspaper; three nurses share stories in between mouthfuls of breakfast as they conclude a night shift in the emergency department. After emptying the final residue of my coffee I return my handbook to the library that is my handbag and hurry to make the morning ward round.

**08:28** Stress tightens and the lifts seem to take longer than their usual delay. But the anxiety dissolves as the cheerful chatter of the hospital ward clerk welcomes me inside. "Good morning doctors, and which floor will it be today." I am not late, and despite my internal disquiet as I anticipate the bedside interrogation, I notice the round is punctuated with something else. Compassion. Despite being awoken by the team, the patients are on the most part, content. Is it because this physician spends the first half of the "chat" discussing everything except their deficit? Or perhaps it is that each member of the team has individually been at the patient's bedside unlike the medical platoons of a large American hospital?

**11:00** Beep. Beep. My pager reminds me of a cardiology tutorial in CCU. Bedside teaching is being phased out by patient's rights activists and academic advocates of self-directed learning: perhaps none of whom who have experienced at short case tutorial at this hospital. For it is not between the pages of a textbook of medical ethics that I have learnt to model my clinical encounter around human dignity, but rather in the very situation we advised against. Six students shuffle along the back wall opposite the patient's bed and the chosen one embarks on a clinical examination of the cardiovascular system. He is interrupted once, not by the examiner, but by the patient, to inform him that "that is not where you palpate for the apex beat." This man with congestive cardiac failure has been a regular volunteer for medical student and physician exams. He epitomises the pursuit of excellent health care at St Vincent's





Hospital: provided for our patients, but largely, because of their generosity.

13:00 Latecomers dribble through the door of the Douglas Miller Lecture theatre just in time to retrieve the last of the Medical Grand Rounds sandwiches (kindly left behind for “starving” medical students) and find a space along the back wall as the presentation begins. Traditionally this weekly event reveals the depth of St Vincent’s Hospital research capacity - illuminated by clinical cases and collegial discussions. This week however, is a spotlight on the hospital’s own staff. “The Secret Life of Us”. Neither too proud nor too ashamed to share their lives, they remind me of how transparency can make us valuable doctors. The opportunity to unite and relate as health professionals allows us perspective in our patient encounters. As doctors we can be competent but at times fallible; confident but self-aware.

14:05 My oesophagus cries out as I swallow the end of steaming but predictably bitter café latte on my way to St Vincent’s Clinic. As students we are privileged to be learning in both private and public learning environments. In the transition from public to private world at St Vincent’s Hospital there are perhaps more similarities than differences. The décor is tidier, the magazines are glossier but the exchange between patient and doctor is largely the same. It is easy to promote respect for all patients despite their circumstance. That is just a matter of time management. To practice a consistency of professional empathy is less obvious, and a skill much harder to attain.

17:36 I descend the lift and pass the hospital volunteers on my way out to Victoria Street. It is dark but by no means quiet. A staff specialist nods at me as he drives out of the car park. The owner of the French café waves from across the street as he sets the white table cloths for the evening sitting. The three homeless men are still crouched together outside the old church. The Coca Cola sign fluoresces red in the fading twilight. Patience gives in to dismay as I realise the trains are again delayed. But amidst the hypoxic underground air and commuter congestion, there is plenty to busy the mind.

Another day has dissolved into the puzzle of past clinical experience and there is much to reflect on. But like all puzzles however, to appreciate the values of a hospital like St Vincent’s does not require one life changing piece or encounter. Every small experience is important in shaping us – some will touch and inspire us; others will pass by unnoticed. Satisfaction and enlightenment arises in piecing them together, but it is not until we do so, with the gifts of distance and of hindsight, that we will truly appreciate the big picture.

### Jerome Melon

It’s a bright morning, everything is awake early. Walking through the streets, everyone rushing, eagerly, not to be late. I’ve reached the park, it’s actually quite a nice little space, nice and green, beautiful trees, it will be packed in a few hours for lunch.

I’m happy. I cross ED, always surprised by a few people smoking outside, and enter the main entrance. It’s a grand building, the air-con is nice, the carpet feels comfortable under my feet.

The first chance I get, I eagerly, almost race, for my coffee fix. It’s always the same faces behind the counter, always smiling, always busy. It’s great that way.

I run to a tute. It’s still early but the place is bustling. All the patients are awake. Examine this lady’s leg, he says. Yes, there’s a massive ulcer there. I’m always amazed by the knowledge the doctors have. We say thanks every time, and we really mean it. One day, maybe.

The patients are lovely too, an old lady lying back in bed, a cold coffee by her side, a grin from cheek to cheek, always willing to help. I hope you’ve learnt something, I hope I did the right thing, she says.

Waiting for the lift. Hello doctor, g’day doctor. A lovely man helping patients around the hospital. That’s nice.

Just seen a patient, trying to put together my findings. Would you like to present to me, a reg will say, one I don’t even know. Invaluable. And a nurse who will happily explain to you a procedure, that’s nice. And of course the presence, dedication and watchful eye of the original sisters.

That’s why I love walking in that front door. That’s team work, that’s the spirit, that’s Vinnies.



## Events and Innovations

# Interprofessional Learning: Combined Pharmacy/Medical Student Program

The StVCS academics have had a longstanding interest in interprofessional learning, with successful professional development workshops being run in conjunction with nursing and allied health educators over the past few years. This year, a new program was launched by Professor Jo Brien and Eva Segelov, whereby University of Sydney (2 year Graduate entry) Bachelor of Pharmacy students were buddied 1:1 with a Year 6 medical student during their 2 week clinical placement in July and again in November.

The aim for the Pharmacy students was to gain an appreciation of the hospital clinical setting, and different clinical/therapeutic areas. They of course have a particular focus on medication-related issues and it was thought that this different perspective would prove very interesting and valuable to our Year 6 students. The July programme kicked off with an introductory Pizza Lunch which gave the two groups of students a chance to get to know one another. In addition to sharing the clinical programme, special combined sessions such as a “Prescribing Workshop” and “Prescribing Grand Rounds” were held.

At the end of the two weeks, feedback was collected and overall both groups of students found the project worthwhile. **An abstract which describes the program has been selected for oral presentation at the 2008 13th Annual Ozzawa Conference on Clinical Competence.** From next year, students will be partnered with Phase 3 (Year 5) students, which may address some concerns regarding differenced in levels of knowledge between the groups.

Below, one student from each discipline outlines their response to this project:

**Medicine Student - Jennifer Lee:** “Participation in clinical activities and discussion of cases from the wards allowed the medical and pharmacy students to **share their different perspectives and knowledge of the appropriate use of medicines.**”



*An Introductory Pizza lunch was held to give the students a chance to get to know each other.*

“During a specially arranged “viva practice” session, cases relevant to both medical and pharmacy students were discussed including counselling patients on the use of warfarin and hormone replacement therapy, treatment of paracetamol overdose, rational use of medications in terminal care and management of drug allergies. The pharmacy students were also invited to attend the therapeutics and interactive teaching sessions held weekly on Fridays for the medical students. The first

session, entitled “Difficult Prescribing,” explored common clinical scenarios such as considerations when prescribing sedatives and antidepressants, prescribing in the setting of renal impairment and practical strategies to reduce polypharmacy. The second teaching session focussed on the management of suicidal patients.

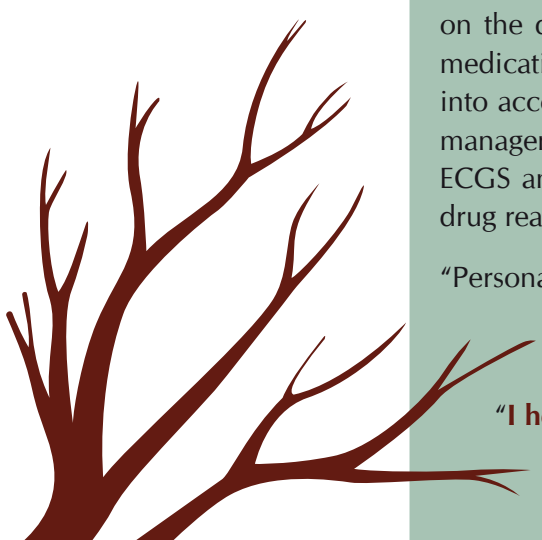
“The trial initiative provided **a fantastic and worthwhile opportunity for students to interact with their respective partners in the clinical setting and learn more about the important role of medical staff and pharmacists in the multidisciplinary care of patients.** We look forward to further learning activities coordinated with the pharmacy students.”



**Pharmacy Student - Zara ( Zi Ying) Lin:** “I have found the pharmacy/med student program to be very beneficial in that **I get to see the differences in our roles and how that affects our approach to interpreting and practising EBM** (evidence based medicine) and communication with patients. The medical students focus on the diagnosis, while we as pharmacy students place a stronger emphasis on medications in therapy. I learnt to approach the patient from a holistic view, taking into account the disease state, and how this affects the patient and other forms of management. I learnt that medical students knew more about interpreting X-rays, ECGs and diagnostics tests compared to us, while we knew more about adverse drug reactions, drug interactions and contraindications.

“Personally, I felt I had benefited more from the program compared with my medical student partner. I felt if she had learned anything from me, it’s probably my role as the pharmacist.

**“I hope this program is continued as the experience is invaluable.”**





# The Year Past Teaching at St Vincent's Campus

## St Vincent's Public Hospital Report



I am delighted to use the Annual Report of the St Vincent's Clinical School to emphasise the importance St Vincent's Hospital places on the the work the Clinical School does here on the Darlinghurst Campus. The relationship of St Vincent's with the University of New South Wales is key to both partners, and St Vincent's depends upon the excellence of the University in teaching and research to produce the clinicians who make the difference to the outcomes for our patients. The Clinical School is a true partner with the hospital - the academic and administrative staff contribute to the whole life of the hospital, and I find it hard to imagine how St Vincent's would continue to deliver the quality of service it is renowned for without that contribution.

**Kerry Stubbs**  
Executive Director  
St Vincent's and Sacred Heart



## St Vincent's Private Hospital/St Vincent's Clinic Report

In 2007, St Vincent's Private Hospital and St Vincent's Clinic were again involved with the teaching of undergraduate medical education on the St Vincent's Campus.

During 2007, there was an increased number of students for their Year 6 Surgical rotation and a number of students gained experience in the private rooms of the VMOs. A new leaflet explaining the role of the student in private rooms has been produced and is available to patients at St Vincent's Clinic. St Vincent's Clinic was proud to become a recognised teaching facility of the Faculty of Medicine of UNSW and the plaque is displayed in the main reception (right).

The student case presentations were of a high calibre and the feedback regarding these presentations has been very positive.





The St Vincent's Clinic Foundation was pleased to support the awards for the Best Student Year 6 Surgical Term and the Best Student Presentations. In addition there will be formal recognition via an honour board (located on level 4 of St Vincent's Clinic) for the best tutor at St Vincent' Private Hospital and St Vincent's Clinic.

Strategies to better understand the teaching role of VMOs and the promotion of student learning and teaching in the private sector were explored at a dinner workshop on 24 May 2007. The attendance of 26 VMOs in the evening is testament to the strong interest in student education.

St Vincent's Private Hospital and St Vincent's Clinic are proud to be actively involved with UNSW Faculty of Medicine developing a leadership role in medical student education in the private sector.

#### **Michelle Wilson**

Executive Director  
St Vincent's Clinic

#### **Anne Fallon**

Manager of Education, Development & Training  
St Vincent's Private Hospital

## Information Brochures for Patients

Along with your Xmas present, all conjoints in SVC will be sent these newly developed brochures to display at your discretion in your rooms. It is hoped that these will effectively explain to patients the practice of having senior medical students in private rooms.

Please give us feedback regarding whether these are helpful. We are happy to supply as many as you need!





# Events and Innovations

## Teaching in the Private Sector

### Leadership in Teaching Dinner

**Report by Dr Rohan Gett**

On Thursday May 24th 2007, representatives from St Vincent's Clinical School and St Vincent's Private Hospital/ St Vincent's Clinic met at Buon Ricardo Restaurant to discuss the teaching and education of medical students in the private sector. While the 30 attendees enjoyed the culinary delights of the kitchen and cellar, numerous important teaching issues were raised and discussed at length.

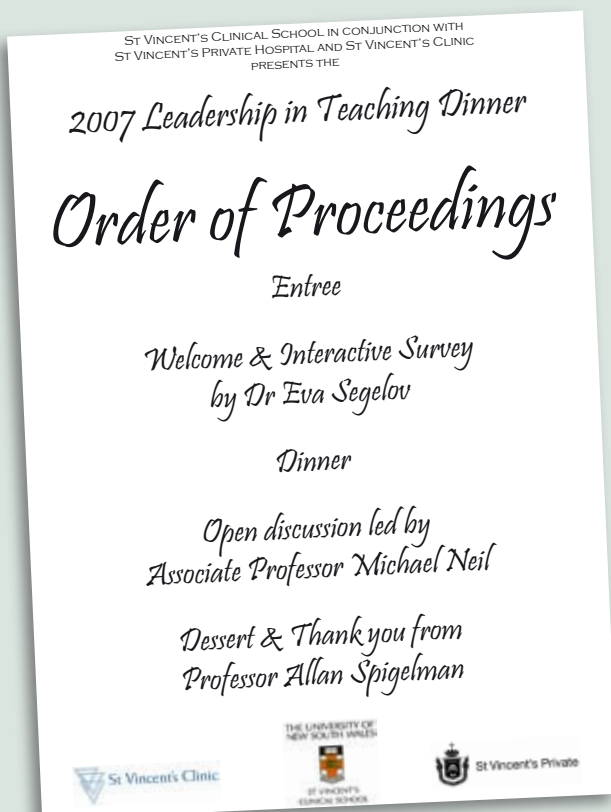
The evening featured an interactive discussion which was designed to elicit the opinions of the senior clinicians and staff within St

Vincent's Private Hospital and the St Vincent's Clinic to teaching and hosting medical students in rooms and operating theatres. The evening was hosted by Eva Segelov and the attendees responses to a series of questions were recorded electronically using hand held "keepad" devices on a computer using "Turning Point" software.

Some of the more contentious questions or prompts, to which senior private clinicians were asked to respond Agree/Disagree, included:

- "Teaching medical students is part of the mission of St Vincent's Clinic..."
- "In private practice, I feel an obligation to teach medical students..."
- "Students should be taught in private rooms because they will get experiences that they cannot get elsewhere..."

At the completion of the evening, the results were reviewed over dessert and coffee. Clear trends in responses became evident. The immediate feedback prompted spirited discussion and earnest debate, particularly from A/Prof Michael Neil, Prof Terry Campbell, Dr Peter Bentivoglio and Dr John Kennedy. The information allowed the Clinical School to document many of the barriers to teaching students along with the perceived rewards.





It was a very successful evening, not least for the sumptuous food. Some of the important results included:

***Teaching a student brings prestige to the practice*** **53% Agree**

***Teaching a student brings variety to practice*** **52% Agree**

Two of the negative effects of teaching were reported as:

***Teaching a student increases consultation time:*** **87% Agree**

***Teaching a student intrudes on patient privacy*** **37% Agree**

Two of the reasons that clinicians might be reluctant to teach students in their rooms were:

***Negative feedback from a few patients would limit student access:*** **55% Agree**

***Students should be taught in other settings*** **44% Agree**

Thank you to St Vincent's Private Hospital and St Vincent's Clinic for sponsoring the event and to all the clinicians and administrators who attended. The teaching of medical students in the private sector will be happier, smoother and more effective for your feedback.



## List of Attendees

Mr Jose Aguilera  
Prof Terry Campbell  
Ms Naomi Esselbrugge  
Dr Rohan Gett  
Dr John Kennedy  
A/Prof Michael Neil  
Prof Peter Smith  
Dr Russell Aldred  
Dr John Casey

Ms Anne Fallon  
Dr Tony Grabs  
Dr Vince Lamaro  
Dr Abdullah Omari  
Prof Allan Spigelman  
Dr Peter Bentivoglio  
Dr Mark Danta  
Dr Douglas Fenton-Lee  
Dr Warren Hargreaves

Dr Alan Meagher  
Mr Steven Rubic  
Ms Michelle Wilson  
Dr Ron Bova  
Dr David Ende  
Dr Ray Garrick  
A/Prof Bernie Haylen  
Dr Elias Moisidis  
Dr Eva Segelov

# Don Harrison Patient Safety Simulation Centre Report

## Alex Pile



*Intramuscular and subcutaneous Injection Skills session with Phase 2 students.*

Once again the Simulation Centre has been extremely busy. However, early October saw the passing of Professor G.A. (Don) Harrison. The development and subsequent expansion of practical clinical skills for medical students was a project that was dear to him. Part of the enormous legacy that he has left is a prosperous relationship with the staff of the UNSW Clinical School and a facility (the Simulation centre) able to continue providing a variety of educational opportunities for medical students.

The activities this year have been made possible by the support of a number of hospital staff. They included Mr Peter Jones, Ms Pat Manusu RN, Ms Carmen Frost RN, Ms Julie Gawthorne and Ms Julie McCabe.

A new welcome staff member to the Simulation Centre is Dr Melinda Berry, who has commenced a part time appointment as of mid October 2007 and will have continued involvement in 2008.

During 2007 the well developed skills programs for medical students were maintained and expanded. These included IV and SC injections, Basic Life Support, Cannulation, Mini Trauma Course, Airway Management, Arrhythmias, Nasogastric Insertion and Catheterisation. In order to assist catheterisation skills new trainers were purchased.

The feedback from students remains positive and their enthusiasm for the clinical practice is rewarding. The Centre is looking forward to planning further educational experiences for the students next year.

**Ms Alex Pile**  
**Clinical Emergency Response Coordinator**



## Vale Professor Don Harrison

A short speech and presentation of a plaque was made at Professor Harrison's retirement function in August 2007 by Dr Segelov, on behalf of the St Vincent's Clinical School.

Prof replied in a short note that he was "touched" by the speech given by Dr Segelov, and expressed his thanks to the Clinical School for the plaque. We were pleased to hear that it "occupies pride of place on the mantelpiece" of his home. Sadly, Professor Harrison died shortly after, but his legacy lives on.

*Left: The plaque, an expression of gratitude for years of dedication. Right: The late Professor Don Harrison demonstrating to Phase 2 students.*





# Year 6 Representatives' Report

## Matt Aldred and Alice Whyte

2007 saw a record number of students at St Vincent's, jumping from 32 in 2006 to 44 this year. January saw everyone returning from various faraway, exotic elective locations, fresh and ready for a big year of learning!

We were all fortunate enough to rotate through a number of specialties, including emergency/critical care, surgical, medical and flexible terms, taking full advantage of the wide range of special interests of the St Vincents' and Sacred Heart medical staff. Students who had not already done so also rotated through geriatric terms, and month-long rural placements.

Students were also given the opportunity to rotate through Sydney Hospital, with everyone attending the Sydney Hospital emergency department for a week, and some lucky students returning for rotations in hand surgery, ophthalmology and sexual health.

Friday afternoon teaching sessions proved to be very helpful, with all students benefiting from the knowledge and research of our peers, often provoking vigorous discussion and a platform for further reading. Big thanks to the consultants who gave up their Friday afternoons to supervise the sessions. Bedside tutes were, as always, extremely useful, with many tutors offering to provide weekly tutorials closer to exams, for which we are all very grateful-thanks again! To the tutors who gave their time for management vivas later in the year- another huge thank you for a number of life-saving sessions!

Finally, a sincere thank you to all at the clinical school who have helped us through this year- Dr Segelov, all the academic staff, and Naomi, Jen and Melinda for organising us over and over again!

With only one St Vincent's student returning as an intern next year, we wish everyone the best of luck, as we scatter all over the country to start all over again on the next instalment of our medical lives!



Right (L-R): Aleks Dalen, Adam Bartlett, Ada Lim, Alan Chan, Alice Whyte, Jerome Melon

## Year 6 Farewell Cocktail Party







More photos from the Year 6 Cocktail party (clockwise from above right): James Thompson and Rebecca Wood; Simon Lai, Yasser Tariq and Danny Wong; Jennifer Lee and Jennifer Pokorny; Alan Chan and Vicky Chang.



## Graduating Class of 2007



BACK ROW (L-R): Alice Whyte, Rebecca Wood, Dr Anthony Grabs, Christine Quigley, Matthew Aldred, Tom Georgeson, Dr Mark Danta, Aleksander Dalen, Stian Luteberget, Alex Honey, Alice Henschke, Michael Fryer, Ines Nikolovski, Victoria Ward, Naomi Esselbrugge, Premarani Sinnathurai

MIDDLE ROW (L-R): Niveditha Rajadevan, Jennifer Pokorny, Jennifer Lee, Jack Wang, Nick Masoudi, Alan Chan, Jerome Melon, Alan Kwok, Simon Lai, Yasser Tariq, Jamma Li, Danny Wong, Lyn Chiem

FRONT ROW SEATED (L-R): James Thompson, Rebecca James, Karina Berzins, Alex Splatt, Adam Barlett, Prof Terry Campbell, Prof Allan Spigelman, A/Prof Eva Segelov, Kathryn Woolfield

FRONT ROW KNEELING (L-R): Bianca Sheridan, Momo Yoshioka, Kelly Li, Chih Yang, Vicky Chang, Megan Campbell, Sue Walker

ABSENT: Ruelan Furtado, Matthew Ho, Supuni Kapurubandara, Ada Lim, Sebastian Ranguis, Danny Wong, Jasmine Wong



# Phase II Representative's Report

## Cameron Korb-Wells

It has been a big year for Phase 2 of the new UNSW Medicine program, as the first cohort of students complete the second half of this two-year block in 2007. During the course of the year, St Vincent's has hosted over 60 medical students from Years 3 and 4 for the Health Maintenance and Ageing & Endings clinical courses. During these courses, we have been introduced to the world of clinical medicine, with all its challenges, and had the opportunity to start developing a number of procedural skills with the assistance of workshops in areas such as cannulating, plastering, suturing and many more.

In addition to the clinical courses during Phase 2, this is where we fulfil the research requirements of our course. In 2007, a large group of students undertaking Honours and Independent Learning Projects (ILPs) have been working in and around St Vincent's and the Garvan, involved in a range of research activities ranging from the role of voltage-gated potassium channels in the cardiac action potential, to developing instruments to aid early identification of delirium in the clinical setting. That the campus can cater for research interests spanning from laboratory science to clinical medicine is testament to the diversity of its activities, which should continue to capture the interest of medical students involved in research projects for years to come.

A big thank you from Phase 2 students goes out to the staff of the clinical school, as well as the broader group of consultants, registrars, JMOs and other allied health professionals from the hospital who are kind enough

to assist with our clinical teaching on a day-to-day basis. We look forward to coming back next year, as the first group to venture into Phase 3!



Above: Health Maintenance students at the "Plaster Backslab" session;  
Left: Suturing workshop.

## Phase 2 Grand Rounds

On 21 August a group of Phase 2 students gave a well received presentation at Medical Grand Rounds, titled "Ever had a cold? An In-Hospital Survey of Common Cold Management", based on the findings of a brief questionnaire they circulated across the St Vincent's Campus in the preceding weeks. Students involved were:

- |                      |            |                   |
|----------------------|------------|-------------------|
| • Cameron Korb-Wells | • Hugo Lee | • Bilal Vanlioglu |
| • Nan Wang           | • Ping Lee | • Jim Liou        |

Right (L-R): Bilal Vanlioglu, Cameron Korb-Wells and Hugo Lee, gave the presentation on behalf of the group.



# Phase II Students' Research Independent Learning Projects

*In 2007, 19 students in Years 3 and 4 undertook their 32 week research project at St Vincent's Clinical School.*

## Dose modification guidelines for the safe use of cytotoxic chemotherapy

Student: Lauren Chong    Supervisor: Professor Robyn Ward

The topic of my ILP is the development of dose modification guidelines for the safe use of cytotoxic chemotherapy. Dose modification is complex because cytotoxic drugs have a narrow therapeutic window, and because it involves multiple factors unique to each patient. The aim of my ILP is to investigate the practice of dose modification by oncology clinicians and determine how we could develop a guideline or program to aid their decision-making. As part of this process, I am currently involved in participant observation and toxicity grading at the HOAC clinic.

## Relationship between acute alcohol consumption and non-fatal injury

Student: Matthew Terrill    Supervisor: Judy Alford

My ILP focusses on the relationship between alcohol and injuries presenting to the Emergency Department. While a past paper acknowledges that such patients have a lower GCS, no further inquiries have been made into whether recovery time back to a stable state is extended if alcohol has been consumed. This will be a major focus of my study.

I have enjoyed the opportunity to be able to practice and further upon my clinical knowledge in the ED, which will greatly assist me in clinical practice in the following years.

## The hypermobility syndrome and diverticulosis

Student: Jason Lim    Supervisor: Dr. Donald Frommer

This ILP aims to investigate if people with the hypermobility syndrome are at higher risk of developing diverticulosis. Some enjoyable aspects of the project include patient interaction, getting to watch endoscopies, and learning how to diagnose the hypermobility syndrome. This ILP also gave me the opportunity to experience firsthand how clinical research is conducted. Getting the chance to pursue other interests outside of medicine was enjoyable as well. However, the ILP gives you a lot free time, and you are without a daily routine. Hence, good time management is important, and is a skill I'm still trying to obtain.

## Ultrasound-guided biopsy in the staging of lung cancer

Student: John Jang    Supervisors: Dr David Williams & Dr Marshall Plit

I have been given the privilege of being part of a study that aims to show how new technology in the form of ultrasound-guided needle aspiration of mediastinal nodes may be used to stage lung cancer in a safe and accurate way. It's been a great experience thus far and I have learnt a lot in the short time I have spent in the endoscopy unit at St Vincent's, where I have often marvelled at the staging power of endoscopic

ultrasound-guided fine needle aspiration (EUS-FNA). I also attend the hospital's lung cancer meetings. Very recently, Dr Plit performed endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-tBNA), the very first in NSW, and we are hoping to combine EUS-FNA and EBUS-tBNA to make a more accurate diagnostic and staging tool.

Most enjoyed: Gastro ward rounds with Dr David Williams.

## Assessing Delirium Risk in Hospital Patients

Student: Alison Freeth    Supervisors: Prof. Kay Wilhelm & Dr Greg O'Sullivan

My aim is to find out what risk factors make a patient more likely to become delirious. We have developed a checklist and I will be testing it in the Pre-Anaesthetic Clinic and Emergency Departments. We hope to find a cut off score to identify patients at high risk. Early results from my pilot study on hospital records are promising and I am looking forward to testing it. The ILP is a great opportunity to get some hands on experience in the hospital. Research has been a steep learning curve, but I have had great support from my supervisors and overall, has been an enjoyable experience.

Jason Lim and Dr Don Frommer





## Social isolation in the elderly: Does ACAT assessment of “at risk” clients influence outcome?

Student: Isuru Ratnayake (right) Supervisor: Dr. Nicholas Brennan

My project is a follow-up study on a population of elderly patients who were assessed by Waverley Aged Care Assessment Team within the past 3 years and referred to residential care. We hypothesise that those patients who are more socially isolated and suffer from cognitive impairment are less likely to have accepted referrals to residential care, and that the general health of these patients will have deteriorated significantly compared to patients who have accepted referral.

The practical aspects of the project have included contacting approximately 300 patients and their carers/ relatives, designing the questionnaire and conducting interviews.

Going out on home visits by myself has been one of the great rewards of this project. I have discovered that I have a real passion for community medicine. My geriatric history-taking skills have improved substantially and I’m also learning the art of dealing with carers/ relatives and residential care facility staff. To our knowledge, a follow-up study on ACAT assessments has never been performed before.

Certain aspects of the project have been challenging. Selecting the ideal population for this study has been difficult and organising home-visits at suitable times has also been difficult at times.

So far, my project has provided good insight into the rewards and frustrations of research and I am certain that at the end of the project, I will have a good understanding of what clinical research is all about. Not to mention, it would be an added bonus if my study actually shows something significant!



## Comparing Radiation Techniques for the Treatment of Prostate Cancer

Student: Peter Chigwidden Supervisors: Drs Gerald Fogarty & Michael Izard

My Project is a Matched-Pair Analysis to determine the difference. In disease free survival over a 5-year follow-up, between External Beam Radiotherapy alone versus External Beam Radiotherapy with a High Dose Rate Brachytherapy boost for intermediate- to high-risk carcinoma of the prostate.

Looking at Prostate Cancer from the perspective of Radiation Oncology is very enjoyable, because of the opportunity to study the highly specialised radiation treatments, which would go unexplored in a more generalised Medical degree; and because of the real advances in this field. There are no similar Australian studies with this length of follow-up, so the opportunity to contribute to evidence-based medicine is an exciting one.

Although the prospect of gathering information through updating databases is daunting, the experience of research will be useful further into my career.

## Missed Injuries in Major Trauma Casualties

Student: Austin May Supervisor: A/Prof Gordian Fulde

My project is a form of Quality Assurance, which is a method of systematically and retrospectively examining morbidity, mortality, and other indicators of successful patient management. By following deceased ED major trauma patients to the Coroner’s Office (to witness the autopsies), I hope to make comment on the extent and severity of missed injuries/diagnoses. This research ultimately intends to provide feedback to the SVH Trauma Committee.

My time in SVH Emergency Department has been most enjoyable. I am able to witness the acute care of major trauma patients, and follow each of the investigations sought by the ED team. The department is held together by good nature and good relationships, so it has been a pleasure getting to know the personalities and characters that make this place tick.



Austin May and A/Prof Gordian Fulde



Prof Macdonald and Judy Kuo

## Impact of Celsior Preservation Solution on Cardiac Transplant Outcomes

Student: Judy Kuo Supervisor: Professor Peter Macdonald

St Vincent's Hospital has one of the leading thoracic transplant units in the world. In March 2005, Celsior solution was introduced and has since become the standard preservation solution. The purpose of my ILP is to determine whether the introduction of Celsior solution has translated into better post-operative outcomes. Time to ICU discharge, need for ventilatory and inotropic support, and overall survival are some of the many endpoints that will be examined.

The crux of my research involves data analysis using existing data but, I attended heart failure and transplant clinics where I was able to witness the real-life conditions that pre- and post-transplant patients encounter.

One of the most challenging aspects of my project is dealing with large amounts of data, knowing which parameters to examine, and which statistical tests to use.

It is very interesting and a great privilege to be able to work with Professor Peter Macdonald as part of the Cardiac Transplant Team in this very specific area. I hope to be able to publish the results of my research in a journal such as Heart Lung & Circulation.

## Prevention of Phobic Behaviors in Young Children

Student: Sean Chen Supervisor: Prof Gavin Andrews

This project aims to design and pilot a fear prevention program for children in stage 3 of primary school (years 5 and 6). The theory is that unmanaged excessive fears in childhood might predispose to depression later in life and by teaching children coping strategies in dealing with stressors, we can hopefully prevent this condition or reduce its prevalence.

One of the greatest aspects of the project is how it combines research with the actual application of knowledge. Should the pilot course prove to be effective, it may be implemented within primary schools and possibly decrease depression in 10 to 20 years time.

## ILP Grand Rounds

### Report by Daniel Scott

On the 9th of October the ILP students took over Grand Rounds and presented on their respective topics of research. Seven students each covered some background, aims, methods, preliminary results and reflections on their experiences so far. The turnout was tremendous, considering the challenges audience members had to face in accessing DMLT.

A wide assortment of topics was presented, ranging from photography in the emergency department to delirium in hospital patients.

The students who presented were:

- Daniel Scott
- Aussie May
- Jonathan Guirguis
- Jason Lim
- Alison Freeth
- Izzy Rathnayke
- Judy Kuo



*Students enjoyed peer discussion over delicious pastries at the ILP Morning Tea held on 9 August*



## Prevalence and management of hyperglycaemia in patients presenting with acute stroke and TIA

Student: Daniel Scott Supervisors: Prof. Lesley Campbell & Dr Jerry Greenfield

The first objective of my ILP was to determine the prevalence of diabetes, impaired fasting glucose and hyperglycaemia in patients with acute stroke or TIA, using a registry from the Acute Stroke Unit. The next part is to follow these patients beyond discharge and to find out what happens after they've left hospital. Using questionnaires and phone surveys, my aim is to examine the triangle of communication between the hospital, patient and GP.

The most enjoyable part of this project has been to learn the physiology behind abnormal glucose metabolism and how this is often detected for the first time when the patient has a major event such as a stroke. One challenge has been to maintain the flow of communication between the two departments involved – the Diabetes Centre and the Acute Stroke Unit, however this collaboration has been essential to the progression of the study.

Along the way I've been to lots of endocrinology and stroke meetings and found that expanding my knowledge in these areas has been important.



*Daniel Scott and Prof Lesley Campbell*

## Haemorrhoids and the Hypermobility Syndrome – a possible link?

Student: Jonathan Guirguis Supervisor: Dr Donald Frommer

The purpose of this project is to establish a link between joint Hypermobility Syndrome (HMS) and the incidence of haemorrhoids, seeing as both are collagen disorders. Despite some early delays, I will be examining patients (controls and those treated for haemorrhoids). Being very different in nature to 'normal' university studies, this project is really giving me insight into the world of research, revealing to me the somewhat difficult nature of organising and undertaking a largely self-directed study.



*Dr Frommer's ILP students, Jonathan Guirguis and Jason Lim, present their ILPs (both based on problems linked to Hypermobility syndrome) together at ILP Grand Rounds.*

## Uptake of Quality Use of Medicines principles in the Pharmaceutical Industry

Student: Nan Wang Supervisor: Prof Ric Day

We are examining the attitudes and potential issues in the uptake of QUM principles among different pharmaceutical companies by conducting 30 face-to-face interviews (appx 30min) with pharmaceutical representatives across different departments. This is a qualitative research and the transcription of the interviews will be coded and analysed to reach a hypothesis.

Challenges: It was difficult to get started and look for potential interviewees. The transcription of 30 half-hour interviews is a heavy load.





## Evaluation of SIR spheres for treatment of primary and secondary cancer in the liver

Student: Adam Ballin (left) Supervisors: A/Prof Eva Segelov & A/Prof. Lourens Bester

This ILP is prospectively auditing the experience of SIR's as a novel treatment for primary and secondary cancer in the liver. Developed in Australia, SIR (Selective Internal Radiation) spheres, are resin microspheres impregnated with Yttrium-90 that are delivered intra-arterially to liver tumours. St Vincent's Hospital is a national leader with this technique. Data is being collected referral patients, initial consultation, workup, implantation and follow-up. SIR spheres are classified as a device and therefore were not required to undertake Phase I-IV trials like pharmaceutical agents.

This project provides an excellent opportunity to collect data prospectively and analyse outcomes. The project will also create a live, specialist database that can be used in everyday practice. Day-to-day aspects of the project include attending patient consultations and procedures in the Interventional Radiology Laboratory.

## BAFF and its receptors in B cell Non-Hodgkin Lymphoma: Potential role in immunophenotyping and recruiting T regulatory cells

Student: Jenny Yang Supervisor: A/Prof William Sewell

Subtyping and diagnosis of Non-Hodgkin Lymphomas (NHLs) are assisted by detecting cell markers known to be associated with different subtypes. Using flow cytometry, I will be looking for receptors of the cytokine BAFF: BAFF-R and TACI on malignant B cells, to assess if their detection may contribute towards NHL phenotyping and diagnosis.

I will also be looking for elevated regulatory T cells (Tregs) in NHL, and their expression of BAFF-R and TACI.

My greatest challenge has been working in a specialised area with little background knowledge, and adjusting to the different style of learning in ILP. My supervisor was great in helping me establish a secure knowledge base before starting, and always takes the time to explain. I've also had the 'typical' challenges of research, such as: waiting for materials to arrive, making mistakes, difficulties getting experiments to work (which were perfect on paper!), and above all, learning to be patient!

My experience in the lab and haematology meetings has been especially interesting, as I've seen the amount of teamwork involved. Exposure to this environment has made me think a lot about my future career.

## Omega Currents in hERG K<sup>+</sup> Channels

Student: Tom Hughes Supervisors: A/Prof Jamie Vandenberg & Dr Adam Hill

Location: Victor Chang Cardiac Research Institute

The human ether-a-go-go related gene encodes the cardiac potassium channel responsible for the rapid component of the delayed rectifier current of the cardiac action potential (IKr). Malfunction of hERG channels is a major cause of long QT syndrome, either through drug block or mutation. LQTS is a major risk for torsades de pointes, and is associated with sudden cardiac death.

Studies in other ion channels have been able to induce currents that do not flow through the main pore, but through the voltage-sensing domain, (so-called omega current as opposed to alpha current). This project hopes to find similar results from hERG mutagenesis and electrophysiological assay.

I am grateful to Dr Vandenberg for his generosity with his time, knowledge and patience as the initial learning curve was very steep. I have also enjoyed the opportunity to indulge in other disciplines (Australian history and French), and have a part-time job. A important experience for me has been that there IS enough time in the day but you need to learn how to use it, which was a challenge.



Tom Hughes presenting his project at ILP Grand Rounds.

## Injuries sustained from low falls

Student: Gary Yang    Supervisor: Dr Tony Grabs

This ILP is a review of the trauma database, specifically admissions caused by low falls (<3m). 2002-2006 will be analyzed, to determine the profiles, demographics, nature of injury etc. In addition, the project will try to calculate the financial cost of falls to the hospital system. This type of cost analysis is rarely done; as such, it will have great significance in understanding the nature of one of the most common causes for A&E admission.

It has been a pleasure to work with one of the best in Dr. Grabs. I have valuable experience, seeing first hand the massive burden of falls and its consequences. I now realise the significant role of solid record keeping and administrative work in the healthcare system. It is one of the essential services that enable the hospital to function. These jobs are the not so glamorous parts of medicine, which many of us, including myself, take for granted. This ILP has definitely changed my views on this issue.

Enjoyable aspects: The interviewees were all very nice and I enjoyed the conversations with them very much. I find that the qualitative method is actually able to gather enormous amount of information compared with quantitative ones.



## The Year Past Phase I Report

Phase 1 students are in their first 2 1/2 years of Medicine. The learning program comprises integrated blocks based on clinical scenarios in each of the life cycle domains: Beginnings, Growth and Development; Health Maintenance; Ageing and Endings and Society and Health.

Students attend a variety of teaching sessions

on campus including lectures, pracs and small group scenario based tutorials. From the first week in Medicine, clinical skills are developed through a program which alternates weekly between the on-campus clinical skills centre and hospital based bedside tutorials. The clinical skills sessions in Phase 1 focus on communication and history taking, as well as systems examinations of normal individuals. The end of Phase 1 Clinical and Communications Course exam tests history taking and physical examination, as well as the prescribed procedural skills of BP, temperature, UA etc.

At St Vincent's Clinical School, we have had a very successful program of inviting interns and JMO's to tutor the Phase 1 groups. This has had a very positive response from students, who can relate to these junior doctors, and from the RMO's, who enjoy teaching and find that (like all of us) the teacher sometimes learns more than the students! We also acknowledge our Phase 1 GP tutors who have now been teaching with us for many years. The students appreciate having the same tutor throughout the two years and there is excellent opportunity for feedback and growth with this system.



**ALL POTENTIAL PHASE 1 TUTORS  
WELCOME!!**



# The Year Past Examination Report



*Above: Miss G leans on mum after a long afternoon of volunteering as a patient; Below: Dr Brennan looks on as a student performs an exam on Ms C; Bottom right: Mr and Mrs W assisted with our Phase 2 examination.*



This year the Clinical School examined close to 200 students over just 5 days. We were greatly supported by approximately 100 patients and volunteers and also close to 100 examiners.

Thank you to everyone who helped make these usually hectic days run smoothly, and your support is much appreciated. **A special thanks to our volunteers: although we can't name them here, we greatly appreciate the time given to help us with our examinations.**

With the commencement of the 2008 teaching program, we will once again start recruiting examiners for the next lot of exams.

## Examiners

### Phase 1:

Dr Ishtiaq Ahmed, Dr Audra Barclay, Dr Louise Webb, Dr Lea-Anne May, Dr Will Lee, Edna Koritschner, Dr Judy Kell, Dr Susan Priest, Dr Carol Fenton-Lee, Dr Martin Duffy, Dr Caitlin Matthews, Dr Fraser Drummond, Dr Kartik Bhatia, Dr Andrew Mahoney, Dr Susan Priest, Dr Clare Suttie, Dr Rachelle Cohen, Dr Dani Linden, Dr Joe Suttie, Dr Hanneke Chudleigh, A/Prof Tony O'Sullivan, Prof David Morris (SG)

### Phase 2:

(March) Dr Jason Abbott, Dr Steven Faux, Dr Joe Suttie  
(November) Dr Gerald Fogarty, A/Prof Gordian Fulde, Dr Nick Brennan, Prof Peter MacDonald, Dr Sandy Beveridge, Dr Suzanne McKenzie, Dr Bronwyn Chan, Dr Andrew Jabbour, Dr Katrina Williams

### Year 6:

Dr Ian Cole, Prof Ken Ho, A/Prof Michael Neil, A/Prof Antony Kelleher, A/Prof Stephen Wilson, A/Prof Reg Lord, Dr Romesh Markus, Dr David Robinson, Prof Peter MacDonald, Dr Simon Tan, Dr John Raftos, Dr Warren Hargreaves, Prof Michael O'Rourke, Dr Don Frommer, A/Prof Bruce Conolly, Dr Terence O'Connor, A/Prof Greg Dore, Dr Debra Yates, Dr Neville Sammel, Dr Brad Seeto, Dr Raji Kooner, Dr Peter Bentivoglio, Dr Emily Granger, Dr Sandy Beveridge, Dr Abdullah Omari, Dr Marshall Plit, Dr Paul Darveniza

## Exam Dates 2008

<b>Phase 1 Clinical Exams</b>	Monday 12 & Tuesday 13 May 8am-5pm
<b>Phase 2 Clinical Exams</b>	Tuesday 1 April 8am-5pm Tuesday 25 November 8am-5pm
<b>Year 6 Clinical Exams</b>	Tuesday 23 - Friday 26 September 8am-5pm (Exact days to be confirmed)
<b>Year 6 Viva Exam</b>	Tuesday 30 September 8am-2pm







# The Year Ahead

## Phase III Report

### ***IT'S FINALLY HERE: PHASE 3 OF THE NEW MEDICINE PROGRAM, COMING TO A SCHOOL NEAR YOU!!***

2008 will see the rollout of Phase 3 for the first time. These are Year 5 students who will undertake ten 8-week terms across Medicine, Surgery, O&G, Paediatrics, Rural and Community settings, to be followed by a series of electives and selectives. St Vincent's Clinical School will offer the Medicine and Surgery terms and a large variety of elective terms. Our terms will be composed of two 4 week blocks, so that students get exposure to a wide variety of clinical medicine.

There are a few major areas of difference from the previous course:

#### **1. Assessment**

Each student is formally assessed at the end of the 8 week block, by predetermined tasks including:

- Formal supervisor feedback and grading, including attendance, attitude and aptitude
- Observed clinical history/examination on 2 occasions (the 'mini-CEX' examination)
- Clinical case presentation (oral or written)
- Surgery terms also have an online MCQ formative exam, whereas Medicine terms have a Clinical Pharmacology assignment

#### **2. Formal procedural skills workshops**

Half day sessions have been organised to cover the required procedural skills (eg IV cannulation and line setup; lumbar puncture; urinary catheterization etc, along the lines of our very popular skills session run this year in our PrInt term.

#### **3. Integrated Basic Sciences**

Each Friday morning during the medicine and surgery terms, students will have a tutor-led basic correlative science course which will cover pathology, anatomy, clinical physiology etc.

#### **4. Examinations**

Students will sit a basic science examination at the end of Year 5 (predominantly pathology, biochemistry, microbiology etc) and then sit a final clinical examination just prior to their last term in Year 6.

#### **5. Bedside tutorials**

St Vincent's will continue to hold small group (3-4 student) bedside teaching tutorials focussing on interpretation of history, physical signs and investigations, with development of clinical reasoning and therapeutics.

Phase 3 students (Year 5) will be present in some terms and tutorials along with their Year 6 colleagues (Year 6 running in 2008 for the final time). We have found such vertical integration to be helpful and stimulating in the more junior years, and it is an exciting opportunity for peer learning (as well as a good opportunity to compare the 'new' and 'old' courses!). Let us know what you think!!

# The Year Past

## Clerkships/Elective Students

### Overview

This year we've had over 40 elective or "clerkship" students attending various terms, some from close to home but most of them from other countries diverse as Singapore, Hong Kong, Austria, United Kingdom and the USA. The feedback has been overwhelmingly positive, with most students rating their time as "excellent", and all reporting that they would recommend the St Vincent's clerkship experience to others!

Some comments on the enjoyable aspects of their time included:

"Seeing some really unusual patients that I have not had the chance to see yet in the UK, seeing differences in Australian Medicine."

- Emma Marston, University of Southampton, UK (Neurology, Supervisor: Dr Romesh Markus)

"Great friendly staff and good facilities and teaching."

- John English, University of Otago, New Zealand (Orthopaedics, Supervisor: Dr John Rooney)

"The sincerity of the doctors and the friendly working environment. Beautiful building as well."

- Li John Wing, University of Hong Kong (Vascular Surgery, Supervisor: Dr Tony Grabs)

"Seeing operations I would not have seen at home such as heart/lung transplants."

- Marie-Anne Burckhardt, University of Basel, Switzerland (Cardiothoracic Surgery, Supervisors: Dr Jansz, Dr Spratt)

"I gained hands on experience in a hospital teaching environment working in a multidisciplinary team within public/private sectors which was very helpful... Being a woman I often find that my career aspiration of being a cardiothoracic surgeon is questioned but by carrying out this placement I found a role model in the form of Dr Emily Granger and it's been a privilege to work with her."

- Hina Iftikhar, Brighton & Sussex Medical School, UK, (Cardiothoracic Surgery, Supervisor: Dr Phillip Spratt, Dr Emily Granger)

"Always very busy and many aspects of this field to explore... I don't want to leave!"

- Malinda Itchins, University of Tasmania (Medical Oncology, Supervisor: A/Prof Eva Segelov)

*Left: Benedikt Weber from Austria was happy for the opportunity to spend 4 weeks in Immunology with Prof Carr.*

*Right: Fellow Austrian students Florian Berger and Sarah Girstmair took a Plastic Surgery elective with Dr Russell Aldred from mid-July to mid-August.*

*Hina Iftikhar (UK) enjoyed the opportunity to take part in one of the Suture workshops held this year.*



## Elective Student Report

**Miriam Jarrett**, a fourth year University of Queensland student joined us from mid-October to mid-november for terms in Cardiology and Gastroenterology, which she found to be very rewarding ones:

My Cardiology rotation was, not surprisingly, very busy. There were many opportunities to learn including ward rounds, angiography in the cath lab and individual consults with the Registrar. The majority of patients were recovering from myocardial infarcts but there were also presentations relating to valve disease, atrial-septal defects and arrhythmias. My proficiency in history taking and examination skills has improved and I am more confident approaching an ECG and in understanding the anatomy of an angiogram. I have a better understanding of appropriate medications for these patients and I would like to thank Dr Roy and Dr Harris for their individual time with me. My surgical experience involved watching an aortic valve replacement - it was simply amazing!



The Gastroenterology ward was not quite as hectic but still very busy and interesting. There was an array of patients being admitted which is part of gastroenterology's appeal for me. Patients were admitted for severe iron deficiency anaemia, inflammatory bowel disease and alcohol related liver disease and its consequences. I learnt a lot from an endoscopy clinic with Dr Feller and Dr Terkasher - scopes are a great chance to see some real anatomy and promote discussion on various conditions. Dr Danta's Hepatitis clinic was particularly interesting and I was fortunate to be invited to join it. It rapidly expanded my knowledge of Hepatitis C and its treatment especially in the HIV population. The array of patients was similar to that on the ward and they were particularly generous sharing their experiences with me.

I have had a great time at St Vincent's. The Clinical School staff, hospital staff and other final year students have all been welcoming. I have had the opportunity to join the PrInt students in their activities and made use of "JED" (the Ophthalmology dummy). It has been an excellent lead up to my final exams and an invaluable experience in preparation to become an intern.

Thank you to everyone who made this possible for me. I am especially grateful to Professor Terry Campbell and Dr Mark Danta for agreeing to be my Supervisors during this time.



# The Year Past

## Rural Student Reports



Year 6 Student **Matt Ho (left)** spent half his final year at St Vincent's and the rest at his Year 4 Alma Mater, Port Macquarie

A lot has changed since this year's UNSW medical graduates first started clinical training in 2005. I vividly remember the angst and fear of at least 80% of the student contingent regarding hospital preferences for training allocations: "If I stack less popular Sydney hospitals, does that mean I won't be shafted to the farms?" "I'll set up a bid on ebay...I'm gonna quit med if I have to live in huts and jungles for one year"

il'm now proud to say that I'm a rural skeptic converted. There's no better way to test your belief about something than by experiencing it first hand. That's what happened in my med 6 year, 2007.

Port Macquarie is the closest of all the rural campuses to Sydney - the 400km journey taking less than 4 hours, while daily flights, buses and trains are also available.

The most striking misconception about rural campuses is that they are primitive buildings housing altruistic doctors who serve those poor unfortunate people who don't enjoy the services that a city of 4 million people can offer. Nothing could be further from the truth. Port Macquarie is a mini-city containing 65,000 residents, and up to 40,000 holiday goers at any one time. There is a demographic peak in the very young, and elderly age-group, and hence a high demand for health-care. The town provides two major shopping centres, an abundance of sporting/entertainment facilities, 8 surfing beaches, and even an art museum.

One of the most positive aspects of the Port Macquarie experience was interacting with people of the community. As medical students, we were instantly made to feel like part of the Port Macquarie community. Everyone seemed to have time to get to know us, and many friendships were developed and cemented both within and outside the hospital.

The Port Macquarie medical student group of 2007 is characterised by diversity and teamwork. The 9 students came together as a bunch of randoms, but have left as a well-trained unit of interns who will leave 2007 with great memories, and hopes to return as doctors to give back to rural health, what we all received this year and more.

I believe that Port Macquarie offered a more holistic training experience,



*The view from North Brother Mountain, near Port Macquarie*



*Matt and fellow Port Macquarie Students*

while sacrificing very little in terms of the facilities available to city medical students. Port Macquarie has over 100 GPs, and over 50 specialists, covering all the major disciplines. The Base hospital has 160 beds. The low student-to-patient ratio and the personal efforts given

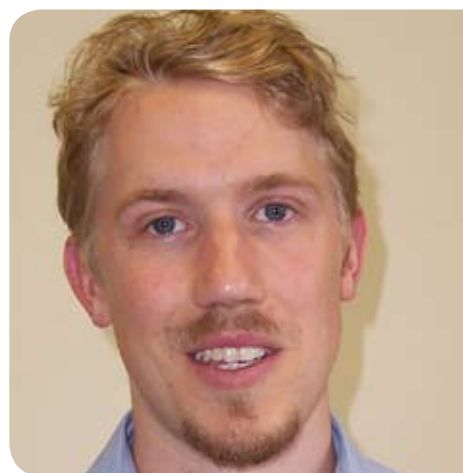
by the hospital consultants combined potently to provide a relaxed, yet thorough learning experience. This nicely culminated in pre-exam dinners hosted by some of our consultants – a gesture which really emphasized the uniqueness of teaching in Port Macquarie, and one for which we are all very grateful.

This report would not be complete without mentioning the very recent opening of the \$3.2 million new clinical school building, otherwise known as 'Prof's palace'. This is breathtaking– a 12 desk computer room, 2 large lecture theatres, a student bar and lounge, and an outdoor barbeque. Because we didn't actually have use of the building, the temptation to deliberately repeat 6th year was very real and dangerous, especially while sipping champagne and eating prawn rolls in the lounge after our first exam.

The shortage of rural medical practitioners is a much publicised national health issue. It is a very real issue, which is in part, born from a very unreal stigma attached to these rural medical centres. The fact is that rural training has many strengths over its city counterparts; rural lifestyle is advantageous in nearly every way; and nothing is lost in terms of health facilities in places such as Port Macquarie. We are truly privileged to be given the opportunity to experience training in rural areas, and thanks must go to all the staff who have made this possible.

**Tom Georgeson** (right) spent a rural term in the community of Nhulunbuy on the Cove Peninsula in the Northern Territory (East Arnhem Land)

It was an amazing experience. Most health workers and students in Australia are aware of the different issues that confront indigenous people in remote communities and how they play a role in the poor health statistics of these groups, including difficulties accessing health services, poor living conditions, education issues, historical injustices, and limited access to fresh foods and in some cases even water. However, to be physically on the ground in these communities, to travel by plane over the huge distances of land separating the communities in East Arnhem land, and to be directly facing the enormous language difficulties between health workers and the local Yolngu people, these things were a real eye opening experience for me. It was a huge learning curve to be in such a different cultural environment and yet on the same continent. It was also a time when a highly charged political debate was going on concerning new policies that will directly affect these communities, and I had the opportunity to learn much about these issues from the perspectives of many different people who were very welcoming and happy to talk. I left with the sense that although I came from a position of great ignorance as to what was the real basis of the health issues in remote communities and how they might be addressed, with the right attitude and a commitment to continually listening and learning, there are a myriad of ways in which health workers can contribute something.





# Postgraduate Coordinator's Report

## Dr Mark Danta



Research is now a priority for UNSW and postgraduate students are an integral part of this. St Vincent's Clinical School is the second largest postgraduate school within the UNSW Faculty of Medicine. Currently, **there are over 100 students enrolled in PhDs on the campus**, which encompasses the St Vincent's Clinical School and Hospital research groups, Garvan Institute of Medical Research, Victor Chang Cardiac Research Institute and Centre for Immunology.

Work has now begun on the construction of the St Vincent's Research and Biotechnology Precinct which will be NSW's largest biomedical research hub, carrying out research into cancer, heart disease, dementia, bone disease, immunology, HIV and Diabetes. Postgraduate students have ongoing contributions to all of these areas.

The postgraduate co-ordinator is responsible for the liaison between the students and the university as they progress through their postgraduate studies. Earlier this year I took over the role from Associate Professor Bill Sewell. He held the position for just over 13 years during which time he oversaw a significant expansion of the postgraduate program on this campus. I would like to thank Bill on behalf of the students, School and Faculty for his contribution while in the post.

I hope that in this role, I will be able to contribute to a continued expansion of the postgraduate program. Certainly, with the university's prioritisation of research, the construction of the new precinct and a recently elected Labor government promising increased funding for education the future is looking very good for the postgraduate program.

## Director of Conjoint Liaison

### Associate Professor Eva Segelov

In October this year I took on a newly created role in the Faculty of Medicine, that of Director of Conjoint Liaison. This position was created in recognition of the huge commitment and goodwill that exists towards the undergraduate teaching program from conjoint staff across all the UNSW Clinical Schools (St Vincent's, Prince of Wales, St George, South West Sydney and the Rural Clinical School campuses). My role is multifaceted, with responsibilities for conjoint professional development, liaison with hospital administrations, recognition and reward of conjoint role, and refinement of the conjoint model to increase satisfaction.

I have already begun visiting each of the Clinical Schools to understand issues relating to the conjoint staff, with many similarities between campuses, but also notable differences. Here at St Vincent's, we have a number of programs and interactions to facilitate conjoint involvement and recognition, but as always I would welcome any opportunity to discuss issues you would like addressed.

# Centre for Palliative Care

## Professor Jane Ingham

In the latter months of 2007 a partnership of Sacred Heart, St Vincents & Mater Health, the University of New South Wales, the University of Notre Dame Australia, Calvary Health and the Cancer Institute NSW has begun the development of the Cunningham Centre for Palliative Care. The aim of the Centre is to promote and enable excellence in palliative care research, education, clinical practice and quality care.

The Centre will be formally launched in early 2008 and will be named in honour of Mary Ann Cunningham (Sister Xavier RSC 1833-1903) who, as a Sister of Charity, opened Australia's first hospice for the dying in 1890. The new Centre will be based on St Vincent's Darlinghurst Campus at the Sacred Heart Centre, and, under the leadership of its Academic Chairs, will provide leadership in teaching, research and clinical palliative care. The Centre's academic links are with the Universities of NSW and Notre Dame Australia. Professor Jane Ingham has been appointed through the University of NSW as Academic Chair in Palliative Medicine and it is hoped that the New Year will see the appointment of the Academic Chair in Palliative Nursing through the University of Notre Dame. Dr. Katherine Clarke has recently joined the group as Senior Lecturer in Palliative Care with her appointment based at Notre Dame University. The Centre's academics will be actively involved in teaching on campus and beyond.

The Centre is a most exciting development and it is hoped that it will foster many opportunities for students at St Vincent's to have their experience in palliative care enhanced with more teaching opportunities and opportunities to participate in research in this important field. It is hoped that this report will highlight the Centre's achievements, and particularly its involvement with medical, nursing and allied health students, over the years ahead.





# Staff Listing

## Clinical School

### Administration

Mrs Melinda Gamulin

Ms Marie Hobman

Ms Naomi Esselbrugge

Ms Irena Williams

Ms Jennifer Tayler

Ms Kate Rowe

Ms Vivienne Malcolm

Clinical School Manager (Maternity Leave)

Clinical School Manager (July 07-September 07,  
Maternity relief for Melinda Gamulin)

Administrative Officer

Administrative Officer to Professor Ric Day

Administrative Assistant (commenced May 07)

Executive Assistant to Professor Terry Campbell and  
A/Prof Eva Segelov

Executive Assistant to Professor Allan Spigelman

### Academic

Professor Allan Spigelman

Professor Terry Campbell

Professor Ric Day

Professor David Cooper

Professor Richard Harvey

Professor Jane Ingram

Associate Professor William Sewell

Associate Professor Eva Segelov

Dr Tony Grabs

Dr Mark Danta

Dr Darren Gold

Dr Rohan Gett

Head of School & Professor of Surgery

Senior Associate Dean & Professor of Medicine

Professor of Clinical Pharmacology

Scientia Professor of Medicine

Professor of Medicine

Professor of Palliative Care

Associate Professor of Clinical Immunology

Associate Professor of Medicine

Senior Lecturer in Surgery

Senior Lecturer in Medicine

Senior Lecturer in Surgery

Lecturer in Surgery

## Conjoint Appointments

### Professors

Antony Basten

Samuel Breit

Bruce Brew

Jo-anne Brien

Lesley Campbell

Andrew Carr

Donald Chisholm

Roger Daly

John Eisman

Michael Feneley

Herbert Herzog

Ken Ho

Anne Keogh

Edward Kraegen David

Ma

Graham Macdonald

Peter MacDonald

Deborah Marriott

Katherine Samaras

John Shine

Jonathan Sprent

Keith Stanley

Robert Sutherland

### Associate Professors

Lourens Bester

Trevor Biden

David Bryant

Richard Chye

Susan Clark

Milton Cohen

W Bruce Conolly

Gregory Cooney

Antony Cooper

Peter Currie

Anthony Dodds

Sally Dunwoodie

Diane Fatkin

Judith Freund

Gordian Fulde

Edith Gardiner

Allan Glanville

Bernard Haylen

Christopher Hayward

Susan Henshall

James Kench

Reginald Lord

Fabienne Mackay-Fisson

Adrienne Morey

Elizabeth Musgrove

Michael Neil

Tuan Van Nguyen

Christopher Ormandy

Michael Perry

Nicholas Pocock

Thomas Preiss

Leon Simons

Phillip Stricker

Sharad Tamhane

Bernadette Tobin

Jamie Vandenberg



### Senior Lecturers

Russell Aldred	Steven Faux	Michael Kennedy	Neville Sammel
Neil Ballard	Robert Feller	Maija Kohonen-Corish	Carsten Schmitz-Peiffer
Asne Bauskin	Douglas Fenton-Lee	Vincent Lamaro	Jacob Sevastos
Alexander Beveridge	Andrew Field	David Laybutt	Pablo Silveira
Christopher Bradbury	Andrew Finckh	Kin-Chuen Leung	Elizabeth Silverstone
Nicholas Brennan	Ray Garrick	Monique Malouf	Daniela Stock
Phillip Brenner	Laila Girgis	Romesh Markus	Ian Sutton
Robert Brink	Thomas Grewal	Steven Mistilis	Stuart Tangye
David Brown	Shane Grey	John Moore	Helen Tao
Michael Buckland	Jenny Gunton	Philippa O'Brien	Bryce Vissel
Neil Buckland	Adrian Havryk	Terence O'Connor	Bruce Walker
Alison Butt	Vanessa Hayes	Sharon Oleskevich	Colin Watts
Joga Chaganti	Lisa Horvath	Gregory O'Sullivan	Margot Whitfeld
Daniel Christ	William Hughes	Malcolm Pell	Stephanie Wilson
Paul Darveniza	Siiri Iismaa	Marshall Plit	Alexander Wodak
Michael Dawson	Lele Jiang	Paul Preisz	Michael Wyer
Martin Duffy	Graham Jones	Michael Rolph	
Michael Exton	Joanne Joseph		

### Lecturers

Traude Beilharz	Gerald Fogarty	Michael King	Duncan Sparrow
Damien Boyd	Emily Granger	Juliana Lamoury	Jacqueline Stoeckli
Kathryn Brooke	Adam Hill	Philip Macaulay	Clive Sun
Catherine Clarke	Megan Hitchins	Matthew Naylor	Catherine Suter
Kharen Doyle	Pengchu Ju	Abdullah Omari	Geoffrey Warwick
Suzanne Everitt	Tim Karl	Susan Parker	David Williams

### Associate Lecturers

Katrina Adorini	Allen Ko	Amir Rubin	Vidyut Suttur
Ishtiaq Ahmed	James Leong	Payal Saxena	Ruban Thanigasalam
Walid Barto	Andrew Mahony	Viral Shah	Christopher Weatherall
Jay Baumwol	Caitlin Matthews	Peter Smitham	Andrew Webster
John Chang	Susan Miles	Claire Suttie	
Andrew Jabbour	Jonathan Morton	Joseph Suttie	

## Becoming a Conjoint

If you are interested in becoming a Conjoint at St Vincent's Clinical School, please contact us at [clinicalschooll@stvincents.com.au](mailto:clinicalschooll@stvincents.com.au). There are many opportunities to become involved:

- Bedside tutorials
- Procedural Skills sessions
- Interviewing prospective students for entry into medicine.
- Supervisor for Independent Learning Projects
- And lots more!!!

# UNSW Medical Student Teaching Summary

## What's on in 2008

### “Old” Medicine Course (Med 3801)

- 2008 is the last year that this will run
- Teaching of Year 6 students (their final year) similar to 2007
- 8 week Medicine, Surgery and Critical Care terms (2 blocks of 4 weeks each term, attached to ward teams) then final exams then PrInt (Preparation for internship) term
- Small group bedside tutorials
- Friday afternoon therapeutics and interactive teaching- various topics

### “New” Medicine Program (Med 3802)

Teaching based on 4 life cycle domains:

- Beginnings, Growth and Development
- Health Maintenance
- Society and Health
- Ageings and Endings

#### Phase 1

**Teaching (Years 1 and 2):** mainly on UNSW campus; come to Clinical Schools for structured bedside teaching in history and physical examination. Basic science integrated with clinical science through clinical scenarios for each:

**Assessment:**

- Individual and group assignments throughout
- End of course exam each 8 weeks
- End of Phase clinical examination (tests proficiency at history taking, examination of normal systems and basic procedural skills)

#### Phase 2

**Teaching (Years 3 or 4):** half time at Clinical School, half time at UNSW. At Clinical School, rotate through 8 week terms in Health Maintenance and Ageings and Endings in groups of 12.

- Small group bedside tutorials
- Course tutor sessions (twice per week; case discussions based on clinical reasoning- why has this happened to this patient)
- Weekly themes
- Task planners
- Procedural skills program

**Assessment:**

- Case history assignments each term
- End of phase clinical examination (tests proficiency at history taking, examination of abnormal systems, procedural skills and integrated biomedical sciences)

#### Independent Learning project:

32 weeks of in depth project involving literature review, original research and writing up of report. Projects proposed by various supervisors or negotiated by students with supervisors. If you are interested in having a research student (clinical audits are ideal), please contact the Clinical School.



### Phase 3

Teaching (Years 5 and 6): full time at Clinical School, with some time in rural setting. Rotate through 8 week terms of Medicine and Surgery.

- 1:1 teaching with term supervisor
- Based on well defined 'learning plan'
- Aim for experiences not only in hospital but private consulting rooms, ambulatory settings

**Assessment:** Structured end of term assessment which is negotiated at commencement of term between supervisor and student. May include cross table viva questions; observed clinical examinations; written or oral case reports etc, as stipulated in Learning Plan.

### Term Dates

#### Phase 1

Teaching Period 1	3 March - 2 May 2008
Mid Session Recess	21 March - 31 March 2008
Teaching Period 2	5 May - 27 June 2008
Mid Year Break	23 June - 18 July 2008
Teaching Period 3	21 July - 12 September 2008
Teaching Period 4	15 September - 14 November 2008

#### ILP (2008 Commencement)

Teaching Period 1 & 2	7 April - 11 July 2008
Mid Year Break	12 July - 18 July 2008
Teaching Period 3	21 July - 12 September 2008
Recess	15 September - 19 September 2008
Teaching Period 4	22 September - 14 November 2008

#### Phase 2/Phase 3/Year 6

Summer Teaching Period	21 January - 14 March 2008	Phase 2 & 3 Commence
Recess	17 March - 24 March 2008	
Teaching Period 1	25 March - 16 May 2008	Year 6 Commences
Teaching Period 2	19 May - 11 July 2008	
Mid Year Break	15 July - 18 July 2008	
Teaching Period 3	21 July - 12 September 2008	
Phase 2/Phase 3 Recess	15 September - 19 September 2008	
Year 6 Study/Exam Break	15 September - 3 October	
Teaching Period 4	22 September - 14 November 2008	Phase 2 & 3
Teaching Period 4 (PRINT)	7 October - 28 November	Year 6

### Exam Dates

Phase 1 Clinical Exams	Monday 12 & Tuesday 13 May 8am-5pm
Phase 2 Clinical Exams	Tuesday 1 April 8am-5pm
	Tuesday 25 November 8am-5pm
Year 6 Clinical Exams	Tuesday 23 - Friday 26 September 8am-5pm (Exact days to be confirmed)
Year 6 Viva Exam	Tuesday 30 September 8am-2pm



# UNSW



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