

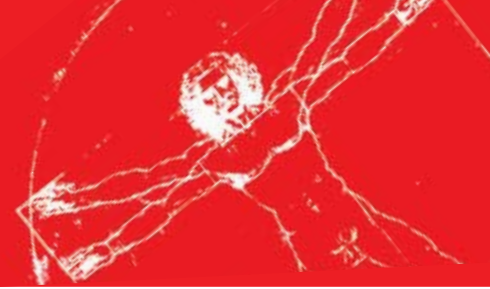
St Vincent's Clinical School Annual Report 2009

UNSW



ST VINCENT'S
CLINICAL SCHOOL





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Welcome



A/Professor Eva Segelov
Director of Medical Student Education

2009 was an important year for the St Vincent's Clinical School, being the first year where all students (Phases 1,2 and 3) were under the curriculum of the New Medicine Program. The maturity and self direction of the students was noticed by many tutors, and the graduating year of 2009 was a particularly vibrant and dynamic one. Rather than the usual 2-3 students returning to St Vincent's as interns, next year we have 8!

Highlights of the year included increased engagement with our community, which is part of our strategic direction reinforced at our Clinical School retreat. This saw staff and students jogging in the 'Nun's Run' and importantly, the launch in the near future of our Clinical School Community Project. This will involve senior medical students volunteer ing on weekend shifts to accompany the community nursing team to visit homeless and disadvantaged patients needing care in the community. The availability of the students will allow the nurse on duty to access patients that they would be unable to review if they were unaccompanied.

2009 also saw the career move from academia into administration and full time hospital service for one of our most popular staff members, Dr Tony Grabs. Fortunately he has committed to continue his involvement with teaching and we wish him all the best in his new job. He will be 'replaced' by Anthony Chambers, who will bring a wealth of clinical experience and discipline from his time in Canada and also his extensive service in the Australian Army on many postings. We also welcome Kumud Dhital, who has an academic appointment underpinning his role in cardiothoracic surgery.

Looking ahead, we welcome the clinical placement of Notre Dame medical students across the campus as they commence their clinical years. Cooperation between the Clinical Schools should ensure that Conjoint and hospital staff are not faced with two different curricula and teaching requirements, but rather than all students learn together from tutors and from each other.

Wishing you and your families a wonderful festive season and summer break!

Head of School Report

Professor Allan Spigelman

The St Vincent's Hospital Clinical School continues to provide training for approximately 315 medical students in all years of the undergraduate course, 104 postgraduate students and over 25 elective students from other countries and states.

Apart from the clinical academics, of which Dr Russell Clark has been an outstanding new part-time appointment, our teaching staff included 176 conjoint staff members of St Vincent's Hospital, St Vincent's Private Hospital and St Vincent's Clinic.

The School continues to provide significant support to all facets of St Vincent's Hospital, in both clinical services and management. Indeed Dr Tony Grabs, Senior Lecturer, Surgery, resigned his academic post after a long and distinguished career with our School, partly so that he could undertake a senior management role vital to our Hospital. We wish him well.

Our Clinical School continues to lead the Faculty in its research publication output, with our 255 publications (which excludes the 107 from of the Garvan Institute for Medical Research) exceeding the closest "competitor" by 80. Our relationship with the Garvan Institute is already strong by virtue of research collaboration and conjoint appointments to our Faculty. It will be further enhanced by the new Cancer Centre, for which \$70 million was obtained from the Federal Government this year, and which will provide an additional teaching and research facility.

Last and by no means least, the School embarked on its first Strategic Planning exercise this year. In alignment with the University and Faculty plans, the Clinical School has adopted the following four strategic objectives:

Student Experience:

Refine and improve performance in teaching including the ongoing successful implementation of the new undergraduate curriculum and strengthening feedback to students and teaching staff

Research:

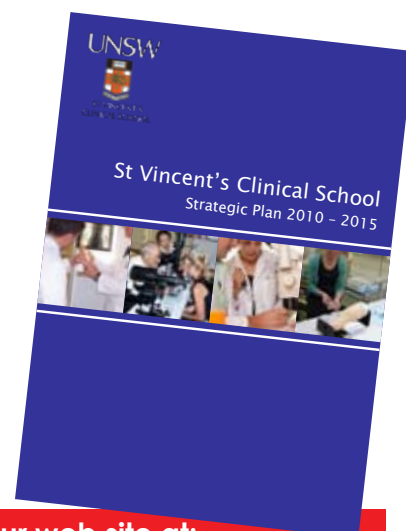
Strengthen the breadth and depth of research performance of the Clinical School's staff and students and encourage research amongst the clinician and scientist community on the St Vincent's campus and beyond

Community Engagement:

Improve the management of key relationships on and off the St Vincent's campus, take a strategic approach to active participation in community service initiatives and build St Vincent's Clinical School's unique identity in concert with the mission and values of the Sisters of Charity

Capabilities and Resources:

Provide efficient and effective support systems, encourage ongoing staff professional development whilst meeting budget expectations



The complete Strategic Plan (2010-2015) can be found on our web site at:

[http://stvcs.med.unsw.edu.au/STVCSWeb.nsf/resources/Strategic+Report/\\$file/Strategic+Report+2009.pdf](http://stvcs.med.unsw.edu.au/STVCSWeb.nsf/resources/Strategic+Report/$file/Strategic+Report+2009.pdf)



Faculty & University News



Professor Terry Campbell
Senior Associate Dean, Faculty of Medicine

The past year has seen mixed fortunes for UNSW, but overall we have done extremely well, particularly considering the enormous impact of the global financial crisis on the Higher Education sector. Budgets within the Faculty and across the University will be significantly tighter as a result, for some time to come.

Management of the situation was significantly enhanced by an important new senior appointment to UNSW, that of Mr Jonathan Blakeman as Executive Director, Finance and Operations. Jonathan has taken a transparent approach to university budget matters, best summarised as "tough but fair and consistent". From the point of view of a research-intensive Faculty such as Medicine, a particular advantage of having Jonathan on board has been that he understands the complexities and inconsistencies within the Higher Education system. Foremost among these is the fact that research activity is not fully-funded by the current grant mechanisms. When a University wins research grants, the money awarded is never sufficient to cover the true costs. This is partially offset by 'infrastructure' payments based on the amount of peer-reviewed research funding awarded, but these do not look like covering the whole cost. The Federal government had acknowledged this and was moving swiftly towards doing something about it when the GFC hit. While this situation will improve over the next few years, it has been a primary source of financial stress for a Faculty such as ours.

One spin-off of the Government's strong response to the GFC has been the success of UNSW in being awarded a number of capital grants for buildings as part of the Government's recovery program. These include nearly \$100M from the Education Infrastructure Fund for the new Energy Technologies building within Engineering and \$40M for the College of Fine Arts in Darlinghurst. Even closer to St Vincent's, \$70M was awarded to St Vincent's and the Garvan for a new Cancer Centre from the Health and Hospitals Fund, and building on this project will commence early in the New Year. The Lowy Building is the new dedicated cancer research building in front of the Wallace Wurth Building at Kensington.

In terms of the NHMRC and other major sources of medical research funding, the Faculty has had an extremely good year, its best ever in dollar terms, with several major new program grants commencing in 2009 and nearly \$30,000,000 worth of new project grants being awarded in the last few weeks to commence in January 2010.

In summary the Faculty is going from strength to strength. I have every confidence that 2010 will be another successful year for us.

Celebrating **60** YEARS of extraordinary achievement



St Vincent's Hospital Report

Jonathan Anderson, Executive Director
St Vincent's Public Health Services

St Vincent's Hospital is proud to be working in partnership with UNSW Faculty of Medicine and the Clinical School in the development of medical student education and research.

Each year, St Vincent's is grateful for the support of the Academic and Administrative staff of the Clinical School, who continue to work tirelessly toward student development and education. Through their wonderful commitment we are able to provide the very best care for our community.

The relationship with the University of New South Wales (UNSW) continues to strengthen. In recent times, this has involved the progression of Stage 2 of the St Vincent's Research Precinct, the 'Institute of Virology'. Plans are now well in progress on the facility which will house the National Centre in HIV Epidemiology and Clinical Research (NCHECR). The NCHECR will support considerable growth and further potential that will cover 'molecules to populations' in HIV/hepatitis and other infectious diseases, and extend internationally in public health.

This exciting proposal is on top of the numerous collaborations the Hospital has with UNSW covering research, intellectual property, patients and services. To use the current buzz word, the relationship is providing translational capacity on a whole range of fields.



St Vincent's Clinic & St Vincent's Private Hospital Report

Michelle Wilson
Executive Director, St Vincent's Clinic

Anne Fallon, Manager,
Education & Training SVPH

In 2009, St Vincent's Private Hospital and St Vincent's Clinic were again involved with the teaching of undergraduate medical students on the St Vincent's Campus.

During 2009, students in their Phase Three rotation spent time at St Vincent's Private Hospital as well as gaining experience in the private rooms of the VMOs.

The student case presentations were again of a high standard and well attended. The presentations covered a full range of topics – plastic surgery, lower GI, upper GI, surgical oncology, urology, vascular surgery, orthopaedics and cardiothoracic surgery.

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.

The 2009 Tutor of the Year was named as Dr Warren Hargreaves.

We continue to explore strategies to increase teaching opportunities within the private health facilities to complement the student teaching in public facilities.

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





New Academic Staff



Professor Richard Epstein

Having originally trained at St Vincent's as a medical registrar, Richard Epstein has just returned to Sydney following working in cancer medicine at Addenbrooke's Hospital, Cambridge, Dana-Farber Cancer Institute, Boston, Hammersmith Hospital (Imperial College) London, the National Cancer Centre of Singapore, and The University of Hong Kong. His clinical interests centre on biologically-based drug treatments, particularly in breast and prostate cancer, while his research focuses on cell signal transduction and bioinformatics. While at Harvard University, he patented a technique for creating antibodies that detect the activation state of a protein. He is also the author of the textbook *Medicine for Examinations* (Elsevier), now in its fourth edition, as well the sole author of the clinical science textbook *Human Molecular Biology* (Cambridge) which was awarded the Medical Book of the Year Award by the Royal Society of Medicine. In addition to regular teaching duties, Professor Epstein hopes to strengthen the Clinical Academic career track in Oncology at SVH, build translational research links with the Garvan Research Institute in the new Garvan St Vincent's Cancer Centre, and extend collaborative clinical research and educational links with extramural partners, including those in the Asia-Pacific region.



Dr Kumud Dhital

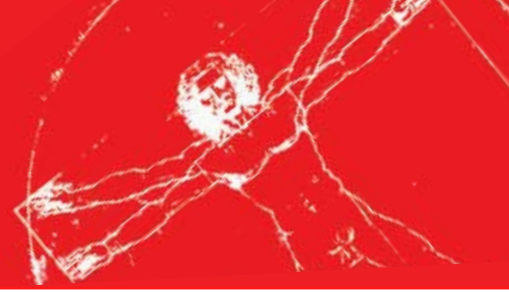
Kumud Dhital recently moved to Sydney from the United Kingdom to join St Vincent's Hospital as a Cardiothoracic and Transplant Surgeon and is very much looking forward to continuing his passion for undergraduate medical education. He qualified in medicine from Oxford University in 1991 following a previous Bachelor's degree in Comparative Physiology and a PhD in Anatomy, both at the University of London. After general surgical training and obtaining his FRCS, he embarked on cardiothoracic training at Guy's and St Thomas' Hospitals with fellowships at Oxford and Cambridge. On completion of specialist training (FRCS-CTh), he worked for 2 years as Assistant Professor of Surgery and Director of Cardio-Pulmonary Transplantation for the University of Pittsburgh (USA) to help them set up a heart and lung transplant service in Sicily, Italy. Having successfully established this programme, he returned to the UK to take up a consultant position at Papworth Hospital, Cambridge where he was Director of the Lung Transplant service and responsible for the Cardiothoracic Surgical attachment for medical students.

Dr Dhital's clinical and research interests are in transplantation and in the use of artificial support for end-stage cardio-pulmonary failure. This extends to the use of ex-vivo organ care systems to improve the function and thereby increase the availability of donor organs for clinical transplantation.



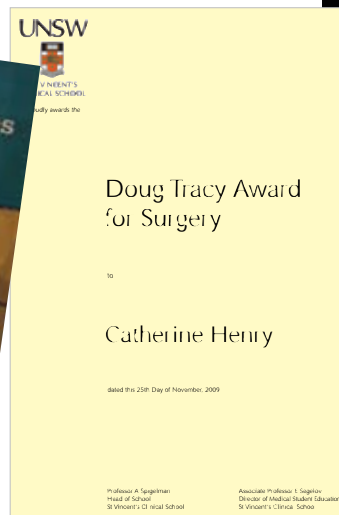
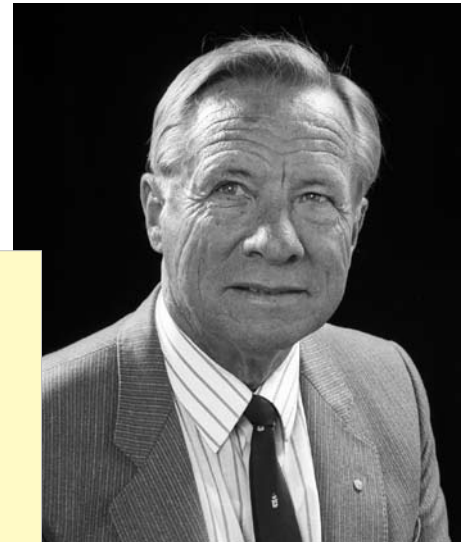
Dr Anthony J Chambers

Anthony Chambers recently returned from a two-year fellowship program at the University of Calgary, Canada, in Endocrine Surgery and Surgical Oncology. He completed his medical degree at the University of New South Wales and his basic and advanced training in General Surgery at St Vincent's Hospital. He completed a Master of Surgery at the University of New South Wales in 2001, and attained his FRACS in General Surgery in 2007. He is a General Surgeon specializing in Endocrine and Breast Surgery, Surgical Oncology and Trauma Surgery. His research interests are in clinical and outcomes research, databases and information systems, molecular biology and genetics as they apply to tumours and malignancies of the endocrine system and breast. He is also active as an officer in the Australian Army, holding the rank of Major. He has deployed on active service with the Australian Defence Force to East Timor, Bougainville, Iraq and Afghanistan, and was part of the humanitarian assistance mission to Banda Aceh, Indonesia, following the Tsunami disaster of 2004.



Vale Professor Doug Tracy

Professor Doug Tracy A.O. died on Easter Thursday after several months of illness. Professor Tracy had a long and distinguished career being appointed as a Vascular Surgeon on the St Vincent's Campus in 1969. He was Head of the Department of Surgery and Foundation Professor of Surgery for the UNSW Clinical School at St Vincent's Hospital. In 1986 he was made an Emeritus Professor with UNSW. He achieved numerous awards and accolades for his work in medicine. He was a past President of the Royal Australasian College of Surgeons. Most recently The Clinical School has allocated our premier student prize for Surgery to bear the name of Professor Douglas Tracy.



Dr Tony Grabs

After joining the Surgical Department at St Vincent's Hospital in November 1998, I have stepped down from my university position following 10½ years of enjoyable university work. My initial passions were teaching medical student in the old curriculum but I became actively involved in curriculum design for Phase Two in the new course. I became the course coordinator for Phase Two in the new curriculum and spent many an enjoyable case method tutorials with Professor Michael Grimm. More recently I have enjoyed supervising several ILP students over the last three years.



There is only so much time one has in a day and I was approached to join the Executive Team at St Vincent's General Hospital to allow medical input at the highest level. This was an opportunity hard to resist given the ability to make real changes at an executive level to improve patient care. Although leaving a formal academic position one never leaves the teaching role and I will enjoy continuing teaching at the St Vincent's Campus and participating in several case method tutorials.

I would like to acknowledge Professor Reginald Lord Snr, Professor Terry Campbell and Professor Bruce Downton on their guidance through my academic career.



Administration Report



Mrs Melinda Gamulin
Clinical School Manager

UNSW celebrates 60 years of extraordinary achievement. To support the 60th communication, our staff added the additional graphic to our email signatures and had specially designed stationery ordered. Celebrating **60 YEARS** of extraordinary achievement

Congratulations to UNSW on its 60th anniversary!

At the School, in January, we welcomed Julee Pope as our new Student Administrative Assistant. Julee is working alongside Naomi in the Clinical Administrative office with the day-to-day student administration.

We also refurbished the student's common room on level 6 de Lacy Building. We added modern youthful touch with new ottomans, two computers, new timber decking, laserlight roofing and perspex fencing. The 2008 Yr 6 students donated two colourful prints which were our inspiration for the colour scheme. Professor Allan Spigelman officially opened the common room with a pizza lunch for students.

In February, we distributed new SVC/UNSW perspex pamphlet holders to all doctor's rooms in the St Vincent's Clinic to promote teaching in the Clinic rooms.

In May, the School was donated ten new mechanical patient beds from Medcraft Hill-Rom Australia. These beds replace the OHS unfit beds that we had in our Clinical Teaching Area. Thank you to Medcraft!

In July, the Faculty of Medicine introduced an induction day for all new teaching staff. All new academic staff (employed since Jan 2009) including conjoint appointments who have teaching responsibilities are encouraged to attend. UNSW are hoping to run this Teaching Induction Day three times each year in March, July and November and will try to make use of the new video-conferencing facilities in Wallace Wurth in future iterations. For further details, please contact Dr Rachel Thompson on rachelt@unsw.edu.au or <http://www.med.unsw.edu.au/medweb.nsf/page/NTSInduction>

In August, we refurbished the Clinical Teaching Area on level 5, de Lacy Building. We added a fresh new coat of paint and did some maintenance to the curtain tracks.

In last year's report, I wrote that the students accommodation located on West Street (behind the Lowy Packer Institute) would be torn down to build the new UNSW Virology Building. This did not happen and the student accommodation is staying put. In 2010, the School plans to refurbish the residence with new mattresses, paint, kitchen appliances and water heater.

This year our tutor gifts to be handed out with the annual report will be a UNSW St Vincent's Clinical School engraved luggage tag and a sports pedometer/radio. I hope you enjoy this year's gifts as thank you from our School.

The School cannot function without the support of Conjoint staff, St Vincents, the broader Faculty, the local community and the patient population and, of course, the student body. We value the contribution of these individuals and groups and seek their ongoing support over the coming years.

I look forward to working with you all again in 2010!

A handwritten signature in cursive script, likely belonging to Mrs Melinda Gamulin.



Patient Safety Simulation Centre

Ms Alex Pile and Dr Min Berry

This year has seen an increase in time spent at our simulation centre by medical students from the St Vincent's Hospital Clinical School.

A new addition to the PRINT term this year was a day of patient simulation exercises. PRINT students were put through their paces in managing patients having respiratory distress, cardiovascular crises, neurological deterioration and cardiac arrests. The feedback was very positive with students commenting that simulation exercises throughout their final year would be very beneficial.

A pilot project was conducted on October 30th where a small group of PRINT medical students participated in simulated medical emergency scenarios in conjunction with final year nursing students from UTS. Again, the feedback from both medical students and nursing students was very positive. Comments included:

"I'm not used to being asked questions – I just follow the Resident. Good practice for next year (when I'm an Intern)"

"I wasn't sure what nurses could do ..."

"A great chance to practice and know what the nurses' or doctors' responsibilities are"

We are hoping to expand this project in 2010.

Students continued to visit the centre for training in basic life support. There were practical sessions for intravenous cannulation, giving injections, priming intravenous fluid lines and urinary catheterisation and lectures on cardiac rhythms and common fractures.

Dr Tony Grabs and Dr Bobby Manasiev continued to run sessions on Introduction to Trauma Management and Basic Airway Management. The groups are large and we are considering making them smaller with more frequent sessions. Students on critical care rotation receive instruction in advanced life support using our simulation mannequins and are individually assessed in demonstrating these skills.

Looking forward to 2010!



Phase 2 student, Claire Ruan with Alex Pile



Phase 2 Student, Jad Ofhman



Alex Pile and Sim Man running the Interactive Scenario Teaching as part of PRINT, with Phase 3 Students Kyle Bender, Dina Saks, Nima Ahmadi, Andrew Raymond & Arjuna Somanathan.



Alex Pile and Sim Man with Phase 3 students, Nan Wang, Nima Ahmadi, Arjuna Somanathan and Dina Saks



Innovation in Teaching

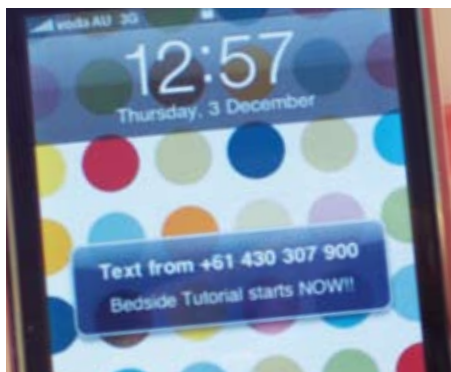


SVPH Radiology Teaching

In October the Radiology department of St Vincent's Private Hospital (St Vincent's Imaging Department located in St Vincent's Clinic) volunteered to teach Phase 3 students about radiology. Myself and 3 other 5th year UNSW students attended 4 short one hour sessions at SVC, spending time with clinical radiologists discussing topics such as breast, Urology Imaging and Back Pain Imaging. The small group teaching had a strong clinical focus, with many discussions surrounding the use of imaging, the types of imaging available, protocols available and interpret imaging. We also had the opportunity to spend time with radiographers and sonographers in the clinic so that we could better understand how certain tests are performed. As techniques and imaging tools are continuously improving, it was incredibly useful to have teaching with a clinical radiologist to discuss current practices.

Considering that as medical students we spend a remarkably short amount of time (if any!) in radiology departments, but that as future junior doctors we will be ordering a significant number of imaging investigations, radiology teaching such as this is too good to miss.

Milena Ruiz, Phase 3



SMS System

The Clinical School has been able to utilise a new online SMS system which allows text messages to be sent via the web. As it is used more and more in the future it will hopefully improve productivity and communication with students. Important or urgent information can now be sent directly to the students' mobile phones from the school computers.

Online Survey System

In an effort to reduce the amount of paper used in the Clinical School a UNSW online survey system has been further utilised. Now all data that relates to the teaching program can be easily collected and analysed without the need of distributing hardcopy forms.



Vascular Laboratory Visit

The sixth year students were given the opportunity to visit the St Vincent's Clinic Vascular Laboratory for a day each. Personally, the visit was an eye-opening experience as I saw the integration of the clinical side of medicine with the practical application of diagnostic tests. For example, I had never seen ultrasound scans for deep venous thrombosis (DVTs) despite ordering and seeing other doctors order it on a daily basis in hospital. I now understand how the scan is done and interpreted thanks to the sonographers who explained their work to me.

In addition, I also had the opportunity to observe other tests performed at the vascular lab including the ankle brachial index measurement and carotid doppler scans.

This first-hand experience means that I can now explain to patients how the tests will be performed instead of merely sending them off with an order form. Plus my confusion when confronted with the jumble of veins and arteries on the ultrasound screen reinforced the realization that I need to brush up on my anatomy knowledge! However, the staff was also excellent and ever so willing to teach us medical students. Indeed, the vascular lab visit is one that I will recommend to other medical students.

Sarah Ong, Phase 3

Oral Health Teaching

For a day during our Medicine or Surgery term, Year 5 medical students are given a unique opportunity to join the Dentistry department with Dr Peter Foltyn. During my day, I was able to observe dental procedures and assessments involving an interesting mixture of clinical cases – from oral health assessments pre-cardiac surgery to dental care for oncology patients receiving high doses of head/neck radiotherapy to oral management post-trauma, not to mention some tooth extractions in between!

Also as part of the oral health day, we were allowed to participate in the multidisciplinary Head and Neck Clinic, where we are able to observe the close relations between radiation oncologists, ENT surgeons and dentists in holistic patient assessment and management of head and neck neoplasms. Overall, the day was a very useful and interesting exposure to the close, but often overlooked, interaction between oral health and medicine/surgery in a variety of different clinical situations.

Catherine Lip, Phase 3



Ophthalmology (Slit Lamp) Teaching

This year Dr Jed Lusthaus kindly took Year 5 students for a practical tutorial introducing students to effectively using a slit lamp and recognising common eye conditions. With the help of the St Vincent's Hospital Emergency Department we plan on continuing this in 2010, eventually enabling all Phase 3 students to experience some ophthalmology and improving their eye examination skills.

The Phase 3 Learning Plan

The Phase 3 learning plan is designed to ensure that the medical student has an opportunity to meet with the term supervisor before the clinical attachment of the term begins. At the meeting the supervisor and the student would discuss the important components of the term and outline some of the core topics and knowledge which should be acquired during the attachment. The discussion should include which ward rounds would be appropriate for the student to complete mini clinical examinations (CEX) and which ward meetings would be suitable for the student presentations.

The learning plan also includes a section in which the student would nominate any particular capability, skill or knowledge that they are keen to develop. The supervisor then gives guidance on how this might be achieved. For example, students in surgical terms are often keen to practise suturing. The supervisor would then ensure that there are opportunities for the student to suture during the operating theatre cases. The learning plan is thus initially discussed at the beginning of the 4 week term and is completed at the end of that term when the supervisor and the student meet in a kind of exit interview. The final discussion focuses on the student's achievements throughout the term with reference to the goals outlined at the start of the term.

| MFAC3501: MEDICINE LEARNING PLAN | | | |
|--|--|---|--|
| Student Name: | | Receipt Number: | |
| Clinical Attachment: | | Supervisor: | |
| Relevant graduate capability | Learning Objective (what do you intend to learn?) Strategies and resources (what do you intend to do?) | Assessment (what evidence will be required to show that you have succeeded?) | Supervisor's comments/grade (F/P-/P/P+) (see below for grading system) |
| Patient Assessment and Management | Clinical skills in assessing patients with medical conditions. <ul style="list-style-type: none"> Admit new patients and discuss clinical assessment with other medical staff. Participate in daily assessment of inpatients. Skills in the management of patients with medical conditions. <ul style="list-style-type: none"> Propose diagnostic and treatment plan. Participate in regular review of patients and report during ward rounds. | <ul style="list-style-type: none"> Case log-book recording patient encounters. Discuss these cases with supervisor. Satisfactory feedback from medical staff. | |
| Teamwork | Role of health care team. <ul style="list-style-type: none"> Attend and contribute to team meetings. Liaise with other clinical staff in care of patients. | Satisfactory feedback from nursing unit manager and other clinical staff. | |
| Self-directed learning and critical evaluation | Responsibilities of doctor in unit. <ul style="list-style-type: none"> Attend at least 80% of all scheduled activities. Self-directed learning <ul style="list-style-type: none"> Actively participates in department meetings. Revise prior learning relating to patient experiences. | <ul style="list-style-type: none"> Attendance as required. Provide valid reasons for absences. Demonstrates independent learning around clinical experiences. | |
| Student negotiated capability (optional). | | | |
| Overall Grade: | Comments: | | |
| Supervisor's Signature: | | | |

Grading System:
 F represents clearly inadequate performance; the student needs further work in this area. Corresponds to a numerical mark <48% (Fail).
 P- represents adequate performance though some aspects need improvement. Corresponds to a numerical mark ≥48% and ≤60% (Pass).
 P represents sound performance in all aspects of performance in this area. Corresponds to a numerical mark >60% and <84% (Credit/Distinction).
 P+ represents superior performance, well above expectations for a student at this stage. Corresponds to a numerical mark ≥85% (High Distinction).

Events



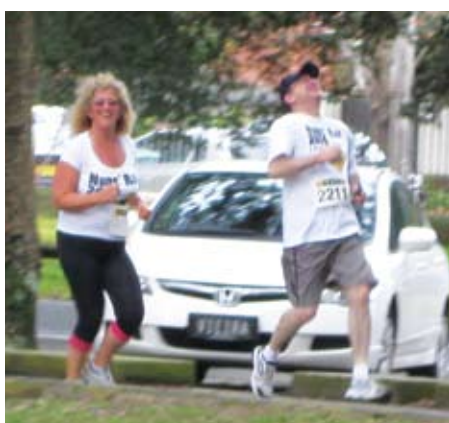
Nun's Run - Raising money for the Garvan St Vincent's Campus Cancer Centre.

On Monday 25th May 2009 two Sisters of Charity, Sister Helen and Sister Leone, led a 'pilgrimage' – primarily on foot - to be mindful of all those affected by cancer and to raise funds and awareness for the Garvan St Vincent's Cancer Centre. Their journey took them from the City of Dubbo in western NSW over the Blue Mountains to the site of the future Centre in Darlinghurst NSW. Over 400 kilometres was covered over a period of two weeks. Along the way other Sisters of Charity joined them.

The Nuns' Run arose out of a dream that Sr Helen had one night. She dreamt of making a long journey on foot to raise funds to build the Cancer Centre. The Sisters of Charity founded both the Garvan Institute and St Vincent's Hospital. Sr Helen enlisted the help of her friend, Sr Leone, and a few hardy others and the Nuns' Run was born. They chose the Dubbo to Darlinghurst route as the living embodiment of the outreach services the Centre aims to provide to rural and regional Australia. Only Sister Helen and Sister Leone covered the full route, but a series of run/walks and other fundraising events were held in towns along the route over two weeks between Sun 24 May and Fri 5 June 2009.

The Sisters returned to the St Vincent's Darlinghurst Campus to a massive welcome before making their way to Centennial Park for the Nuns' Run Grand Finale - a public fun run/walk with more than 550 people and a few furry friends – thanks to the Hospital Hounds team!! Despite the exhaustion and blisters the Sisters completed the final 2kms to make it across the finish line, and as a reward for their incredible dedication over the last few weeks the total raised by the Nuns' Run was \$176,375. Our own Clinical School team, made up of 22 staff and students, raised over \$1700. Well done to all!

Ms Julee Pope



Back Row (Left to Right): Kate Rowe, Hugo Lee, Dr Russell Clark, Tim Lukins, Prof Allan Spigelman, Melinda Gamulin, Naomi Esselbrugge, Prof Ric Day, Jacqueline Geraghty and Claire Lawley

Front Row (Left to Right): Belinda Lockwood, Sarah Greenwood, A/Prof Eva Segelov, Vivienne Malcolm, Julee Pope, Thuy Huynh, Behny Samadi, Jane Gun, Sarah Hungerford and Nikki Bart.

St Vincent's Private Hospital and St Vincent's Clinic Annual Teaching Dinner - Buon Ricordo

The Annual Teaching Dinner has become a sought after event on the calendar of conjoint teaching staff at St Vincent's Clinic and St Vincent's Private Hospital. Once again hosted with the delicious food and ambience of Buon Ricordo, over 30 physicians, surgeons, radiologists and academics came together to discuss issues relating to clinical teaching. After the welcome from our Head of School, Professor Allan Spigelman, A/Professor Eva Segelov presented recent data from the "Student Experience" survey performed by Professor Patrick McNeil, of the Faculty's Program Evaluation and Improvement Group. The full report can be accessed at <http://unsworks.unsw.edu.au/vital/access/manager/Repository/unsworks:5517>.

Following entrée, a discussion regarding conjoint recognition and rewards was facilitated and the enormous contribution of conjoins to our teaching program was acknowledged by the Dean of the Faculty of Medicine at UNSW, Professor Peter Smith.

This year another mountain climb was featured in our guest speaker's presentation- Kilimanjaro! Our latest academic recruit, Russell Clark, gave a fascinating insight into his time working in a Tanzanian hospital, as well as a video of his climb up the mountain (particularly enjoyed by Michael Neil who himself had recently conquered the same summit!!).

All in all, another excellent evening of professional development, and we look forward to continuing this annual event in partnership with St Vincent's Clinic and St Vincent's Private Hospital.



Strategic Retreat

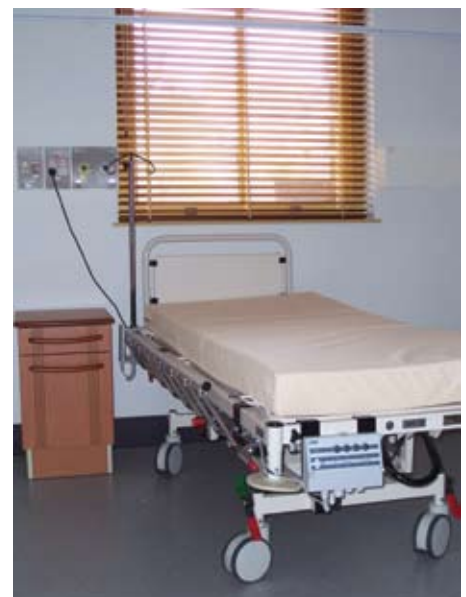
On the 29 April 2009, the Clinical School Academic and Administrative staff held a Strategic Retreat at the Cruising Yacht Club in Ruschcutters Bay. The day was facilitated by Mr Philip Pogson of the Leading Partnership, Sydney. The aim was to develop a clear strategy and direction for the School and to ensure that the School's goals were aligned with those of the Faculty and University. The day was attended in part by the Dean, Professor Peter Smith and the Senior Associate Dean, Professor Terry Campbell. The School's Strategic Plan for 2010-2015 has been produced following the retreat and extensive stakeholder consultation. It can be found on our website:

[http://stvc.med.unsw.edu.au/STVCSWeb.nsf/resources/Strategic+Report/\\$file/Strategic+Report+2009.pdf](http://stvc.med.unsw.edu.au/STVCSWeb.nsf/resources/Strategic+Report/$file/Strategic+Report+2009.pdf) or <http://stvc.med.unsw.edu.au/STVCSWeb.nsf/resources/Strategic+Report+2009.pdf>

New Beds & Clinical Teaching Area Refurbishment

This year we had ten new beds donated by Medcraft Hill-Rom Australia. These new additions replaced the outdated beds we donated to a charity late in 2007.

The Clinical Teaching Areas also were refurbished, with all rooms receiving a fresh new coat of paint and the curtain rails were serviced to allow easier and more consistent movement. The rooms are highly used for teaching and also other hospital services, so it is good they can now ensure a tidy and fresh appearance.



Awards & Prizes



2010 John Monash Scholarship Award - Nikki Bart

Congratulations to graduating student, Nikki Bart for being awarded the 2010 John Monash Scholarship. Annually, up to eight Awards may be given to outstanding Australian citizens graduating from Australian Universities to enable them to undertake postgraduate study abroad at the world's best Universities, appropriate to their field of study. The Awards offer \$150,000 to these students so that they can further their skills and come back "make Australia great" in the words of Australian hero Sir John Monash.

Nikki, the only Doctor to be awarded this year, intends on doing collaborative research between Oxford and the University College London, looking at the effects of hypoxia and how we can individualise treatment for patients in the emergency department and intensive care unit with relation to oxygen. She will

be working with the Xtreme Everest doctors and the Centre for Altitude, Space and Extreme Environment Medicine.

2009 Clinical School Awards

To recognise the tutors perceived to be the most innovative and exciting, our Phase 2 and Phase 3 students voted anonymously and we are pleased to announce the 2009 Tutors of the Year are:

Consultant Tutor of the Year (SVC/SVPH): **Dr Warren Hargreaves**

Consultant Tutor of the Year (SVH): **Dr Darren Gold**

Registrar Tutor of the Year: **Dr Richard Savdie**

RMO/Intern Tutor of the Year: **Dr Khoi Pham**

To recognise the performance of students in their Surgical term, in their final year, the Clinic Foundation kindly sponsored two prizes:

Best Student in a Year 6 Surgical Term at St Vincent's: **Hugo Lee**

Best Student Presentation the Surgery Case Presentation Session:
Sara Hungerford

Two new prizes this year were also awarded, to recognise the student who performed best academically:

John Hickie Award for Medicine: **Catherine Henry**

Doug Tracy Award for Surgery: **Catherine Henry**

Special Congratulations

To Catherine Henry who was awarded this years University Medal and the Combined Teaching Hospitals Senior Staff Prize and also Koliarne Tong who received the Foundation Year Graduates Medal.



Catherine Henry



Koliarne Tong

2010 Intern Allocations

For 2010 we are happy to welcome back eight of our students as interns. Dr Alex Owen, Dr Sarah Bishop, Dr Gillian Edwards, Dr Tim Lukins, Dr Danielle Goddard, Dr Lette Ginsborg, Dr Sara Hungerford and Dr Dina Saks are all thoroughly encouraged to get involved in medical student teaching.



Feedback & Evaluation

The Program Evaluation and Improvement Group (PEIG) of the Faculty of Medicine has been conducting evaluations of a range of aspects of the MBBS program this year.

The synthesis of some of the ongoing evaluative processes was reported in 'An Evaluation of the Medicine- 3802 MBBS Program: The Student Experience ('the Student Experience Report'). The entire report can be viewed via the link at the PEIG webpage: www.peig.med.unsw.edu.au. Key messages were identified; some of which have already been established as areas for review and adjustment to the program; and others where the response will encourage more focussed evaluative processes, ongoing in 2009/2010. Presentations of the findings were delivered by Patrick McNeil, Chair of PEIG.

An evaluation of Phase 1, was also undertaken this year by Dr Chris Hughes, the Phase 1 Convenor.

Another of the evaluations conducted in 2009 was a series of Focus Groups with Clinical Teachers. The evaluation asked clinical teachers who had experience of delivering both the old and new programs their perceptions of the standards of skills and knowledge of students undertaking the current program compared to those of students who had undertaken the previous Medicine course. The findings of this series of Focus Groups has been reported to PEIG and will be more widely disseminated in early 2010.

The 'Clinical Teaching Evaluation Survey' is available to all Clinical Tutors interested in receiving feedback on their clinical teaching. The student feedback is confidential and provided only to the Clinical Teacher. In 2009, 23 Clinical Teachers, including from St Vincent's, invited their students to complete an online or hardcopy 'Clinical Teaching Evaluation Survey'. This mechanism allows an additional source of feedback about teaching that is specific to the clinical teaching activity, and includes items that evaluate aspects which are exclusive to the clinical teaching, e.g., bedside tutorial teaching; clinical attachment to a team; or small group facilitation.

Studies have been commenced in the evaluation of Portfolio, the Independent Learning Project and Preparedness for internship (PRINT) term. Findings are due to be reported to Faculty and students by mid-2010.

Work is also about to commence on a project devised to align assessment more directly with graduate capability outcomes. This will be a project led by Phil Jones, Associate Dean (Education) of Faculty, and Patrick McNeil. The aim is to enhance the alignment of assessment with capabilities and establish the ongoing evaluation of examination results so that each assessment is clearly mapped to the development of the eight graduate capabilities of the MBBS program. The project is due for completion in March 2010.

Dr Helen Scicluna, Program Evaluation & Improvement, UNSW

The image shows a printed form titled 'STUDENT FEEDBACK ON CLINICAL TEACHING' from the University of New South Wales, Faculty of Medicine. The form is divided into several sections:

- Part 3: Ratings of Aspects of Your Experience With This Teacher**: This section asks students to rate various aspects of their experience with a clinical teacher on a scale from 'Never/Rarely' to 'Almost always'. The aspects include: 1. Motivated me to learn, 2. Supported the development of my clinical reasoning skills, 3. Ensured relevant clinical learning opportunities, 4. Had clear and realistic expectations of my ability, and 5. Provided useful feedback to me.
- Part 1: Details**: This section collects information about the tutor/clinician, including their name, role or capacity (e.g., bedside tutor, small group facilitator, clinical attachment to a team, or other tutorial), phase (1 or 2), year (5 or 6), and clinical location (e.g., POW, SWS, SIV, SKG, Sutherland, or Rural).
- Part 2: Comments On Your Experience With This Teacher**: This section provides space for students to comment on the best features of their learning and areas where the teacher/tutor could improve their teaching.

Phase 3 Student Reports



Phase 3 has been a very rewarding change to Phase 2, in that we have had the opportunity to be part of both medical and surgical teams, acting as the "sub-intern". Although there were the odd disappointments like ABGs ending up VBGs, spending time on the wards has been hugely beneficial and our clinical skills have vastly improved (we hope). At St. Vincent's Hospital, we are very lucky to have regular medical and surgical bedside tutorials – undoubtedly one of the best features of the teaching here. We are very grateful for the generosity of our tutors, who provide us with invaluable feedback each week.

Fifth years are currently (thinking about) studying for the Biomedical Sciences Viva Examination at the end of the year. We have had access to a good collection of pathology pots at De Lacy, and organising the laboratory visits has been easy to do – thanks to the facilitators! This year, we have also had Radiology days at St Vincent's Clinic, where we were able to observe procedures that we would otherwise not have at the public hospital, as well as Oral health days and visits to the Vascular laboratory.



Sixth years have recently finished exams and the relief is palpable. We are incredibly grateful to all the tutors who have put in extra time helping us prepare which is largely the reason the St Vincent's cohort passed with flying colours. There are a great number of us returning to St Vincent's next year as interns and we hope to continue the strong tradition of teaching and association with the clinical school.

One of the most popular teaching sessions this year was the Breast Examination Master Class. There were many patients and doctors who kindly volunteered their time to ensure that we had the appropriate technique and manner. This year, we have also had the opportunity to watch ourselves assess patients using the Video Skills Laboratory – something that is a little embarrassing but very useful in reviewing our patient interactions (if there are any strange mannerisms, we can now fix them!).

Last but not least, all of these activities would not have been organised so smoothly and efficiently without Team Awesome – Naomi and Julee – who work tirelessly to ensure that St. Vincent's medical students get the best possible learning opportunities.

Thank you to the patients, doctors, and all the Clinical School staff who have contributed towards our learning this year – no doubt we will be needing you even more next year.

Dina Saks & Yumiko Kadota, Phase 3

Graduating Class of 2009



Front Row (Left to Right): Andrew Raymond, Prof Terry Campbell, Dr Rohan Gett, Dr Darren Gold, Prof Richard Epstein, Prof Allan Spigelman, A/Prof Eva Segelov, Naomi Esselbrugge (Admin), Julee Pope (Admin), Melinda Gamulin (Admin)

Middle Row: Dr Russell Clark, Gillian Edwards, Dina Saks, Shanthi Widana Pathirana, Hannah Shin, Danielle Goddard, Koliarne Tong, Taina Lee, Lette Ginsborg, Catherine Henry, Amy Virdi, Clara Chung, Sarah Ong, Katherine Cynthia, Sr Anthea

Back Row: Dr Mark Danta, Andrew Marks, Tim Lukins, Nan Wang, Nima Ahmadi, David Sime, Kyle Bender, Alex Owen, Sarah Bishop, Patrick Tai, Sarah Greenwood

Not Pictured: Hugo Lee, Nicole Bart, Anushka De Alwis, Elisheva Lazerson, Sara Hungerford, Cameron Korb-Wells

Year 6 Farewell Dinner

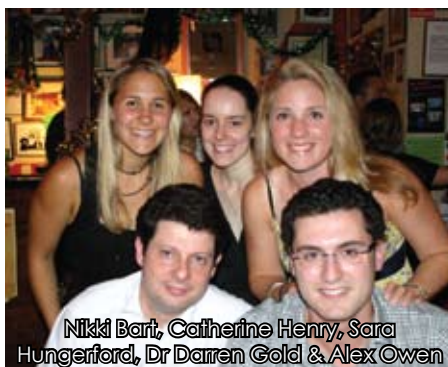


Taco's Tequila and Toodles!

We said an early farwell to the class of 2010 on November 12 at Cafe Pacifico in Darlinghurst. The night was filled with delicious courses of Southern Californian stlye Mexcian food, funny stories and good fun all round. It was a fantastic turn out with nearly all of the students and acamdenic staff members in attendance. The dinner came to a close, the students were wished all the best for 2010 and their future careers.



Eleshiva Lazerson,
Sarah Ong &
Katherine Cynthia



Nikki Bari, Catherine Henry, Sara
Hungerford, Dr Darren Gold & Alex Owen



Lettie Ginsborg & Andrew Raymond



Hugo Lee, Denise Chan & Catherine Henry



Nan Wang & Dina Saks



Kyle Bender & David Sime



Danielle Goddard & Tim Lukins



Dina Saks, Andrew Marks & Shanthi
Paihirana Widana



PRINT



Dr Emily Granger teaching students Catherine Henry and Lette Ginsborg about intercostal catheter insertion.

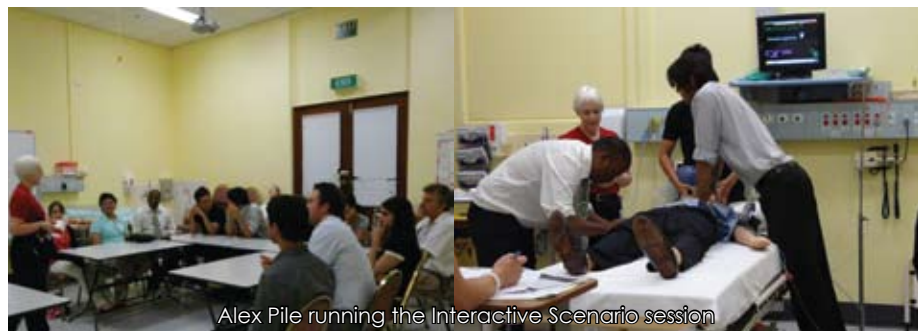
This year the Year 6 students spent six weeks doing a Preparation for Internship term (PRINT) which aims at giving students a clear understanding of the expectations of an Intern.

Along with their team attachments, the Clinical School ran a series of skill refreshers which work at building on the students basic clinical and procedural skills and introducing new skills. This included Insertion of an Intercostal Catheter, Advanced Suturing, Lumbar Puncture, Management of Epistaxis and Foreign Body Removal. Along with this, the Patient Safety Simulation Centre also did a session on Upper and Lower Joints and management of associated issues.

For the first time the Patient Safety Simulation Centre also ran a Scenario Based interactive workshop, where the students had the opportunity to put their skills into practice by utilising the Simulation Centre and Sim Man.



Dr Stephen Tisch teaching students Nima Ahmadi, Danielle Goddard, Sarah Bishop and Jordan Sandraal Lumbar Puncture



Alex Pile running the Interactive Scenario session

Phase 2 Student Report



Placement at St Vincent's Hospital was an interesting and highly enjoyable experience for phase 2 students. We have had an eventful year of learning with many memorable events throughout. The teaching at St Vincent's was of excellent quality, with tutors always helpful and ready to answer any puzzling questions. In between encountering many interesting patients and pathologies we found the other staff at the hospital highly accommodating with interns and registrars often happy to explain an unfamiliar concept or help decipher consultants' handwriting. The operating theatres also opened up many interesting experiences for eager students. While learning to glove and gown certainly proved challenging for some, after this initial hurdle we were able to observe many fascinating procedures under the watchful eyes of the theatre staff.

Organisation by the St Vincent's very capable clinical school staff meant that there were activities to keep students busy throughout the year. Even in the absence of scheduled teaching, Ned and Jed the two skills room dummies were available to lend a helping ear or eye to assist us in honing our clinical skills. We would like to extend a big thank you to the clinical school and the all staff at St Vincent's for their efforts in furthering out medical education. We certainly enjoyed the time we spent with you at St Vincent's Hospital and we hope all of you did too!

Alex Zhang, Phase 2



Phase 1 Report

These students are in their first 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's and Endings and Society and Health. Students attend a variety of teaching sessions on campus including lectures, practicals 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.

At the Clinical School, we recruit interns and JMO's to tutor the Phase 1 groups. When needed, we are able to call upon senior clinicians and our own academic staff to lend a hand which is a fantastic mix of knowledge and style has a very positive response from students. We also acknowledge our external GP tutors who give up their time to teach the students on a weekly basis.

A number of final year medical students were involved with teaching phase one students this year. This opportunity was enjoyable in that it allowed us to interact with students in other year groups on an ongoing basis and provide them with advice regarding various aspects of the course. Likewise, it was rewarding to contribute to their learning and witness their progress at subsequent tutorials. The fact that the students had previously attended clinical & communication sessions on campus enabled us to build on their current knowledge and demonstrate the practical approach to patients and develop their interaction with patients. I also gained some insight into the challenges of teaching others with our currently limited knowledge base, and the importance of realising ones limitations when guiding junior students in their learning. Aside from these aspects of the program, involvement provided a fulfilling experience of contributing in some small way by teaching others and partaking in the ongoing learning which a career in medicine provides. It was also heartening to observe their interaction with patients and realise the significant progress we have made in this domain during our medical course

Amy Viridi, Phase 3

Examination Report

During the academic year, St Vincent's Clinical School ran clinical examinations for all three phases of the medical curriculum. As this was now the sixth year of the new curriculum, we had previously gained experience in examining the students for Phase 1 and Phase 2 but this was the first time we had run a final Phase 3 examination for the students. The examinations included a mix of Clinical exams, OSCE exams, Viva exams and Portfolio examinations. In total 222 students from the Medical Faculty of the University of New South Wales were examined during 2009.

The examinations are very resource intensive and require the participation of many people. We are pleased to say that we had a relatively easy time recruiting examiners this year which facilitates a smooth running of the exams, and as there were spare examiners on standby in the event of someone being unavoidably detained, reduced much of the stresses in running the examinations. In total 144 examiners were used to examine and our thanks go to them for ensuring that they were available on their allocated days despite having busy schedules.

It can still be quite a challenge to provide suitable patients for the examinations but thanks to the enthusiasm of the clinicians within the Hospital and Medical School we were able to recruit 103 patients to participate in the various examinations. We are obviously very grateful to all of them for their time and understanding in allowing us to use them for what are important dates in the school calendar.

Dr Darren Gold, Senior Lecturer

Volunteer Patient Report

I have been a volunteer patient of the St Vincent's Clinical School for almost five years. I always enjoy taking part in the clinical examinations for the medical students and I find that the work is very challenging and meaningful.

I have noticed that the staff (Professors, examiners, Nurses and Administrative staff) who organise the examinations are very dedicated to their work.

I am of the opinion that medical students will benefit a lot as a result of these well organised examinations and my help.

Mr King-Keung Kwok

Rural Student Reports



I am based at the Coffs Harbour clinical school, and was able to attend St Vincents for my selective (clinical pharmacology/drug and alcohol/dermatology) and emergency medicine term. It was a fantastic experience in a number of ways:

My clinical attachments themselves were excellent, with enthusiastic teachers and opportunities for clinical experiences which were unique to a tertiary setting. Many of the clinical presentations I saw are particularly common in the St Vincents catchment area, and quite uncommon in Coffs Harbour.

The teaching program at St Vincents was well organized, and I particularly enjoyed my bedside teaching groups. Professor Day and Dr Gold's efforts to teach us the art of clinical assessment and reasoning was particularly appreciated. Some of it may have even stuck!

The environment in Darlinghurst contrasts starkly with Coffs Harbour. It was great to be able to experience inner-city living. This was largely made possible through the St Vincents Medical Student accommodation, which became a home-away from home for me.

The clinical school staff (especially Julee and Naomi) were friendly, efficient, and always ready to help out. I needed a lot of help organizing various aspects of my 8-week placement, including tutorials, identification and accommodation, and they were invariably supportive.

My time at St Vincent's was excellent, providing contrasting and complementary clinical experiences to those I have had in Coffs Harbour. I want to thank everyone who was involved in making my time at St Vincents enjoyable and such a valuable learning experience.

Katelyn Priester, Rural Clinical School, Coffs Harbour

Having grown up in rural NSW, undertaking a rural rotation in 5th year was a wonderful, eye-opening experience. It's amazing how quickly you can get used to the busy city life! I completed my first half of Phase 3 courses at the Coffs Harbour Rural Clinical School; and in 6th year had my Selective courses and a Psychiatry rotation to complete.

After spending 12 months in Coffs Harbour, I decided to undertake one of my Selective Terms in Plastic Surgery at St Vincent's Hospital in Darlinghurst.

I hadn't been a St Vincent's student before, but had heard lots of good things about the hospital, friendly staff, students and awesome coffee shops around Darlinghurst!

Although the rural clinical schools give you bucket-loads of opportunity to get your hands dirty, give you a great opportunity to be immersed in the community you work with and be an important part of a health care team and not just "another medical student"; experience in specialty areas and exposure to academic medicine is not as well developed as the metropolitan schools.

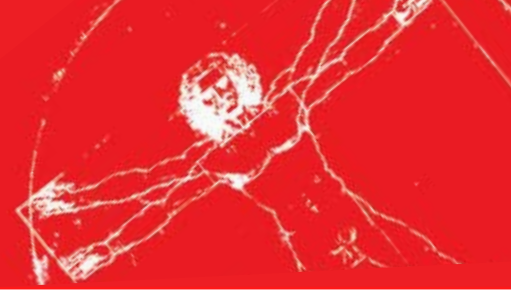
As I have an interest in academic research and wanted to experience some plastic surgery, I thought a term at St Vincent's would really be beneficial before the frantic cramming for Phase 3 Finals became too overwhelming!

True to all the fuss and fanfare, the experience was fantastic. The consultants: Drs Moisidis, Marucci Ho, Aldred and my Registrar Dr Ngo got me to scrub in for almost every procedure, even the 6-7 hour long microsurgery cases! The teaching was fantastic and they were never too busy to quiz me on general surgical topics or teach me tasteless mnemonics in order to remember all the branches of the External Carotid Artery. All in all it was a fantastic rotation – and I even got a first author publication¹ out of the experience!

John Frew, Rural Clinical School, Coffs Harbour



¹ Frew, JW (2009) "Performing Surgery with a single electron: Electrosurgery and Quantum Mechanics" ANZ J Surg (In Press- Aug 2009)



Elective Student Reports

In 2009 we had 30 international students who came for an elective/clerkship attachment at St Vincent's Hospital. All students were able to gain valuable medical knowledge and experience the Australian hospital culture.

Comments collected from students included;

Lidia Guha-Niyogi (Hull York Medical School, UK) - Respiratory Term (Lung Transplant team), "Relaxed atmosphere, open to student involvement and all patients were happy to let me practice procedures and take histories. Will recommend it to anyone, I had a fantastic time"

Clare Rivers (University of Edinburgh, UK) – Plastic Surgery Term, "Being with the team and getting to scrub in on really big & interesting cases, I saw procedures I had never seen before, it was nice to be treated as part of the team and not just a student"

Angela Chandrasena (King College London, UK) – Emergency Term, "Excellent hospital, teachers, students and faculties. Excellent hospital to carry out my clerkship"



My first impression of the Emergency Department was organised chaos. It was an extremely busy morning that I happened to walk into on my first day, a licorice allsorts collection of patients including Psychiatric admissions, drug and alcohol related presentations, Cardiac and Gastroenterology illness, minor trauma and even a rare disease presentation! I was soon to find out that this varied patient population was the norm at SVH Emergency.

The adjustment to the constant hum within the department was made very smooth by

the welcoming and helpful staff. All my questions, no matter how small, were answered with a smile, even when asked a second time! At all levels of expertise, I was impressed by the high level of care provided by each person in contact with the patient - from doctor to wardperson and everyone in between.

Perhaps one of the most attractive components of this elective has been the opportunity to gain clinical, hands-on experience in the department, whilst also receiving stimulating teaching from the UNSW Clinical School. In particular, the use of the simulation centre in which common emergency situations are recreated with the use of a 'talking' mannequin, very life like! We were able to learn to deal with a variety of presentations in a safe controlled environment, enabling reflection on decision making processes in the acute emergency situations.

I would like to thank all the staff within the Emergency department and everyone at the UNSW Clinical School for making this elective such a wonderful and rewarding experience.

*Pip Flinn, Notre Dame University, Western Australia
Attached to Emergency under A/Prof Gordian Fulde*



Plastics at St Vincent's has been great! The team are genuinely welcoming and get you involved in every aspect of the job. I've learned a lot, as well as getting the opportunity to develop some basic surgical skills, and to assist on some really cool procedures.

For the rest of the time, you're right in between Darlinghurst and Paddington, with Kings Cross and Surrey Hills just a short walk away, so plenty of restaurants, shops and bars for whatever you're into. Honestly.... whatever! Or you can jump of a bus from right outside and be on Bondi Beach in twenty minutes. Good times!

John Hardman, University of Leeds, UK
Attached to Plastic Surgery under Dr Elias Moisisdis

Independent Learning Projects



Factors Influencing Patient Response to Allopurinol Therapy; Pharmacokinetics, Knowledge, Compliance & Attitudes to Management - The Portek Amendment

Supervisors: Professor Ric Day, Professor Ken Williams & Professor Garry Graham
Student: Indira Datta

The purpose of this study is to assess the level of implementation and appropriateness of allopurinol dosage guidelines for the management of gout. Development of a population pharmacokinetic model will allow improved dose individualisation and dosing guidelines of allopurinol. A secondary objective of this study is to analyse whether the dose of allopurinol affects the clearance of urate and oxypurinol, relative to creatinine.

The Molecular Genetics of Atrial Fibrillation

Supervisors Name: Dr Diane Fatkin (VCCRI)
Student: Amy Polmear

The aim of this project is to recruit a cohort of healthy elderly subjects to act as a control group for genetic testing of familial AF. To date the majority of AF associated genetic studies have used young and fit individuals as control patients but we aim to recruit a cohort of healthy individuals over the age of seventy. The justification for this is that AF is a disease of the ageing and young healthy individuals may possess a genetic susceptibility to AF and not develop the disorder until much later in life. To establish the healthy status of the subject and ensure they possess no AF risk factors an extensive medical history will be taken and Blood Pressure measurement used. An electrocardiograph (ECG) recording will also be used. Collecting DNA samples from a healthy control population without AF is critical in determining whether an identified variant is a disease causing mutation or simply a non-functioning SNP.



Pain Management Analysis Following Major Orthopaedic Surgery (Hip and Knee Arthroplasties)

Supervisor: Dr Brett Courtenay
Student: Amila Siriwardana

The aim of the project is to prospectively independently assess, by using established and validated tools, the efficacy of post operative pain management strategies following hip and knee replacements carried out by a number of different surgeons and different anaesthetists, to enable more efficient protocols to be developed. Through this quality assurance study we hope to bring researchers closer to better understanding the patient needs regarding pain management in the post surgical phase.

The planned outcome of the study is to analyse the differences of different post operative protocols and if there is a measurable difference, then to develop a protocol for best practice for future patients.



Differentiation of Cardiac stem cells in Clonal Assays

Supervisor: Professor Richard Harvey
Student: Shanthosh Sivapathan

My independent learning project concentrates on the natural stem cell population of the heart. Richard Harvey and his team have defined a potential stem cell population of the heart using molecular and genetic markers. Using the rodent as a model, we seek to understand the behaviours of cardiac stem cells in the heart during cardiac pathologies and model enhanced regeneration. My specific focus will be to define and isolate the progenitor cell populations in the rodent heart that may have stem cell-like characteristics and examine their potential for multi-tissue differentiation in vitro.



Investigating effects of vitamin D receptor insufficiency in high-fat fed mice

Supervisor: Dr Jenny Gunton

Student: Beverly Ng

Objectives: To investigate whether glucose tolerance is impaired in vitamin D receptor knockout mice compared to control mice in a high-fat feeding model. The high-fat feeding should cause obesity and beta-cell stress and is used as a model for studying type 2 diabetes.

Outcomes: To determine whether compromised vitamin D signalling (using vitamin D receptor knockout mice) has an effect on glucose tolerance and to examine the mechanisms of this effect. This project may identify novel mechanisms for beta-cell dysfunction and insulin resistance which could have relevance to human diabetes.

Factors in Pedestrian Injury in Urban Populations Study

Supervisors: Dr Steven Faux, Dr Shea Morrison, Dr Jenson Mak

Student: Claire Law

This study follow on from the ILP project by Sarah Skidmore in 2008: Prevention of Pedestrian Injuries in Urban Population. This is to be a prospective patient survey (plus file review) to follow on from previous retrospective file reviews. The reason for this is due to gaps in the available data from retrospective file reviews limiting our understanding of pedestrian injuries in the area. Patient, vehicle and environmental factors will be analysed to find any significant data. This will hope to path the way for future research in order to achieve decrease numbers of patients requiring hospital treatment.

Impact of eMMS on antibiotic use

Supervisor: Professor Ric Day

Student: Cecile Chu

The project is about examining the impact of an electronic medication management system (eMMS) on compliance with the hospital's restricted antibiotics policy. The theory is that the use of a reminding function of the software can provide a means of intervention at the point of prescribing. Antibiotics are well known to be overused and eMMSs have the potential to contribute to antibiotic stewardship.

The role of family conferences in optimum end-of-life care.

Supervisor: A/Professor Bernadette Tobin

Student: Ed Roper

Stage one of this project is a retrospective chart review to collect empirical data on current family conference practices at a Sydney-based hospice. This empirical data will complement findings of later stages to shape the formation of evidence-based guidelines for family conferences in end-of-life settings. This project attempts to answer part of the question "How can we best conduct end-of-life care?"

Liver Elastography in Cardiac Disease (LECD) study

Supervisor: Dr Mark Danta

Student: Aaron Victor

The primary objective of this study is to evaluate the influence of cardiac liver congestion on liver elastography as measured by Fibroscan® in cardiac failure and pulmonary hypertension patients.

The primary hypothesis is that hepatic congestion related to elevated right heart pressures will reduce the elasticity of the liver, as measured by the Fibroscan®. This will result in higher Fibroscan scores measured in KPa.

The second hypothesis is that treatment of cardiac failure will improve the elasticity of the liver. This will result in a lower Fibroscan scores measured in KPa following treatment. This will be prospectively evaluated in a clinical cohort of patients with congestive cardiac failure.

An audit of Central Venous Catheter (CVC) usage in patients of a Haematology and Bone Marrow Transplant Unit - defining best clinical practice and its implementation

Supervisors: Professor David Ma & Dr David Yeung

Student: Caroline Dix

This study aims to determine the rate of CVC-related complications and risk factors in a haematology and bone marrow transplant unit, and evaluate current practice regarding their management. There has been no formal evaluation of CVC practice in our unit in the last 5 years. All inpatients who had a CVC inserted between 2008 and 2009 in our department at St Vincent's Hospital were identified and their records reviewed. The indications, demographics, device type, insertion technique, duration of dwell, ongoing management and related adverse events were analysed. The data will be used to assess whether current clinical practice and guidelines can be improved upon.

Merkel Cell Carcinoma

Supervisor: Dr Gerald Fogarty

Student: Susan Kang

Overview of your project - The project aims to acquire the prognosis of MCC in Australia treated by radiation therapy. The retrospective study was conducted at the St Vincents and the Mater Hospital and consists of about 80 patients in total who were diagnosed at the centers in the period of 1996 and 2007. The study looks at the treatment details (surgery, radiotherapy and chemotherapy) and its relationships to different characteristics of the patients, which were analysed by a number of survey questions.

MCC is a non-melanoma skin cancer whose disease characteristics are not well worldly recognised yet. We aim to find out what the best treatment criteria would be for this rare disease.

Independent Learning Projects



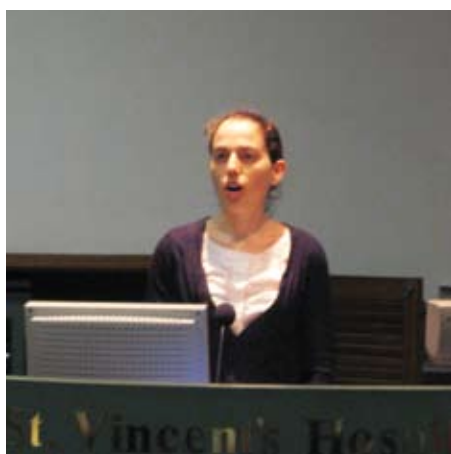
Pressure Waveform Analysis in Heart Failure

Supervisor: A/Professor Chris Hayward

Student: Justin Phan

This project involves studying the radial pressure waveform in patients admitted to hospital with decompensated heart failure, as well as patients with heart failure that are undergoing cardiac resynchronisation therapy (bi-ventricular pacing). The radial pressure waveform is determined by applanation tonometry using the Sphygmocor Px Pulse Wave Analysis System (AtCor Medical, West Ryde, Australia).

The goal is to observe changes in the peripheral pressure waveform in patients admitted to hospital with decompensated heart failure treated with intravenous or high dose diuretics versus intravenous inotrope therapy. Additionally, the changes in levels of serum NT-proBNP will be assessed prior to and after treatment. For the patients undergoing cardiac resynchronisation therapy (CRT), changes in the peripheral pressure waveform are assessed before and immediately after device implantation, as well as at follow-up for device optimisation. Serum NT-proBNP concentrations are also assessed before device implantation and at follow-up.



Use of NSAIDs for Osteoarthritis amongst Older-Aged Primary Care Patients: A Qualitative Study

Supervisors: Professor Ric Day and Professor Ken Williams

Student: Tamara Milder

Overview of project: The primary aims of this study are to explore the use and the understanding of risk associated with NSAIDs in the treatment of osteoarthritis amongst primary care patients aged 65 and above. This study utilises a qualitative design, in which semi-structured interviews are conducted with patients who were currently taking or in the past two years had taken an NSAID for osteoarthritis. Patients are recruited from four general practices located in South Eastern Sydney.

Syncope and undetected cardiac abnormalities in young people

Supervisor: Dr Paul Preisz

Student: Catherine Soo Yee Naidoo

This project aims to identify previously undiagnosed cardiac abnormalities such as Brugada syndrome, Long QT syndrome or Pre-excitation syndromes in patients aged 18-60 presenting to the emergency department with syncope of unknown cause. The project is being conducted as a retrospective file review of all patients aged 18-60 presenting to the ED with syncope in the last 6 months. Patients determined to have true syncope of unknown or cardiac cause will be followed up by a phone interview, and possibly referred on to a cardiologist or outpatients clinic.

Determination of factors that influence penicillin rechallenging

Supervisor: Dr Andrew Finckh

Student: Jordan Sandral

Research has shown that there exists a high self-claimed penicillin allergy belief in the community. Though the rate of true positives has been shown to be over exaggerated, many individuals eligible for re-testing fail to do undergo it. The aim of this study is to determine the factors that influence this 'loss to follow' up, so that in the future the most appropriate system may be established to encourage re-testing.



Intensive Care Management early post heart transplant

Supervisors: A/Professor Chris Hayward & Dr Roger Pye

Student: Dave Listijono

This project will define the clinical course in intensive care following heart transplantation. It will define the rate and use of support therapies for the years 2003-2005, compared to that for the years 2006-2008, which coincides with the increasing use of ECMO in post-cardiac transplantation setting. Due to improved early cardiac output (via ECMO), renal and hepatic functions tend to be well-maintained. Prior to ECMO, early difficulties with blood pressure and cardiac output were treated with vasoconstrictors and inotrope therapy, which can decrease renal and tissue perfusion, hence resulting in an apparently higher use of renal support therapy (dialysis) in the early post-heart transplant setting. In addition, this project will also provide opportunity for evaluation of involved medical procedures, and may provide support for ongoing practice, as well as allowing an informed assessment of changes in therapy over time.



2009 Honours Projects

Assessment of physical activity on fixed speed continuous flow left ventricular assist device function

Supervisor: A/Professor Chris Hayward

Student: Sharon Hu

Defining the insulin-signalling defect in human insulin resistance and type 2 diabetes

Supervisor: Professor David James

Student: Helena Jang

Detecting Late Trastuzumab Cardiotoxicity Using Magnetic Resonance Imaging (MRI)

Supervisor: A/Professor Jane McCrohon & A/Professor Eva Segelov

Student: Claire Lawley

Utilizing the nervous system to explore the mechanisms by which T regulatory cells mediate suppression of the immune system

Supervisor: Professor Fabienne Mackay

Student: Aparna Ramachandran

Role of genetic and environmental factors in atrial fibrillation

Supervisor: A/Professor Diane Fatkin

Student: Corey Smith

The cytokine GM-CSF in allergic airway inflammation

Supervisor: A/Professor Bill Sewell

Student: Michael Tran

Metformin Dosing Algorithm

Supervisor: Professor Ric Day

Student: Manit Arora

Music Preference Literacy and medical illness

Supervisor: Professor Kay Wilhelm

Student: Alice Wong

Postgraduate Students Report



Dr Mark Danta
Postgraduate Coordinator

The St Vincent's Clinical School postgraduate program is again one of the largest in the Faculty of Medicine with over 100 PhD enrolled students. This is driven to a large degree by the quality of the research produced on the St Vincent's campus and its affiliated institutions which includes: the Garvan Institute, Victor Chang Cardiac Research Institute (VCCRI), the newly formed Applied Medical Research (AMR) facility in the Packer Lowy building and St Vincent's Hospital. Increasingly, students from the National Centre of HIV Epidemiology and Clinical Research (NCHECR) are enrolling through the St Vincent's Clinical School. As a result of the research, which includes the work of these postgraduate students, this campus played a key role in UNSW's success in the recent rounds of NHMRC and ARC grants. This resulted in a significant increase in grant monies awarded to the UNSW and UNSW topped the nation's ARC grants with \$47 million.

The Graduate Research School (GRS) postgraduate administration is moving into a new phase with the development of the online thesis assessment program. This should facilitate the interaction between student, supervisor, GRS and examiner to better integrate the complex process of thesis examination. It is hoped that this program will eventually encompass the whole postgraduate process from enrolment to graduation. This will make the logistics of administration and the paper trail much easier to follow and all students will be directed into this system from 2010.

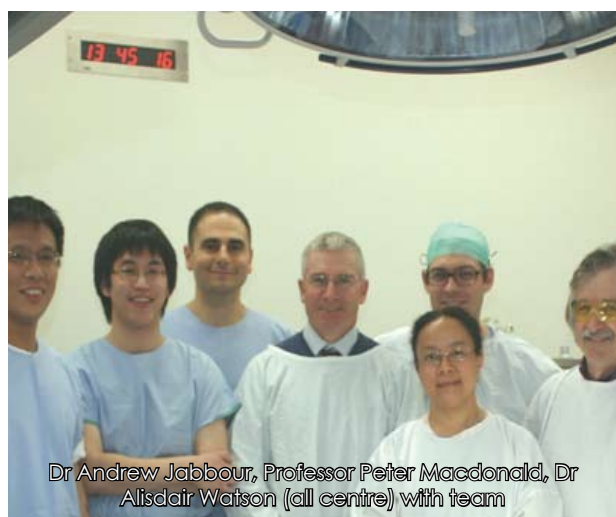
Finally, the Graduate Research School and the Faculty of Medicine Higher Degree Committee (HDC) has also begun PhD thesis submission by publication, which is particularly relevant to science and medical PhDs. This has been successfully initiated with a number of candidates graduating with by submitted a series of published papers. While this needs the prior approval of the HDC before submission can occur, I believe it will lead to the submission of higher calibre theses and increased publication of research by the students.

Despite the global financial crisis through 2009, postgraduate studies and research on the campus appears to be in a strong position for 2010.

A handwritten signature in dark ink, appearing to read 'M. Danta'.



Postgraduate student Dr Andrew Jabbour (centre) doing collaborative research in Fudan, China



Dr Andrew Jabbour, Professor Peter Macdonald, Dr Alisdair Watson (all centre) with team

2010 Overview

New Medicine Program (Med 3802)

Teaching based on 4 life cycle domains:

- Beginnings, Growth & Development
- Society & Health
- Health Maintenance
- Ageing & Endings

Phase 1

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

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)

Teaching opportunities: Bedside tutors; once per fortnight for 6-week blocks.

Phase 2

Student teaching (Years 3 or 4): Students spend half of their time at Clinical School, half time at UNSW. At the Clinical School, they rotate through 8-week terms in Health Maintenance and Ageing & Endings in groups of 12. Activities include:

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

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)

Teaching opportunities: Bedside tutors, Course tutors (as above) and expert tutorials (topic based).

Independent Learning project

32 weeks of in-depth project involving literature review, original research and writing up of their 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.

Further information:

<http://www.med.unsw.edu.au/medweb.nsf/page/Independent+Learning+Project>

Phase 3

Student teaching (Years 5 and 6): Students are 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.

Teaching opportunities: Bedside medicine or surgery tutors (once per week), small group clinical examination, student attachment to your team.

Volunteer Now:

**Bedside Teaching
Small Group Tutorials
Skill Sessions**



2010 Term Dates

Phase 1

Teaching Period 1: 1 Mar - 30 Apr

Recess: 2 Apr - 9 Apr

Teaching Period 2: 3 May - 25 June

Recess: 28 June - 16 July

Teaching Period 3: 19 July - 3 Sept

Teaching Period 4: 20 Sept - 12 Nov

ILP (2010 Commencement):

Teaching Period 1 & 2: 29 Mar - 9 Jul

Recess: 2 Apr - 9 Apr

Recess: 12 Jul - 18 Jul

Teaching Period 3: 19 Jul - 10 Sept

Recess: 13 Sept - 17 Sept

Teaching Period 4: 20 Sept - 22 Nov

Phase 2/Phase 3

Summer Teaching Period: 18 Jan - 12 Mar

Teaching Period 1: 15 Mar - 14 May

Teaching Period 2: 17 May - 9 July

Recess: 12 July - 16 July

Teaching Period 3: 19 July - 10 Sept

Recess: 13 Sept - 17 Sept

Teaching Period 4: 20 Sept - 12 Nov

Examinations

Phase 1: 10-11 May

Phase 2: 23-24 Mar & 23-24 Nov

Phase 3 (Clinical): 20 Sept - 15 Oct

Phase 3 (Biomed): week of 22 Nov

Clinical School Staff



Professor Allan Spigelman

Head of School & Professor of Surgery
Commenced: 2006
Specialty: Surgical Oncology
Research Interests: Hereditary Cancer; Clinical Governance/Patient Safety/Quality of Care/Risk Management



Professor Terry Campbell

Senior Associate Dean, Faculty of Medicine & Professor of Medicine, STVCS
Commenced: 1998
Specialty: Cardiology
Research Interests: Cardiac ion channels; Antiarrhythmic drugs; Cardiac Arrhythmias; Cardiac pharmacology



Associate Professor Eva Segelov

Director of Medical Student Education; Associate Professor of Medicine & Director of Conjoint Liaison, Faculty of Medicine
Commenced: 2004
Specialty: Medical Oncology
Research Interests: Oncology clinical trials; quality of life; medical education



Associate Professor Jane McCrohon

Associate Professor of Medicine
Commenced: 2008
Specialty: Cardiology & Medical Imaging
Research Interests: Cardiac imaging (MR, CT and ultrasound); detection of cardiotoxicity



Dr Mark Danta

Senior Lecturer in Medicine
Commenced: 2006
Specialty: Gastroenterology
Research Interests: Viral Hepatitis; Hepatitis HIV co-infection;



Dr Darren Gold

Senior Lecturer in Surgery
Commenced: 2007
Specialty: Colorectal Surgery
Research Interests: Proctology; pelvic floor disorders



Dr Rohan Gett

Lecturer in Surgery
Commenced: 2006
Specialty: Colorectal Surgery
Research Interests: Colorectal cancer

Professor Ric Day

Professor of Clinical Pharmacology
Commenced: 1990
Specialty: Clinical Pharmacology & Rheumatology
Research Interests: Inflammatory rheumatic diseases; adverse drug reactions



Associate Professor Bill Sewell

Associate Professor of Immunology
Commenced: 1998
Specialty: Immunology
Research Interests: Allergic disease; Novel markers in leukaemia and lymphoma.



Professor Jane Ingham

Professor of Palliative Care
 Director, Cunningham Centre of Palliative Care
Commenced: 2007
Specialty: Palliative Care
Research Interests: Palliative Care



Professor Richard Epstein

Professor of Medicine
Commenced: 2009
Specialty: Medical Oncology
Research Interests: Cell signal transduction; bioinformatics



Dr Kumud Dhital

Senior Lecturer in Surgery
Commenced: 2009
Specialty: Cardiothoracic Surgery
Research Interests: Transplantation; end-stage cardio-pulmonary failure



Administrative Staff

Mrs Melinda Gamulin
 Clinical School Manager

Ms Thuy Huynh
 Administrative Officer
 (Clinical Pharmacology)

Ms Naomi Esselbrugge
 Student Administrative Officer

Mrs Julee Pope
 Student Administrative Assistant

Ms Vivienne Malcolm
 Executive Assistant
 (Surgical Professorial Unit)

Ms Kate Rowe
 Executive Assistant
 (Medical Professorial Unit)





Conjoint Listing

As at 30 November 2009

Professors

Antony Basten
Bruce Brew
Samuel Breit
Jo-anne Brien
Andrew Carr
Lesley Campbell

Donald Chisholm
Susan Clark
Roger Daly
Marie Dziadek
John Eisman
Richard Epstein

Michael Feneley
Allan Glanville
Herbert Herzog
Ken Ho
Anne Keogh
David James

David Ma
Peter MacDonald
Graham Macdonald
Charles Mackay
Fabienne Mackay
Boris Martinac

Elizabeth Musgrove
John Shine
Jonathan Sprent
Robert Sutherland

Associate Professors

Lourens Bester
Trevor Biden
David Bryant
Jackie Center
Richard Chye
Milton Cohen
William Bruce Conolly

Gregory Cooney
Antony Cooper
Peter Currie
Anthony Dodds
Sally Dunwoodie
Diane Fatkin
Steven Faux

Judith Freund
Gordian Fulde
John Grygiel
Bernard Haylen
Christopher Hayward
Susan Henshall
Reginald Lord

Deborah Marriott
David Muller
Michael Neil
Christopher Ormandy
Susan Pendlebury
Michael Perry
Nicholas Pocock

Thomas Preiss
Katherine Samaras
Leon Simons
Phillip Stricker
Bernadette Tobin
Jamie Vandenberg
Deborah Yates

Senior Lecturers

Russell Aldred
Paul Baldock
Asne Bauskin
Marcel Batten
Melinda Berry
Sandy Beveridge
Christopher Bradbury
Nick Brennan
Phillip Brenner
Robert Brink
Alison Butt
Joga Chaganti
Daniel Christ
Tatyana Chtanova
Brett Courtenay
Paul Darveniza
Michael Dawson

Nicholas Davies
Martin Duffy
Robert Feller
Douglas Fenton-Lee
Andrew Field
Andrew Finckh
Ray Garrick
Laila Girgis
Antony Graham
Jerry Greenfield
Shane Grey
Jenny Gunton
Adrian Havryk
Warren Hargreaves
Richard Harvey
Lisa Horvath
William Hughes

Siiri Iismaa
Graham Jones
Joanne Joseph
Michael Kennedy
Cecile King
Maija Kohonen-Corish
Eugene Kotlyar
Vincent Lamaro
Ross Laybutt
Monique Malouf
Ramesh Markus
Samuel Milliken
Steven Mistilis
John Moore
Philippa O'Brien
Terence O'Connor

Sharon Oleskevich
Michael Ortiz
Gregory O'Sullivan
Sandra O'Toole
Umaimainthan
Palendra
Kurosh Parsi
Malcolm Pell
Tri Phan
Marshall Plit
Paul Preisz
Neville Sammel
Carsten Schmitz-Peiffer
Jacob Sevastos
Pablo Silveira
Elizabeth Silverstone

Timothy Steel
Daniela Stock
Rajesh Subbiah
Catherine Suter
Ian Sutton
Stuart Tangye
Helen Tao
Stephen Tisch
Nigel Turner
Bryce Vissel
Bruce Walker
Margot Whitfeld
Stephanie Wilson
Alex Wodak

Lecturers

Kathryn Brooke
Gavin Chapman
Elissa Deenick
Kharen Doyle
Emily Granger
Adam Hill

Lele Jiang
Michael King
Nirmala
Kumaradevan
Juliana Lamoury
Paul Lee

Chu Kong Liew
Mark Lutherborrow
Cindy Ma
Philip Macaulay
Shea Morrison
Matthew Naylor

Abdullah Omari
Shari Parker
Georg Ramm
Richard Savdie
Frederic Sierro
Duncan Sparrow

Jacqueline Stoeckli
Clive Sun
Alexander Swarbrick
Annette Trickett
David Williams

Associate Lecturers

Adam Bryant
Hergen Buscher
Andrew Jabbour

James Ledgard
Vicky Lu
Jonathan Morton

Turlough Donnell
Michael Piza
Veronica Preda

Payal Saxena
Neil Simon
Alina Stoita

Peter Tan
David Yeung

UNSW



ST VINCENT'S
CLINICAL SCHOOL



St Vincents
& Mater Health
Sydney



St Vincent's Hospital



St Vincent's Private



St Vincent's Clinic