

# **ST VINCENT'S CLINICAL SCHOOL**

## **Annual Report**

**2010**



**UNSW**



**ST VINCENT'S  
CLINICAL SCHOOL**



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# WELCOME

## A/PROFESSOR EVA SEGELOV



2010 has raced by, with the full cohort of “New” medical curriculum students finally embedded in all six years. It has been a year in which the St Vincent’s Clinical School has been able to extend beyond our traditional role, to fulfill the ambitions that we have harboured for some time. In particular, the three community projects which are now up and running, are a source of great pride. These rely on student volunteers, and you can read about each of them in more detail in this report. The enormous effort of Naomi and Julee, as well as Dr Russell Clark and all our partners in these projects, has allowed these fledgling projects to take hold and start to flourish. This defines us as more than just a School, rather a social entity, with contribution to the community in which we sit. It is wonderful to contribute in this way, particularly within an institution such as St Vincent’s, where the mission and values of the Sisters of Charity makes this hospital and health service different from others.

Other highlights have been the continued engagement of our Conjoint staff, and it was wonderful to see Dr Emily Granger awarded one of the inaugural Faculty of Medicine teaching awards, in the category of *Best Service in Teaching Delivery* in the Faculty of Medicine, UNSW, by a conjoint member. A number of promotions were also achieved due to outstanding contribution not only in teaching delivery but development of new resources and teaching activities. It is also thrilling to see the wonderful engagement of our previous students, now interns and RMO’s, in teaching for us, continuing the legacy of learning and teaching which has been the foundation of medicine.

This year I was proud to edit a Faculty-wide publication: *Academic Women in the Faculty of Medicine*. Feel free to have a look at the inspirational and diverse stories of women across our Faculty. I am in the process of producing a similar book, entitled *Conjoint Staff of the Faculty of Medicine*, which will feature conjoins of all levels in the various Schools and Institutes across the Faculty.

Data from the Program Evaluation and Implementation Group of the Faculty is becoming available, showing that the first graduating year from the New Medicine Curriculum is more confident and just as competent as students from other medical schools, when surveyed 6 months into internship. I believe this reflects the success of small group teaching, a solid science foundation which continues throughout all 6 years of the program, and the one-on-one clinical exposure in the senior years.

As always, we at the School are always happy to discuss any issue to do with undergraduate or postgraduate medical education.

Best wishes for a safe and happy holiday season and looking forward to another great year in 2011!

A/Professor Eva Segelov  
Director of Medical Student Education



# HEAD OF SCHOOL

## PROFESSOR ALLAN SPIGELMAN



In 2010, the St Vincent's Hospital Clinical School provided training for approximately 269 medical students in all years of the undergraduate course, 104 postgraduate students and over 30 elective students from other countries and states. Our students did particularly well in their assessments. The School continues to provide strong support to the nascent UNSW Medical Students Surgical Society.

Dr Anthony Chambers and Dr Darren Gold (Senior Lecturers in Surgery) have joined our clinical academic staff, or in Dr Gold's case, rejoined. Our teaching staff also includes 209 conjoint staff members of St Vincent's Hospital, St Vincent's Private Hospital and St Vincent's Clinic.

The Clinical School produces the largest number of publications (286) on our campus, and together with the our campus partners, the National Centre for HIV Epidemiology and Clinical Research (181), the Garvan Institute for Medical Research (145), the Victor Chang Cardiac Research Institute (29) and the St Vincent's Centre for Applied Medical Research (23), amounted

to 37% of the entire 2009 publication output of the UNSW Faculty of Medicine.

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 Kinghorn Cancer Centre, currently under construction, and which will provide a new venue for student teaching and for research. This centre was made possible by the generosity of many donors, and in particular the Kinghorn Foundation and the Federal Government. At the time of writing we are awaiting the outcome of funding proposals before Health Workforce Australia. These target improved facilities to enable us to teach the additional students expected to allow for the increase in doctor numbers promised by the Federal Government.

The St Vincent's Clinical School 2009 Annual Report referenced our School's Strategic Plan. Much attention has been paid in 2010 in implementing this Plan. The year has seen multiple successful initiatives in the key areas of improving the student experience, research, community engagement and optimizing our capabilities and resources, many of which are outlined in this Report.

Most of the audience of this Report will have contributed in some way to our School's activities this year. On behalf of our students, our School and future patients, please accept my thanks. We are both fortunate and grateful to have such fine support.



Professor Allan Spigelman  
Head of School  
Professor of Surgery





# FACULTY & UNIVERSITY NEWS

## PROFESSOR TERRY CAMPBELL



The past year has been generally an excellent one for UNSW. We have weathered the GFC storm better than most Universities. We have had a major increase in our external research grant income and publications output this past year. These have moved us up the “ladder” to number three in Australia, behind the University of Melbourne and the University of Queensland (just), but ahead of Sydney and Monash Universities.

The capital grant funding we won for the new Energy Technologies building within Engineering and the College of Fine Arts rebuild in Darlinghurst is starting to bear fruit and this building site now sits in front of the multi-storey carpark at Kensington. Even closer to St Vincent’s was the \$70M was awarded to St Vincent’s and the Garvan Institute for the new Kinghorn Cancer Centre from the Health and Hospitals Fund, supplemented by considerable philanthropic fundraising. Building of this large project has commenced. UNSW maintains a close interest in this important advance in cancer care via it’s clinical academic and conjoint staff, with the Dean sitting on the Boards of both umbrella organizations and with the Clinical Associate Dean of our School in his

role as SV&MHS Director of Cancer Services.

One of number of downstream effects of this major success of the Garvan and St Vincent’s has been the need to move the National HIV Centre from its current location in the old medical centre (now demolished) next to the Garvan building. This has proved to be a complicated and multi-stage process, with some of the National Centre for HIV Epidemiology and Clinical Research (NCHECR) staff to eventually move into the old Centre for Immunology with temporary housing to be found for them in new Lowy Building on the UNSW campus in the meantime. A large number of NCHECR staff have moved to the University-owned accommodation in Coogee, where they will be housed until a final home for NCHECR is built over the next two to three years. This will be on the top two floors of the Wallace Wurth redevelopment project. This is a \$120M major overhaul for what has been the flagship of the Faculty since it opened in 1963. A new (6th) floor will be added to the existing building and a brand new building of similar size will be built between it and Botany Street, almost doubling current capacity. This will create major decanting challenges for our Faculty for the next three years, while it is being built.

The Lowy Building is the new dedicated cancer research building in front of the Wallace Wurth Building at Kensington. It was officially opened by then Prime Minister Rudd in May and is up and running as a major research centre for both adult and paediatric cancer research. It retains close links to the clinicians on the Prince of Wales and other sites and incorporates as a full partner the Children’s Cancer Institute Australia. I’m confident this will also be a very successful partnership and one that will raise the profile the Faculty of Medicine and of UNSW here and internationally.

In summary the Faculty is going from strength to strength. I have every confidence that 2011 will be another successful year for us and would like to take this opportunity of wishing you all the very best for the coming festive season and for the New Year.



Professor Terry Campbell  
Senior Associate Dean  
Faculty of Medicine, UNSW

# ST VINCENT'S HOSPITAL REPORT

## MR JONATHAN ANDERSON



### The year in review:

Recent visitors to the St Vincent's Campus, no matter what their purpose, would have noticed our growth both in terms of our clinical endeavours but also our teaching and research activities.

We are a Campus who owe much of our success to the strength and conviction of our mission and values. This has led to the fostering of strong partnerships with Government, other NGO's, research entities and importantly, universities.

Of these partnerships, our longstanding relationship with University of New South Wales (UNSW) Faculty of Medicine and the Clinical School is truly one of the great success stories of the St Vincent's Campus. We are proud to foster a culture of teaching in every aspect of our clinical endeavours. So rich is this culture that we see so many UNSW medical graduates today heading up Hospital departments, driving research as well as playing an

active role in teaching themselves.

Again in 2010, St Vincent's is very appreciative of the work of the Clinical School's Academic staff for their tireless work in student development and education and giving true meaning to our mission and values. I have no doubt that it is our teaching status that imbues us with the type of qualities that create a fertile ground to provide the very best care for our community.

The relationship with UNSW continues to strengthen, particularly in our research collaborations, namely the National Centre in HIV Epidemiology and Clinical Research (NCHECR), the Garvan Institute of Medical Research and the Victor Chang Cardiac Research Institute. A by-product of these research partnerships has been the strengthening of our translational capacity in a whole range of fields which has clearly benefitted the Clinical School's teaching endeavours.

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



The new O'Brien Centre

# ST VINCENT'S CLINIC & ST VINCENT'S PRIVATE

## MS MICHELLE WILSON & MS ANNE FALLON



In 2010, 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 2010, students in their Phase 3 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 2010 Tutor of the Year for St Vincent's Private and St Vincent's Clinic was named as A/Professor Richard Harvey.

We continue to explore strategies to increase the teaching and learning opportunities within the private health facilities to complement the student's learning experience. In June a collaborative proposal was prepared by UNSW and St Vincent's Private, for submission to Health Workforce Australia for funding to increase student growth. The proposal seeks financial support to enable the Hospital to expand its current Clinical Placement Program with the UNSW, focussing on clinical placements within the Pre Admission Clinic and the upgrade of outdated audiovisual equipment in the medical student lecture facility.

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.

*Michelle Wilson*  
Executive Director  
St Vincent's Clinic

*Anne Fallon*  
Manager, Education Development & Training  
St Vincent's Private & Clinic





# ADMINISTRATION REPORT

MRS MELINDA GAMULIN



2010 has been quite a busy year for the St Vincent's Clinical School.

We welcomed two new surgical clinical academics, Dr Darren Gold (renewed his appointment) and Dr Anthony Chambers. Additions to the administrative team included Ms Cassandra Shearer, Administrative Assistant to Professor Spigelman and the Surgical Professorial Unit and Ms Khanh Vo, Administrative Officer to the Clinical Pharmacology Department, Khanh replaces Thuy Huynh who is on maternity leave, returning in March 2011.

Every year, I review the Schools student and teaching resources for improvements to our current equipment and technology. This year, will see installation of two new interactive whiteboards to our tutorial rooms, the student reference texts and materials upgraded in the Walter McGrath Library, purchases of new skills models/equipment such as five injection trainers, an advanced catheterisation trainer, a diagnostic prostate trainer, lumbar puncture simulator and a nasogastric tube insertion model (The Hungry Manequin).

This year the School was kindly donated chairs by SVH Nurse Learning Support (Elaine Boxer - Nursing Education) from their old training room. We now use these chairs in our Clinical Teaching Areas. In turn we were able to gift our existing chairs to the Rough Edges Community Centre, Darlinghurst.

Also donated were clinical skills models and various medical equipment to a hospital in the Solomon Islands and we would like to thank Robert Ma (Phase 3 medical student) for organising this. We are sure they will be a needed and welcome gift.

The historical close of the medical student's residence located at West Street, Darlinghurst (behind Garvan Institute) happened this year after over 20 years of housing our undergraduate medical students. It will now become accommodation for the SVH Junior Medical Officers.

The School cannot function without the support of Conjoint staff, St Vincent's Hospital, the Faculty of Medicine at UNSW, the local community and the patient population and, of course, our student body. We value the contribution of these individuals and groups and seek their ongoing support next year.

The tutor gifts to be handed out with the Annual Report will be a UNSW St Vincent's Clinical School picnic blanket. We hope you enjoy this year's gifts as our thanks to you from the School.

I look forward to working with you all again in 2011!



Nasogastric Tube Simulator



Melinda Gamulin  
Administration Manager

# COMMUNITY PROJECTS

Arising from the Clinical School Strategic Plan, formulated in 2009, the School has undertaken to develop several community based projects that will enable students to be engaged and involved in the local and wider area. These projects are targeted at our senior students (phase 3, Years 5 and 6). The main aims of these projects are to 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 the Clinical School's unique identity in conjunction with the mission and values of the Sisters of Charity. They afford students the opportunity to *give back* to the community which helps support them.

## ROUGH EDGES

St Vincent's Clinical School is partnering with Rough Edges, a community support centre based in Darlinghurst. Rough Edges predominately works with local people with socio-economic issues. To provide services such as counselling, referrals, housing assistance, morning teas and some evening meals. Commencing September 2010, students began their training at the Rough Edges community centre. This training prepares the students how to communicate effectively with the centre's clients, many of whom are homeless or disadvantaged. After their training they began to intergrate into the centre and provide support to a diverse number of clients. The students are involved as volunteers; their main task being to help build relationships and trust between the centre and the clients.

Recently the Clinical School organised a number of stackable chairs from the clinical teaching area to be donated to the centre. A few of the Clinical School staff and students along with staff from Rough Edges planned the transport of the chairs. They have been a welcome gift and will be utilized as part of the daily running of the centre.



Students Janice Mo and Fred Lui (far right) with Rough Edges staff members Sally Mitchell and Wayne Palmer



### STUDENT REFLECTION

"There is neither happiness nor misery in the world; there is only the comparison of one state with another, nothing more. He who has felt the deepest grief is best able to experience supreme happiness." And even if you do not totally agree with Alexandre Dumas père, there is nothing further from the truth that medical students should learn only from textbooks but not from valuing and listening to our patients. If it is unrealistic to go through every agony our patients have had before we can become a passionate doctor, being a medical student who cares the homeless, the mentally-ill or people suffering from violence or discrimination may be an alternative to experience happiness - and Rough Edges may be the gist.

Volunteering for Rough Edges is fascinating. They provided a series of training sessions targeting at practical counselling skills. Volunteers are geared up with knowledge on how to deal with mentally-ill people, drug and alcohol addicts, homeless people and people who have experienced various adversities and need to be listened. In particularly, I found the session on mental disorder an inspiring "tutorial" as they invited a member with schizophrenia to share his experience and feelings, from which I acquired in-depth knowledge regarding the long-term side effects of his medications. (Subsequently my psychiatry viva exam was on schizophrenia and side effects of antipsychotic drugs). Once becoming a volunteer, one will be helping and listening to the patrons under the guidance of a senior member. In contrast, volunteers are welcome to play music and card games with the patrons, help serving them food and milkshake, or even make proper referrals to other community services. It is a place with fun, privacy and respect, perhaps that is why many patrons eventually become volunteers themselves.

Although supported by the St Johns Anglican Church, no religious background is needed to join. All you need is a daring soul - the passion to be an unassuming listener and an unprejudiced lover to people who have stumbled and have gone through their rough edges.

*Fred Lui, Phase 3 (Year 5)*

# Living with Paraplegia

**Sydney & Moshi**

*Friends of Paraplegia is a Non-Government Organisation based in Moshi, Tanzania, which was set up by Zacharia Massawe in 2006. The organisations title roles are improving personal equipment and living conditions; providing medical care and education & supplying the clients with the tools necessary to sustain their own income*

*St Vincent's Clinical School would like to initiate a student run project to enable the following:*

- Contact with paraquad educators and coordinators to allow and meeting selected members who may be willing to "buddy" a Tanzanian paraplegic
- Contact with paraplegics in Moshi, Tanzania via " friends of paraplegia" and introduction to buddy
- Production of DVD video material in simple English concerning general principles of living with paraplegic, translated into Swahili
- Fund raising to supply of 5 computers to allow use in education for paraplegics in Moshi

*If you would like to participate in this project, contact us at the Clinical school or speak to Dr Clark.*

## LIVING WITH PARAPLEGIA

Living with Paraplegia is a student community project driven by St Vincent's Teaching Hospital, University of New South Wales. Mentored and guided by Dr Russell Clark (Senior Lecturer) and Dr Shari Parker (Lecturer), we are inspired by the story of Zacharia Massawe. He has been a paraplegic for over 20 years in Tanzania, Africa. Through sheer determination and perseverance, he survived the ordeal and founded a non-government organisation, Friends of Paraplegia (FoP). He recognised that there were many people living with spinal cord injuries (SCI) in less than desirable situations, and have established this organisation to address that.

Our team is dedicated to providing support FoP, helping them reach greater heights. ParaQuad, NSW has graciously offered their assistance. Through them, we hope to achieve a peer-support system linking paraplegics in NSW to their fellow peers in Tanzania.



Founder of Friends of Paraplegia, Zacharia Massawe (right)

With their expertise and wealth of experience, we are exposed to the world of people living with SCI, particularly on a community level. We are very privileged to be involved in this project, and are eager to see what the future entails!

*Claire Law, Phase 3 (Year 5)*



David Ma, Eric Au, Claire Law, Dr Russell Clark, ParaQuad representative, Amanda Siriwardana & Weibin Seow

<http://friendsofparaplegia.org/>

<http://www.paraquad.org.au/>

## WANT TO GET INVOLVED?

Staff and Students who would like to volunteer for either of these projects, please get in touch with the Clinical School Administration to see how you can be involved

## FUTURE PROJECTS

The Clinical School is in the process of developing several more projects that will enable students to be further involved in the community. This includes opportunities to attend St Vincent's Gorman House (Detoxification Unit). More details of these will be released in 2011.





## DOCTORS Vs STUDENTS SOCCER MATCH

St Vincent's Clinical School sponsored the first annual St Vincent's Doctors versus Medical Students soccer match at Rushcutter's Bay Park on November 19, 2010. Although the weather prediction was for rain and windy squalls, the weather held off allowing the match to kick off successfully.

Doctors, including Interns, Consultants and Clinical Academics, pitted themselves up against Phase 3 students and also Postgraduate students (from St Vincent's Applied Medical Research centre).



The match, played in four 15 minute quarters, was evenly poised with the students nosing ahead at 1-0 just before the end of the first quarter and 2-0 at the end of the second. This despite of the overwhelming superiority on shots at goal by the doctors, proving that recency of experience is as important as length of experience! The second half saw injuries to at least 2 members of the doctors side (proving that age correlates with muscle tightness).

The final score was 5-2 to the student. A magnificent trophy was presented by a hobbling Professor Allan Spigelman (who had shown a surprising turn of speed during the match) to the Team Captain, Behny Samadi. Accepting on behalf of the

students, Behny graciously acknowledged the unexpected high quality of the opposition, which was probably a wise move given that the intern year was soon to commence.

The match was celebrated afterwards with a Sausage Sizzle back at the Hospital on the Student Common Room balcony, where students and doctors could put their rivalries aside and enjoy a snag or two.



**Front Row (L to R):** Dr Darren Gold, Behny Samadi, Nici Wilkinson, Milena Ruiz, Shyamini Gunaratne, Prof David Ma, Robert Ma **Middle Row:** Referee Bob, Dr Amal Bose, Prof Ric Day, A/Prof Eva Segelov, David Wang, Pip Bowers, Daniel Murry, Chan Phetsouphanh, Sam Cheng, Referee Brad, Kanin Salao, Anthony Chau, Prof Allan Spigelman **Back Row:** Dr Stuart Hoffman, Dr Tim Lukins, Dr Damien Boyd, Dr Mark Danta, Dr Nick Ingham, Andrew Li, Dr Graham Jones

*We would like to thank all Doctors and Students who participated in the match, as well as the professional referees who gave up their time to help make the event a perfect success!*





## ALL PHASES SAUSAGE SIZZLE

The Student Common Room was the scene for the Clinical School's first ever Sausage Sizzle! This event proved to be particularly special because it connected students from Phases 2 & 3 plus students involved in ILP & Honours projects. We also had a few of our overseas students



who were on elective placements attend. The event was made possible thanks to our refurbishment of the Clinical School Balcony.

We plan to run this as a quarterly event beginning in the 1st term of 2011.

Yummy!



## ANNUAL SVC, SVPH & CLINICAL SCHOOL CONJOINT DINNER

Once again the St Vincent's Clinical School, St Vincent's Clinic, St Vincent's Private Hospital and the University of New South Wales hosted a dinner to discuss the teaching of medical students in the private hospital and in consultants' rooms. The dinner was held at the Cruising Yacht Club at Rushcutters Bay with over thirty academics, clinical school staff and clinicians from the campus attending.

While dining on roasted chicken and fillets of beef, the challenges of incorporating students into the private wards and operating theatres and rooms was discussed. It was clear that there is much good will and numerous initiatives to include the students wherever possible. One of the successful new placements of the past two years being St Vincent's Private Radiology which many students have found invaluable.



Professor Sandy Middleton (centre) in Nepal



Dr Sara Hungerford - playing for ACP Meteor's

Special talks were given by Professor Peter Smith (Faculty of Medicine Dean), A/Professor Eva Segelov (Head of Conjoint Liaison) Professor Sandy Middleton who had recently completed overseas aid work and by Dr Sara Hungerford, a former student and current Intern, who regaled the audience with stories from her "other life" as a professional cricketer.

A terrific night was enjoyed by all and a renewed vigour created for teaching in the private sections of the campus. We look forward to 2011, further teaching and a similar winter dinner!



Darling Point Cruising Yacht Club of Australia





Sarah Zardawi, Professor Gary Egger, Kylee Carpenter and Alice Wong

and member of Doctors for the Environment Australia (DEA). This year's AMSA Global Health Conference emphasised the relationships between climate change and negative health outcomes, and inspired us to organise this workshop to share this knowledge with our peers.

Students learned about the direct consequences of climate change which include expanding zones of transmission of tropical diseases and increased frequency and intensity of extreme climate events (bushfires, cyclones, floods). Indirect consequences were also outlined, including increased food and water insecurity, displacement of communities and the psychological effects of these insecurities. Professor Egger then shared his research on "overshooting the sweet spot" linking obesity and climate change in terms of the underlying behaviour, describing both of these phenomena as a result of excess (food in the case of obesity and a desire for unlimited economic growth in the case of climate change).

Kylee Carpenter of the ESS explored the impacts of the health sector on the environment in terms of energy and water use, carbon emissions and waste output. This was followed by a brainstorming session, where students gave feedback about their concerns and observations relating to environmental sustainability in clinical practice. Suggested actions included increasing awareness amongst hospital staff about issues related to environment and health through presentations at Grand Rounds, practical measures to reduce waste such as duplex printing, recycling in operating theatres and recycling of plastics on the wards and catered clinical meetings.

Students responded positively to the workshop and were fascinated at the many ways in which St Vincent's Hospital could become more environmentally friendly and welcomed the idea of liaising regularly with the ESS in order to learn more about its activities and be involved in events. We hope that this represents the start of student contributions to the ESS and some of the traditionally less medical but nonetheless critical aspects of the functioning of the wider hospital community which underpin the ESS message of "healthy environment, healthy people".

*Sarah Zardawi & Alice Wong, Phase 3 (Year 5)*

## ENVIRONMENTAL STEWARDSHIP WORKSHOP

St Vincent's medical students have shown that they care about climate change and environmental sustainability, even as exams and assessments loomed! For two hours on Thursday 2nd September 2010, students from Phase 2 and 3 were enthusiastic participants in an Environmental Stewardship Workshop jointly presented by us (UNSW fifth year students Sarah Zardawi and Alice Wong), SVMH Environmental Stewardship Strategy (ESS) Manager Kylee Carpenter and Professor Gary Egger, Director of the Centre for Health Promotion and Research, Sydney



Professor Gary Egger speaking to students at the workshop

## PLANNED EVENTS FOR 2011

In 2011 we plan to have a full calendar of events, including:

Conjoint Dinner

Sporting Events (bowls, cricket etc)

Charity Event (details to be confirmed)

More BBQs

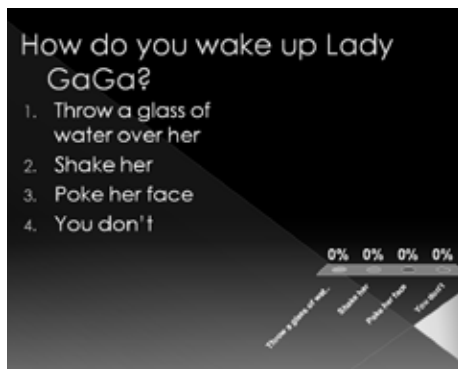
Train the Trainer Seminar

Year 6 Farewell

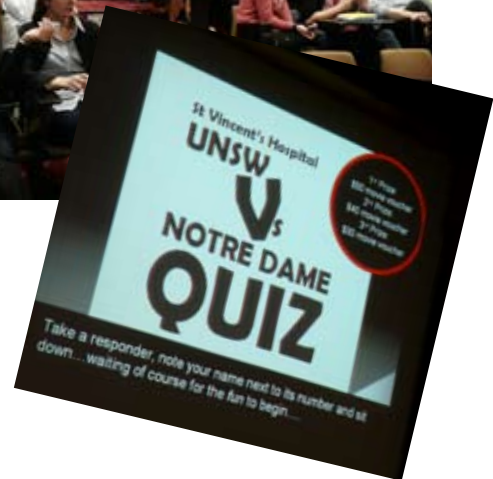
# TEACHING INNOVATIONS

## UNSW v NOTRE DAME QUIZ

Friendly rivalries were tested in August as the Clinical School hosted an interactive quiz for the students of UNSW and Notre Dame University. The Douglas Miller Lecture Theatre became the stage for the long awaited battle when over 40 students from both sides turned out to claim victory.



The Quiz involved 60 questions based on topics of both a clinical and non-clinical nature. Julee & Naomi were the MC's of the day, trying their hardest to pronounce medical lingo accurately! Unfortunately a problem with the technical system meant there was no official victor, however relationship building between the 2 universities made the event a true winner.



Thanks to our students who helped us putting the questions together!

## STUDENT AUDITS



Alice Burton



Anthony Chau

Phase 3 Students Anthony Chau (March 2011), Alice Burton (April 2011) and Robert Ma (July 2011) used the NSW TAG indicators for Quality Use of Medicines in Australian Hospitals to investigate antithrombotic therapy at SVH. This included:

- 1.1 Percentage of admitted adult patients that are assessed for risk of venous thromboembolism
- 1.2 Percentage of patients at high risk of venous thromboembolism that receive appropriate prophylaxis
- 1.3 Percentage of patients prescribed enoxaparin whose dosing schedule is appropriate
- 1.4 Percentage of patients prescribed hospital initiated warfarin whose loading doses are consistent with a Drug and Therapeutics Committee approved protocol
- 1.5 Percentage of patients with an INR above 4 whose dosage has been adjusted or reviewed prior to the next warfarin dose

1.6 Percentage of patients with atrial fibrillation that are discharged on warfarin

Each student measured the indicators on a medical and surgical ward. The results have been compiled to provide a baseline for a working party which has been engaged to improve prescribing and awareness of VTE prophylaxis at SVH. This review cycle educated the students about the importance of safe and effective use of antithrombotics in hospitals. A secondary outcome highlighted by all the students included the importance of documentation as a form of communication in the medial notes.

Phase 3 Student Alice Wong (June 2011) participated in the data collection of the annual SVH point prevalence survey investigating the use of antibiotics at SVH. In this study every inpatient medication chart is reviewed to identify antibiotic prescribing - the indication and compliance within the local antibiotic policy is then checked. This audit is now in its fourth year.



Robert Ma



Alice Wong



# AWARDS & ACKNOWLEDGEMENTS

## INAUGURAL FACULTY OF MEDICINE CONJOINT TEACHING AWARD

The Faculty of Medicine this year announced the inaugural Faculty-wide Conjoint teaching awards, which recognise excellence in teaching from conjoint staff members of any School, Centre or affiliated institute of the Faculty of Medicine. Three awards were available that relate to teaching of students involved in either undergraduate medicine (MBBS 3802), Bachelor of Exercise Physiology or postgraduate degrees in the Faculty achieved through coursework :

1. Best innovation by conjoint staff member in teaching program - Prof Geoff Driscoll (SWCH)
2. Best service in teaching delivery by conjoint staff member - Dr Emily Granger (STVCS)
3. Best overall Conjoint teacher - Prof Andrew Cole (SPHCM)

St Vincent's Clinical School was pleased to nominate A/Professor Nick Brennan, A/Professor WB Conolly, Professor Peter Macdonald and Dr Emily Granger. Of these nominations Dr Granger was awarded the Best service in teaching delivery by a conjoint Member



### Best service in teaching delivery by a conjoint member

Dr Emily Granger

Dr Granger is a cardiothoracic surgeon who is not only a wonderful role model to students, but adds remarkable value to surgical training at St Vincent's Clinical School. She has developed a number of

surgical skills based workshops which are highly valued by students. Her efforts in ward teaching, student examinations and elective student clerkships are greatly appreciated.



Cartoons by Behny Samadi, Phase 3 (Year 6)

## 2010 ST VINCENT'S CLINICAL SCHOOL TUTORS OF THE YEAR

Consultant Tutors of the Year (St Vincent's Public Hospital)

Dr Kumud Dhital & A/Professor Nick Brennan

Consultant Tutor of the Year (St Vincent's Private/Clinic):

A/Professor Richard Harvey

Registrar Tutor of the Year

Dr Darren Roberts

RMO Tutor of the Year

Dr Jamie Drummond

JMO/Intern Tutor of the Year

Dr Alex Owen



Dr Kumud Dhital, A/Prof Nicholas Brennan, A/Prof Richard Harvey, Dr Alex Owen



## 2010 DEAN'S AWARD (STAFF)

St Vincent's Clinical School Winners:

Dean's Award for Professional & Technical Staff

Naomi Esselbrugge (St Vincent's Clinical School Administration)

## 2010 STUDENT AWARDS

2010 ILP Prize Winner - Tamara Milder

Based on her 2009 Independent Learning Project under the supervision of Professor Ric Day. Tamara received a \$500 prize which was kindly sponsored by the St Vincent's Clinic Foundation for her project on Qualitative study into NSAID use in osteoarthritis

St Vincent's Clinical School Prize - Tao Shen

Best performance in the Phase 3 Integrated Clinical Examination in clinical disciplines (Medicine, Surgery and Emergency) for students based at St Vincent's Clinical School

Doug Tracy Prize for Surgery - Tao Shen

Best performance in Surgery based on course result and Phase 3 Integrated Clinical Examination

John Hickie Prize for Medicine - Tao Shen

Best performance in Medicine based on course result and Phase 3 Integrated Clinical Examination

ILP/Honours Grand Rounds Presentations - David Ma

Best presentation at the 2010 ILP/Honours Grand Rounds Presentation



Dr Darren Gold, Tamara Milder and Professor Ric Day



Honours student David Ma

## 2010 DEAN'S AWARDS (STUDENTS)

St Vincent's Clinical School Winners:

Dean's List

For outstanding research: Tamara Milder & David Wang

2010 Student Prizes in MBBS Program

Combined Teaching Hospitals Senior Staff Prize for Overall Performance in Phase 3: Tao Shen

Prize for Phase 3 Portfolio: Tao Shen

Prize for Medicine in Phase 3: Tao Shen

Prize for Phase 1 Written Examination

David Milder



David Wang, Tao Shen and Tamara Milder each receiving their award from Professor Peter Smith. Dean, Faculty of Medicine



## FAREWELL PROFESSOR KEN HO

Professor Ken Ho will finish his association as a Conjoint Professor with St Vincent's Clinical School and The University of New South Wales this year. After many years of service, we would like to thank Professor Ho for his contribution to medical student education at the St Vincent's Hospital campus and wish him all the best in his new position as Director of the Centres of Health Research and Education at Princess Alexandra Hospital in Brisbane.



# PHASE 2 STUDENT REPORT

This year Phase 2 students have had the benefit of many tutors for both the Health Maintenance and Ageing & Ending terms, particularly their Course tutors, who include A/Professor Bill Sewell, A/Professor Eva Segelov, Dr Russell Clark, Dr Tracy Smith, Dr Gerald Fogarty, Dr Rohan Gett, A/Professor Jane McCrohon, Dr Mark Danta, Dr Anthony Chambers, Dr Kumud Dhital, Dr Darren Gold, Dr Steven Faux and A/Professor Nick Brennan.

Phase 2 at St Vincent's Hospital has been an incredible journey over the past year. The year was packed with emotions, ranging from fear to tears of joy.

We were blessed to have some of the finest tutors to guide us through our medical career. They would often challenge us and dig for the answers that would often be obscured in the sea of books. Apart from teaching us basic clinical skills, the tutors at St Vincent's would often imprint in our minds life skills that we would require as future clinicians. Skills that would not be learned from textbooks or from lectures but from their life experiences as clinicians.

Health Maintenance with Dr Dhital and Dr Gold was an unforgettable experience. Dr Dhital, with all his knowledge and experience, displayed great tolerance to our inadequate knowledge. This was especially reflected in our first tute, when he asked us to give some of the Cardiac causes of Syncope, to which one of the students replied 'heart problems'. Dr Gold's unique style of teaching ensured that whatever he taught stuck in our minds for the rest of our lives. He always managed to find a way to simplify the concepts and encouraged us to become critical thinkers.



Dr Gold taking Phase 2 students for their Health Maintenance Course tutorial

with them their own interesting teaching styles, personal experience with the many pitfalls we all encounter in medicine and their great personalities. It has been a great pleasure having such dedicated tutors who have contributed a significantly to our medical knowledge.

On top of the fine teaching at the hospital, the St Vincent's experience also extended into our social lives. Having enjoyed the tutorials with the good Drs Dhital and Gold so much, a group of us felt it necessary to repay this with a night out on the city with excellent Korean food, board games and dessert. It was a great night of fun and it was, shall we say, interesting to get to know the doctors outside of the hospital setting. Who knew studying medicine could be so much fun?

Overall, we and our colleagues have had an incredible time at St. Vincent's. The facilities and the teaching here caters well for the needs of all the students. Special mentions must go to the clinical school who have made the experience a memorable one. A big thank you to Naomi and Julee who ensured that we receive the best care and teaching, and more importantly solved every problem that we may have come across.



Justin Phan



Shantosh Sivapathan



Left to right: Phase 2 students Ravin Hettiarachchi, Dhruv Nayyar, Ngee-Soon Lau, Shantosh Sivapathan, Ruzanna Shah, Annette Li, Eileen Phuah, Henry Maung, Justin Phan, Ria Ko, Dr Darren Gold and Dr Kumud Dhital

*Justin Phan & Shantosh Sivapathan*



# PHASE 3 STUDENT REPORTS

## YEAR 5



Robert Ma & Anthony Chau

Another year at St Vincent's hospital has passed for us medical students. It really does fly by, and it's scary to think that next year, we will be close (hopefully) to being unleashed upon an unsuspecting public...

However, now is not a time to panic about the future, and instead reflect on the past. Over the past year we have all at some stage been incorporated into the various medical and surgical teams that make St Vincent's hospital what it is, and I think it is only fair that I take this opportunity, on behalf of all students, to thank those team members; consultants, registrars, residents and interns, who have taken us under their arms and made a concerted effort to ensure that we gain from our time with them. Your efforts are highly valued by the students, and we all appreciate any time that you take to explain to us what is going on, or quiz us on intricate details that we all love to know. Seeing the passion that our supervisors have for their work is what makes us value medicine all the more. Special thanks goes to our biomedical science tutors, and consultants who gave their time to attend Friday lectures, and those who put aside time for bedside tutorials, or extra teaching sessions. I would also like to say a special thank you to Dr Clark, who dedicates his time solely

to teaching students, and who has such a vast and experienced knowledge of medicine, that inspires me, if not us all, to be better. Last, but not least, a huge thank you to Naomi and Julee our admin staff, who have put in such a huge effort to organize our timetables. They are always welcoming and do their very best to help us out, all the time.

Finally I'll end with a quote:

"If you can keep your head when all about you  
Are losing theirs and blaming it on you,  
If you can trust yourself when all men doubt you,  
But make allowance for their doubting to...  
If you can fill the unforbearing minute  
With sixty seconds' worth of distance run,  
Yours is the Earth and everything that's in it,  
And - which is more - you'll be a (wo) man, my (daughter) son!"

*Rudyard Kipling - If*



Dr Gold with Phase 3 students, Katherine Todd, Robert Ma and Maja Raj

*Robert Ma, Phase 3 (Year 5)*

## YEAR 6

We are now past the barrage of Final-Year exams, and currently our lives are filled with elaborate cupcakes, conquering soccer matches, rainbows, and the occasional pre-intern duty by day ... as well as enjoying farewell drinks by night.

But life wasn't always relaxed and cheery as Phase 3 students at St Vincent's hospital. For instance, take a look at the fifth years right now: with the impending doom of the biomedical exam, apart from studying, they are busy asking us what to expect, as well as for tips and tricks for the exams. But of course, we are on the sunny side of exams, so with our brains turned to mush, the only response we can muster is "Don't worry, you'll pass," which isn't very constructive. Sorry fifth years.

But there really is no need to stress as much as every medical student inevitably does. Thanks to the conjoint and academic staff, we've been given plenty of opportunities to improve our skills and knowledge – to excel in the graduate capabilities. We have been welcomed onto wards, into teams and into theatres. Scheduled teaching has consisted of many classes and bedside tutorials – where we could pick the brains of some of the finest doctors ever to teach medical students, such as Dr Clark. We have also benefited from the exceptional organisation skills of Naomi and Julee, who bought us the wealth of knowledge from several specialists and patients alike in a Breast Examination MasterClass, as well as suturing workshops, slit-lamp sessions, radiology teaching etc. However, to truly understand what one has learnt, one must teach, and hence we have had the privilege of teaching Phase 1 and 2 throughout these two years also.

As a result, we have excelled academically – some more than others – such as Tao Shen who topped our cohort in every area, and Dannielle McMullen who has achieved a publication in the Australian Medical Students' Journal. But it is not only academically that we have been nurtured. Our integrity and character as budding medical professionals has been allowed to blossom, not only through the teachings of our tutors, but also through their Example. So for that, and everything else, we must sincerely thank all those who have had a hand in shaping us 'doctors of tomorrow'.



Jenna Linehan & Behny Samadi

*Behny Samadi, Phase 3 (Year 6)*

# FAREWELL YEAR 6

## YEAR 6 2010



**Front Row:** Yoon Park, Myles Smith, Aditya Vyas, Eric Au, David Wang, Sean Chen, Alvin Phua, Chia Wee Chew, Andrew Li

**Second Row:** Melinda Gamulin (Admin), Khanh Vo (Admin), Lin Min Ong, Sandy Li, Catherine Tan, Behnoosh Samadi, Jenna Lineham, Julee Pope (Admin), Professor Allan Spigelman, Syamini Gunaratne, Catherine Lip, Janice Lau, Viveka Singh, Yumiko Kadota, Valerie Qu, Evelyn Tan, Cassie Shearer (Admin)

**Back Row:** Professor Terry Campbell, Eileen Morrisoe, Tao Shen, Dr Darren Gold, Milena Ruiz, Nicole Wilkinson, Danielle McMullen, Dr Kumud Dhital, Professor Ric Day, A/Professor Bill Sewell, Dr Russell Clark, Naomi Esselbrugge (Admin), Professor Richard Epstein, Dr Anthony Chambers, Kate Rowe (Admin)

**Absent:** Sam Hwang, Mythili Rudra, A/Professor Eva Segelov, Professor Jane Ingham, A/Professor Jane McCrohon

### STUDENTS RETURNING TO SVH AS INTERNS IN 2011

Danielle McMullen

Shyamini Gunaratne

Michelle Schnabl (Sutherland Clinical School, PRINT at SVH)

Eileen Morrisoe (South West Clinical School, PRINT at SVH)

James Padley (Sydney Uni, PRINT at SVH)

Emmy de Heer (Sydney Uni, PRINT at SVH)

## FAREWELL PARTY

It was canapés and cocktails for our graduating Year 6 students. We said farwell to the class of 2010 on November 11 at The Beauchamp Hotel on Oxford St, Darlinghurst. The night was filled with many Kodak moments, laughter, funny stories and good fun all round. It was a fantastic turn out with nearly all of the students in attendance and a good number of our Clinical School and Conjoint staff. When the night came to an end, the students were wished all the best for 2011 and their future careers in Medicine.



Evelyn Tan, Andrew Li & Alvin Phua



Eric Au, David Wang, Lin Min Ong & Catherine Tan





Nici Wilkinson, Danielle McMullen & Milena Ruiz



Dr Alex Owen, Dr Rohan Gett & James Padley



Danielle McMullen, Adi Vyas, A/Professor Richard Harvey, Sam Cheng & Catherine Lip



Valerie Qu



Eric Au & Behny Samadi



Adi Vyas, Yumiko Kadota & Shyamini Gunaratne



Milena Ruiz & Michelle Schnabl



Dr Kumud Dhital & Julee Pope



Naomi Esselbrugge, A/Professor Bill Sewell, Dr Russell Clark, Emmy de Heer



Sam Cheng, Shyamini Gunaratne, Catherine Lip & Tao Shen





This year the Clinical School ran the PRINT (Preparation for Internship) term for 31 students, this included our own Year 6 students, several students from other UNSW Clinical Schools and also we were pleased to host students from Sydney University, particularly those about to commence internship at St Vincent's.



Dr Stephen Tisch demonstrating Lumbar Puncture to student Yoon Park

The PRINT term runs for six weeks and students are attached to both medical and surgical teams and take on the role of the JMO or junior member of the team, shadowing those staff members.

To engage the students and assist them for their entry into the workforce next year, the program included a range of clinical skill refreshes, new skills, Intern Advice Panel and simulation scenario training.

Some of the skills covered were Lumbar Puncture, ENT workshops, Intercostal Catheter insertion, Joint Aspiration, Intermediate Suturing and Tracheostomy. Due to the success of these sessions we plan to continue these in 2011.



Dr Rudy Yeh demonstrating suturing skills to student Sean Chen



Dr Sean Flanagan with Phase 3 student Eileen Morrisoe during an Ear Examination skill session



Adi Vyas, Dr Russell Clark & Viveka Singh at the PRINT morning tea



Students at the PRINT Internship Advice Panel



Dr Darren Gold, Dr Alex Owen, Dr Sara Hungerford & Dr Nikki Bart at a PRINT Internship Advice Panel

# PHASE 1 REPORT

In their first and second year of medicine, Phase 1 students attend a program of 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. We also utilise a few wonderful external GP tutors who give up their time to teach the students on a weekly basis. We greatly appreciate their ongoing commitment to teaching. One of our GP tutors Dr Carolyn Block has kindly added to our Phase 1 report this year:

## DR CAROLYN BLOCK

There is a Chinese proverb which states "Tell me and I'll forget; show me and I may remember, involve me and I'll understand". Having been involved with the clinical teaching of the Phase 1 students since the new curriculum was implemented, I can honestly state that this sums up this program perfectly. History taking and clinical examination is the foundation of medicine and without a good grounding in these areas, one is unable to practice medicine well. Allowing students to experience patient contact so early on in their degree, puts theory into practice and gives them an insight into their lives as a doctor in the future. I thoroughly enjoy teaching the students, as not only do I feel like I am contributing to the next generation of doctors by sharing my knowledge and experience with them, but I also feel like they are contributing to my ongoing career as a doctor by keeping me up-to-date with new information which they have learned and ensuring my examination skills are perfect! The sessions are often fun, as well as informative, with the students asking interesting, and often entertaining questions. As I often teach the same students in subsequent terms, I am able to see, first-hand, how their clinical knowledge, skill in examination and confidence grows. The pride I feel is much like that of a mother bird preparing her chicks to leave the nest. Hopefully, the students get the same benefit and enjoyment from the sessions I teach, as I do. I am aware, because I walk particularly fast, that students in my groups are jokingly warned about this when they discover I am their tutor; so I look forward to teaching new groups in the future, they just need to remember their running shoes!

# EXAMINATION REPORT



A/Professor Steven Faux during the Phase 2 Examination

This year we examined just over 225 students from across the UNSW Clinical Schools. With the support of approximately 160 examiners and 116 patients, we managed to get through the exams with very few problems. With the changes to the curriculum starting to be rolled out in 2011, it will see the number of exams increasing and therefore the commitment of examiners and patients will also increase!

We are extremely thankful to all the Consultants, Staff Specialists, Registrars, Residents, Interns, Patients and other people who help us run the exams, and will value the support over the next two years as the number of exams explodes!



Phase 2 (Nov) Examiners (L to R): Dr Ming Chow, Dr Darren Roberts, Dr Amal Bose, Dr Malcolm Bowman, Dr Shari Parker, Dr Kumud Dhital, A/Prof Eva Segelov, Dr Tony Grabs, Dr John O'Neill, Dr Russell Aldred & Dr Russell Clark



Phase 2 (Nov) Examiners (L to R): Dr Anthony Chambers, Prof Terry Campbell, Dr Alec Welsh, Dr Rohan Gett, Dr Russell Clark, Dr James Hardy, A/Prof Eva Segelov, Dr Emily Granger, Dr Emily Stone, Dr Darren Gold, Dr Alisdair Watson & Dr John Breen



# SIMULATION CENTRE REPORT

MS ALEX PILE



Alex Pile with Phase 3 students Nici Wilkinson and David Wang during a PRINT scenario session

2010 has been a busy but productive year for the Don Harrison Patient Safety Simulation Centre.

The activity in the Centre has increased yet again.

The skills training that continues includes Arrhythmia recognition, basic life support, cannulation, injections, urinary catheterisation. This year we have included management of tracheostomies especially for the pre intern group as there is a recognised need. The evaluation of this new workshop was very positive.

Another initiative was conducting two half day workshops about the deteriorating patient also for the pre intern students.

This workshop was based on the Recognition and Management of Patients with Acute Condition workshop (RAMPAC) that has been running for 7 years in the Centre and the bases for the Between the flags project on deteriorating patients. The format included talks on when to call for help a standard assessment procedure and communication profoma. This was consolidated with simulated scenarios. The feedback was very positive stating that they felt more confident to assess and manage patients.

The intention is to continue simulation education and training for other groups next year.

On a happy note, two of the medical staff who assist with education and training Dr Min Berry and Dr Nikki Woods have become parents.



Phase 2 student Meera Srinivasan practicing IV & Subcutaneous injection



Dr Jed Lusthaus teaching Phase 3 students Katherine Todd and Maja Raj Slit Lamp Examination



Anthony Chau & Alice Burton

## GOING TO A RURAL SITE

When Tony Chau and I learnt that the address of the GP practice we were heading to for our four week rural placement was “Beach St, Woolgoolga” – a seaside hamlet on the mid-North Coast – the despair we naturally felt at having to leaving Vinnies was somewhat alleviated. While it would be hard to give up 7am ward rounds and breathless sprints up the DeLacy stairs, we reasoned that long lunches by the beach might not be that bad. But if there was any thought that life in a rural GP practice would be relaxed or slow paced we were quite mistaken.

The practice was headed up by a UNSW alumnus Dr John Kramer and included five doctors and several nursing practitioners. The seemingly never-ending stream of patients covered the whole spectrum of

disease severity from itchy noses to evolving AMIs and there was of course a myriad of attendant social issues to consider. The patient load supported the teaching that ‘common things occur commonly’ (a useful adjunct to the some of the more weird and wonderful pathology at Vinnies) but there were some definite one-off encounters – such as when one patient produced their exotic pet snake for us to admire. Additionally, we were fortunate to be able to attend a fortnightly clinic at Yarrawarra, a nearby Aboriginal community. Only the first half of these ‘clinics’ was a clinic in the conventional sense. The other part of the session was spent sitting and talking with community members which brought to life the theoretical teaching we’ve received about Indigenous health, in particular with issues of mental health.

The rural placement was a most useful and valuable component of the Phase 3 curriculum and we will return to Vinnies far better informed about the medical management many of the patients have received prior to arriving on the wards and maybe more vigilant to the possibility of reptilian companions!

*Alice Burton, Phase 3 (Year 5)*



## COMING FROM A RURAL SITE

Having been a city slicker and grown up in Sydney, it was a good experience for me to spend fifth year at the Port Macquarie rural clinical school. However for sixth year I wanted to be closer to home and also experience the metropolitan hospital experience prior to starting off as an intern in the ‘real world’. I approached Naomi and Julee who were both extremely supportive (even more so than the Faculty administration!) in helping my transition back to the city from a rural campus.

I completed my Psychiatry and Selective terms at St Vincent’s. These were excellent experiences; to me, it was a real treat to learning first-hand from leaders in their field. The indubitable Professor Gavin Andrews and his insights into anxiety disorders, psychiatry, and being a med student were a potent way to fire my learning and interest in this specialty. My term took place during the transition to the new Caritas building and this had its own challenges; having the morning handover in the ‘fish bowl’ meeting room meant the inpatients were able to look in on us – an interest-

ing (I wouldn’t say unnerving) situation indeed! Part of my attachment was with the psychogeriatrics team and there were many opportunities to accompany the psychologist, clinical nurse and registrar on home visits in the area. This was a good way to see the neuropsychiatric tests being applied in ‘the least restrictive setting’.

My selective comprised four weeks in Emergency and four weeks with the Cardiac failure/transplant team. There were plenty of chances to ‘get my hands dirty’, and two weeks of night shifts with an excellent registrar Dr Luis Winoto who allowed me to pick up several new skills and apply them. The distinctive population of the Darlinghurst area presented plenty of overdoses, simple things like suturing lacerations, applying backslabs, as well as more unusual things such as managing orbital floor blowout fractures. The lecture program and assessment process in Emergency was a good way to direct my learning.

My time at St Vincent’s has been enjoyable, the administrative staff are extremely helpful, and there was good viva practice and exam preparation too.

*Aditya Vyas, Phase 3 (Year 6)*



# ELECTIVE STUDENT REPORT

MS JULEE POPE



2010 saw 30 international students come through the doors at St Vincent's for an elective/ clerkship attachment in the discipline of their choice. Departments that were popular included Cardiothoracic Surgery, Emergency Medicine, Endocrinology, Colorectal Surgery, Gastroenterology and HIV Medicine.

Students were able to gain valuable medical knowledge and experience within the Australian hospital culture. They are offered all the same teaching as our senior UNSW students and are encouraged to attend any clinical based skills sessions and other activities. It is such a pleasure to accommodate the elective students; they bring an exciting dynamic to the School and we welcome their feedback regarding our teaching programs.

## SAM HOUGHTAN & ALEX GIBBINS, University of Sheffield UK

Endocrinology and World Cup Blues

Spending 7 weeks attached to the high profile Garvan institute for my elective was initially pretty daunting, with the numerous case discussions and journal clubs with the professors and their terrifying arsenal of questions.

However, the kindness and good humour shown by everyone we met soon relaxed and settled me into a very enjoyable and highly interesting few weeks. The range of disorders I encountered was incredible; many rarely seen in the UK and the teaching offered was first class. This will have hopefully lodged them in the memory bank, giving me hope for the odd vicious exam question in the future.

I found Sydney an interesting and vibrant city, with lots to do and see, with winters like our summers it is with a heavy heart that I return to Sheffield.

I thoroughly enjoy my time spent in Sydney and at the Garvan, it's a shame I can't say the same for the World cup, I'm just glad Germany didn't win it!

*Sam Houghtan*

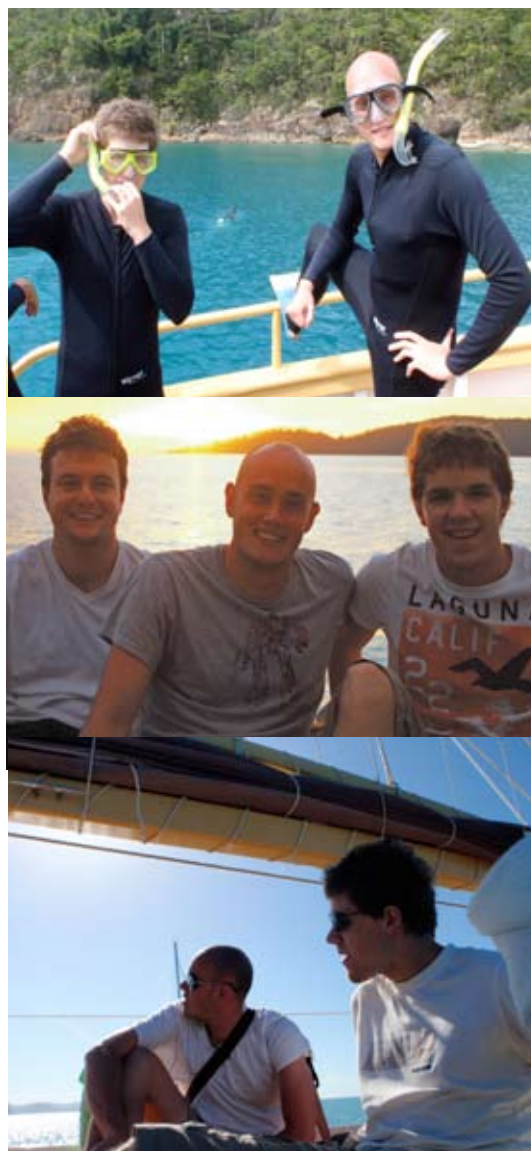
Our placement at St. Vincent's has been superb. Based both in the hospital itself and at the Garvan Institute, we were exposed to many conditions that we only see very rarely back home and got heavily involved with the management of these patients. I never imagined that people would travel over 1000km just to come to an out patient appointment - if you travel that far back home you run out of country!

We were also really grateful for the warm reception we got from all staff members, particularly the girls, Julee and Naomi in the Clinical School office at the hospital, who worked really hard to get us involved not just with our team but also with the other students based at the hospital.

A major highlight was our first Sausage Sizzle, particularly learning the etiquette of how to correctly eat a "Snag", a skill which will stay with me for the rest of my career....!

I really could not have hoped for any more out of my elective than what I've had from St. Vincent's, and despite everyone else complaining, we were also more than happy with the weather!!

*Alex Gibbins*



Sam (left) and Alex holidaying in Queensland after their Elective term

# INDEPENDENT LEARNING PROJECTS



This year, more than 20 Independent Learning Projects have been undertaken across various specialties at St Vincent's Campus, ranging from heart failure to psychiatry, molecular and cellular immunology to clinical ophthalmology, emergency department to cardiothoracic surgery. Collectively, we have critically evaluated over a thousand articles for our literature reviews, established hypotheses, grappled with hundreds of medical records, struggled with patient recruitment, harvested and inspected cells under microscopes, battled with data analysis, and slowly come to appreciate the frustrations, satisfaction and rewards of research and to recognise the sheer persistence required to see it through!

A highlight in ILP this year was presenting our projects at Medical Grand Rounds. It was an exciting opportunity to display our year's work and to gain valuable experience in presenting to an audience of consultants, clinical and research staff and our peers. It was also fascinating to learn about our peers' projects and other areas of research.

Not only have we gained valuable insight into the world of research, we are also taking away with us a range of unforgettable clinical experiences including embarking on interstate organ retrievals, scrubbing in on surgeries and performing CPR in real life.

Last but certainly not least, many thanks to all our inspiring supervisors and to the wonderful clinical school staff for their endless support and encouragement throughout the year, and a special welcome and thank you to Cassie Shearer for taking care of us ILP/Honours students this year.

*Janice Mo, ILP Student Representative*

## 2010 PROJECTS

**Supervisor: Dr Diane Fatkin      Student: Haldane Begg**  
**Project: Zebrafish Models of Atrial Fibrillation**

Atrial fibrillation (AF) is the most common arrhythmia with a prevalence in Australia of approximately 1%. This project aims to screen the region in LD with one such SNP (rs 7193343-T) on chromosome 16q22 for enhancers. Although association has been established, no functional link has been made. A transgenic zebrafish assay is a new and novel means of achieving this. The region in LD with the SNP has been broken into 7 smaller elements. Each of these elements has been used to create lines of transgenic fish using a Tol-2 mediated vector, a zebrafish promoter and an exon coding for green fluorescent protein (GFP). GFP will only be produced if an enhancer is present upstream. Due to the transparency of the embryo, expression can be visually observed and photographed using a fluorescent microscope. Preliminary data has suggested 2 potential enhancer-containing elements, which will be further investigated.

**Supervisor: Dr John Raftos      Student Name: Neha Gosavi**  
**Project: Differences between the presentation of MDMA overdoses in the Emergency department between the two genders.**  
The project involves going through the medical records of patients who have presented to the emergency department with a MDMA related problem, and studying the epidemiological trends, as well as the physiological states of these patients. Particular emphasis is being put on the difference between males and females, and the effect of the combination of MDMA with alcohol.

**Supervisor: A/Professor Richard Harvey      Student: Peta-Lee Sacks**  
**Project: Topical and systemic antifungals for the symptomatic treatment for chronic rhinosinusitis and allergic fungal sinusitis**  
Chronic rhinosinusitis (CRS) is an extremely common condition, affecting slightly less than two million Australians. Since fungus was implicated in the pathogenesis of CRS, it has been proposed that topical or systemic antifungal therapies may be beneficial in the treatment of CRS. However, evidence advocating this therapy is sparse and studies investigating the benefits of antifungal therapies in CRS have presented contrasting results. It is essential that the benefits and potential adverse effects of antifungal therapies are well-documented before broadly endorsing this treatment. We have been conducting a Cochrane review to assess the potential advantages of either topical or systemic antifungal therapies in the treatment of CRS and AFS.

**Supervisor: Dr Gerald Fogarty      Student: Phillip Beames**

**Project: Audit of low-dose rate (LDR) brachytherapy for prostate cancer with dosimetric analysis of toxicity**

5 year follow-up on patient outcomes, including biochemical control and radiation toxicity following permanent trans-perineal insertion of Iodine-125 seeds for low-risk prostate cancer.

**Supervisors: Bernadette Tobin      Student: Lap Pui Cheng**

**Project: The role of family conferences in the provision of optimum palliative care: stage 2 of project**

A Comparative Study of International Bereavement Aftercare Programs for Families Experiencing the Organ and Tissue Donation Process. The project aims to identify components of Bereavement Services, Who staffs the service, type of resources offered, memorial services, support groups, counseling resources available and management of donor family and recipient contact

**Supervisor: Professor Peter Macdonald      Student: Hok Tsun Janice Mo**

**Project: Upgrading from Single or Dual Chamber Pacing to Cardiac Resynchronisation Therapy**

This project reviews the use of cardiac resynchronisation therapy (CRT) in St Vincent's Hospital, focusing on patients upgrading from a pre-existing permanent pacemaker (PPM) or implantable cardioverter-defibrillator (ICD). Major randomised controlled trials on de novo CRT implants have demonstrated improved symptoms, reversal of pathological ventricular remodelling and reduced hospitalisations and mortality in patients with advanced HF with ventricular dyssynchrony.

This project aims to identify the proportion of cardiac resynchronisation therapy (CRT) implants that are upgrades from permanent pacemaker (PPM) or implantable cardioverter-defibrillator (ICD), identify the original indication for PPM/ICD implantation and time to upgrade to CRT, assess the implant success and complication rate of CRT upgrade versus de novo CRT implantation, and determine the changes in patient symptomatic class and LV function prior to and following CRT implantation.

**Supervisor: A/Professor William Sewell      Student: Ming Fei Lau**

**Project: Tissue regulatory T cells in haematological malignancies**

Studies have shown that the immune system targets and eliminates tumour cells. Hence, it has been postulated that regulatory T cells (Tregs) hinder tumour clearance by suppressing the immune system. However, this has not been conclusive, with findings of Tregs correlating with a positive prognosis in certain solid malignancies. The premise is complicated further with haematological malignancies of immune cell origin, the very cells that Tregs normally suppress. Although there have been studies about the effect of Tregs on several types of haematological malignancies, there is no standardised data comparing the different subsets of Treg cells sampled and the locations they were sampled from. This project seeks to investigate the levels of a specific subset of Tregs, namely naturally occurring (CD4+CD25+CD127-/lowFoxp3+) Tregs, in tissue samples of patients with haematological malignancies.



Janice Mo, Henry Maung & Jessica Ditchfield

**Supervisor: Professor Jane Ingham      Student: Glory Jeon**

**Project: End Of Life in the Emergency Department**

This study is being undertaken in collaboration with the Cunningham Centre for Palliative Care under the supervision of Professor Jane Ingham. The aim of the study is to determine the nature of the end of life care that is provided to patients who die in an Emergency Department of a tertiary urban hospital and to identify areas of unmet need.

A retrospective review of the medical charts of adult patients who died in the Emergency Department over the period of a year is being undertaken in order to extract information regarding the source of referral to ED, cause of death and co-morbidities, existence of, and adherence to patient preferences, staff, patient and family involvement in End-Of-Life decision making process, clinical interventions and procedures and, palliative care and psychosocial interventions and the timing of these events in relation to ED admission.

**Supervisor: Professor Gavin Andrews      Student: Zita Hilvert-Bruce**

**Project: Improving adherence in iCBT in primary care settings**

Anxiety and depressive disorders account for 7% of the burden of human disease (Kessler, Chiu, Demler & Walters, 2005). Effective, evidence based treatments such as SSRIs and face-to-face Cognitive Behavioural Therapy (CBT) exist (Roy-Byrne & Cowley, 2007), however the dissemination of these treatments are poor, and due to access and cost barriers the majority of people who suffer from anxiety or depressive disorders do not access appropriate therapy (Andrews, Issakidis, Sanderson, Corry, Lapsley, 2004). This has led to the development and use of other forms of CBT such as Computerised CBT (cCBT) and internet CBT (iCBT). The efficacy of these treatments has been established (Andersson & Cuijpers, 2009; Cuijpers et al. 2009), and appear to be as effective as face-to-face care. In randomised controlled trials (RCTs), adherence to these interventions can be high with reports of 83-100% (Christensen et al 2010). However, levels of adherence and attrition in open websites and primary care are low (Christensen et al 2010). There is a need for research into strategies to optimise adherence to iCBT in the treatment of anxiety and depressive disorders in primary care and open access settings. CRUFADclinic is an organisation which delivers internet based therapy in primary and secondary care. The project involves implementing 3 changes to the website; introducing a monetary cost to patients, empowering the patients through self assessment and a comprehensive email based reminder system.





Henry Maung presenting at Grand Rounds

**Supervisor: Dr Kumud Dhital    Student: Henry Maung**  
**Project: Outcomes in Patients with Pre-operative Renal Dysfunction following Cardiac Surgery**

There are two main aims for this retrospective ILP study. Firstly, the incidence of acute kidney injury (formerly acute renal failure) after cardiac surgery will be established at St Vincent's Hospital. Specifically, the incidence of further renal dysfunction after cardiac surgery in patients with pre-existing acute kidney injury will be documented. Secondly, various parameters will be analysed to find associations with acute kidney injury following cardiac surgery including pre-operative factors (age, BMI, Euroscore, ejection fraction, angina, arrhythmia, cardiogenic shock, myocardial infarction, inotropes, left main disease, cerebrovascular disease, diabetes, hypercholesterolaemia, hypertension,

infective endocarditis, peripheral vascular disease, respiratory disease, smoking history), operative factors (Cross-clamp time, perfusion time) and post-operative factors (renal replacement therapy, total length of stay, ICU stay). The data established in the retrospective ILP study will be used to develop a prospective study that will involve modification of perfusion protocols in cardiopulmonary bypass surgery to limit renal dysfunction..

**Supervisor: A/Professor Gordian Fulde    Student: Amy Marks**  
**Project: Alcohol Related Pedestrian Trauma**

Pedestrian accidents are a preventable cause of injury and death, associated with significant morbidity, mortality and cost to society. Despite this, there has been very little published data on this topic in Australasia. The objective of this study was to further the information in this area by focusing on severe pedestrian trauma, analysing cases with injury severity score greater than 9. Consecutive pedestrians injured by motor vehicles presenting to St Vincent's Emergency Department during 2008-2009 were identified from the St Vincent's Hospital prospective trauma data registry. Data was collated regarding the patient's age, sex, injury circumstances, blood alcohol, injury pattern, morbidity and mortality. Results were analysed with a focus on the prevalence and impact of alcohol on accident circumstances and overall outcomes.

**Supervisor: Dr Iromi Samarasinghe    Student: Ellen Corrigan**  
**Project: Disaster Preparedness in an Australian Urban Trauma Centre**

A disaster is as "an occurrence, whether or not due to natural causes, that causes loss of life, injury, distress or danger to persons, or loss of, or damage to property" (NSW Displan, 2006). It is widely acknowledged that Australian hospitals are severely underprepared for managing a disaster (Edwards et al, 2008). It is imperative that hospitals re-evaluate staff knowledge of disaster procedure as a measure of preparedness to ensure an adequate and timely response in the event of a disaster. This ILP will use a questionnaire to evaluate the emergency procedure knowledge of staff from the ED, Outpatients, Physiotherapy, Pharmacy, Medical Imaging, Security, Administration and Executive to identify learning issues to be addressed in a hospital wide simulation exercise.

**Supervisor: Dr Judy Alford    Student: Ross Calopedos**  
**Project: Mental Health Emergencies in the Elderly**

St Vincent's Emergency Department sees a large volume of acute psychiatric presentations and the number of older adults attending appears to have increased. The project aims to investigate the attendances over time using a retrospective chart review. The circumstances of their presentation, co-morbidities, social factors and disposition will be investigated and trends over time, along with the characteristics of this population in general will be identified.

**Supervisor: A/Professor Jamie Vandenberg    Student: Sophia Wong**  
**Project: The role of S4 in hERG K<sup>+</sup> channel inactivation**

The human ether-a-go-go related gene (hERG) potassium channel plays an important role in repolarization of the cardiac ventricular action potential. A reduction in the current passed through hERG channels (IKr) prolongs the action potential duration resulting in a disorder known as Long QT syndrome (LQTS). The S4 segment of the channel has been identified as the voltage sensing region for channel activation. Given that hERG inactivation is intrinsically voltage dependent, we have used the technique of phi-value analysis to investigate whether the S4 segment also plays a role in hERG channel inactivation.

We can determine that a conformational change in the vicinity of V535 in the S4 segment occurs approximately halfway through the temporal sequence of events that mediates the interconversion of the open and inactivated states of the hERG K<sup>+</sup> channel. This result clearly indicates that the S4 segment plays an important role in the inactivation process. However, whether the S4 segment functions as the voltage sensor for inactivation, remains to be determined.

**Supervisor: A/Professor Milton Cohen, A/Professor Steven Faux    Student: Roy Bartram**  
**Project: Effectiveness of Analgesia in the First Month after Discharge from Hospital**

The overall prevalence of persistent pain at one month following surgery is estimated at 40%. This figure is surprising considering the sophistication of modern surgical practice and the access in Australia to diverse methods of pain relief. This project aims to document the current patterns of analgesic practice and its effectiveness using a sample of patients accessed by the acute pain service at St Vincent's Hospital. Subjects undergoing surgery are followed up for a period of one month after discharge from hospital to collect data on pain severity, medication usage and side effects.

**Supervisor: Dr Rohan Gett**

**Student: Anuk Cooray**

**Project: Informed Consent in Colonoscopy**

The aim of the study is to optimise informed consent for colonoscopy by evaluating patient preferences using a pre-procedure questionnaire. Specifically, how patients value different information about the procedure and through which methods they best understand risk are evaluated and demographic correlations identified.

**Supervisor: Dr Diane Fatkin**

**Student: Chern Tien Yew**

**Project: The Molecular Genetics of Atrial Fibrillation**

Atrial fibrillation (AF) is the most common cardiac arrhythmia and a major risk factor for stroke and heart failure. Genetic variants have been proposed to contribute to AF pathogenesis is a substantial proportion of cases but very little is known about what these variants are and how they alter atrial electrical properties. Recent genome wide association studies have shown significant associations between AF and the single nucleotide polymorphisms (SNPs) rs2200733 on chromosome 4q25, and rs7193343 on chromosome 16q22. These SNPs lie in intergenic and intronic regions respectively, and the basis for their links with AF is unexplained. The aim is to gain genotype-phenotype correlations for these SNPs to start to understand the molecular defects that might be involved.

**Supervisor: A/Professor Diane Fatkin**

**Student: Ferdinand Ong**

**Project: Evaluation of Chromosomal Variants and their Role in Familial Atrial Fibrillation**

Atrial fibrillation (AF) is the most common cardiac arrhythmia and a major risk factor for stroke and heart failure. Recent data suggests that inherited chromosomal variants play an important role in the cause of familial AF, but the mechanisms by which these changes alter atrial electrophysiology and promote AF are incompletely understood. The broad aim of this project is to collect blood from patients undergoing electrophysiology studies in order to determine whether chromosomal variants affect atrial conduction properties. This will be done via DNA sequencing and subsequently comparing those results with the measurements from the electrophysiology study. Ultimately the goal would be to correlate genotype with a specific phenotype.

**Supervisor: Prof Denis Wakefield and Prof Peter McCluskey** **Student : Juanita Lestari**

**Project: Scleritis Study**

Scleritis is a rare ocular inflammatory disease, affecting three to ten per 10000 patients. It is a painful disease and its complications could potentially lead to visual loss. This study aims to investigate and characterize the unique clinical features, aetiology, and treatment of scleritis. The recent changes in the incidence of scleritis such as the disappearance of scleromalacia perforans, decreasing incidence of infectious disease-related scleritis, the increasing incidence of systemic vasculitis as the aetiology of scleritis, and increasing use of biologic agents and subconjunctival steroids are required to provide the appropriate management of scleritis patients.

**Supervisor: Dr Emily Granger**

**Student: Jessica Ditchfield**

**Project: Aortic Valve Replacement in Octogenarians**

With the advent of percutaneous valve technologies, surgical aortic valve replacement via sternotomy has been questioned as a legitimate intervention in a group of patients often burdened with multiple co-morbidities. This study proposes to retrospectively analyse the experience of St Vincent's Hospital in octogenarians to gauge the risk of sternotomy aortic valve replacement and possibly guide future decision making: which patients would benefit from open surgical valve replacement rather than the percutaneous technique. This study seeks to obtain accurate outcome and survival data for the population now targeted by the new and 'unproven' percutaneous aortic valve technique.



ILP & Honours Students who presneted at Medical Grand Rounds: Back Row - David Ma, Peta Maley, Ming Fei Lau, Jessica Ditchfield, Sean Goh, Juanita Lestari, Janice Mo & Henry Maung

# HONOURS PROJECTS



David Ma presenting at Grand Rounds

**Supervisor:** A/Professor Diane Fatkin

**Student:** David Ma

**Project Name:** Evaluation of TRPC6 as a Candidate Gene for Atrial Fibrillation

Recent data shows familial clustering of AF and a number of mutations have been found in AF families. However mutations in the known disease genes account for a minority of all familial cases. The transient receptor potential (TRP) channels are a large family of recently-described ion channels that are activated by a variety of stimuli. TRPC6 encodes a stretch-activated cation channel. It is known that tarantula toxin GsMTx-4 prevents stretch-mediated AF in rabbits by acting as a gating modifier at the boundaries of an uncharacterised stretch-activated channel. GsMTx-4 as well as a TRPC6-specific antibody attenuated TRPC6-mediated changes in current activity under conditions of stretch. Given the well-established association between atrial stretch and AF development, TRPC6 is considered to be a promising candidate gene.

The aim of our study is to perform mutation screening of TRPC6 in a cohort of families with AF. Our methods include clinical evaluation of 100 probands with familial AF (history, electrocardiography and echocardiography) and mutation screening of TRPC6 via direct DNA sequencing analysis. These will be evaluated further to determine whether there is segregation with disease in the family, as well as determining whether they alter TRPC6 protein function.

**Supervisor:** Professor Michael Feneley

**Student:** Kar Yin Fok

**Project:** The role of glycogen synthase kinase 3 in pathological left ventricular hypertrophy

Left ventricular hypertrophy (LVH) is the increase in cardiomyocyte size in response to numerous physiological and pathological stimuli, including mechanical stress and neurohumoral factors. Pathological left ventricular hypertrophy is a major independent risk factor for cardiovascular morbidity and mortality, however, the molecular mechanisms underlying this remains poorly understood. Our laboratory's research is focused on establishing the molecular signalling pathways involved in the induction of LVH using animal models of increased left ventricular pressure load. We will employ genetically engineered mice with cardiac-specific overexpression of a signal resistant form of GSK-3 $\beta$ , containing a serine 9 to alanine mutation, and they will be divided into groups of 8 animals and subjected to left ventricular pressure overload, by TAC or sham surgery, or chronic angiotensin II infusion or saline control infusion. The endpoint study will be at 21 days after surgery for the TAC group and 14 days after surgery for the angiotensin II group and haemodynamic measurements will be carried out and LV tissues collected for assessment of LVH and molecular analysis.

**Supervisor Name:** Dr Kersten Koelsch & Professor Anthony Kelleher

**Student Name:** Paul Lam

**Project:** HIV-1 decay dynamics in treatment experienced patients receiving raltegravir.

HIV antiretroviral therapy (ART) suppresses but does not eradicate HIV infection. Virus re-emerges from latent reservoirs if therapy is interrupted, and current antiretroviral drugs do not affect the latent reservoirs. Raltegravir is an integrase-inhibitor, a new class of antiretrovirals that may have an effect on HIV in this latent state. This project aims to determine if intensification of ART with raltegravir in treatment-experienced patients has an impact on the latent reservoir of HIV. Blood samples are collected from the start of raltegravir intensification at 12 week intervals up to 48 weeks. Total (integrated and non-integrated) HIV DNA in peripheral blood mononuclear cells (PBMCs) is then quantified with real-time PCR to measure the latent viral reservoir.

**Supervisor Name:** Dr Tatyana Chtanova

**Student Name:** Sean Goh

**Project Name:** The role of neutrophils in primary tumour growth

The aim of this project was to study the role neutrophils play in primary tumour growth. Although neutrophils play a role in the innate immune response and bacterial killing, their role in primary tumour growth requires further investigation. This is because tumour-infiltrating neutrophils can switch between an anti-tumour or pro-tumour phenotypes depending on the factors present within the tumour microenvironment. The ability of neutrophils to assume an anti-tumour phenotype offers new opportunities to harness the host's immune response in the treatment of cancer. In order to do so, we need to understand the phenotype and function of these neutrophils during the course of tumour growth. This project enabled us to examine the function of neutrophils in the context of primary tumour growth. In the future, we hope to investigate neutrophil function based on the cytokine production over a time course. This will give us a better understand of the role neutrophils play in primary tumour growth.



# CONFERENCE SUPPORT



## AMSA GLOBAL HEALTH CONFERENCE, Hobart

The 2010 Australian Medical Students' Association Global Health Conference (AMSA GHC) was held in Hobart and was attended by medical students from Australia and the Asia Pacific region. The theme of the conference was 'small steps – big picture' and focused not only on equipping us with knowledge about the many global health challenges but also encouraging us to act both now and in the future in political and personal capacities to make a difference.

The academic program was full of amazing speakers including Dr Helen Caldicott on the health risks of nuclear weapons

and nuclear power, Prof Tony McMichael on the health impacts of climate change, Prof Rob Moodie on prevention in global health and World Vision CEO Tim Costello on approaches to development and the Millenium Development Goals. These plenary sessions were complemented by stream lecture programs targeting particular areas of global health including resource use and allocation; natural disasters and population displacement; conflict; Indigenous health and human rights.

There was a strong focus throughout the conference on the immense threat posed by climate change to anti-poverty efforts and health outcomes around the world, through mechanisms such as reduced agricultural productivity and decreased food and water security making people more vulnerable to disease; increased disease transmission due to altered climate zones and insect habitation (such as the risk of malaria in Sydney). We were encouraged to think about the small changes that we can make in our lives to live in a more sustainable fashion. Leading by example, GHC provided an amazing vegetarian menu, individual re-usable cups for the duration of the conference, and carbon offsetting of flights and conference. We were also stimulated to think of our potential influence beyond the clinical spheres, and to engage in political dialogue with our local government representatives about these issues, particularly in terms of their impact on human health.

A highlight of the academic program was the 'challenge day' during which we learnt about common injuries received by civilians during conflict and had to design and set up a refugee camp bordering two countries, which involved determining what resources we would buy (i.e. number of medical tents and toilet blocks) and remembering to allocate sufficient 'bribe' money to ensure we could return over the border with our supplies! During this challenge we also learnt about common medical conditions faced in a refugee camp, including managing a cholera outbreak.

The conference also provided an amazing opportunity to spend time with old friends (a rare treat for clinical students!) and also to make new friends. This was facilitated by a very insightful social program that commenced with a reception at Government House. Subsequent social events included an international food fair, Captain Planet themed party and an Op-Shop ball with many hideously wonderful outfits from times past.

GHC 2010 was very inspiring and encouraging experience. GHC 2011 is to be held in Sydney and hosted at UNSW and we are very keen to get involved and can't wait!

*Alice Wong & Sarah Zardawi, Phase 3 (Year 5)*

*Alice and Sarah were both partially sponsored by St Vincent's Clinical School to attend this years Global Health Conference. Sarah also attended the first Australian Medical Students' Association Think Global advocacy workshop of Climate Change and health.*

## STUDENT PUBLICATION

Phase 3 student Danielle McMullen had an article published in the inaugural issue of the Australian Medical Student Journal. Her article was on Overian carcinoma: Classification and screening challenges.





## IFMSA GENERAL ASSEMBLY, Montreal Canada

Medical students are a fickle lot. They groan, they wretch, and they cry whenever someone utters the words 'public health'. And many will come up with the most incredible excuses to skip a public health tutorial (hey look, it's a sunny day – it must be a sign not to go to class).

So it's all the more wonder that 700-odd medical students travelled from the furthest reaches of the world to meet in Montreal, Canada and discuss – nay, execute – public health at the global level. But where do you find medical students spending their holidays and hard-earned cash on a public health conference?

It was with this odd paradigm in mind that I journeyed to the land of maple syrup, Francophone Canadians and poutine (a Québécois staple of fried chips covered in cheese and gravy – a cardiologist's nightmare) to experience the 59th General Assembly of the International Federation of Medical Student Associations (IFMSA), and see for myself who exactly would revel in this most-hated of subjects.

The answer surprised me. I encountered and met some of the most brilliant and passionate young medical students, including even some Australians from right under my nose! During the week-long conference we listened intently to addresses from the likes of Professor Richard Roberts, World Organisation of Family Practitioners President on the conference's theme of 'Health and the City'.

Between academic sessions were training groups on exciting and varied topics such as disaster management, reproductive neoplasms and financial problem solving. Each evening, and often past midnight, was spent debating and accepting policy, which would govern the IFMSA's representation to the World Health Organisation as the recognised voice of medical students globally. It was such a privilege to have a hand in representing Australian medical students in this forum.

And it wasn't all just talk - you could see the flow of ideas from one country to the next. The Project Fair showcased the very best local health projects conceived and implemented by medical students, and it did not fail to impress. From the child-friendly Teddy Bear Hospital to the practical Calcutta Village Project and Australia's very own leader up-skilling course Think Global, the variety, practicality and sheer volume of excellent projects on show was enough to restore your faith in the humble medical student and in these delegates, who are undoubtedly our future leaders.

Public health may not have the best reputation in med school, but an encounter with the IFMSA is certain to change opinions. The knowledge of finding and befriending like-minded medical students who are so passionate about public health was so refreshing and inspiring. It's a sunny outlook for the future of global health, alright – if only students took this as the sign to return to class!

*Alexander Murphy, Phase 2*

*Alexander was partially sponsored by St Vincent's Clinical School to attend this years IFMSA General Assembly.*



The Australian Team.

# POSTGRADUATE REPORT

## DR MARK DANTA

St Vincent's Clinical School remains the second largest school for postgraduate enrolment within the Faculty of Medicine, with 114 postgraduate students enrolled in PhD's. These students work in the institutes on our campus and include the Garvan Institute of Medical Research, the Victor Chang Cardiac Research Institute (VCCRI), the National Centre of HIV Epidemiology and Clinical Research (NCHECR), and the St Vincent's Centre for Applied Medical Research (SVAMR). There were 26 new students enrolled in 2010 and 22 students were awarded their thesis. The St Vincent's Campus plays a key role in UNSW's success in grant applications. In 2010, UNSW was the top performer in ARC Linkage grants, receiving \$11.36 million for 28 projects involving collaboration with industry partners, and the largest share of grants (\$47.8 million) went to UNSW as the lead institution in the country.

In 2010 confirmation of candidature was been added to the review process. This is the student's first annual progress review. This review will include a research proposal that outlines the key objectives and milestones of the research, a literature review, justification of the research and an assessment of the required resources. During the review an oral presentation will be made to the panel. This is all in an attempt to provide improved and focused support for all postgraduate students early in their studies. UNSW has established a new Postgraduate research Committee, consisting of medical researcher representatives from all UNSW campuses, to ensure that their voice is being heard in the Faculty. Finally, there has been a significant uptake of submission of PhD as a series of publications, in particular by students on the St Vincent's Campus. This is recognition that much of the research on the campus is being published in high impact journals. While this type of submission requires the prior approval of the Higher Degree Committee before submission can occur, it will lead to the submission of higher calibre theis and increased publication of research by the students.



# CONJOINT STAFF

## NEW CONJOINT APPOINTMENTS

### Associate Lecturer

Nicole Bart

Jules Catt

Daniel Chen

Sara Hungerford

Tim Makeham

Brendan McMullan

James Otton

Alexander Owen

Marco Raftopoulos

Alex Rosenberg

Tanya Singh

Manohan Sinnadurai

Phoebe Williams

Edwina Wing-Lun

Rudy Yeh

### Lecturer

Peng Choong

Adam Cole

Jennifer Cropley

Sean Flanagan

Dominique Gatto

James Hardy

Shahrazad Jahromi

Jacob Lonborg

Brad Milner

Gary Nicholls

Vesna Nikolova

Brett Squires

Clement Tsang

Kylie Webster

### Senior Lecturer

Nigel Biggs

Vita Birzniece

Malcolm Bowman

Hergen Buscher

Jennifer Cropley

Christoper Maloney

Roslyn McLean-Mozer

Darren Saunders

## CONJOINT PROMOTIONS

### To Professor

Trevor Biden

Jo-anne Brien

### To Associate Professor

Nick Brennan

Richard Harvey

Richard Hillman

John Raftos

Phillip Spratt

### To Senior Lecturer

Alexander Swarbrick



# CONJOINT STAFF LISTING

## AS OF 2 DECEMBER 2010

### PROFESSOR

Antony Basten	Lesley Campbell	Michael Feneley	David Ma	Boris Martinac
Trevor Biden	Donald 1	Allan Glanville	Peter Macdonald	Elizabeth Musgrove
Bruce Brew	Susan Clark	Herbert Herzog	Graham MacDonald	John Shine
Samuel Breit	Roger Daly	Ken Ho	Charles Mackay	Jonathan Sprent
Jo-anne Brien	John Eisman	Anne Keogh	Fabienne Mackay-	Robert Sutherland
Andrew Carr	Richard Epstein	David James	Fisson	Jamie Vandenberg

### ASSOCIATE PROFESSOR

Lourens Bester	Antony Cooper	Anthony Grabs	Reginald Lord	John Raftos
Nick Brennan	Brett Courtenay	Shane Grey	Deborah Marriott	Katherine Samaras
Robert Brink	Peter Currie	John Grygiel	David Muller	Leon Simons
David Bryant	Anthony Dodds	Richard Harvey	Michael Neil	Phillip Stricker
Jackie Center	Sally Dunwoodie	Bernard Haylen	Christopher Ormandy	Bernadette Tobin
Richard Chye	Diane Fatkin	Christopher Hayward	Susan Pendlebury	Deborah Yates
Milton Cohen	Steven Faux	Susan Henshall	Michael Perry	
William Bruce Conolly	Judith Freund	Richard Hillman	Nicholas Pocock	
Gregory Cooney	Gordian Fulde	Graham Jones	Thomas Preiss	

### SENIOR LECTURER

Russell Aldred	Paul Darveniza	William Hughes	Sharon Oleskevich	Daniela Stock
Paul Baldock	Michael Dawson	Siiri iismaa	Michael Ortiz	Rajesh Subbiah
Marcel Batten	Nicholas Davies	Joanne Joseph	Gregory O'Sullivan	Catherine Suter
Melinda Berry	Martin Duffy	Michael Kennedy	Sandra O'Toole	Ian Sutton
Sandy Beveridge	Robert Feller	Cecile King	Umaimainthan	Jeremy Sullivan
Nigel Biggs	Douglas Fenton-Lee	Maija Kohonen-Corish	Palendira	Kazuo Suzuki
Vita Birzniece	Andrew Field	Eugene Kotlyar	Kurosh Parsi	Alexander Swarbrick
Malcolm Bowman	Andrew Finckh	Vincent Lamaro	Malcolm Pell	Stuart Tangye
Christopher Bradbury	Ray Garrick	Ross Laybutt	Tri Phan	Helen Tao
Phillip Brenner	Laila Girgis	Christopher Maloney	Marshall Plit	Stephen Tisch
Robert Brink	Antony Graham	Monique Malouf	Paul Preisz	Nigel Turner
Scott Burne	Jerry Greenfield	Romesh Markus	Neville Sammel	Bryce Vissel
Hergen Buscher	Shane Grey	Samuel Milliken	Darren Saunders	Bruce Walker
Alison Butt	Jenny Gunton	Steven Mistilis	Carsten Schmitz-Peiffer	Margot Whitfeld
Joga Rao Chaganti	Adrian Havryk	John Moore	Pablo Silveira	Stephanie Wilson
Daniel Christ	Warren Hargreaves	Roslyn McLean-Mozer	Elizabeth Silverstone	Alex Wodak
Tatyana Chtanova	Lisa Horvath	Philippa O'Brien	Duncan Sparrow	John Zauders
Jennifer Cropley	William Hughes	Terence O'Connor	Timothy Steel	

### LECTURER

Kathryn Brooke	Emily Granger	Paul Lee	Gary Nicholls	Jacqueline Stoeckli
Gavin Chapman	James Hardy	Chu Kong Liew	Vesna Nikolova-	Clive Sun
Adam Cole	Adam Hill	Jacob Lonborg	Krstevski	Annette Trickett
David Connor	Shahrazad Jahromi	Mark Lutherborrow	Abdullah Omari	Clement Tsang
Elissa Deenick	Lele Jiang	Cindy Ma	Shari Parker	Kylie Webster
Kharen Doyle	Michael King	Philip Macaulay	Richard Savdie	David Williams
Sean Flanagan	Nirmala Kumaradevan	Brad Milner	Frederic Sierro	Carlo Yuen
Dominique Gatto	Juliana Lamoury	Matthew Naylor	Brett Squires	

### ASSOCIATE LECTURER

Nicole Bart	Peng Choong	Brendan McMullan	Marco Raftopoulos	Tracy Smith
Jonathan Brett	Belinda Gray	Jonathan Morton	Alex Rosenberg	Alina Stoita
Adam Bryant	Sara Hungerford	James Otton	Neil Simon	Rudy Yeh
Jules Catt	Jed Lusthaus	Alexander Owen	Tanya Singh	Edwina Wing-Lun
Daniel Chen	Tim Makeham	Michael Piza	Manohan Sinnadurai	

# END OF YEAR FAREWELL

On December 1st we celebrated another great year of medical education at the St Vincents & Mater Health campus. Clinical School Academic and Administration staff were joined by Conjoint Staff, Hospital Administration and students for good food and drink on the balcony of the Clinical School office. Fortunately the rain held off letting an enjoyable time be had for all.

We would like to thank everyone who has been involved in medical student education for UNSW at St Vincents Hospital and it's surrounding facilities. We look forward another great year in 2011.



A/Prof Nicholas Breannan & Sister Anthia Groves



A/Prof Jane McCrohon & A/Prof Eva Segelov



Dr Russell Clark, A/Prof Richard Harvey, A/Prof Nicholas Brennan, Dr Anthony Chambers, A/Prof Bill Sewell



Dr Anthony Chambers



Alex Pile





Nici Wilkinson, Naomi Esselbrugge, Julee Pope, Sean Chen, Tao Shen & Behny Samadi



Prof Jane Ingham, Prof Terry Campbell & A/Prof Nicholas Brennan



Prof Terry Campbell & A/Prof Jane McCrohon



Dr Anthony Chambers & A/Prof Bill Sewell



## TUTOR GIFTS

Every year we show our appreciation to the Conjoint Teaching staff with a gift. This year we are pleased to present them with this lovely picnic rug.

To thank our many examiners for their assistance with the great number of clinical exams this year we showed our appreciation with a bright red St Vincents Clinical School umbrella.



# THE MEDICINE PROGRAM (MED3802)

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.

## 2011 TERM DATES

### Phase 1

Teaching Period 1: 28 Feb - 29 Apr  
 Recess: 11 Apr - 15 Apr  
 Teaching Period 2: 2 May - 24 June  
 Recess: 27 June - 15 July  
 Teaching Period 3: 18 July - 8 Sept  
 Teaching Period 4: 19 Sept - 11 Nov

### ILP (2010 Commencement)

Teaching Period 1 & 2: 28 Mar - 8 Jul  
 Recess: 11 Apr - 15 Apr  
 Recess: 12 Jul - 15 Jul  
 Teaching Period 3: 18 Jul - 9 Sept  
 Recess: 12 Sept - 16 Sept  
 Teaching Period 4: 19 Sept - 18 Nov

### Phase 2/Phase 3

Summer Teaching Period: 17 Jan - 11 Mar  
 Teaching Period 1: 14 Mar - 13 May  
 Teaching Period 2: 16 May - 8 July  
 Recess: 11 July - 15 July  
 Teaching Period 3: 18 July - 9 Sept  
 Recess: 12 Sept - 16 Sept  
 Teaching Period 4: 19 Sept - 11 Nov

## EXAMINATIONS

Phase 1: 9-10 May & 29-30 Nov  
 Phase 2: 22 Mar & 22 Nov

Phase 3 (Clinical/Oral): 20 & 22 Oct  
 Phase 3 (Oral/Portfolio): 27 & 29 Oct

Phase 3 (Biomed): week of 22 Nov

## ACADEMIC 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,  
**Commenced:** 1998  
**Specialty:** Cardiology  
**Research Interests:** Cardiac ion channels; Antiarrhythmic drugs; Cardiac Arrhythmias; Cardiac pharmacology



**A/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



**A/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 Kumud Dhital**  
Senior Lecturer in Surgery  
**Commenced:** 2009  
**Specialty:** Cardiothoracic Surgery  
**Research Interests:** Transplantation; end-stage cardio-pulmonary failure



**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



**A/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



**Dr Russell Clark**  
Senior Lecturer in Medicine  
**Commenced:** 2009  
**Specialty:** Geriatrics



## ADMINISTRATIVE STAFF

**Mrs Melinda Gamulin**  
Clinical School Manager

**Ms Naomi Esselbrugge**  
Student Administrative Officer

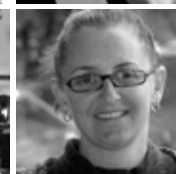
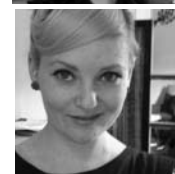
**Ms Julee Pope**  
Student Administrative Assistant

**Ms Cassie Shearer**  
Administrative Assistant  
(Surgical Professorial Unit)

**Ms Kate Rowe**  
Executive Assistant  
(Medical Professorial Unit)

**Ms Thuy Huynh**  
Administrative Officer  
(Clinical Pharmacology)

**Ms Khanh Vo**  
Administrative Officer  
(Clinical Pharmacology)



# UNSW



## ST VINCENT'S CLINICAL SCHOOL



St Vincents  
& Mater Health  
Sydney



St Vincent's Hospital



St Vincent's Private



St Vincent's Clinic