



UNSW
THE UNIVERSITY OF NEW SOUTH WALES

2011 Annual Teaching Report

Never Stand Still

Faculty of Medicine

St Vincent's Clinical School



The Annual Report is published by:
St Vincent's Clinical School, UNSW

All photos used with permission

Editor: A/Professor Eva Segelov

Design & Layout: Naomi Esselbrugge

Cover Images (clockwise from top left): Phase 3 student Nell Farnham with Dr John O'Neill; Dr Brett Courtenay with Phase 2 student participating in a plaster backslab skill session; 2011 Doctors Vs Students Soccer team members

4	Welcome
5	Head of School Report
6	Faculty & University News
7	St Vincent's Hospital Report
8	St Vincent's Clinic & St Vincent's Private Hospital Report
9	Administration Report
10	Awards & Acknowledgements
12	Events
14	Teaching Innovations
16	Community Projects
18	Phase 1 Report
19	Phase 2 Student Report
20	Phase 3 (Year 6) Student Report
21	Farewell to Year 6
22	Phase 3 (Year 5) Student Report
23	Rural Student Reports
24	Elective Student Report
24	Honours Projects
26	Independent Learning Projects
31	Examination Report
32	Postgraduate Report
33	Patient Safety Simulation Centre
34	Conjoint Staff Listing
35	New Conjoint Staff & Promotions
36	End of Year Farewell
37	2012 Overview
38	Clinical School Staff

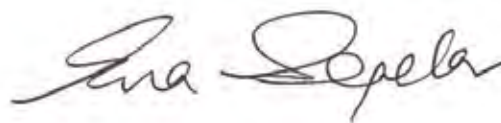
The St Vincent's Clinical School continued to flourish and consolidate its role across the St Vincent's campus and in the community throughout the last year, through a diversity of programs and projects. Our students enjoyed the 1:1 teaching that characterizes Phase 3; the topic-based team teaching that forms the backbone of Phase 2, and the introduction to clinical skills tutorials that bring early exposure to patients into Phase 1.

We are particularly proud of our community projects, which are a sign of maturity of the School and our ability to reciprocate into the wider environment in which we operate. Projects are detailed later in this booklet.

The Clinical School was successful in obtaining and implementing a number of educational grants, in partnership with the Public and Private Hospitals. The money awarded from HWA funding will go towards the development of a medical student area in the admissions clinic in SVPH, which will allow documentation of a full history and examination for all patients coming through that clinic. This involves refurbishment of the area, due to start next year. Another successful grant was the CETI, in partnership with our allied health and nursing colleagues; more about this also in the following pages.

We continue to graduate students who have had excellent learning experiences across a wide variety of areas of clinical practice. It is gratifying to watch these students evolve into junior doctors and then further their career into the many different options that exist within the realm of medical practice (including returning as examiners for current students). We are grateful to all of our Conjoint staff, the administration and management of SVH, SVPH and SVC and all those who work within the organization and interact with our students for their dedication, patience and continued transfer of wisdom.

The very best for a safe and festive holiday season, and looking forward to another exciting year in 2012




A/Prof Eva Segelov
Director of Medical Student
Education

Report on Conjoint Activities across the Faculty of Medicine

2011 saw a focus for Conjoint members on the faculty on professional development through the "library series", a spaced set of leaflets highlighting some of the many FREE resources available to Conjoins (and academics) through the UNSW Library. These include online textbooks, access to full print journal articles, and access to ready reference services such as "Best Practice", from the BMJ group. Many of these are downloadable (again free) onto iPhones, iPads and Blackberrys. The brochures are accessible online and contain step-by-step instructions on how to download the apps, as well as accessing through the library website.

The other major project completed in 2011 was the production of the 'Conjoins in the Faculty of Medicine' booklet, highlighting the contribution of various conjoint members from all the different UNSW Schools, at all the different levels of appointment. This is a companion to the "Academic Women in the Faculty of Medicine" booklet published last year. A number of St Vincent's staff are featured and their stories make fascinating reading. This publication is also accessible online and in hard copy at the Clinical School office.





Prof Allan Spigelman
Head of School

The activities and achievements documented in this Report are evidence that our School's Strategic Plan continues to be implemented.

In 2011, the St Vincent's Hospital Clinical School provided training for approximately 282 medical students in all years of the undergraduate course, 90 postgraduate students and over 41 elective students from other countries and states.

Our teaching staff of clinical academics plus 263 conjoint staff members of St Vincent's Hospital, St Vincent's Private Hospital and St Vincent's Clinic continue to provide high quality education. Future teaching will be enhanced by the funding granted by the Commonwealth Government to enable expansion of teaching in the Private Hospital and refurbishment of the Douglas Miller Lecture Theatre, as well as the Kinghorn Cancer Centre, due for completion in 2012. The University remains most grateful for the help given to our students, our School and the community by all who have done so by their contributions to the Clinical School.

Academics and Conjoint staff also continue to make important contributions to the University's Research profile and, by the nature of their professions, to the Community at large.

The School wishes all readers well and looks forward to an even more successful 2012.



Prof Spigelman presenting the
Doctors Vs Students Soccer Trophy



Dr Stephen Tisch with
Phase 3 students during
the PRINT Lumbar
Puncture skill session



Senior Lecturer in Surgery, Dr
Anthony Chambers with Phase
3 student, Katie Chen, for a
Urinary Catheterisation insertion
skill session

UNSW has had a good 2011, which has generally turned out better than feared. The anticipated downturn in international student enrolments did not hit UNSW significantly. This is good news going forward as there had been talk about significant budget cuts, given the increasing dependence these days of major universities on international fee-paying students.

Overall the Faculty's research income and publications output have improved modestly on 2010. We had excellent news from the first ever round of the ERA (Excellence in Research Australia) survey of research in Australian Universities, with UNSW finishing in third place ahead of traditional rivals Sydney University and Monash University but behind the Universities of Melbourne and Queensland. This was better than expected and a tribute to the many high quality researchers working at UNSW. It is not just good for our reputation, but will translate into financial gain as well, as it will be the basis of future University funding for research infrastructure. The ERA exercise is being repeated soon and it will be interesting to follow the outcomes of the second round.

Those of you who have visited the Kensington Campus in recent times will note that the old single-storey Office of the Dean building on the corner of Botany and High street is no more. It has been demolished as an initial phase in the complete overhaul of the Wallace Wurth Building, combined with the addition of a second building in parallel to the existing building. This will dramatically increase the laboratory and teaching space available on campus and the upper two floors will form the new home for the newly renamed Kirby Institute (formally NCHECR). This work is well on track to be finished in time by 2014.

A significant amount of my time over the last twelve months has been devoted to establishing and formalising an "Academic Health Science Centre" around the Randwick campus of UNSW Medicine. This has entailed bringing together the three public hospitals as well as the private hospital on the site, along with UNSW Medicine, UTS Nursing, Midwifery and Health, and the three medical research institutes on the site, into a unified centre, which is now in the process of identifying research strengths and developing strategic research plans. This model is one that is rapidly gaining favour throughout the world, and in much of Australia, and is likely to be a topic of further discussion around the Darlinghurst campus as well as the other UNSW Medicine metropolitan precincts.

In summary the Faculty is going extremely well and I look forward with confidence to 2012. I wish you all the very best for the coming holiday season and for the New Year.



Professor Terry Campbell
Senior Associate Dean

A handwritten signature in dark ink, appearing to read 'T. Campbell', written in a cursive style.

ST VINCENT'S HOSPITAL REPORT 7



Mr Jonathan Anderson
Executive Director,
St Vincent's Public Health Service

Across St Vincents & Mater Health, on any one day, we will provide care for over 1,800 patients across the inpatient, outpatient and community settings. Our patient loads are not just getting larger but we are treating patients with more complex and acute needs. In response we are expanding and enhancing our services through capital developments, research and new models of care.

The past twelve months has been very significant in relation to capital development. The new O'Brien Centre which integrates community, mental health and drug and alcohol services in one start of the art facility had its first full year of operation. Construction work of the \$120 million Kinghorn Cancer Centre – a partnership between St Vincent's and the Garvan Institute – is also progressing very well, with the Centre scheduled to open on time in the middle of next year. The Centre will integrate world class cancer research with best practices, rapidly translating research findings to patient care

In addition to these existing works, we are undertaking a Darlinghurst Campus Planning Project aiming to ensure that the St Vincent's Campus has the physical capacity to respond to Australia's projected population growth, shifts in disease patterns and evolving healthcare trends in keeping with the Commonwealth's health reform agenda.



The O'Brien Centre



The year was also significant from a governance perspective with the establishment of St Vincent's Special Health Network incorporating St Vincent's Hospital, Sacred Heart and St Joseph's Hospital. The creation of the Special Health Network has allowed the public hospitals of St Vincents and Mater Health to come together under one structure and have direct dealing with the Ministry of Health – as opposed to having to do our negotiations via our regional health networks. This has led to improved access to capital and recurrent funding

and provided enhancement capacity for advocacy in relation to our clinical services.

We continued to invest heavily in research during the year. As a consequence we were able to develop a range of innovative diagnostic, treatment and prevention strategies to improve the quality of the care we provide. Furthermore our collective contribution to new knowledge – which drives quality and innovation in health care - is significant, with SV&MHS and its key research partners publishing in excess of 700 peer reviewed articles in any given year.

It is increasingly evident that we cannot meet the challenges of healthcare alone - partnerships will be the hallmark of 21st century medicine. There is a natural synergy between St Vincent's and the University of NSW as we share so many common goals and the partnering of these two fine institutions will deliver great benefit to the health system over the coming years. To this end our longstanding partnership with University of New South Wales (UNSW) Faculty of Medicine and the Clinical School is the foundation of this great relationship and the opportunities to come.

8 ST VINCENT'S CLINIC & ST VINCENT'S PRIVATE HOSPITAL REPORT

In 2011, St Vincent's Private Hospital and St Vincent's Clinic continued their involvement with the teaching of undergraduate medical students on the St Vincent's Campus.

During the year, 50 students in their Phase 3 rotation spent time at St Vincent's Private Hospital Operating Suite, Day Surgery as well as gaining experience in the private rooms of the VMOs.

Again the quality of the student case presentations was 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, cardiothoracic ENT, Hand and Neurosurgery.

A new initiative this year was the Notre Dame Medical students joining the Phase 3 student's in many of the teaching and learning activities on offer in the Private Hospital, Clinic and Clinical School.

The St Vincent's Clinic Foundation awarded \$500 for the best student's Independent Learning Project. The successful student recipients of this award were David Ma and Peta Maley.

St Vincent's Private Hospital and St Vincent's Clinic 2011 Tutor of the Year was awarded to Associate Professor Eva Segalov.

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

This year, SVPH and the University of New South Wales have been successful in gaining a HWA Grant to support an increase in number of medical students in the Private and Clinic and upgrading the audio visual equipment in the Douglas Miller Lecture Theatre.

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



Michelle Wilson
Executive Director, SVC



Anne Fallon
Manager, Education
Development & Training, SVC



Peta Sacks (far left) and David
Ma receiving their ILP Prizes
from Prof Spigelman



Melinda Gamulin
Clinical School Manager

2011 has been quite a busy year for the St Vincent's Clinical School.

Thuy Huynh returned from six months maternity leave in February. Welcome Back Thuy!

Our skills lab was renovated in January and installed with a Welch Allyn diagnostics wall unit, patient bed, 2 student computers and projector. It is a good tutorial space especially for ENT skills.

On 18th July, we had a delegation visit from Faculty of Medicine Siriraj Hospital, Mahidol University, Thailand. Professors Spigelman and Segelov gave them a tour of the School facilities and the Simulation Centre. They were visiting to initiate and establish relationships between Siriraj Hospital Medical School and UNSW Faculty of Medicine. St Vincent's Hospital has their first of many visits for the day.

In November, UNSW IT will be out at the Walter McGrath Library to rollout an upgrade to 15 of the PCs on the UNSW network.

Every year, I review the Schools student and teaching resources for improvements to our current equipment and technology. This year we purchased two new ENT models called OTOSIM, an advanced venous management arm, knee for aspiration and another urinary catheterisation model.

The tutor gifts to be handed out with the annual report will be a UNSW Desk Clock. I hope you enjoy this year's gifts as a thank you from our School.

The School could not function without the support of Conjoint staff, St Vincents Hospital, the Faculty of Medicine, 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.

I look forward to working with you all again in 2012!

A handwritten signature in cursive script, likely belonging to Melinda Gamulin, the Clinical School Manager. The signature is written in dark ink on a light background.

10 AWARDS & ACKNOWLEDGEMENTS

Faculty of Medicine Conjoint Teaching Award

Best innovation by a Conjoint Staff Member in a Teaching Program

Ms Alex Pile

2011 Tutors of the Year

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

Dr Kumud Dhital & Dr Graham Jones

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

A/Professor Eva Segelov

Registrar Tutor of the Year

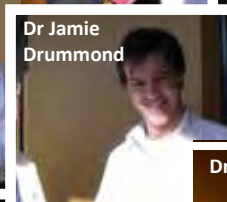
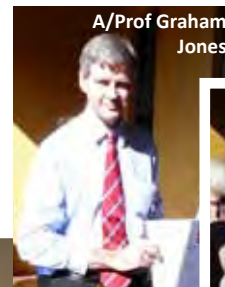
Dr Jamie Drummond & Dr Katie Bluett

RMO Tutor of the Year

Dr Dina Saks

JMO Tutors of the Year

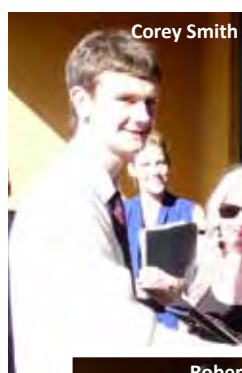
Dr Danielle McMullen & Dr Simon Cole



2011 Dean's Awards

2011 Rising Star Award

Lucette Cysique



2011 Student Awards

St Vincent's Clinical School Prize

Corey Smith: 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

Corey Smith: Best performance in Surgery based on course results and Phase 3 Integrated Clinical Examination

John Hickie Prize for Medicine

Robert Ma: Best performance in Medicine based on course results and Phase 3 Integrated Clinical Examination

2011 Independent Learning Project Prize Winner

David Ma, for his project on: Genetics and Epigenetics of Atrial Fibrillation

Peta Maley, for her project on: Topical or systemic antifungal therapy for the symptomatic treatment of chronic rhinosinusitis and allergic fungal sinusitis

Independent Learning Project/Honours Grand Rounds Presentation

Oi Chong: Best presentation at the 2011 ILP/Honours Grand Rounds Presentation





2011 Clinical School Staff Awards

Research Prize

Dr Mark Danta

Publication Prize

Professor Jane Ingham

Community Service Prize

Naomi Esselbrugge



Clinical School student given community award by Governor Bashir

Robert Ma, Year 6, was this year's recipient of the Tom Harvey Award. This award, named after the late inaugural Chairman of the Australia Youth Trust, recognises the outstanding contribution of a young Australian. The award is part of a wider programme of grants made by the Trust to assist young people working together within Australia and developing Commonwealth nations within our region, supporting projects such as:

the relief of poverty and suffering, literacy/education/training/employment opportunities and the promotion of youth leadership exchange

Robert Ma initiated a free tutoring program for disadvantaged high school students of Indigenous or disadvantaged backgrounds in the South Sydney area encircling the Redfern/Waterloo area. Robert commented that this was his attempt to help address inequity in the provision of education opportunities.

2011 Successful Grant Winners

Dr Daniel Connor: awarded 2011 ECR Grant for \$20,000 for "Investigating the role of platelet-derived microparticles in vascular disease".

Dr Mark Danta: awarded 2011 Major Equipment & Infrastructure Grant for \$100,000 for "Development of second generation confocal endomicroscope".

Professor Andrew Carr: awarded 2011 National Health & Medical Research Council / Postgraduate Research Scholarship for \$107,000 over 3 years for "Memory CD4 cells and latent HIV infection".

Dr David Brown: awarded 2011 National Multiple Sclerosis Society USA / Research Grant for \$300,000 over 3 years for "Modulation of CEBPD for the treatment of Multiple Sclerosis".

Drs Daniela Stock & Daniel Christ: awarded 2011 Australian Research Council / Discovery Project – for \$390,000 over 3 years for "Phage display derived antibody fragments for membrane protein research".

UNSW GOLDSTAR AWARDS

Dr Kazuo Suzuki: awarded \$40,000 for "Understanding the critical role of microRNAs in HIV-1 pathogenesis to guide discovery of novel targets for control of HIV-1 infection".

St Vincent's Foundation Grants

Dr Mark Danta: awarded 2011 project grant for \$28,000 for "MUCH C Study"

Dr Mark Danta: awarded 2011 project grant for \$28,000 for "Multidisciplinary study"

2011 Doctors Vs Students Soccer Match

On a picturesque morning on June 3, 2011 at Rushcutters Bay Park the Doctors versus Students Soccer match took place. The Doctors were out for revenge for last years surprise loss to the students and it was game on!!

The Doctors (Interns, Consultants, Researchers and Clinical Academics of varying nationalities) were all fired up against the Phase 2 and 3 and Post Graduate Students. The injured Dr Gold took on the role as photographer for the match. With the Doctors on the attack early in the game, playing like they had the ball on a string, they opened the game up and slotted a gorgeous goal past the student keeper. The Doctors effortlessly defended the Students attack and set up a counter play. The Argentinian goal keeper for the Doctors team was assertive as he snapped up any shot, deflection or corner to prevent the students from scoring. The Students Captain Robert Ma had kept himself off for most of the first quarter. Upon entering the fray the students equalised: score now 1-1. The highlight of the game was Professor Allan Spigelman's great scrambling save off the goal line where he put his body on the line, and cleared the goal mouth to deny another goal to the students. Clearly Allan's days spent watching Arsenal led to his inspired positional play. However he did later succumb to a slight back strain.

At half time the score was 2-1 to the Doctors. After the half time motivational team talk from Captain Robert Ma the Students came out firing and slotted a goal past the keeper to make the score 2-2. With only about 5 mins of play remaining the Students scored a magnificent goal against the run of play to put them in the lead 3-2, which was the final score.

Thank you to all the Doctors and Students who participated in the match, as well as the professional referees who gave up their time to help make the event another success. Doctors to win in 2012....?

Special mention goes to Bob from the SVH Transport Department for providing strapping to the players before the game and for First Aid support.



Game Day Prizes

Encouragement Award – Minh-Tu Duong (Ed Registrar); Best and Fairest Award – Gilles Guillemin (Garvan/Victor Chang) & Gumby Award – Michael Bock (Phase 2 Student)

PIZZA LUNCHES

A sunny winter's day set the scene for this year's student lunches and rather than providing a sausage sizzle, we opted for a Pizza Lunch. Students from Phase 2, 3 and ILP/Honours joined Clinical School Academics and Administrative staff on the Student Common Room Balcony. In 2012, we hope to run these events more regularly.



Phase 3 (Year 6) student, Robert Ma

Annual SVC, SVPH and UNSW Clinical School Dinner

The 2011 Conjoint Dinner, organised to promote the commitment to medical education on the SVH Campus and ongoing program of medical student teaching in St Vincent's Private Hospital and St Vincent's Clinic, was held at the fabulous Otto's Ristorante in Woolloomooloo. We had the pleasure of updates from Professor Peter Smith (Dean, Faculty of Medicine) and A/Professor Eva Segelov who spoke with a Conjoint Teaching update. Our key speaker this year was Dr Rowan Gillies who is the former International President of MSF, a post he held for three years. During this time, Rowan coordinated the humanitarian works of the organisation from Geneva. Despite the demanding schedule liaising with international governments, the United Nations, other aid organisations and his own staff, Rowan still found time for field work in Sierra Leone. His presidency of MSF followed numerous stints as an MSF officer in Southern Africa, Pakistan and Afghanistan so he was an aid veteran by the time he took office. Having completed his time as president of the organisation, Rowan maintained ties with MSF as an advisor while recommencing training in Australia as a Plastic and Reconstructive Surgeon. It was both inspiring and a pleasure to hear of Rowan's experiences with MSF. He clearly has made much of the medical degree which he obtained from the University of New South Wales.

Electronic Whiteboards

Late in 2010, the School installed two electronic whiteboards in Tutorial Rooms 1 and 2. The boards can be used for students and tutors to make presentations or tutorials more interactive.

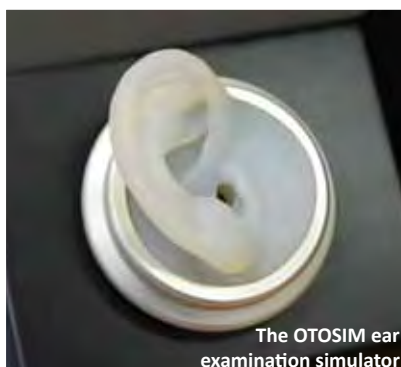
Dr Kumud Dhital and A/Professor Eva Segelov are currently discussing ideas for developing an educational platform used in conjunction with the electronic whiteboards, specifically for medical students.



RMO Patrick Tai supervising Viva practice with Year 6 students Cheryl Lin and Clarie Lawley

Viva Practice

This year we were privileged to have several former students come back and take our Year 6 students for Viva practice sessions in preparation for their final oral exam. Special thanks goes to doctors Jamie Drummond, Patrick Tai, Dina Saks, Alex Owen, Michelle Schnabl and Sebastian Ranguis. Along with the additional support of our Academic staff the students gained a comprehensive range of experience in disciplines.



OTOSIM Ear Examination Simulator

This year the Clinical School purchased two OTOSIM ear examination simulator models. These interactive systems allow students to practice otoscopic techniques while viewing different clinical scenarios with a variety of high fidelity images. We are planning on developing a study guide to assist students in improving their ear examination techniques.

PRINT & 'Get Ready'

This year we ran a six week Preparation for Internship (PRINT) course for 40 students, including several from the Rural Clinical Schools and one from Sydney University. Students were required take on the role of the junior staff member by shadowing the JMO.

To assist students for entry into the workforce, the program includes a range of clinical skill refreshers, new skills and simulation scenario training.



Phase 3 student, Nikki Gillot practicing Intercostal Catheter insertion

Some students also took a week out of our program to participate in the Hospital's interdisciplinary 'Get Ready' program. After successfully winning the Clinical Education & Training Institute grant, UNSW, Allied Health and Nursing departments came together to develop and implement a training week designed to give students a better start for their work placements.



Dr Martin Duffy with Phase 3 students for the PRINT Joint Aspiration session

Phase 2 Restructure

From March 2012, Phase 2 will be restructured. A summary of what to expect is as follows:

The current Health Maintenance course will be shortened to 6 weeks, covering topics like Syncope, Dyspnea, Leg Ulcers & Peripheral Oedema, Renal Impairment, Abdominal Pain/Diarrhoea and Gastrointestinal Bleeding. This term will be renamed to Adult Health 1.

The current Ageing & Endings course will be split into two distinct 4-week terms of Geriatrics and Oncology. There will be no changes to the content.

A new term called Adult Health 2 will be created. Details are still being worked out, but it is expected that the disciplines of Neurology, Orthopaedics, Rheumatology and Trauma will be included.



Phase 2 students, Joseph Yoon and Hung Diep (back) with Tim Echevarria participating in the plaster backslab skill session

Living with Paraplegia

The Living with Paraplegia project is a student-driven community project at the St Vincent's Clinical School that has now been in full swing for two years. The project supports Friends of Paraplegia (FoP), a non-government organisation based in Moshi, Tanzania that aims to provide education and assistance to individuals affected by spinal cord injury. The founder of FoP in Moshi is Zacharia Massawe, a paraplegic for over 20 years. Zacharia's personal determination and tireless efforts to help others amidst significant financial and infrastructural barriers have been inspiring, and hence we have made it a priority in 2011 to raise some much-needed funds to go towards purchasing educational tools (eg. whiteboards) and physical aids (eg. wheelchair ramps).

In order to raise these funds, we have engaged in 2 main fundraising projects over the year. The first was the selling of Freddo Fundraiser Chocolates at St Vincent's Hospital, which not only satisfied many a sweet tooth over the cooler months of the year but also raised hospital-wide awareness about our project and its aims. Our second event was a movie fundraiser in October at the Randwick Ritz Cinema, screening the infectious diseases thriller 'Contagion'. The night was a huge success, with over 70 medical students, conjoint staff and non-medical friends in attendance. Both of these activities were heavily focussed upon involving students in the fundraising process, and it was encouraging to see such a willingness to help, support and donate that resulted in over \$1500 being raised over the course of the year.

Another aim for our project this year was to raise far greater awareness about spinal cord injuries and the impact they have upon the lives of those affected, particularly in the developing world. On June 7 2011 we coordinated a presentation at Student Grands Rounds at UNSW, which involved Dr Stephen Faux (Rehabilitation Physician, St Vincent's Hospital) and Dr Russell Clark (Senior Lecturer, St Vincent's Hospital) discussing spinal cord injuries, rehabilitation issues and their own personal experiences of working in developing countries. The evening was educational and motivating, with many thanks going to Dr Faux and Dr Clark for their involvement. We have also been in close contact with ParaQuad, a spinal cord injury society that provides its own level of support to paraplegics and quadriplegics in New South Wales. In liaising with this organisation, we devised the long-term goal of setting up a buddy system between paraplegics in NSW and in Moshi, Tanzania. To facilitate this, we submitted 2 articles over the year to ParaQuad News, a newsletter mailed out to ParaQuad members on a quarterly basis. This generated significant interest for our project, and we hope to put the buddy system into action in the not too distant future.

Overall, 2011 has been a particularly exciting and productive year for the Living with Paraplegia project. We, as well as Zacharia and his team in Moshi, look forward to the project's progress over the coming year!

Claire Law and Amanda Siriwardana, Phase 3 (Year 6)



Claire Lawley &
Amanda Siriwardana



FRIENDS OF PARAPLEGIA
fostering dignity and independence

Rough Edges

This year we have continued our partnership with Rough Edges, the community support centre based in Darlinghurst. Two Phase 3 students, Nell Farnham and Marie Mouawad completed the volunteer training program and joined our previous students Fred Lui and Janice Mo in volunteering with the centre. The students integrate into the centre and provide support to a diverse client base, many of whom come from disadvantaged backgrounds.

We hope to continue this partnership with Rough Edges a more students volunteering in 2012.

If you are interested in any more information or getting involved in any of our projects, please get in touch with us.



Sarah Zardawi & Alice Wong with Francis Cochrane, the SVMHS Support Services Manager

Environmental Stewardship Strategy

Medical Students Advocate for Healthy Environments, Healthy People

Following the success of the inaugural Environmental Stewardship workshop for medical students in 2010, UNSW final year students Sarah Zardawi and Alice Wong coordinated a Health and Environmental Sustainability workshop for their fellow medical students at St Vincent's Clinical School. The workshop was held in collaboration with Kylee Carpenter, the Environmental Stewardship Manager for St Vincent's and Mater Health Sydney (SVMHS) with support from the Clinical School.

The workshop was launched by showing a video from Code Green, a medical students' campaign aiming to educate the medical profession about the intricate relationship between climate change and health, empower health professionals to act on it, inform society about the impacts climate change will have on health and the health co-benefits of action on climate change and promote effective solutions to climate change. This was followed by a Code Green presentation by Alice and Sarah, giving students an overview of the science of climate change and the relationships between climate change and health.

Students heard about the SVMHS Environmental Stewardship Strategy, the substantial impact of the health sector on the environment and ways in which healthcare provision could be made more sustainable. Students discussed ideas for student involvement in the Environmental Stewardship Strategy, including auditing use of different anaesthetic

gases which have varying potential impacts on global warming, and surveys to evaluate medical staff perceptions of issues related to sustainability. These ideas were further developed at a "Green Coffees" event.

Additionally, DEA students at UNSW held "Code Green Grand Rounds" on Wednesday 3 August to coincide with National Climate Action Week, with guest speakers Dr Ben Ticehurst (DEA NSW representative) and Dr Linda Selvey (medical doctor, environmental advocate and Greenpeace Asia Pacific CEO). This exciting inaugural Code Green event at the UNSW Kensington campus saw students being inspired (or re-inspired) to advocate for a healthy environment. Some students even put this into practice a few days later at the DEA Code Green Tree and Shrub Planting event at Callan Park, Rozelle, joining over a hundred medical students who planted over 1000 trees and shrubs across Australia!

Back at St Vincent's, students got involved in World Recycling Day activities by organising a waste audit of the Clinical School and running a stall at the hospital to educate their fellow students and hospital staff about recycling in the workplace. Leading by example, Sarah Zardawi set up a 'stationery swap station' in the student common room for the recycling of pre-loved stationery.

Continuing student initiatives include distribution of 'switch off' stickers to remind people to turn off lights, computers and other equipment when not in use, and surveys to assess staff and student perception of issues relating to sustainable practices in healthcare, including waste management, water and energy use and climate impact of anaesthetic gases. The Clinical School continues to be "greened", with evaluation of paper usage and alternatives to disposable items such as polystyrene cups.

Sarah Zardawi & Alice Wong, Phase 3 (Year 6)



Phase 3 students Alice Burton and Claire Lawley with Alice Wong at the World Recycling Day stand

18 PHASE 1 REPORT

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

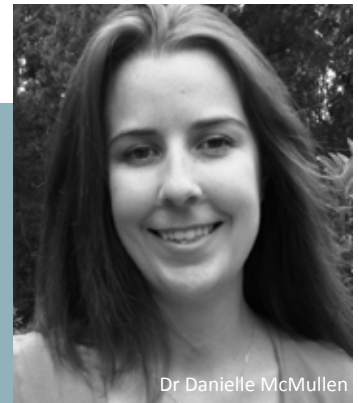
Students attend a variety of teaching sessions on campus including lectures, practicals and small group scenario based tutorials. From the first week in Medicine, clinical skills are developed through a program which alternates weekly between the on-campus clinical skills centre and hospital based bedside tutorials. The clinical skills sessions in Phase 1 focus on communication and history taking, as well as systems examinations of normal individuals.

At the Clinical School, we recruit interns and JMO's to tutor the Phase 1 groups. We also have a few regular external GP tutors who give up their time to teach the students on a weekly basis. One of our JMO tutors Dr Danielle McMullen has kindly added to our Phase 1 report:

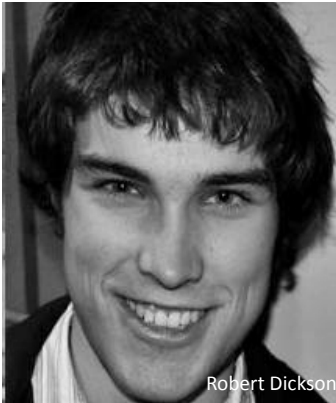
It has been a great honour this year to pass on the lessons I learned as a student to the next generation of young doctors. Thanks goes to Dr Gold and my GP supervisor Dr Eric Lim for perhaps the greatest lesson – The power of observation. It is amazing how much you can tell about a patient as soon as you lay eyes on them, before even saying hello. With keen eyes you can see any number of details: the number of tubes and monitors connected to the patient, whether they've had the energy to get dressed and do their hair, or if they're feeling well enough to tackle a crossword. Gaining a sense of how "well" or "unwell" a patient is from the end of the bed takes time but is crucial to ongoing medical practice and I've tried to focus on this in clinical sessions.

The road ahead for medical students is scary – how to cram Harrison's and Talley & O'Connor into a brain that feels full, sitting clinical vivas and OSCE's, and then the terror of how you'll actually become an intern, let alone a specialist. This is evidenced by how often our tutorial discussion veers from clinical discussion to which hospital to choose, which terms, and ongoing career options.

Luckily UNSW students have the opportunity to learn from a variety of teachers. University lecturers provide an essential knowledge base, the senior clinicians an invaluable perspective from a wealth of experience, and junior doctors to show what the road not so far ahead has to offer. I hope I've been able to show them that medical school does indeed prepare you to be a junior doctor. In a few short years they'll be in my shoes and surprised as to how they've made it so far. It has been a great privilege to teach students this year and I look forward to more sessions as the years go on!



Dr Danielle McMullen



Robert Dickson



Will Errington

It was a happy group of newly minted Phase 2 medical students who walked in to St Vincent's on their first day. At last, the lecture theatre had (largely) been left behind, the last Scenario Group session completed. In front lay... what? We had had but a brief taste of clinical teaching in Phase 1, taking the odd partial history or trying to find a radial pulse, but the prospect of adding meat to that bone was tantalizing. First impressions indicated that this would be much more than an extension of Phase 1. The excellent office staff made us feel at home and part of this community right away, giving us the comfort that only goes with having a space to call your own (i.e. a locker) and a safe, comfortable environment to decompress with fellow students and discuss the matters of

the day (i.e. the common room). With our sanctuary secured, we could then make forays into the unknown world of tutorials, case finding and clinical skill sessions.

For those starting with Health Maintenance it was a case of "in at the deep end": a dizzying ride through a significant chunk of the Phase 2 syllabus and a chance to apply most of the skills we had been taught over the last two years in the Clinical & Communication Skills Centre, UNSW. Fortunately, in Dr Kumud Dhital and Dr Rohan Gett and others we had first rate tutors to guide us. Aided and abetted by excellent specialist tutors such as Dr Mark Danta, provided with the opportunity to practice in a safe environment by the ever-reassuring Alex Pile (beware the nauseous mannequin!), we gradually found ourselves assembling a tool kit to survive the clinical phase of the undergraduate medical course. Almost without realizing, we become more comfortable on the wards, particularly when accompanied by medical and surgical tutors, seemingly bottomless pits of unbounded clinical knowledge, impossible to aspire to. As we progressed from syncope through respiratory distress to liver failure, it was a far more experienced group that headed into Ageing & Endings.



Phase 2 students Jonathan Bleasel, Arthavan Selvanathan, Sara Ooi and Jessica Webb participating in the Basic Life Support Simulation session

Without becoming too reflective, Ageing & Endings is an enlightening term that taxes emotionally but rewards with a newfound appreciation of oncology, geriatrics, rehab medicine and palliative care. Starting with oncology, we were initially stunned by the cruel 4:00-6:00pm Friday afternoon tutorials. A few weeks later it became apparent that this was more reflective of our clinical tutors' willingness to sacrifice their own time rather than some hidden 'anti-fun character building' policy. Dr Gerald Fogarty gave us plenty to think about through his passionate arguments on the wonders of radiotherapy. His knowledge and advice were very much appreciated. Into geriatrics and rehabilitation medicine and Dr Stephen Faux drew a hard line by asking for bi-weekly homework and systems reviews from each member of the group. With his continuous encouragement and patience, we became undoubtedly more confident

and thorough in our examinations and questioning. St Vincent's Hospital also offers Ageing & Endings students the chance to learn at the Sacred Heart Hospice (SHH). A world apart from the urban rush and student storm inside the main hospital building, the Hospice co-hosts rich clinical diversity and amazing patient stories of resilience. With the staff so keen to help students learn, SHH adds depth and variety to the Ageing & Endings term.

In what could potentially be a lonely and unorganized year, Phase 2 at Vinnies is highly recommended due to the organisation of the clinical school. Julee and Naomi are more than just friendly faces, they take a special care to make sure Phase 2 is a great year. For these efforts we are extremely grateful.

Will Errington & Robert Dickson, Phase 2 Student Representatives

20 PHASE 3 STUDENT YEAR 6 REPORT

What a whirlwind year. The sixth year students returned from the bliss that is elective and plunk themselves firmly in the seat of a one way rollercoaster ride that we hope ends with two letters in front of our names: "Dr".

This year has had enough of the graduate capabilities to make even the most resistant of students a reflective practitioner of Socratic proportions. As we have rotated in and out of St Vincent's Hospital and the "peripheral" hospitals, we come to appreciate the aspects that make our education here at St Vincent's more special than anywhere else:

- The camaraderie is evident in the lunches and events held by the clinical school like the Dr's vs Students match (Students won by a statistically significant 3-2 margin WOOOOTT!!!), the end of term BBQs, and the Friday afternoon drinks that we have all attended at some point or another.
- The teaching that is organised for us, which other schools wish they could receive, including bedside tutorials, practical teaching sessions, and viva tutorials. Special thanks to Drs Dhital, Gold, Clark, Owen, Drummond, and Profs Day and O'Brien who spent many an hour providing us with their words of wisdom)
- The helpful and eternally cool Naomi and Julee, to whom we are all forever grateful even if we forget to say it sometimes! Apart from organizing our lives via the bulletin board, thank you also for providing us with opportunities to participate in community projects, present at grand rounds, teach younger students, and in general just being available to chat.
- The myriad experts who gave their time to teach us, and take us under their wing during our various attachments. Again we would like to thank you for caring.

So as the year comes to a close, and our time as students at the hospital, we would like to thank everyone involved in encouraging our development, supporting our education, and making St Vincent's Hospital the place to be for learning. We hope that in the years to come, your teaching helps us develop into confident doctors you could bet your life on.

Anthony Chau & Robert Ma, Phase 3 (Year 6)



Anthony Chau



Robert Ma

2011 Graduating Class



Front Row: Raffi Luber (Rural), Fred Lui, Matthew Terrill (Rural), Apresh Singla, Ian Lockart, Porshee Han, Corey Smith, Anthony Chau, Mayooran Kandasamy, Dr Russell Clark
Middle Row: Sandy Tun, Xin Hui Ang, Cheryl Lin, Claire Law, Kathryn Todd, Nikki Gillot, Alice Wong, Sharon Hu, Hui Wen Wong, Tammi Milder, Maya Raj, Claire Lawley, Amanda Siriwardana, Alice Burton, Julee Pope (Admin), Dr Rohan Gett, Melinda Gamulin (Admin)
Last Row: Emmeline Agars, Pip Bowers, Sebastian McCallum, A/Prof Eva Segelov, Prof Ric Day, A/Prof Bill Sewell, Prof Terry Campbell, Prof Allan Spigelman, Marianne Moore, Naomi Esselbrugge (Admin), Dr Anthony Chambers, Sarah Zardawi, Prof Richard Epstein, Celia Tier, Yoel Eisenberg, Dr Kumud Dhital
Absent: Stacey Fogarty, Peace Jeon, Kim Nguyen, Weibin Seow, Hao Xiang, Robert Ma, Su-Chien Ang

FAREWELL TO YEAR 6 21



Fred Lui & Nikki Gillot

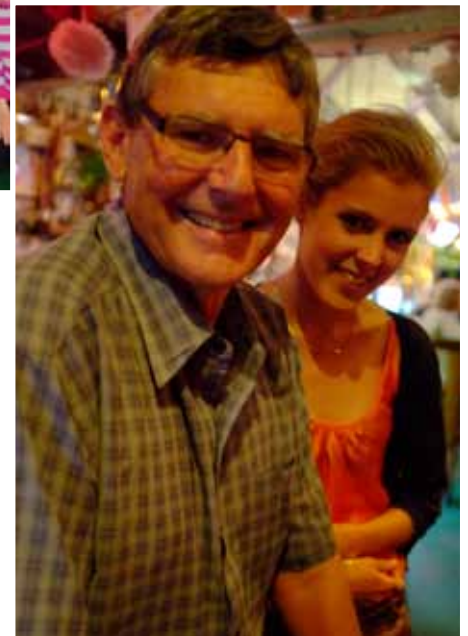
It was Tex-Mex delights and tequila for our graduating year 6 students. We said farewell to the class of 2011 on November 11th at Café Pacifico on Riley St, Darlinghurst. The night was filled with many Kodak moments, laughter, funny stories and good fun all round. It was a fantastic turn out with nearly 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.



Claire Law & Cheryl Lin



Melinda Gamulin (Admin), Robert Ma & Naomi Esselbrugge (Admin)



Dr Russell Clark & Claire Lawley



Sandy Tun & Peace Jeon



Pip Bowers, Alice Burton & Amanda Siriwardanan



Anjelina Tjokrowidjaja, Claire Law, Claire Lawley & Porshee Han



Louisa Killen & Sarah Zardawi



Celia Tier & Marianne Moore

22 PHASE 3 STUDENT YEAR 5 REPORT

The fifth year of our medical education has come to an end and our quest to be become doctors is becoming closer to the end. The year really rocketed past and that may be a testament to the fun times that were had.

The year commenced as most years do with orientation, subsequent forgetting of orientation and a few weeks of trial and error. Help was not far away and we all seemed to find focus with the mothering of Julee and Naomi. We started by tackling our surgery and medical terms. Many thanks has to go the plethora of supervisors, registrars and interns who graciously accepted us furtively following them around. It may not be recognized how appreciative we are for all the learning asides you grant us throughout the year but we thank you all for your time. Special mention for myself has to go to Dr Gett, and Dr Dhital who taught me volumes at the bedside. Many thanks on behalf of everyone for all the other bedside tutors. Dr Jones' tutorials were always enjoyable and although sometimes you doubted if you knew your own name by the end large leaps in knowledge were made. I believe you learn a lot from people you admire, and credit has to go to all the St Vincents teaching staff for providing figureheads that allow the students to learn each day.

Thanks has to go to the doctors that helped out for our Friday Biomedical Science tutorials. Due to the examinable content I think the student body harassed the teachers for the answers we wanted, so we thank you for your time and patience. Thanks to all the consultants who helped out for Friday presentations. It's often hard to justify anything other than an early mark as suitable for a Friday afternoon, however the presentations were painfree with your help.

The student-doctor soccer match was great, and I am sure furthered the technical game of soccer worldwide. For every ounce of skill we lacked it was met was replaced with passion. The day was capped off with a particularly delicious BBQ and I thank the person who invented BBQs and everyone who was involved.

Last but not in any way the least, praise has to go to Naomi and Julee. Without their guidance and timetable wizardry the year would not have been as enjoyable as it was!



Joseph Brassill,



Phase 3 students (left to right): Praveen Indaratne, Anthony Chau, Pip Bowers, Amila Siriwardana, Joseph Brassill, Mark Bonnischen, Ludi Ge, Seeki Ong, Caroline Diz, Ruhie Vaidya and Liang Xu



Amy Marks

Going to a Rural site...

As a keen fan of shows like “Escape to the Country”, I was looking forward to my rural term in Griffith, to see whether the country life was for me. Upon notification of my term, I promptly went to Google maps to see where on earth I was headed. I learnt that Griffith is a small town in the Riverina, a 7 hour drive south west of Sydney. Good old Wikipedia told me that 16,182 people live in Griffith and that it had no traffic lights until February 2010. What more did I need to know? So I booked my flight and off I flew into the unknown for a month, bidding my family and friends goodbye.

Thankfully I did not embark on my country escape alone – I was joined by fellow student Ludi Ge who would be doing O&G. Both city girls, we tried our best at fitting into the Griffith way of life. Our weekly highlight was the Sunday farmers’ markets, where we’d stock up on beautiful fresh fruit and veggies and then try our hand at cooking a hearty country feast and buy locally grown flowers to brighten up our homely country cottage. We were lucky to catch the Griffith “Citrus Festival”, with the main street lined with over 50 sculptures made entirely from oranges. This 15

year tradition attracts a great crowd and is the only one in the southern hemisphere! With oranges literally flooding the streets, we certainly got our daily dose of vitamin C.

But of course the real reason I went to Griffith was not to eat oranges, but to experience the real differences between city and country medical practice. Having spent the last 4 weeks in the chaotic environment of St Vincent’s Emergency, Griffith was quite a change. On arrival to the department, there was only 1 patient in the 10 bed unit and no patients waiting in triage! At this point I was thinking that Emergency in the country is a piece of cake! However the next four weeks may have proved me wrong... Anaphylaxis, strokes, heart attacks, asthma, major traumas, burns, acute abdomens and overdoses – they all started to flow through the doors. I guess I soon learnt that some things in medicine are guaranteed no matter where you are.

So is the country life for me? We’ll just have to wait and see! Thank you to the wonderful Griffith ED staff for making my time so enjoyable and worthwhile.



Coming from a Rural Site...

Amy Marks, Phase 3 (Year 5)

In 2010 I was fortunate enough to spend the year in Albury, NSW, approximately 600km south of Sydney on the border of my home state of Victoria. Had I written this before I embarked on the adventure, I would most likely not have used the word “fortunate”. However, I returned to Sydney in early 2011 having had a truly enriching experience. I will make no qualms about it – there are things that the rural clinical schools can provide that the city can’t and vice versa. Luckily, I have been one of the few to experience both.

Being based at the Albury Clinical School allowed me to experience placements at a multitude of institutions; this included Albury Base Hospital, Albury Private Hospital, Wodonga Hospital, Yarrawonga Hospital, as well as the private rooms of a host of generous doctors. We were welcomed warmly into the medical community, allowing strong educational and social relationships to form with our senior doctors.

The proximity of all these institutions to where I lived meant that travel time was negligible, allowing many more productive hours in the day. While some of this time was admittedly devoted to study, weekends were spent hiking or skiing in the Victorian Alps, visiting exceptional wineries, swimming in the Murray River, or occasionally receiving an excited call from your consultant to come see a particularly interesting case.

I recall an especially memorable day during my Obstetrics and Gynaecology rotation. Having spent the morning assisting my consultant in his fertility clinic, he turned to ask me what I was up to the rest of the day. Instinctively, I replied that of course I would be seeing patients all day. To my surprise, he instead asked if I would help him chainsaw trees and load his ute, promoting the activity as essential “field studies” – I gladly obliged. Such were the varied experiences gained.

While my life will most likely end up in the city, such an experience has proved as invaluable as it is memorable. From a medical point of view, Albury gave me significant clinical exposure to all the common conditions across my terms. This was complemented and developed by specialist exposure during my final year at St Vincent’s. From a social perspective, I met some incredible people and made some true friends. No matter your background or future plans, I highly recommend such a rural experience to future students.



Raphael Lubner

Raphael Lubner, PHase 3 (Year 6)

24 ELECTIVE STUDENT REPORT

2011 saw 55 international students come to 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 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.

Melissa Khoo (Kings College, London UK), Supervisor: A/Prof Gordian Fulde (Emergency)

"The trauma cases, clerking patients and practising skills. The doctors were very friendly and willing to teach. I felt welcomed by all the staff at SVH and felt a real part of the team"

Lucy Chumas (Cambridge University, UK), Supervisor: Dr Elias Moisisidis (Plastic Surgery)

"The plastics team are incredibly friendly and excellent at teaching. There were so many opportunities for learning in theatres and clinic"

Senduya Chandrakumaran (Imperial College, France), Supervisor: Dr Mark Danta (Gastroenterology)

"My supervisor was very approachable, my time was very flexible allowing me to attend the outpatient clinic a lot and endoscopy"

Suzanne Moran (University College London, UK), Supervisor: Dr David Dalley (Medical Oncology)

"All the staff were really friendly and I got lots of hands on experience in clinics, taking histories and doing examinations on patients with lots of signs. It was a very enjoyable and good learning experience with enthusiastic teachers from consultants to the registrars"

Elizabeth Gibbons (St George's Medical School, University of London, UK), Supervisor: A/Prof Jane McCrohon (Cardiology)

"I was welcomed by the team. I got the chance to do plenty of ward rounds, be on call and attend cardio grand rounds. A big thank you to the registrars and JMO's who worked so hard to teach and support me during my stay"

HONOURS PROJECTS

This year we had six Honours Projects based at St Vincent's Hospital or its affiliated centres.

A summary of the projects is as follows:

Supervisor: A/Prof Richard Harvey / A/Prof William Sewell

Student: Matthew Lam

Project: Eosinophilic Inflammatory Mediators in Chronic Rhinosinusitis

Chronic Rhinosinusitis is a heterogeneous disease affecting 1% of the population. While various environmental agents have been implicated in the aetiology, there is still no unifying explanation of its cause. Inflammatory predominance in CRS varies from T helper (Th) 1-mediated neutrophilic inflammation to Th2-mediated eosinophilic inflammation. The latter is usually harder to treat. Recently, studies in immunology have implicated three new cytokines (Interleukin-25, Interleukin-33 and Thymic Stromal Lymphopoietin) in the initiation of the Th2 inflammatory response. Further, over expression of these genes have been associated with other Th2 characterised disease like asthma. The goal of this project is to investigate gene expression of these three cytokines and determine any association with degree of inflammation and clinical scores.

Supervisor: A/Prof William Sewell

Student: Shivam Agrawal

Project: Transitional B cells in human bone marrow

B lymphocytes (B cells) play a pivotal role in the human immune system as they are able to differentiate into antibody secreting plasma cells. B cells develop in the bone marrow, enter the blood as 'transitional B cells', and then develop into mature B cells which home in the secondary lymphoid tissues. Not only are transitional B cells poorly defined in humans, but the cellular origin of Chronic Lymphocytic Leukaemia (CLL) remains elusive, and transitional B cells have been proposed to be involved.

Patients undergoing clinically dictated bone marrow investigations are invited to participate. Samples of bone marrow and peripheral blood which are either declared as disease-free (normal) or consistent with B lineage neoplasia (B neoplastic) will be studied via flow cytometry. The study aims to better define the immunophenotype of transitional B cells in normal samples.

Supervisor: Professor Diane Fatkin

Student: Kartik Ramesh

Project: Understanding the clinical phenotypes of single nucleotide polymorphisms associated with atrial fibrillation

Atrial fibrillation (AF) is the most common sustained cardiac arrhythmia, a cause of considerable morbidity and mortality in our society. Classically thought of as an acquired defect of cardiac electrophysiology, recent evidence indicates a significant genetic component to the condition. A handful of single nucleotide polymorphisms (SNPs) have been identified that consistently associate with AF in population studies. However the molecular pathways by which they confer susceptibility to AF are unknown. This project aims to uncover a phenotype for two important SNPs, rs2200733 and rs7193343, in the hope that a mechanistic relationship can be established between them and AF.

Firstly, I am prospectively recruiting “healthy” patients undergoing electrophysiology studies and comparing their clinical cardiac parameters against genomic data. Secondly, I am collecting samples of atrial appendage and pulmonary vein tissue from patients undergoing cardiothoracic surgery, and assessing patterns of expression of putative gene targets for the two SNPs to compare with genomic data.

Supervisor: A/Professor Jane McCrohon

Student: Adrian Chye

Project: Improved detection of preclinical dilated cardiomyopathy using quantitative cardiac imaging

Brief Summary: Dilated cardiomyopathy (DCM) is a myocardial disorder characterised by ventricular chamber dilatation and systolic dysfunction of the left ventricle or of both ventricles of the heart. Familial disease accounts for 20% to 35% of DCM cases. The Cardiac Society of Australia and New Zealand recommends that all first-degree relatives of an identified proband be clinically screened for preclinical DCM. Current clinical protocols however rely on late-stage DCM developments such as left ventricular dilatation or a reduction in left ventricular ejection fraction to detect preclinical DCM.

The aim of our project is to define the incremental benefit of advanced quantitative imaging techniques (echocardiography and cardiac MRI) compared to current clinical protocols in the detection of the preclinical DCM phenotype. We are enrolling asymptomatic individuals who are carriers of a gene mutation known to cause DCM or have a strong family history of DCM.

Supervisor: Professor Ric Day and A/Professor Ken Williams

Student: Oi Chong

Project: Optimising the Use of Itraconazole in Solid-organ Transplantation

Fungal infections are a cause of significant morbidity and mortality in the solid-organ transplant population. Itraconazole is an azole antifungal agent used in the treatment and prophylaxis of fungal infections in heart and lung transplant patients. Its pharmacokinetics is well characterized and safe and effective dose selection is important. Plasma concentrations are very variable due to inter-individual differences in its absorption and elimination. Plasma concentrations in patients after transplantation are often low, possibly due to impaired absorption resulting from an interaction with drugs that neutralise gastric contents which results in decreased dissolution of itraconazole, a very poorly soluble drug, in the stomach. Therapeutic drug monitoring and pharmacokinetic modelling has been recommended in order to individualise the dosing of itraconazole.

The aim of the present study is to determine whether itraconazole is being used safely and effectively in the heart and lung transplant population and hence to inform future research and clinical practice.

Supervisor: A/Professor Chris Hayward

Student: Dhruv Nayyar

Project: Non-invasive pressure-volume loop studies in heart failure

The left ventricular ejection fraction, which is the most widely used indicator of ventricular function in clinical practice, is not a precise indicator of myocardial contractility because of its sensitivity to after load. By contrast, the preload recruitable stroke work relationship (PRSWR), which can be derived from a series of pressure-volume loops, provides a more accurate measurement of myocardial function because it is load independent. However the clinical application of the PRSWR is currently limited due to the invasive techniques required for pressure-volume loop studies. Thus non-invasive measurement of the PRSWR offers the potential for more widespread clinical use.

An observational physiology study will be undertaken in a group of 40 patients with heart failure. Participants will be recruited from outpatients at the Heart failure clinic at St Vincent’s Hospital. Data for a cohort of 260 normal subjects has already been collected. Our non-invasive approach combines transthoracic echocardiography and peripheral arterial pressure waveform measurements to record pressure-volume data, with reduction in left ventricular preload achieved through the Valsalva manoeuvre. A blood test is also performed to measure serum NT pro-BNP. After recording pressure-volume data, the PRSWR is derived using software programs in the Cardiology Department. The PRSWR results in the patients with heart failure patients will be compared to the cohort of normal subjects, and correlated to other measures of heart failure severity including the ejection fraction and NT pro-BNP.

26 INDEPENDENT LEARNING PROJECTS

This year we had 21 Independent Learning Projects based at St Vincent's Hospital or its affiliated centres. A summary of the projects is as follows:

Supervisor: Professor Diane Fatkin

Student: Keng Tan

Project: Evaluation of candidate genes for atrial fibrillation in patients undergoing cardiac surgery

Atrial fibrillation is an abnormality of the heart's rhythm that is characterized by rapid and irregular activation of the atria. Uncoordinated atrial contraction can result in reduced ventricular filling and blood stasis in the atria which predispose to heart failure and thromboembolic stroke respectively. AF has been shown to be associated with left atrial enlargement which is considered both a cause and a consequence of the arrhythmia. Multiple studies have shown that cardiomyocyte stretch can alter gene expression which activates a variety of signalling pathways resulting in changes in atrial histology such as myocyte hypertrophy, fibroblast proliferation and tissue fibrosis. These changes in electrical, contractile and structural properties of the atria are known as atrial remodelling which plays an important role in the promotion and progression of AF.

There is often a lack of definitive data for gene expression and many studies have been performed in mice or other animal species due to the lack of ready availability of human tissues. It is hypothesized that atrial dilatation is associated with altered gene expression which leads to atrial remodelling and eventually AF. This research project aims to establish a myocardial tissue bank to determine (1) whether potential AF candidate genes are expressed in the human atrium and (2) whether there are changes in expression of these candidate genes in patients with atrial dilation and/or AF.

Supervisor: Professor Richard Day, A/Professor Kenneth Williams

Student: Craig Wong

Project: Pharmacokinetic Modelling of Allopurinol and Gentamicin

A great deal of pharmacokinetic variability exists for both allopurinol and gentamicin. As a result, it is difficult to determine the ideal dose that will simultaneously maximize efficacy and avoid toxicity. Bayesian modeling has been suggested as a suitable approach to estimate individual pharmacokinetic parameters that will inform dose adjustments. For each drug, there are several Bayesian methods to perform the modeling.

The aim of this project is to compare the various methods to determine the one that is best for the drug. For allopurinol, we compared the software programmes by their estimations of the individual's plasma concentrations and drug clearance. For gentamicin, we compared the software programmes by their estimations of the ideal dose to be administered.

Supervisor: Professor Allan Glanville

Student: Henry Ainge Allen

Project: Prospective Surveillance and Treatment of Pre-Existing and De Novo Donor Specific Antibodies after Lung Transplantation Ameliorates 1-Year Risk of BOS

Development of circulating de novo donor specific antibodies (DSA) has been reported as a risk factor for the bronchiolitis obliterans syndrome (BOS) after lung transplantation (LTX). We assessed the utility of a prospective surveillance and management strategy to detect and treat pre existing and de novo DSA and the impact on BOS development.

Methods: single centre retrospective review of 83 consecutive LTX recipients transplanted January 2009-March 2011. Circulating DSA were determined by LUMINEX (LabScreen single antigen assay) at date of transplant, serially thereafter and when antibody mediated rejection (AMR) was suspected based on histopathological criteria (capillary injury +/- C4d staining) with or without graft dysfunction. DSA with mean fluorescent intensity (MFI) >1000 were treated with IVIG, therapeutic plasma exchange and rituximab. Primary efficacy was defined by freedom from BOS grade 1. De novo DSA were analysed as a time dependent covariate using a Cox proportional hazards model.



Supervisor: Dr Margot Whitfeld

Student: Cindy Wang

Project: *Staphylococcus Epidermidis: A possible role in the pustules of rosacea*

Rosacea is a common skin disease characterised by facial redness, flushing, lumps, papules, pustules and sometimes eyelid irritation. Its aetiology has yet to be determined. Bacterial flora including *Propionibacterium acnes* and *Staphylococcus aureus* have been proposed as the cause for the rosacea associated blepharitis. In 1968, Marks, et al. conducted a study culturing swabs, biopsies and sera of patients with rosacea and concluded that bacterial infection does not play a significant role as a cause of papular rosacea because the study regarded the bacteria isolated as part of normal skin flora. It is known that antibiotics are the most successful treatment for rosacea, and we postulate that one of the normal flora must play part in pathogenesis of rosacea. This knowledge would add enormously to our understanding of this common condition.

This study proposes a bacterial cause for the papules and pustules and eyelid irritation in rosacea. In this study, we compare the bacteria from patients with rosacea with that of age-and-sex-matched controls. Bacterial swabs are taken and cultured from an incised rosacea pustule, the ipsilateral cheek and the eyelid margin of patients with pustule rosacea. Swabs are also taken from the cheek skin and ipsilateral eyelid margin of control subjects. A questionnaire and clinical skin examination are administered to all participants.

If the study is able to show that bacterial infection is a major factor in the aetiology of papulopustular rosacea, it will help us understand why certain treatments for rosacea are effective, leading to new treatments using true scientific basis.

Supervisor: Dr Margot Whitfeld, Co-supervisor – Lucia Romani

Student Name: Frances Chen

Project: *Evaluation of a train-the-trainer model in Fiji community dermatology*

Endemic levels of skin diseases like scabies and impetigo are a major cause of morbidity in Fiji. There is a need for appropriate initiatives that are effective, sustainable and cost-efficient. In March 2011, Dr Margot Whitfeld, Lucia Romani, two Fijian dermatologists and a paediatrician carried out two train-the-trainer (TTT) programmes 'Nurses Dermatology Workshop'. The four-day workshop held in Suva, Fiji aimed to enhance skills and knowledge of nurses in diagnoses and management of skin diseases. Senior nurses from Fiji's twenty health divisions and five school nurses were trained and provided with materials to conduct training in their respective divisions.

The Nurses Dermatology Workshop has potential to make a significant impact on skin disease management in Fiji. My project is an evaluation of the workshop on four levels – level 1. attitudes and levels of satisfaction among nurses, 2. their post-workshop knowledge scores, 3. behavioural changes in clinics and 4. overall changes in clinical performance. Level 1 and 2 has been completed for senior nurses. Opinion questionnaires and knowledge quizzes (level 1 and 2) are currently being distributed to junior nurses. Also, pre- and post-workshop clinical registers (level 3 & 4) from a random sample of nursing stations are currently being collected. From the data, we want to ascertain the value of the workshop to determine its effectiveness, feasibility, features worthy of continuing and adjustments that should be made.

Supervisor: A/Professor Lourens Bester

Student: Samantha Feitelson

Project: *The effects of radioembolisation with yttrium-90 microspheres on the remnant liver for primary and secondary liver cancer.*

The purpose of this ILP is to examine whether patients with primary or secondary liver cancer who have undergone previous liver resection are at an increased risk of developing radiation-induced liver disease (RILD) after yttrium-90 radioembolisation (also known as selective internal radiation therapy, or SIRT). This ILP is a retrospective analysis. Patients throughout NSW were referred to A/Prof Bester, and if deemed suitable after consultation and workup procedures, patients were then treated with SIRT. Throughout this process, patient characteristics, procedural data and follow-up results were recorded in a database. 586 patients were considered for SIRT between 2006 and August 2011.

Thus far, results have indicated that the development of RILD is not associated with previous liver resection. In this study, less than 1% of patients treated with SIRT developed RILD, compared to 4% of patients experiencing RILD after SIRT reported in medical literature. This indicates that following A/Professor Bester's screening and treatment procedures is important to reduce the risk of developing RILD in patients who have undergone previous liver resection.

Supervisors: Dr Paul Jansz and Dr Karim Slimani

Student: Matt Binks

Project Name: Veno- Pulmonary Arterial ECMO as perioperative right ventricular support in patients undergoing left ventricular assist device implantation.

Patients that experience right ventricular failure following LVAD encounter decreased survival, worse organ function, longer hospital stay, increased bleeding and longer time on cardiopulmonary bypass. If predicted in a patient, RVF can be prevented by the use of mechanical support of the right ventricle on top of the LVAD already implanted.

There is currently very little published on the use of VPA ECMO for RVF following LVAD, the vast majority focusing on right ventricular assistance devices and the total artificial heart. To date St Vincent's has used this technique on 16 patients with survival outcomes comparable to the generally favoured devices. Our study will retrospectively analyse the outcomes of these patients and reveal any other benefits or detriments with the technique.

Supervisor: Professor Richard Harvey

Student: Rohan McLachlan

Project: Serum vitamin D levels and clinicopathological measures of disease severity in chronic inflammatory rhinosinusitis

Chronic rhinosinusitis (CRS) is emerging as a significant chronic health disorder worldwide. Recent research has suggested a link between vitamin D and CRS as well as making implications for the vitamin's role in treatment. The project aims to determine the relationship between measured serum vitamin D levels and markers of inflammation in the respiratory tract as well as examine correlations between serum vitamin D levels and clinicopathological features of inflammatory upper respiratory tract disorders. This is achieved through a retrospective collection of data from the patient group as part of routine clinical care.

Supervisor: A/Professor Katherine Samaras

Student: Sophie Connolly

Project: The biology of adipose tissue

Obesity is a disease that has reached epidemic proportions in much of the industrialized world with 60% of Australian adults classified as overweight or obese. Obesity impacts on basic functioning of the individual, long-term health outcomes and predicts development of numerous diseases including type 2 diabetes mellitus (T2DM), hypertension, obstructive sleep apnoea, gastro-oesophageal reflux disease, depression and osteoarthritis. Bariatric surgery, including gastric banding, Roux-en-Y gastric bypass (RYGB) and biliopancreatic diversion, is currently the only effective, long-term treatment for obesity. The intervention has also been demonstrated to resolve or reduce obesity related co-morbidities including T2DM and hyperlipidaemia. However, there is significant variation in individual response to all weight loss interventions, including surgery. Psychological, behavioural and genetics factors have been suggested as predictors of treatment outcome, in particular, the influence of genetics on the development of obesity and the continuing observation of variations in treatment outcome highlight the possibility of genotyping to direct weight loss therapy.

My ILP examines the health outcomes of patients undergoing bariatric surgery in comparison to conventionally treated control subjects to investigate baseline factors that may influence weight loss intervention outcomes. Furthermore, we investigated gene expression in subcutaneous and visceral adipose tissue as a potential predictor of health outcomes after bariatric surgery.

Supervisor: A/Professor Steven Faux

Student: Andrea Jeyendra

Project: Acute psychopathology after road crashes: a comparison of car occupants and motorcyclists

Brief Summary - This project aims to explore the acute psychological response of road crash victims, focussing on motorcyclists as they represent a vulnerable population. As a sub-study of ROARI (Road Accident Rehabilitation Initiative), data has been collected from St Vincent's hospital and Westmead hospital. The data set includes 90 patients who were involved in a road crash on a public road. They were followed over 12 weeks during which 3 assessments were conducted. Results have yet to be generated. This topic reflects an area where there is a gap in knowledge as literature focusses largely on PTSD and often considers all road users rather than considering different groups which may be more vulnerable.

Supervisor: Dr Melissa Baysari

Student: Chee Kong Teo

Project: Understanding compliance to antibiotic prescribing guidelines

Antibiotic use inherently increases the prevalence of drug-resistant bacteria, which causes infections that are difficult to treat. In order to preserve the viability of these life-saving drugs, antibiotic stewardship programs consisting of various strategies to reduce inappropriate use of antibiotics have been set up in healthcare institutions all over the world. However, as the evidence base guiding the implementation of these programs is scarce, evaluation of implemented strategies for site-specific improvements is necessary.

We are taking a grounded theory approach to explore the facilitators and barriers to compliance with antibiotic guidelines in St Vincent's Hospital. This will be achieved through face-to-face interviews with providers and stewardship team members to understand their opinions on antibiotic stewardship. Results from this study will lead to recommendations for improving the antibiotic stewardship program currently in place.



Supervisor: Dr Emily Granger

Student: Sarah Andvik

Project: ECMO for in hospital cardiac arrest: a comparison between extra-corporeal cardiopulmonary resuscitation and conventional CPR

Extracorporeal membrane oxygenation (ECMO) can be used as a rescue measure after conventional cardiopulmonary resuscitation (C-CPR) has failed to restore blood flow and death is otherwise imminent. This approach is referred to as resuscitation ECMO and involves passive drainage of venous blood from the patient, which is then pumped through an oxygenator for gas exchange and re-warming. Subsequently, oxygenated blood is returned to the patient via an artery. However, published studies on the use of resuscitation ECMO for adult patients with in hospital cardiac arrest (IHCA) show high mortality and mixed results. This has been correlated to insufficient selection

criteria for resuscitation ECMO. It is therefore important to identify predictive factors for survival to try to improve guidelines for the use of resuscitation ECMO.

This retrospective study proposes to collate clinical information gathered over four years in the records of St Vincent's Hospital, in order to determine predictive factors for survival with the use of CPR-ECMO in patients with IHCA and use this information to refine selection criteria. This may lead to improved recognition of patients with IHCA suitable for CPR-ECMO, and improved survival in this group of patients. Also, patients deemed not suitable for CPR-ECMO will not be given this treatment and unnecessary suffering. This will also benefit the community and institution due to the numerous ethical issues and the considerable medical resources necessary for each case.

Supervisor: Dr Nick Brennan

Student: Claire Tindale

Project: Sitting here in Limbo: Awaiting Placement in Australian Hospitals Protocol

For many, the decision to enter a residential aged care facility (RACF) is not one of choice but rather, one of necessity. This difficult decision for elderly patients and their carers is not a well researched area. 63% of RACF admissions in Australia occur after an acute episode in a hospital. For these individuals and their carers, the decision and necessary arrangements become considerably more difficult and rushed due to pressure from the hospital to vacate the hospital bed. This project aims to explore the experience of RACF placement in a hospital setting from both a patient and carer perspective. Through interviewing patients and their carers we aim to understand the stressors, difficulties and overall experience of RACF placement. Through this project we hope to evaluate and suggest improvements to current hospital protocol regarding these patients.

Supervisor: Dr Jenny Gunton

Student: S Thyagaras Segaran

Project: Metformin and Glibenclamide treatment for gestational diabetes: long term effects on the offspring

Aim: This project examines the long term effects on the mice offspring of using the oral drug metformin and glibenclamide to treat gestational diabetes.

Overview: β ARNT mouse are used as a model for gestational diabetes mellitus and given either metformin or glibenclamide (oral hypoglycemics) during pregnancy. Their offspring are studied up to 20 weeks to investigate the long term effects. Tests such as Glucose Tolerance Test (GTT), Glucose Stimulated Insulin Secretion (GSIS), Insulin Tolerance Test (ITT), Oxymax, DEXA body scanning, food intake study will be performed and their weekly weight will be recorded. The offspring will be culled at 20 weeks for tissue collection.

Goals: This study will determine whether metformin for treatment of GDM prevents or decreases the long term risks of obesity, insulin resistance and diabetes in offspring using mouse model. At the moment, reticence over metformin is based on lack of long term offspring data. Information on the long term safety/benefits of metformin will aid clinical decision making. If metformin is proven to be safe and effective in pregnancy, it will provide a convenient and well-tolerated alternative or addition to insulin.

Supervisor: A/Professor Richard Harvey, A/Prof William Sewell

Student: Laura Hull

Project: Eotaxin-3 and Chronic Rhinosinusitis

Brief Summary: The Th2 immune response has been implicated in the pathoetiology of chronic rhinosinusitis (CRS). A family of eosinophil attractants - Eotaxins - have recently been discovered and implicated in eosinophilic oesophagitis and asthma. This project aims to explore the mRNA expression and a single nucleotide expression of eotaxin-3 in CRS and correlate this with histological and clinical features. As well as strengthening knowledge of diagnosis and etiology of CRS, this may open a new avenue for treatment.

Supervisor: Professor Anne Keogh

Student: Sarah Hayes

Project: Retrospective analysis of data from patients affected by the Sitaxsentan drug switch

In December 2010 the selective endothelin receptor antagonist drug 'sitaxsentan', used to treat Pulmonary Arterial Hypertension (PAH) was removed from the market because of reported cases of 'idiopathic liver toxicity'. Subsequently patients on this drug were changed precipitously onto different medication. The study has sought to analyse the Six Minute Walk test values and echocardiographic findings before and after the drug switch. This study seeks to examine whether this drug switch had a marked effect on patient outcomes.

Supervisors: Professor Jane Ingham, Dr Tracy Smith & Dr Michael Piza

Student: Joshua Myong Gyu Kim

Project: Advance Care Planning in COPD – Knowledge, attitudes, and practices of, and barriers and enablers for, Respiratory clinicians

The student will become a project team member working on a new project surveying the knowledge, attitudes and practices of Respiratory physicians to advance care planning. It is expected that that this project will identify some of the barriers and enablers in the management of advance care planning by respiratory physicians. The student will gain skills in the integration of advance care planning into the care of patients with chronic respiratory disease, as well as skills in relation to research that uses survey methodology.

Supervisor: A/Professor Nicholas Pocock

Student: Eleanor White

Project: Factors Affecting Length of Stay Following Hip Fracture

Brief Summary: Hip fractures pose a high burden of morbidity within the elderly community. This project aims to investigate the influence of a variety of factors on the length of stay in hospital following a hip fracture. Additionally, it aims to investigate any factors that may have contributed to the hip fracture. Data obtained from the study will be analysed, paying particular regard to the context of Australia's ageing population and the need for efficient bed turnover in future management of hip fractures.



Laura Hull

Supervisor: Professor Christopher Hayward

Student: Jinsoo Park

Project: The effects of donor heart age on cardiac allograft vasculopathy (CAV) outcomes following heart transplantation

The current disparity between the demand for donor hearts and the relatively low donation rates have resulted in the use of older (and less ideal) hearts - marginal donor hearts. This project is a retrospective study of all heart transplants performed at SVH between January 2004 and June 2010, examining the correlation between donor age and the outcomes of cardiac allograft vasculopathy (CAV), which is accelerated atherosclerotic change in the coronary arteries specifically following heart transplantation. CAV can be observed following transplantation at 1 and 5 years through coronary angiography, and is graded by a standardised International Society for Heart and Lung Transplantation (ISHLT) score.

By analysing the relationship between CAV at 1- and 5- years with the age of the donor heart along with other factors such as recipient immunosuppression, ischaemic time, and past medical history, we hope to find a link between donor heart age and CAV outcomes. This will undoubtedly have repercussions on the donor criterion for heart transplantation for future medical care.



Phase 1 students reading their questions during an exam

EXAMINATION REPORT

This year we examined just over 260 students from across the UNSW Clinical Schools. We are extremely thankful to the support of examiners (200) and patients/volunteers (164), who helped the eleven days of examinations that we ran. In particular we would like to thank Commander Amanda Garlick from the Royal Australian Navy (RAN) and the many Naval officers who come and support us as surrogate patients for many of our exams.



The increase in students examined is a result of the impending restructure of the Phase 2 course. We expect much the same numbers for 2012, with a slight reduction from 2013 onwards.



Anthony, Zoey, Sarah and Matt from the RAN, our surrogate patients for the day

It has been another busy year for postgraduate studies at St Vincent's Clinical School (SVCS), which remains one of the largest schools within the Faculty of Medicine. There has been an increase in the enrolments through St Vincent's Clinical School with 121 students currently enrolled in a PhD and 10 enrolled in a Masters of Science (MSc). The campus includes: the Garvan Institute, the Victor Chang Cardiac Research Institute (VCCRI), the Kirby Institute (previously the National Centre of HIV Epidemiology and Clinical Research), St Vincent's Centre for Applied Medical Research (SVAMR) and St Vincent's Hospital. The campus was a major contributor to the total UNSW NHMRC funding of \$46.4 million, with the Garvan and Victor Chang being awarded an additional \$15.9 and \$5.8 million respectively. While the Kirby Institute is soon to devolve to become its own School within the Faculty of Medicine, the campus continues to grow with the construction of the Kinghorn Cancer Centre. This joint venture between St Vincent's Hospital and the Garvan Institute will be an important and valuable addition for postgraduate studies for the campus.



The PhD processes continue to evolve. In March 2012, UNSW will reintroduce the online administration of the postgraduate process. It has taken some time to sort out the issues that plagued the initial deployment two years ago. However, this should lead to an improved streamlining of what can be a complex process for student, supervisor and administrator. The formalisation of the first year progress review for PhDs, the confirmation, has been favourably received by both students and supervisors; incorporating an oral presentation as part of the annual review process. Finally, there has been an ongoing and significant uptake of submission of PhD as a series of publication, in particular by students on the St Vincent's Campus. This is the result of the productivity of the researchers and their students on the campus, recognising high-level impact of the research being carried out. While this type of submission requires the prior approval of the Higher Degree Committee before submission can occur, this type of submission should be encouraged. We look forward to 2012.



PATIENT SAFETY SIMULATION CENTRE 33



The provision of education and training for the UNSW medical students from the Don Harrison Patient Simulation centre has been lively and productive.

Two facilitators (Dr Min Berry and Dr Nikki Woods) returned from maternity leave in June .We were grateful to have the services of Dr Kevin Meruno in their absence.

The skills workshops included, intramuscular and subcutaneous injections, cannulation.



The other workshops that the students attended were Introduction to Trauma with airway management, Understanding ECG's, Advanced Life Support, Basic Life support.

There has been a growing emphasis in recent times on simulation as an educational strategy. There are several reasons for this. Not only does it facilitate skill development and retention but also provides a safe environment to practice skills and in roles they will use in the real world in clinical practice. This year with that in mind and aiming to enhance their confidence we have introduced simulation into Basic Life Support skill training for a trial. The feedback to date has been positive. The Pre-Int sessions are also based on simulation and focus on the deteriorating patient. Next year the plan is that the Pre-Internship sessions will be interprofessional.



34 CONJOINT STAFF LISTING

As of 2 December 2011

PROFESSOR

Antony Basten
Trevor Biden
Bruce Brew
Samuel Breit
Jo-anne Brien
Andrew Carr

Lesley Campbell
Donald Chisholm
Susan Clark
Peter Croucher
Roger Daly
John Eisman

Richard Epstein
Michael Feneley
Allan Glanville
Herbert Herzog
Anne Keogh
David James

David Ma
Peter Macdonald
Graham MacDonald
Boris Martinac
John Mattick
Elizabeth Musgrove

Peter Petros
John Shine
Jonathan Sprent
Robert Sutherland
Geoffrey Symonds
Jamie Vandenberg

ASSOCIATE PROFESSOR

Lourens Bester
Nick Brennan
Robert Brink
David Bryant
Jackie Center
Richard Chye
Milton Cohen
William Bruce Conolly
Gregory Cooney
Antony Cooper

Brett Courtenay
Anthony Dodds
Sally Dunwoodie
Diane Fatkin
Steven Faux
Judith Freund
Gordian Fulde
Anthony Grabs
Shane Grey
John Grygiel

Jenny Gunton
Richard Harvey
Bernard Haylen
Christopher Hayward
Richard Hillman
Graham Jones
Michael Kennedy
Reginald Lord
Deborah Marriott
David Muller

Michael Neil
Christopher Ormandy
Michael Ortiz
Kurosh Parsi
Susan Pendlebury
Michael Perry
Thomas Preiss
Nicholas Pocock
John Raftos
Katherine Samaras

Leon Simons
Phillip Spratt
Phillip Stricker
Rajesh Subbiah
Stuart Tangye
Bernadette Tobin
Deborah Yates

SENIOR LECTURER

Russell Aldred
Paul Baldock
Marcel Batten
Melinda Berry
Sandy Beveridge
Nigel Biggs
Vita Birzniece
Phillip Brenner
Scott Burne
Hergen Buscher
Alison Butt
Joga Rao Chaganti
Daniel Christ
Tatyana Chtanova
Jennifer Cropley
Paul Darveniza
Martin Duffy

Anne Fallon
Robert Feller
Douglas Fenton-Lee
Andrew Field
Andrew Finckh
Ray Garrick
Laila Girgis
Amanda Goldrick
Antony Graham
Jerry Greenfield
Adrian Havryk
Warren Hargreaves
Adam Hill
Lisa Horvath
William Hughes
Siiri iismaa
Lele Jiang

Joanne Joseph
Kazu Kikuchi
Cecile King
Maija Kohonen-Corish
Eugene Kotlyar
Vincent Lamaro
Ross Laybutt
Mark Lutherborrow
Christopher Maloney
Monique Malouf
Romesh Markus
Steve Matthews
Scott Mead
Samuel Milliken
John Moore
Roslyn McLean-Mozer
Sharon Oleskevich

Gregory O'Sullivan
Sandra O'Toole
Umamainthan Palendira
Malcolm Pell
Tri Phan
Marshall Plit
Paul Preisz
Ilse Rooman
Iromi Samarasinghe
Neville Sammel
Goli Samimi
Darren Saunders
Carsten Schmitz-Peiffer
Pablo Silveira
Elizabeth Silverstone
Duncan Sparrow
Timothy Steel

Daniela Stock
Emily Stone
Catherine Suter
Ian Sutton
Kazuo Suzuki
Alexander Swarbrick
Helen Tao
Stephen Tisch
Nigel Turner
Bryce Vissel
Bruce Walker
Colin Watts
Margot Whitfeld
Stephanie Wilson
Alex Wodak
Carlo Yuen
John Zaunders

LECTURER

Judy Alford
Andrew Battle
Kathryn Brooke
James Blackburn
Gavin Chapman
Fiona Chow
Jennifer Clancy
Adam Cole
David Connor
Charles Cranfield
Elissa Deenick
Kharen Doyle

Sean Flanagan
Dominique Gatto
Rowan Gillies
Nicole Gilroy
Emily Granger
James Hardy
Daniel Hesselton
Shahrazad Jahromi
Michael King
Nirmala Kumaradevan
Juliana Lamoury
Paul Lee

Lawrence Lee
Liang Joo Leow
Julie Leung
Chu Kong Liew
Cindy Ma
Philip Macaulay
Kevin Maruno
Ann McCormack
Brad Milner
Matthew Naylor
Gregory Neely
Chai Ng

Gary Nicholls
Vesna Nikolova-Krstevski
Gareth Owen
Abdullah Omari
Shari Parker
Hardip Patel
Alex Pile
Richard Savdie
Nicole Schonrock
Caitlin Sheehan
Frederic Sierro
Nicola Smith

Clare Stirzaker
Jacqueline Stoeckli
Clive Sun
David Szekely
Annette Trickett
Clement Tsang
Nick Vertzyas
Kylie Webster
David Williams
Mark Winder
Li Xin

ASSOCIATE LECTURER

Nicole Bart
Richard Baker
Ziad Basyouny
Sarah Bishop
Gilberto Moreno Bonilla
Stephen Bradley
Jonathan Brett
Daniel Brungs
Adam Bryant
Peng Choong

Emmy De Heer
Gillian Edwards
Sascha Fulde
Lette Ginsberg
Belinda Gray
Shyamini Gunaratne
Andrew Hopper
Sara Hungerford
Michelle Isaacs
Oliver Khoo

Alia Karmali
Jai Kumar
Timothy Lukins
Jed Lusthaus
Brendan McMullan
Jessica Montfort
Jonathan Morton
Payal Mukherjee
Alexander Owen
Omali Pitayarachchi

Michael Piza
Marco Raftopoulos
Sebastian Ranguis
Dina Saks
Michelle Schnabl
Leon Simons
Tanya Singh
Manohan Sinnadurai
Eddy Tabet
Patrick Tai

Rudy Yeh
David Yeh
David Tak On Yeung
Rhys Van Der Rijt
Phoebe Williams
Edwina Wing-Lun
Cathy Xia
Zheyu Xu

Conjoint Staff Promotions

To Professor
Sally Dunwoodie

To Associate Professor
Jenny Gunton Kurosh Parsi
Michael Kennedy Stuart Tangye
Michael Ortiz

To Senior Lecturer
Adam Hill
Mark Lutherborrow
Carlo Yuen

To Lecturer
Lucette Cysique

New Conjoint Staff Appointments

Associate Lecturer

Richard Baker	Omali Pitiyarachchi
Sarah Bishop	Sebastian Ranguis
Daniel Brungs	Dina Saks
Emmy De Heer	Michelle Schnabl
Gillian Edwards	Eddy Tabet
Sascha Fulde	Patrick Tai
Lette Ginsborg	Rhys Van Der Rijit
Shyamini Gunaratne	Cathy Xia
Michelle Issacs	Zheyu Xu
Alia Karmali	David Yeh
Timothy Lukins	

Lecturer

Judy Alford	Ann McCormack
Ziad Basyouny	Gilberto Moreno Bonilla
Andrew Battle	Chai Ng
James Blackburn	Nora Nugent
Fiona Chow	Patel Hardip
Jennifer Clancy	Alex Pile
Charles Cranfield	Iromi Samarasinghe
Rowan Gillies	Goli Samimi
Nicole Gilroy	Nicole Schonrock
Daniel Hesselson	Caitlin Sheehan
Andrew Hopper	Nicola Smith
Liang Joo Leow	Clare Stirzaker
Lawrence Lee	David Szekely
Julie Leung	Mark Winder
Kevin Maruno	Li Xin

Senior Lecturer

Anne Fallon
Kazu Kikuchi
Steve Matthews
Scott Mead
Ilse Rومان

Associate Professor

Raj Subbiah

Professor

Peter Croucher

2011 Conjoint Staff Photo



Back Row (left to right): Dr John Zaunders, Dr Jonathan Brett, Dr Darren Gold, Dr Alex Owen, Dr Sam Milliken, A/Professor Tony Grabs, A/Professor Geoffrey Symonds, Dr Paul Darveniza, A/Professor Richard Harvey, A/Professor Antony Dodds, Professor Allan Spigelman, Dr Vita Birzniece, A/Professor Bill Sewell, A/Professor Lourens Bester
Middle Row: Dr Clive Sun, Dr Antony Graham, Ms Anne Fallon, Dr Robert Feller, A/Professor Sue Pendlebury, Dr Russell Clark, A/Professor Steven Faux, Professor Jane Ingham, A/Professor WB Conolly, A/Professor Jane McCrohon, Ms Alex Pile, Professor David Ma, Dr Carlo Yuen, Dr Rohan Gett, Dr Kumud Dhital, Dr Nigel Biggs, A/Professor Bernard Haylen
Front Row: A/Professor Nicholas Pocock, Dr Emily Stone, A/Professor Eva Segelov, Professor Terry Campbell, Dr Steven Tisch, Professor Bruce Brew, Professor Anne Keogh, Dr Emily Granger, Sr Anthea Groves, A/Professor Debbie Marriott

36 END OF YEAR FUNCTION



On December 1st we celebrated another great year of medical education at the St Vincent's & Mater Health campus. Clinical School Academic and administrative staff were joined by Conjoint staff, Hospital Administration and students for good food and drink on the balcony of the Clinical School office.

We would like to thank everyone who has been involved in medical student education for UNSW at St Vincent's Hospital and its associated facilities. We look forward to another great year in 2012!

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 4-week terms in Geriatrics and Oncology; and 6-week terms in Adult Health 1 and Adult Health 2, 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 negotiated at commencement of term between supervisor and student. May include viva questions; observed clinical examinations; written/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 teams.

2012 TERM DATES

Phase 1

Teaching Period 1: 27 Feb - 27 Apr
 Recess: 6 Apr - 15 Apr
 Teaching Period 2: 30 Apr - 22 Jun
 Recess: 23 Jun - 15 Jul
 Teaching Period 3: 16 Jul - 7 Sep
 Recess: 8 Sep - 16 Sep
 Teaching Period 4: 17 Sep - 9 Nov

Phase 2

Summer Teaching Period: 9 Jan - 2 Mar
 Semester 1: 5 Mar - 29 Jun
 Recess: 6 Apr - 15 Apr
 Recess: 30 Jun - 22 Jul
 Semester 2: 23 Jul - 30 Nov
 Recess: 1 Sep - 9 Sep

Phase 3

Summer Teaching Period: 16 Jan - 9 Mar
 Teaching Period 1: 12 Mar - 11 May
 Recess: 6 Apr - 15 Apr
 Semester 2: 14 May - 6 Jul
 Recess: 7 Jul - 15 Jul
 Teaching Period 3: 16 Jul - 7 Sep
 Recess: 8 Sep - 16 Sep
 Teaching Period 4: 17 Sep - 9 Nov

EXAMINATIONS (dates subject to change)

Phase 1: 20 & 21 November
 Phase 2: 13 & 14 Mar; 27 & 28 Nov

Phase 3 (Clinical/Oral): 18 & 19 Sep
 Phase 3 (Oral/Portfolio): 25 & 26 Sep

Phase 3 (Biomed): week of 19 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

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



Dr Anthony Chambers

Senior Lecturer in Surgery

Commenced: 2010

Specialty: Surgical Oncology



Mrs Melinda Gamulin

Clinical School Manager



Ms Naomi Esselbrugge

Administrative Officer



Ms Julee Pope

Administrative Assistant



Ms Thuy Huynh

Administrative Officer

(Clinical Pharmacology)



Ms Cassie Shearer

Administrative Assistant

(Surgical Professorial Unit)



Ms Kate Rowe

Administrative Assistant

(Medical Professorial Unit)





UNSW

THE UNIVERSITY OF NEW SOUTH WALES
ST VINCENT'S CLINICAL SCHOOL



St Vincents
& Mater Health
Sydney



St Vincent's Hospital



St Vincent's Private



St Vincent's Clinic

St Vincent's Clinical School (UNSW)
St Vincent's Hospital
Level 5, deLacy Building
Darlinghurst NSW 2010
T +61 2 8382 2023
F +61 2 8383 3229
E stvcs@unsw.edu.au
<http://stvcs.med.unsw.edu.au>