



UNSW
AUSTRALIA

2012 Annual Report

Never Stand Still

Faculty of Medicine

St Vincent's Clinical School



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Cover Images: Dr Rohan Gett, Lecturer in Surgery teaching Year 5 students basic suturing techniques (top); Dr Kumud Dhital, Senior Lecturer in Surgery, with Year 6 students during the Breast Examination Masterclass (bottom)

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2012 was another year packed full of learning and teaching. As always, we are extremely grateful for all the input from our Conjoint staff members, junior medical staff, allied staff and all those in the campus environment who welcome and embrace student teaching. We are particularly proud to see come to fruition our "Pre-admission Centre" project, whereby in St Vincent's Private senior medical students perform a one-on-one full history, examination, ECG and other tests for patients booked for elective surgery. This is a true win-win situation, with patients now having a fully documented electronic history available for when they are admitted. The students are supervised by the Pre Admission staff and we have had excellent feedback so far.

Maintaining and growing human and material resources for teaching is a constant challenge. We strive to continue to uphold the reputation of our School in producing engaged and mature students with a sound basis in clinical reasoning who will progress through their professional life with a solid foundation for lifelong learning.



A/Prof Eva Segelov
Director of Medical Student Education

A handwritten signature in dark ink, appearing to read 'Eva Segelov'. The script is fluid and cursive.



Prof Allan Spigelman
Head of School

This year was one of both consolidation and new initiatives. We have continued to implement our School's Strategic Plan, while contributing to both the Faculty's new plan and the external review of Medicine that was commissioned by our Vice Chancellor. We also contributed to the Downton Review of Medical Research at St Vincent's, as well as participating in discussion regarding the new Academic Health Science Network, which links several UNSW campuses as well as UTS.

In 2012, 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. Our teaching has been enhanced by the funding granted by the Commonwealth Government that enabled expansion of teaching in the Private Hospital and refurbishment of the Douglas Miller Lecture Theatre, as well as The Kinghorn Cancer Centre, which was opened by the Prime Minister in August. This event was tinged with sadness as Professor Robert Sutherland, inaugural Director of the Centre succumbed to illness shortly after it's opening. We remain extremely grateful for the co-operation of St Vincent's Hospital, St Vincent's Clinic and St Vincent's Private Hospital with the Clinical School.

While our Academics and Conjoint staff members make important contributions to research, the need for the hospital to attract clinician researchers by way of succession planning has been recognized by the creation of the Shine Fellowship, the first of many such initiatives, created to enable clinicians to devote serious time toward a major research effort, away from clinical work. This has been made possible by funding from the Garvan Institute of Medical Research and St Vincent's Hospital. The School has played a major role in the development and implementation of this initiative. In acknowledging our partner institutions, it is appropriate to thank the departing Executive Director of the Garvan, Professor John Shine, after whom the new fellowship has been named, and to welcome Professor John Mattick, the incoming Executive Director of the Garvan. We also acknowledge the late Professor Robert Sutherland, former leader of the Garvan Cancer Research Program for his contributions to the School. Thanks are due to the many valued Conjoint staff members who work in our affiliated research institutes, such as the Garvan Institute of Medical Research, Victor Chang Cardiac Research Institute and the St Vincent's Centre for Applied Medical Research.

The first Fred and Micu Sheldon Grant was awarded this year, and the School and Hospital are extremely grateful for this significant bequest from the late Hermina Rich, via the Curran Foundation, that will provide ongoing funding for research on this campus for many years. The Curran Foundation itself continues to provide wonderful support for research and also clinical care, for which we are all thankful.

A handwritten signature in dark ink, appearing to read 'Allan Spigelman'.

2012 was a good year for UNSW and has generally turned out better than some had feared. The anticipated downturn in international student enrolments has begun to impact on our budget bottom-line however, and belts are being tightened throughout the organisation. The news is reasonably positive, but cautious, going forward.

Overall the Faculty's research income and publications output have improved modestly on 2011. We did very well in the recent round of NHMRC Centres of Research Excellence round based on Mental Health, with UNSW being the only University in Australia to be awarded two of these; one to the Black Dog Institute and one to the National Drug and Alcohol Institute.

Those of you who have visited the Kensington Campus in recent times will note that the new section of the Wallace Wurth Building is well on track for completion and looking very impressive. This will dramatically increase the laboratory and teaching space available on campus and the upper two floors will form the new home for the Kirby Institute.

The Health-Science Alliance (as we are calling the Academic Health Science centre based around UNSW Medicine and the Randwick Hospitals and Medical Research Institutes) is going well. This model is one that is rapidly gaining favour throughout the world, and is very much a topic of discussion around the Darlinghurst campus, as well as having been implemented at the St George/Sutherland Campus and the South-West Sydney Campus.

In summary the Faculty is going extremely well and I look forward with confidence to 2013.



Professor Terry Campbell
Senior Associate Dean

A handwritten signature in black ink that reads "J. Campbell". The signature is written in a cursive, flowing style.

Professor Campbell appointed as Director of Research for St Vincent's & Mater Health Sydney

Towards the end of 2012, following extensive strategic planning exercises involving researchers, clinicians, administrators from across the campus, a decision was made to advertise the St Vincents & Mater Health Sydney's Director of Research position. Professor Terry Campbell was successful in his application for the position and commenced in the role, in addition to his other duties, in December 2012.

The rationale for the appointment is to provide overall strategic and operational leadership for research conducted within St Vincents & Mater Health Sydney. Professor Campbell will draw on his more than thirty years at St Vincent's Hospital to work towards several goals, including the development of a comprehensive strategic plan for research, to expand, redevelop and restructure the support and infrastructure services available for research and to formalise the Darlinghurst Campus as a 'research hub', to use Ministry of Health terminology.

The last of these tasks has already been achieved and the Memorandum of Understanding establishing the Darlinghurst Research Precinct has been signed by the CEO's and Directors of the various Universities, Hospital entities and research institutes and centres comprising this precinct. The research strategic plan and restructure of support services for research is also in train and Professor Campbell should be able to report on progress in both of these areas in the next Annual Report.



Melinda Gamulin
Clinical School Manager

2012 was quite a busy year for the St Vincent's Clinical School.

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

Every year, the Schools student and teaching resources are reviewed for improvements to our current equipment and technology. This year we purchased a new Ear simulator and Eye simulator, 4 advanced venous management arms, and a lung auscultation simulator.

The School has an active Work Health and Safety Compliance program. It was pleasing that there were no serious incidents involving students or staff.

Our student administrative team is staffed by Naomi Esselbrugge and Julee Pope and they continue to provide sterling service, as evidenced by the positive feedback received.

COMMUNITY PROJECTS

This year we continued with two of our Community Projects: Living with Paraplegia and Rough Edges.

In order to raise funds for the projects, we engaged in two 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 feel good foreign film 'The Intouchables'. 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 this year was to raise awareness about spinal cord injuries and the impact they have upon the lives of those affected, particularly in the developing world. Close relationships with ParaQuad continued to be supported. ParaQuad is spinal cord injury society that provides also to paraplegics and quadriplegics in New South Wales.

Overall, 2012 has been a particularly exciting and productive year for the Living with Paraplegia project. We, as well as Zacharia and his team in Moshi, Tanzania, look forward to the project's progress over the coming year!



FRIENDS OF PARAPLEGIA
fostering dignity and independence

In 2012, St Vincent's Private Hospital and St Vincent's Clinic continued their commitment to and involvement with the teaching and learning of undergraduate medical students on the St Vincent's Campus.

The strategic plans of both St Vincent's Private and St Vincent's Clinic include a strategy to increase clinical teaching capacity. During the 2012 year, Phase 3 medical student placements increased. 120 Phase 3 students had a surgical attachment in St Vincent's Private Hospital in the Operating Suite, Day Surgery, the Pre-admission Center, the Patient Care Areas as well as gaining experience in the private rooms of the VMOs in St Vincent's Clinic. This is an increase from 50 students in 2011.

As a component of the medical student's surgical clinical experience, they are required to present surgery case presentations. These presentations were 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 Surgery, ENT, Hand and Neurosurgery.

Interprofessional teaching and learning in 2012 was successful for the UNSW Medical students and their fellow medical and nursing student colleagues from Notre Dame University and other partner universities who participated in many shared teaching and learning activities on offer in St Vincent's Private Hospital, Clinic and St Vincent's Clinical School.

The St Vincent's Clinic Foundation awarded \$500 for the best student's Independent Learning Project. The successful student was Anoosha Aslam.

St Vincent's Private Hospital and St Vincent's Clinic 2012 Tutor of the Year was awarded to Dr James Southwell-Keely.

Also in 2012, the upgrading of the Douglas Miller Lecture theatre was completed together with the expansion of space in St Vincent's Private Hospital Pre-admission Centre, to accommodate medical student placements following the UNSW and St Vincent's Private Hospital HWA (Health Workforce Australia) grant.

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

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



Anne Fallon
Manager, Education
Development & Training , SVC



Michelle Wilson
Executive Director, SVC

2012 TUTORS OF THE YEAR

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

Dr Mark Nicholls and Dr Darren Gold

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

Dr James Southwell-Keely

Registrar Tutor of the Year

Dr Penny Bunce

RMO Tutor of the Year

Dr Shyamini Gunaratne

JMO Tutors of the Year

Dr Alice Burton and Dr Vedran Vulovic

2012 DEAN'S AWARDS

Dean's List

Craig Wong, Liang Xu & Chee Kong Teo

Professional and Technical Staff Award

Melinda Gamulin for significant contribution to UNSW Medicine



Melinda Gamulin receiving her award from the Dean, Peter Smith

2012 STUDENTS AWARDS

St Vincent's Clinical School Prize

Liang Xu: 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

Liang Xu: Best performance in Surgery based on course results and Phase 3 Integrated Clinical Examination

John Hickie Prize for Medicine

Liang Xu: Best performance in Medicine based on course results and Phase 3 Integrated Clinical Examination

Independent Learning Project/Honours Grand Rounds Presentation

Anoosha Aslam: Best presentation at the 2012 ILP/Honours Grand Rounds based on her Independent Learning Project: *An investigation of the relationship between response to antiplatelet drug therapy and platelet micro particle formation in patients with Cardiovascular disease.*

2012 CLINICAL SCHOOL STAFF AWARDS

Research Prize

Professor Ric Day

Publication Prize

Professor Allan Spigelman

Community Service Prize

Dr Kumud Dhital

UNSW

Dr J Copley: awarded 2012 ARC Project Grant – \$375,000 over 3 years for “The inheritance of epigenetic information in mammals”

Dr Catherine Suter: awarded 2012 ARC Project Grant – \$260,000 over 3 years for “The nature and extent of mammalian transgenerational epigenetic inheritance”

Prof Richard Harvey: awarded ARC Project Grant – \$1,950,000 over 7 years for “Stem Cells Australia Special Research Initiative in Stem Cell Science”

UNSW GOLDSTAR AWARDS

Dr T Phan: awarded \$40,000 for “In vivo single cell photolabeling for cell fate mapping by two-photon spectroscopy”.

Prof Robert Graham: awarded \$40,000 for “Alpha1-Adrenergic receptor signalling pathways mediating cardiac responses to autonomic stress”.

UNSW SILVERSTAR AWARDS

Dr David Brown: awarded \$20,000 for “the role of macrophage inhibitory cytokine-1 (MIC-1/GDF15) in neuroinflammation and autoimmune disease”

Prof Bruce Brew: awarded \$20,000 for “Kynurenine pathway modulates remyelination in multiple sclerosis”

OTHER GRANTS & AWARDS

Prof Ric Day: awarded 2012 RACP Excellence in Mentoring Award in the Academic and Research category, from The Royal Australian College of Physicians.

Dr Kumud Dhital: awarded 2012 Health Workforce Australia (HWA) award for \$57,000 for “introducing integrated clinical master classes sessions in Phase 3 medical students”

Prof Bruce Brew: awarded The Fred Sheldon and Micu Sheldon Scholarship/Special Grant for \$60,000 over 2 years for “the TDO2-Kynurenine-AhR pathway contributes to the resistance to temozolomide in glioblastoma”

Prof David Ma: awarded The Fred Sheldon and Micu Sheldon Scholarship/Special Grant for \$1,000 as a one off to support “microRNA-10a is an oncogene, a potential biomarker and a novel drug target for Acute Myeloid Leukaemia”

COMBINED GRANTS

The Garvan Institute and St Vincent’s Hospital announced the awardees of the 2013 John Shine Translational Research Fellowships. This new scheme provides support to establish translational research fellowships. Each winner will receive a total of \$150,000 over three years to provide protected time and additional resources to advance their research. This year’s winners are:

Dr Ann McCormack: awarded for work on Pituitary disease.

A/Prof Jackie Center: awarded for work on the Dubbo Osteoporosis Epidemiology Study

Dr Alex Viardot: awarded for work in Diabetes and Obesity

ST VINCENT'S CLINIC FOUNDATION GRANTS

Dr Mark Danta: awarded six 2012 annual grants as listed below:

\$30,000 for "MIC 1 in Liver cachexia (MiLC) study";

\$25,000 for "Nurse co-ordinated multi-disciplinary hepatocellular cancer (HCC) screening program";

\$28,000 for "Medicare usage in chronic hepatitis C (MUCH-C) study";

\$30,000 for "Advanced Liver Clinic Multidisciplinary grant";

\$30,000 for "Long term behavioural, clinical and immunovirological outcomes in individuals previously treated for acute hepatitis C";

\$30,000 for "GALT in health (GIS) study"

Dr David Brown: awarded 2012 project grant for \$100,000 for "Macrophage inhibitory cytokine-1: potential screening test of colonic polyps"

Prof David Ma: awarded 2012 Ladies' Committee Sr Mary Bernice Research Grant for \$80,000 for "Identification of MicroRNAs that predict treatment success in patients with acute Myeloid Leukaemia"

Prof Richard Epstein: awarded 2012 Di Boyd Cancer Research Grant & K&A Collins Cancer Research Grant for \$80,000 for "Creation of "cancer-proof" cells using genetic engineering to vary the mutational stability of human TP53 gene"

Prof Peter Macdonald: awarded 2012 Tancred Trust Research Grant for \$50,000 for "Esmolol cardioplegia as an alternative to hyperkalaemic cardioplegia: Using a rodent model of brain death to assess a novel preservation solution in cardiac transplantation"

Dr Rajesh Subbiah: awarded 2012 Froulop Research Grant for \$28,000 for "Beat to beat variability of QT interval and stratification of risk for sudden cardiac death in long QT syndrome"

A/Prof Jane McCrohon: awarded 2012 Annual Grant for \$30,000 for "Non-invasive detection of cardiac transplant rejection using advanced cardiac MRI and ultrasound techniques – Correlation with biopsy"

Dr Kersten Koelsch: awarded 2012 Annual Grant for \$30,000 for "GALT in health (GIS) study"

Dr Paul Jansz: awarded 2012 Annual Grant for \$50,000 for "A longitudinal investigation of the effects of centrifugal continuous flow left ventricular assist devices (LVAD) on haemostatic parameters"

2012 DOCTORS Vs STUDENTS SOCCER MATCH



On an overcast and humid day on May 11, 2012 at Rushcutters Bay Park the Annual Doctors Versus Students soccer match took place. With the students collecting the trophy for the past 2 years the Doctors had a new look team ready for the challenge.

The Doctors (Interns, Consultants, Researchers and Clinical Academics) were out for revenge to make amends from the previous years losses. Dr Gold was terribly missed last year due to injury and we were hopeful of his return this year but unfortunately he could not make it due to another injury. Professor Allan Spigelman, whose memorable performance in 2011 was capped by

a remarkable goal line clearance, was also ruled out this year, taking up the role as mentor and providing the Doctors with an inspirational pep talk before the game. Mark Danta led the way as Captain of the Doctor's team, with the students having a very fit looking and determined side this year, so it was going to be a tough game.

The skills of both teams saw the play go from either end of the park with some tight defence and outstanding saves by both goalkeepers, who were determined not to let a goal past them. With some great attack up the left side the students were caught short on numbers. A brilliant cross by Mark Danta saw the doctors score the first goal of the game. At the opposite end there was a deflection in the box and the keeper for the doctors could not save it so the students levelled the score 1-1.

At half time the doctors came out and with an unbelievable shot from outside the box that hit the top left corner of the goal mouth, assumed a 2-1 lead. This fired up the students, who must have secretly had a few "red bulls" at half time. Eventually the students won the match with some great team work, with the final score being 6-2.

Special mention goes to Bob Morris from SVH Transport Department for providing strapping to the players and for the First Aid support even though it was his day off. It was comforting, at least for the Doctors to see his ambulance on hand. Thanks also to A/Professor Steven Faux, for his unbiased refereeing.

Scorers from the Doctors team were: Lee Blair and Peter Hanley

Scorers from the Students team were: Jacob (2), Rob, Kieran, Jay and Amila





Dr Nick Haydon

ANNUAL SVC, SVPH & UNSW CLINICAL SCHOOL DINNER

This dinner is organised to promote the commitment to medical education on the SVH Campus and ongoing program of medical student teaching and research in St Vincent's Private Hospital and St Vincent's Clinic. This year's venue was the fabulous Wildfire, Overseas Passenger Terminal, Circular Quay. The MC was Professor Allan Spigelman and speakers included Professor Peter Smith (Dean, Faculty of Medicine) with UNSW update, Professor John Mattick (Executive Director, Garvan Institute) with Garvan update and introduction, Associate Professor Eva Segelov gave a conjoint update, Dr Nick Haydon entertained us on the topic of *'Medicine, Rugby and Oxford'* and Dr Kumud Dhital and Ms Grainne O'Loughlin gave a talk on improving teamwork (CETI grant, 2011).

INTEGRATED MASTERCLASS SERIES



2012 saw the introduction to quarterly integrated masterclasses, following on from a successful Health Workforce Australia grant application that was submitted by Dr Kumud Dhital.

The first masterclass ran in September and focussed on breast cancer and breast examination.

It began with conveying information on research and clinical updates in a lecture style setting and then progressed into a practical class where students saw real patients and were taught different ways of examining breasts and . Students also got to participate in radiology and identifying cancer signs.

Thanks to Dr Gerald Fogarty, Dr Nita Durham, Dr Anthony Chambers, Dr David Segara, A/Prof Sue Pendlebury, Dr Warren Hargreaves, Dr Jacqui Geraghty and Dr Kumud Dhital all of who gave up their time to participate in this valuable learning experience.

The second masterclass ran in October and focussed on Skin and Endocrinology.

As with the previous masterclass it began with clinical and research updates in a lecture style setting and then progressed into a practical class where students got to examine a varied range of Dermatology and Endocrinology patients.

Thanks to Dr David Jenkins, Dr Shivam Kapilla, Dr Frances Tefany, Dr Penny Bunce, Prof John Eisman, Dr Alex Vairdot, Dr Kurosh Parsi and Dr Weiwen Chen for giving up their time for this masterclass.



INTEGRATED MASTERCLASS SERIES


Breast Examination Masterclass

**Listen to the latest clinical and research updates.
Learn and develop your breast examination skills**

Open to all UNSW Phase 3 (Year 6) students.
If you have scheduled teaching on this day, you are not eligible!

**7 September 2012
10:30AM-4:00PM
at St Vincent's Clinical School**

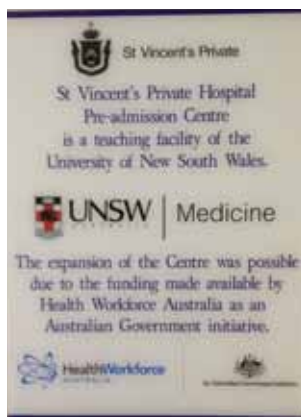
To be involved, please register your interest at stvcs@unsw.edu.au.
Places are limited!

 **UNSW**
THE UNIVERSITY OF NEW SOUTH WALES
Presented by St Vincent's Clinical School (UNSW)

SVPH PRE-ADMISSION CLINIC

In coordination with St Vincent's Private Hospital Pre-admission Centre, the Clinical School commenced a trial in 2012 to allow Phase 3 students time in the department where they will participate in the clerking of patients. The aim is to allow for advanced health, functional and psychosocial assessment as well as honing communication, examination and documentation skills and improved clinician relationships.

The plan in 2013 is to have the students spend two consecutive days in the department as part of their Selective term.



EXAMINATIONS

In 2012 we examined just over 259 students from across the UNSW Clinical Schools. We are extremely thankful to the support of examiners and patients and volunteers, over the ten days of examinations.

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

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

At the Clinical School, we recruit interns and JMO's to tutor the Phase 1 groups. We also have a few regular external GP tutors who give up their time to teach the students on a weekly basis.

STUDENT REFLECTION

Entering hospitals was a daunting prospect for many of us and was very different to anything we had experienced before. On our first day at St Vincent's, we arrived with nervous excitement, glad of our new badges and stethoscopes which we hoped made us look like we 'belonged'. Our thoughts were on the long, unknown journey ahead of us, of nights spent with Talley, and eventually joining the ranks of 'Doctors'.

Fortunately we had excellent tutors to guide us, who built upon the content we had learnt during lectures and clinical sessions and were always willing to share tips and stories about their lives as JMOs. We really appreciate how patient and encouraging they always were, even while we searched for the radial pulse on the other side of the wrist or listened for heart sounds with our stethoscopes back-to-front. As we gained confidence in talking to patients, we also came to appreciate their generosity in sharing their stories with us and were inspired by the resilience they showed.

Becoming involved in the 'Living with Paraplegia Project,' one of St Vincent's community projects was also a highlight and was a great opportunity to work with other medical students and the office staff for a worthwhile cause.

We would like to thank all the doctors, nurses, medical students and patients who welcomed us and supported our education. The fantastic office staff Naomi and Julee deserve a special thank you for constantly looking out for us, ensuring we received the best teaching and learning opportunities and always being available for a chat. We are very grateful for what you do for us!

This year at St Vincent's has been immensely enjoyable and we can only hope that the next phase will be as stimulating.

Neera Jain, Phase 1 (Year 2) Student

The Phase 2 program was restructured in early 2012. This saw 2 new courses created within the program, an overhaul of the 2 existing programs and a significant increase in student numbers.

New term Adult Health 1: 6 weeks incorporating weeks 2-7 of the current Health Maintenance term.

New term Adult Health 2: 6 weeks covering Neurology, Musculoskeletal, Senses (Eyes/Ears), Orthopaedics and Trauma.

Geriatrics & Oncology Term: Formally Ageing & Endings, these will be broken in to two independent terms – Oncology and Palliative Care and Aged Care and Rehabilitation.

Group sizes increased to 10-12 students per term with running up to 4 terms at any one time. Due to this change in allocations the number of students on campus was significantly greater with up to 45 students at any one time.

In addition to this, at the end of 2012, the ILP students were required to undertake a 4-week Clinical Refresher before entering Phase 3. This allowed the students to get back in touch with the clinical environment before starting their medical and surgical placements in the new year. Students were attached to a PRINT student for 2 days per week over a 4-week block and attended regular bedside teaching with academics and conjoint staff.

CLINICAL TRANSITION COURSE

Tutoring the clinical transition students was a challenging but ultimately a rewarding experience. It allowed me to consolidate my learning, hone my teaching skills and gave me a general sense of satisfaction by providing me with the opportunity to pass on some of the tips and tricks I have acquired over the past few years. We spent time both seeing patients in a bedside tutorial setting in addition to spending time in the classroom discussing clinical exams, presenting cases and reflecting on lessons learnt on the wards.

I was tutoring 4th year students, making them only 2 years behind me in their studies. My own memories of this time were still recent enough to allow me to recall the areas I found challenging in terms of knowledge development, skills acquisition and also my general experience of the hospital as an unfamiliar and often confronting environment. This allowed for a perfect balance between my role as a teacher but also as a peer.

I watched the student's clinical skills and confidence improve and increase over the weeks. They became more comfortable in the hospital environment, which will hopefully ensure they maximized their own self-directed learning as they progress into phase 3. I feel the course is a great asset to the medical program. It has been a great success both from what I have experienced as a tutor, but also from the improvement I have seen in my students.

Nell Farnham, Year 6 Student

5th year has flown by and before we know it we'll all be finishing our exams and heading off on elective! The cohort at Vinnie's has been a mix of old and new faces but we've quickly become a tight knit and supportive group.

Testament to the fantastic teachers, we've all gained so much knowledge this year, which has been invaluable for 5th year's steep learning curve. Special mention must go to A/Prof Jones, Dr Joseph, and A/Prof Sewell for taking time out of their busy schedules to give us extra pathology tutorials. As biomed looms we're all very thankful for our Friday morning tutorials, no

matter how many coffees it took us to make it through the three hour marathons. Vinnie's bedside's are always fantastic and this year was no exception, with A/Prof Segelov and Dr Gold making special mention for striking fear AND knowledge into their students.



Thanks to all the registrars, residents and interns who took us under their wings during our medical and surgical terms. We all learnt a lot hearing one another's cases during presentations, but most credit must go to Dr Stone for teaching us how to wow our audiences. We've also learnt some invaluable hands on skills in practical tutorials, including Dr Gold's amusing ins and

outs of urinary catheters. Teaching at Vinnie's hasn't just been restricted to the doctors, thanks must also go to the 6th years for their words of wisdom and particularly their help leading up to biomed.

But Vinnie's hasn't just all been about the learning. As a cohesive group there were many evenings when we left at least an hour later than intended after chatting in the common room. There was always someone to share stories with at the end of the day. The Phase 3 kids have all had some great times together, including 'the dark night', which for some doesn't need any further explanation.

Lastly, but most certainly not least, thanks must go to Naomi, Julee and Melinda in the Clinical School who have kept us on schedule and are always there to help. It's been a wonderful year!

Sarah Scheuer, Year 5 Student

2012 GRADUATING CLASS & STAFF



Front Row: Gareth Carroll, Nikolas Katelaris, Dr Mark Danta, Janice Mo, Ruhie Vaidya, Seeki Ong, Joyce Tan,

Jackie Mak, Jessica Xu, Julee Pope (Admin), Dr Rohan Gett, Marie Mouawad, Amy Kwan

Second Row: Amila Siriwardana, Melinda Gamulin (Admin), Sonal Sachdev, Amy Marks, Nell Farnham, Pearl Wang, Ludi Ge, Caroline Dix, Mark Bonnischen, Karan Dang

Back Row: Sean Carroll, Dr Darren Gold, Naomi Esselbrugge (Admin), Prof Allan Spigelman, Prof Terry Cambell, Prof Ric Day, Robin Goh, Sarah Beasley

Absent: Xin-Hui Ang, Joseph Brassill, Katie Chen, Ashleigh Dind, Jordan Sandral, Kai Loon Tan, Liang Xu

In 2012 we saw 57 International and National students come to St Vincent's for an elective/clerkship attachment in the discipline of their choice. Departments that were popular included Cardiothoracic Surgery, Orthopaedic Surgery, Endocrinology, Colorectal Surgery, Gastroenterology and HIV Medicine.

Students were able to gain valuable medical knowledge and experience within our hospital culture. They are offered 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.

We ask our students to fill out a feedback form at the end of their term. Here are some responses to different questions:

What aspects of the clerkship did you enjoy most?

Suzanne Burgers - Leiden University Faculty of Medicine, Netherlands

Supervisor – Dr Rohan Gett – Colorectal Surgery

"The operating and tutorial based teaching. 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".

How does St Vincents clinical teaching and facilities compare with those of your home hospital and Clinical School?

Robert Shing Kit Chan - The University of Hong Kong - Faculty of Medicine

Supervisor – Dr Rohan Gett – Colorectal Surgery

"All teachers are very willing to teach and give their students hands-on experience in clinical procedures. The facilities here are more advanced than those in public hospitals in Hong Kong."

What aspects of the clerkship did you enjoy most?

Kathryn Mullany - University of Wollongong, Australia

Supervisor – Prof Peter MacDonald – Heart Failure/ Transplant

"This clerkship was an amazing experience. At once I felt welcomed within the busy team and was impressed by the high standard of care afforded to the patients. I was also often given the unique and wonderful chance to go on a heart and lung organ retrieval which was an exceptional medical experience, very exciting and momentous for the patient and their family."

Any other feedback/suggestions/compliments?

Mays Al Atiyat - Jordan University of Science and Technology, Jordan

Supervisor – A/Prof Jerry Greenfield – Endocrinology

"I would like to thank all the doctors and registrars in the Endocrinology Department for giving me the chance to help them in clinics (taking patient history and examination) and treating me as a part of their team."

St Vincent's has buzzed with Independent Learning Project (ILP) students in 2012. The peripheral research epicentres such as the Garvan and Victor Chang offered the chance to be involved in some superbly complicated science. Under the wise eyes of Prof. Ric Day, Clinical Pharmacology pulled a decent pack of students who seem to enjoy the department's dynamic social scene. For a large group, myself included, the ILP was more clinical. The department of cardiothoracic surgery was especially popular, with computers at a premium and plenty of opportunities to make new friends in medical records. You spend enough time there. A special mention must go to Tom Hunter and his Cardiothoracic Database. This database, created and tended by Tom, carried a staggering number of the clinical projects from a variety of surgical specialties and even a couple from Psychiatry. In between an endless stream of other database users, Tom gave up his time to help many students this year. Many deserved thanks.

Despite the obvious student presence at Vinnies, elements of the year were definitely independent. Projects get complicated quickly and you never entirely understand what anyone else is actually doing. You hear the stories though, and people have achieved amazing things with so many new experiences along the way. Accommodating supervisors and teams have allowed us to become part of a team – helping out with surgery, ward rounds, journal club and chances to get involved in other research. Thanks must go to all supervisors for taking on the role on top of their already crammed schedules. Hopefully we are all less maintenance than we were in March.

The ILP year is a change in direction which will provide radically different experiences for different people. Sharing the corridors with the increasingly stressed sixth year students makes you realise that the year is a gift. At St Vincent's there are many opportunities to develop a project, participate in clinical activities and take the 'study' out of student. Thanks on behalf of all ILP students need to go to Cassie Shearer and the Clinical School for keeping tabs on so many students. I personally want to thank Dr Tony Grabs, Dr Romesh Markus and Dr Emily Granger for putting up with me.

Robert Dickson, Honours Student

Project: Cardiac surgery late after heart transplantation

Supervisor: Dr Emily Granger

Student: Timothy Holmes

To assess the efficacy of heart surgery conducted in patients who have already had their heart replaced by transplant.

Enhanced management of heart transplant (HTx) recipients has greatly improved long term survival and resulted in an associated growth in this population. Consequently, an increasing number of patients experience morbidity late after HTx. Cardiac surgery may be required to extend patient survival and improve graft function and quality of life. If successful, this approach may allow and justify the transplantation of suboptimal organs, thereby expanding the donor pool.

The Study aims to evaluate the efficacy of heart surgery conducted in patients who have already had their heart replaced by transplant. We hope to achieve this by comparing outcomes such as, mortality, length of hospital and ICU stay, lung function and kidney function in patients who have undergone transplant then heart surgery, to a control group of patients who have undergone re-operative heart surgery.

Methods would involve database searches and examining medical records. For the control group it is likely that local GPs will need to be contacted to ascertain survival status.

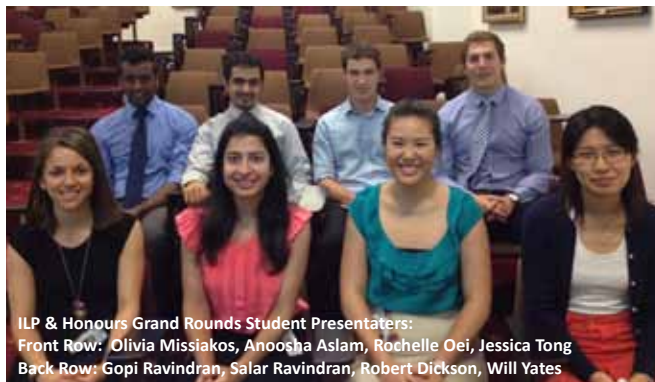
This data would help inform clinical decision-making, pre-operative planning and post-operative care. In addition, this information should influence judgement regarding acceptability of donor organs in a context of high demand and limited supply.

Project: Sternal sparing thoracotomy vs Clamshell incision for bilateral sequential lung transplants

Supervisor: Dr Emily Granger

Student: Grace Arndt

The current preferred method for lung transplantation involves using a transverse thoracosternotomy incision, also known as “clamshell” incision. Whilst this incision provides excellent exposure and access to the pleural cavity, limitations arise regarding the high incidence of wound infection, pain and sternal instability that may be associated with it. In 2009, a smaller incision was trialled, which avoids transection of the sternum. This project will review the last four years of this practice to compare and contrast the outcomes of each incision. Our hypothesis is that the sternal-sparing incision may provide patients with better wound outcome, earlier mobility and better recovery from bilateral lung transplants without compromising bronchial anastomotic outcomes and lung function outcomes.



ILP & Honours Grand Rounds Student Presenters:

Front Row: Olivia Missiakos, Anoosha Aslam, Rochelle Oei, Jessica Tong

Back Row: Gopi Ravindran, Salar Ravindran, Robert Dickson, Will Yates

Project name: Heart and Heart-Lung Transplantation for Congenital Heart Disease: outcomes in Australia and New Zealand

Supervisor: Dr Kumud Dhital

Student: Joanna Hatzistergos

The aim of this project is to determine the outcomes of adult orthotopic heart, and heart-lung, transplantation for Congenital Heart Disease (CHD) in Australia and New Zealand. Although there is no indication that the incidence of CHD is increasing, there

are an increasing number of children with CHD who are surviving into adulthood, because of improving surgical and medical management. In adulthood, a significant proportion of these patients will develop end-stage heart failure. Orthotopic heart and heart-lung transplantation remains the gold standard therapy for these patients. We do not currently know the overall results for this cohort of patients in Australia and New Zealand. This study will address this and set a baseline amongst a cohort which is expected to grow substantially as more children with CHD survive into adulthood. The outcomes in Australia and New Zealand will be compared to international data.

Project: The value of pump audiosignals in patients with left Ventricular Assist devices

Supervisors: Dr Kumud Dhital and A/Prof Chris Hayward

Student: Patrick Markey

Left Ventricular Assist Devices are an emerging intervention for those with severe heart failure awaiting heart transplantation. Current generations of these devices utilise a magnetically levitated-low friction impeller to pump blood from a failing left ventricle to ascending aorta and hence raise low cardiac output. As the LVAD impeller rotates and propels blood of varying amounts it emits a correlating audible frequency. These audiosignals have been recorded from current LVAD patients at St Vincent's Hospital, using an electronic stethoscope. The project aims to correlate these recorded sounds with LVAD flow, power consumption and possible thrombus formation and will help establish a baseline for which further research will be conducted.

Project: The effects of detergent sclerosants on inflammation, endothelial function, and microparticle release

Supervisors: Dr Kurosh Parsi and Dr David Connor

Student: Arunn Jothidas

Our hypothesis is that detergent sclerosants stimulate the release of inflammatory mediators, circulating endothelial cells (CECs), and procoagulant microparticles derived from endothelial cells, platelets, erythrocytes, and leukocytes.

Project Name: Cardiac Mesenchymal stem cells: PDGF and VEGF interaction

Supervisor Name: Prof Richard Harvey

Student Name: Amirsalar Rashidianfar

Recently a new population of mesenchymal stem cells have been identified in the adult heart which is believed to be originated from the proepicardial organ during development. When these cells are cultured in vitro, a heterogeneous population of stem cells and progenitors is formed which have varying growth rates and differentiation capacity. It has also been shown that treatment with PDGF increases the growth rate and differentiation potential of more committed cells within this heterogeneous population. Other studies on bone mesenchymal stem cell point to a close link and interaction between PDGF and VEGF. The aim of this project is to study the effects of VEGF in comparison with PDGF in cardiac mesenchymal stem cells using growth rate, RNA and protein analysis. By gaining an understanding of the mechanisms under which these cells operate and their interaction with the environment, it is possible to stimulate them to initiate repair processes after cardiac injuries.

Project: An investigation of the relationship between response to antiplatelet drug therapy and platelet microparticle formation in patients with cardiovascular disease

Supervisors: Dr Joanne Joseph and Dr David Connor

Student: Anoosha Aslam

Cardiovascular diseases (CVDs) exert a huge burden on humans in terms of morbidity, mortality and quality of life. Platelet aggregation is essential for blood coagulation. Antiplatelet drugs are used as the mainstay treatment of CVDs, alongside with percutaneous coronary interventions (PCI) to prevent further stenosis and thrombosis in patients with acute coronary syndrome. Microparticles, which are small vesicles, are seen in various inflammatory conditions including CVDs. Platelet derived microparticles (PMPs) account for 70 – 90% of microparticles in normal plasma, and have been shown to be associated with poor prognoses.

The effect of antiplatelet drugs, i.e. inhibition of platelet aggregation, is widely studied in scientific literature. However, it is unknown whether antiplatelet agents affect the release of microparticles, and if so, what is the relationship between antiplatelet drugs and microparticle formation. This study aims to highlight the possible association between hyporesponsiveness to antiplatelet drugs and subsequent platelet microparticle formation in patients with cardiovascular disease.

Project: Comparison of patient reports on the referral process to two NSW Cancer Genetic services

Supervisors: Prof Allan Spigelman

Student: Grace Butel-Simoes

This study is targeted at understanding the population of patients who are referred on to cancer genetic services and the patterns and trends surrounding their referral in order to deduce how to improve existing practice. The aim of the study was to compare how patients came to be referred to two cancer services, Hunter Family Cancer Service and St Vincent's Hereditary Cancer Clinic, located in different NSW Health areas. In particular, analysing for patterns between variables such as location, family history taking, specialist or GP referral, being referred on the doctor's accord or actively seeking a referral, any discouragement encountered and the cancer status of the patient.

A retrospective comparative patient-reported study was carried out with the use of a questionnaire as the data collection tool in structured short interviews. The questions focused on understanding the patient's story of being referred to the clinic through a series of nominal YES/NO type questions and open response questions.

One paper from this ILP is already in press, with another to follow, as well as two presentations at an International meeting



Anoosha Aslam presenting at Grand Rounds

Project: Pulmonary Endarterectomy for Chronic Thombo-embolic Pulmonary Hypertensive**Supervisor: Dr Kumud Dhital****Student: Jamie Cham**

Pulmonary endarterectomy (PEA) is the gold standard treatment for chronic thomboembolic pulmonary hypertension. While there have been over 4000 pulmonary endarterectomies performed globally, results from the two Australian centres have never been published.

At St. Vincent's Hospital, 19 patients underwent PEA from September 2001 to December 2004. The program was then restarted with a different surgeon in November 2010, with a further 15 patients up to the present day. All of these patients have been included in a retrospective study, which aims to investigate the impact of pulmonary endarterectomy on patients' functional and haemodynamic status.

Project: Models of addiction**Supervisor: Dr Stephen Matthews****Student: Tara McCall**

Aim: To clarify the concept of addiction, which appears not to be a unitary phenomenon; rather, it manifests in a weak and a strong form. This distinction appears crucial in order to diagnose what is going on in sufferers. **Concept:** 'Addiction' is a very complex term that describes a condition with varying degrees of severity. Both the disease model and moral model of addiction bring up some important and accurate ideas surrounding the issue of addiction. I wish to suggest that, instead of regarding these models as being in competition, they may both be accurate in that they describe different sub-classes of addiction. It is possible that the disease model of addiction describes the strong or hard-core cases of addiction while the moral model describes a milder sub-class. With this idea in mind, I will suggest criteria which may aid in classifying addicts into one of these two classes. With this distinction, it becomes easier to determine treatment pathways in relation to the harms of addiction: the degree of blame we attach to harmful actions may be commensurate with the degree of control, and this is in turn a function of the applicability of the different models.

Project: The Better Investigation of Falls, Frailty and Orthostatic Hypotension (BIFFOH) Project**Supervisors: A/Prof Nicholas Brennan and Dr Patricia Reyes****Student: Hannah Kelly**

Older patients who have been admitted to hospital with falls of uncertain origin or syncope related to orthostatic hypotension are invited to participate in the BIFFOH study. 24-hour Ambulatory Blood Pressure Monitors (ABPM) are applied, which take BP readings every 30 minutes throughout the day and every 60 minutes throughout the night. The participants also have an assessment of frailty using a validated series of assessments, including Timed Up And Go (TUAG), 10m Walk Test and Grip Strength which are carried out by senior physiotherapist and research participant Joseph Potts.

BIFFOH aims to assess the usefulness and tolerability of the ABPM devices. Participants act as their own controls with normal nursing observations compared with readings provided by the 24-hour monitors to

determine if hypotension is under recognised in routine observation of geriatric patients. Patient tolerance is assessed through questionnaire after the 24 hour period. The project also aims to investigate relationships between (1) hypotension and falls and (2) frailty and falls. The 24-hour blood pressure data is made available to clinicians during admissions to inform treatment decisions. A clinical staff survey is also distributed with patient results to determine whether or not the ABPM data is helpful in this context.



ILP & Honours Grand Rounds Presentation

Project: Increasing Emergency Department Presentations Due to the Misuse of Oxycodone**Supervisors: A/Prof John Raftos****Student: John Brennan**

To uncover any recent trends in oxycodone misuse, with regard to presentations, age and gender and to compare these findings with misuse of other pharmaceuticals and illicit drugs.

Design, Setting and Participants: This was a retrospective cross-sectional study performed in a teaching hospital Emergency Department (ED), using data collected from all drug-related presentations between 2007 and 2011. Main outcome measures: ED presentations, age and gender of presenting patients.

Results: During the study period rates of oxycodone presentations per 1000 drug-related presentations increased from 5.83 to 29.48. The age and gender ratio of oxycodone presentations showed no significant change between 2007 and 2011. When compared to other drug categories significant differences were seen in male, female and total age, as well as gender ratio of the presenting patients. Correlation analyses revealed significant positive correlations of oxycodone with time, illicit drug presentations and doctors' prescriptions of oxycodone. There was also a negative correlation found between oxycodone and methadone presentations, which was statistically significant.

Conclusions: There has been a substantial increase in the number of ED presentations due to the abuse of oxycodone, indicating an increase in abuse of oxycodone within Australia. However, providing a solution to this growing problem is difficult, given the lack of appropriate alternatives and the genuine need for analgesia by many Australians.

Project: Reversal of Pulmonary Circulation in patients with Pulmonary Arterial Hypertension**Supervisor: Dr Kumud Dhital****Student: Benjamin Wan**

Pulmonary arterial hypertension (PAH), as defined by a mean pulmonary arterial pressure of $>25\text{mmHG}$ at rest and is a rapidly progressing and devastating condition with poor prognosis. The treatment for the majority of patients with PAH remains medical, largely in the form of rapidly evolving combinations of pulmonary vasodilators.

A number of conditions leading to PAH are suitable for surgical treatment offering both curative or palliative options depending on the aetiology. Many patients with chronic thromboembolic pulmonary hypertension (CTEPH) are suitable for pulmonary endarterectomy (PEA). PEA is now the gold standard treatment for CTEPH offering a potential cure for these patients. Right ventricular function is crucial to the prognosis in patients with PAH. Once beyond the hypertrophy phase, the RV fails to eject blood into a pulmonary circulation with high resistance. In this situation, some reports have described benefit from atrial septostomy. Similarly, there is a growing interest in the potential of creating a central, PA to Aorta shunt or de novo ductus arteriosus in patients with supra-systemic PAH. Most of these patients with chronic PAH who are not candidates for any other surgical therapy beyond their maximal medical treatment, will have developed important collateral vessels. We believe that a surgical reversal of the pulmonary blood flow will offer a longer lasting surgical palliation in selected patients.

The project aims to assess the potential of a novel surgical procedure in palliating patients with end-stage pulmonary arterial hypertension. The project will be confined to preliminary studies in porcine lungs. The procedure itself entails reversal of the pulmonary circulation such that deoxygenated blood is directed into the pulmonary veins. This blood should then become oxygenated before it leaves the lungs via the pulmonary arteries. In patients with chronic pulmonary arterial hypertension, there should be sufficient collateral vessels such that the resistance to receiving retrograde blood is considerably less than naturally via the pulmonary arteries. If this project can prove that blood oxygenation and resistance remain satisfactory via retrograde flow then it would potentially offer a significant palliative surgical option to this cohort of patients who are not suitable for any other form of management except for maximal medical therapy. We have access to porcine lungs, from a cardiac transplant research project, which at present are not being utilised. Once the heart has been excised for the primary research purpose, we will connect the lungs in reversed fashion to a cardiopulmonary bypass circuit. This will allow an assessment of the capacity of the lungs to oxygenate. Eventually the study will entail causing surgical arterial occlusions to mimic the antegrade resistance in PAH.

Project: Invasive pneumococcal disease (IPD) following adult allogeneic Haematopoietic Stem Cell Transplantation (HSCT) in Sydney regional centres: incidence and risk factors

Supervisors: Prof Adrienne Torda and Dr Nicole Gilroy

Student: Qiuwen Sally Chong

Project aim:

1. Investigate the incidence of invasive pneumococcal disease (IPD) in allogeneic haematopoietic (blood or bone marrow) stem cell transplant recipients;
2. To report on the serotypes and antimicrobial susceptibilities involved in HSCT IPD and to document any changes in the patterns of serotypes and susceptibility profiles over time;
3. To investigate whether patients with IPD have been recipients of penicillin or macrolide prophylaxis;
4. To determine if IPD cases have received pneumococcal vaccination and whether the vaccination covers the relevant IPD serotypes;
5. To provide information on the burden of IPD, and associated risk factors so as to develop quality improvements in the delivery of posttransplant care, including protocols for vaccination and antimicrobial prophylaxis.

A nested case control retrospective study will be performed. All allogeneic HSCT adult patients will be sourced from the St Vincents, Royal North Shore, Royal Prince Alfred and Westmead HSCT databases and cross referenced with the data submitted to the Australian Bone Marrow Transplant Recipient Register (ABMTRR) from Jan 1 2001 to Dec 31 2011. Two controls will be selected for each case of IPD. Controls from the same transplant cohort will be matched by donor source and type, conditioning (myeloablative/reduced intensity) and will be as closely related as possible in time with respect to the receipt of their transplant. Risk factors, including demographics, underlying disease, transplant factors and vaccination, prophylaxis information will be collected on controls.

Annual IPD incidence in allogeneic HSCT and incidence density will be reported. Univariate odds ratios will be calculated for risk factors in cases and controls. Conditional logistic regression will be used to adjust for all relevant confounders. Survival analysis for cases and controls will be undertaken.

Project: HIF/ARNT and its roles in fatty liver

Supervisor: A/Prof Jenny Gunton

Student Name: Jason Ngai

Deferasirox, an oral iron chelator prevents weight gain due to high fat diet and reduces detrimental effects of lipid accumulation in hepatocytes. Its target is believed to be Hypoxia Inducible Factor (HIF) which is made up of two subunits, HIF-1 α and Aryl hydrocarbon Receptor Nuclear Translocator (ARNT). The study is based on an animal model. Liver ARNT specific (LARNT), Liver HIF1- α specific (LHIF) knockout and wild type floxed control mice were bred. Mice are put on one of three diets for 13 weeks (Standard Chow, High Fat Diet, High Fat Diet with Deferasirox)

Project: MicroRNA gene expression in haematopoietic progenitors and acute myeloid leukaemia

Supervisors: Prof David Ma and Dr Catalina Palma

Student Teck Khai Lim

Acute myeloid leukaemia (AML) is a rapidly fatal disease which accounts for 70% of all acute leukaemia cases worldwide. While significant increases in survival are now seen for sufferers of chronic myeloid leukaemia and acute promyelocytic leukaemia, this is not the case for most AML patients with the overall five-year survival rate of 20%. This is in part due to the limited treatment options available and the typically older age of AML sufferers. Clearly new drug targets and treatment options are needed.

MicroRNAs are recently discovered small RNAs that function as post transcriptional regulators of gene expression in normal and malignant processes. They are involved in transcription factor cascades regulating normal haematopoiesis and dysregulation of these microRNAs are thought to contribute to leukaemogenesis. In order to better understand how microRNAs regulate normal haematopoiesis and are involved in leukaemogenesis, the first aim of this project is to profile the changes of candidate microRNAs in human haematopoietic progenitors as they progressively differentiate into mature myeloid cells. The second aim is to explore the role of miR-155, a candidate oncogene, in regulating the growth and survival of AML cells. The overarching goal of this project is to improve understanding of the pathogenic steps in leukaemia development, which may lead the way to novel targeted therapies.

Project: Short-term Gestational Hypoxia and congenital heart disease**Supervisors: Dr Duncan Sparrow and Prof Sally Dunwoodie****Student: Tess Bewes**

Summary: Short-term Gestational Hypoxia affects morphogenesis of the embryo and placenta and can contribute to a range of defects including congenital heart disease (CHD). Using a mouse model, we have created a scaffold that demonstrates the impact of varying timing and severity of hypoxic exposure upon incidence and nature of CHD induced.

Methods: Pregnant C57Bl/6J mice were placed in a chamber with low oxygen for eight hours at an embryonic day (E) between 7.5 and 12.5 inclusive. Target oxygen levels used ranged from 5.5% to 12%. Mice were returned to normoxia and at E17.5, embryos were harvested. Embryo and placenta weights were recorded, and embryo hearts were assessed for CHD. **Results:** Different lesions were produced at different exposure dates. Increased severity of hypoxia correlated with increased severity and rates of CHD, as well as increased rates of embryonic lethality.

Conclusions: Using these results as a scaffold for the impact of severity and timing of gestational hypoxia on CHD, further research that determines the molecular mechanisms responsible is warranted.

Project: The impact of Conservative Management on patients with Vestibular Schwannoma**Supervisors: Dr Sean Flanagan****Student: Rochelle Oei**

Vestibular schwannomas, also known as acoustic neuromas are benign tumours that arise on CNVIII, the nerve of hearing and balance. Traditionally, these tumours have been managed with intra-cranial microsurgery however, due to growing knowledge of their natural history, we propose that there is a sub-group of patients who may be better served with observation and repeated MRI scanning.

Standard outcome measures have included hearing, facial function, vestibular or balance function, rates of CSF (brain fluid) leak and mortality figures. However, recently there has been a move toward assessing more holistic outcomes. In addition to collecting data on tumour site, size and operative details, we have used 4 instruments in order to assess quality of life (QOL) as an outcome.

We expect to prove that early intervention in these tumours, solely for the chance to preserve some residual uni-lateral hearing is not in the best interests of most patients and may result in significant morbidity or mortality.

Project: Immunophenotyping of B cell lymphomas**Supervisor: A/Prof William Sewell****Student: Yu Shan Ting**

Aim: To evaluate CD200, CD160, CD148 and CD54's efficacy in improving distinction between chronic lymphocytic leukemia (CLL) and Mantle Cell Lymphoma (MCL) as well as other mature B cell neoplasms by flow cytometry.

Overview: Recent studies have put forward CD200, CD160, CD148 and CD54 as potential flow cytometry diagnostic markers to differentiate between CLL and MCL. Normal subjects, CLL, MCL and NHL blood and tissue samples that come through SYDPATH at St Vincent's Hospital were tested with all of the markers above to determine their expression and potential as differential markers between CLL and MCL.

Project: The relationship of eye and hand dominance to upper cervical range of motion as possible factors in causing Cervicogenic Headache**Supervisors: Prof Ric Day, A/Prof Ken Williams and Mr Steve Bradley****Student: Gopi Ravindran**

The aims of the study were to investigate the methodology for evaluating sighting eye dominance, and to test a correlation between eye and hand dominance and upper cervical range of motion. This project required several phases of preparation. Firstly, a literature review unearthed any evidence of relationships between eye and hand dominance and upper cervical range of motion, while also indicating any gaps in research. Secondly, as ethical documentation was filled, blueprints for a device to measure the strength (0 to 100%) and sidedness (Left or Right) of eye dominance were designed. In the following month, the device was constructed and modified according to two benchmark studies. Once the eye dominance device was validated, data collection was commenced and soon afterwards statistical analysis was completed also.

Project: Trends in Recreation Drug Use**Supervisor: A/Prof Gordian Fulde****Student: Madison Reynolds**

This project was conducted as a retrospective file review of emergency department admissions over the study period of 2007-2011. It involved all of the toxicology related presentations to the department and the specific drug classes involved. The aim of the project was to determine the trends in use of both illicit drugs and also prescription drugs in the area of Darlinghurst. The major interests in the project is to determine if there has been an increase in the abuse of opioid analgesics as well as benzodiazepines. These rates may also be cross matched with prescription rates to determine the extent of the problem.

Project: Comparison of non-target contrast scan on hepatic angiography versus 99mTc-MAA SPECT.**Supervisor: A/Prof Nicholas Pocock****Student Name: Ben Chau**

Project summary: 90Y microsphere transarterial radioembolization is a relatively new therapy being increasingly used in the treatment of patients with advanced hepatic metastases. This technique involves the injection of 90Y microspheres into the liver through a hepatic artery catheter placed subcutaneously through the femoral or brachial artery. The workup of patients to assess suitability for 90Y microsphere therapy includes:

- an abdominal CT scan to determine location of the hepatic tumour(s), the degree of infiltration of the liver, and the presence of any extra-hepatic disease.
- mesenteric angiography and CT hepatic angiography to delineate the hepatic vasculature and to identify any aberrant or collateral vessels, of which can be embolized prophylactically if deemed necessary to protect against the non-target delivery of microspheres into these territories.
- hepatic artery perfusion scintigraphy using 99m technetium-labelled macro-aggregated albumin (99mTc-MAA) to identify any non-targeted flow and the percentage of hepato-pulmonary shunting. This technique involves administration of a low dose activity of 99mTc-MAA into the hepatic artery via a hepatic artery catheter followed by SPECT/CT imaging of the abdomen.

Project aim: A retrospective study to compare non-target perfusion during hepatic angiography to non-target perfusion as assessed using 99mTc-MAA SPECT.

Project: Review of redo lung transplantation**Supervisor: Dr Emily Granger****Student: Eva Zhang**

Since the beginning of lung transplantation at St Vincent's Hospital in 1990, over 150 single lung transplants and 450 bilateral lung transplants have been done. However the unit has only done 15 redo lung transplants. This study seeks to review the indications and outcomes of redo lung transplantation. We seek to identify the mortality and morbidity associated with redo transplant surgery in this population of patients.

Project: Approaches to carotid disease and cardiac surgery: a review of the experience at St Vincent's Hospital

Supervisors: A/Prof Tony Grabs, Dr Romesh Markus and Dr Emily Granger

Student: Robert Dickson

A wide variety of factors are associated with an increased risk for adverse neurological outcomes after cardiopulmonary bypass. These include the patient's underlying risk factors, the type and events during surgery and the patient's progression in the postoperative period. Of the factors believed to be mechanistically involved, carotid artery stenosis has long been associated with poor outcomes. While not the cause of most strokes, carotid disease is both accessible to screening and amenable to intervention.

At St Vincent's, such patients may receive a carotid endarterectomy immediately prior to cardiac surgery to correct the stenotic carotid artery. This practice is exceedingly controversial, with other centres strongly advocating a staged intervention (ie. Intervention a month prior to cardiac surgery), endovascular approaches or best medical therapy. No randomised controlled trials have been conducted to definitively establish management guidelines. Our aim was therefore to review St Vincent's experience with this surgical technique as well as with managing patients with carotid artery disease who did not receive carotid revascularisation. Additionally, a prospective arm was considered which attempted to more objectively map the neurological damage potentiated by the combined procedure. This involved both a MRI scan and a clinical examination (NIHSS) before and after surgery with the aim to correlate radiological findings with the clinical picture.

Project: The Measurement of Left Ventricular Chamber Function in the Setting of Ventricular Assist Device Support

Supervisor: A/Prof Christopher Hayward

Student: Sunil Gupta

Left ventricular assist devices (LVADs) were initially developed to serve as an interim intervention till cardiac transplantation, but are now increasingly being used for long term support. Studies have shown the occurrence of myocardial recovery under LVAD support, opening up the possibility of explantation in some patients. However, current measures of residual left ventricular function (utilizing echocardiography or catheterisation) are erroneous. Focus has shifted to developing haemodynamic indices (such as IQ, 'k' and 'PPI') that can be derived from readily available pump parameter data. Although theoretically accurate markers of contractility, they have only been assessed in-vitro and in healthy animal models. Furthermore, no study to date has used these indices to serially measure changing left ventricular chamber function.

We have thus proposed a study that will utilise a continuous data acquisition system to collect pump parameter data from patients with a continuous-flow LVAD at serial time-points (0, 1, 7, 30, 90, and 180 days). The aforementioned haemodynamic indices will be calculated and comparisons drawn, allowing us to characterise the pattern of myocardial recovery. We hypothesise, that this data can then be used in the future to assess how well patients are performing under LVAD support, and thus be better placed in making decisions about adjunct pharmacotherapies and device explantation. We will also aim to determine how these indices are affected by adverse events (such as haemolysis and arrhythmias). We hope to characterise these events such that we can predict future events and also assess the impacts they have on long-term myocardial recovery.

Project: The incidence of malignancy in patients with inflammatory eye disease on immunosuppressive agents

Supervisors: Prof Denis Wakefield and Prof Peter McCluskey

Student: William Yates

The project aimed to highlight whether patients treated with immunosuppressive agents for uveitis, scleritis or ocular cicatricial pemphigoid are at an increased risk of malignancies, especially haematological and non-melanocytic skin malignancy. The hope is to produce an incentive for local eye therapy or provide ophthalmologists with more information about the possible consequences of long term immunosuppression.

Project: HIV Dementia Scale Reliability and prediction of early neurodegeneration in HIV-associated neurocognitive disorders

Supervisor: Dr Lucette Cysique

Student: Grace Lu

The HIV Dementia Scale (HDS) is a very brief screening instrument for the detection of cognitive impairment in HIV-1 seropositive (HIV+) individuals and is a very popular tool used in many countries across the world, including in its international form the IHDS. This scale is effective at diagnosing moderate to severe forms of HIV-related neurocognitive impairment, but its capacity to detect milder forms has been challenged. Despite this shortcoming the tool continues to be used, and because HIV+ persons are living longer while on effective treatment, the tool is used several times on the same patient. However, the re-rest reliability of this scale has not been robustly established. Three main questions that will be explored are: 1. What is the re-test reliability of the HDS in a clinically and neuropsychologically well-characterised HIV+ sample over a period of three to six months, 2. What are the specificity, sensitivity and classification accuracy of the HDS at both baseline and follow-up, and 3. Which clinical, demographic, and laboratory factors associated with HDS re-test reliability. 60 HIV+ individuals with advanced HIV disease (defined as HIV disease duration of at least five years and a nadir CD4 cell count ≤ 350 cp/mL), aged 45+, and stable on HAART for at least six months will be recruited from the longitudinal HIV and Aging Observational Cohort Study and the longitudinal NeuroHIV trial, which are taking place at St Vincent's Hospital Neurology and Immunology Department. Exclusion criteria include non-HIV neurological disorder, history of traumatic brain injury and current, or psychiatric history including lifetime history of psychosis and alcohol of substance use disorder (within 12 months of study entry). They will be assessed twice over three to six months with a standardised HDS administration and scoring procedure. A standard statistical software (JMP Version 9, SAS Inc.) will be used to compute the intra-class correlation coefficient, sensitivity and specificity, and classification accuracy. Regression analyses between demographic, clinical and laboratory factors and the HDS score will be performed. Finally, we will compute Reliability Change Index based on the clinically and neuropsychologically stable patients. Our longitudinal reliability study will aim to address the research questions in order to improve the utility of the HDS, which is significant given the context of its popularity, worldwide use, and epidemiological impact.

Project: Development of a Mock Extra Corporeal Membrane Oxygenation (ECMO) Circuit to Assess Recirculation and Cerebral Perfusion

Supervisors: Dr Kumud Dhital (Supervisor) Dr Roger Pye (Co-Supervisor)

Student: Devinda Jayewardene

Extracorporeal Membrane Oxygenation (ECMO) is a modified cardiopulmonary bypass circuit which provides oxygenation, carbon dioxide removal and, if required, circulatory support, in a veno-venous or veno-arterial configuration depending on the aetiology of either a primary respiratory, cardiac or combined cardio-respiratory organ failure. Whilst in recent years post ECMO outcomes have improved dramatically, it still has numerous potential problems and complications. Two of these include recirculation (immediate drainage of newly oxygenated blood) limiting oxygenation efficiency during veno-venous ECMO, and impaired cerebral perfusion during veno-arterial ECMO. We utilised an artificial simplified human circulation (mock circulation loop) to investigate factors that affect these two phenomena.

Project Name: Development of a New Biomarker for the Diagnosis of Frailty in Older Persons

Supervisor's Name: A/Prof Diane Fatkin

Student Name: Jessica Tong

Frailty is a multi-systemic syndrome that increases one's risk of hospitalisation, disability and death. In Australian community-dwelling men aged ≥ 70 yo, 9.4% are frail and 40.6% are prefrail, which places a large burden on the healthcare system. In spite of its clinical significance, frailty has no precise definition and is not a proper diagnosis. Therefore, the challenge is to elucidate the biological mechanism of frailty, which will legitimise the concept and provide a new target for therapeutic and preventive interventions.

Previously, clinical scales were developed to define frailty, but these were not easily reproducible across multiple clinical settings. Inflammatory biomarkers were proposed as an alternative, but were confounded by the high prevalence of inflammatory conditions in the elderly. Therefore, this study aims to identify and validate a novel biomarker of frailty. Our protein of interest, GD1968, is a nuclear structural protein, that has been associated with age-related changes such as heart failure and osteoporosis, two features of the frailty clinical phenotype. This study will investigate the role of GD1968 in the pathogenesis of frailty, in a cohort of human elderly subjects.



Mark Danta
Postgraduate Co-ordinator

St Vincent's Clinical School (SVCS) remains one of the busiest postgraduate schools within the Faculty of Medicine. The campus continues to grow with the completion 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. There was a significant change in postgraduate structure at the end of 2012, with the Kirby Institute being granted independence to administer postgraduate students. As a result, approximately 30 of the SVCS students moved over to the Kirby Institute.

At SVCS, we have now consolidated a postgraduate co-ordinator structure within the campus. While I oversee the process, an individual postgraduate co-ordinator has been identified within each of the three institutes on campus. Through regular meetings, this has led to a more streamlined process campus wide.

Specifically, Dr Alessandra Bray co-ordinates the Garvan Institute, Professor Boris Martinec co-ordinates the Victor Chang Cardiac Research Institute (VCCRI), and Dr Kersten Koelsch co-ordinates the SVH Centre for Applied Medical Research (AMR).

Currently, we have 119 postgraduate students the majority of whom are enrolled in PhDs.

The IT infrastructure has also been significantly improved which has had a positive impact on the postgraduate administration within the Faculty and university. The UNSW APR system is now up and running which has allowed a smooth transition of the progress reviews online. This is available through myUNSW. This has allowed better follow-up of students and identification of issues as they venture through their higher degrees. UNSW Graduate Research School has now begun automatic enrolments for students who are not over time, which has further streamlined the process. Finally, submission of PhD by published work continues to increase within the campus as it represents an excellent method of submission.

In 2012, UNSW was awarded more than \$52 million from the NHMRC for 15 grants, or 41 percent of the total, the best result in the country, many affiliated with the St Vincent's Clinical School. With continued success in research funding, the postgraduate program at St Vincent's clinical school will remain strong and attractive to students.

As of 31 December 2012

PROFESSOR

Anthony Basten	Susan Clark	Herbert Herzog	Elizabeth Musgrove
Trevor Biden	Peter Croucher	Anne Keogh	Peter Petros
Bruce Brew	Roger Daly	David James	Katherine Samaras
Samuel Breit	Sally Dunwoodie	David Ma	John Shine
Jo-anne Brien	John Eisman	Peter Macdonald	Jonathan Sprent
Andrew Carr	Richard Epstein	Graham MacDonald	Robert Sutherland
Lesley Campbell	Michael Feneley	Boris Martinac	Geoffrey Symonds
Donald Chisholm	Allan Glanville	John Mattick	Jamie Vandenberg

ASSOCIATE PROFESSOR

Lourens Bester	Nadine Ezard	Cameron Holloway	Michael Perry
Nicholas Brennan	Diane Fatkin	Graham Jones	Marshall Plit
Robert Brink	Steven Faux	Michael Kennedy	Nicholas Pocock
David Byrant	Judith Freund	Dennis Kuchar	John Raftos
Jackie Center	Gordian Fulde	Lynette Lee	Katherine Samaras
Richard Chye	Anthony Grabs	Reginald Lord	Leon Simons
Milton Cohen	Jerry Greenfield	Deborah Marriott	Phillip Spratt
William Bruce Conolly	Shane Grey	Adrienne Morey	Phillip Stricker
Gregory Cooney	John Grygiel	David Muller	Rajesh Subbiah
Antony Cooper	Jenny Gunton	Michael Neil	Catherine Suter
Brett Courtenay	Richard Harvey	Christopher Ormandy	Stuart Tangye
Marcel Dinger	Bernard Haylen	Michael Ortiz	Bernadette Tobin
Anthony Dodds	Christopher hayward	Kurosh Parsi	Deborah Yates
Louise Emmett	Richard Hillman	Susan Pendlebury	Yu (Brandon) Xia

SENIOR LECTURER

Russell Aldred	Laila Girgis	Stephen Matthews	Timothy Steel
Paul Baldock	Amanda Goldrick	Scott Mead	Clare Stirzaker
Marcel Batten	Antony Graham	Samuel Milliken	Daniela Stock
Melinda Berry	Adrian Havryk	John Moore	Emily Stone
Sandy Beveridge	Elizabeth Harper	Roslyn Mozer	Clive Sun
Nigel Biggs	Warren Hargreaves	Gregory Neely	Ian Sutton
Vita Birzniece	Adam Hill	Samantha Oakes	Kasuo Suzuki
Phillip Brenner	Lisa Horvath	Gregory O'Sullivan	Alexander Swarbrick
Scott Burne	William Hughes	Sandra O'Toole	Helen Tao
Andrew Burgess	Siiri Iismaa	Umaimainthan Palendira	Paul Timpson
Hergen Buscher	Andrew Jabbour	Malcolm Pell	Stephen Tisch
Joga Rao Chaganti	Lele Jiang	Matthew Perry	Vicky Wang Wei Tsai
Daniel Christ	Joanne Joseph	Tri Phan	Alexander Viardot
Tatyana Chtanova	Kazu Kikuchi	Marshall Plit	Bryce Vissel
Jennifer Cropley	Cecile King	Paul Preisz	Bruce Walker
Paul Darveniza	Maija Kohonen-Corish	Ilse Rooman	Colin Watts
Martin Duffy	Eugene Kotlyar	Iromi Samarasinghe	Margot Whitfeld
Anne Fallon	Vincent Lamaro	Neville Sammel	Stephanie Wilson
Robert Feller	Ross Laybutt	Goli Simimi	Alex Wodak
Douglas Fenton-Lee	Shu Lin	Darren Saunders	Jianmin Wu
Andrew Field	Mark Lutherborrow	Carsten Schmitz-Peiffer	Ze Yan Jane Yu
Andrew Finckh	Ghassan Maghzal	Pablo Silveira	Carlo Yuen
Peter Foltyn	Monique Malouf	Elizabeth Silversonte	John Zunders
Ray Garrick	Romesh Markus	Duncan Sparrow	

LECTURER

Judy Alford
Naisana Seyed Asli
Andrew Battle
Erez Ben-Menachem
Alessandra Bray
Kathryn Brooke
James Blackburn
Romaric Bouveret
Gavin Chapman
Jessica Chaston
Fiona Chow
Jennifer Clancy
Adam Cole
David Connor
Monique Costin
Charles Cranfield
Elissa Deenick
Kharen Doyle

Sally Eaton
Sean Flanagan
Andrew Franklin
David Gallego-Ortega
Dominique Gatto
Nichole Gilroy
Emily Granger
Daniel Hesselton
David Humphreys
Shahrazad Jahromi
Michael King
Nirmala Kumaradevan
Paul Lee
Lawrence Lee
Liang Joo Leow
Julie Leung
Chu Kong Liew
Sue Min Liu

Cindy Ma
Philip Macaulay
Stefan Mann
Kevin Maruno
Ann McCormack
Michelle McDonald
Brad Milner
Matthew Naylor
Chai Ng
Gary Nicholls
Vesna Kikolova-Krsteovski
Gareth Owen
Abdullah Omari
Marina Pajic
Catalina Palma
Shari Parker
Alex Pile
Mirana Ramialison

Richard Savdie
Nicole Schonrock
frederic Sierro
Reena Singh
Nicola Smith
James Southwell-Keely
C;are Storzaler
Jacqueline Stoeckli
David Szekely
Annette Trickett
Clement Tsang
Nick Vertzyas
Kylie Webster
David Williams
Mark Winder
Jane Wu
Li Xin
Lei Zhang

ASSOCIATE LECTURER

Richard Baker
Sarit Badiani
Nicole Bart
Ziad Basyouny
Michael Booker
Gilberto Monero
Stephen Bradley
Daniel Brungs
Hong Chee Chew
Peng Choong
Kathryn Connolly

Emmy De Heer
Gillian Edwards
Sascha Fulde
Lette Ginsborg
Shyamini Gunaratne
Nicholas Haydon
Sara Hungerford
Michelle Isaacs
Alia Karmali
Oliver Khoo
Hugo Lee

Timothy Lukins
Abdul Mamun
Helen Moore
Hannah North
Brian O'Connell
Alexander Owen
Christopher Pene
Angie Pinto
Omali Pitiyarachchi
Santosh Sangapalli
Michelle Schnabl

Tanya Sido
Patrick Tai
Francis Ting
Qiaoping
Louis Wang
Louis Winoto
Phoebe Williams
Brooke Wilson
Edwina Wing-Lun

2012 CONJOINT STAFF PHOTO



Back Row: Dr Anthony Graham, Dr Sharon Thurl, Dr Tim Steel, Dr David Humphreys, A/Professor Richard Harvey, Dr Joanne Joseph, Professor John Saunders, A/Professor Tony Crabb, Dr Emily Granger, Dr Sarah Radford, Dr Stephen Matthews, Dr Vito Wronoski, Dr Hergen Buerhen, A/Professor Kunesh Pant, Dr Jony Greenwood, Dr Nick Vorteyas

Middle Row: Dr Clive Iury, Dr Shari Parker, Dr Laila Gligo, Dr Savina Singh, Dr Jane Yu, Professor Allan Spigelman, Professor Jo Anne Bolen, Professor Anne Kings, Dr Ann McCormack, Dr Margot Whitford, A/Professor Nicholas Pissocci, A/Professor Michael Perry

Front Row: Sister Anthony, Dr Sam Millien, A/Professor Graham Jones, Professor Kirkland Epstein, Dr Warren Hargreaves, Professor Michael Feehely, Ms Anna Pile, Professor Bruce Bown, A/Professor Eva Segelove, A/Professor Bernard Haylen, Dr Edwina Wing-Lun

Teaching based on 4 life cycle domains:

- Beginnings, Growth & Development
- Society & Health
- Adult Health
- 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 their 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

30 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.

2013 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

Phase 3

Clinical: 18 & 19 September
Oral: 24 & 25 September
Portfolio: 1 & 2 October

Phase 2

26 & 27 November

Phase 1

3 & 4 December

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

**Professor Ric Day**

Professor of Clinical Pharmacology

Commenced: 1990

Specialties: Clinical Pharmacology & Rheumatology

Research Interests: Inflammatory rheumatic diseases; adverse drug reactions

**Professor Jane Ingham**

Professor of Palliative Care

Director, Cunningham Centre of Palliative Care

Commenced: 2007

Specialty: Palliative Care

Research Interests: Palliative Care

**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



A/Professor Bill Sewell

Associate Professor of Immunology

Commenced: 1998

Specialty: Immunology

Research Interests: Allergic disease;
Novel markers in leukaemia and
lymphoma.



Dr Anthony Chambers

Senior Lecturer in Surgery

Commenced: 2010

Specialty: Surgical Oncology



Dr Kumud Dhital

Senior Lecturer in Surgery

Commenced: 2009

Specialty: Cardiothoracic Surgery

Research Interests: Transplantation;
end-stage cardio-pulmonary failure



Dr Russell Clark

Senior Lecturer in Medicine

Commenced: 2009

Specialty: Geriatrics



Dr Mark Danta

Senior Lecturer in Medicine

Commenced: 2006

Specialty: Gastroenterology

Research Interests: Viral Hepatitis;
Hepatitis HIV co-infection



Dr Darren Gold

Senior Lecturer in Surgery

Commenced: 2007

Specialty: Colorectal Surgery

Research Interests: Proctology;
pelvic floor disorders



Dr Rohan Gett

Lecturer in Surgery

Commenced: 2006

Specialty: Colorectal Surgery

ADMINISTRATIVE STAFF



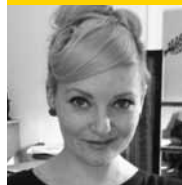
Mrs Melinda
Gamulin

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)



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