

ST VINCENT'S  
CLINICAL SCHOOL  
ANNUAL REPORT  
2008





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# WELCOME



Associate Professor Eva Segelov  
Director of Medical Student Education



This year I attended the 20 year anniversary dinner for my graduation class of Medicine. Although it was confronting to face up to having aged so much (and so quickly!), it was fascinating to see how the lives and careers of my fellow students had panned out. It was also an opportunity to revisit some of the best and worst aspects of our course – the first two years of lectures, 9-5pm, Mon-Fri, week in and week out, including physics and chemistry in Year1; not meeting a patient until Year 3; rote learning of anatomy, physiology and biochemistry, completely outside of any clinical context, that we completely forgot by the end of the course (if not the end of the exam!). Wearing white coats as students; bedside tutorials with 12 students per group and no tasks ever involving teamwork or community practice except for a solo GP term. I also remember the poster in the common room that appeared just prior to final exams, advertising a new super-doooper stethoscope that would analyse the murmur and tell you what it was - quite a few people sent their \$1000 away out of desperation, only to be laughed at when the prank was revealed!

So looking back on the last 5 years over which the New Medicine Program has been introduced into St Vincent's Hospital and all the UNSW clinical schools, there is a sense of achievement and progress in the way we now approach medical education. The new course is more labour intensive, requires more student initiative and participation, and is sometimes frustrating, but overall the feedback is that it is more rewarding for both tutors and patients, and that students are progressing towards the well defined graduate capabilities in all areas. This is not to take away the achievement and commitment of our last ever 'old course' Year 6, who were a particularly mature and studious cohort. We wish them all the very best for their internship and beyond and look forward to their 20 year reunion!

We had a busy year in the Clinical School, with highs and lows- one student submitted Mount Everest (well done Nikki Bart and her mother!) and on the other side, tragedy when one student gave birth to a baby with acute leukemia- fortunately still going strong but a long and difficult road and we wish them all the best. One of the challenges of the new curriculum is that students are more mobile between hospitals, and we need to work harder to maintain contact to ensure student wellbeing.

As always, it is you, our conjoint staff, who provide the teaching, mentorship, role modeling and day-to-day interaction for our students and we could not run the school without your contribution. Thank you for another wonderful year; best wishes of the season and for 2009!

A handwritten signature in black ink that reads "Eva Segelov".



# WHO'S WHO AT THE CLINICAL SCHOOL



## 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



## Professor Terry Campbell

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



## Associate Professor Eva Segelov

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



## Associate Professor Jane McCrohon

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



## Dr Mark Danta

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



## Dr Darren Gold

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



## Dr Tony Grabs

Senior Lecturer in Surgery  
**Commenced:** 1998  
**Specialty:** Vascular Surgery  
**Research Interests:** Trauma

## Dr Rohan Gett

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



## Professor Jane Ingham

Professor of Palliative Care  
**Commenced:** 2007  
**Specialty:** Palliative Care  
**Research Interests:** Palliative Care



## Professor Ric Day

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



## Associate Professor Bill Sewell

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



## Administrative Staff

**Mrs Melinda Gamulin**  
 Clinical School Manager

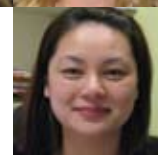


**Ms Naomi Esselbrugge**  
 Student Administrative Officer

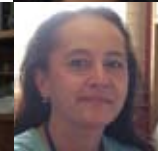
**Mrs Julee Pope**  
 Student Administrative Assistant



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



**Ms Vivienne Malcolm**  
 Executive Assistant (Surgical Professorial Unit)



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

# HEAD OF SCHOOL REPORT



Professor Allan Spigelman

The St Vincent's Hospital Clinical School continues to provide training for approximately 300 medical students in all years of the undergraduate course, 104 postgraduate students and over 30 elective students from other countries and states. The Clinical School provided support for several students to attend national conferences, covering a range of clinical subjects. A video skills laboratory was opened in the Clinical School and other items of sophisticated clinical skills equipment were purchased.

Apart from the clinical academics, our teaching staff included 187 conjoint staff members of St Vincent's Hospital, St Vincent's Private Hospital and St Vincent's Clinic. Dr Jane McCrohon, part-time Associate Professor (Cardiology) was appointed in 2008. Associate Professor Eva Segelov, Director of Medical Education has been appointed to an additional newly created role to facilitate liaison with conjoint appointees across the UNSW Faculty of Medicine.

The Clinical School participated in the Sesquicentenary Celebrations for St Vincent's Hospital, providing an extensive display outlining the history of clinical teaching in St Vincent's Hospital. This display can now be seen on the walls of the Clinical School. The School provides significant support to all facets of St Vincent's Hospital, both in a high level clinical services and management.

Our Clinical School led the Faculty in its research publication output, with an increase of 28% over the previous year. Dr Mark Danta obtained a NHMRC grant, exploring permucosal transmission of HCV in high-risk populations. Congratulations also to Dr Rohan Gett, Lecturer in Surgery, successfully obtained his Master of Surgery.



# FACULTY AND UNIVERSITY EVENTS



Professor Terry Campbell  
Senior Associate Dean



It has been an excellent year for UNSW and in particular for the Faculty of Medicine. Work is well on the way on the new cancer research (Lowy) building in front of the Wallace Wurth Building, and also on the much needed progressive upgrade of the Wallace Wurth's interior. The new Lowy Building which will house some 300-400 scientists, is on track to open late in 2009. It will link at several levels into the front of the Wallace Wurth Building, which in turn is being progressively upgraded in a series of steps, half a floor at a time, to bring it up to 21st Century standards. This process will take four to five years all told, and complete, the state-of-the-art teaching facilities will be concentrated in the lower floors and the research labs on the upper floors. Not only will we have greatly improved facilities for teaching medical and science students, but the Laboratory space will be enhanced, both in quality, and in terms of seating capacity, to the tune of an extra 90-100 research scientists. The additional peer-reviewed research funding likely to follow those 100 scientists makes this an extremely worthwhile and exciting investment for the University.

Closer to St Vincent's, plans and fundraising are well advanced for a new building adjacent to the existing Garvan and new VCCRI/St Vincent's Hospital research buildings to house the National HIV Centre.

The Faculty's national and international research funding income continues to grow impressively and plays a major role in the rise of UNSW to fourth on the overall research income "ladder" within Australian universities this year. Major new contributions to this include a new NHMRC program

grant to a multi-site group headed by David Cooper and his National HIV Centre, amounting to some \$17m over five years. This constitutes the largest NHMRC Program Grant ever awarded to any institution in NSW. A second new multi-million dollar NHMRC Program Grant has also been awarded to a group of researchers at UNSW, Sydney University and Adelaide University, led by Professor Jeffrey Braithwaite and including our own Professor Ric Day. This program will look at many aspects of health services management particularly related to patient safety and is an exciting development for the Therapeutics Centre at St Vincent's Hospital headed by Professor Day.

There have been a number of exciting new appointments at UNSW. The new Head of the School of Public Health and Community Medicine, Professor Raina MacIntyre, was recruited from the University of Sydney, where she has built an outstanding career in research, particularly in areas of the theory and practice related to epidemics, planning for pandemics, vaccination etc. Raina has energetically set about a major rebuilding of the research enterprise within that very large School and has already made a number of key new appointments.

We look forward with anticipation to an excellent year in 2009, highlights of which will include the graduation of the first cohort of the new medical curriculum, the completion of the Lowy Building and the commencement of the new Virology Research Building on the Darlinghurst site and a Phase 1 Clinical Trials Facility on the Prince of Wales site.



# ADMINISTRATION REPORT

2008 has been a very busy and productive year for the School from an Administrative perspective. The School has seen many changes this year.

In January, Naomi Esselbrugge replaced me as Acting School Manager. We hired Ms Lyn Chin as acting Student Administration Officer and to assist Naomi with the UNSW OHS Management System changes. Lyn left in late March and then Naomi worked in both positions until early July.

In May, we welcomed a new staff member to the administrative team, Ms Thuy Huynh, to the position of Administrative Officer to the Therapeutics Centre and to Professor Ric Day.

In July, I returned from one year on maternity leave, back to my position as School Manager and straight back to our 2009 budgetary forecasts which kept me extremely busy and made it feel as though I honestly had not been away for a year at all. Although I was away from the office for a year, I was never too far away, attending some of our student examinations as a patient with my youngest daughter Lily who was only 4 months old at the time. I would sincerely like to thank Naomi for doing such a tremendous job filling in for me and I can't thank her enough – thank you Naomi!

In October, Ms Jennifer Tayler, our Student Admin Assistant of 1 year left us to relocate back to her hometown of Newcastle. We are currently in the process of recruiting a replacement Student Administrative Assistant, which we see looking at commencing with the School in early January 2009.

In November, due to a number of OHS incidents relating to the patient beds in our Clinical Teaching Area, we donated them to a charity organisation called Global Aid Network Australia (GAIN). We donated 10 beds and GAIN will be shipping them to Israel. I am also in negotiations with a company that would like to donate the School 10 brand new beds and bedside tables.

We have purchased several pieces of skills equipment to enhance our student teaching, such as an ear simulator (Ned), a skeleton (Jack Skeleton), another IV trainer, injection trainer and knee aspiration model. All items are available for students and staff to use.

In December, we plan to renovate the student common room on Level 6 deLacy for use in 2009. It will have a new improved modern look, with two new computers, ottomans, fresh paint and a bigger fridge.

Thank you to all our conjoints, tutors, patients, volunteers and staff for their continued support and contributions to the workings of the Clinical School in 2008. I look forward to working with you all again in 2009!



Mrs Melinda Gamulin  
Administrative Manager





# ST VINCENT'S HOSPITAL REPORT



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

Whilst the last twelve months were characterised by major building developments, one of the core elements of our service – training and education – continued unabated and with the usual high level of commitment to excellence.

The Hospital was grateful for the support of the Academic and Administrative staff of the Clinical School, who continue to work tirelessly toward student development and education. Through their wonderful commitment we are able to provide the very best care for our community.

On a broader scale, we continue to work closely with the University of New South Wales (UNSW) to further develop teaching and research capacity, through:

- the establishment of 'The Cunningham Centre for Palliative Care'. The Centre will promote and enable excellence in research, education, clinical practice and quality care throughout New South Wales and beyond.

- a \$20 million funding commitment by the NSW Government to the University of New South Wales – to build Stage 2 of the St Vincent's Research Precinct; the 'Institute of Virology'. Plans are now well in progress on the facility which will house the National Centre in HIV Epidemiology and Clinical Research (NCHECR). The NCHECR will support considerable growth and further potential that will cover 'molecules to populations' in HIV/hepatitis and other infectious diseases, and extend internationally in public health.

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

## ST VINCENT'S CLINIC & PRIVATE REPORT

In 2008, St Vincent's Private Hospital and St Vincent's Clinic were again involved with the teaching of undergraduate medical education on the St Vincent's Campus.

During 2008, a number of students in their Year 6 Surgical rotation gained experience in the private rooms of the VMOs. The leaflet explaining the role of the students in private rooms is now being displayed throughout consultants rooms.

In 2008 patients and visitors to St Vincent's Clinic were also invited to volunteer to participate in the Medical Student examinations. Brochures and leaflets explaining the process and the importance of these exams were distributed throughout the Clinic.

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

The St Vincent's Clinic Foundation was pleased to support the awards for two Best Student in the Year 6 Surgical Team and the two Best Student Presentations. There is also formal recognition of the best tutor at St Vincent's Private Hospital and St Vincent's Clinic via the honour board located on level 4 of St Vincent's Clinic.

We are continuing to explore strategies to improve teaching and student learning in the private sector. A *Leadership in Teaching* dinner workshop focussing on teaching tips and Phase 3 was held on 19 June 2008 with Conjoint Academic staff from St Vincent's Clinic.

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



Ms Michelle Wilson  
Executive Director, St Vincent's Clinic



Ms Anne Fallon  
Manager of Education & Training, SVPH



# NEW ACADEMIC STAFF



## **Associate Professor Jane McCrohon**

Jane McCrohon is a practising cardiologist with key interests in undergraduate and post graduate teaching, clinical research and the integration of cardiac imaging modalities including MRI, CT and echocardiography. Jane undertook a PhD at the Heart Research Institute in Sydney which incorporated molecular biology and cardiac imaging before accepting a Cardiac Imaging Fellowship at the Royal Brompton Hospital in London. Since her return to Australia, she has worked at St George Hospital as Director of Cardiology, assisted in the development of cardiac MR programs at several sites in Australia and been actively involved in education, research and examination programs for the RACP and UNSW. Jane is also providing a Clinical role in the Department of Cardiology and the integration of cardiac imaging modalities across Cardiology and Radiology.

A/Professor McCrohon will be supervising students on the Cardiology terms, as well as taking bedside tutorials and acting as a course tutor in Phase 2.



## **Dr Russell Clark**

Russell Clark has just returned from 7 years in Tanzania where he was the senior physician at the Kilimanjaro Christian Medical Centre, a 500 bed hospital at the foot of the mighty Kilimanjaro, and a Professor in the new medical school in the Tumaini University. He was supported by the Anglican Mission Society-CMS. In a previous life Russell started the Department of Geriatric Medicine at St Vincent's Hospital in 1984 and continued in that role until 2002. In an even earlier life he was the founding head of the Department of Medicine at the United Christian Hospital, Kwun Tong, East Kowloon, Hong Kong from 1974-84. Russell hails from Sydney, and was trained at Sydney University, RPA and Kings College Hospital, London. Russell is married to Kay and have four married children and nine grandchildren.

Dr Clark will be taking bedside tutorials and also course tutorials in Phase 2.



# PATIENT SAFETY SIMULATION CENTRE

The year 2008 has seen the activities overall in the Don Harrison Patient Safety Simulation Centre expand again. This has been possible by extensive effort by Dr Melinda Berry who is the part-time coordinator of the centre.

Although there has not been an increase in the actual number of clinical skills provided, students have benefited from the expert clinical facilitation of Mr Peter Jones, Ms Julie McCabe, Dr Bobby Manasiev (and colleagues), Dr Rohan Gett and Dr Tony Grabs.

Improvements were made in the development of a formal assessment tool for Advanced Life Support and there has been further purchases of additional part-task trainers (cannulation arms) which provide a better clinical experience for the students.

Feedback from students continues to be positive and this enthusiasm inspires the facilitators.

On October 30th the Trustees of the centre held an official opening and unveiling of a photograph of the late Professor Don Harrison. It was attended by his wife, Mrs Suzanne Harrison, daughters, and many colleagues and friends. The picture hangs in the main corridor of the Centre.



Ms Alex Pile and Dr Melinda Berry, with  
*SimMan*



# LIBRARY SERVICES



**Library Staff:** Karile Janavicius, Rolf Schafer, Caroline Yeh and Katie McKay

On the 21st January, Caroline Yeh (Client Services Librarian) and Kate Dunn (UNSW Outreach Librarian) jointly presented a session on library services and resources available to Year 5 medical students. Topics covered included resources available to UNSW students whilst at the Hospital; UNSW off-campus services; the new OvidSP interface and other useful electronic resources for students.

In February, we received 15 new PCs to upgrade the aging PCs in the library. St Vincent's Hospital was one of the first campuses to receive the new PCs in the UNSW Library PC roll out.

More resources are becoming available electronically for use on the SVH campus with 30% of Walter McGrath Library print journals were converted to e-journals. This is intended to provide further electronic content across campus accessible 24/7. We also provided numerous literature searches, research services and document delivery to Conjoint appointees, which supplements their UNSW Library Services.

A new service agreement between Teaching Hospital Libraries and UNSW Library has been drafted which outlines services to hospital librarians when assisting Conjoint Appointees and Clinical Academics.

## Library Database Utilisation Session

Kate Dunn, the Faculty's Outreach Librarian, gave a presentation on the 3rd December outlining the new resources and services provided by UNSW Library:

**Clin-eguide:** an evidence-based database containing guidelines, evidence based articles, E books, a drug interaction checker and drug facts.

**Faculty of 1000 Medicine:** a new literature awareness service which highlights and evaluates the most interesting papers published in medicine.

**AccessMedicine:** containing QuickAnswers, Lange Case Files and Diagnosaurus a differential diagnoses tool.

**Medicine Subject Guide:** links for students to key databases, eBooks etc.

**Research Impact Measurement Service:** The Library can provide citation counts, h index calculations and journal impact factors for grant applications. To request this please contact Kate.

**UNSWorks:** The University's repository for research output. The repository ensures that your research is searchable, managed and made discoverable on the web (it is indexed on Google).

Contact Kate for further details: [kate.dunn@unsw.edu.au](mailto:kate.dunn@unsw.edu.au) (02) 9385 8241  
<http://info.library.unsw.edu.au/>

# INTERN ALLOCATIONS

In 2009 we welcome back Dr Wei Jiang and Dr Nicholas Mills as interns. They will be thoroughly encouraged to get involved with the medical student teaching program!

# EVENTS



## Year 5 St Vincent's Clinical School Medical Student Climbs Mt Everest

Only a few days after sumitting Mount Everest I wrote a dispatch saying: "We are now sitting back in the relative comforts of Katmandu - beds, showers, fresh food, space, things we have been deprived of for sixty two days. It feels almost surreal to be back in civilisation, when our relative reality was the tent city also known as base camp. We are heavily involved in the debriefing process, piecing together different parts of our final hypoxic days at high altitude, and trying to work out the missing bits of memory. I think it will take us a long time to come to terms with the magnitude of all that has just happened, and probably longer still to integrate back into the norms of society. Personally, I don't think my brain has registered the fact that I have stood on the world's highest point. I think, my body and my mind are still waiting, still thinking that there is more pressure to withstand, more training to do, more metres to climb. For the longest few months, that's how my life has been - each time you achieve a goal, there is one beyond it. The whole of Everest was broken down into small goals, and now, its done.. its finished. And I have to sit back and look at the bigger picture.

We did it. We pushed ourselves, our relationship, our minds beyond what we thought we were capable of. We shot for the stars, and we reached the tallest point on earth."

Five months down the track, I am still looking for the bigger picture. It was a huge achievement to reach the top of Everest. Yet for me, even more than that, it was an achievement to climb my mum. Zoom out further from that, and you will see that even more than that achievement was the support and love we got from everyone around us. From our fan club at my grandfather's old age home, to the clinical school checking our website in the mornings to see that we were ok, to all the emails and hugs we received from friends, family and strangers alike.

As a medical student, as someone aspiring to all of the goals of the Hippocratic Oath, how can I plan to "do no harm" when I have put my body through one of the most extreme things possible for a human being. In risking everything, how can I then complete my degree next year and go on to save lives? The answer is, that the human spirit is bound up in adventure, and through experiencing things like climbing Everest we are living.

I feel that taking this year off has given me a chance to look at the world another way. It has given me a chance to learn another language.. and to work in a hospital and orphanage in the developing world. At the end of the day it has taught me more about people than medicine could have in this one year. And more importantly, it has taught me how much more there is to learn about myself.

To all of you that were involved in helping all of these things along, I wanted to say thank you. More than anything I was inspired by all the people and all the kind words that got us to the top.



Nikki Bart  
Year 5 Student







# INNOVATION IN TEACHING



Year 6 Students: Rhiannon Browne and Karl Ruhl

## Video Skills Laboratory

The Video Skills Laboratory is an exciting new project established by the Clinical School to give students the opportunity to see how they perform from an examiner/supervisor's perspective, giving them fresh insight into their strengths and weaknesses.

There were 4 sessions held this year with real patients brought in for the day. Student pairs were required to book 45 minute sessions to take a history and/or examine the patient, with one student filming the other and then reversing the roles. Following this the footage was played back on the computers in the room adjacent to give the students a chance to critique themselves and each other.

These sessions were offered to Year 6 and Phase 3 students in 2008. For patient confidentiality, all videoed sessions were wiped after viewing & no copies of the footage were permitted to be taken away.

Some feedback from students:

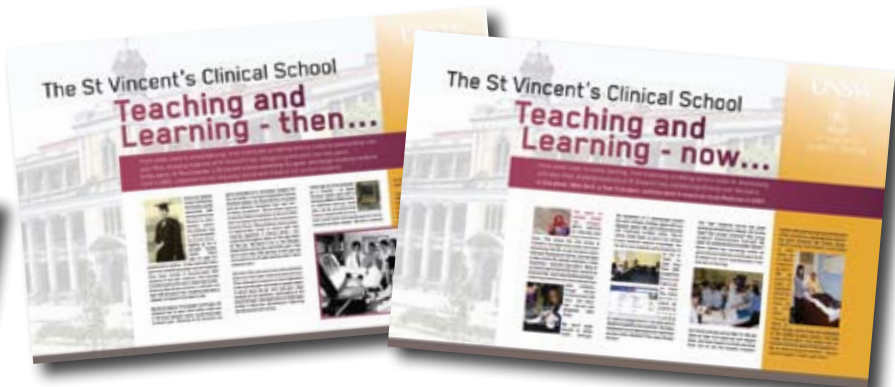
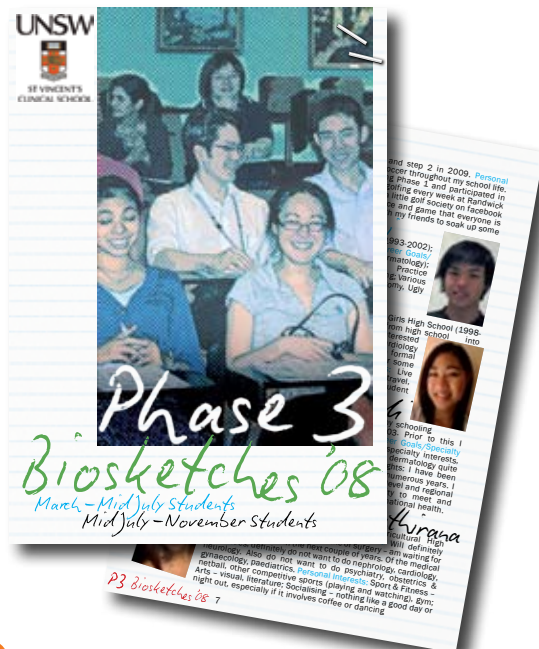
"Good to be able to review my skills together with a colleague after doing the exercise. It is beneficial to be able to sit down and look at and talk about possible improvements in a calm environment, as opposed to the wards where it is quite busy."

"Giving/Receiving feedback with another student was helpful (although painful). Great patient."

"[I liked] the video, the chance to see how other people see you and what your body language reflects to others"

## Permanent Panel Display

Coming out of the Hospital's Sesquicentenary display, the Clinical School information panels went through a big redesign and update and are now situated along the corridor on Level 5, deLacy Building, SVH. The panels outline Medical student teaching at St Vincent's Hospital both in the past and the present.



## Biosketches

With the new curriculum sending students to more teaching sites than ever before, in order to assist our tutors and supervisors to get to know and build rapport with the students, we have started producing a Biosketch booklet for our students in Phase 3. This gives a brief introduction written by each student highlighting their background and their career goals.



### Year 6 Interactive Quizzes

As part of the Year 6 Scheduled teaching program, we have traditionally run a series of Therapeutics and Interactive sessions where the students are expected to present on their allocated topic. To break up this program a bit and give students an opportunity to review the previous weeks teaching, we introduced several interactive quiz sessions. A/Professor McCrohon coordinated the session which made use of our Audience Response System to create a fast-paced format which proved popular with students. The top 3 students in each session received a Cinema Gift Card.

### Breast Examination Masterclass

Based on the success of the pilot Breast Examination Masterclass that was run in 2007, we repeated this session again in 2008. The students were given an opportunity to learn about the correct techniques of examining breasts and what kind of abnormalities to look for. Nine women volunteers, each stationed with a consultant, kindly participated in this interactive session. We greatly appreciated the participation of the following consultants in this session: Dr Mark Fiorentino, Dr Paul Crea, A/Prof Sue Pendlebury, Dr Warren Hargreaves, Dr Michael Jensen, Dr David Segara, Dr Elias Moisisdis, Dr David Dalley and A/Prof Eva Segelov.



Year 6 Student practicing Knee Aspiration: Angella Burgett

## AWARDS AND PRIZES

### Tutors of the Year

To recognise the tutors perceived to be the most innovative and exciting, our Phase 2, Phase 3 and Year 6 students voted anonymously and we are pleased to announce that the 2008 Tutors of the Year are:

**Consultant Tutor of the Year (SVC/SVPH):** Dr Simon Tan

**Consultant Tutor of the Year (SVH):** Dr Shahrzad Jahromi

**Registrar Tutors of the Year:** Dr Peter Tan & Dr Anthoulla Mohamudally

**RMO/Intern Tutor of the Year:** Dr Rudy Yeh

Each recipient received a gift voucher and certificate of recognition for their outstanding effort in clinical teaching.



Clockwise from top Left: Dr Simon Tan, Dr Shahrzad Jahromi, Dr Peter Tan & Dr Rudy Yeh

### St Vincent's Clinic Foundation Student Awards

Each year the St Vincent's Clinic Foundation generously sponsors prizes for the best students during the Year 6 Surgical term at St Vincent's Private Hospital and St Vincent's Clinic. The 2008 prize winners are:

**Best students in a Year 6 Surgical Term at SVPH/SVC/SVH:**

James Drummond & Zoe Steley

**Best Student Presentations at the Year 6 Surgery Case Presentation Sessions:**

Marco Raftopoulos (pictured right) & Aurora Yu

### Independent Learning Project Prize

The 2008 St Vincent's Clinical School Independent Learning Project prize was awarded to Alison Freeth for her project on *Assessing Delirium Risk in Hospital Patients*. The St Vincent's Clinic Foundation kindly donated the \$500 prize. Alison's supervisor was Prof Kay Wilhelm.







# YEAR 6 STUDENT REPORT

This year was unique for the 6th years as the very last graduating class of the 'old' medicine course at UNSW, and having just finished our final exams, there is a huge sense of relief tinged with sadness at our undergraduate years finally coming to an end...no more voluntary ward round attendance!

Our academic year was shorter and more jam-packed than in previous years, with only three teaching periods beginning in March and exams scheduled in late September. The term attachments were generally valuable experiences, with most students integrating well into their teams and experiencing an unprecedented level of responsibility within them. The knowledge gained on the wards was consolidated in bedside tutorials and scheduled teaching sessions. Most students enjoyed their emergency rotation and the exposure to patients in an acute setting. Skills training sessions and scheduled teaching sessions were also extremely useful and well run, and we extend our thanks to Alex Pile at the Skills Centre, the consultants, tutors and administration staff for their time and organisation of these events.

It has only just started to become apparent to us just how stressed some of us were at certain stages during the year, and how well our teachers and mentors did to curb our quasi-adolescent angst and continue to teach us with relentless patience. Beyond the clinical medicine, the piles of books and the long workup towards exams, this year was one of great personal challenge and growth for many of us. A big thank you to the Clinical School and all our tutors for helping us along the way. We look forward to returning to St. Vincents for our "Print" term in the final part of the year, and re-establishing good rapport with all the good coffee spots in Darlinghurst.

Wei Jiang  
Year 6 Representative



**Front Row (L to R):** Dr Rohan Gett, Dr Mark Danta, Prof Allan Spigelman, A/Prof Eva Segelov, Naomi Esselbrugge (Admin), Jennifer Tayler (Admin)

**Second Row (L to R):** Wei Jiang, Camille Yip, Angela Burgett, Rhuen-Chiou Chow, Li Yi Lim, Michelle Isaacs, Gary Gan, Terri Chaitow, Sascha Fulde, Rhiannon Browne, Alix Dumitrescu, Rebecca Seton, Parveen Sidhu, Jan Francisco, Guro Vik

**Third Row: (L to R):** Earlene Silvapulle, Monica Taylor, Kheng-Seong Ng, David Burnett, Kate Tyson, Nick Mills, Stephanie Boyd, Michelle Hannan, Victoria Frostis, Elizabeth Thompson, Lisa Connor, Marco Raftopoulos, James Drummond, Senthil Supramaniam, Abhishek Verma, Ottilia Magnusson, Dr Tony Grabs, Karl Ruhl, Ben Schwarz, Zoe Steley

# PHASE 3 STUDENT REPORT



Embarking on a new Phase had always been daunting, especially for us, being the first year of the new course. Phase 3 was nothing like what we had done beforehand, and personally, not exactly what I expected. In Phase 2, we were randomly wandering the wards, not really 'belonging' as such. THIS Phase, we were part of a team. We were able to get to know the people in the team, chat with them, have lunch with them, and generally felt like part of the team. Admittedly, this was not always the case for every team, but I believe that I speak for all my friends and colleagues of my year that this had to be the best part of being a Phase 3 student. We were given tasks to do for our team, we followed patients' progress through their hospital stay and begun to understand the reasons behind their management.

Of course, as a student, one of the most important things for us was still the tutorials. Being a returning student to St Vincent's, I had become used to the website, the bulletin board, and the many scheduled activities. However, my friends who were at other hospitals last Phase thought that the organisation of the Clinical school was the best aspect of being at St Vincent's Hospital. Though our pathology tutorials were, of course, at the top of our minds with the upcoming exam, what I really enjoyed, and what stood out at St Vincent's, were the bedside tutorials. Even when the concentration turned to the 6th years, we still learnt a lot of clinical knowledge, both practical and theoretical, from these tutorials and hope they will be continued next year! Overall, this year at St Vincent's had been a great experience and I hope next year will be just as interesting.

Clara Chung  
Phase 3 Representative



**From Left to Right:** Karl Ruhl, James Drummond, Andrew Marks, Rebecca Seton, Clara Chung, Professor Allan Spigelman & Shanthi Pathirana Widana



## Experiences at St Vincent's Private Hospital and Clinic

St Vincent's Hospital is known for its dedication to teaching. Many of the consultants give tirelessly of their own time to ensure a well rounded education for each student. As part of this commitment we are given access to private consulting rooms and operating theatres. This allows us to see a different set of patients and pathologies from what we experience at the general hospital. Personal interaction and teaching from the consultants allows us to learn from specialists in their field and observe their management of a variety of conditions.

We really appreciate this opportunity to round out our medical training and experience this aspect of health care that we would otherwise not have been privileged to learn from. We would like to thank all the staff at St Vincent's Private and Clinic for welcoming us into this environment and supporting our education.

Dina Saks  
Phase 3 Student





# PHASE 2 STUDENT REPORT



Ear Examination Model 'Ned'

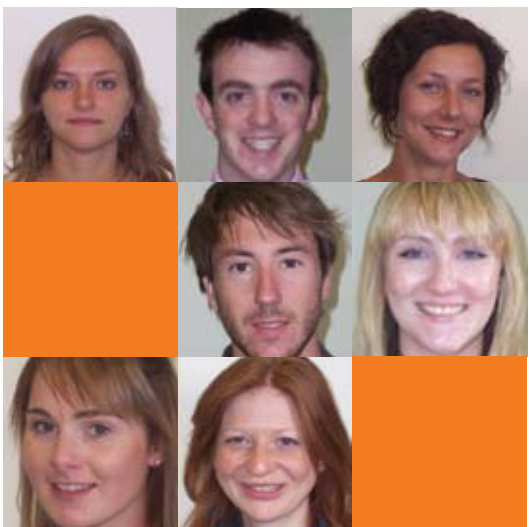
Phase 2 called for notably more independence in learning than Phase 1. The constant flurry of activity at St Vincent's provided many opportunities to be involved in patients' cases and further our learning from lectures and tutorials. These opportunities were abundant – taking them up was just a matter of finding out who, what, where and when. The tutors were of excellent quality, each passionately sharing their expert knowledge and experience. This complemented our experiences from the wards and clinics, and the case review sessions were invaluable in helping us understand cases and develop clinical reasoning skills.

During spare time (after seeing all the patients in the hospital) there was plenty to do around St Vincent's. If you could resist the enticements of neighbouring Victoria Street, the skills lab and computer room were available for extra study. Failing that, Ned's ears were always open if you needed to practice otoscopy or just get something off your chest.

Daniel Scott  
Phase 2 Representative



# ELECTIVE STUDENT REPORT



In 2008 there were 30 elective students who came for a term attachment at St Vincent's Hospital from the UK, France, Germany, the Netherlands, the US, South Africa and Malaysia.

Below are some comments from them about what they enjoyed most and what their experiences were like compared to their home country.

Eva Maria Hametner (Austria) spent an Immunology and Infectious Disease term with Professor Andrew Carr wrote : "St Vincent's is a teaching hospital providing excellent student teaching in theoretical as well as in practical terms. Practical skills are often missed out in student education in Austria."

After taking 4 weeks in GI Surgery, Thomas Maussion (France) stated "I've been impressed by the level of modernity of the building itself, and also by the direct relationship between seniors and students. Hierachy is very more palpable in France... I've been very well welcomed and I really enjoyed my stay here. I learnt plenty of things and it complimented my will to work in Australia later."

Gemma Marie McGrory (Scotland) felt that "It was how welcome I was made to feel that really made the elective enjoyable." She completed her elective in Orthopaedic Surgery with Dr Brett Courtenay.

Hugh Powell (Britain), while in the ED with A/Prof Gordian Fulde, enjoyed the "oppurtunity to be given and earn responsibility and really feel like I was contributing."



# INDEPENDENT LEARNING PROJECTS



The acute management and investigation of patients presenting to the ED with a decreased level of consciousness and/or abnormal neurological signs

Supervisor: Dr Martin Duffy  
Student: Tiffany Fulde

The focus of this ILP is to investigate the factors affecting the assessment of patients who present to the Emergency Department, possibly having suffered a cerebrovascular accident. We hope to identify ways to make the process faster and more efficient, and thereby improve patient care, particularly in regards to the appropriateness and outcomes of thrombolysis. My supervisor and all the staff have been very supportive and I have learnt a lot from them. In addition to the research, as part of this ILP I have enjoyed the opportunity to get hands-on experience and teaching in the Emergency Department. Reviewing medical records has highlighted the importance of proper documentation, and that doctors' notes really are illegible!

Effects of increasing HIF1 $\alpha$  in Mouse Models of Type 2 diabetes  
Raymond Kodsi

Supervisor: Dr Jenny Gunton

This project aims to find out what effect an increase in HIF1 $\alpha$  has in mouse models of Type 2 diabetes. Research has shown HIF1 $\alpha$  is deficient in mice with type 2 diabetes, so increasing HIF1 $\alpha$  may affect the severity of diabetes in mice. If successful, human research may follow. One of the challenging things about this project is working with the mice. They are definitely not as co-operative as human patients! Despite this, I am especially enjoying the fact that we can see, over time, how an intervention we design is helping to diminish the effects of diabetes.

Human Papillomavirus Genotyping of Anal Cancer Specimens  
Penelope Willcocks

Supervisor: Dr Richard Hillman

My ILP is focussed upon investigating the role of human papillomavirus (HPV) in the development of anal cancer. Similarly to cervical cancer, it has been suggested that HPV may be the primary predisposing factor in the progression towards anal cancer. If this research establishes such a relationship, the application of a preventative vaccination program may be possible. I've thoroughly enjoyed working in an area which I previously knew very little about and hence continue to be challenged on a daily basis. The prospect that this ILP may have dramatic implications in terms of preventative strategies and treatment modalities is extremely exciting and hence I'm greatly appreciative of the opportunity to be involved with this project.

A retrospective study of cSCC metastases to the parotid gland in NSW.

Supervisor: Dr Gerald Fogarty  
Student: Robin Goh

The topic of my ILP is a retrospective study of treatments of cutaneous squamous cell carcinoma metastases to the parotid. The incidence of cutaneous squamous cell carcinoma in Australia is one of the highest in the world. Cutaneous squamous cell carcinoma frequently occur in sunexposed areas, especially the head and neck. Past studies have shown that when cSCC metastasize to the parotid, it would indicate a poor prognosis for the patient. The aim of my ILP is to investigate into the various factors affecting the prognosis and management for this disease. By doing so, it would help clinicians to make earlier interventions to improve health outcomes for the patient. As part of this process, I am currently involved in Head and Neck meetings and on certain occasions I get to participate in head and neck surgeries.

Prevalence and management of Hyperglycaemia in Patients following Myocardial Infarction

Supervisor: Professor Lesley Campbell

Student: Nhung Nguyen

My ILP focuses on the identification of patients who present to hospital with myocardial infarction, with concurrent hyperglycaemia. Hyperglycaemia is an established contributor to increased mortality and morbidity in such setting, thus its identification subsequent management should form an important part in the patient care routine. Assessing the efficacy of this will also form a part of the project.

I have especially enjoyed the opportunity to partake in activities related to my ILP, such as weekly meetings at the Diabetes Centre and Garvan Institute, and ward rounds.

The effect of blood glucose level at admission on the outcome of septic patients admitted to the St Vincent's Emergency Department

Supervisor: Dr John Raftos

Student: Stephen Butler

My ILP involves the evaluation of prognostic factors for septic shock patients presenting to the emergency department. Biochemical markers such as arterial pH, serum bicarbonate, serum lactate and glucose on clinical presentation are being investigated to see if there is any correlation to the length of stay in hospital or mortality rates. Many previous studies have focused on septic patients however the prognostic value of these biochemical markers has not been studied with a focus on septic shock patients presenting through the emergency department.

The effects of regular exercise on endothelial progenitor cells (EPCs) in chronic angina patients

Supervisor: Prof Robert Graham

Student: Yoshio Hinde

Chronic angina is a debilitating condition and in many cases treatment options are currently limited. EPCs are known to promote angiogenesis in ischaemic regions, therefore possible upregulation due to exercise is an interesting question that has yet to be answered. To assess these effects I am working as part of the larger GAIN II trial. Working with patients has improved my clinical skills. ILP has given me a taste of clinical research and the challenges it presents.

Is Abdominal CT Always Necessary for the Diagnosis of Acute Appendicitis?

Supervisor: Dr Darren Gold

Student: Nicholas Myles

My ILP aims to review the diagnostic pathway of acute appendicitis through the retrospective audit of patient notes in an attempt to improve both fiscal outcomes for the hospital & health outcomes for the patient. As the diagnostic norm has moved towards indiscriminate CT of patients presenting with RIF pain associated hospital costs have drastically increased. By quantifying the clinical signs, symptoms & laboratory indicators in a cohort of 380 patients I hope to propose a standardised diagnostic method that increases diagnostic accuracy & reduces the clinician's reliance on expensive technology.

# INDEPENDENT LEARNING PROJECTS

## Sexual Transmission of acute Hepatitis C Virus in HIV positive Men who have Sex with Men in Sydney

Supervisor: Dr Mark Danta

Student: Charles Shuttleworth

My ILP aims to investigate the sexual transmission of Hepatitis C Virus (HCV) amongst HIV positive Men who have Sex with Men (MSM). HCV is classically transmitted parenterally, however international evidence suggests biological and behavioural factors specific to HIV positive MSM make them uniquely susceptible to sexual transmission. This phenomenon will be investigated in Sydney via a series of face to face interviews set to begin shortly.

The most enjoyable part of this ILP has been attending the weekly clinics and realising what a fascinating disease HCV is, as well as getting to know the wonderful people working in IBAC.

## Angiographic Embolisation in trauma and other injuries

Supervisor: Dr. Tony Grabs

Student: Andrew Li

Angiographic embolisation has been used for bleeding control for traumatic injuries in areas such as the spleen and pelvis and also in GI haemorrhage. The aim of my project is to review the usage of this technique in our hospital as well as analyze its safety and we hope to examine factors that predict success. Apart from spending most of my time reviewing medical records I also get to attend trauma grand rounds and radiology meetings and got to see some radiological procedures done which was very interesting. Special thanks to Dr. Grabs who has been a great supervisor!

## Prevention of Pedestrian Injuries in Urban Populations

Supervisor: Dr. Steven Faux

Student: Sarah Skidmore

My ILP focuses on the relationship between pedestrian accidents and environmental, pedestrian and motor factors. This is an important subject area which has been relatively under-researched in Australia. My project involves both looking retrospectively at patient data from the past few years and actively recruiting patients to participate in a pilot prospective study. The project has been enjoyable and I have had great support from my supervisor. The results from the retrospective study show great promise and I hope to have the opportunity to submit these results for publication.

## Profiles and outcomes of mental health police presentations

Supervisor: Dr Peter McGeorge

Student: Eric Lee

The project aims to examine the characteristics of mental health patients who are brought to the Emergency Department by police officers, and their outcomes following their presentation. A significant variable to be studied is the impact that the development of the Psychiatric Emergency Care Centre (PECC) in 2005 has had on patient management and outcomes.

After having the opportunity to study medical records and observe patients in the ED, I have so far been most struck by the complex psychiatric and social profiles of mental health patients who present, as well as the pivotal role often played by non-medical decisions (such as patient disposition)

## Quality of life and outcome in young women receiving adjuvant therapy for early breast cancer

Supervisor: A/Prof Eva Segelov

Student: Tahlia Scheinberg

My ILP looks at whether young women who have received adjuvant therapy for early breast cancer would make the same treatment decisions again, if they could 'wind back the clock'. I will also be looking at issues of importance to this group of women, in particular fertility and children, breast reconstruction, body image, sexuality and quality of life.

I have enjoyed the clinical opportunities that this ILP has offered me. To date, it has also given me valuable insights into the research process, and its many ups and downs.







### Risk factors contributing to geriatric falls

Supervisor: Dr Judy Alford

Student: Michelle Schnabl

This ILP looks at the risk factors and causes for geriatric falls presenting to the Emergency Department at St. Vincent's Hospital. Falls in the elderly is a common presentation to hospital, and is the most common cause of accidents, morbidity and mortality in the elderly. I aim to find the major causes of elderly falls, and determine which intrinsic and extrinsic factors contribute the most. This year provides me with the opportunity to further my clinical skills by spending time in the Emergency Department, as well as improving my research and data collection skills.

### Efficacy of cleaning techniques in preventing HCV transmission among IDUs

Supervisor: A/Prof Lisa Maher

Student: Jai Nathani

This project focuses on a sub-population of injecting drug users (IDUs) who re-use contaminated needles/ syringes, and aims to explore the cleaning techniques adopted by IDUs as current data in the Australian context is unavailable. Published guidelines recommend the use of full-strength bleach which deactivates HIV after 30 seconds contact time and HCV after 10 minutes contact time. In our literature review, we explored issues regarding the efficacy of bleach as a disinfectant and data collection will help determine if current cleaning techniques are efficacious. This will inform future campaigns and help increase coverage of needle/ syringe exchange programs (NSPs).

### The Assessment and Management of Stable Patients with New Onset Atrial Fibrillation

Supervisor: Dr. Paul Preisz

Student: Richard Sullivan

My ILP focuses on the management of new onset atrial fibrillation in the ED. The optimal approach is unclear and management is varied. I am retrospectively analysing the admission and complication rates associated with rhythm, rate and anticoagulation strategies. This year has been enjoyable; I have learned the intricacies of a complex condition, and have realised research really does require a systematic approach and critical thought. I have had the opportunity to observe cases, attend ED teaching, and it's been fantastic to be with other ILP students. I am very grateful to the ED staff who are always friendly and willing to give advice.

### Lower Limb Ulceration: A Comparison of Inpatient and Outpatient Settings with respect to Demographics, Management and Costs.

Supervisors: Dr Tony Grabs & Dr Abdullah Omari

Student: Tao Shen

My ILP aims to describe the medical and social factors that discriminate the management of leg ulceration as requiring inpatient versus outpatient care. I recruit inpatients from both SVH and SVPH, and outpatients from the SVH vascular wound clinic. Ideally, the study can provide insight into the value of inpatient leg ulcer treatment and influence healthcare resource allocation. The clinical experiences are highly enjoyable as I gradually probe deeper into both vascular surgery and medicine. A friendly and supportive relationship with my supervisors is also an aspect I greatly value.

### T Cell independent lupus

Supervisor : Prof Fabienne Mackay

Student: Hau Cher Choi

My ILP aims to find a particular subset of patient with T cell independent lupus in lupus patients. Autoimmune diseases classically arise from B and T cell collaboration. Studies on mouse models recently discovered a subset of autoimmune models is T-cell independent. Based on the findings, I am extending my research into human models by analyzing the expression of TLR7/9 and TACI receptors in B cell subset in human blood. Initially, learning laboratory techniques and handling specific equipments can be overwhelming but with repetition and colleagues help it will all be manageable. I enjoyed the opportunity given to spend a year in research and it is an invaluable experience overall.

### Discharge communication between the hospital and the community

Supervisor: Dr Nicholas Brennan

Student: Yufei Chen

This ILP aims to find out what the best method of communicating discharge summaries to GPs is. Despite living in an age of instant communication, the health industry often lags far behind. Although this ILP has had both technological and procedural challenges, I really enjoyed being able to meet a variety of people both within the community and in the hospital system. Initial results have been promising and positive feedback from GPs has made the experience enjoyable and worthwhile. We hope to set the foundation for an effective communication system to be developed in the future.

### Calculation of renal uric acid clearance

Supervisor: Prof Richard Day

Student: Praveen Indraratna

I aim to determine how long urine needs to be collected to accurately calculate the renal clearance of urate, which is reduced in patients with gout. The current standard is 24 hours, which is inconvenient to patients and staff. A shorter collection time could facilitate faster diagnosis of conditions that cause gout such as myeloproliferative diseases and help identify the elusive renal lesion responsible for gout.

Enjoyable aspects have been contributing to a research team, yet working independently at the same time, and learning venipuncture in preparation for the study which will begin in September.

### Evidence mapping in traumatic Brain Injury (TBI)

Supervisors: Prof Russell L Gruen (University of Melbourne) & Dr Tony Grabs

Student: Cameron McLaren

My ILP is a secondary study aimed at gathering, critiquing, and interpreting all of the evidence surrounding the management of TBI in the acute hospital setting. I am working with the Global Evidence Mapping (GEM) Initiative in the Department of Surgery at the Royal Melbourne Hospital in Parkville, Melbourne. The team is currently in the later stages of mapping the evidence for interventions employed in the long-term care of TBI and SCI patients, and will move to address the acute care setting shortly. I have enjoyed developing skills in literature searching and article-appraisal, attending theatre lists with Russell, and dealing with a very, very steep learning curve.



# INDEPENDENT LEARNING PROJECTS

**Immune Reconstitution and long term follow up of patients who have undergone Haematopoietic Stem Cell Transplant for Rheumatoid Arthritis and Systemic Sclerosis.**

Supervisors: Dr John Moore & Dr Stephen Carlin

Student: Wu Chuan Ong

The aim of my ILP is to assess the long term safety and efficacy of the autologous haematopoietic stem cell transplant in patients with rheumatoid arthritis or systemic sclerosis. In addition, my ILP also aim to establish that haematopoietic stem cells/ common lymphoid progenitors in RA/SSc patients are abnormal suggesting that the disease is a "stem cell disorder." This project provided me the opportunity to practise my patient interaction and venepuncture skill as well as learning new laboratory skills such as storing peripheral blood mononuclear cells in liquid nitrogen and analysing T cells population using flow cytometry. It also gave me the firsthand experience on clinical research. The challenge of my ILP is getting the latest patients' contact details for the purpose of follow up. Overall, with great support from my supervisors, it has been an enjoyable experience working on my ILP.

**Exercise and Weight Reduction in Women with Early Breast Cancer**

Supervisor: A/Prof Eva Segelov

Student: Jessica Meagher

With recent evidence suggesting that exercise and an improved diet may play a role in reducing risk of recurrence of breast cancer, I decided to focus my ILP on the awareness of and attitudes towards the benefits of exercise and diet among breast cancer patients. The study initially involves an audit of early breast cancer patients at St Vincent's. This audit is also part of another ILP. Following the audit, my study will involve a patient questionnaire regarding awareness of and attitudes towards the benefits of exercise and diet.

I have enjoyed the opportunity to develop my understanding of the clinical aspects of early breast cancer through observing clinics, multidisciplinary team meetings, radiotherapy and surgery.

**Hepatitis C treatment outcomes in HIV/Hepatitis C co-infection cohort**

Supervisors: A/Prof Greg Dore & Dr Gail Matthews

Student: Hijiri Suzuki

Longer life expectancy due to the introduction of HAART has allowed for the emergence of hepatitis C virus (HCV) related complications. It is important to understand the reasons for discrepancies in sustained virological response (SVR) rates between mono-infected and co-infected patient cohorts in order to address these during treatment and thus improve outcomes in co-infected patients. However, no study has comprehensively compared mono and co-infected cohorts. The aim of this study is to examine treatment outcomes in HIV/HCV co-infected patients who have undergone therapy with PEG-IFN and RBV since 2000.

**Trends in "door-to-intervention" times for reperfusion therapy in acute myocardial infarction in the ED**

Supervisor: Prof Gordian Fulde

Student: Myles Smith

Setting: St Vincent's Emergency Department

This project examines urgent intervention in acute myocardial infarction at St. Vincents Hospital. In particular, we are looking at factors influencing the time from patient arrival in the emergency department to definitive treatment. At St Vincent's, this treatment is almost always percutaneous coronary angioplasty in the cardiac

catheter lab. The literature on this subject is extensive with regard to large American and European centres. Accordingly, the goal of this project is to describe factors in the patient's journey within an Australian emergency department. For me, this has involved following patients from arrival to treatment and intensive care, which is always interesting and enlightening.

**Role of genetic factors in the development of atrial fibrillation**

Supervisor: A/Prof Diane Fatkin

Student: Toby Jackson

This study aims to investigate the role of genetic factors in the development of atrial fibrillation. Although based at Victor Chang Cardiac Research institute, a large part of the project requires me to carry out cardiovascular assessments at St Vincent's Hospital and Prince of Wales Medical Research Institute. These assessments occur daily and have allowed me to improve my clinical skills whilst gaining an understanding of what it is like to be in research. Assessments involve ECG recordings, Blood pressures, tilt table testing, retinal photography, pulse wave analysis, pulse wave velocities, thorough clinical histories and venipuncture for genetic analysis. Everyone has been so helpful and friendly, I am most thankful for this great experience.

**Emergency Department Management and Disposition of Suicidal Patients**

Supervisor: Prof Kay Wilhelm

Student: Riza Gultekin

The aim of my ILP is to investigate the decision making processes and patient outcomes with respect to disposition of a cohort of suicidal patients presenting to St Vincent's Hospital's Emergency Department. I am hoping to find out the main reasons behind the admission or discharge of individuals who have presented to ED with deliberate self harm. I am finding emergency psychiatry medicine to be both interesting and challenging. I have also benefited from the experience of conducting research and learning about its significance to clinical medicine.

**Patient Preferences about Medical Decision-Making**

Supervisor: A/Prof Bernadette Tobin

Student: Rohini Vasudevan

My ILP topic is related to patient preferences about medical decision-making. The topic analyses whether patients prefer to make medical decisions independently, or have input from their doctors and/or loved ones. It also takes into account whether patients change their preferences about these decisions when they are not able to participate compared to when able to participate in this process. I will be interviewing patients within the hospice and oncology outpatient wards and through this process, I hope to better understand patient wishes in regards to medical decision-making in order to improve patient care in the future.

**The relationship between gestational diabetes and the prolactin receptor**

Supervisor: Dr Jenny Gunton

Student: Ayesha Karunatilake

The aim of my independent learning project is to investigate the relationship between gestational diabetes and the prolactin receptor. My supervisor Dr Jenny Gunton and other members of her staff at the Garvan Institute have helped me develop many lab and animal handling skills. A mouse model is used to investigate the link between gestational diabetes and the prolactin receptor. A strain of heterozygous prolactin receptor knockout mice will be studied over the point at different stages to investigate the topic.

# POSTGRADUATE REPORT



It has been another busy year on the postgraduate front. St Vincent's Clinical School, which administers the Garvan, Victor Chang, Centre for Immunology and St Vincent's Hospital postgraduate students, was again the second largest school for PhD enrolments within the Faculty of Medicine. We currently have 109 students enrolled in PhD's on campus. In 2008, four students were awarded their thesis and 8 are currently under submission. There is still very strong interest in postgraduate research on the St Vincent's Campus. This campus played a key role in UNSW's success in the most recent round of NHMRC and ARC grants this year which resulted in a significant increase in grant monies awarded to the UNSW.

The St Vincent's Campus is undergoing a significant period of growth. The Lowy Packer Building opened this year. The Victor Chang and Centre for Immunology both moved into this splendid new building. Negotiation is currently underway with respect to a new \$120 million Virology Institute that will be based on the campus. This will expand the internationally renowned National Centre for HIV Epidemiology and Clinical Research (NCHECR) with other research areas coming into the Institute.

A major change for postgraduate students will come about early next year when the administrative process for PhD submission, examination and completion is moved online through myUNSW. This will make the logistics of administration and the paper trail much easier to follow both for supervisors, students and the Graduate Research School. Eventually this will be rolled out to include the enrolment and review process for postgraduate students. The Graduate Research School and the Faculty of Medicine Higher Degree Committee (HDC) have recently approved PhD thesis submission by publication, which should be particularly relevant to Science and Medical PhDs. While this needs the prior approval of the HDC before submission can occur, I believe it will lead to the submission of higher calibre theses and increased publication of research by the students.

Overall, it has been a great year to be involved on the postgraduate front and 2009 looks like it will be another strong year for the St Vincent's Clinical School.

## 2009 SUCCESSFUL GRANTS

Prof Richard Harvey: ARC Discovery Grant - Gene regulatory networks in heart development

Dr Mark Danta: NHMRC Grant - Defining risk and mechanisms of permucosal transmission for acute HCV infection within high-risk populations

Prof Sam Breit: NHMRC Grant - The role of the TGF- $\beta$  superfamily cytokine MIC-1 in prostate cancer pathogenesis

Prof Sam Breit: NHMRC Grant - CLIC1 in immune and inflammatory responses

Prof Ric Day: NHMRC Grant - Patient Safety: enabling and supporting change for a more effective health system.



# CONJOINT LISTING

## Professor

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

Lesley Campbell  
Donald Chisholm  
Susan Clark  
Roger Daly  
Marie Dziadek

John Eisman  
Michael Feneley  
Herbert Herzog  
Ken Ho  
Anne Keogh

Edward Kraegan  
David Ma  
Peter MacDonald  
Graham Macdonald  
Fabienne Mackay

Boris Martinac  
John Shine  
Jonathan Sprent  
Robert Sutherland

## Associate Professor

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

Antony Cooper  
Peter Currie  
Anthony Dodds  
Sally Dunwoodie  
Diane Fatkin  
Judith Freund  
Gordian Fulde  
Edith Gardiner

Allan Glanville  
John Grygiel  
Bernard Haylen  
Christopher Hayward  
Susan Henshall  
James Kench  
Reginald Lord  
Deborah Marriott

David Muller  
Elizabeth Musgrove  
Michael Neil  
Tuan Van Nguyen  
Christopher Ormandy  
Susan Pendlebury  
Michael Perry  
Nicholas Pocock

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

## Senior Lecturer

Russell Aldred  
Paul Baldock  
Neil Ballard  
Asne Bauskin  
Melinda Berry  
Sandy Beveridge  
Christopher Bradbury  
Nick Brennan  
Phillip Brenner  
Robert Brink  
Michael Buckland  
Alison Butt  
Joga Rao Chaganti  
Daniel Christ  
Brett Courtenay  
Paul Darveniza

Michael Dawson  
Martin Duffy  
Steven Faux  
Robert Feller  
Douglas Fenton-Lee  
Andrew Field  
Andrew Finckh  
Ray Garrick  
Laila Girgis  
Antony Graham  
Jerry Greenfield  
Thomas Grewal  
Shane Grey  
Jenny Gunton  
Adrian Havryk  
Warren Hargreaves

Richard Harvey  
Vanessa Hayes  
Lisa Horvath  
William Hughes  
Lele Jiang  
Graham Jones  
Joanne Joseph  
Michael Kennedy  
Maija Kohonen-Corish  
Eugene Kotlyar  
Vincent Lamaro  
David Laybutt  
Kin-Chuen Leung  
Monique Malouf  
Romesch Markus  
Steven Mistilis

John Moore  
Philippa O'Brien  
Terence O'Connor  
Sharon Oleskevich  
Michael Ortiz  
Gregory O'Sullivan  
Kurosh Parsi  
Malcolm Pell  
Marshall Plit  
Paul Preisz  
Michael Rolph  
Stephen Rosenman  
Neville Sammel  
Carsten Schmitz-Peiffer  
Jacob Sevastos  
Pablo Silveira

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

## Lecturer

Traude Beilharz  
Damien Boyd  
Kathryn Brooke  
Gavin Chapman  
Nicholas Cole  
Jennifer Cropley  
Kharen Doyle  
Gerald Fogarty  
Adam Hill

Pengchu Ju  
Michael King  
Nirmala Kumaradevan  
Juliana Lamoury  
Mark Lutherborrow  
Philip Macaulay  
Matthew Naylor  
Abdullah Omari  
Georg Ramm

Shari Parker  
Duncan Sparrow  
Jacqueline Stoeckli  
Clive Sun  
Alex Swarbrick  
Annette Trickett  
David Williams

## Associate Lecturer

Walid Barto  
Adam Bryant  
Hergen Buscher  
Andrew Jabbour  
Samuel Kim  
Vicky Lu  
Bojidar Manasiev

Jonathan Morton  
Ramesh Pandey  
Michael Piza  
Vidyut Sutor  
Peter Tan  
Andrew Webster  
David Yeung



**Back Row (L to R):** A/Prof Bill Sewell, Dr Stephen Tisch, Prof Bruce Brew, Prof Ken Ho, Prof Milton Cohen, Dr Antony Graham, Prof Jock Harkness, Dr Darren Gold (Academic), Dr Andrew Jabbour

**Front Row (L to R):** Dr Sam Milliken, Prof Peter Macdonald, A/Prof Eva Segelov (Academic), A/Prof Anne Keogh, Dr Neville Sammel



# 2009 OVERVIEW



## New Medicine Program (Med 3802)

Teaching based on 4 life cycle domains:

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

### Phase 1

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

#### Assessment:

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

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

### Phase 2

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

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

#### Assessment:

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

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

### Independent Learning project

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

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

### Phase 3

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

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

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

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

# 2009 DATES

## Phase 1

Teaching Period 1: 2 March - 1 May

Recess: 10-19 April

Teaching Period 2: 4 May - 26 June

Mid Year Break: 27 June - 19 July

Teaching Period 3: 20 July - 11 September

Teaching Period 4: 14 September - 13 November

Recess: 26 September - 5 October

## ILP (2009 Commencement)

Teaching Period 1 & 2: 30 March - 10 July

Mid Year Break: 11 - 19 July

Teaching Period 3: 20 July - 11 September

Recess: 12 - 20 September

Teaching Period 4: 21 September - 27 November

## Phase 2/Phase 3

Summer Teaching Period: 19 January - 13 March

Teaching Period 1: 16 March - 15 May

Recess: 10 - 19 April

Teaching Period 2: 18 May - 10 July

Mid Year Break: 11 - 19 July

Teaching Period 3: 20 July - 11 September

Recess: 12 - 20 September

Teaching Period 4: 21 September - 27 November

PRINT (Year 6): 12 October - 20 November

## Exams

Phase 1: Monday 11 & Tuesday 12 May

Phase 2: Weeks of 23 March & 23 November

Phase 3 Clinical: 21 September - 16 October

Phase 3 Biomed Viva: Week of 23 November





# UNSW



ST VINCENT'S  
CLINICAL SCHOOL



St Vincents  
& Mater Health  
Sydney



St Vincent's Hospital



St Vincent's Clinic



St Vincent's Private