The Sydney Medical School Nepean Campus is gradually developing its own identity with the opening of our own accommodation block. The building still requires some further renovations, however in the end it will provide a safe and geographically close home for our students. So farewell to the old ‘Nurses Home’ which has served us for so many years. The proposed East Block for the hospital is to be developed near the site of the ‘Nurses Home’.

As you may have noticed from my first line we have a new name: the ‘Sydney Medical School – Nepean’. This has come about as it better describes what we do and where we are.

Surgical training has really moved forward over the last year at Nepean with new innovations in teaching and great interest by students in surgical training opportunities over the summer. I would like to thank Professor Michael Cox and his team for developing this. In particular it is great to see so many of our Visiting Medical Officers passing on their knowledge and skills to our students. For doctors not based fulltime on campus it can be difficult to find the opportunities to teach however it is essential for our students to learn there is more to medicine than what happens in the hospital.
USYD Nepean Seminar Series

The next Presentation in the Seminar Series will be held on:
Monday, November 30th

Our previous seminars...

David Bradbury, Prof. Anthony McLean and Prof. Michael Peek.

David Bradbury addressing the seminar.
The Summer Vacation Surgical Program (SVSP) was developed as an initiative to increase the exposure of 1st and 2nd year medical students to surgical terms and the operating theatre. This will be the second year that the SVSP has been run. In the first year, 2008/09, 28 students participated in the program.

Recently, these summer vacation surgical terms were approved as an Independent Learning Activity (ILA) by the University. Each student needs to successfully complete at least one ILA during their 1st and 2nd year.

The following is a summary of the ILA taken from the University website:

“This particular ILA will give an in-depth exposure to the various components of a sub-specialty surgical practice. Activities include attendance at consulting sessions in both private rooms and outpatient clinics, ward rounds, clinical meetings, including multi-disciplinary meetings, emergency on-call, attendance at emergency cases and attendance at elective operating lists in the public and private hospitals.

It is acknowledged that other projects occur over a ten to twelve week period with two to four hours per week. In order for this project to be effective and provide the learning opportunities and an in-depth exposure to an area of sub-specialty surgical practice, a more intense period of attendance is required. It would be impractical to do this during the semesters and therefore these terms have been created within the summer vacation.”

Judging by the initial response from the students this year, I believe that the 2009/10 program will be even more successful than last year and will be completely filled by the commencement date in early December.

Jan Mondy

The University of Sydney – Doctorate of Clinical Surgery

Sydney Medical School at Nepean is leading the way in the Surgery Curriculum. This was the initiative of Associate Professor Mohamed Khadra, and last year saw the introduction into all Clinical Schools of the Surgical Handbook which guides students in their studies of Surgery in stage 3 of their Sydney Medical Programme.

Now Nepean has created a postgraduate offering in Surgery which was passed by Senate last month and due to be launched in 2010.

A Summary of the Doctorate of Clinical Surgery

The University of Sydney will be offering a Doctorate in Clinical Surgery from 2010. The aim is for this programme to dovetail with the specialist surgical training of the Royal Australasian College of Surgeons to provide candidates with opportunities to expand their personal horizons through non-clinical educational and research activities. The Doctorate is designed to offer a set of rigorous competency-based academic standards for the clinical components of the surgical specialist training program and to offer value through the addition of management, research, education and public health subjects which prepares the practising surgeon for the challenges of modern surgical practice.

The Doctorate of Clinical Surgery affords the flexibility to train part-time, or to train full-time and then suspend training for a short period. This will be particularly attractive to candidates with child-rearing responsibilities who currently shy away from embarking on surgical training because of the unforgiving nature of the workload and because of limited flexibility.

Admission to the degree is for graduates with a recognised medical degree and with advanced postgraduate in-depth knowledge of anatomy, surgical pathology and applied physiology acquired either by a relevant postgraduate degree or equivalent, or have completed the Royal Australasian College of Surgeons Basic Training Requirements or equivalent and who have been successful at the entry interview. This entry interview is conducted by a panel of USyd Training Supervisors and assesses the candidate’s suitability for surgical training.

Candidates with the Fellowship of the Royal Australasian College of Surgeons or equivalent have already demonstrated the clinical competencies required for the Doctor of Clinical Surgery, and would be enrolling for the additional subjects and research experience. An admissions panel will assess these candidates in view of their previous clinical experience and qualifications and may grant advanced standing of up to 66 credit points for the clinical coursework units of study. These candidates will still be expected to undertake the capstone unit, the research component and the non-clinical subjects at a minimum. An appropriate time credit may be given as determined by the admissions panel.

The Degree is attained by a combination of clinical, non-clinical coursework and research as well as an exit viva voce as part of a capstone subject.
Body painting is not something commonly associated with tertiary education, let alone post graduate medicine. It is, however, a common realm for postmodern artists, four year olds, and apparently, German neurology professors. After donning our bikinis and short shorts, us brave souls of 2nd year medicine sacrificed our arms, legs and torsos in the name of education. Dermatomes were the name of the game, with many students exhibiting superior knowledge, artistic skill, neurotic perfectionism, or exceptional modeling abilities in the field. Prizes (in the form of fancy-looking ‘champagne’) were awarded to the team with the best representation of the peripheral nerve cutaneous innervations and dermatomes in our group Anna Wood (artist) and Victoria Bond (model), but also to the most creative team, which went to Michael Catanach (Artist) who drew a brachial plexus on Rhett Morton’s (model) shoulder. Their use of the colours of the German flag for dermatomes T1-T12 may have also helped them sway the judges (Krause at least), however my patriotic Australian bikini clearly didn’t have as much of an effect on the Aussie judges (Thieben et al. come on, where’s your spirit!). Everyone did a pretty amazing job though with one team reverting to Maori-esque tribal prints as a graphic display of the complexities of the nervous system. All in all, it was a messy, fun and educational way to spend the afternoon, allowing our inner child, artist or model to come to run free (for a couple of hours at least before we bottled it up and went back to being studious nerds). As a final wise word to those first years who’ll be doing it next year, take a change of clothes for after so you don’t end up driving home in nothing but a bikini and a bed sheet. And yes, other drivers do notice.

Esra Kilavuz
GMP2

Visit by Nicola Roxon

I was pleased to accompany the Minister for Health and Ageing, Nicola Roxon, during her recent visit to Penrith to confirm the Rudd Government’s $17.2 million contribution to the construction of the new Nepean Clinical School.

This landmark project will become a hub for innovative clinical research and the training ground for the next generation of our medical workforce. It will also deliver much-needed and high-quality specialist and GP care services that are bulk-billed and accessible to residents of the local community.

The Rudd Government is committed to investing in health infrastructure like the Nepean Clinical School to support our medical workforce and the health care needs of our community.

David Bradbury
– Federal Member for Lindsay.

Neurology Block Body Painting with Med2

with Associate Professor Martin Krause

Body painting is not something commonly associated with tertiary education, let alone post graduate medicine. It is, however, a common realm for postmodern artists, four year olds, and apparently, German neurology professors. After donning our bikinis and short shorts, us brave souls of 2nd year medicine sacrificed our arms, legs and torsos in the name of education. Dermatomes were the name of the game, with many students exhibiting superior knowledge, artistic skill, neurotic perfectionism, or exceptional modeling abilities in the field. Prizes (in the form of fancy-looking ‘champagne’) were awarded to the team with the best representation of the peripheral nerve cutaneous innervations and dermatomes in our group Anna Wood (artist) and Victoria Bond (model), but also to the most creative team, which went to Michael Catanach (Artist) who drew a brachial plexus on Rhett Morton’s (model) shoulder. Their use of the colours of the German flag for dermatomes T1-T12 may have also helped them sway the judges (Krause at least), however my patriotic Australian bikini clearly didn’t have as much of an effect on the Aussie judges (Thieben et al. come on, where’s your spirit!). Everyone did a pretty amazing job though with one team reverting to Maori-esque tribal prints as a graphic display of the complexities of the nervous system. All in all, it was a messy, fun and educational way to spend the afternoon, allowing our inner child, artist or model to come to run free (for a couple of hours at least before we bottled it up and went back to being studious nerds). As a final wise word to those first years who’ll be doing it next year, take a change of clothes for after so you don’t end up driving home in nothing but a bikini and a bed sheet. And yes, other drivers do notice.

Esra Kilavuz
GMP2
Neurology Block Body Painting with Med2
Some of Nepean’s 34 Graduating Students 2009

Year 1 Medical Students Mastering Plastering
Professor Michael Peek and Sarah Whereat represented Sydney Medical School-Nepean, University of Sydney as hosts to the Penrith Valley Rotary club on a vocational visit to the Clinical School on the 29th April.

As a rotary member of Penrith Valley Club, Sarah arranged this visit as most members were unaware that the clinical school existed. These visits are a regular feature of rotary clubs; they visit different work places to gain understanding of different features and settings of various work situations in the community.

The visit was broken into two stages, initially meeting in the Education Centre of The Medical School, where small groups were given tours of the Centre and the Clinical Skills Laboratory by Sarah. This was followed by a brief presentation by Sarah on the Teaching aspect of the clinical school. The group then moved downstairs to Eden’s Café for the dinner meeting.

Two presentations were then given by Professor Peek described the research activities of each Professor and their research groups and how we are supported by two foundations – The Nepean Medical Research Foundation (NMRF) and the Australian Women’s and Children’s Research Foundation (OZWAC). Several members of Rotary are also key members of the NMRF (including The Mayor, Jim Atkin, who is the Patron of NMRF) and they highlighted this foundations work and how each member could assist in this ongoing research at Nepean.

Professor Peek then described the new building plans for the Medical School in the vacant block across from the Hospital.

The response was great, with one comment below, demonstrating the benefit of the visit.

Alex said “I was blown away. I still thought Nepean was a minor teaching hospital and had no idea how much research was actually going on”

Dr Sachint Lal thanked Professor Peek and Sarah for their efforts on the evening and Ron Norman, Club President presented Michael Peek with a cheque for $500 for the Clinical School from the Club, with the promise that the board will seriously consider the merits of further contributions when funding allocations are to be made shortly.
The 7th Annual Nepean Teaching and Research Retreat was held at the York Fairmont Resort at Leura in the Blue Mountains, on the 6th and 7th August.

We were greeted with lovely winter weather and welcoming staff.

The retreat was very well attended with Educators, Tutors, Academics, Researchers, Administration and Student representatives from Nepean and Faculty.

**Day 1 – Teaching Program**

Dr Louise Cole, our Sub-Dean of Education, opened the retreat with a welcome and overview of how The Sydney Medical School at Nepean has grown and continues to move forward.

This was followed by:

- **A/Professor Heather Jeffery** – Evaluation
- **Dr Bill Croker** – Educational Intervention
- **Students – Year 1** – Kate Gordon and Doruk Seyfi
- **Year 2** – Stephanie Davenport and Robert Malcolm
- **Afternoon Tea**
- **Students – Year 3** – Daniel Vagg and Emily Thomas
- **Year 4** – Brandon Baraty

**Resident & Registrar teaching**

**Professor Peek** – New Building - Teaching perspective.

**Close – Professor Peek**

**Drinks** – Lounge Area overlooking swimming pool

**Dinner** – Eucalypt Room

**Speaker** – Professor Mohamed

**Day 2 – Research Program**

The second day was opened by **Professor Ralph Nanan** – Sub-Dean Research who spoke about research at USYD Nepean – Improving the Student Experience.

This was followed by another interesting day’s program:

- **Professor Kathryn Refshauge** – Associate Dean and Director Research and Innovation – The Faculty of Health Sciences “Effective Collaboration at a Distance”.
- **Brandon Baraty** – Honours Project
- **Dr Peter Hsu** – Masters Project
- **Ann Quinton** – PhD

**Morning Tea**

- **Dr Tony Liu** – Perinatal Risk Factors for the Neonatal Abstinence Syndrome
- **A/Prof Starcevic** – “Nepean International Survey of Video Game Use”.

- **Dr Bernard Champion** – Debating Medical Education
- **Prof Nanan** – Supervisor Connect
- **Wei Lei** – Coming to Australia

- **Hooshang Lahooti** – Research at Nepean – Area perspective

- **Professor Peek** – New Building - Research perspective

**Close – Professor Nanan**

This retreat again proved how so much valuable and productive discussion can occur when so many people from the variety of aspects involved in our Medical School are brought together. It was also a great opportunity for everyone to get to know each other in a relaxed setting, and form productive working relationships which underpins the ability for the school to function and continue to achieve in teaching and research activities.
for Nepean

Dr Anthony Liu received a New Investigator Award at the recent PSANZ in Darwin. There were 12 winners across 6 disciplines. He was awarded it for his oral presentation entitled, ‘Perinatal risk factors for the Neonatal Abstinence Syndrome’. He also had another oral presentation on ‘Growth restriction in pregnancies of opioid-dependent mothers’ and a poster presentation on the ‘Pregnancy and neonatal characteristics of opioid-dependent Indigenous Australians: a rural and metropolitan comparison’. This poster won the Best Poster Presentation at the Nepean Scientific Day awarded by the Nepean Medical Research Foundation.

Dr Liu has also been awarded the Medical Education Affiliated Staff Scholarship which goes towards paying some of the costs to the completion of his Master of Medical Education degree.

Dr Peter Hsu was awarded a Clinical Associate Lectureship in Paediatrics.

Paediatric News

Max Mongeli and Vladan Starcevic.

James and Anne.

Sally, Louise and Marcel.

Our hard workers relaxing over a lovely dinner.

Kevin Hedge and Michael Cox.

More relaxation over good food and wine.

Sarah, Rhonda and Narelle.

Anu and Lee.

SYDNEY MEDICAL SCHOOL – NEPEAN NEWSLETTER – August 2009
Our Research Team consists of Professor Michael Peek, Cathy Dunn and Sue Sellar. Cathy and Sue are Research Midwives each working 2 days a week in this role. Cathy and Sue discuss the appropriate research with eligible women and their families, recruit, consent, educate and support the women, complete the data forms and liaise with the coordinating centres. The Research Midwives also liaise with the Obstetrics and Gynaecology teams and various departments within Women’s and Children’s Health and provide education sessions to staff. We are currently involved in 5 multicentre studies.

1 The PROGRESS Study (Progesterone after Previous Preterm Birth for the Prevention of Neonatal Respiratory Distress Syndrome)

Respiratory Distress Syndrome (RDS), as a consequence of preterm birth, is the major cause of early neonatal mortality and morbidity.

Women who have given birth preterm in one pregnancy are more likely to give birth preterm in a subsequent pregnancy.

Progesterone is essential for the maintenance of pregnancy being involved in maintaining uterine quiescence.

The aim of the Progress trial is to assess whether the use of vaginal progesterone pessaries in women with a history of previous spontaneous preterm birth will reduce the risk and severity of RDS, by extending their pregnancy.

Women with a current single or twin pregnancy, who had preterm (20-37 weeks) spontaneous labour immediately preceding birth are eligible. Participants are randomised to progesterone or placebo pessaries, self administered from 20 to 34 weeks.

This trial was designed and is coordinated by Adelaide University Clinical Trials Unit at the Women’s and Children’s Hospital, Adelaide, by Professor Caroline Crowther and Dr Jodie Dodd. The PROGRESS Study was commenced at Nepean Hospital in May 2006. 984 Women are needed for this study, currently 426 have been recruited, 37 from Nepean. Nepean hospital has the 3rd highest number of recruits out of 32 Australian recruitment centres. Of the 37 women recruited at Nepean, most have delivered at a later gestation than their previous birth and many have reached full term.

2 PPROMT Study (Preterm Prelabour Rupture of the Membranes close to Term)

Preterm prelabour rupture of membranes (PPROM) complicates 2% of all pregnancies and is the cause of 40% of all preterm births. Currently there are two standard practices for the management of PPROM between 34 and 36+6 weeks gestation. First being Expectant management, where, if the woman does not go into spontaneous labour her delivery is not assisted (induced or caesarean) until she reaches 37 to 38 weeks or unless complications require delivery. The 2nd type of management is early delivery or delivery within 24hrs from PPROM.

Clinical decision-making requires consideration of the potential risks, complications and benefits of early delivery verses expectant management. At gestations between 34-36+6 weeks, whilst the neonate is at increased risk of complications of prematurity, these risks need to be balanced against the increased incidence of chorioamnionitis associated with expectant management in women with PPROM.

Histological evidence of chorioamnionitis is present in up to 50% of women who give birth preterm and is often not associated with clinical signs or symptoms. Chorioamnionitis is a known significant risk factor for the neonate for the development of cerebral palsy.

This trial will provide guidance for the management of women with PPROM near term.

Hypothesis- early planned delivery of women with PPROM close to term is associated with less neonatal and maternal morbidity compared with expectant management; and fewer economic costs compared with expectant management.

Women with a singleton pregnancy, of gestation 34-36+6 weeks and ruptured membranes, not in established labour and without indications for immediate delivery are invited to participate. Consenting women are randomised to early planned birth or expectant management.

This trial was designed and is coordinated by University of Sydney at the Royal North Shore Hospital, by Professor Jonathon Morris. Nepean Hospital has been recruiting women for the PPROMT Study since Aug 2005 and currently has 55 participants, which is the second highest recruitment centre. 1812 women are needed for the study and there are 553 recruits from 38 centres across Australia and overseas.
3 Twins trial (Timing of Birth at Term)

The risk of stillbirth and early neonatal death in twin gestations has been shown to increase from 36-37 weeks gestation, and correlated with that seen beyond 41 weeks in singleton pregnancies. Induction of labour in women with a singleton pregnancy beyond 41 weeks has been shown to reduce perinatal mortality. This randomised, controlled trial is comparing elective delivery of women with a twin pregnancy at 37 weeks, with current expectant management, which is delivery at 38 to 39 weeks gestation.

Women with a twin pregnancy at 36+6 weeks gestation and without contraindication to continued expectant management of the pregnancy, are invited to participate.

Women are randomised to early elective delivery or to standard management.

The Twin trial was designed and is coordinated by Adelaide University Clinical Trials Unit at the Women’s and Children’s Hospital, Adelaide, by Professor Caroline Crowther and Dr Jodie Dodd. Nepean Hospital has been involved since February 2008 and we have recruited 15 women. Making Nepean hospital the 6th highest recruitment centre out of 17 sites in Australia, New Zealand and Italy. 576 women are required for this study, currently 192 overall have been recruited.

4 IDEAL Study (Investigation of Dietary Advice and Lifestyle for Women with Borderline Gestational Diabetes.

The aims of this randomised clinical trial are to assess whether dietary and lifestyle advice, given to pregnant women who have borderline gestational diabetes (defined as a positive oral glucose challenge screening test followed by a normal oral glucose tolerance test), reduces neonatal complications (macrosomia, hypoglycaemia and hyperbilirubinaemia) and maternal risks (pre-eclampsia and caesarean section).

Eligible, consenting women are randomised to either the “Routine care” group or the “Intervention” group. All women in the study will have their weight recorded at the first visit and again at 36 weeks. They will be asked to complete questionnaires on their diet, exercise and general health and wellbeing.

The “Intervention” group will receive dietary and exercise advice and a peripheral blood glucose and weight assessment at each routine antenatal visit. Women in the “Routine care” group will receive routine obstetric care.

1916 women are being sought for this study. We have recruited 11 women at Nepean Hospital, since we began the study in February 2009 and are currently 3rd out of 4 recruiting centres.

5 The Stillbirth Study

This study is investigating the risk factors for stillbirth and the role that viral infections may play. Stillbirth occurs in about 6 per 1000 births in Australia. This rate has remained fairly static over the past 2 decades despite ongoing improvements in pregnancy care. Many stillbirths remain unexplained. This study is looking at several different viruses that are found in many pregnant women to see if these are more commonly found when the baby is stillborn. The study is also looking at other factors that might be present with stillbirths. The study is investigating unexplained stillbirth of 32 weeks gestation and over.

The study involves the usual investigations carried out by the woman’s obstetric team as well as further viral investigations and an interview with the mother.

For each woman who participates in the study, 2 women at a similar gestation are sought to participate as case controls. These women also have viral studies (non invasive to the baby) at birth, and an interview. This research intends to further medical knowledge and may influence prevention of stillbirth in the future and hopes to provide some extra support to women and their families at such a difficult time.

Recruitment:
– Overall there have been 38 case studies Australia wide (3/2/2006-7/7/2009)
– 63 matched controls to date.

Post Mortem Rates:
– 23 (64%) has agreed to a post-mortem examination. This compares to a NSW post-mortem rate of 39% for stillborn babies.

Eligibility:
– Of eligible cases, 90% have agreed to participate in the study.

This study was designed and coordinated by Dr Adrienne Gordon Neonatologist from Royal Prince Alfred hospital, PhD student at University of Sydney.
Nepean Consensus Statement Meeting: Treatment for Osteoporosis in Institutionalised Older People in Australia

Meeting Summary 25 July 2009

Leading Australian bone and geriatric specialists have hailed the Nepean Consensus Statement meeting on the treatment of osteoporosis in the aged care setting a major success, and a significant step forward in addressing this growing national issue.

Osteoporotic fractures are an important cause of morbidity and mortality in residential aged care facilities. While those in the aged care setting are at greater risk of osteoporotic fractures compared to those in the wider community, osteoporosis continues to go under-diagnosed and undertreated, signifying a genuine need for the Nepean Consensus Statement Meeting.

Held on 25th July, invited delegates, which also included GPs and nurses, developed consensus recommendations outlining best management practice for the prevention of osteoporotic fractures in the institutionalised elderly population.

Consensus recommendations included:

- Vitamin D supplementation is recommended for all institutionalised older persons. Residential aged care facilities (RACFs) should also encourage appropriate sun exposure for residents.
- Calcium supplements were not generally endorsed. However, a calcium rich diet should be encouraged for all residents of aged care facilities.
- A multi-factorial falls prevention program should be implemented. The program should include balance re-training and regular exercise at least twice a week.
- Measurement of bone mineral density (BMD) is difficult in residents of aged care facilities, and the results are of limited value for predicting fracture risk in this population. In the future, diagnosis of osteoporosis and the decision to treat should be based on an overall fracture risk assessment rather than a BMD value.
- Treatment for osteoporosis is encouraged for all residents at high fracture risk, unless considered inappropriate for an individual patient. Treatment choices include oral and intravenous bisphosphonates, as well strontium ranelate.
- Due to compliance and tolerance issues with oral medication, intravenous bisphosphonates may be a good alternative for institutionalised older people.

The meeting was organised by Associate Professor of Geriatric Medicine Gustavo Duque, who is Head of the Discipline of Geriatric Medicine and Director of the Aging Bone Research Program at the Nepean Clinical School, University of Sydney. The meeting was endorsed by Osteoporosis Australia, the Australia and New Zealand Bone & Mineral Society, the University of Sydney, the Aging Bone Research program and the RACGP, and was supported by an unrestricted educational grant from Novartis Pharmaceuticals.

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For further information, please contact:
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Prof. Bruce Troen’s Visit

Professor Bruce Troen from the University of Miami is a very well recognized Geriatrician and researcher in the area of osteoporosis and the chair of the American Geriatrics Society Meeting Program Committee. Professor Troen visited us and spoke about his Vitamin D research and met with our Geriatrics and Aging Bone research team.
James Marceau

My name is James Marceau, and for nearly the last 4 years I have been enrolled in a part time Masters of Science in Medicine (research). I am also a full time Clinical Nurse Specialist in the Neonatal Intensive care unit at Nepean, who for the last 16 years has devoted over 10 years into various self initiated research projects.

I have a passionate interest in neonatal pain management and pain assessment.

The first research project that I completed was the development of a pain assessment for ventilated newborn infants. When I published my research manuscript, it was suggested to me to apply for entrance into a research Masters Program. While this does not seem such of a problem, there was the matter of me not having any undergraduate degree; having come form the old nursing system.

After many enquiries were made by Professor Peek to the faculty,

I commenced my Masters in 2005 under the supervision of Professor Nanan.

The research study involved the use of an oral sucrose solution in newborn infants of methadone-maintained mothers.

Sucrose is used extensively in infants, as a brief analgesic agent for most minor tissue damaging procedures. The analgesic action of Sucrose occurs via the activation of the Endogenous-Opioid system.

Sixty to eighty percent of infant’s who are born to mothers who are receiving methadone for their drug addiction will show signs of withdrawal; treatment can last several months.

If we could use Sucrose to activate the Endogenous-Opioid System of these infants, we could maybe enhance the current treatment for withdrawal. The first part of our study was to show that Sucrose actually had an analgesic effect in these infants; considering that a small observational study on “4” similar infants in 1994 said otherwise.

In 2008, I had shown that an oral sucrose solution had an analgesic effect in 26 methadone-exposed infants. We have now published our findings and will shortly begin the second phase of our study.

Australia’s Biggest Morning Tea

On Thursday 28th May we held a “Mad Hatters” morning tea to contribute to the Cancer Council’s Biggest Morning Tea in honour of friends we have lost and those who are still fighting Breast Cancer.

We ate through the morning and raised $75.

This year our tea was dedicated to a particular friend, Barbara Fisher-McBride, who died early this year and who contributed so much to those in need during her 47 years with us.
I am pleased to report that the Nepean Medical Research Foundation has had much pleasure, along with consultation with the Scientific Advisory Panel, in the allocation for the 2009 Grants for Clinical Research in the amount of $95,000.

We wish to take this opportunity once again to thank all Philanthropists and general donors and supporters of the Foundation for their generosity and sincerely hope that those who have fallen on hard times find the going easier in the near future.

The Council would also like to thank the University of Sydney for their continued support and guidance in all areas of administration. Shauna Jarrett has been a constant source of constructive advice through her capacity on the Council and assisting with the stringent guidelines the University imposes on their Foundations, for the betterment of all concerned.

It was with great disappointment that we learnt of the retirement from the University of Professor Andrew Coats who was, at his retirement, Vice Chancellor of External Relations, which included all Foundations. Andrew has been of immense support to our Foundation for the last 8 years and was always available for any communications. The Council of the Foundation wishes Andrew and his family much happiness in their new course in life.

As our mission statement is “Today’s Research is Tomorrow’s Treatment” we as a Council strive to support research at the Nepean Clinical School. We have found working with Professor Ralph Nanan as Sub Dean of Research a rewarding and fulfilling experience. He is diligent as Sub Dean and in our opinion Nepean Clinical School is more the richer to have him, as we have found him to be totally professional in all dealings with him.

I cannot miss this opportunity to once again thank and acknowledge my fellow Community Council members who give freely and consistently of their time and deserve nothing less than the full and undivided support of all the Medical academic fraternity at Nepean Hospital.

To Harry Stewart, a big thank you again for your wonderful, individual effort this year of raising in excess of $3000 for the Foundation, bringing your total to $20,000. That is a lot of $1 raffle tickets and Harry, and we are proud of you and your enthusiastic work. It has been possible to purchase essential laboratory equipment through this man’s passion to give of himself, even though he is struggling with his own illness.

The Council of the Nepean Medical Research Foundation and all its supporters wish the researchers fruitful outcomes to their diligent efforts and congratulations to those who have had acknowledgement and their efforts in academic degrees, publications and presentations.
Harry’s Hardwork Continues

The Val Stewart Morning Tea was held Thursday, 30th April at the Salvation Hall at Glenmore Park. Harry Stewart and his daughter Carmel Cox continue the dream of their belated loved one Val Stewart to raise money for Research. In 1996 Val was diagnosed with multiple myeloma (cancer of the bone and marrow). Through Val’s treatment, under Professor James Wiley at the Nepean Hospital, they made themselves pro-active by their yearly raffle to raise funds for laboratory equipment for use of researchers. Sadly Val passed away in 2006. The President Mrs Gwen McMaster-Fay spoke about the hard work that Harry and the late Val have done over the past years in raising funds for Nepean Medical Research Foundation. Professor James Wiley attended the morning tea and expressed how honoured he was to be attending this worthwhile cause. A Paediatric Researcher, Dr Sally Poulton from the Nepean Clinical School, University of Sydney also spoke about the importance of Research being undertaken at Nepean Hospital. She spoke about her research in children with ADHD and behavioural problems. Also in attendance were Labour Member Karyn Paluzzano & Federal Member David Bradbury. Over 90 people attended the morning tea and over $1,400 money was raised and donated to Nepean Medical Research Foundation. This year Harry Stewart has raised in total $3,300 towards laboratory equipment for research. The support of Captain’s Scott Sharon, Salvation Army, Glenmore Park and their team of volunteers annually support the Val Stewart Morning Tea is much appreciated. Local business which supported this years event were Myers Penrith, Tony Ferguson Pharmacy, Julie Ray Massage therapist, Freshworld Nepean Square & Eden’s Cafe Penrith. If you would like to contact the Foundation, please contact the Manager, on (02)4735 2407.

Pictured above: L – R Carmel Cox, Diane Azzopardi, Karyn Paluzzano, Lydia Fuhrmann, Harry Stewart, Susan Dowed, Gwen McMaster-Fay, Prof James Wiley, David Bradbury, Dr Sally Poulton

The Lovely Salvation Army Morning Tea for Val Stewart.
CONSTITUENCY STATEMENT

Lindsay Electorate: OZWAC

Mr BRADBURY (Lindsay) (4.13 pm)—I rise to acknowledge the efforts of the dedicated group of local people who make up the Australian Women and Children’s Research Foundation or OZWAC. OZWAC was founded in 1998 by Professor Brian Spurrett, Dr Chris Kohlenberg and local businessman Greg Alchion. The Perthen region has been fortunate to have attracted passionate advocates for women’s and children’s health. In the days when Western Sydney was a bridge too far for many clinical specialties of any discipline, pioneers like Professor Spurrett and Dr Kohlenberg recognised the massive need for their skills and experience in our region. Unfortunately both Professor Spurrett and Dr Kohlenberg have passed away since forming OZWAC but they have left a thriving legacy.

Now in its 11th year, OZWAC raises money to help drive important research into the health of women and children—research that is conducted entirely in Western Sydney. OZWAC funds grants to support research by the University of Sydney’s Nepean Clinical School. The clinical school trains more than 200 medical students in partnership with the Nepean Hospital each year. It also provides clinicians and clinical students with the opportunity to undertake cutting edge research, which OZWAC has been able to financially support for the past decade. With the support of OZWAC the Perthen region has become a more attractive destination for innovative clinicians. I am also proud that the Rudd government is contributing $17.2 million towards the construction of a new Nepean Clinical School facility opposite Nepean Hospital, providing a dedicated space for this clinical research to take place.

OZWAC has also helped to raise funds for the purchase of high tech medical equipment like 4D ultrasound machines and to help train doctors and nurses in specialist women’s and children’s healthcare techniques. Central to their fundraising program is the annual OZWAC ball, which this year celebrated its eighth anniversary. Along with my wife, I was proud to be among the 260 people who attended this year’s ball, which I am told raised more than $30,000 and was supported by Panthers World of Entertainment, who generously donated the venue for the event. The people who attend OZWAC’s fundraising events are not corporate high flyers; they are local business people and individuals who share OZWAC’s passion for the health of our community. And without their support none of this research and investment in equipment would be possible.

I would like to acknowledge the work of Chairperson Bruce Williams, Secretary Dianne Courtman, Treasurer Michelle Hampson, and Fundraising Coordinator Lea Hicks. They are supported by Professor Michael Perk and his team at the Nepean Clinical School and the other members of the OZWAC board, all of whom volunteer their time, including Professor Ralph Namat; Professor George Condous; Professor Peter Deitz, Michelle Bunting; members of the fundraising committee, Melanie Kennedy and Lois McGillic; and administration coordinator Marce Yantes.

I thank the OZWAC team for their incredible work. They are making a difference to the lives of families in Western Sydney and I am certain they will continue to do so for decades to come.

Speech to the House of Representatives, Tuesday 3rd June 2009

DAVID BRADBURY MP
Federal Member for Lindsay
Glitz and Glamour at Charity Ball

Glitz and glamour took over the Evan Theatre at Panthers for the OZWAC Ball Friday, 1st May, 2009. “Underbelly” star Roy Billing co-hosted the evening with Troy Dodds (Local MC) with over $30,000 being raised and 265 people attending to enjoy a wonderful night. Guests kicked up their heels with the fabulous entertainment provided by Xparte and Tara Dennis sent a special greeting via DVD.

Date for Diary

The next "9 & Dine" OZWAC Charity Golf Day will be

Friday 6th November 2009

and will be held at

Leonay Golf Course
Emu Sports Club

Upcoming Courses

The Nepean Centre for Perinatal Care

Thursday, 3rd September 2009 – (6pm)
Paediatric Food Allergies, Causes, Prevention and Management
Presented by Professor Ralph Nanan and Dr Peter Hsu.

Thursday 22nd October 2009 – (6pm - 8:30pm)
Medical Disorders in Pregnancy
Presented by Professor Michael Peek.

Enquiries: Please contact Maree Yabsley on 4734-3205

The Board & Fundraising Committee would like to acknowledge and thank all of our continued supporters and sponsors for making this year’s Charity Ball on 1 May ’09 a great success and helping us to raise more than $30,000 for much needed research into Women & Children’s health...

Through research we enhance the health of our children…. Our future.

Australian Women & Children’s Research Foundation

Berger Piepers • DME • Global Skills • Insignia Hair & Day Spa
J Wyndham Prince • Kelly & Partners • Penrith Children’s Clinic
Nepean Clinical School • NAB • Penrith City Council
Stanton & Taylor First National • Stanton & Taylor Strata Mngt
Tony Ferguson Weightloss Clinic • Western Weekender • Westco Building Consultants
Williams Courtman Kelly • Sydney Helicopters • Prompt Mowers • York Jewellers
And of course all of those who donated prizes, made donations and attended on the night

Thanks also to our wonderful Band - Xparte Kate Walder
& our fantastic MCs Troy Dodds & Roy Billing (of Underbelly fame)
Visiting Scholars and Students

German Medical Students 2009

Working at Nepean Hospital, far away from home, being made to feel very welcome and integrated into the hospital was easily the most exciting and intense experience in the whole of our clinical education. We were very privileged to see some of the most beautiful places in the world and, of course, improve our language. Thank you to everyone at Nepean for this wonderful time.

Christian & Clemens
German Medical Students 2009

Dr Maria Jose Bernardo

Dr Maria Jose Bernardo, from Portugal, visited the Nepean Clinical School. She was under the supervision of Professor Peter Dietz, training in Pelvic Floor Ultrasound from the 27th April to the 29th May 2009.

Dr Xavier Fritel

Dr Xavier Fritel, from France, visited the Nepean Clinical School. He was under the supervision of Professor Peter Dietz, training in Pelvic Floor Ultrasound from the 25th May to the 29th May 2009.

Dr Barnabas Mavo

Dr Barnabas Mavo from Papua and New Guinea (a trainee in Medicine at Nepean Hospital) is doing a research project with Professor Jack Wall this year involving study of patients with thyroid disease and ophthalmopathy in a single centre in Port Moresby, PNG. Barnabas will be working with a local physician at the Thyroid Clinic in Port Moresby who will see the patients, make observations about their eyes and thyroid, and take blood for testing in our lab.

Stuart Hart

Stuart was a visiting scholar from the University of South Florida, here to work with Professor Hans Peter Dietz to learn the techniques of 2D/4D ultrasound of the pelvic floor. They are interested in developing a center devoted to pelvic floor imaging, and want to use the techniques developed by Professor Dietz to evaluate patients with pelvic floor disorders.
News and People

Beth Bendell

We welcome Beth who is a qualified midwife on staff within the Sydney West Area Health Women Children’s and Youth Health Network who has been seconded to our School for 9 weeks commencing from 20/7/09.

During the Perinatal & Women’s Health rotation, commencing on 27/7/09, she will liaise with the NUM’s and staff of Delivery Suite, Antenatal and Postnatal Wards and WCH Outpatients to assist the medical students with placements during their clinical component of their course. There will be approximately 30 students for this rotation, and times spent in each department will need to be co-ordinated for all students, ensuring that the Departments are not overloaded and the time is beneficial to the Departments and students.

Beth will also help with education of the students including running sessions on topics such as obstetric emergencies, foetal monitoring, breast feeding.

Chun Sun (Charlie)

Time flies. It’s been more than two years since I was enrolled with much pleasure to study in Nepean Hospital. Working with you all has been a very nice experience. So many friends and so much joy. In these two years, I have finished my master thesis and contributed to the research project of haematology research group.

Please allow me to take this opportunity to thank all of you for your support and kindness, especially to my supervisors, Prof. James Wiley and Dr. Baijun Gu. Besides, I here sincerely wish everybody good luck in the future.

Emma Thembani

My name is Emma Thembani and I am working as Research Coordinator for the Aging Bone Research Program for Associate Professor Gustavo Duque. I was previously at Johns Hopkins University in the United States where I worked as a Clinical Research Coordinator on studies on Frailty in the Aging.

I have a Master of Science degree in Biochemistry and Molecular Biology, always been interested in Clinical Research and have worked in this area for 10 years.

I’m very excited to have this opportunity to work at Nepean Hospital and am enjoying working with our group.

As research coordinator for the Aging Bone Research Program, I am in charge of clinical trials which will be mostly developed at Nepean Hospital (Penrith, NSW). I contact and recruit patients and attend the Falls and Fractures Clinic at Nepean Hospital in order to identify patients who fulfill the inclusion criteria for our clinical trials.

Amy Phu

I have recently joined the Nepean Clinical School as a part time Research Assistant working with Associate Professor Martin Krause involved in clinical research on identifying the prevalence of impulse control disorders and the quality of life in Parkinson’s disease. The remainder of my week is spent as a Neuropsychology Technologist within Nepean and Blacktown Hospital. This role involves performing electroencephalograph (EEG) and assisting in nerve conduction studies (NCS) on outpatients and inpatients.

My current qualifications are a BSc (Cell pathology and physiology) from the University of Sydney and a Grad Cert in Clinical Neuropsychology from Charles Sturt University.
New Titles Awarded:
Clinical Associate Lecturer to Dr Peter Hsu – Paediatrics
Clinical Associate Lecturer to Dr Toh Hock Wong – Neurology
Clinical Lecturer to Dr Jennifer Saunders – Surgery
Adjunct Associate Professor to Dr Charles New – Orthopedics

New Faces:
Emma Thembani – Research Assistant – Geriatrics
Amy Phu – Research Assistant – Neurology

Departures:
Chun Sun – Masters Student – Haematology

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