



## IN THIS ISSUE

- 2 DELIVERING FLEXIBLE LEARNING
- 4 RESEARCH PRESENTATION DAY
- 5 LET SLEEPING DOGS LIE? BOOK LAUNCH
- 6 Q&A WITH KIRSTEN MCCAFFERY
- 8 STUDENT NEWS

## DIARY DATES

### MID YEAR GRADUATE EXPO

Thursday 14 April 4-7pm  
MacLaurin Hall

### MEDICINE & HEALTH RESEARCH AND CAREERS FORUM

Wednesday 25 May, 4.30-6pm  
MacLaurin Hall

### MORE INFORMATION

[sydney.edu.au/medicine/public-health/news/events.php](http://sydney.edu.au/medicine/public-health/news/events.php)

# WELCOME

BY BOB CUMMING, ACTING HEAD OF SCHOOL

Welcome to the first edition of the Bridge for 2011. I am writing this because Glenn is currently on a 4-month sabbatical. He is based in the British Columbia Cancer Research Agency in Vancouver, where he is mainly working on an interactive decision aid for prostate cancer screening. While he is away, Simon Chapman and I have been sharing the Acting Head of School job. Simon covered January and February and I am doing March and April. Glenn returns on May 2.

Orientation for new students was held in the last week of February. The School is pleased to welcome a large number of students both from Australia and around the world. The geographic, cultural and professional diversity of our students creates a truly unique learning environment for students and for staff. I was particularly delighted to find that one of our students is from Burkina Faso, the country with my favourite capital city name: Ouagadougou.

The total number of new enrolments this semester across all the programs run by the School is nearly 300, the most we have ever had. One of the courses with record enrolments is the Graduate Diploma in Indigenous Health Promotion; the 20 new students come from as far afield as Bowen, Cairns, Cape York, Groote, Perth and Thursday Island.

In staff news, I would like to congratulate Alex Barratt on joining the ranks of the School's professors. I welcome Gemma Jacklyn and Kimberley Ivory to key roles in the School: Gemma is the new Associate Lecturer in biostatistics and Kimberley is the new Lecturer in public health for medical students.



CONGRATULATIONS TO ALEX BARRATT ON HER RECENT PROMOTION TO PROFESSOR.



GRADUATE DIPLOMA  
OF INDIGENOUS  
HEALTH  
PROMOTION 2011  
CLASS

---

# DELIVERING FLEXIBLE LEARNING

BY JO LANDER, DIRECTOR, TEACHING AND LEARNING

Prior to 2004, almost all School of Public Health units of study were offered face-to-face. Around that time, students started asking whether at least some units could be offered online, since many of them had very busy professional lives as well as family commitments and wanted the flexibility that online study would provide. We decided to pursue this avenue, and felt that beyond flexibility of access, online learning also offered pedagogical advantages, for example repeatability of online lectures or the opportunity for reflective participation in online discussions.

## Increasing flexible learning options

From the start we planned eventually to offer all courses in Public Health and Clinical Epidemiology by distance (achieved in 2008), but we started small. In 2004 we offered only 12 credit points' worth of units fully online – these were all electives. 2006 saw 46 credit points offered fully online and the first few units offered in dual mode (students could choose whether to study face-to-face or online). Now we have 32 credit points' worth of units fully online and 74 in dual mode. The core units common across programs (Epidemiology Methods and Uses and Introductory Biostatistics) and the remaining MPH core units are all available in dual mode. Even where units are not taught online, we have e-learning sites providing information and in addition we have e-learning sites supporting our block-mode programs for indigenous students.

## Early issues

As with all new initiatives, there were some teething problems. One of these was that virtually none of our academics had previously taught online, so there was a steep learning curve to be negotiated, with some in-house academic development to assist. We now have around 200

experienced lecturers and tutors teaching on our online units. Taking part in online discussions was a strange experience at first for many lecturers and students – not being able to see other participants, not knowing exactly what to say and how to say it – but this became easier with practice. As requested by our students, we standardised the appearance and organisation of sites so that they could concentrate on learning rather than searching for items. We also soon learnt that Distance education involved more than just creating an e-learning website. For example, we needed to arrange off-site examinations for the two common core units, initially 17, increasing to 65 in 2010. We also send out print study guides and introductory readings (by student request) for core units, necessitating boxes of envelopes and a production line for filling them.

## Growing popularity

We are currently seeing an explosion in numbers of Distance students, averaging 160 in the common core units and nearly 80 in the other MPH core units. We aren't planning any new fully online units at present but ideally would like to offer all new units in dual mode, maximising flexibility. We are now concentrating on enhancing the learning experience, especially as the technology increasingly allows us to incorporate social networking tools, wikis and so on into e-learning sites.

Looking back, going online was a huge undertaking, which could not have been achieved without the commitment of academic staff, the generous contributions of numerous experts within and outside the University and the technical expertise and student support offered by the Learning and Teaching Support Unit.

---

# ONLINE LEARNING: A STUDENT PERSPECTIVE

"Living in Vietnam, it is essential that I study online. The benefit of studying at an internationally renowned institution from provincial Vietnam is fantastic. Even if I was in Sydney, I would still opt for online study. The convenience of being able to listen to lectures when it suits and not waste time travelling is great.

So far I've studied Epidemiology methods and uses, Communicable disease Control, Public health aspects of HIV/AIDS, and Public health aspects of STI's. In the first semester, I studied only one subject as it's been a while since I studied. I wish now that I had taken 2 subjects as I'm sure I would have survived. I really enjoyed the electives and found it great to study 3 subjects focused on communicable disease control concurrently, as they were complementary. I prefer the subjects run by the School of Public Health, as there is an online discussion aspect to these subjects which I really enjoy. Online quizzes are great for getting some quick marks, and luckily I have done well in these so far. Submitting assignments online is easy too – no more running to get the paper in the little box before 5pm.

Studying face to face is great as you develop lasting relationships with people. This is difficult online. It would be nice to feel more of a personal relationship with the tutors and other students. My biggest challenge studying in another country has been internet access. Last summer in Vietnam, there were power cuts every day for 6 hours (in Hue) or every other day for 12 hours (in Nha Trang). This makes life challenging, as occasionally we (my husband is also studying online) would sometimes head

---

# ONLINE LEARNING: A STUDENT PERSPECTIVE

"I've been living in Toronto Canada since 2004. Research is a very important part of my job at The Hospital for Sick Children and is emphasised in North American hospitals generally. I enrolled in the Master of Clinical Epidemiology to hone my skills in preparing applications for research grants and research proposals. The program has also assisted me in conducting sound clinical research studies. I wanted a reputable, formalised qualification for professional development and to enhance my credentials.

Online study was really the only option for me. It is very difficult to get out of the Operating Room at exact times each week to attend classes and the classes are often scheduled during work hours so this program offered the flexibility I required.

The volume of reading is difficult initially until you get organised and adjust back into formal studying. I think the secret to distance learning is really about organising your time. I have always thought the real benefits of online learning are that you can study when you want and you can move at your own pace. When you need to spend more time with a concept you can and you can skip through things you may have already covered. Organising your time can be a challenge in the beginning. I anticipated the time difference being a challenge but otherwise it has been really pretty easy. Other than that, the season shift and a very long winter in Canada mean that if I could do some subjects in the northern hemisphere winter it would be helpful.

My advice to other potential online students is to start with a modest schedule in the beginning until you set some realistic and workable study habits, have a clock with Sydney time for exams etc - especially around daylight savings time!"

**Katherine Taylor, M. Medicine (Clinical Epidemiology) graduate, current Honours student**

*Katherine is a Paediatric Cardiac Anaesthesiologist at the Hospital for Sick Children in Toronto. They complete about 500 pump cases a year and over 1000 catheterisation cases as well as looking after children with cardiac disease having non cardiac surgery. She teaches Paediatric Anaesthesia at the University of Toronto and is involved in anaesthesia education in developing countries.*



## FULLY ONLINE DEGREES OFFERED BY THE SCHOOL:

- Master of Public Health
- Master of Medicine/Science in Medicine (Clinical Epidemiology)
- Master of Biostatistics

Units of study from these programs can also be studied online. More information: [sydney.edu.au/medicine/public-health/future/coursework/distance](http://sydney.edu.au/medicine/public-health/future/coursework/distance)

---

down to a beach café where there is free WIFI through a generator to study. Being surrounded by people on holiday, swimming and having fun doesn't help with study.

For those considering studying online - why not? You can study at your own pace, when it suits you. Find something interesting and try one subject to start with."

**Francis Stevens, current M. Public Health student**

*Fran works for Handicap International ([www.handicapinternational.be/](http://www.handicapinternational.be/) [www.handicapvietnam.org](http://www.handicapvietnam.org)) as the mother and child health advisor. They have 2 MCH projects, which aim to prevent disability through strengthening the health systems from provincial to community level with education, equipment and awareness-raising to provide better preconception, pregnancy, birth and newborn care. She also works online for foodwatershelter inc. ([www.foodwatershelter.org.au](http://www.foodwatershelter.org.au)) as the health manager. Fws is an Australian NGO active in Tanzania, East Africa. Fws is building a children's village for orphans and disadvantaged single mama's and their children.*



---

# SPH RESEARCH PRESENTATION DAY

On 24 November the School held its Research Presentation Day. Nearly 100 School and affiliated centre staff and researchers attended the event. Professor Simon Chapman and Ms Abby Haynes opened the day with a plenary session - The characteristics of influential research and researchers. The Hon. Dr Andrew Refshauge gave the plenary response.

A number of parallel presentations were held throughout the day centred on the themes of Health Policy and Health Services Research, Behavioural and Policy Interventions, Health Economics, Nutrition, Obesity and Physical Activity, and Population Epidemiology.

The closing plenary session - Selecting journals with high impact: tips from successful researchers – was well attended by all and included some very useful ideas and advice from leading academics who shared their successful and 'not so successful' attempts at getting published in high impact journals.



Stacy Carter



Andrew Refshauge, Abby Haynes, Simon Chapman



Martin Van Der Weyden



Jonathan Craig



# LET SLEEPING DOGS LIE? BOOK LAUNCH



Alex Barratt and Norman Swan

A book examining the main questions that a man should be asking before deciding to get tested for prostate cancer was launched at the University on 18 November.

Let sleeping dogs lie? What men should know before getting tested for prostate cancer aims to provide a more balanced view to the often 'one-sided pro-screening' message for prostate cancer. Co-authored by Sydney Medical School's Professor Simon Chapman, Professor Alex Barratt and Associate Professor Martin Stockler, the book is a 'must read' for all men who care about their health and those who support them.

Let sleeping dogs lie? is available for \$25 or free download from the Sydney University Press website: [sydney.edu.au/sup](http://sydney.edu.au/sup)



Norman Swann, Simon Chapman, Alan Coates, Alex Barratt, Martin Stockler

---

# Q&A WITH KIRSTEN MCCAFFERY



## **Q1. What aspects of your research are you currently excited about?**

I am really excited about the area of health literacy at the moment. Health literacy levels are surprisingly low in Australia and other developed nations and need attention on many levels. This area of research relates very closely to my interest in shared health decision making and improving social inequalities. How can we expect people to be informed and share health decisions if they are not given information in ways that they can understand? There are some really simple things that evidence shows we can do to make improvements to health literacy such as modifying prescription medication labels and simplifying written medical information in general. But we also need to work on much more difficult issues such as empowering lower literacy patients to feel confident to ask questions, to speak up if they disagree/are uncertain, and to express their preferences in medical consultations.

## **Q2. You are Deputy Director (Public Health Section) of the Centre for Medical Psychology and Evidence based Decision Making (CeMPED) here at the university. Why was CeMPED established and what does your role involve?**

CeMPED is a cross faculty organization bringing together researchers and clinicians from the School of Public Health, the School of Psychology and the Department of Medicine. The centre now involves over 50 staff and students. CeMPED's mission is to

support excellent research across the interface of Psychology, Medicine and Public Health to answer questions about: the behavioural factors which promote good health and prevent disease; ways to enhance the psychosocial adjustment of patients and carers; ways to increase use of evidence in health care decision making; and to support patients to be more involved in their own health care. It's a very productive group led by Professors Phyllis Butow, Alex Barratt and Martin Tattersall. I assist with organization and running of CeMPED within Public Health which has a particular interest in evidence-based shared health decision making.

## **Q3. Your early research investigated psychosocial aspects of HPV testing. What are some of these factors and to what degree do they affect individual choice?**

My early work in HPV testing was a fascinating area to begin my post doctoral career. I was looking at the psychosocial aspects of testing women for Human Papillomavirus (HPV) as part of routine cervical screening and the management of an abnormal Pap smear. HPV is a sexually transmitted virus (albeit an extremely common one) and a virus that women knew very little about at the time that HPV testing was first being proposed. Testing women between the ages of 18-70 for a sexually transmitted infection – often described as a genital 'wart virus' by clinicians, raised LOTS of concerns among women. Women who tested

positive for HPV were anxious, they felt stigmatised and were often confused between HPV and other STIs (herpes and HIV). They were also concerned about their sexual partners and where the virus had come from. It raised many issues and demonstrated how poor community knowledge was about HPV and that the need for very clear information for women and their partners. This work led me to the area of informed choice and shared decision making in screening and my work with the Screening and Test Evaluation Program. The importance of knowing what you were being tested for, before testing not after when the result was positive and anxiety was high, became very apparent in this project.

## **Q4. You have been a co-author on a number of publications about school-based HPV vaccination in Australia. Tell us about this research and what effect you hope this will have on this program in the future.**

My work in HPV testing led inevitably on to work in the area of HPV vaccination. There was considerable concern to ensure communication about HPV vaccination was clear and not misinterpreted as condoning sexual behaviour among adolescents or as only necessary for sexually active young women. Since our previous work had shown that most people had no idea what HPV was, there was also a big job to do in communicating the link between HPV and cervical cancer and explaining the natural history of the virus (how common it

is and issues around latency) to avoid misunderstanding and stigma. I have just completed a very interesting study with A/Prof Rachel Skinner, Dr Spring Cooper and others at the National Centre for Immunisation Research Studies looking at the effect of the Australian School Based program in NSW which had very interesting results. It showed that girls who were vaccinated had very limited understanding of what they were being vaccinated for and its implications. This is important as there are concerns that vaccinated women will feel they no longer have to attend Pap screening or practice safe sex. We found evidence of both kinds of attitudes in our sample, and found that low knowledge was related to fear about vaccination which sometimes resulted in girls not receiving the vaccine despite prior consent being given.

**Q5. Are school-based programs, such as the HPV vaccination program, worthwhile?**

Yes evidence shows that school based programs achieve much higher rates of uptake than non school-based programs for school aged children. You only need to look at the HPV vaccination rates in the US (around

11%) where there is no school-based program to see that school-based programs run in other countries are much more successful. In Australia uptake is between 60-75% and in the UK it is as high as 88%.

**Q7. You have been involved in a number of research projects regarding the development of decision aids for adults with low literacy. What are some of the key findings and what implications do they have for the development of health literacy education?**

I was concerned that many decision aids were too complicated for readers with lower literacy and education. The same concern was often given by clinicians as a reason for not using or wanting to use decision aids. So we developed a decision aid for adults with low education and literacy considering bowel screening and evaluated the decision aid in a randomized trial. We found the decision aid increased people's knowledge by 40% and informed decision making by 22% and increased participants' preferences for involvement in health decisions. However, the decision aid reduced participation in screening by 15%. The paper was published in the BMJ and

led to a lot of debate about informed choice in screening and screening uptake. However, the main message from this work is that we showed we can support lower education / literacy adults to make informed health decisions and communicate fairly complex concepts and information about screening. I should add that the study was carried out by my student Sian Smith as part of her PhD and ran beautifully mostly because of her careful attention to detail.

**Q8. How do you unwind?**

I live in Bondi and like to spend lots of time at the beach in the morning and evening. Even after 10 years of being in Australia it still feels an amazing luxury to be able to swim at the beach before work in the summer, and it is a luxury I very much appreciate. I also volunteer at my local lifesaving club, North Bondi so that takes up a lot of my spare time being on 'lifesaving' duty. I also coordinate our medical support team when the club has events such as ocean swim races. It's both a fun and worthwhile thing to do and has a more immediate impact on health outcomes than any of my research papers!



Jason Nolan [plymography.co.uk](http://plymography.co.uk)

---

# STUDENT NEWS

## PREPARING FOR PUBLIC HEALTH EMERGENCIES – AN MIPH GRADUATE IN THAILAND

I graduated from the MIPH in January 2010. As a result of the skills I gained through my MIPH I was accepted into the Australian Youth Ambassadors for Development (AYAD) Program which aims to strengthen mutual understanding between Australia and the countries of Asia, the Pacific and Africa and make a positive contribution to development.

AYAD volunteers work with local counterparts in Host Organisations to achieve sustainable development outcomes through capacity building, skills transfer and institutional strengthening. The AYAD Program is an Australian Government, AusAID initiative and is fully funded by the Australian Government's international development agency, AusAID.

In July 2010, as part of the AYAD program, I commenced work as a Health Project Development Officer with the Public Health in Emergencies team of the Asian Disaster Preparedness Centre (ADPC) in Bangkok, Thailand. My role in the ADPC specializes in building the capacity of the Asia Pacific region to better prepare for, and respond to public health emergencies through the provision of educational workshops. The workshops and courses are developed in collaboration with a variety of partners including the

UN, FAO, USAID, OIE, AED and DAI according to the health requirements of the region. The Public Health in Emergencies team works directly with local emergency services, and other grass roots organizations, as well as government departments to deliver the workshops and courses which ultimately harmonize preparedness and response efforts and contribute to building the capacity of communities and regions.

As a health project development officer with the PHE team I have gained experience in the coordination of workshops where I've learnt a great deal from facilitators and participants. I utilize the skills I gained through studying 'International Project Management' in my MIPH to work with my ADPC team mates, partner organizations and stakeholders in the development of course curriculum for the management of regional health issues. My role also involves coordinating a monthly information sharing forum, in partnership with other international organizations, which facilitates regional Pandemic Preparedness.

I hope to continue my work in public health on my return to Australia later this year.

Sophie Chadwick



SCHOOL OF PUBLIC  
HEALTH

### FOR MORE INFORMATION CONTACT

T +61 2 9351 4366  
F +61 2 9036 6247  
E [sph.enquiries@sydney.edu.au](mailto:sph.enquiries@sydney.edu.au)  
[sydney.edu.au/medicine/public-health](http://sydney.edu.au/medicine/public-health)



THE UNIVERSITY OF  
SYDNEY

Produced by the School of Public Health of the University of Sydney, March 2011.  
Please send your stories and events for the next issue of The Bridge to Felicity Barry  
([felicity.barry@sydney.edu.au](mailto:felicity.barry@sydney.edu.au)). Deadline: 10 June, 2011

CRICOS Provider No. 00026A