Hard to believe that we are now reflecting on a completed 2012 academic year, which has been both busy and fulfilling for the clinical school. Students now having completed OSCEs, Long Case and final barrier exams are preparing for the next year of their studies or moving into internship.

It is pleasing to see that many of our 2012 final year students selected Westmead as their hospital of choice. We wish all 2012 final year students all the best for their internship placements and beyond.

It’s heartening to see senior students continuing to be involved in the nurturing of junior students through both clinical and classroom aspects of the program. The school is proud to have students included in both university and health district initiatives.

The school is already planning for its 2013 students and programs with orientation sessions scheduled for early in the year. We would love to hear from you if you are interested in taking on a teaching role with the clinical school, in one of the many capacities available. See the article included in newsletter for further information.

We hope that you enjoy the School’s newsletter and look forward to receiving content for the next edition.

All staff of the clinical school would like to wish you and your families an enjoyable break and a fantastic 2013!

Please note that the University will be closed from Wednesday, 19 December 2012, and will re-open on Wednesday, 2 January 2013.
FAREWELL...

There’ve been some staff changes during the year that you should know about. **John Sargan** the Westmead Clinical School Accountant, left after 11 years of loyal and highly respected service. John has decided to focus more on the nicer things in life, such as not getting out of bed early on cold winter mornings and wrestling over a space in the Westmead car park! We wish John all the very best for this new phase in his life. Farewell John – you will be surely missed!

**Dr Libby Bassett** left in early July, taking advantage of the recent redundancy offers. Libby has been a valuable contributor to the School for 3 years and she will be hard to replace.

WELCOME NEW STAFF...

We are happy to announce that **Michelle Wypych** has jumped into the big shoes left by John and will be looking after the School’s financial affairs in the clinical schools at Westmead and Nepean Hospitals.

Also, there has been a passing of the baton in the support area of the Office of the Associate Dean. Michelle Cameron has decided not to come back after a period of extended leave. **Karen Robertson** has recently been appointed to this role. Although Karen has been caretaker of the position for some time, and known by almost everyone, it is fitting to welcome her to the School now as a permanent staff member.

Welcome Michelle and Karen to the clinical school family!

AWARDS...

It is a great pleasure to announce the recipients of this year’s student and teaching awards:-

- **Highest Achievement Awards**:-
  - Perinatal & Women’s Health – Clare O’Sullivan
  - Child & Adolescent Health – Clare O’Sullivan
  - Surgery – Hannah Elstub
  - Medicine – Clare O’Sullivan
  - Psychological Medicine – Elizabeth Harrop
  - Community Medicine – Monique Atkinson

- **Top Ranked Students – Barrier Examinations**:-
  - Year 4 – Clare O’Sullivan (also Year 3 recipient 2011)
  - Year 3 – Sally Bath

- **Clancey-Donald Award**:-
  - Jason Tang

- **Grand Rounds Prize**:-
  - Ying-Ying Lee
  - Mahsa Kaikhosrovi
  - Natalie Pfund
  - Jordan Weastell

- **Certificate of Appreciation**:-
  - Perinatal & Women’s Health
    - Jeanette Pena & Natalie Weame
Westmead Association Student Travel Grant Recipients
Staff Specialist Committee - Student Elective Scholarship in Indigenous Health of Developing Countries:
- Monique Atkinson – Mukuni Village Medical Centre & Livingstone General Hospital, Zambia
- Ania Luciewicz – Prasuti Griha Government Maternity Hospital, Nepal
- Stephen Brancatisano, Bougainville
- Ying Liu – Opthalmology at Tilganga Eye Hospital, Nepal
- Matthew Donaldson – Somerset Hospital, Cape Town, South Africa
- Elizabeth Harrop – Patan Hospital, Nepal
- Lucy Attwood – Sri Lanka

Westmead Association Excellence in Teaching Awards:
- Medicine – Dr John Kwan
- Surgery – Dr Mauro Vicaretti
- Psychiatry – Dr Michael Kluger
- Emergency Medicine – Dr Hua Chang
- Registrar – Dr Brett Levin
- Perinatal & Women’s Health – Dr Kumara Siriwardena
- Community Health – Dr Casey Maddren
- Imaging – Dr George Larcos

DISTINGUISHED PROFESSORIAL ACHIEVEMENT AWARD…

Professor Jacob George was recently awarded a Distinguished Professorial Achievement Award in recognition of his sustained, outstanding achievements in research, teaching and learning, as well as service to Sydney Medical School, the University and the profession.

Congratulations Professor George on receiving this well-deserved award.

CLINICAL ACADEMIC TITLES/PROMOTIONS…

Congratulations to Associate Professor Wieland Meyer who has been promoted to Professor of Molecular Medical Mycology, from 1 January 2013.

Congratulations also to the following appointments which have been conferred recently:
- Associate Professor Linda Bendall
- Associate Professor Clara Chow
- Associate Professor Sarah Gamett
- Conjoint Associate Professor Sarah Palmer
- Clinical Senior Lecturer Loyola McLean
- Clinical Lecturer Nicole Leotta
- Clinical Lecturer Vahid Mohabbati
- Clinical Associate Lecturer Jeffrey Wang
- Clinical Associate Lecturer Jennifer Ho
- Clinical Associate Lecturer Peter Fox
- Research Fellow Veronika Bender

PAEDIATRIC HEALTH EDUCATION PRIZE 2012….

One of our 2012 final year students, Natalie Pfund, has been awarded the Paediatric Health Education Prize 2012 for her essay entitled “Early determinates of childhood obesity”.

TUTOR THANK YOU LUNCHEON …

On Thursday, 13 December 2012, many of our valued tutors attended our year end thank you luncheon at the clinical school.

There were many happy guests who were able to spend some time relaxing, enjoying lunch and catching up on the past year with clinical school staff and colleagues.
All tutors left with a small thank you gift while several left with the spoils of lucky door prizes which were handed out at various times during the luncheon.

PLACEMENT AT WESTMEAD HOSPITAL BIRTH UNIT…
Jason Tang, Y4 Student 2012

It was New Year’s Day 2012. It felt good to have completed third year medical school. It was also the start of my elective in Obstetrics, the one thing I had really enjoyed but was just so strapped for time during the semester.

I walked briskly into the Westmead Hospital Birth Unit, changed into scrubs and went straight to the meeting room where the handover occurred. 0700h, with gloomy skies and a light drizzle, the screams of the lady coming from next door filled the meeting room, another wake up call for the day ahead….and so began the first four weeks of my elective.

Having been in the birth unit for the four weeks really gave me opportunities to deliver more babies, sharing the beautiful experience of welcoming new lives into this world, observing and assisting in more complicated assisted deliveries, challenging pregnancies, painful labour and caesarians.

It was also an empathetic time, with the smiles, the cries, the breath holding, the awkward moments, the rush and the uncomfortable tension.

Smiles - Needless to say, the addition of a new family member, meant the end of labour pains, and sleepless nights with the kicking and the movements (at least for this immediate time period!).

Cries - One that I will always remember was when a mother who was brought in by ambulance, three hours from the start of contractions until the time the baby was delivered. It was upsetting, a 34 week old baby, septic, and bathed in a pool of infected amniotic fluid who showed signs of aspiration, possibly of meconium. The mother was febrile, unwell, scared and traumatized by what was going on. After the delivery, I inserted an IV canula, and antibiotics were given, meanwhile attempting to provide comfort and some emotional support.

Breath-holding - The second child. A normal pregnancy where everything was going well, accompanied by a reassuring CTG. Delivered into a very silent room, the baby was cyanotic with moderate tone. The midwifery team leader received the baby and proceeded to resuscitate the baby, giving constant stimulation. While I continued with the active management
of third stage labour, I was concerned that the baby had not made a sound. Everyone in that room was holding their breath. It was not until the baby gave out a weak cry which progressively became a luscious one that we all heaved a sigh of relief.

Awkward - The time when I walked into the room to a nervous couple with a complicated pregnancy to establish an intravenous access. I attempted to build good rapport with the patient, only to face single word answers followed by an extended awkward period of silence. They stared at me as I was inserting a cannula. "I need to get out of this room" was the only thing resonating in my mind!

Rush - After a difficult delivery of the placenta aided by the registrar, the mother had already lost a substantial amount of blood. It dawned on me to immediately check the blood pressure which turned out to be concerning. The patient started to complain of dizziness and lightheadedness while supine. I ran out to get the IV trolley and next thing I knew, the bells were going off and anyone and everyone were on their way to the room that I came out from. I prepared everything that was needed for the IV access while the registrar attempted to establish one, with a giant gray cannula. Next thing we knew, the patient disappeared to the operating theatre. Code Crimson!

Uncomfortable - It was her first pregnancy and first child. She had been swearing at all the midwives assigned to care for her. I was sent in to collect some blood from her for monitoring of her liver function as she had a history of cholestasis. She pulled away the moment the needle touched her skin just ever so slightly. She said to come back later to get the blood and asked me to leave, as she wanted to go to the toilet. The moment the midwife came in, she yelled out unkind words at the midwife in front of her family, her husband and me. It was extremely uncomfortable, and all we could do was to be as professional and supportive as we could. Unpleasant!

Throughout the whole month, there were good times and there were more good times. It was a baby a day at least that I could help bring into this world. At the end of every shift, as I walked out of the birth unit, it was always with a smile, one that reminded me of how much I enjoyed my experience, my elective and the 4 weeks that I had in the birth unit!

CLINICAL SCHOOL SYMPOSIUM - HOSPITAL WEEK….

For the first time, the clinical school presented a morning session during Hospital Week covering student elective experiences from some of the students included in this newsletter, followed by a fabulous presentation by Dr Andrew Coggins which covered his journey from university in Scotland, via India, to his current position here at Westmead. Andrew covered many topics and had interesting anecdotes from his first days as an intern.

One of our graduating students from 2011, Dr George Pappas, came back to Westmead from Gosford to share with the current students his experiences of being a new intern and the challenges he faced during his first year.
All participants provided interesting and useful content which was very well received by the largely student audience.

OVERSEAS Y4 STUDENT ELECTIVE EXPERIENCES......

Monique Atkinson:
- Mukuni Village, Zambia
Mukuni Village in Zambia is a rural community with a population of about 7000 located 7km from Victoria Falls. The health issues facing Mukuni Village echo those suffered by many rural areas in Zambia. These include HIV/AIDS and TB, malaria, diarrheal disease and a high child and maternal mortality rate. Mukuni Village is serviced by the village Medical Centre, staffed by a Community Health worker and 2-3 mid-wives. Poverty limits the population’s access to Livingstone Hospital, 10km away. During the elective term, I spent time at both the Mukuni Village Medical Centre and Livingstone Hospital.

During my placement, I experienced GP type presentations at the medical centre as well as measles, snake/spider bites, dental abscesses, urinary retention, dehydration, failure to thrive all of which were complicated by HIV co-infection and the inability to reach sufficient levels of treatment due to distance and transport issues.
Some of the paediatric cases we saw were severe pneumonia, tuberculosis, sepsis, malaria and acute malnutrition. I experienced my first deaths during this placement which were quite confronting and frustrating given the inadequate resources commonly faced here.

My time at Mukuni was both challenging and rewarding and only possible because of the support offered my by the Westmead Hospital Charitable Trust, Office of Global Health, Medical Students Aid Program and Thiess Engineering. I’m pleased to have had the opportunity to experience all I did whilst in Zambia!

Stephen Brancatisano:
- Bougainville Papua New Guinea
Bougainville lies in the far east of PNG and shares its border with the Solomon Islands. It is a 90 minute flight from Port Moresby. Buin is an 8 hour drive from the Bougainville capital Buka. I was privileged to spend 3 and half weeks in this community focussing on the management of tuberculosis.

Bougainvilleans share many ethnic and cultural ties with the Solomon Islands, and until 1989, it was the most well-off of PNG’s provinces, due to the Panguna Copper
mine (which was the largest open cut mine in the world at the time and provided 50% of PNG’s GDP). The mine was however closed in 1989 due to a civil war known as the Crisis, and around 10,000 people died, mainly from the effects of a blockade imposed by the PNG Government. A peace process was however successful and since 2005 Bougainville has been an autonomous region, albeit receiving over 90% of it funding from PNG, and Bougainvilleans will vote on whether they will become an independent state sometime between 2015-2020. The Crisis however left Bougainville scarred, in poor economic shape, and with a whole generation of young people uneducated.

Stats from World Health Organisation (WHO) show that mortality rates and life expectancy, are ranked around 60-70th in world, maternal mortality rate is higher than average, and HIV and TB rates are considerably higher than global average of 1 and 200 respectively. Distribution of years of life lost by causes still demonstrates that communicable diseases have a much higher impact than non-communicable diseases, in contrast to the majority of the western pacific which is experiencing an epidemic of heart disease and diabetes.

Buin Hospital was the referral centre for around 60,000 people, and since 2011 Medicos Sin Fronteras (MFS) have had a presence there. Local health care staff included 1 doctor, 1 nurse, 1 midwife and 1 pharmacist. Logistical staff included 1 laboratory technician, 1 plumber/electrician. At present, logistics and health outcomes have improved but there are concerns around dependence on MSF personnel and sustainability beyond the term of the MSF intervention. Key issues faced at Buin Health Centre are remoteness, staff absenteeism, poor organisation. On a day-to-day basis the caseloads included treatment of TB, respiratory tract infections, STIs, some malarai and moderate trauma (lacerations and some gunshots).

I’m very grateful to the Westmead Association for the financial support given to me so that I could undergo such an opportunity. Albeit challenging and at times frustrating, it is an experience I did learn from. The contrast between Bougainville and here is striking, and I am so grateful for the resources we have at our fingertips to enable us to do our work in the medical arena.

Elizabeth Harrop
- Patan Hospital, Nepal

I decided to undertake my elective placement in Nepal with the Patan Academy of Health Sciences (PAHS) at Patan Hospital. I was assigned to the Emergency Department and Obstetrics and Gynaecology. Patan Hospital is the main teaching hospital of PAHS and was founded specifically to provide healthcare to the underprivileged population of Nepal. My objectives were to gain an appreciation of issues that face healthcare in developing nations; to increase my knowledge base and improve my clinical reasoning skills; experience healthcare in a different cultural setting; increase my competency in cross-cultural patient care; and learn about conditions I might not otherwise get exposure to.

I have a strong interest in global health and have been planning to work internationally in countries of need for as long as I have been interested in medicine. I have attended a number of inspiring, informative talks on global health issues for
the past couple of years and while the statistics have been eye-opening, I don’t think I could ever have acquired a true understanding of the conditions people living in and the difficulties they face without seeing it for myself and hearing their stories. As maternal and neonatal health is an area of major disparity, I chose to spend half my time in Obstetrics and gynaecology as I believe this would me an appreciation of the extent and contributing factors to the disparity. I also expected that my time in ED would provide me with an understanding of the range of health care issues people are presenting with.

PAHS is a recently founded not-for-profit medical school, which was set up with the principle aim of training new doctors to address the major inequities of the rural and underprivileged Nepalese. There is a big disparity in the availability of health care for the rural population, which is highlighted by the 20year gap in life expectancy between urban and rural Nepalese. A crucial component of this is the difficulty of attracting and retaining physicians to the rural areas. PAHS is an excellent example of a nation addressing a clear inequity among its people with an innovative strategy and could potentially be used as a model for other countries. It was very excited to get experience with the institute that is directly addressing such a pressing issue. Since Australia has a similar problem with health care in remote areas, the lesson I learned working with PAHS will be beneficial to my understanding of the problems faced by rural Australia.

There were many challenges faced during my stay, language being a huge inhibitor. It was terribly frustrating not having the resources to diagnose or treat someone adequately, and not being able to follow through necessary investigations or treatment because they were unable to afford it. I expected to experience cultural differences but once there the differences were quite challenging and confronting, especially coping with such extreme cold with no heating to speak of, either at home or in the hospital!

The generosity of the Westmead Hospital Charitable Trust made this elective placement possible and I’m very grateful for their support. This was an amazing experience that I will always remember. This has given me an insight into the true meaning of global health and most importantly, I gained a much better understanding of what is actually necessary to eliminate the major disparities that exist in the world today.

Matthew Donaldson
Kathmandu, Nepal

The true ‘3rd World’ component of my medical elective was experienced in Nepal. Nepal is amongst the poorest and least developed counties in the world, with almost one-quarter of its population living below the poverty line and GDP per capita of $1200. My elective was based at the Nepal Medical College Teaching Hospital, which is a tertiary hospital in Kathmandu and also runs satellite clinics and research projects in the urban and rural community.

Patan Hospital was originally a mission hospital, but is now independently run and provides the majority of services but lacks certain specialties. Although it is a large hospital, the ratios of physicians per 10,000 population is 2.1, with major discrepancy between urban and rural areas. Life expectancy is approximately 67 years and communicable disease makes up the largest proportion of years of life lost.
By taking part in this elective placement I experienced health care and teaching in a different setting to Australia. Being exposed to and appreciating the different systems and options for management with a different set of health presentations and the challenges faced in such a different community to my own. Of course I wanted to be able to contribute back to this system in providing as much assistance as possible.

In addition I gained a lot of knowledge and appreciation about global health issues, which has enriched my education. I spent time in the ED, Paediatrics and Surgery department and also partaking in community visits and embracing and exploring what it meant to be living in this community.

- Cape Town, South Africa
The attraction to go to South Africa for an elective stemmed from the confronting yet inspiring presentations of previous students who went to ‘the pit’ at Bara (Emergency Department at the Chris Hani Baragwanath Hospital, Johannesburg). Following research into this prospect I felt that the danger imposed by high risk of HIV exposure and street crime in Johannesburg would detract from any learning experience. Yet the prospect of having a mix of mass relative poverty with highly developed health tertiary hospitals is also seen in other South African cities such as Cape Town yet it is a relatively safer environment. I decided that what I would gain from the experience outweighed the dangers.

Cape Town is a highly developed city and has an extensive medical history - the world’s first heart transplant took place in Groote Schuur Hospital. Yet not far from the city edge is the largest shantytown in Africa, Khayelitsha. The population of 450,000 mostly live in shack or scrap swellings, the average walk to water is 200m, HIV prevalence is at least 50%, and ongoing poverty and crime issues. This area could be argued to have many third world conditions. By embarking on this elective I have experienced health care and teaching in a different setting to Australia. Being exposed to and appreciating the different systems and options for management with a different set of health presentations and the challenges faced in such a different community to my own. Of course I wanted to be able to contribute back to this system in providing as much assistance as possible.

I have certainly gained an appreciation of the mix of different health care systems, diverse cases and pathology characteristics. Both of these elective experiences have been educational and personally challenging - to say the least.

As our Stage 3 students will be commencing their elective terms shortly, we are sure they will also provide some interesting anecdotes about their experiences and adventures with some students to be selected to prepare a short presentation for discussion at Medical Grand Rounds early in 2013. Some of these presentations will be included in future editions of this newsletter.

ANZAHPE 2012...
Angela Wallace

I presented the CASE and MasterCase programs at the ANZAHPE conference held at the end of June in Rotorua, New Zealand. Both these programs were developed by Dr Daniel Lin to increase student confidence with skills required to prepare and present medical long cases in readiness for their long case exams, and beyond!

In a first for ANZAHPE, Dr Lin linked to the presentations via Fuze and was available to participate in the discussion with the session audience. The CASE program was also included as an E-poster on display throughout the conference.
It was a fantastic opportunity to attend as both presenter and participant and to meet many people with interesting educational ideas and solutions.

While in Rotorua, we were able to enjoy a Hangi (traditional Maori cooking in a pit), witnessed the power of the local geyser, Pohuto, and enjoyed an evening swim in a geo-thermal heated pool of 36°C!

POSTGRADUATE STUDENT UNIT…

April Davis
April started her PhD with supervisors Dr Russell Diefenbach and Prof Tony Cunningham of the Centre for Virus Research in July 2005.

April attended many conferences during her candidature, and has produced at least three publications from her research. In 2008, April made a patent submission for work in ‘Inhibiting transport of neurotropic viruses’. April submitted her thesis in December 2011, and upon completing some minor emendations, was awarded her PhD at the May Graduation 2012. Congratulations April!

Thain Kui (Alvin) Tan
Alvin started his PhD with the Centre for Transplantation and Renal Research in March 2007, under the supervision of Prof David Harris and Dr Guoping Zheng.

Alvin had numerous poster presentations throughout his candidature at conferences and Hospital Week and was author on several papers, including a first author paper “Macrophage Matrix Metalloproteinase-9 Mediates Epithelial-Mesenchymal Transition in vitro in Murine Renal Tubular Cells” published in The American Journal of Pathology in March 2010. Alvin submitted his thesis in August 2011, and after completing some minor emendations, was awarded his PhD at the May 2012 Graduation. Congratulations Alvin!

Staff Changes
After 10 years, Prof Jacob George will be stepping down from the position of Postgraduate Coordinator and Prof Jon Iredell will also be stepping down as Deputy Postgraduate Coordinator.

As of 1 January 2013, bringing a fresh perspective to all things Postgraduate, A/Prof Steve Vucic (s.vucic@neura.edu.au) will be Postgraduate Coordinator, with Dr Justine Gatt (justine.gatt@sydney.edu.au) and Dr Eddy Kizana (eddy.kizana@sydney.edu.au) stepping in as Deputy Postgraduate Coordinators. Naomi Hollier will continue to work on the administrative side for Postgraduate issues.
TEACHING ON THE RUN…
Dr Amanda Harrison

This week the final workshop in the Teaching on the Run series was held at Westmead Clinical School.

The six sessions, run in November and December, were organised and led by Dr Amanda Harrison, the medical educator at the Clinical School and a trained Teaching on the Run facilitator. She was excellently assisted by Dr Smita Shah and Dr James Kwan who ensured that the process of learning was involving and entertaining.

The series of six workshops, each dealing with a different topic in clinical teaching, was attended by health professionals from different disciplines including nurse educators, staff specialists and pre-interns. Trainees from Blacktown Hospital also joined the group.

All participants enthusiastically took part in the workshop activities and learned much from each other’s experiences as well as from the course. In the final workshop they demonstrated their talents in a short presentation on a topic of their choice – from paper planes (apparently invented by the Han Dynasty in ancient China) to the art of making champagne. An appropriately fun and festive end!

MEDICAL STUDENT ARTISTS…

As a full time medical student, it is not always possible to indulge in your favourite hobby and often they are not even known to peers and colleagues. Earlier this year, Westmead Hospital held an art exhibition and two of our Stage 3 students had pieces exhibited. Both are worthy of mention here and who knows, we may have future world famous artists in our midst!

Get Well Soon - Heather McKenzie
Rhythm - Yea Chan

X-RAY BOX QUIZ…

The x-ray box quiz continues to provide students with some food for thought and discussion, with a new x-ray being posted weekly in the box at the clinical school foyer.

Many times we have seen doctors standing together and discussing the x-rays provided.
TEACHING OPPORTUNITIES...

As you may know, we are always seeking tutors for all stages of the course.

If you are interested in teaching and are at least PGY2, please contact us at the clinical school to discuss possibilities further.

We are happy to provide letters recognising your teaching contribution which can be included with your CV.

POSTGRADUATE MEDICAL EDUCATION CENTRE...

During 2012, the resources of the Postgraduate Medical Education Centre have been made available to facilitate student learning, utilising the comprehensive computer systems and simulation models available in the centre.

This has proven to be an extremely valuable resource for increasing our students' knowledge and enhancing patient care.

CLINICAL SCHOOL STAFF CHRISTMAS PARTY...

Clinical school staff recently celebrated their end of year Christmas party with a “bowl-off” at a local ten-pin bowling centre.

With three teams of four, it became a battle to see which team would be victorious over all others.

All staff played extremely well, with the overall winner being Blair Lawton with an impressive score of 153, while many other staff members scored over 100.

An enjoyable way for staff to relax for a short while after a long school year but it was back to work straight away to finish preparations for 2013!

Merry Christmas & Happy Holidays

From all the clinical school staff