We are delighted that our students are increasingly becoming involved in recent publications and presentations, while continuing their medical studies. Two of our current Y4 students have presented and published recently:

- **Linda Feng**’s article entitled “Bilateral Spontaneous Aqueous Misdirection – it can happen!” was accepted and published online by Clinical & Experimental Ophthalmology. The article is expected to go to print in 2016.

Linda also presented a poster “A Novel Exploratory Tool for Fast Virtual Gene Transversion” at the Australian Society for Medical Research 23rd Annual Scientific Meeting.

- **Mona Liu** presented an oral presentation at the Pacific Association of Pediatric Surgeons (PAPS) 2015 Annual Meeting, held this year in Jeju Island, South Korea. This conference is an annual event for paediatric surgeons from around the globe, and is an opportunity to present research, discuss new and novel techniques and to share experience.

Mona’s presentation was in the urology session on her research “Postoperative Outcomes of Hypospadias Repair”, which she completed at the Children’s Hospital at Westmead under the guidance of her supervisors Professor Danny Cass and Professor Andrew Holland.

Congratulations and well done to Linda & Mona.
Welcome New Staff...

We are pleased to announce that Dr Robyn Dalziell has recently joined the clinical school team in the capacity of Senior Lecturer Clinical Skills. Robyn’s main focus will be on revising and updating skills sessions for our students. Welcome, Robyn!

Awards...

Dr Nim Geevasinga was recently awarded the James Lance Young Investigator Award for best oral presentation at the recent Australian & New Zealand Association of Neurology meeting in Auckland, New Zealand, for his paper entitled “Novel diagnostic algorithm in ALS”.

Publications & Presentations...

Congratulations to the following staff and students who have recently had papers published:-

Dr Parvathi Menon, Prof Steve Vucic and colleagues whose paper entitled “Sensitivity and specificity of threshold tracking transcranial magnetic stimulation for diagnosis of amyotrophic lateral sclerosis: a prospective study” has been published in Lancet Neurology. It describes a large and rigorous prospective study showing promising technology for diagnosing ALS, and was the subject of an accompanying editorial.


Abstract / Given our ageing population and the increase in chronic disease, palliative care will become an increasingly important part of doctors’ workloads, with implications for palliative care education. This study used a mixed methods strategy to evaluate second-year medical students’ learning outcomes and experiences within a palliative care education program. Analysis of pre- and post-test scores showed a significant improvement in students’ attitudinal scores, but no change in knowledge as measured by multiple-choice questions. Analysis of qualitative data revealed that students’ learning experience was marked by a lack of clear learning objectives and experiential learning opportunities. Students also reported divergent reactions to death and dying and noted that palliative care was different from other areas of clinical medicine. This study revealed that palliative care teaching results in improved attitudes toward palliative care, reflecting the holistic and patient-focused nature of the palliative care curriculum.

Appointments & Promotions...

Congratulations also to the following colleagues on their recent appointments:-

- Senior Lecturer - Christopher Fox
- Clinical Senior Lecturer - John Kwan;
- Clinical Senior Lecturer - Stephen Li;
- Clinical Senior Lecturer - Parvathi Menon;
- Clinical Senior Lecturer - Lucinda Berglund;
- Clinical Senior Lecturer - Winny Varikatt;
- Clinical Senior Lecturer – Chong Wong;
- Clinical Lecturer - Susanna Thomas;
- Clinical Lecturer - Spinderjeet Samra;
Students as Lifestyle Activists (SALSA)....

The SALSA program, under the guidance of Dr Kean-Seng Lim and Dr Smita Shah was recently featured in The Daily Telegraph (18 June) outlining their work to educate students about healthy lifestyle choices at 22 Western Sydney high schools and the program’s overseas expansion plans. Full story is available at http://www.dailytelegraph.com.au/news/nsw/rooty-hill-highs-health-campaign-spearheading-nsw-fight-against-obesity/story-fnpn118f-1227402852659

Hospital Week: Medical Students Symposium...

Once again, the Sydney Medical School – Westmead will participate in Hospital Week activities with the Medical Students Symposium being held on from 8.30am to 12noon on Friday, 21 August 2015, in the Education Block.

This session will include presentations by the following student-led organisations:-

- EMIG (Emergency Medicine Interest Group); and
- WSSA (Westmead Student Surgical Association).

Prof Henry Pleass (Professor of Surgery) and Dr Kavita Varshney (ED Physician) will participate in a panel discussion with Q&A.

Please refer to flyer for further information.

Please RSVP to Georgette Hanna, Executive Officer Westmead Association by Friday, 7 August 2015, via georgette.hanna@sydney.edu.au or 02 9845-7983

Teacher of the Quarter...

Westmead Clinical School students, from Years 1-4, were asked to nominate their favourite teacher in recognition of their contribution to student teaching during the past quarter.

We are pleased to announce that, from a competitive field of nominations, Dr Neil Mahant from Neurology, has been nominated as the Teacher of the Quarter for June 2015.

- Clinical Lecturer - Anna Schutz;
- Clinical Lecturer - Shaun Halovic;
- Clinical Lecturer – Xiaohua Chen;
- Lecturer - Chayanika Biswas;
- Lecturer - Ranjeeta Menon;
- Clinical Associate Lecturer - Rashi Minocha;
- Clinical Associate Lecturer - Pierre Qian;
- Clinical Associate Lecturer – Benjamin Kong;
- Associate Lecturer – Ms Nadia Khan;
- Principal Research Fellow - A/Prof Liang Qiao;
- Senior Research Fellow – Maggie (Xin) Wang;
- Postdoctoral Research Fellow - Amita Limaye
- Honorary Associate - Ji Eun (Shelley) Hwang;
- Honorary Associate - Charlotte Thomas;

Emeritus Professor John Fletcher; and

Appointment to Head of Discipline – Prof Philip Boyce: Department Of Psychiatry
Sydney Medical School Events….

Please see the Sydney Medical School website for 2015 Events which may be of interest to you.

Teaching Opportunities…

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

If you are interested in teaching, please contact Dr Amanda Harrison on ☎ 9845 6403 or email amanda.harrison@sydney.edu.au 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.

This quarter, we particularly require tutors for:-

- Communication skills and history taking (Med 1 & 2) for the upcoming Urology, Gastroenterology/Nutrition/Drug & Alcohol blocks;
- Clinical Reasoning Sessions (CRS); and
- procedural skills.

Thank you to all doctors who are assisting our students in practising their long case skills.

Congratulations…..

Dr Eleanor Hitchen & Dr Jim Yip, both graduates of the medical school, recently announced their engagement.

Staff Fundraising…..

Angela Wallace will be participating in this year’s City to Surf on 9 August 2015, and is fundraising for The Children’s Hospital at Westmead & Bear Cottage. More info: City 2 Surf 2015

If you would like to help Angela make a difference, please visit https://city2surf2015.everydayhero.com/au/angela-5

Amanda Burke has signed up to The Weekend to End Women’s Cancers benefiting the Chris O’Brien Lifehouse over two days on 7 & 8 November 2015. This weekend involves a 60km walk over two days in Sydney with an overnight camp-out! More info: Weekend to End Women’s Cancers 2015

If you would like to help Amanda make a difference, please visit https://secure2.convio.net/cfwau/site/Donation2;jsessionid=ED5FC36A72FAB6287692E6A22D9E297A.app234a?idb=2111548132&df_id=1669&1669.donation=form1&FR_ID=1141&PROXY_ID=1237850&PROXY_TYPE=20
Working in Ethiopia – Dr Therese McGee
Westmead Staff Specialist Obstetrician Gynaecologist....

It happened very fast. From a loose idea of maybe, possibly (and probably not) offering my services at a maternity hospital in Ethiopia in 12 - 18 months’ time, it was suddenly, in early December 2014, ‘Can you come next week?’ The regular obstetrician was taking 5 weeks’ leave and the locum from neighbouring Eritrea - an experienced obstetrician gynaecologist who spoke the local Ethiopian dialect and wanted the job - had his visa declined at the last minute by the government for political reasons (politicians!). The hospital would have to close if no obstetrician was available in 8 days’ time.

Most Australians have heard of obstetric fistula and of Reg (deceased) and Catherine Hamlin who went to Ethiopia about 50 years ago and dedicated their lives to repairing the horrific damage that obstructed labour can do to the lower genital tract. Approximately 2800 obstetric fistulas are repaired in the Ethiopian capital, Addis Ababa, each year, but ...... at least 7000 new cases (probably more) are generated around the country by lack of access to timely obstetric care.

Fistula rates are just the tip of the iceberg! Maternal mortality in Ethiopia is currently just under 700 per 100,000 compared to Australian rate of 7 per 100,000 live births. In 2013, 13,000 women in Ethiopia (out of about 90 million) died during pregnancy or birth compared to 18 women in Australia (20 million). Several million Ethiopian children live in families that have lost their mothers.

We made it in the 8 days (my husband, a non-medico, came too). After 8 vaccinations each, the rapid accumulation of needed materials for the hospital and receipt of our visas (the passports must physically go to Canberra for the visa - our daughter travelled down to get them for us) we flew into Addis Ababa and, from there caught a flight to the ‘airport’ - a dirt runway and one small room - in a town 70 minutes’ drive along a rutted, sand and rubble road from Mille in the remote Afar desert, the poorest region of Ethiopia.

The Barbara May Maternity and Gynaecology Hospital in Mille opened in 2012. The hospital was born from the vision of a NSW midwife, Valerie Browning, who has lived among the Afar people for over 40 years and from the charitable donations of hundreds of Australians and others. Since opening, there has generally been only one OG specialist (a retired woman doctor from the UK) and no other permanent medical staff. From time to time there is one other doctor for a short while and occasionally, when the UK doctor takes leave but no one can cover, there is no doctor at all.

While a small stand-alone women’s health unit, the care is vastly better than at the regional government hospital and its popularity has therefore grown rapidly. The numbers increase month on month, with hundreds of weary, poorly nourished, mostly illiterate, women coming vast distances by camel or bus or on foot to receive care.

Women come for pregnancy care (antenatal and birthing) and for gynaecological surgery (especially prolapse and incontinence). Obstetric conditions we rarely see - eclampsia, ruptured uterus, fistula, choriocarcinoma - together with general medical conditions - malaria, typhoid, HIV-pneumocystis, amoebic dysentery - are weekly if not daily presentations. At one time while I was there, four women in the 18 bed combined OG ward had haemoglobin levels below 40g/L secondary to chronic anaemia of assorted aetiology.
Using simple kits and a microscope, the small onsite laboratory can carry out a handful of tests including ABO and Rhesus group, FBC, LFT, urea/creatinine, HIV/Hepatitis B. There is no X-ray or CT, imaging is restricted to ultrasound undertaken on old machines, available medications are limited. The power is off about 50% of the time meaning after hours patient reviews are carried out by torchlight although the generator can be turned on for emergencies such as OT. Thankfully, water, though mostly unpurified, is generally available because of the hospital bore.

Anaesthetics are given by a technician who is truly amazing. Caesareans are mostly performed under spinal while a ‘general’ anesthetic involves a combination of ketamine, atropine and diazepam without intubation. The anaesthetic technician is also an expert at neonatal resuscitation. Some of the nurses/midwives are among the best staff I have ever worked with. However, the rapid increase in patient volume has exceeded staffing capacity meaning turnover is high since the same money for easier work (and no nightshifts) can be made elsewhere.

Funding the increases in salary and staff required by the exponential growth of the service is proving to be a major problem. In addition, while the UK doctor has been prepared to work almost for free, to be sustainable, the service really needs Ethiopian doctors who understandably require an appropriate salary. Of note, WHO and other international organisations in third world countries sometimes unintentionally complicate matters – by paying large salaries to doctors prepared to work in neighbouring South Sudan, they have inadvertently raised the benchmark salary in adjacent poor countries such as Ethiopia, making local doctors unaffordable for charity hospitals.

My time at Mille was exhilarating, challenging and worthwhile. I came to respect the skill of the staff and admire the resilience and good humour of the patients. At the same time I found being the only doctor and therefore on call 24/7 for 5 weeks - up at 2 am at least 50% of nights - unsustainable (I had to take 2 days off in the middle, after a bout of dysentery). And, as is usual with any new place, I found some of the practices (such as making up a patient’s temperature if the thermometer was missing for a few hours) somewhat perplexing.

However, by far the biggest struggle for me was language, a problem I hadn’t really anticipated. I had prior African experience having worked for 2 years in Zimbabwe as an SRMO and first year OG registrar many years before. In Zimbabwe though, most staff and many patients spoke English. In contrast, the impoverished Afar people seldom speak English. They make up only 1.7% of the Ethiopian population and accessing their language is almost impossible – it is not on the internet and no phrase book is available; in fact, the language wasn’t even written down until the 1960s. While many of the staff spoke two local languages (Afar and Amharic, or Afar and Somali), only half spoke more than basic English. If, on a particular shift, the staff on duty were those who spoke little English, sorting out a patient’s probable diagnosis via history was almost impossible – and took hours. Thankfully, luck mostly got us all through.

When people asked me on my return to name the most important thing I learned from my experience, that was easy – never again to complain about being under-resourced!
An Idiot’s Guide to Ultra-Marathoning....

James Blair-Swannell, Y4 Medical Student
I had just attempted my first marathon. Before I had time to catch my breath, Darren Pezzack had convinced me to try some trail runs through the Blue Mountains. After accepting without question, I decided to do a little bit of research. As it turned out, the North Face 100 is a 100 km “adventure race” that snakes its way through the valleys of the Blue Mountains. It is part of the Ultra-Trail World Tour which features races through landmark locations such as Mt Fuji, Mont Blanc and the Sierra Nevada. The type of person that volunteers themselves up for something like this, is insane.

After returning from our electives, we had just over 2 months each to transform into Forest Gump. The training alone was enough of an adventure. On Saturday mornings, we’d climb aboard a train and travel through the dark mornings, to some exciting new location to punish our bodies. We explored picturesque places such as the Great Northern Walk, Woodford and Parramatta Park.

My perception of running began to change. Slowly, we started to measure our runs in hours, not kilometres. Things like “let’s do an easy 5 hours tomorrow” rolled off the tongue. All the other casual ultramarathoners out there will be able to sympathise with the toll that running can take on your body. Almost running a whole marathon each weekend left me exhausted.

As the date of our race approached terrifyingly fast, we were advised to redirect our training efforts towards climbing stairs. So 2 weeks before D-Day we decided to enter a fresh new hell and spend only just a trivial two hours that Saturday running up and down stairs. After the requisite number of loops around Parramatta Park, had been run, we were finally ready to attempt our race.

Our daunting challenge started off in the cold, dark hours of the morning. There were 5 checkpoints spread over the course. Arriving at each one was like finding an oasis in the middle of the desert. Our stops at the first 2 checkpoints were uneventful. We allowed for a short stop at each to refill our water and to restock our various energy bars and gels. By the time we reached our third checkpoint, Kit our invaluable one man support crew, was there to meet us. It was now around 3:30pm and we’d been on the move for the past 9 hours. Kit brought with him the very necessary 2 minute noodles, a friendly face and stack of cryptic crosswords to pass the hours when we were between checkpoints.

We left the third checkpoint feeling positive about the rest of the race. There were 14 hours left to complete the last 55 km. If someone had told me that we’d spend the next 8 hours battling through the cold mountain night, I might have stayed hugging a mushroom heater back at the checkpoint. The combination of cold, exhaustion and lack of sleep was slowly taking its toll on us. The excited chatter that had existed between us all day, was now replaced by the deafening sound of our own laboured breathing. At this point the sun had crept below the mountains and I was only permitted to see what my headlamp allowed me to. I was cold.
By the time we staggered into the last checkpoint, it was almost midnight. The hours between the fourth and fifth checkpoints had broken us. At the pace we were moving at, there wouldn’t be enough time to complete the race. Forced to withdraw from the race, we took solace in the fact that we could now sit down around the open fires at the old Queen Victoria Hospital.

In retrospect, we both would have preferred to finish the North Face 100. However, it’s difficult to completely remember the excruciating agony that we were in. Instead, I’m impressed that we even managed to make it as far as we did. I’ve now trekked farther than I thought was possible and thoroughly enjoyed every step of it.

More info: The North Face 100

Postgraduate Student Unit...

Research Seminars
Congratulations to our PG Research Seminar Winners!! They will move forward to compete for the ‘Young Investigator Awards’ to be held in November.

- April – Naomi Truong (CVR)
- May – Matloob Khushi (CCR)
- June – Rachel Botting (CVR)

And our special congratulations to our Lucky Door Prize winners:

- April – Alex Agyekum & Ravindra Dotel
- May – Dinh Trang Van & Eunok Lee
- June – Melad Farraha & Dinh Trang Van

Congratulations to our winners, both presentation and lucky door, and thank you to those students who supported the seminars thus far.

Awards
Congratulations to David Bishop (CCR) who has been accepted to attend the inaugural Cell Therapy Training Course run by the International Society for Cellular Therapy and the American Society for Blood and Marrow Transplantation. The course will address cell therapy training covering the process of translational research to cell manufacturing and clinical trials in cellular therapy including regulatory components. It will be held in Houston TX Sep30-Oct4 at MD Anderson Cancer Centre and Baylor College of Medicine. This is a highly prestigious, all expenses paid course that was open to 6 candidates from North America and 6 candidates from the rest of the world. David is the only scholar selected from the Asia-Pacific region. Other representatives will come from well-known institutes including MD Anderson Cancer Centre, Memorial Sloan Kettering Cancer Centre, Stanford University, Baylor College of Medicine, National Institutes of Health, University College London and the Karolinska University Hospital Sweden. Preference was given to fellows and faculty with no more than two years of BMT and Cellular Therapy experience following training or a faculty appointment.

Presentations – International & Local
Congratulations to Ravindra Dotel (CIDM) who attended the Australasian Society for Infectious Diseases annual scientific meeting in Auckland, New Zealand, 18-21 March, where he gave an oral presentation on "Risk factors for mortality in vancomycin resistant Enterococcus (vanB) bacteraemia" and a poster presentation on "Compliance with Australian splenectomy guidelines among patients undergoing traumatic splenectomy at a tertiary centre".

Further, he won the 2015 ASID annual scientific meeting council scholarship and has also had the conference report published in Future Virology June 2015 issue.
Publications

Tuberculosis and HIV co-infection—focus on the Asia-Pacific region Highlights

- The Asia-Pacific region, which contributes more than half of all tuberculosis (TB) cases worldwide, traditionally reports low TB/HIV co-infection rates, but this increased to 6.3% in 2013.
- Routine testing of TB patients for HIV infection is not universally implemented, hampering accurate disease burden quantification and compromising patient care.
- There is urgency to scale up interventions such as intensified TB case-finding, isoniazid preventive therapy, and TB infection control, as well as routine HIV testing and improved access to antiretroviral treatment.
- TB recurrence is common in TB/HIV co-infected patients; relative rates of relapse and re-infection are dependent on the quality of care provided, prevalence of drug-resistant TB, and ongoing TB transmission within the community.
- Increased awareness and concerted action is required to reduce TB/HIV co-infection rates in the Asia-Pacific region, especially among high-risk groups, and to improve the outcomes of people living with HIV.

Summary
Tuberculosis (TB) is the leading opportunistic disease and cause of death in patients with HIV infection. In 2013 there were 1.1 million new TB/HIV co-infected cases globally, accounting for 12% of incident TB cases and 360,000 deaths. The Asia-Pacific region, which contributes more than a half of all TB cases worldwide, traditionally reports low TB/HIV co-infection rates. However, routine testing of TB patients for HIV infection is not universally implemented and the estimated prevalence of HIV in new TB cases increased to 6.3% in 2013. Although HIV infection rates have not seen the rapid rise observed in Sub-Saharan Africa, indications are that rates are increasing among specific high-risk groups. This paper reviews the risks of TB exposure and progression to disease, including the risk of TB recurrence, in this vulnerable population. There is urgency to scale up interventions such as intensified TB case-finding, isoniazid preventive therapy, and TB infection control, as well as HIV testing and improved access to antiretroviral treatment. Increased awareness and concerted action is required to reduce TB/HIV co-infection rates in the Asia-Pacific region and to improve the outcomes of people living with HIV.

Congratulations to Kaitlin Tagg (CIDM) for her publication in Diagnostic Microbiology and Infectious Disease.


Abstract:
Investigation of plasmid-borne AmpC β-lactamase genes in Escherichia coli and Klebsiella spp. revealed blaCMY-2-like genes predominantly in E. coli and blaDHA genes equally distributed between both species. This distribution remained stable over time, but blaACT/MIR-like genes, initially common in Klebsiella spp., were not identified in more recent isolates.
Babies!!

Congratulations to Julia Kwiet (Psychology) on the birth of her fourth, (and definitely last) bundle of joy!! Olivia Franca was born at Prince of Wales Private in Randwick on Saturday, 16 May. Olivia was 51cm long and weighed 3.26kg.

Congratulations to Qi Cao (CTRR) on the birth of her daughter, Sophie Cao, on 12 May 2015.