

Issue 14

UQMedicine

aeiou founder

Meet Dr James Morton - p10

Academic Military Surgery and Medicine

A maturing partnership between UQ
and the Australian Defence Force -
p12

Teaching Medicine in rural Queensland

Discover the rural advantage - p6



THE UNIVERSITY
OF QUEENSLAND
AUSTRALIA

CALENDAR OF EVENTS

16 AUGUST

Class of 1994 20 Year Reunion
UQ Herston and Victoria Park Golf Centre, Brisbane

22-24 AUGUST

Class of 1984 30 Year Reunion
Outrigger Resort Little Hastings Street, Noosa, QLD

5-7 SEPTEMBER

Class of 1974 40 Year Reunion
Sofitel Broadbeach, Gold Coast, QLD

2 OCTOBER

Courting the Greats, UQ Alumni Awards Event
UQ St Lucia Campus, Brisbane

11 OCTOBER

Class of 1989 25 Year Reunion
UQ Herston and Victoria Park Golf Centre, Brisbane

24-26 OCTOBER

Class of 1969 45 Year Reunion
Mooloolaba, Sunshine Coast, QLD

31 OCTOBER

Class of 1954 60 Year Reunion
The Queensland Club, Brisbane

9-11 NOVEMBER

Class of 1964 50 Year Reunion
Noosa, QLD

21 NOVEMBER

Class of 1955 61 Year Reunion
Hillstone Function Centre, St Lucia, Brisbane

26 NOVEMBER

MBBS Year 4 Farewell Event
UQ Centre, UQ St Lucia Campus, Brisbane

14 DECEMBER

Queensland Medical Orchestra Concert
Old Museum, Bowen Hill, Brisbane

20 DECEMBER

MBBS Year 4 Graduation
UQ Centre, UQ St Lucia Campus, Brisbane

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We are always looking for interesting stories to feature in the UQ Medicine Magazine.

Published twice a year, winter electronic and summer printed, this magazine is a key device for communicating with the Alumni, staff, students and stakeholders of the UQ School of Medicine. Circulated to approximately 8400 alumni, 2550 staff (paid and volunteer), 1800 students, it is the largest publication of its type in Queensland. It is distributed to alumni living in Queensland, and more than 15 countries world-wide.

UQ's School of Medicine network has many extraordinary individuals and we would love to tell your story.

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PROFESSOR DARRELL CRAWFORD

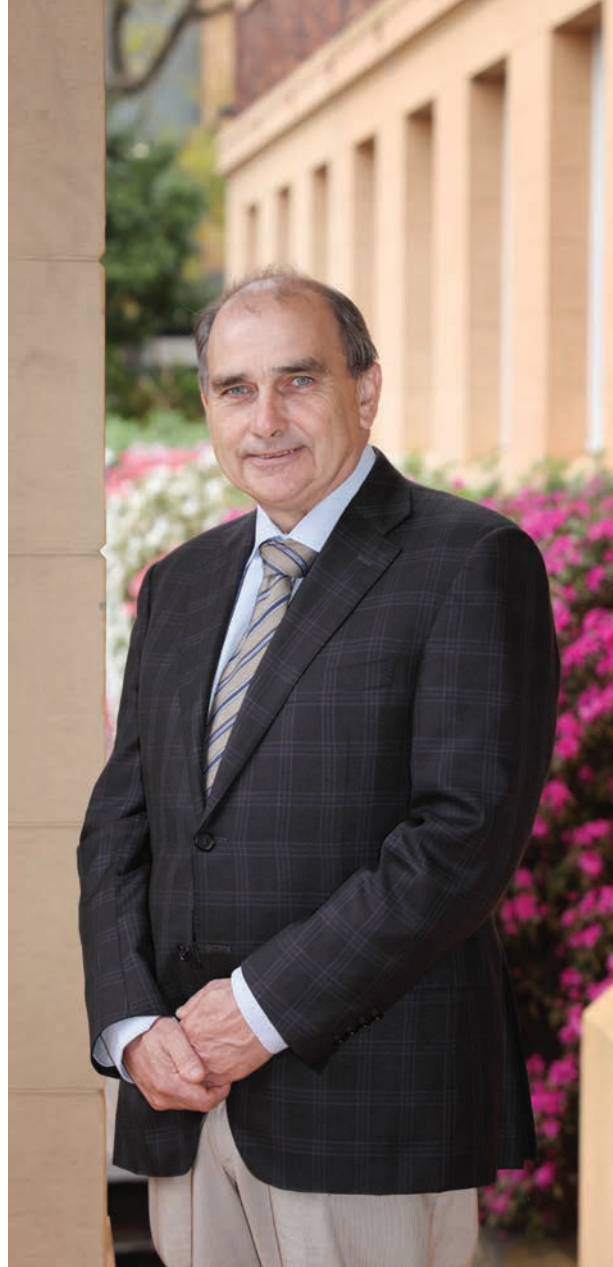
HEAD OF SCHOOL

The pace of change in the School of Medicine in the past year has been very rapid. The new Faculty of Medicine and Biomedical Sciences has taken shape. The School of Medicine is now aligned with the Schools of Population Health and Biomedical Sciences, and a number of UQ's most successful biomedical research institutes and centres within a new Faculty that has the potential to transform medical education and biomedical research in this State. The school will always have a strong concentration on medical research as a mechanism to change health care and the new Faculty arrangements provide an opportunity for a renewed focus on producing the next generation of clinical researchers. The positioning of the school in this new Faculty also allows us to become a true global leader in medical education, attracting the highest quality of students into one of the best medical programs in the world.

Equally exciting is the impending commencement of the MD program, which replaces the current MBBS program in 2015. The MD is a four year postgraduate degree. Provisions still exist for the guaranteed entry pathway for school leavers, although all students will need to complete a full three year undergraduate degree before entering the medical program. The program that has been designed is very clinically focused, and is consistent with our goal to produce the most outstanding junior doctors in this country.

Within the midst of these changes was a substantial review of the School by the Australian Medical Council (AMC). I am happy to report that AMC's preliminary statement of findings seemed very positive. The AMC commended the School for the enormous progress since 2010. They were impressed with the reviewed governance structure of the school, increased cooperation with schools that teach into Year 1 and Year 2 of the medical program, transformation of anatomy teaching as well as improvements made in the areas of assessment and infrastructure. The AMC did also note some areas that it feels the School should develop going forward and these will be detailed in the final report which I will expand upon in future newsletters. As Queensland's oldest medical school we have had over 12,000 Alumni graduate in our 78-year history. We are fortunate that many of these graduates teach into our medical program. I would like to take this opportunity to thank those individuals, for without you we would not be able to meet the standards required by the AMC for accreditation of medical schools.

The school has been touched with some grief this year. We were deeply saddened to hear the news about the death of Drs Roger and Jill Guard in such tragic circumstances. We would



like to convey our deepest sympathy to the Guard's family and friends. Both medical graduates of the School, their loss has been felt by many in our community. Roger in particular through his work at Tiba Hospital, was greatly respected by his colleagues and students at the School. We are truly grateful for the time he dedicated to teaching the next generation of doctors within the Rural Clinical School in Toowoomba.

The school also extends their sympathy to the family of Dr Derek Meyers. Dr Meyers was an outstanding and widely respected physician. He was the son of Errol Solomon Meyers – the first Dean of the Medical School, Derek made enormous contributions to the medical teaching program as well as supporting the annual ES Meyers Memorial Lecture. Both the School and the University of Queensland Medical Students' Society appreciated his substantial generosity to honour his father's memory.

In conclusion, I am sure you agree that this has been a very busy year for the school. We have set in place a number of new initiatives that will strengthen our teaching program and improve our research productivity. There remain many challenges for the school, but it is now well positioned to deliver a world-class medical program.

Best wishes,

INTRODUCTION OF THE DOCTOR OF MEDICINE PROGRAM

UQ will introduce a Doctor of Medicine (MD) program in 2015. This is a four-year postgraduate entry program, which will replace the current four-year Bachelor of Medicine/Bachelor of Surgery (MBBS) program.

As a postgraduate medical training qualification, the MD will meet the Level 9 criteria for an extended masters degree under the Australian Qualifications Framework (AQF). The current MBBS is classified as a bachelor program and is a level 7 qualification in the AQF.

The School, with input from various stakeholders has developed the required curriculum change to facilitate the transition to the MD model in 2015. This change has allowed the School to build on the strong MBBS program by enhancing elements of research and scholarship training which are critical elements in the AQF extended Masters qualification. Developing graduates who are more readily able to employ evidence based practice and undertake research will undoubtedly be an investment in Queensland and Australia's future.

What will the 4-year MD itself look like?

The MD curriculum is very similar to the current MBBS program. However, a strong research training component has been added. The space for the extended research training has been achieved by giving the Year 1 and 2 courses a much stronger "clinical science" focus as compared to the current mix of basic and clinical sciences. This clinical focus in the MD curriculum has also facilitated a move from the current use of a Problem Based Learning (PBL) model in Year 1 to a Case Based Learning (CBL) model. The current PBL does not require prior

experience or understanding of the topic, where as in the CBL model real life clinical case scenarios are used and students are assumed to have a degree of prior knowledge (especially of the sciences underpinning the case). Our CBL sessions are generally conducted by clinicians providing students with opportunities to engage with clinical reasoning and experiences early on in the program.

In Years 3 and 4 students will, as in the current MBBS program, rotate through the different clinical disciplines. The research training will provide opportunities for students to engage with the rich academic clinical research environment in our teaching hospitals and community practices.

What are the entry criteria for the MD?

The shift to the MD means that every student entering the MD will need to have completed a minimum 3-year degree prior to entry. We recommend that students take some Biomedical Science courses in their first degree to adequately prepare for their studies. A minimum suggested study plan of appropriate preparation would include second year university level courses in Anatomy, Physiology and Biochemistry. We will continue to have our two entry pathways into the program, provisional entry for school leavers as well as graduate entry. Admission details can be found [here](#).

IPSWICH CAMPUS

UQ and the University of Southern Queensland (USQ) have been discussing the future of the UQ Ipswich Campus. A non-binding Memorandum of Understanding (MoU) was signed in March 2014, and a detailed planning and due diligence process followed. UQ Senate has now given approval for the transfer, which will occur on, or around 7 January 2015, subject to contractual negotiations and relevant approvals.

UQ and USQ are committed to ensuring that UQ students will not be unnecessarily disadvantaged by the transfer of the Ipswich Campus to USQ. This has been demonstrated by negotiating a two-year teach-out period whereby UQ will continue to have access to the Ipswich Campus. This will enable most students currently enrolled in Ipswich-based programs to complete their study at the Ipswich Campus.



NEWS



MEDICAL EDUCATION AT IPSWICH RECEIVES A BOOST WITH **NEW FACILITIES**

The School of Medicine has officially opened its new medical education facilities strategically located adjacent the Ipswich Hospital.

In 2011, UQ was awarded funding from Health Workforce Australia to support the clinical training of medical students at the Ipswich Clinical School, which enabled the School to purchase and redevelop a commercial property.

Head of the Ipswich Clinical School, Associate Professor Stephen Brierley said the new facility has become a hub for both staff and medical students, providing expanded space for teaching and learning.

"The new facility is also a testament to the strategic direction of medical education at Ipswich. Over the last decade medical education at Ipswich has undergone a major transformation, and Ipswich now hosts more than 270 medical students across all four years of the course," Associate Professor Brierley said.

The Ipswich Hospital is the centre of the Ipswich Clinical School, which is responsible for teaching third and fourth year medical students in the region.



Among the eleven UQ Clinical Schools, Ipswich is unique in providing clinical experience across the full spectrum of medical specialties including Mental Health, Paediatrics and Obstetrics.

UQ has forged a strong relationship with the Ipswich Hospital and is also fully engaged with St Andrews Hospital and Community Health Services.

The location of the school across the road from the Ipswich Hospital provides convenience of access to all these facilities and allows students their own environment for self-directed learning and the sharing of ideas.



UQ PROFESSOR APPOINTED TO PHARMAC IN NEW ZEALAND

The Pharmaceutical Management Agency (PHARMAC) in New Zealand has appointed UQ's Professor Jennifer Martin as a new member to the Pharmacology and Therapeutics Advisory Committee (PTAC).

Professor Martin, Head of the Princess Alexandra Clinical School at UQ's School of Medicine said it is exciting to be able to contribute to international pharmaceutical policy decisions.

"These decisions actually have effects on pricing of, and access to medications in many other countries looking to publicly fund pharmaceuticals. I am especially delighted and honoured to be contributing to the New Zealand Ministry of Health as there is such a necessary focus on value for money here. Spending on pharmaceuticals, whilst improving health outcomes, also diverts resources from other areas of health which can likewise benefit the health of the nation. So we need to ensure we know the amount the drug or device will cost and the likely benefit to the population, and how this compares to other proposed health interventions that require Government funding," Professor Martin said.

PHARMAC Medical Director Dr John Wyeth said the new appointment will add to the high calibre of PTAC's membership.

"PTAC's advice is one of the foundation stones of PHARMAC's decisions and it is essential we have the best possible people on the committee," he said.

Professor Martin is a Clinical Pharmacologist who has played a leading role in medicine assessment in Australia, both at a state and national level.

She attended Wellington East Girls College before graduating from the University of Otago School of Medicine, and then as a Rhodes Scholar at Oxford University in the UK.



20,000 REASONS TO CELEBRATE THE QUEENSLAND TELEPAEDIATRIC SERVICE

The Queensland Telepaediatric Service (QTS) celebrated its 20,000th consultation in June, with Brisbane paediatric specialist “visiting” two-year-old Rockhampton burns patient Elijah Kemp. QTS has been connecting Brisbane medical specialists with sick children in regional and remote Queensland via virtual consultations for more than 14 years, providing vital help to children like Elijah.

Established and operated by UQ’s Centre for Online Health (COH) in partnership with Brisbane’s Royal Children’s Hospital (RCH), QTS is one of the largest paediatric telehealth services in the world.

RCH paediatric surgeon Dr Craig McBride, who treated Elijah, said he regularly used QTS to link him with regional patients, which helped improve their outcomes.

“While we cannot complete medical operations with telehealth, we can see patients before and after their operation. Almost 20 per cent of our burns patient follow-up is done through telehealth, with a network of scar management therapists throughout the state providing quality care locally, with input from us centrally. Our research has shown there is a similar level of care in person and through telehealth, and patients are satisfied with the service they have been receiving from us through paediatric surgery and paediatric burns,” Dr McBride said.

COH Deputy Director Dr Anthony Smith said the consultation was a landmark occasion and a proud moment for everyone involved.



“Our mission has been to give patients in regional and remote locations convenient access to high quality specialist health services, as close to home as possible.

QTS has been able to save thousands of families the physical and financial burden of a trip to Brisbane to see a medical specialist at a normally stressful and emotional time,” Dr Smith said.

About 210 clinicians at the RCH have used the QTS, linking them to about 105 referring regional and remote hospitals throughout Queensland. A range of communication techniques are used to provide consultation to patients, including email, telephone and videoconferencing.



FULBRIGHT SCHOLARS PURSUE BETTER HEALTHCARE FOR MOTHERS AND CHILDREN



Dr Vinay Rane, a forensic physician, lawyer, obstetric doctor and Associate Lecturer at the School of Medicine, received Fulbright Postgraduate Scholarships at the Queensland awards event in Brisbane on March 6. Dr Rane wants to reduce illness and death in mothers and babies.

He will study at Harvard University and also attend the New York Department of Health, New York State University at Albany and the School of Public Health at Harvard University. Dr Rane said the scholarship would help him reduce illness and death in mothers and babies in Australia and the United States by allowing him to collaborate and share existing knowledge.

“Around 1500 women die during childbirth each day around the globe and almost all of these deaths are preventable with the provision of comprehensive obstetric care. Although Australia enjoys a very low overall perinatal mortality rate, there are pockets of the population that are drastically over-represented in this statistic and this is especially true of new migrants and asylum seekers. The United States has had considerable success in increasing access to healthcare for

disadvantaged populations through the provision of culturally sensitive health delivery models. By integrating interventions learned from the US the death rate of mothers and babies may be reduced in Australia,” Dr Rane said.

“Medicine, and especially obstetrics, has shown me just how similar all of us who occupy this small planet actually are. We all have far more in common, than that which divides us. We all have the same needs and wants and this is no more obvious than when it comes to the future of our children. Our American colleagues have already felt many of the current challenges facing healthcare delivery in Australia. Through examination of successful, as well as unsuccessful, interventions that American centres have attempted, we will be able to improve health outcomes in Australia,” he said.



DISCOVER THE RURAL ADVANTAGE

UQ is proud to be playing a part in improving the health of people in rural and remote Australia. Students in the University's medical program are supported and encouraged through a range of Australian Government initiatives to experience the rewards and challenges of engaging in rural practice.

UQ's Rural Clinical School (UQRCS) was established in 2002. It is part of the Australian Government's Rural Clinical Training and Support (RCTS) Program, which aims to improve the range of health care services and strengthen the health workforce in rural and remote communities and improve the health of Aboriginal and Torres Strait Islander Australians.

UQRCS has been operating for over a decade and is able to demonstrate significant success with delivering doctors to rural and regional communities. The program is focused on four academic sites located in Bundaberg, Hervey Bay, Rockhampton and Toowoomba.

Each year over 150 UQ medical students in the clinical phase of the medical program live and work at a UQRCS academic site for at least an academic year. Shorter term (8 – 16 weeks) residential placements are provided for about 300 UQ medical students per year through an extensive training network comprising host communities in rural and remote Queensland and elsewhere.

UQRCS offers an exceptional clinical training experience. The patient-centred approach is complemented by the latest innovations in medical education and training. Classrooms are UQRCS purpose-built clinical skills training facilities, teaching hospitals, specialist consulting rooms, general practices and various community settings across a distributed network of towns throughout rural and regional Queensland.

All UQRCS students are supported with quality clinical teaching and state of the art training facilities, and are also given many opportunities to engage with their local communities. The UQ purple is easily identified amongst the crowds as students enthusiastically participate in local events such as the Relay for Life and the Rocky River Run. These positive living and learning experiences ensure

students are 2-3 times more likely than metropolitan clinical school graduates to become rural doctors. When UQRCS graduates have a rural background this increases to seven times. Around 80% of UQRCS graduates elect to stay at regional teaching hospitals for their intern years.

To increase the cultural capability and competence of UQ medical students, UQRCS supports and maintains relationships with Indigenous primary health care services across all academic sites. This is to expand experiential learning opportunities in Indigenous Health and to improve student's knowledge of health issues and risk

factors that impact the health status of Aboriginal and Torres Strait Island people.

The new purpose built Teaching and Learning Discovery Centre, on the grounds of the Bundaberg Hospital is now complete and offers outstanding, teaching and clinical training facilities. The number and choice of speciality placements has also grown significantly with consultant to student ratios offering exemplary learning opportunities.

UQRCS Hervey Bay moved into their new purpose built facility early this year. As the smallest UQRCS academic site Hervey Bay has very favourable student to teacher ratios. Clinical training is



provided by a mix of public and private healthcare providers giving students exposure to the Hervey Bay and Maryborough Hospitals, St Stephen's Private Hospital, local General and Specialist consultants and a range of community-based health care providers. Wide Bay Medicare Local continues to provide scholarships each year for two Hervey Bay students. In return, those students become involved in one of the organisation's primary health care programs to learn more about community health issues.

UQRCS Toowoomba is located in a state of the art Teaching and Learning Centre. Its many features, include a clinical skills laboratory utilising simulated healthcare training; 24 hour access to study areas with wireless connectivity; lecture rooms; library resource centre; and dedicated staff experienced in student support, library services and medical education. Toowoomba has the highest student enrolment with Rockhampton very close behind.

Rockhampton is the administrative centre for UQRCS operations in the Central Queensland Region. The Office, together with purpose-designed clinical education facilities, is located in the UQ Health Sciences Learning and Discovery Centre on the Rockhampton Hospital campus. Rockhampton is a major referral centre for health care services in the Central Queensland region. In this regard, the clinical training program includes opportunities and experiences in all the key discipline areas, and many

sub-specialties such as Radiology, ENT, Urology and Ophthalmology.

UQRCS undertakes and facilitates medical and health related research specific to regional, rural and remote areas. Medical education and medical workforce comprise a major focus for research investigations, as do collaborative projects and initiatives such as those with the USQ through the Centre for Health Sciences Research.

Major highlights for 2013 include:

- UQRCS staff and Academic Title Holders published 39 refereed full publications and a book (Indigenous Australians and Health: The Wombat in the Room, Editors Hampton R & Toombs M)
- Dr Toombs, UQRCS Director of Indigenous Health was awarded a NHMRC Post-doctoral Fellowship 2013 – 2015 (\$299,546)
- A research team, led by Dr Toombs was awarded a NHMRC Project Grant – 'Evaluation of SCID-1 in the diagnosis of mental disorders in Indigenous Australians 2014 – 2016 (\$973,000)
- Robust research programs to address the mental and physical health of regional and rural indigenous communities have been implemented.

The financial and other support provided by the Australian Government through the Rural Clinical Training Support program and related capital grant programs is acknowledged.

OUR STRATEGY IS WORKING

By UQRCS Head,
Professor Geoff Nicholson

Providing medical learning, training and research opportunities in regional Queensland has been shown to enhance and sustain the local health workforce and ensure its sustainability.

Two large research studies completed in 2013 of UQ medical graduates (2002 – 2011) unequivocally show that the Australian Government's medical workforce strategy of RCS placements and recruitment of rural background students is highly effective.

2013 has been another outstanding year for UQRCS with **92 students (over 30%) of domestic students spending a year at UQRCS and 45 (14.9%) completing 2 years.**

In 2014, 27.2% of DEEWR supported students entering the medical course were from a rural background - the RCTS Program target is 25%.

That said, continuing Australian Government support is absolutely vital for UQ's rural training program.



ABOUT PROFESSOR GEOFF NICHOLSON

Professor Geoff Nicholson is the Head of the Rural Clinical School. Prior to joining UQ, he was with The University of Melbourne at The Geelong Hospital where he established a productive multi-disciplinary academic department, and a regional endocrinology service.

His research areas include cell biology, epidemiology, clinical research and research translation. Current particular research interests include Indigenous Health and rural medical workforce. Professor Nicholson has more than 200 publications and has been awarded multiple NHMRC and other competitive research grants.

SILVER-Q SHINES ACROSS UQ'S RURAL CLINICAL SITES



Norma Robinson with Year 3 students from Bundaberg

SILVER-Q is an inter-professional/ multi-disciplinary teaching and learning program that provides medical, nursing and paramedic science students the opportunity to work collaboratively.

Ms Norma Robinson, Clinical Skills and Simulation Academic Coordinator said students from different disciplines work together to manage common medical conditions in an immersive simulated ward or emergency department environment.

“They use clinical problem solving skills and knowledge to assess the situation, make a diagnosis and implement a management plan for their actor patient/s.

“Through these interactions, students also develop their communication

skills with fellow members of the health care team as well as the patient,” Ms Robinson said.

Fourth Year Rockhampton medical student Alistair Quinn said SILVER-Q was the best experience he has had so far this year as part of his medical degree at UQ.

“The scenarios simulated various clinical experiences that I’m likely to be exposed to as an ‘On Call’ Intern next year. The mock-ward simulation and ‘actor patients’ made the situations much more realistic than usual and gave me valuable experience interacting with nursing students. Combining the nursing and medical training gave us the opportunity to understand each-others’ roles better and helped us to cooperate more effectively. The honest feedback I received from the ‘actor patients’ regarding my interaction with them was also extremely valuable,” Mr Quinn said.

The project is supported by funding from Health Workforce Australia and is a collaborative program involving USQ, CQU and UQ.

Dr Katie Fletcher

Qld Health, Rockhampton Hospital

I studied at the Rockhampton RCS in my third and fourth years of medical school. I also started my Internship here in 2012. I rotated through Emergency, General Medicine, Renal, Surgery, Orthopaedics, Obstetrics, Paediatrics and Anaesthetics. I enjoyed each of them however I have now settled into my true love – Emergency Medicine. I was accepted to the College of Emergency Medicine last April and am now studying for my primary specialty exams.

I am a Clinical Educator at the RCS now and I am passionate about teaching - particularly about teaching in the rural and regional setting. I want to give the students from RCS



a solid foundation of knowledge - but I also am excited about showing the students from the larger centres that Rockhampton has excellent facilities and that their Rural Rotations are an opportunity for them to grow and develop as being outside their comfort zones can inspire great change.

I am also a qualified gym instructor, which keeps me grounded away from the Emergency Ward.



Dr Veronica Nejman

I attended the Bundaberg RCS for 3rd and 4th year, and am an Intern here this year. As a student, the experience was great – very hands on, very confidence building. Small teams meant a lot of contact and direct education from

consultants, and this ratio was 1:1 when placed with private consultants. Everyone is very keen to teach and mentor. There are ample opportunities for practical skills at Bundaberg. My guess is I got to do over 100 cannulations as a student, also sutured lacerations, performed ECGs, performed a few intubations in theatre, among other things. I didn’t get a chance to put an arterial or central line in (but that’s only because the then-intern beat me to it!). The RCS administrators and librarian are very friendly, very good at coordinating placements, and know and care about their students a lot.

Starting as an intern this year, the transition has been so much easier because I am in a familiar environment

(referring both to physical environment and the people). The doctors also have a lot more confidence in you because they know you, and are happy that “one of their own” has stayed on. I know what the processes are, who the consultants and local GPs are, and have some insight into how health care in Bundaberg works, which makes me more efficient. On my mental health rotation I could hit the ground running doing acute assessments of patients because I’d already done them and typed them up as a student. I am currently on Orthopaedics – the work load is daunting but what otherwise would have been a very steep learning curve has been helped by the fact that I’ve been with this team before as a student.

ENSURING HIGH QUALITY RURAL EXPERIENCES

Dr Chamath (Charmie) De Silva and Dr Kate Stewart first met as Year 2 medical students at the UQ's St Lucia campus. Charmie had already preferred Rockhampton for Year 3 and then chose to remain for Year 4. He decided to go to Rockhampton because of the amazing teaching and team environment that he had heard about and stayed because of it. Kate was an International student from Canada. She spent a week at UQRCS Rockhampton during her Year 3 Medicine in Society Rotation and was able to return in Year 4 for her Critical Care; Renal; and Obstetrics and Gynaecology rotations.

At the end of Year 4 both Kate and Charmie were the recipients of major awards. Kate received the Elsie Butler Wilkinson Memorial Prize for Obstetrics & Gynaecology and the John F Dunkley Memorial Prize for Obstetrics & Gynaecology and Neonatology; while Charmie was awarded the Australian and New Zealand College of Anaesthetists Prize for best overall performance in the Anaesthetic component of the critical care course examination.

They sat their final year OSCE's at UQRCS Rockhampton and graduated together in 2012. Since graduating, both have remained at the Rockhampton Hospital as interns and are now midway through their Junior House Officer year. They are now UQRCS Clinical Educators sharing their skills and experiences with the new student cohorts.

In August this year Kate and Charmie will be married in Canada and will return to Rockhampton Hospital to continue their JHO year.



Dr Kate Stewart and Dr Charmie De Silva



Mr Matthew Hishon

SURGICAL SPECIALTIES BUNDABERG

By Mr Matthew Hishon, 4th Year medical student

Surgical Specialties has undergone some significant changes for 2014 with the inclusion of orthopaedics for a four week block. The objective of this change is to immerse final year medical students into a more comprehensive orthopaedic program in order to better prepare them for handling emergency presentations as an Intern. It also gives a much broader exposure than was previously afforded as part of the Year 3 program which is invaluable to the many students who decide to pursue careers in general practice. In 2014 this is alongside an ophthalmology placement for two weeks and an elective placement for two weeks of the students' choice.

In Bundaberg, the orthopaedic teaching program is personally overseen by Dr Cornelius Burger (Director of Orthopaedics). This is invaluable to students as it allows flexibility and maximum exposure to patients as well as a wealth of experience.

A typical student week includes daily ward rounds, ward/ED consults, emergency and elective surgery lists, fracture clinics (where the students are encouraged to see patients, perform focused examinations and present back to the Consultant/Registrar) and three - four teaching sessions which are divided between covering the student's curriculum and other personal interest topics. This variability to the daily routine allows a degree of choice for students to self-direct their learning. Despite the large and experienced team, students actively participate in clinics and in surgery (where possible) to achieve a personal learning environment.

In addition to this, given the nature of a rural hospital, allied health teams become an important part of the medical student experience. Opportunities are extended to spend time with plaster technicians and physiotherapists, led by Mr Martin King, which again enhance

the holistic approach to learning orthopaedic treatment and management in Bundaberg.

The ophthalmology placement is run at Queensland Eye Specialists under the supervision of Dr Jai Panchapakesan. Unlike other hospital-based placements, Dr Panchapakesan consults in private practice performing minor surgeries and SLT/YAG laser therapies and visits both Private Hospitals in Bundaberg on a weekly basis. Time is also afforded for students to spend with Mr Shane Whyte (Optometrist) who works in close consultation with Dr Panchapakesan and takes a special interest in making sure medical students get a deep understanding of managing conditions/diseases which are common in everyday practice. Students are encouraged to familiarise themselves with ophthalmoscopes, slit lamps, visual field testing instruments and retinal photography to name a few and are given their own workspace to facilitate this.

Plastic surgery is offered by Dr James Gaffield at Pacific Plastic Surgery, The Friendly Society Private Hospital. Dr Gaffield comes from a distinguished background in general surgery which ensures students gain much more than a superficial understanding in plastic surgery. In setting very high standards for students he inspires efficiency, attention to detail and communication skills which simply cannot be taught without his passion for medicine. A typical day consists of an early morning ward round followed by either attending a very busy surgical list (including various facial procedures, breast augmentation/reconstructions, abdominoplasty, liposuction and a multitude of cosmetically sensitive skin lesion excisions to name a few) or consultations in his clinic (once a week).

Q&A

Dr James Morton, a 1987 UQ MBBS graduate and specialist in Haematology & Oncology is on a mission to make a difference for children with Autism in Queensland through his foundation AEIOU. AEIOU is a not-for-profit organisation and one of Queensland's leading providers of full-time early education for children with autism between the ages of two-and-a-half and six years.



Why did you establish the AEIOU Foundation?

In 2001, my son Andrew was diagnosed with autism at two years of age. It was a whirlwind time but my wife Louise and I recognised the value of early intervention to help give Andrew the best possible future and eventually lead to him attending a mainstream school. We discovered an early intervention pilot program run by Education Queensland. The program employed a high number of teachers to student ratio and focused on social developmental skills, play and speech skills and behaviour intervention. The change in Andrew was amazing and a true testament of the programs success. Unfortunately in 2003 the centre was closed and we were forced to continue Andrew's therapy at home. It felt like we were taking a step backward and it was disheartening that Andrew and thousands of children like him had no opportunity to attend an early intervention facility that was dedicated solely to children with Autism so we decided to start our own. In November 2003, together with Andrew's Educational Therapist Rebecca Allen, we started AEIOU. In February 2005, the first AEIOU Centre was opened in Moorooka and today we operate from nine locations across Queensland.





How has Andrew and your AEIOU venture changed you as a doctor?

It has made me much more considerate of the needs of the family in caring for my patients, especially where there is a family member with a disability.

How do you shift your focus from your life as a Haematologist to Chairman of AEIOU Foundation?

Shifting my focus is much easier now. AEIOU has a lot of internal expertise within its executive but it was very challenging in the early days. I was (and still today) lucky to have very understanding patients and staff and a brilliant board with AEIOU.

What challenges did/do you face establishing/running AEIOU?

One of the biggest challenges we faced establishing AEIOU and still do today is funding. The service we provide at AEIOU costs \$50,000 pa for each child. There is limited funding from the disability sector so we had to develop novel business models and fundraising strategies to raise money. Staffing is also a major challenge.

There is a very limited pool of teachers, therapists and teacher aids with the expertise required, particularly in regional areas. It takes a very special kind of person to work with these kids everyday and it is important we look after them and make them feel valued.



What differences have you seen in the Disability sector compared to the Health sector?

There is a massive difference in the available funding. Government provides \$6,000 pa for 2 years for a 3-year-old with autism and a lifetime of benefit compared with funding available for care of patients with advanced cancer. Like preventive health we dramatically underfund early intervention and instead of investing in building ability we end up paying a much higher cost of supporting disability.

Autism support in Queensland has come a long way thanks to AEIOU, what does the future hold?

Unfortunately the future is looking a bit bleak as it is very much linked to the National Disability Insurance Scheme (NDIS) and how this operates, and the education system developing greater flexibility and expertise in supporting our children. The funding for early intervention has been capped at less than half the average package for funding long-term disability and the models around service delivery are based purely on theory with no evidence basis. Logic, and the Productivity Commission review, suggested that the NDIS should have a focus on building ability in the early years through evidence based investment, especially where such investment reduced the long-term cost of addressing disability. The NDIS is, however, acting in a manner completely at odds with this focus.

You were also instrumental in the development of the Leukaemia Foundation's World's Greatest Shave campaign – how did this come about?

The Greyden family, whose father was a patient of mine, held a 'shave' event in Lismore in honour of their father, raising funds for the Leukaemia Foundation - it was enormously successful. The simple idea was to take what they did and run it internationally and nationally, providing a practical, community oriented initiative to help raise funds and awareness. Our goal was to start The Worlds Greatest Shave for a Cure in Brisbane, before launching it nationally across Australia, and then taking it to the UK and America.



However, the English were worried their hair wouldn't grow back, so unfortunately it's never got beyond Australian shores. Being involved in The Shave was a very positive experience towards setting up AEIOU Foundation.

What do you do in your spare time?

At the moment I'm training for our annual 40km Take a Hike fundraising event by walking up the steep streets in my neighborhood - I tell you what, I am really feeling it. I'm also doing a bit of cycling with a group of old school friends.

How is your son Andrew doing now?

He is going very well. He continues to surprise us with abilities that we never thought he would develop.

How can readers support the foundation?

Awareness is the main focus and getting involved in some of our fundraising activities. We have a little over 200 children currently enrolled in Queensland with an annual fundraising need of \$2m. We also need to build the workforce. There is going to be a huge need in the disability workforce in 2018 so we need to encourage universities to invest in building this workforce and people of all ages to consider this as a career option.

Please visit our website for ways to help www.aeiou.org.au





ACADEMIC MILITARY SURGERY & MEDICINE

A maturing partnership between UQ and the Australian Defence Force

Professor Michael Reade was appointed as the inaugural Australian Defence Force (ADF) Professor of Military Surgery and Medicine at UQ in 2011. What is “military medicine and surgery”, how has the role developed since 2011, and what are the plans for the future?

“Military medicine” is anything of particular interest to the Defence Force, encompassing occupational medicine in uniquely hazardous environments (including underwater, high-performance aviation, and land combat), tropical medicine, physical and psychological rehabilitation, and ballistic / blast trauma. Unlike the UK and US, until 2011 the ADF relied almost exclusively on Reserve doctors for its deployed trauma capability, and had no co-ordinated trauma research program. In 2011, this was addressed with the appointment of a small cohort of fulltime Defence clinicians who work in civilian hospitals when not deployed overseas, and with Professor Reade’s research program based at UQ.

An anaesthetist and intensive care physician, Professor Reade is a serving officer in the Australian Army, posted as a Lieutenant Colonel to Joint Health Command in Canberra. Recognising the concentration of ADF assets in SE Queensland and the expertise at the UQ Burns, Trauma and Critical Care Research Centre, his academic position was established at UQ’s Herston campus. Professor Reade’s prior expertise had been in both applied molecular biology (with an Oxford DPhil investigating the pathogenesis of septic shock) and clinical trials (with a postdoctoral research fellowship in Pittsburgh). He had also been an officer in the Army Reserve for 22 years, with five deployments and regimental, clinical, command and staff appointments in both Regular and Reserve units. He remains a practising clinician, both at the RBWH and in the ADF, having led the ADF surgical team in Kandahar for four months in 2013.

The three themes of Professor Reade’s research are treatment of massive haemorrhage and coagulopathy (including the provision of blood products in austere environments), the design of trauma systems, and the pathogenesis and management of acute cognitive impairment, such as that which occurs in critical illness and traumatic brain injury. His “headline” research project is a clinical trial, in collaboration with the Australian Red Cross Blood Service, of cryopreserved (frozen) platelets. Cryopreservation extends the shelf-life of platelets from the conventional five days to at least two years, making it possible to provide them in both deployed military and also in rural hospitals. He is also an investigator in NHMRC-funded trials of tranexamic acid (a drug thought to reduce death from bleeding in trauma) in collaboration with the National Trauma Research Institute, and of the effect of storage duration of red cells transfused in critical illness, in collaboration with the Australian and

New Zealand Intensive Care Research Centre. Parallel with these trials is work with the Critical Care Research Group at Prince Charles Hospital using a newly-developed ovine model of traumatic coagulopathy exploring even more innovative treatments. In trauma systems research, he has worked with the Queensland Ambulance Service in a study investigating the best approaches to traumatic cardiac arrest. He has in-principle support from US and UK colleagues to use their large military trauma registries (compiled since 2004) to explore system-level questions such as the mortality effect of time-to-resuscitation and time-to-surgery. In the field of cognitive impairment, he recently completed a 15-hospital trial of a novel drug to reduce delirium and agitation in critical illness, and is an investigator in a related NHMRC-funded multicentre trial of sedation practice in intensive care. These trials are also complemented by basic science work, for example in an ovine model characterising microcirculatory changes in traumatic brain injury. Common themes of all these programs are collaborations with leading

Australian and international groups, and funding deriving exclusively from civilian competitive grants.

The ADF derives considerable benefit from its UQ partnership. Professor Reade's research higher degree students include a regular army junior doctor, hopefully the first of many to take up the opportunity to train in hospital-based academic medicine as an alternative to military primary care. Close links with US and UK academic colleagues have been translated into ADF training and policy, with for example the 2014 introduction of a comprehensive blood transfusion manual, and with the amalgamation of subspecialist training for surgeons and anaesthetists into a single ADF course focussed as much on non-technical team skills as it is on technical surgery and anaesthesia. In turn, UQ has enhanced its international reputation in trauma research relevant to civilian healthcare, and in its ability to translate research results into national policy.

What of the future? If as many expect NATO withdraws most of its combat force from Afghanistan at the end of 2014,



...lessons learnt on the battlefield will need to be translated into civilian healthcare and into doctrine so as not to be lost.

This can only accentuate the requirements for partnerships such as the ADF's trauma collaboration with UQ.



RESEARCH

BREAKTHROUGH
TREATMENT FOR
HEPATITIS C

A breakthrough treatment for hepatitis C that halves treatment time has been developed in an international clinical trial that included UQ. The landmark study has been published in the [New England Journal of Medicine](#) in a paper co-authored by Professor Darrell Crawford, Head of the UQ School of Medicine and member of the Gallipoli Medical Research Foundation.

Professor Crawford said the findings could have a significant, positive impact on millions of patients living with hepatitis C around the world.

“This treatment regime works in quarter the amount of time as existing treatments with considerably fewer side-effects,” Professor Crawford said.

“Current hepatitis C treatments include medications administered by injections for 24 to 48 weeks, which often cause many severe side-effects, such as anxiety and depression. Treatment in this study was administered orally for only 12 weeks with less than one per cent of trial participants discontinuing due to side-effects.”

The research was conducted at 79 sites across the world, including four in Australia.

The Gallipoli Medical Research Foundation's Clinical Trials Unit, based at Greenslopes Private Hospital, was the first site to enroll a patient outside the USA.

This was a randomised, double-blind, placebo-controlled trial where all participants had been diagnosed with the hepatitis C virus (HCV) of the type 1 genotype and had not previously taken medications to treat the HCV infection.

Half the participants received the new treatment regime for 12 weeks while the other half received no treatment. The groups were then reversed, thereby allowing all participants to be treated with the new drugs.

The new “triple therapy” treatment was taken in combination with ribavirin (RBV).

It is estimated that 130-150 million people worldwide are chronically infected with hepatitis C. (WHO, 2014). In 2011, about 226,700 people in Australia were living with chronic hepatitis C. (The Kirby Institute, 2012).

SOM RESEARCH
OFFICE TEAM

Professor Peter Soyer, Deputy Head, School of Medicine

Ms Anne Louise Bulloch, Manager

Ms Judy Smith, Grants Officer

Dr Matthew Lamb, Publications Officer

Ms Lisa Hennell, RHD Administrative Officer & Project Officer (web support and communication)

Ms Maxine Wienert, Senior Administrative Officer and RHD Team Leader

Ms Marijke Schmidt, RHD Administrative Officer

Ms Jo Smith, RHD Administrative Assistant

Dr Judith Greer, Academic Postgraduate Coordinator

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Professor Michael Pender, from the School of Medicine, the Royal Brisbane and Women's Hospital, and the QIMR Berghofer Medical Research Institute, is currently being supported by MS Research Australia, Foundation 5 Million+, and the Trish MS Research Foundation to undertake novel work exploring the link between the Epstein-Barr virus (EBV) and MS. Over the last nine years, Professor Pender has received over \$1.2 million via various grants from MS Research Australia.

A large body of evidence indicates that infection with EBV may play a role in MS. EBV is typically associated with illnesses such as glandular fever, but around 90% of healthy people show signs of a previous EBV infection, whereas previous research has shown that almost 100% of people with MS carry the virus. Professor Pender has shown that people with MS have decreased immune responses to EBV, which could theoretically allow the accumulation of EBV-infected cells in the brain which may contribute to the



IS THE EPSTEIN-BARR VIRUS INVOLVED IN MS?

subsequent development of MS. His current work is aiming to look at specific immune cells involved with the response to EBV infection known as CD8 T cells. People with MS are known to have deficiencies in the number of these cells in their immune system.

In work recently published in the journal *Multiple Sclerosis*, Professor Pender has shown that the deficiency in CD8 T cells in people with MS is specifically due to reduced numbers of a sub-group of CD8 cells, called CD8 effector memory T cells. These cell types retain a memory of pathogens (infections) that they have been exposed to before, and can immediately mount an immune response to remove infected cells. Professor Pender has also examined blood samples from a large number of people with all forms of MS including the earliest signs of MS, known as Clinically Isolated Syndrome (CIS). Because CD8 effector memory cell deficiency is present in all of these stages of disease, this suggests that CD8 T cell deficiency is likely to be a causal factor in MS rather than a result of MS.

A deficiency in these 'memory cells' may also help to explain the causes underlying the lower immunity against EBV in people with MS. Further work aims to investigate the role of other factors such as genetics in the altered EBV response in MS, and to determine if a relationship exists between the CD8 T

cells and other factors related to the level of EBV infection.

This work is vitally important for the development of new therapies aimed at preventing and treating MS by controlling EBV infection. An exciting development in this direction was revealed in February this year, when Professor Pender and his colleagues published the promising results for a single patient with secondary progressive MS who was treated with CD8 cells primed to recognise EBV. Further information on this case study can be [found here](#).

Following on from these findings, Professor Pender is in the process of setting up clinical trials to test first the safety, and later the efficacy, of this treatment on a wider sample of people with MS. The first stage will be a small Phase I trial to test the safety of the therapy, and will be conducted in a very small group (approximately 10 people). This trial is not yet underway, but depending on ethical approval, could begin later in 2014.

Professor Pender was also recently awarded the great honour to present the annual Ian McDonald Lecture, sponsored by the Neurological Foundation of New Zealand, to clinicians and researchers at the Australian and New Zealand Association of Neurologists Conference



L-R MS Queensland CEO Mr Lincoln Hopper, trial patient Mr Gary Allen and Professor Michael Pender

in Adelaide on 22nd May. Professor Pender described his most recent work and gave the audience an insight into the proposed mechanisms by which the EBV may be involved in contributing to immune disruption in MS and other autoimmune disorders.



STUDY COULD LEAD TO BETTER TREATMENT FOR CHILD BRAIN INJURIES

by Ms Erin Brown

The discovery of a new link between post-traumatic stress disorder (PTSD), pain and children with traumatic brain injuries could lead to better treatment methods, according to a new study. The study led by the Centre of National Research on Disability and Rehabilitation Medicine (CONROD), found PTSD was contributing to pain in children with traumatic brain injuries, and not the other way around.

It has been well established that PTSD and pain are related after injury, but until now it has been unclear whether pain is causing children to develop PTSD, or whether PTSD is causing the pain.

The study indicates that PTSD is the driving cause of lingering pain in children with a traumatic brain injury.

This contradicts previous theories that PTSD may have been caused by lingering pain.

The study also allowed us to propose a new model for understanding how PTSD is related to pain in children with traumatic brain injuries.

Our findings may aid the clinical treatment of children recovering from head injuries. The research shows that children with a traumatic brain injury may benefit from being screened for PTSD.

Those children who do screen positive for PTSD should then be linked with appropriate treatment. Children who are identified and treated early may recover more rapidly and experience reduced pain.

The study, which was the first to examine the interaction between PTSD and pain in children, was published in the [Journal of Pediatric Psychology](#). It included 195 children aged six to 15 who were admitted to an Australian hospital with mild-to-severe traumatic brain injuries. The children were screened for PTSD by a clinician, while parents were surveyed on their child's pain levels over an 18-month period following the injury. Around 200 of every 100,000 Australian children aged under 15 are diagnosed with a traumatic brain injury annually. The rate is even higher in younger children, making them the second highest prevalence range after 15-24 year-olds.

The study was funded by a National Health and Medical Research Council grant. CONROD is a joint initiative of UQ, Griffith University and the Motor Accident Insurance Commission.



ABOUT MS ERIN BROWN

Erin Brown joined Professor Justin Kenardy's Social and Behavioural Science team at CONROD in 2012. She graduated B.PsySc with first class Honours. She is very involved with the UQ SuPpORT research project, investigating psychiatric comorbidity following a minor road traffic crash under the Queensland CTP program. Other research interests include how mental health and mother-child relationships are affected from experience in the Neonatal Intensive Care Unit, and long-term consequences of TBI in children.



RESEARCHER'S METEORIC RISE THROUGH THE RANKS

The bullet performance of a UQ researcher has seen him rise through the academic ranks at lightening speed. The newly appointed Professor Jason Roberts is an NHMRC Research Fellow with UQ's School of Medicine, a Pharmacist Consultant at the Royal Brisbane and Women's Hospital and Adjunct Professor with Queensland University of Technology.

Rising five ranks from Associate Lecturer to Professor in under 5 years, Professor Roberts' most recent research focus has been to understand how antibiotics behave in critically ill patients in intensive care, a group whose survival may depend on getting the right therapeutic dose.

Professor Nicholas Fisk, Executive Dean of UQ's Faculty of Medicine and Biomedical Sciences, said the pace of the appointment is one of the fastest on record at UQ and demonstrates that UQ recognises and rewards performance.

Professor Roberts said the desire to maximise his clinical skills inspired him to undertake a career in research.

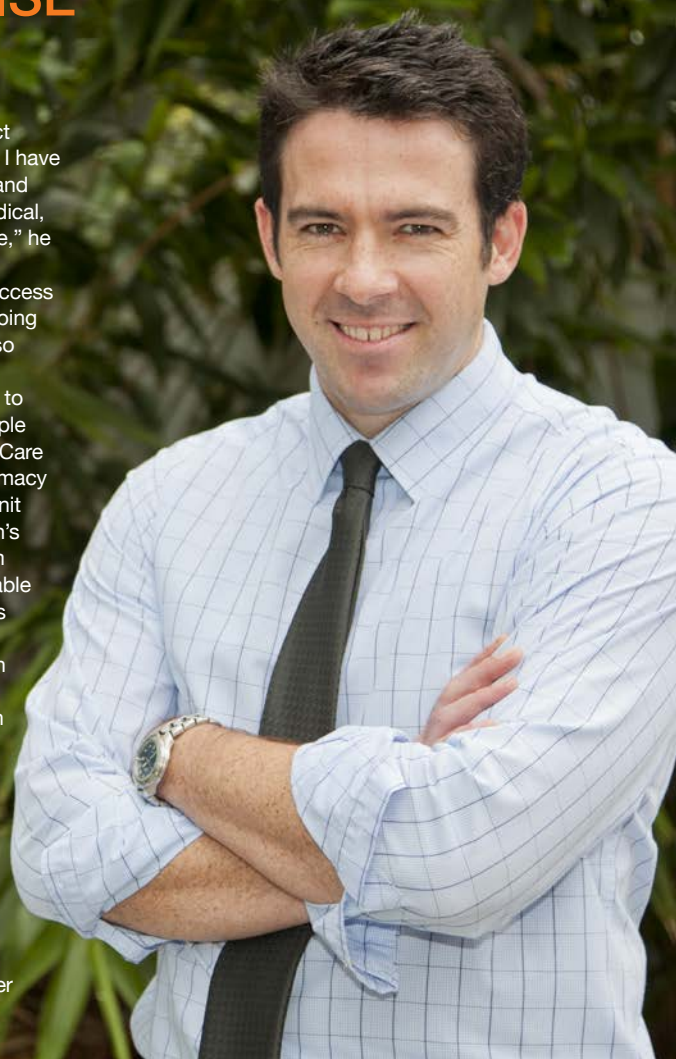
"The field of clinical pharmacy has no structured mandatory post-graduate program so it made sense to enhance my clinical skills through research. Research has given me the opportunity to answer some of the questions that confront clinicians who are trying to optimise the therapeutic effects of drugs

for patients with difficult-to-predict dosing requirements. In so doing, I have developed strong collaborations and friendships with pharmacists, medical, nursing and allied health staff alike," he said.

The High Flyer attributes his success to a great research team and ongoing support from mentors who are also leaders in their fields.

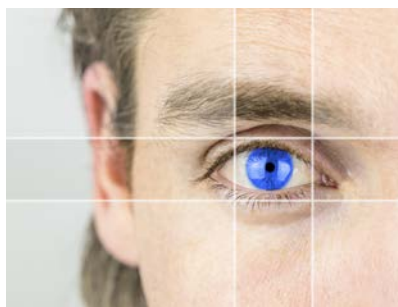
"I have been extremely grateful to work with a fantastic team of people at the Burns, Trauma and Critical Care Research Centre, and in the Pharmacy Department and Intensive Care Unit at the Royal Brisbane and Women's Hospital. Mentors within this team have helped to open up unbelievable research and clinical opportunities and enabled me to be part of important studies collaborating on an international scale. My advice to those developing their research career, it is to make sure you take every opportunity to surround yourself with good people," he said.

Professor Roberts has published more than 120 papers relating to the drug dosing of clinically challenging patients, been awarded over \$11 million in grants, and supervises 16 higher research degree students.



MESOLITHIC MAN REVEALS ORIGINS OF BLUE EYES, LACTOSE INTOLERANCE

The discovery of a Stone Age man with the genes for blue eyes and dark skin has revealed that blue eye colour is likely to have spread through the European population earlier than fair skin. The discovery was made by an international team of researchers, including Associate Professor Rick Sturm from UQ's Institute for Molecular Bioscience, who analysed the genome from the tooth of a 7000-year-old human skeleton from Spain.



They were hoping to understand the evolutionary impact of early humans transitioning from hunter-gatherers to an agricultural society.

"Although these populations died out thousands of years ago, their genes have left clues to the way they looked and lived. We found that the genes present in this Mesolithic man were likely to result in dark skin and dark hair, but blue eyes. This gene combination is unique and no longer exists in contemporary Europeans, suggesting that the spread of genes associated with a light eye colour may have occurred before the spread of genes for light skin," said Dr Sturm.

The team, led by researchers from the Institute of Evolutionary Biology in Spain and the University of Copenhagen in Denmark, also investigated genes associated with immunity and diet.

"This Mesolithic hunter-gatherer carried the gene for lactose-intolerance consistent with an inability to digest dairy products, and also saliva amylase genes indicative of a low-starch diet," Dr Sturm said.

"This is in direct contrast to genomes from Neolithic farmers, who could process higher levels of lactose in milk and starch in grains. However, the genes for immunity to diseases were similar between the hunter-gatherer and farmers, suggesting that the transition to agriculture in European populations caused a change in diet but not immunity."

The research is published in the journal [Nature](#).





FUNDING BACKS NEW CEREBRAL PALSY RESEARCH

Finding better ways of supporting children with cerebral palsy are one of the potential outcomes from UQ research that has drawn more than \$1.5 million in joint government and community funding. The National Health and Medical Research Council and community partners will fund this School of Medicine project, out of 14 funded nationally, under the Partnerships for Better Health (Partnerships Projects) scheme.

The project led by Professor Roslyn Boyd, Scientific Director of the Cerebral Palsy and Rehabilitation Research Centre, titled PREDICT aims to inform services for children with cerebral palsy and has drawn \$774,450 in NHMRC funding in addition to support from partners.

"The PREDICT Cerebral Palsy outcomes study will combine advanced neuro imaging at the Herston Imaging Research Facility with comprehensive information about motor, cognitive, and nutrition outcomes of children with cerebral palsy," Professor Boyd said.

"An economic analysis of the outcomes will be performed to inform health service delivery. This NHMRC partnership grant is a collaboration between UQ, CSIRO, Queensland Health and the Cerebral Palsy

Alliance and will enable clinicians to use neuro-imaging and clinical bio-markers to predict future outcomes for infants born with these early brain injuries."

**Deputy Vice-Chancellor
(Research) Professor
Anton Middelberg
congratulated
Professor Boyd for
efforts in translating
excellent UQ research
into practical outcomes
aimed at improving
quality of life globally.**

"UQ has a history of delivering impact from its excellent research, and these projects underline the quality of the University's researchers and the way they address their expertise to important and pressing global problems," Professor Middelberg said.



UQ CELEBRATES ITS FEMALE RESEARCHERS

Dr Leanne Sakzewski, from the Queensland Cerebral Palsy and Rehabilitation Research Centre, was awarded one of UQ's fellowships that support high-calibre women to re-establish their academic research careers after an interruption, often the birth of children.

She received a Graduate Women's Award from the Fellowships Fund Incorporated, a group of graduate women committed to providing postgraduate opportunities for study and research to women by providing fellowships.

Dr Sakzewski's research builds on preliminary work from a NHMRC TRIP (Translating Research into Practice) Fellowship (2012-2013) aimed at improving the quality and dose of therapy offered to children with unilateral cerebral palsy to improve their arm and hand function.

"My project will determine the effectiveness of a research translation program for occupational therapists working with children with cerebral palsy to increase the use of current research and "best practice" leading to improved patient outcomes," Dr Sakzewski said.

By the end of the fellowship, she aims to publish results through a number of articles, and develop training resources for occupational therapists to support their use of research evidence in clinical practice.



Dr Leanne Sakzewski

Supporting parents with Acceptance and Commitment Therapy (ACT)

By Dr Koa Whittingham

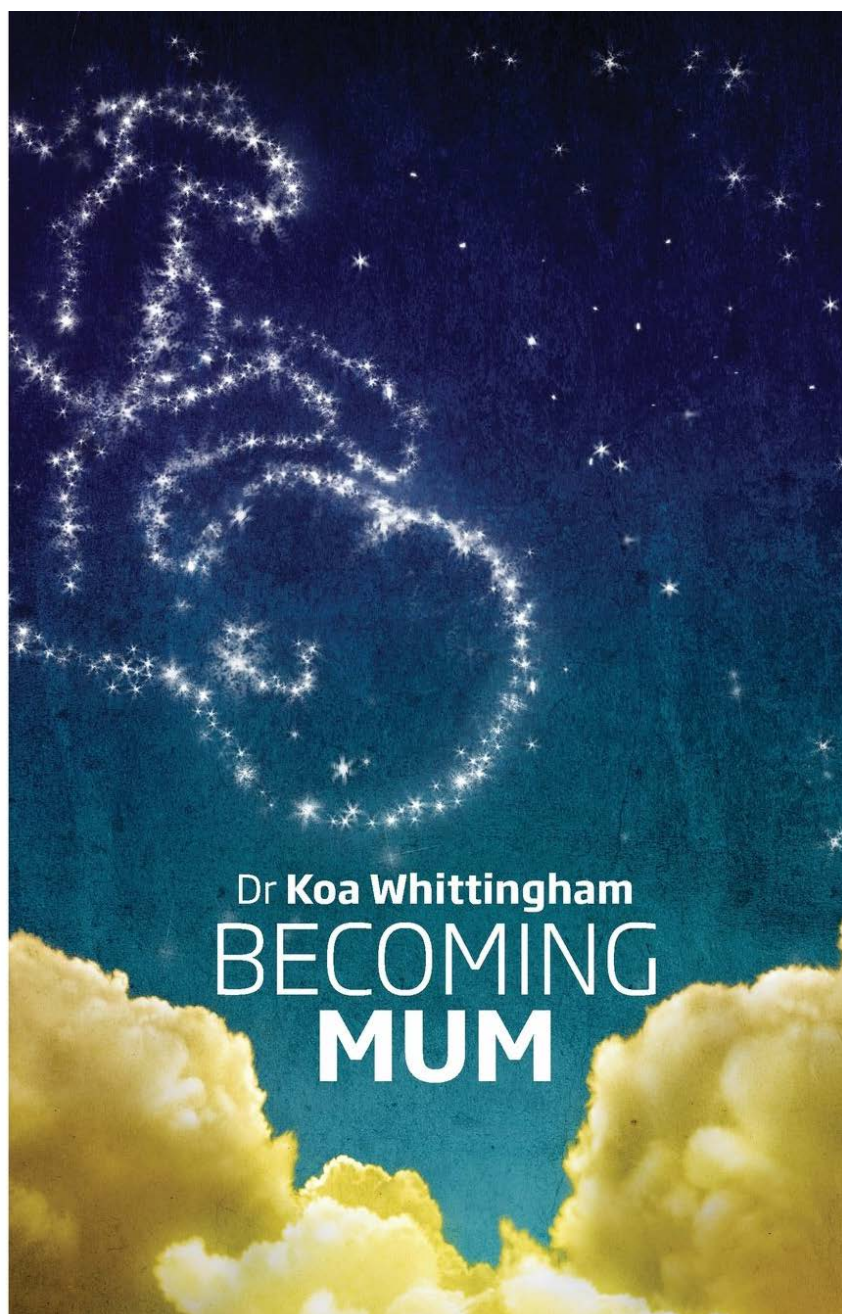
Acceptance and Commitment Therapy (ACT said as the word 'act') represents the latest advances in Cognitive Behavioural Therapy (CBT). ACT aims to increase psychological flexibility, the ability to persist or to change your behaviour, with full awareness of your present moment experiences and the situational context, in the service of chosen values. There is a growing evidence base for ACT and

researchers at the Queensland Cerebral Palsy and Rehabilitation Research Centre are at the forefront of the application of ACT to parenting support.

Recently published in Pediatrics, a randomised controlled trial of Stepping Stones Triple P (Positive Parenting Program) and ACT for families of children with Cerebral Palsy suggested that ACT has benefits above and beyond conventional

parenting intervention. Participants were randomly assigned to three groups, a waitlist control group, a group that received Stepping Stones Triple P and a group that received Stepping Stones Triple P and ACT. The group that received Stepping Stones Triple P showed improvements in child behaviour and adjustment in comparison to the waitlist control group, as we would expect from the extensive evidence base for Triple P. However, the group that received both Stepping Stones Triple P and ACT also showed improvements in child hyperactivity and parenting styles in comparison to the waitlist control. This suggests that ACT has something unique to contribute to the field of parenting intervention.

There are plans to expand upon this research by developing an online parenting support grounded in ACT.



ABOUT DR KOA WHITTINGHAM

Dr Koa Whittingham is a clinical and developmental psychologist, a research fellow at the Queensland Cerebral Palsy and Rehabilitation Research Centre, and the author of a new book providing psychological support for the transition to motherhood *Becoming Mum*: www.becomingmum.com.au. Dr Whittingham is passionate about providing better support for parents with Acceptance and Commitment Therapy. She regularly blogs about parenting in her blog *Parenting from the Heart*: www.koawhittingham.com/blog/

UPDATE ON THE MBBS CLINICIAN SCIENTIST TRACK (CST)

By Associate Professor Diann Eley, MBBS Research Coordinator

The Clinician Scientist Track (CST) commenced in January 2011 as an approach to increasing the number of Research Higher Degrees (RHD) amongst the School's medical students. Since that time the CST has enrolled 52 RHD candidates. The students are undertaking their research in over 35 research centres, institutes or groups within UQ and also New Zealand and the USA. A good marker of the quality of these students is their success in winning scholarships. So far 88% have won (increasingly competitive) UQ postgraduate scholarships (UQRS, APA and UQI).

And they somehow find time to publish and produce research output. Given the time lag in review and the publication process, a certain underestimation of the number of peer reviewed journal papers = 53 and conference abstracts/presentations = 38. And if that doesn't impress you, here are just a few of the journals in which they are they are publishing.

Lancet, Nature Neuroscience, BMJ, International Journal of Cardiology, Journal of the American College of Cardiology, The American Journal of Gastroenterology, American Journal Medical Science, Clinical Biochemistry, Annals of Clinical Biochemistry

I'd like to highlight a few of our MBBS-RHD candidates who have completed or are very near completing their degree.

Dr Henry Tsao, MBBS 2013 has recently been awarded his MPhil and is our first Concurrent MBBS-MPhil graduate. Henry won a UQRS scholarship for his MPhil and was supervised by Prof Ros Boyd. His thesis is entitled, 'Unraveling the organisation and microstructure of sensorimotor brain networks in children with congenital hemiparesis'.

Tim Tattersall, now in year 3 MBBS, has submitted his PhD thesis which is currently under review. Tim has made outstanding progress with his PhD and chose the intercalated model working under the supervision of Dr Pankaj Sah of the Queensland Brain Institute (QBI).

He won an APA scholarship for his PhD which he intercalated with his MBBS. Tim recently had a paper published on his work in Nature Neuroscience

Tattersall, T. L. et al. Imagined gait modulates neuronal network dynamics in the human pedunculopontine nucleus. [Nature Neuroscience advance online publication, 2 February 2014](#)

Dr Daniel Lemor is our first UQ-Ochsner student to undertake the concurrent MBBS-MPhil. Daniel is in the process of submitting his final thesis. He graduated his MBBS in 2013 and has successfully matched and commenced his residency. Daniel is supervised by Dr Jonathan Nussdorff at Ochsner Clinical School and Prof Glen Gole from Paediatrics and Child Health at the Royal Children's Hospital. Daniel's thesis is on 'The effects of an elevation of interocular pressure on retinal structure and function'.

Dr Dylan Flaws started the Concurrent MBBS-MPhil in 2011 and upgraded to a PhD in 2012 just before graduating his MBBS. Dylan is supervised by Dr Louise Cullen of the RBWH and Dr Martin Than from Christchurch Hospital, New Zealand. Dylan is the recipient of an AusHSI scholarship (2 years in a row) and he also received a UQRS for his Concurrent MPhil while in medical school. Dylan's publication list is growing fast and a recent paper was highlighted by Emergency Medicine Australasia in its special Silver Anniversary Edition, published online on 4th February 2014. Here is the paper.

Martin Than, Dylan Flaws, et al, Louise Cullen. Development and validation of the Emergency Department Assessment of Chest pain Score and 2h accelerated diagnostic protocol. Emergency Medicine Australasia 2014; 26,1: 34-44.

SPOTLIGHT ON THE FIRST THREE CST ENROLMENTS

The following students were the very first to enrol in the CST in early 2011. All three won the very competitive UQ Research Scholarships (UQRS) for their concurrent MBBS-MPhil and all three have 'set the bar very high' when it comes to performance in both their medical and research training. They are both a pioneers and a tribute to the Clinician Scientist program.



Dr Mathew Roberts
(MBBS 2011, PhD Candidate)
Supervised by **Prof Frank Gardiner**

Matt started his concurrent MBBS-MPhil in his 4th MBBS year and received a UQRS and upgraded to a PhD at Confirmation. His PhD title is; Putative Biomarkers for Early Detection of Prostate Cancer. Matt has won several scholarships throughout his candidature and into his Postgraduate (PGY) training. But perhaps most impressive was that by December 2013, only just completing his PGY2, Matt was one of 17 successful candidates across Australia to earn a position on the Royal Australasian College of Surgeons Surgical Education and Training (SET) program. He also secured an NHMRC Postgraduate Scholarship in 2013.

ABOUT ASSOCIATE PROFESSOR DIANN ELEY
Associate Professor Diann Eley is the MBBS Research Coordinator in the School. Her research career began as a bench scientist in reproductive physiology in the USA, Kenya and the UK but her move to Australia in late 2003 shifted her research focus to medical education, rural health and workforce. Di coordinates the MBBS Honours program and leads the development and delivery of the Clinician Scientist Track.





Dr Anthony Yuen
(MBBS 2012 PhD Candidate)
Supervised by **Prof John Frazer**

Anthony started the concurrent MBBS-MPhil in his 3rd MBBS year. His PhD title is; Pilot Study on Haemocompatibility and the Effect of Pulsatility on Platelets in Artificial Hearts. Anthony confirmed and upgraded to a PhD in 2013 and has just completed his mid-candidature review milestone. Anthony will undertake his residency in the USA recently matching at Boston's Children's Hospital. In addition Anthony supervises other RHD students in the Fraser lab at The Prince Charles Hospital and has recently given two conference presentations; one at the International Society of Rotary Blood Pump in Yokohama Japan and the other at the Australia & New Zealand Intensive Care Society Annual Meeting in Hobart Australia.



Dr Simon Scheck (MBBS 2013 PhD Candidate): Supervised by **Prof Steven Rose and Prof Ros Boyd**

Simon started his concurrent MBBS-MPhil in his 2nd MBBS year. His PhD title is; Motor, sensory and visual brain networks in children with unilateral Cerebral Palsy. After graduating his MBBS in December 2013, Simon moved his budding family to New Zealand to begin his internship. Simon's PhD has been very productive so far with several conference abstracts and presentations as well as two papers published and four more in preparation. In 2011 Simon was the recipient of the SOM's William Nathaniel Robertson Scholarship for research undertaken during MBBS study.

MATHS PLUS MEDICINE EQUALS NEW IMAGING INNOVATION



Third year medical student Charles Baker has applied his background in mathematics to the field of nuclear medicine to improve liver imaging methods, which may improve diagnosis time and possibly save patients undergoing unnecessary surgery.

He has developed a mathematical model that can be programmed into existing scanning equipment to enhance images of patients' livers.

Charles said the model uses variables specifically relating to the structure of the liver to help nuclear medicine specialists better differentiate between healthy and damaged liver tissue.

"This means we can improve the output of existing scanning equipment to provide better image quality for nuclear medicine specialists. The resulting images demonstrate higher contrast between healthy liver tissue and unhealthy liver tissue, such as malignant tumours," he said.

The mathematical model is undergoing clinical appraisal in the Nuclear Medicine

Department at the Royal Brisbane and Women's Hospital (RBWH) and Charles said initial feedback had been encouraging.

"We hope that practical testing of the model across a larger number of images will help identify how it will improve clinical decision-making and patient outcomes. For example, scans using the mathematical model may help to more clearly identify areas of dead tumour tissue and active tumour tissue. Clinicians can use this information to better target treatments," he said.

The improved contrast would also help specialists to more easily interpret scans, saving time. Most importantly, the higher contrast scans might save people from undergoing unnecessary surgical procedures. He is now working on mathematical models to improve imaging in other parts of the body, such as the brain.

Charles developed the model under the supervision of Dr Nicholas Dowson and Professor Steven Rose, from The Australian eHealth Research Centre, CSIRO, and Dr Paul Thomas, Associate Director of Specialised PET Services, Department of Nuclear Medicine, RBWH. Charles was recently recognised for his work with the Undergraduate Prize in Canon Australia's Extreme Imaging Competition.



REUNIONS

Planning class reunions is one of the services the School of Medicine offers our medical alumni.

I would like to invite you to join your reunion organising committee. As a committee member you will be consulted on all aspects of the reunion by email, but I carry out all the work. The organising committee usually comprises three or four members from the class and me.

If you did not want to join the committee you can still assist by simply spreading the word of the reunion or suggesting contact details for class members UQ no longer has contact details for.

Let me take the hard work out of planning your class reunion so you can enjoy getting together with classmates.

Please contact me to:

1. Volunteer to be on the organising committee
2. Confirm your interest in attending your class reunion.

I look forward to celebrating your UQ class reunion with you in 2015!

Hayley Smith *Events Officer, Alumni & Engagement*

E: h.smith7@uq.edu.au M: 0408 691 023 T: +61 7 3365 5515

Alumni E-NEWS

In addition to the UQMedicine magazine a couple of times a year we send an e-newsletter to all Alumni we have an email address for. If you are not receiving these and would like to, please email: alumnienquiries@som.uq.edu.au

UQ COMMUNITY SHINES IN AUSTRALIA DAY AWARDS

The School would like to congratulate all award recipients and thank them for making a difference in their fields.

"UQ is delighted that members of its staff and alumni have received public recognition of their significant national and international contributions," UQ President and Vice-Chancellor Professor Peter Høj said.

"Their awards reflect the breadth of teaching and research at the University as well as an outstanding commitment to the community," he said.

UQ School of Medicine Alumni honoured as Officers in the General Division included:

Dr Dimity Dornan AO, Bachelor of Speech Therapy in 1976, founder of the Hear and Say organisation, which provides support for deaf children and their families.

School of Medicine Alumni who were honoured in the General Division include:

Dr Peter Myers AM, MBBS Class of 1977, for significant service to sports medicine and orthopaedic surgery. Dr Myers is an adjunct professor in the UQ School of Human Movement Studies. He is an expert in orthopaedic biomechanics, sports medicine, knee surgery and arthroscopic surgery.

Australian Public Service Medals went to the following UQ School of Medicine Alumni:

Professor Michael Cleary, MBBS Class of 1983, Deputy Director-General of Queensland Health's Health Services and Clinical Innovation Division and has been with Queensland Health for 25 years in a range of executive roles. He is a Professor in Queensland University of Technology's School of Public Health.

Dr Catherine Yelland, MBBS Class of 1981, of the Princess Alexandra Hospital and Queensland Health, has worked closely with UQ researchers. Dr Yelland was honoured for her outstanding public service, and excellence and leadership in older persons' medical services.

[The full list of award recipients is available on the Governor-General of Australia's website.](#)

THE MAYNE CONNECTION



1970'S

DR WENDY BRODRIBB (LEVERINGTON)

Dr Wendy Brodribb (Leverington) grew up in Brisbane and graduated from the UQ School of Medicine in 1977. She is an Associate Professor and Research Higher Degree Student Co-ordinator in the Discipline of General Practice at UQ. Wendy has been a General Practitioner in Mackay, Perth and Brisbane, with her main clinical focus on women's health. She has worked as a Senior Medical Officer for BreastScreen Queensland and for Family Planning Queensland in Toowoomba, as well in a private breast centre. She has also run a private breastfeeding medicine practice. Wendy completed her PhD in 2009 at UQ (Improving the breastfeeding skills and knowledge of GP registrars) and has worked in the Discipline of General Practice since 2010. Her current research interests relate to women's health, especially breastfeeding, postnatal care and contraception. Wendy has also made a significant contribution in a volunteer capacity. In 2000 she became a Member of the Order of Australia (AM) for services to medicine and community health as a lactation consultant, educator and counsellor in the advancement of the care of breastfeeding mothers and their babies, and to the Nursing Mothers Association of Australia. She was a member of the International Board of Lactation Consultant Examiners (three years as Board Chair) and is currently the President of the Academy of Breastfeeding Medicine, a US based international organisation for doctors with an interest in breastfeeding. She enjoys having the opportunity to mix of research, teaching and volunteer work.



2000'S

DR DREW MOFFREY

Dr Drew Moffrey is a Private Obstetrician and Gynaecologist whose practice is located at Pindara Hospital. Drew is a local Gold Coaster who was born in Pindara Hospital and as such, he is possibly the first specialist actually born there, to return to work there. Raised on the Gold Coast, Drew attended Southport School and then Griffith University where he was awarded a Bachelor of Applied Science. This was immediately followed by a Bachelor of Medicine and Surgery from UQ, graduating in 2003. Drew was accepted onto the RANZCOG training program in 2006 and during his training, he worked in nearly every hospital in South East Queensland, providing him with a wealth of experience and a diverse knowledge that compliments his friendly bed-side manner. Particularly noteworthy is his receipt of the respected Crown Street medal for his research into gestational diabetes. When he received this medal it was the first time that it had ever been awarded to a first year trainee of the College. He has also presented research at the Australian Diabetic Association conference. In addition, in 2006, he was awarded "Citizen of the Year" from Griffith University Medical School for recognition of his dedication to both medicine and the community. After obtaining his fellowship to the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), Drew began working at the Logan Hospital as the Deputy Director of the Obstetric and Gynaecology unit. This has been an extremely challenging role as the large unit delivers over 3,600 babies a year, providing him with invaluable

experience in all areas of Obstetrics and Gynaecology, triggering a special interest in High Risk Obstetrics and Gestational Diabetes. He has also spent time working in urogynaecology and advanced laparoscopy units. Drew feels very strongly about continuing to perform public work and as such, he continues to work as a part time staff specialist at Logan Hospital. Drew is heavily involved in both registrar and medical student training – he has a teaching appointment with Griffith University and previously with the University of Queensland. On a personal note, Drew is a father to the beautiful Scarlett who is a vivacious six year old who attends school on the Gold Coast. Growing up on the Gold Coast, he is an active participant in surf lifesaving and triathlons. He has been a member of Northcliffe surf club for over 15 years and has won numerous Australian titles. He has recently competed in his first Noosa Triathlon and is looking forward to many to come. In what little spare time he has after Scarlett and sport, he loves to scuba dive and travel.



STUDENTS' CORNER



2014's been an action-packed year for the UQMS! The year began with a flurry of events, including first year orientation, a welcome keg and our traditional Sports Day. Sport Day was relocated to Dutton Park this year, and as always, was a great deal of fun and mischief for first years and older students alike.

Our annual May Ball also received a location change, from St Lucia to a larger site – the new Royal International Convention Centre. This change occurred due to the event's history of an overwhelming demand for tickets. The event sold out once again, earning itself the title of 'the biggest ball held in UQMS history.'

Our charity organisation, the Ashintosh Foundation, has also continued to promote a community spirit amongst students and their families. Activities such as the Teddy Bear Hospital remain exceedingly popular, with medical students visiting primary school classrooms across Brisbane and the Toowoomba area. A Teddy Bear Picnic was also held for students and their families, and was enjoyed by children and adults alike. Other Ashintosh events – Coffeehouse I and a concert by Queensland Medical Orchestra – have embraced the talents of our students. The Ashintosh Foundation is currently planning its team for Bridge to Brisbane – look out for them in September!

This year's UQMS management committee has also introduced some additional student activities. 2014 has seen the introduction of MedCamp, an orientation event for first years run by the executive, convenors and a team of students in older years. This was held at Ewen Maddock Dam, and involved everything from tug-of-war to social nights to yoga

sessions. It was thoroughly enjoyable, and we are delighted that we were able to allay the fears of logistical difficulties arising from the size of the first year cohort. We look forward to the next one!

2014 also heralded the formation of the UQMS Surgical Interest Group. This initiative aims to promote surgery as a career option amongst students, provide networking opportunities, and inform students about surgical training pathways. This group has already held a number of well-attended workshops – 'Advanced Surgical Skills' and 'Trauma, Critical Care and Anaesthesia' – with more to come.

The UQMS is also currently planning the establishment of a mental health awareness event for the latter half of the year. There has been growing recognition of the mental health issues faced by doctors and students alike, and UQMS is hoping to increase student understanding of both the problems faced in our profession, and the resources available to help.

UQMS has also increased its advocacy on behalf of students, raising the concerns we had received from our members regarding the negative effect of the new SMO contracts and staff resignations upon student training. The UQMS has been working with the medical societies of Griffith University, James Cook University and Bond University in the Queensland Medical Students Council to advocate upon this issue.

Preparations for both the annual Errol Solomon Meyers Memorial Lecture and Med Revue are currently well underway. We would be honoured if you would like to attend these events – tickets for Med Revue will be released shortly, and it's shaping up to be an amazing show!



Raar!

UQMS would also like to extend an invitation to alumni to become involved in our organisation, and would be honoured to hear more from you. Please visit our website at uqms.org to stay up to date with all of our events and activities!

**Fond regards from the
2014 UQMS executive!**

Aditi Halder, Liaison officer

The 2014 UQMS executive

President: Rhys Thomas

Vice President (Academic): Zachary Tan

Vice President (Social): Alexandra Walton

Treasurer: Robert Nayer

Secretary: Emily Shao

Liaison Officer: Aditi Halder

Sponsorship Officer: Simon Warry

Community Officer: Rebecca Conrick

Education Officer: Anthony Saponara

Immediate Past President: Claire Mohr

Immediate Past Treasurer: Libby Forbes



Pink is the new black.

MARKS HIRSCHFELD MUSEUM OF MEDICAL HISTORY



Wee Things – from Uroscopy to Urology

The round-bottomed flask used by medieval physicians practicing uroscopy was because of its importance to medicine, a symbol of medicine, as the aesculapian symbol is used today. In the many illustrations of the flask in the Burroughs and Wellcome 1902 publication "History of urine analysis" held in the collection of the Marks Hirschfeld Museum, the flask is held aloft. Whether that is for dramatic effect by the 14 and 15th Century artists or to allow the specimen to be held to the best light for optimal examination is unknown.

That brings us to consider Frere Jacques, whose name was on all our lips in school music class. The First Edition of the Encyclopaedia Britannica published in Scotland in 1770 contains an entry on the urological work of the ecclesiastic Frere Jacques who came to Paris in 1697 with an abundance of certificates in his dexterity in opening. He made his history known to the court, magistrates of the city, and obtained an order to cut at the Hotel Dieu, and at the Charite where he performed his operation, to remove bladder stones on about 50 persons. His operation was important as it was the standard for many years and was modified by English surgeons as improved instruments became available some seventy years after Brother John undertook his work in Paris.

Alas, the writer of the Encyclopaedia Britannica article indicated that the principle defect in his manner of cutting was the want of a groove in his staff: which made it difficult to carry the knife exactly into the bladder. However, equally if not more importantly for survival, he did not take any care of his patients after the operation, so for want of proper dressings, some of the wounds proved fistulous and other ill consequences ensued.

It was William Cheselden in England who improved on Frere Jacques procedures and the improved operation was the practice of most surgeons at the time of this 1770 publication. In a time of no anaesthetics, Cheselden could remove bladder stones in 54 seconds.

Unfortunately the museum does not have a uroscopy flask in the collection but the collection does contain urine testing equipment and many instruments used in the practice of urology throughout the 20th Century. These will be central in the exhibition "Wee Things – from Uroscopy to Urology" to be opened in the Mayne Medical School on the 10th October 2014.

The exhibition presents an examination of the development of urology from the practice of uroscopy in the time of Hipocrates to present time use of high tech Robotic surgery.



Space Medicine

Have you ever thought about training in aviation medicine or about where that might take you? One UQ graduate has not only undertaken training in aviation and space medicine but also achieved high rank of Air Vice Marshall in the Australian Air Force. Air Vice Marshall "Bill" Reed, now retired has donated some of his papers, his uniform and medical items to the Museum. Two special pieces for the museum include an almost complete set of student notes taken in lectures during his undergraduate years and certificates and badges representing his training in space medicine where he was actively involved in monitoring the physiological conditions of astronauts aloft.

Ten tips to 'DIE' the way you want

We haven't cured death; and we're not likely to, so why don't we plan for one of life's certainties? We know that medical professionals remain the main pathway for Australians and their loved ones to access information about palliative care at the end of their lives, according to a new Palliative Care Australia survey. The survey of Australians who have recently lost loved ones, found that 46% of respondents received information about palliative care from a GP, with a further 30% turning to a medical specialist and 26% to an aged care assessment team. In comparison, only 8% looked to word of mouth sources, with a further 3% seeking information from the Internet.

But what about Doctors themselves? Often preoccupied with providing high quality treatment, doctors may forget, they too are mortal!

Each and every Australian needs a plan to die – a plan that sets out what you want and guides your loved ones and health care professionals. Dying shouldn't be left to chance. After a catastrophic diagnosis that leaves you feeling flattened and powerless – you can assume control. When we feel like all hope is gone a new hope emerges; a 'good' death according to our wishes and beliefs.

In considering how you would like to spend your final days, weeks, months, I encourage people to reflect on:



ABOUT DR SARAH WINCH

UQ Alumnus and healthcare ethicist, Dr Sarah Winch, spoke at the National Palliative Care Week launch event in Parliament House on May 29th, 2014. Dr Winch, author of the *Best Death Possible: A Guide to Dying in Australia*, shared tips to take control of your death, gathered from her personal experience in caring for her husband, who was confronted with terminal cancer.

- 1 What life means to them – Consider what quality of life means to you by writing a few sentences.
- 2 What is important in your life, and how you would like to spend the precious time remaining.
- 3 A good death – Write down what you consider a 'good death' would look like. What does 'good' mean to you?
- 4 A 'bucket list' – Develop a list of things to do before you die, or a 'reverse bucket list' – things you never want to do again!
- 5 Build a support crew – Identify two support teams who are dedicated to getting you to the end of your journey. One will be your healthcare support team, a range of health care professionals who will deliver a range of palliative care services, and the other will be your personal support team.
- 6 Write down a care wish list – Consider the treatments you would like to continue and which you consider no longer worthwhile. These can change but give you and your team a direction. Your palliative care team can be the first port of call for any questions.
- 7 Where you would like to be – Decide where you would like to receive palliative care services: Is it your home, a hospice, or hospital?
- 8 The legalities – Research and understand the legal requirements for the state you live in. Get your affairs in order by completing an advance care plan and ensuring other planning and financial documents are up to date.
- 9 Cultural and religious requirements – Incorporate the cultural or religious requirements that you would like to observe.
- 10 Communicate! – Discuss your goals and plans with your loved ones and determine whether these are feasible in terms of support others can give. Identify whether you need to bring others on board. Palliative care professionals can care for both you and your family in times of need.

Facing death is never easy. We have world-class health and palliative care services available in Australia, but too often it feels like you're uncovering a jigsaw puzzle with no picture. All the pieces are there, but you can't see how it all comes together. The most powerful thing we can do is make a clear plan that simply states our wishes to enable those caring for us to follow them through when the time comes.



STAFF UPDATE

NEW APPOINTMENTS The School of Medicine is delighted to formally announce the following new appointments.



Dr James Fraser

Deputy Director, MBBS/MD Program

Dr James Fraser is a UQ medical graduate and has practiced in Emergency Medicine for over 20 years and is currently a Visiting Medical Officer at The Wesley Hospital. He is currently completing Masters of Higher Education (Macquarie). He has been a PBL tutor, clinical coach, clinical lead educator and currently coordinates the second year clinical science courses with specific responsibility for the musculoskeletal modules and co-ordinates the year 4 OSCE. He has been involved in interdisciplinary research projects in the Online Assessment of Practical Skills, which was awarded the best research paper at the RACGP conference in 2012. He has interests in online assessment methods and assessment of clinical competency.



Dr Nicholas O'Rourke

Academic Lead of Surgery, the Uniting Care Health Clinical School

Dr Nicholas O'Rourke has a Bachelor of Medicine and Bachelor of Surgery from UQ. In addition, he is a Fellow of the Royal Australian College of Surgeons and is currently President of the Australia and New Zealand Hepato-Pancreato-Biliary Association. Dr O'Rourke is highly regarded nationally and internationally as an expert in laparoscopic liver and pancreatic surgery. The School welcomes Dr O'Rourke and looks forward to working with him.



Dr Margo Lane

Deputy Director, MBBS/MD Program

Dr Margo Lane is a medical graduate from the UQ School of Medicine and following graduation, practised in a variety of rural and urban settings in Queensland and Canberra. After attaining her FRACGP, she embarked upon a career in general practice in Brisbane and Ipswich. Dr Lane moved into the field of medical education in 2010 and was appointed as the Phase 1 Clinical Skills Co-ordinator for the MBBS Program at UQ Ipswich in 2011. Dr Lane subsequently became Course Co-ordinator for the Year 2 Clinical Practice courses in 2013. During this time, she completed a Graduate Certificate in Higher Education also at the University of Queensland. Dr Lane was appointed to her current position, Deputy Director - MBBS/MD program, in 2014. She is also a PhD Candidate in the School of Medicine and her research interests include intellectual disability, multi-disciplinary teamwork and curriculum development.

Associate Professor Colin Furnival

Associate Professor Colin Furnival recently announced his retirement from his position as Academic Lead of Surgery at the Uniting Care Health Clinical School. The School of Medicine is proud to acknowledge and thank him for his contribution to the University.

Associate Professor Furnival is a senior surgeon with a particular interest in Breast/Endocrine Surgery. He has been with the Clinical School since its establishment and is well respected by students and tutors, his contribution to the clinical school is highly valued and his knowledge and presence will be greatly missed.

Professor Leonie Callaway, Deputy Head of School and Professor Philip Walker, Head of Academic Discipline of Surgery and other esteemed guests from the Uniting Care Health's hospital campuses were in attendance at the event honouring Associate Professor Furnival's contribution to the clinical school.

Associate Professor Furnival's retirement became effective as of 30 June 2014. Taking over the position of Academic Lead of Surgery is Dr Nicholas O'Rourke.



Mr Phil Berquier

It is with great regret that we announce the resignation of the Manager of the School of Medicine, Mr Phil Berquier. Phil has provided outstanding service to the University for a period of 35 years. He has been an extremely loyal servant to the cause of medical education for the past 28 years. His contributions at the Departmental and School level have been without peer. His deep knowledge and understanding of the University and its processes have helped the School enormously as it has developed its outstanding international reputation.

Phil has helped guide the School through difficult periods of transition and has provided stable and diligent leadership as the School has embarked on initiatives in teaching, learning, research and internationalisation. Those who know Phil well will miss his steady and calming nature. His generous and warm personality contains the very virtues that we want to instil in our staff and students.

We all wish Phil well in his future endeavours. His fine character and devotion to task will ensure success in whichever path he chooses to follow.



STAFF LIST

The University of Queensland, School of Medicine

HEAD OF SCHOOL

Professor Darrell Crawford

CLUSTER AND DEPUTY HEADS

Professor Leonie Callaway
Professor Peter Soyer

Northern Clinical School Cluster and Deputy Head
(Acting) Southwestern Clinical School Cluster and Deputy Head

DEPUTY HEAD (ACADEMIC PROGRAMS)

Professor Mieke van Driel

Deputy Head of School (Academic Programs)

HEADS OF DISCIPLINES

Professor Jeffrey Lipman
Professor Mieke van Driel
Professor Malcolm Parker
Professor Alan Coulthard
Professor David McIntyre
Professor Soo Keat Khoo
Associate Professor Mark Coulthard
Professor Sunil Lakhani
Professor Gerard Byrne
Associate Professor Bruce Chater
Professor Philip Walker

Anaesthesiology and Critical Care
General Practice
Medical Ethics, Law and Professional Practice
Medical Imaging
Medicine
Obstetrics & Gynaecology
Paediatrics
Molecular & Cellular Pathology
Psychiatry
Rural and Remote Medicine
Surgery

HEADS OF CLINICAL SCHOOLS

Associate Professor Elizabeth Chong
Professor Michael Whitby
Associate Professor Stephen Brierley
Professor David McIntyre
Associate Professor Ian Yang
Professor William Pinsky
Professor Jennifer Martin
Professor Pamela McCombe
Professor Geoff Nicholson
Associate Professor Steven Coverdale
Associate Professor John Allan

Brunei Clinical School
Greenslopes Clinical School
Ipswich Clinical School
Mater Clinical School
Northside Clinical School
Ochsner Clinical School
PA Southside Clinical School
Royal Brisbane Clinical School
Rural Clinical School
Sunshine Coast Clinical School
The Wesley & St Andrew's Clinical School

MEDICAL PROGRAM MANAGEMENT

Dr Jennifer Schafer
Dr James Fraser
Dr Margo Lane
Professor Geoff Mitchell
Dr Phil Towers
Associate Professor Diann Eley
Dr Maree Toombs

Director of MBBS/MD Program
Deputy Director MBBS/MD Program
Deputy Director MBBS/MD Program
Head of MBBS Program (Ipswich)
Deputy Head, MBBS Program (Ipswich)
MBBS/MD Program Research Coordinator
Director, Indigenous Health

SOM MANAGEMENT

Ms Anne Louise Bulloch
Ms Gina Clare
Ms Cheryl Connor
Mr Tony Madsen
Ms Cecile McGuire
Ms Adrienne Pryor
Ms Katrina Tune

Manager, Research Office
Manager, Student & Academic Support
Financial Analyst
Manager, Infrastructure Planning and Development
Manager, International
Manager, Operations
Manager, Strategy & Organisational Development

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