



THE UNIVERSITY  
OF QUEENSLAND  
AUSTRALIA

THE UNIVERSITY OF QUEENSLAND MEDICINE MAGAZINE

# UQmedicine

Summer Edition 2021/2022

*A vision of*  
**INDIGENOUS**  
*health and wellbeing*

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Home town  
advantage

Protecting  
the vulnerable

Hearts  
by design



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*UQmedicine* is published by the Faculty of Medicine's Office of Marketing and Communications, The University of Queensland, Herston Road, Herston, QLD, 4006, Australia.

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Gail Garvey, Professor of Indigenous Health Research at the UQ School of Public Health – article on page 4.  
 Photographer: Murray McKean, University of Newcastle.

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## MESSAGE from the Executive Dean

As I write this editorial for the Summer edition of *UQmedicine* we are on the cusp of a transition from pandemic-induced lockdowns and border closures to a series of vaccination-facilitated freedoms, but with the spectre of the inevitable growth in community transmission of SARS-CoV-2.

The last two years of disruption have taken their toll and it is clear that our community is tired and looking for the new normal. Alas, it may take a little time more before we find the necessary equilibrium with this tenacious viral threat. I continue, as with previous editorials, to marvel at the resilience and effectiveness of our Faculty staff, students and partners. We are clearly maintaining our outstanding educational and research endeavours, and this is due to our people giving their all.

*UQmedicine* serves to acknowledge and highlight the great work of the Faculty, and this edition thematically provides a strong sense of our values in action. We are committed to improving the health outcomes of First Peoples in Australia and globally. Associate Professor Maree Toombs, in her role as Associate Dean Indigenous Engagement, works with our entire Faculty to enact this commitment through our Reconciliation Action Plan and educational and research programs.

In October 2021, we were delighted to welcome Professor Gail Garvey and her team to the School of Public Health. Gail is an Aboriginal woman from the Kamilaroi nation with over 25 years of leadership and impact in Aboriginal health research, education and capacity-building (pg 4). She will work closely with the growing Indigenous leadership group in the Faculty and UQ generally.

The Faculty of Medicine is committed to addressing the issue of a maldistributed medical (and other health professional) workforce in Australia. In capital cities such as Brisbane, we take it for granted that we will have timely access to appropriate healthcare professionals, particularly doctors. In many parts of regional, rural and remote Queensland, this expectation cannot be met due to an undersupply of doctors, nurses and allied health practitioners.

In recent decades, our Rural Clinical School, led by Associate Professor Riitta Partanen, has provided the opportunity for thousands of students to experience healthcare delivery in a rural setting. This has resulted in many rural careers, but these have been insufficient to address the maldistribution. To address this problem, the Faculty of Medicine is working with Central Queensland and Wide Bay Hospital and Health Services (HHSs) and Central Queensland University to implement a Regional Medical Pathway (RMP) – offering medical education from secondary school to specialist training.

This involves 60 students a year completing all of their medical training in the Central Queensland and Wide Bay area. In a similar way, we are partnering with Darling Downs and South West HHSs and the University of Southern Queensland to offer a similar end-to-end medical pathway. This is highlighted in an article on page 18 and accompanied by some reflections by Georgia Austin (pg 20), who has lived rural experience and is a supporter of our approach.

A final example of our values in action is the student-led VacSeen initiative (pg 6). The project highlights the importance of providing the right approach to vaccination for vulnerable populations, including those who are homeless. We are living at a time when the science of vaccination and other aspects of health care are regularly questioned, and it is important that we stand united behind the evidence and its implications. I commend the VacSeen initiative.

I am also delighted to see features on many of the Faculty's wonderful people including Melissa Reichelt from SBMS (pg 8), Jim Nixon from the Marks-Hirschfeld Museum (pg 10), Kym Lowry from UQCCR (pg 12), Astrid Rodriguez-Acevedo from UQDI (pg 16) and Raquel McGill from the UQ Medical School (pg 24).

Continue reading to find tales of strong research, interesting histories and stories of determination.

Professor Geoff McColl  
 Executive Dean, Faculty of Medicine



## Our Vision

*Knowledge leadership for a better world*

## Our Mission

*Our core purpose is to deliver for the public good through excellence in education, research and engagement with our communities and partners: local, national and global*

## Our Values

*Excellence, Creativity, Truth, Integrity, Courage, Respect and Inclusivity*

## Features



THE TIME KEEPER



GOING VIRAL



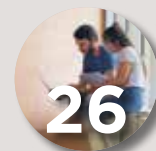
BREAKING DOWN BARRIERS



REGIONAL MEDICAL PATHWAY



REFRAMING FAILURE FOR SUCCESS



STUDENT SCHOLARSHIPS TRANSFORM LIVES



# A vision of INDIGENOUS health and wellbeing

Cancer is a leading cause of death in Australia's Aboriginal and Torres Strait Islander people. The disease is often accompanied by multiple comorbidities, which complicate diagnosis and shortens the time between prognosis and death.

Professor Gail Garvey, a Goori woman from NSW, is determined to change this through her new role as Professor of Indigenous Health Research at UQ's School of Public Health.

Her main research areas are cancer and wellbeing for Aboriginal and Torres Strait Islander people, topics she is very passionate about, partly due to heartbreaking personal experience.

"My sister-in-law frequently attended a hospital emergency department with lower back pain and it just wasn't thoroughly investigated," Professor Garvey explains.

"She kept being shunned away because of the negative stereotypical attitudes from staff because she was Aboriginal.

"When she found out she had cervical cancer, it was too late, and she passed within weeks of being diagnosed.

"My mum passed away from stomach cancer. She was seeing her GP, but because she had diabetes, reflux and a heart condition, she wasn't fully investigated until it was too late, and then her cancer was inoperable.

"When I speak with GPs now, I encourage them to rule out cancer first and then look at everything else, because Aboriginal and Torres Strait Islander people come with multiple comorbidities."

Professor Garvey's cancer research focuses on prevention and early detection, through to end-of-life care with support for the patient and family.

"A cancer diagnosis and going through cancer treatment can have a significant impact not only on the patient, but also on their family," Professor Garvey explains.

"Caregivers of cancer patients tend to have higher levels of psychological distress and unmet support needs because they're usually a family member, untrained, unpaid and trying to navigate a complex health system.

"If we can support the carers and family of Indigenous cancer patients, then they can support the patient and hopefully keep them engaged with health services to try to get better outcomes."

Understandings of health and wellbeing are culturally bound and Professor Garvey views wellbeing as the key to improving the health outcomes for Aboriginal and Torres Strait Islander people, but until now there hasn't been a culturally appropriate way to measure it.

*"It's crucial that we understand Aboriginal and Torres Strait Islander health and wellbeing from an Indigenous perspective that incorporates language, culture, and considers our access to basic services, education and our experiences of racism."*







Professor Gail Garvey

"In collaboration with the University of Sydney and over 2000 Aboriginal and Torres Strait Islander adult participants, we have developed a world-first tool to measure and value wellbeing dimensions that are important to Indigenous Australians" Professor Garvey explains.

"We're now developing a youth wellbeing measure in collaboration with schools across Australia, and communities like Borroloola in the Northern Territory.

"We're also collaborating with youth foundations, such as the Moriarty and STARS Foundations – both of which provide intensive support programs for Indigenous students, as well as other organisations.

"It's crucial that we understand Aboriginal and Torres Strait Islander health and wellbeing from an Indigenous perspective that incorporates language, culture, and considers our access to basic services, education and our experiences of racism."

Professor Garvey is leading the way through collaboration, notably hosting the World Indigenous Cancer Conference in Brisbane in 2016.

"It was the first global conference on cancer in Indigenous peoples, and the first time we'd brought international Indigenous experts together from around the world to share, collaborate and build networks," Professor Garvey recalls.

"That was a real trigger for work and publications that followed, as there are lots of lessons we can learn through sharing knowledge.

"Rather than having silos, let's build on what each other knows, so that we can achieve better outcomes sooner, globally."

Professor Garvey works closely with colleagues in New Zealand, Canada, the USA and the World Health Organisation's International Agency for Research in Cancer (IARC), raising the agenda on Indigenous people and cancer globally.

"I want to empower Aboriginal and Torres Strait Islander people locally, nationally and internationally to lead and direct the work we're doing, and partner with groups such as IARC, Cancer Australia and others, so we can have a greater focus and impact," Professor Garvey explains.

"I would like to see a comprehensive cancer care program for Aboriginal and Torres Strait Islander people that includes and considers the things we value as Indigenous people.

"I would like to see a substantially increased Indigenous workforce in cancer care, including care coordinators and oncologists.

"Cancer screening saves lives, and I would like to see increased participation in cancer screening and reduced Indigenous cancer rates.

"I'm excited to be here at UQ, so that I can further my research in this area and turn these goals into a reality."



# PROTECTING the *vulnerable*

Boost for homeless as UQ students launch free vaccine project

Jeremy Hunt and his student colleagues wanted to do something to help the community. And it was the realisation that many homeless people still pay out of their own pocket for protection from the flu that sparked them into action.

The second-year Doctor of Medicine student and six of his friends have since started The VacSeen Project, helping to vaccinate homeless people in South East Queensland against influenza, for free.

"Removing barriers to universal healthcare is something we are all passionate about," Hunt says.

"When we realised this was a particular problem, we got together and thought, 'Hey, let's do something about it'.

"I'd been thinking for a while how I could do something to benefit society. Rather than wait until graduating from medical school, I wanted to start now."

Like Hunt, the other directors of the The VacSeen Project, Jack Kelso-Ribbe, Pele Toussaint, Lili Wackwitz, Varun Karnik, Hannah Bates, and Michael Fielding, are all associated with UQ.

To date, they have partnered with Inclusive Health Clinic in South Brisbane to facilitate the vaccination of more than 200 at-risk people who otherwise would not be protected from the flu.

They are also working with Brisbane Youth Service on plans to extend the project to vulnerable people in the 15-25 age bracket.

The VacSeen Project raises funds through both private and online contributions, and donations have arrived in the form of money, voluntary work from health professionals, and free vaccines.

"The response has been quite overwhelming; it's taken on a life of its own," Hunt says.





"We've received vaccine doses from GPs and pharmacies who have heard about The VacSeen Project, we've received funding from individuals and organisations and, generally, people have been super-positive about the concept."

The demonstrated need for The VacSeen Project was reinforced when project directors started discussing numbers with providers of homeless health care.

Although the flu vaccine is relatively affordable at between \$15 and \$20, if a health clinic orders 200 vaccines from its already stretched budget, it means funds being diverted from other necessary services.

And while some homeless people are entitled to free flu vaccines – if they're aged 65 or over, pregnant, live with a chronic illness, or identify as Indigenous – many fall through the cracks

Furthermore, entitlement to a free vaccine does not necessarily guarantee uptake by individuals, with barriers such as mental health, personal beliefs and discomfort coming into play.

"Cost is one barrier, but accessibility is certainly another," Hunt says.

"Some people might not want to visit a health clinic.

"In the future we envision an outreach program where we can go to a hostel or set up next to a street van, and people affected by homelessness can be administered a vaccine in an environment they are accustomed to.

"We've partnered with some amazing health clinics so far and look forward to opportunities to partner with other great organisations down the track."

In the meantime, the team has been busy running pop-up COVID vaccination clinics to help Brisbane's most vulnerable groups get the Pfizer vaccine outside of traditional medical settings.

"People experiencing homelessness are at higher risk of suffering severe outcomes if they are infected by COVID-19," Hunt says.

"Therefore, ensuring these individuals are offered the opportunity to be vaccinated, in familiar community settings, is essential."

*This is an edited version of an article that appeared in Contact magazine.*

For those wanting to help, remember it costs less than \$20 to help vaccinate somebody, and donations can be made 24 hours a day via The VacSeen Project website [vacseen.org.au](https://vacseen.org.au).

You can also volunteer as a healthcare professional or advocate by reaching out to the founders – [info@vacseen.org.au](mailto:info@vacseen.org.au).







# Hearts by design

There's no doubt Dr Melissa Reichelt is passionate about her work with UQ's School of Biomedical Sciences, but it's innovation that really keeps her heart pumping.



Dr Melissa Reichelt

"I've always been fascinated by the incredible job that the heart does throughout our lifespan," she explains.

"From soon after we are conceived until the time we die, our heart pumps blood continuously, rain hail or shine.

"The heart is made up of a lot of different cell types, and some interventions that are good for one cell type will be bad for another.

Dr Reichelt's research group has recently been designing and making their own viruses to control the cells in the heart.

"I've identified a group of proteins that are essential for sensing stretch in the heart and, together with Professor Walter Thomas, we are looking to restore expression of these proteins in aged hearts using designer viruses," Dr Reichelt explains.

"We're currently in the process of examining how cardiac function changes in aged mice using techniques that are similar to those used in the clinical setting. Thanks to the Australian Research Council, which is supporting this project, our next step will be using our designer viruses to reverse the stiffening of the heart that happens as we get older.

"To me, it's amazing that we can control how a cell works by selecting an appropriate virus shell and designing a sequence package within this that specifies which cell it will target and what proteins to make."

Designer viruses give experts the precision to target only the cells that will benefit from a therapy, a technique Dr Reichelt believes we have only scratched the surface of.

Dr Reichelt's journey into research started with an investigation into retinal vasculature development and disease, as part of her undergraduate and honours projects.

"The lab next door was doing isolated heart work and it seemed so amazing to me that you could take the heart out of a mouse and keep it going for hours using a buffer with just 9 salts/sugars," Dr Reichelt recalls.

"And, the rig itself seemed so cool – wires and water-filled tubing going everywhere.

"It's really hard to properly instrument a mouse heart for this technique, so there's a real feeling of accomplishment when you have been trained to the point where you can get reliable data," Dr Reichelt says proudly.

It was in that moment Dr Reichelt knew she loved cardiovascular research.

"I have had a longstanding interest in the different ways the heart works throughout the lifespan.

"I've investigated the impact of ageing on cardiac cell signalling, and how this impacts the deterioration in the function of the heart, and how it responds to stressors.

"I've also looked at how cardiac signalling and function is impacted by the diseases that are known to worsen cardiac function – such as diabetes, hypertension, obesity, and how cardiac function is improved by exercise."

Dr Reichelt insists that the best thing we can do to keep our heart healthy is to keep moving.

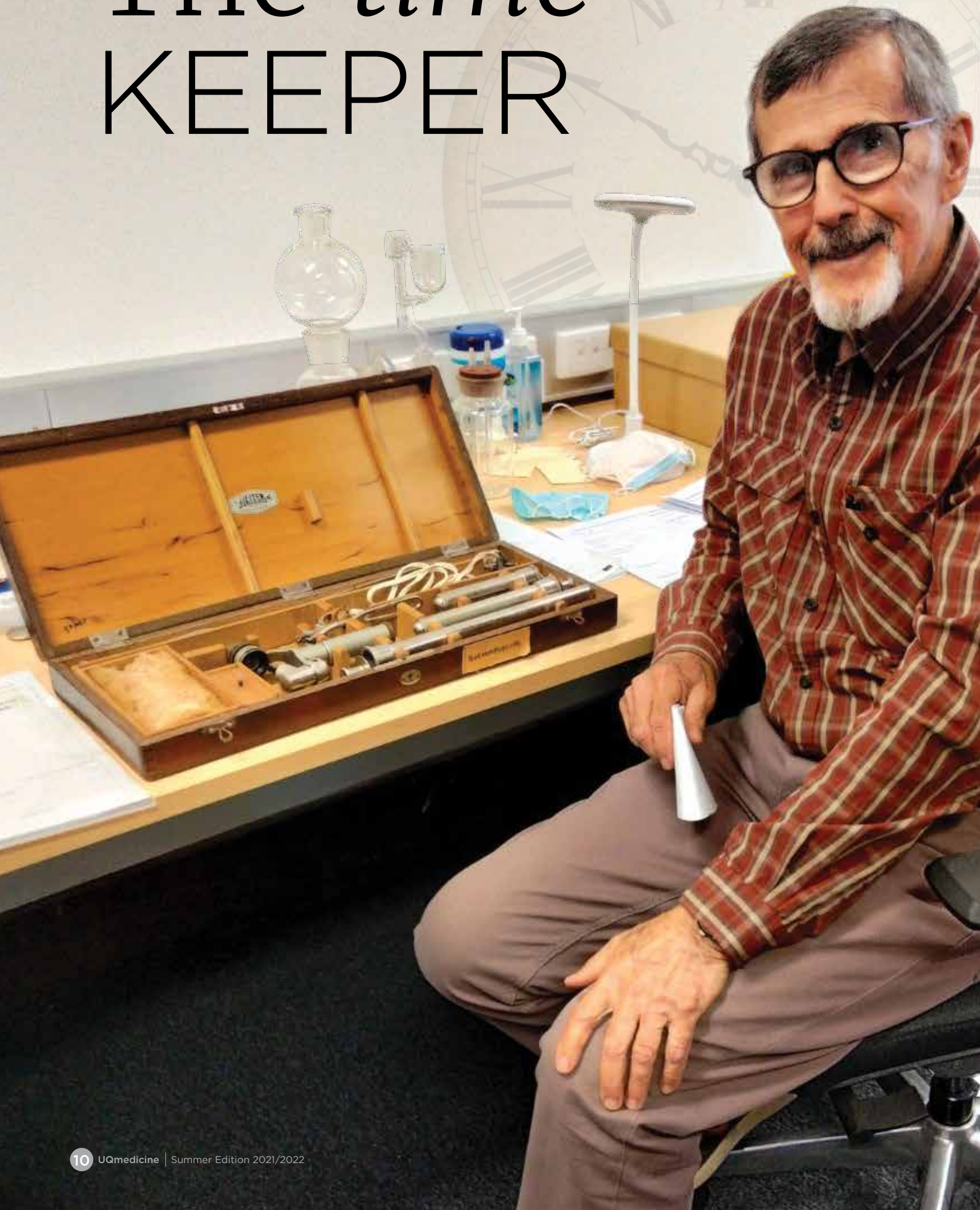
"Our cardiovascular system needs exercise to stay healthy," she explains.

"Current Australian government guidelines recommend doing exercise 30 to 45 minutes a day, five days a week, to get your heart rate up and you puffing, but any movement is better than none.

"Exercise is also really good for stress relief, and outdoor exercise can be especially pleasant.

"Eating well is also important, as is regularly getting checked by your doctor for cardiovascular risk factors, such as altered blood lipids, increased blood pressure and diabetes."

# The *time* KEEPER





Once upon a time steeped in dust and history, a curious mind set sail on a medical mystery. This explorer of grotesque and beautiful relics documented his finds, becoming a storyteller and curator of treasures left behind.

Long-serving UQ Marks-Hirschfeld Museum of Medical History volunteer, James 'Jim' Nixon AM, shares stories from his intriguing life.

I was born at the Royal Women's Hospital in Brisbane in 1943, a war time baby and the youngest of two.

Life was pretty easy going. My father was an upholsterer and motor trimmer who worked from home, and I had two aunts living and working next door as tailors (one did pants and the other did coats).

There was always someone around – I had a charmed life, I think.

I left school at 15 years old to become an apprentice draftsman with Queensland Rail. Then, I began a theological divinity course, which I never completed, finished matriculation at night school, did a social work course and went on to work in a State-run reform centre.

In 1974, I was appointed as Senior Tutor at the UQ Department of Paediatrics. I enjoyed that job and stayed for 35 years. Its influence on me was great, having not been a very academic person.

I certainly wouldn't have done a PhD or become a UQ Associate Professor of Medical Social Work and a Senior Medical Social Worker at the Royal Children's Hospital if it wasn't for the influence of colleagues in that department.

UQ Emeritus Professor John Pearn AO was an important mentor who introduced me to research. We conducted a major study on child drownings, which led to mandatory fencing of all Queensland swimming pools. Professor Pearn also introduced me to the UQ Marks-Hirschfeld Museum of Medical History.

I've been involved with the Museum since about 1989, when a committee was formed to advance its work.

I used to watch the museum's first curator, Dr Merv Cobcroft, cataloguing items, and I later became the volunteer curator by default.

What I most love about museums are the stories that go with items in the collection. We have over 5000 pieces in our collection donated by Queensland medical families.

The weirdest device in the collection I think, is the French *ecraseur*, made in the 1800s. It looks a bit like a fishing rod with a loop on the end, which you place over a polyp, wind the handle to tighten and then squeeze to cut it off.

And then we have the tonsil guillotine. They are long and have a ring shape on the end that goes over the tonsils, with a little pitch fork to pierce them so they don't fall in when they're cut, and a blade that pushes in and out for slicing.

Both the *ecraseur* and tonsil guillotine are currently on display in the museum.

One of the most heart-wrenching items we have is a 16-millimetre film called *A 2-year-old goes to hospital*, made by English social worker James Robertson.

Robertson fixed a movie camera on a two-year old child in hospital to document her reactions when no one was around. The essence of the film was that when you leave a child alone for long periods of time they become depressed, destructive and bored.

That film changed how children are cared for in hospitals everywhere, including Australia.

As late as the 1970s, the Royal Children's Hospital limited visiting to parents and grandparents during certain hours, so they would visit their children and leave after a short period. This was not in the best interest of young children in hospital.

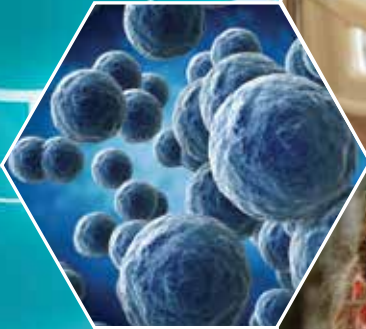
The Queensland branch of the Australian Association for the Welfare of Children in Hospitals (AAWCH) decided that had to change. One night, two nurses from AAWCH marched around the wards and removed all of the signs limiting visiting and more relaxed visiting has remained since.

If there's one thing I'd like others to take away from this story, it's that history is important, and museums are one way of bringing the past to the present.

Museums remind us of how things can go wrong. We should learn from those things, so we don't repeat mistakes of the past.



Tonsil guillotine, c.1840



Dr Kym Lowry





# Going VIRAL

University of Queensland Centre for Clinical Research virologist Dr Kym Lowry unearthed a passion for science during university, leading her to a 19-year career in the infectious diseases industry.

All these years later – despite work taking her around the world – Dr Lowry remains most at home in a laboratory.

“I genuinely still enjoy working at the bench and progressing projects,” Dr Lowry explains.

“I love working in the lab, teaching students and inspiring interest in research, good methodologies, and generating evidence through experimentation.”

Dr Lowry, a Postdoctoral Research Fellow with the Microbial Diagnostics and Characterisation Group, is currently researching the types of respiratory viruses that have circulated during the COVID-19 pandemic.

“I am a virologist with interests in virus evolution and transmission dynamics – basically how a virus evolves and adapts in the community to continue to spread.

“I’m analysing the types of respiratory viruses that have circulated despite preventative health measures mostly eliminating other community acquired respiratory viruses, including SARS-CoV-2 and influenza.

“From an evolutionary point of view, this provides great insight into viruses’ ability to transmit when there is less competition from other circulating viruses.”

Dr Lowry’s interest in virus evolution stems from her time working in a World Health Organization (WHO) reference laboratory after completing her science degree.

“I worked in a WHO Reference Laboratory for Arboviruses in the South East Asian region. We researched viruses transmitted by mosquitoes, particularly dengue,” she explains.

“We tracked the spread of such viruses – especially during outbreaks – to help inform health authorities so they could plan preventative measures in the community, and also for longer-term development for vaccines and therapeutics.

“It is important to monitor changes in these viruses over time – such is the case with SARS-CoV-2 right now – to determine whether current vaccines will continue to be effective against contemporary strains that are circulating.”

Dr Lowry was also seconded part-time to the Australian Defence Force’s (ADF) Tropical Disease Research Unit to work on mosquito-borne viruses of threat to ADF and civilian personnel.

“I spent time in Hanoi, where I trained military personnel from the Vietnamese People’s Army in laboratory techniques for

dengue detection and characterisation. It was part of a project with the Department of Foreign Affairs and Trade.”

The role was a slight departure from the more traditional research roles she was accustomed to, but one in which Dr Lowry witnessed her research work having a direct impact outside the lab.

“Seeing your research culminate in a therapeutic treatment that can save or improve human lives is pretty special,” Dr Lowry shared.

“I would say that my biggest career achievement has been applying my molecular biology and virology skills to pharmaceutical outcomes that are now commercially available to treat patients and prevent infections.

“I worked briefly on a Japanese encephalitis vaccine program for Australia and this vaccine is now approved in Australia, Malaysia, the Philippines and Thailand.”

Dr Lowry’s research at UQCCR extends beyond viruses. Her team, led by Associate Professor David Whiley, is also working on rapid testing for antimicrobial resistance (AMR) markers for a range of bacterial infections, including sexually transmitted infections.

“Our research aims to quickly identify AMR markers in organisms causing infection in Queensland patients, in order to inform clinicians of appropriate treatments in a timely manner,” Dr Lowry explains.

“Continuous improvement of rapid testing is vital for expedient patient care, as well as monitoring organisms as they evolve.”



# In photos



## Marks-Hirschfeld Museum of Medical History

The Museum celebrated its reopening in the renovated Mayne Medical Building in July.



## Student Staff Partnership Project

Dr Suja Pillai and Dr Anna Efstathiadou with Isini Muthumuni, Tamyka Bell, Tonchanok Intaprasert, Ulhasinee Aujayeb at the 'Dance and Medicine' SSP Showcase.

## Health Matters

Professor Marina Reeves, Professor Alexandra (Sandie) McCarthy and Associate Professor Tina Skinner presented *Surviving cancer – can exercise and lifestyle interventions improve survival?*



## Innovation and Entrepreneurship Society's 'Weekend of Startups'

UQ supporter and MBBS graduate, Associate Professor Bev Rowbotham (second from right), served on the judging panel. (UQIES photo)



## UQ Giving Day

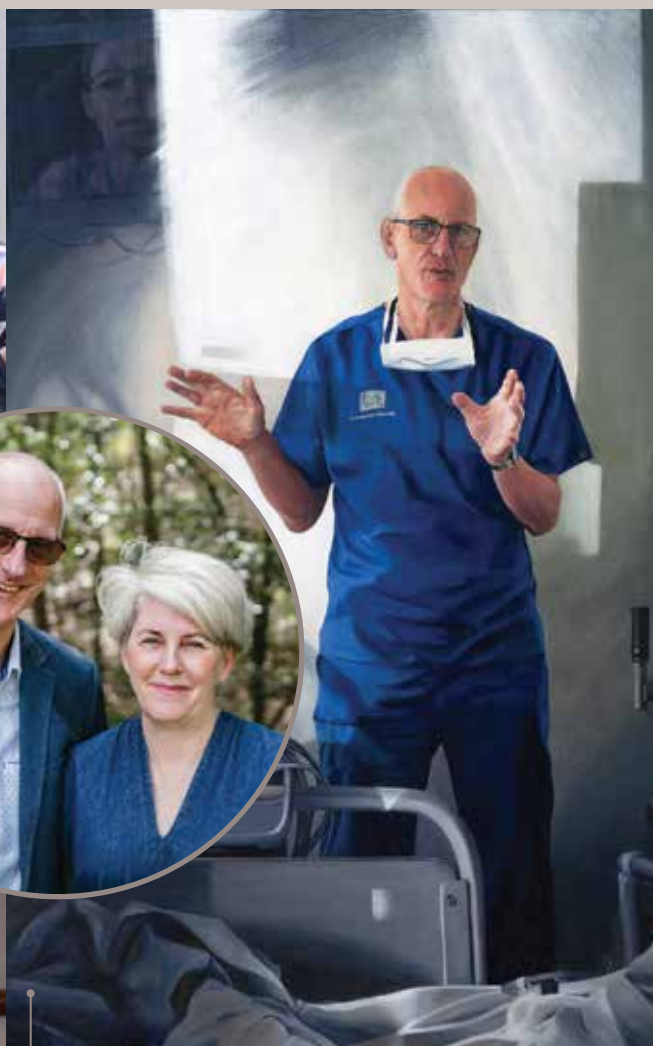
More than \$28,000 was raised for the Executive Dean of Medicine's Emerging Priorities Fund.





### 10 years of education through simulation

The Francis Baron Burnett Simulation Centre was established 10 years ago through the generosity of the Ford Burnett Foundation. Ms Cynthia Burnett (second from left) helped create the teaching centre in memory of her father Dr Frank Burnett.



### 2021 Brisbane Portrait Prize exhibit

Artist Jane Grealy paid tribute to clinician and cancer researcher Professor Andreas Obermair through her portrait titled *Cancer He Said*.



### Jian Zhou Memorial Oration

Jian Zhou Medal winner, Professor Di Yu (left), joined orator Professor Gabrielle Belz, Professor Ian Frazer AC FRS and Dr Xiao-Yi Sun (right) at the Oration.



### Prizes and Scholarship Awards Evening

The May event celebrated student achievement and donor generosity.



### Supporting Spinal Research

Dr Robyn Stokes, Associate Professor Sean Tweedy and Ms Emilie Gollan joined guests at the Faculty-sponsored table at the Perry Cross Spinal Research Foundation's fundraising lunch in October.



# Breaking down *language barriers*

UQ researcher helps open doors for female Latin American scientists

It's hard enough as a researcher to be published. And, statistically, it's at least doubly hard to be published if you're female.

Now consider the difficulty when your first language isn't English, you come from a developing nation where publishing fees seem impossible, and the world is combating COVID-19 – a phenomenon keeping more women at home with children.

It was this battle against the odds that inspired UQ Diamantina Institute researcher Dr Astrid Rodriguez-Acevedo to place her full-time research role on hold and establish the charitable project, Huitaca.

"Huitaca creates a platform where volunteers offer their time and skills to guide, edit and review scientific manuscripts written by female Latin American scientists," Dr Rodriguez-Acevedo explains.

"Most science is written in English, posing an obvious bias and disadvantage to scientists from non-English-speaking countries.

"In addition, publication fees in euros and American dollars are extremely high and often unattainable by researchers in developing countries.

"Publication fees can be up to more than a year's salary for a microbiologist, geneticist or assistant professor in some countries.

"Huitaca's purpose is to foster equity and inclusivity in scientific research."

Dr Rodriguez-Acevedo knows the challenges well. She comes from Medellin, the second-largest city in Colombia.

While Colombia has more upward mobility than some other Latin American nations, it still has a median household income equivalent to only about 14 per cent of Australia's.

"Despite having so many women in my everyday life as a researcher, I noticed their presence and visibility in media, awarded prizes and recognition was very poor," Dr Rodriguez-Acevedo says.

"It was frustrating for me to do a literature review and not see reports on Latin American populations, and to see my research wasn't contributing significantly to the wellbeing of my own community.

"Latin America is so rich in natural and human resources, and there are so many interesting scientific projects happening there, but we don't get to know about them because most science is written in English. This poses a huge barrier.

"Writing scientific papers and giving talks in a language you don't speak at home is challenging, and that means you have to work harder because it is another skill to master.

"Huitaca enables Latin American researchers to share their research by removing the barrier."





Dr Astrid Rodriguez-Acevedo

While Huitaca currently focuses on helping Spanish-speaking researchers, with greater resourcing it may grow to include other languages.

The project has struck a chord with those who understand the difficulties of coming from a home where English is not the primary language, and already a dozen volunteers have lent their services.

Others helped Dr Rodriguez-Acevedo to raise funds for the project by sponsoring her participation the 2021 Brisbane Marathon Festival in June and the Bridge to Brisbane in November.

“It was fitting because I feel like we’re at the starting line with Huitaca, and it will take time to make the changes we want to see. But every day we get closer.

“Leaving my home country and overcoming language and cultural barriers to pursue a scientific career in Australia has not been easy.

“However, I have been fortunate to meet wonderful people along the way, which has made things easier.

“Our volunteers are successful professionals with strong values who believe in the power of giving, and they want us to achieve an equal world where language does not stop us from studying and knowing.”

Dr Rodriguez-Acevedo works with UQ Diamantina Institute on different aspects of tele dermatology implementation in Australia.

She analyses data to improve delivery of tele dermatology health care, assesses image quality and the capacity of clinicians to provide diagnosis using only photos, and then evaluates the patient experience.

“Worldwide, the implementation of tele dermatology means better quality of life for rural communities and those with limited access to healthcare facilities,” Dr Rodriguez-Acevedo explains.

“Making health care available for all is an ethos I strongly believe in.

“I wanted to work for a group whose research genuinely pushes for more equal and inclusive health access, and I am so lucky to be able to do this work, while building Huitaca from the ground up.”



*Volunteer or donate to Huitaca – or apply for assistance with your writing at [projecthuitaca.org/get-involved](https://projecthuitaca.org/get-involved). This article first appeared in Contact magazine.*





Signing of the RMP agreement.

#### REGIONAL MEDICAL PATHWAY KEY POINTS

|  | Central Queensland and Wide Bay   | Darling Downs and South West  |
|--|---|---|
| Partnered Hospital and Health Service  | Central Queensland Hospital and Health Services and Wide Bay Hospital and Health Services | Darling Downs Health and South West Hospital and Health Services                  |
| Partnered University offering Undergraduate Degree with Provisional Entry to UQ MD | CQUniversity (Offering Bachelor of Medical Science (Pathway to Medicine) from 2022)       | The University of Southern Queensland (course and start date yet to be announced) |
| Year students will commence UQ MD  | 2023 (final 3 years)<br>2025 (all 4 years)  | 2024 (final 3 years)<br>2026 (all 4 years)  |
| Number of placements offered annually  | 60  | 30  |



# *Regional* MEDICAL PATHWAY

## offers new career choices closer to home

Lower cost of living, reduced commute times, welcoming communities; the benefits of regional, rural and remote living compared to that of a metropolitan area are appealing, so the movement to increase the number of medical professionals to these areas is the cherry topper in maintaining the allure to ‘country living’.

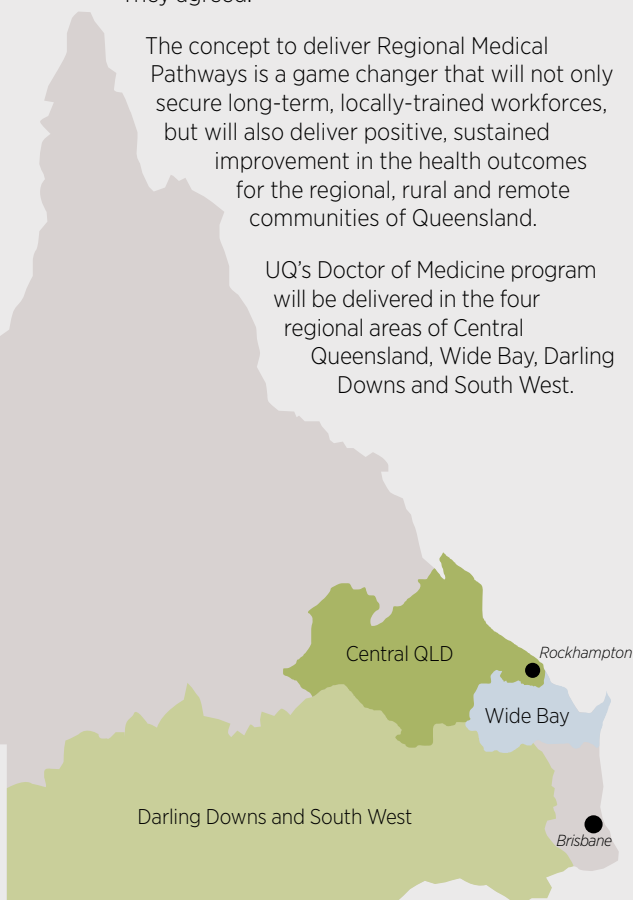
This is where The University of Queensland, along with CQUniversity and the Wide Bay and Central Queensland Hospital and Health Services enters, offering the Central Queensland and Wide Bay Regional Medical Pathway.

Shortly following this announcement, UQ commenced conversations with Darling Downs Health and South West Hospital and Health Services along with The University of Southern Queensland to join the movement to create a local Regional Medical Pathway.

They agreed.

The concept to deliver Regional Medical Pathways is a game changer that will not only secure long-term, locally-trained workforces, but will also deliver positive, sustained improvement in the health outcomes for the regional, rural and remote communities of Queensland.

UQ's Doctor of Medicine program will be delivered in the four regional areas of Central Queensland, Wide Bay, Darling Downs and South West.



The pathway will improve accessibility for regionally-based students, allowing them to study, train, and practice in the regions they are from.

The implementation of the pathway will occur in a staged manner to allow additional time for UQ to complete and successfully implement the new UQ MD curriculum (commencing in 2023); seek additional funding from the Commonwealth; and plan for and implement the appropriate staffing and infrastructure required to support the full implementation.

As part of the innovative medical training pathway, each partner Hospital and Health Service will provide student placements, internship opportunities and postgraduate training places within their regional footprints including major hospitals, rural hospitals and multipurpose health services.

The hospitals will also continue to work with the nation's specialist medical Colleges and the Australian Medical Council to extend their accredited specialist medical training pathways and enable them to provide more opportunities for senior doctors of the future.

UQ Rural Clinical School Head Associate Professor Dr Riitta Partanen says that enhanced access to a home-grown medical workforce will lead to better community health outcomes.

“Apart from growing our own junior medical workforce, the Regional Medical Pathway will allow regions to secure the long-term retention of GP and non-GP specialists, so that communities can seek the health care they need closer to home in a timely manner,” Dr Partanen explains.

“Our communities have an expectation that healthcare delivery will meet future demand, so with the introduction of this pathway, we can be confident that our future health workforces are equipped to deal with community growth and changing healthcare needs.”

# Home town advantage: *how staying put benefits a local community*

In her final year of high school, Georgia Austin knew that she'd have to relocate to either Brisbane, Gold Coast or Townsville to study medicine in Queensland.





For a girl born and raised on a cotton property between Moura and Theodore, who moved to Toowoomba for secondary school, Brisbane offered the most desirable commute time to get to her two homes of Toowoomba (1½ hour drive) and the family farm (7 hour drive).

UQ's Regional Medical Pathway is about to monumentally change the way those living in regional, rural and remote locations - like Georgia - make decisions about pursuing medical careers.

Georgia was just five years old when her father unexpectedly passed away, so she learned the harsh realities of life and death at a young age. Raised by her mother, who was a medical receptionist, Georgia decided early on that she wanted to pursue a career in medicine.

"I saw the importance of GPs in small townships and could see how exhausting it was for patients to have to re-live their medical history and re-form those trusted relationships when there was a change in medical professionals, or just not have access to the specialised care they needed in the first place," she explains.

Georgia was accepted into UQ's Doctor of Medicine program through the provisional entry pathway, completing an undergraduate degree in Biomedical Science before diving straight into medicine.

While she has embraced and enjoyed all the rural and regional medicine opportunities UQ offers, such as the 12-week Extended Rural and Remote placement and the year-long Year 3 and 4 Rural Clinical School placements, Georgia says she would have applied for the Regional Medical pathway if it was on offer to her when she was leaving school.

"You wouldn't have to leave the community that you love and in the future, you have the ability to give back to that community that has raised you.

"As a doctor working in the town you were raised in, you'd have a really clear picture and unique perspective on the needs of the community, something that would take a new member of the community some time to formulate."

In 2022, Georgia will return to UQ Rural Clinical School Rockhampton to complete her fourth and final year as a medical student and plans to continue to enjoy the opportunity to visit family during holidays.

She is ready to reclaim first place in the Best Cotton section at the Theodore Show.

## Graduate Certificate in Clinical Informatics and Digital Health

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**Duration:**

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**Commencing Semester:**

Semester 1 (14 March, 2022)

**Program code:** 5729

**For more information:** [bit.ly/3iXfRyx](https://bit.ly/3iXfRyx)

**For more  
information**



# Student snaps

*Regional Training Hub* experience days



All wrapped up  
at Aspire2Health, Toowoomba.



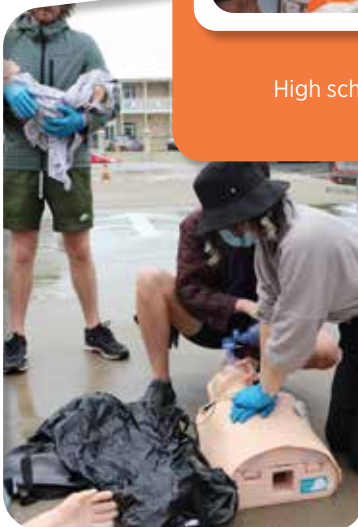
Practising ultrasound at ATOM Theodore.



High school students from Hervey Bay  
at Doctor 4 a Day.



Year 3 medical students enjoy  
Introduction Week in Laidley.



Medicine students in Hervey Bay at the  
pre-hospital trauma simulation with  
Queensland Ambulance Service.



Attendees of ATOM in Rockhampton.






# The best of social media

Here's a snapshot of our most popular posts over the past few months.



## Follow us:

-  Facebook: UQMedicine
-  Twitter: @UQMedicine
-  Instagram: @uqmedicine



# Using reflection to confront mistakes: *Reframing failure for success*

This article is a reflection on how UQ Medicine student Raquel B. McGill turned a mistake into an opportunity by reframing her perspective, taking ownership and using structure to improve future planning.



Raquel B. McGill

*The impediment to action advances action. What stands in the way becomes the way.*

– Marcus Aurelius

I was completely blindsided. After an entire year of struggle, stress, and success, I failed my first year of medical school. I failed to submit an administrative form as part of an assessment – a simple yet consequential mistake. I could try to convince you that I was naïve, that I was not yet privy to knowing that seemingly small mistakes in medicine can be consequential. But that just wouldn't be true.

My mistake resurrected memories of my grandfather's final years. He suffered an agonising deterioration

and death from untreated cancer because of an unread Radiology report. The feeling of uncertainty and confusion about his declining health became a memento of the impact of simple mistakes. Nevertheless, I was in my first year of medical school and already slipping up.

I couldn't help but ruminate about how my mistake could have devastated someone's life if I were already a doctor. How could I forget such an important task? Am I even good enough to be here?

To make sense of my mistake, I started to reflect and write down my thoughts. It swung between disparaging thoughts about my incompetence and rants about how unfair the failing grade was and how inconsequential this mistake should have been. However, I realised that my ego was deflecting responsibility to save itself from the feeling of inadequacy. This was the juncture that highlighted how failures, when reframed, can be opportunities for improvement.

Meaningful reflection only comes when you are honest with yourself. Subconsciously we often engage in situations that make us feel comfortable and competent – inadvertently

focusing on our strengths and neglecting our weaknesses. Honest reflection allows us to confront who we actually are and explore who we want to become. It is then that we can put our ambitions into action, not in spite of our deficiencies, but because of them.

In medical school, we are taught about the vulnerability of the patients we will treat and the importance of compassion. Yet, when it comes to ourselves, vulnerability and mistakes are often met with embarrassment and shame. Initially, I told myself I could not make a mistake again; I had to be perfect. However, work by Atul Gawande and Henry Marsh emphasise that despite remarkable individual ability, mistakes persist.

Accepting that mistakes and failures will happen and taking responsibility are part of the first steps to prevention. After my seemingly small mistake resulted in a failed course, I adopted a simple framework to retrospectively and prospectively think about mistakes – inspired by James Reason. It separates errors into three categories: factors that relate to the person, the environment, and the task itself.

Recognising complexity and potential critical points gives us the opportunity to learn from and prevent mistakes. Even so, despite the implementation of new habits and checklists I know that no matter how hard I try, I will make mistakes. I know that nobody is exempt from human fallibility – and that is nothing to be ashamed of, because it is how we respond that matters.

While I am not proud of my mistake, I am proud of how I responded. Mistakes are only really failures if you don't learn and grow from them. This opportunity forced me to explore my fallibility and the person I want to become. I can acknowledge that perfection is unrealistic and unattainable, but that doesn't mean I will stop trying. Because, through reflection, I discovered that the relentless pursuit of becoming the best version of myself is what counts.

web

This is an edited version of an article published in the *Journal Medical Teacher*, [doi.org/10.1080/0142159X.2021.1967907](https://doi.org/10.1080/0142159X.2021.1967907)





# Student SCHOLARSHIPS *transform lives*

UQ student scholarships mean much more than an opportunity to turn a dream into a reality. They give students the chance to reach their full potential, and in return make a positive contribution to the lives of others.



**Dana Tabbara – Professor David AF Morgan OAM  
and Mrs Noeleen Morgan Prize for Academic Improvement (2020)**

"Scholarships make a huge difference to a student; they provide the means to access educational tools, relieve financial burdens and instil a sense of achievement in the recipient that will remain with them well into their career.

"Receiving this award has not only allowed me to purchase several textbooks that have been critical to my learning, but more importantly, has given me a tremendous amount of confidence in myself and in the work that I have put into my course over the years. I feel a sense of belonging and competence that I did not have before and am very grateful to my donor for the difference it has made."

*Thank you to Professor David AF Morgan OAM and Mrs Noeleen Morgan for supporting this prize.*



**Jesse Harris – Gough Family Scholarship for Medical Education (2020)**

"As a student studying a Doctor of Medicine with UQ, I am 6 years into 7 years of study. Doing this full time for so long has meant that even while working part-time doing various jobs, funds get low, and buying things that are required for study is hard to accommodate.

"Being a recipient of a scholarship in my penultimate year has meant that I have been able to purchase much needed study materials, which would not have been possible without financial support.

"This scholarship gift is something I very much value, and it is helping me get over the line to finish my study."

*Thank you to Professor Ian Gough AM and Dr Ruth Gough for supporting this scholarship.*

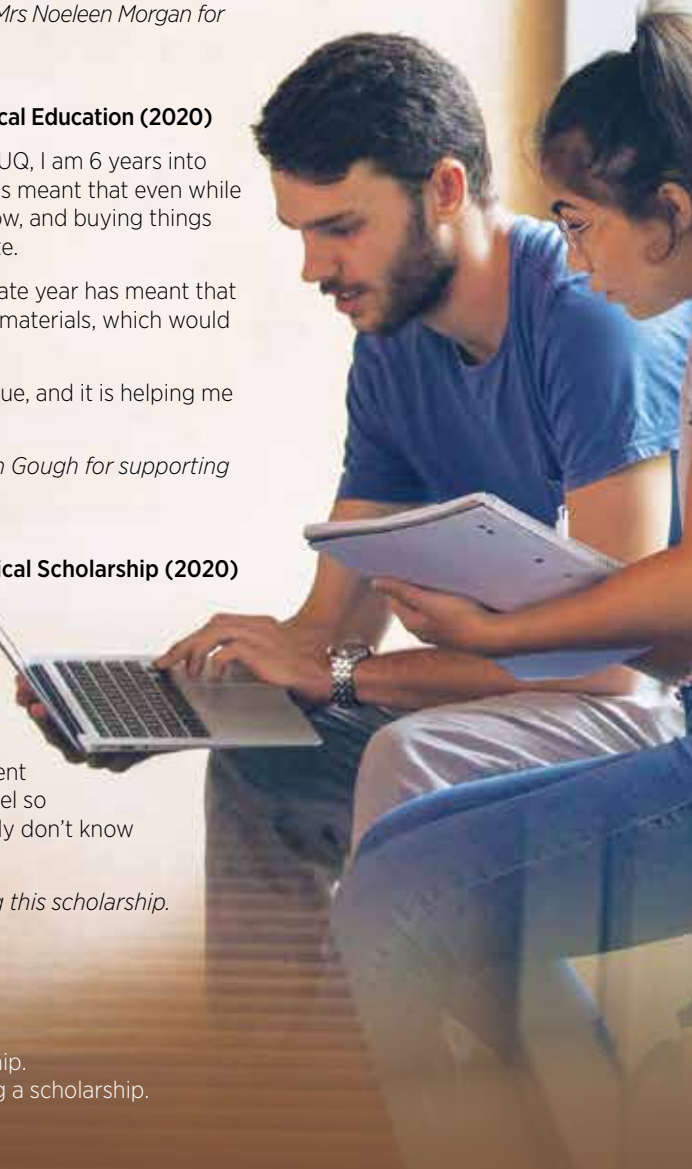


**Lauren Grace – Professor Bryan Emmerson Medical Scholarship (2020)**

"My parents are amazing. They've helped me so much, but they don't have the money to support me through university. Making the move from regional Victoria to Queensland, away from my family has been difficult.

"It really means the world to me that I am a recipient of the Professor Bryan Emmerson scholarship. I feel so humbled by it. I'm incredibly grateful and I honestly don't know where I would be without it."

*Thank you to the Emmerson Family for supporting this scholarship.*



Education changes lives, but many students struggle with financial hardship.  
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Email [med.advancement@uq.edu.au](mailto:med.advancement@uq.edu.au).





**Consider  
a gift in  
your will**

## **A gift in your will can advance health research and educational excellence**

Dr James Mayne and his sister Miss Mary Emelia Mayne made gifts in their wills that laid the foundation for UQ's medical program as well as the establishment of UQ's Brisbane campuses. The Maynes' visionary generosity continues to benefit hundreds of UQ medical students, staff and researchers annually.

A gift in your will in support of the next generation of medical practitioners and researchers advances the issues you care about and ensures a healthier future for Australians and people around the world. To learn more, please contact our Advancement team.

**Email:** [med.advancement@uq.edu.au](mailto:med.advancement@uq.edu.au)

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