



**News, Research
and People**

Issue 4 – October 2009

M3

Lifelines

From the Dean



This edition of *M³* magazine is about our people. We've filled it with stories about the research and awards of staff and students who excel in health fields as diverse as lung cancer, renal transplantation, and autism and Asperger's disorder.

But on this page I'd like to focus on the importance of our ties to our clinical partners.

As the Faculty of Medicine, Nursing and Health Sciences builds its international reputation as a research-intensive faculty – not least through its participation this month in the World Health Summit in Berlin – our clinical relationships become ever more crucial.

It is in hospitals in metropolitan Melbourne and rural Victoria, as well as in allied health services, that our students cut their teeth. And at sites including the Monash Medical Centre and Bendigo Hospital, our staff who straddle both the university and hospital world as joint appointees can feed their research back into improving patient care, making for instant innovation.

Nowhere do we see a finer relationship between academia and clinical practice than in the story of our Head of the Central Clinical School, Professor Nip Thomson (see page 4), who has served both The Alfred and Monash University with dedication for 33 years.

In the not-for-profit sphere, we are expanding our relationship with Epworth Healthcare, and this year appointed Dr John Olver, a renowned expert in acquired brain injury rehabilitation, to the new Victor Smorgon Chair of Rehabilitation Medicine, based at the Epworth.

But the ultimate step will be to bring hospitals, universities and medical research institutes together into seamlessly operating clusters of research, teaching and clinical care excellence. This would be a major policy leap that would create streamlined, cost-effective and high quality healthcare, as well as speedier innovation.

Our new Vice-Chancellor Ed Byrne, a former Dean of this faculty, was head of the medical school at University College, London, when it became one of five UK universities to partner with leading national hospitals to form medical powerhouses under a National Health Service (NHS) scheme.

Ed and I travelled to Queensland in July for a symposium called Precincts, People and Places, which was convened by the University of Queensland and the Pharmacy Australia Centre of Excellence (PACE). The aim of the symposium was to brainstorm innovative changes to the Australian healthcare system, and to look at how precincts and clusters can lead the way. Ed presented the success of the NHS Health Sciences Cluster model in the UK as part of this.

We are already putting in place such innovations at our campus in Malaysia, where we this year signed an MOU with the Sunway Group to build a new private hospital fully integrated with our Malaysian Medical School. This agreement will guarantee a diverse clinical experience for our students: the private environment of the Sunway hospital will balance those insights already presented in the public hospital in Johor Bahru, southern Malaysia.

We are also working very closely with our health-network partners in Victoria to develop the best clusters and governance models for clinical placements, research and quality healthcare. I think some really exciting developments will occur in this space over the next year or so and we need to ensure that the faculty is well positioned to play a leadership role.

Steve Wesselingh
October 2009



M³

From the Dean	2
Nip and pluck	4
Interdisciplinary teamwork leads to hot victory	6
A breath of fresh air for lung cancer treatment	7
Faculty news	8
Insights into the fragile mind	10
Beyond the boundaries of medical education	12
Going through the motions	14
International honour for emergency health expert	16
Largest clinical trial to test benefits of aspirin	17
Putting pupils in their places	18
Tablets help to teach health	19
Student focus: Danika Thiemt	20

M³

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From the cover:

Lifelines

Professor Napier Thomson has been with Monash for 33 years, wearing many hats.



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Nip and pluck

Professor Napier Thomson's brilliant career in renal medicine may never have developed if he'd only passed a spelling test at the end of Year 12.

When he was matriculating from high school in Broken Hill in 1960, a young Napier Thomson considered a range of career options, including the navy, nuclear physics and primary teaching. This latter plan was brought undone when Nip, as he is known to many, failed the spelling test that all aspiring teachers in New South Wales took before being admitted to the course.

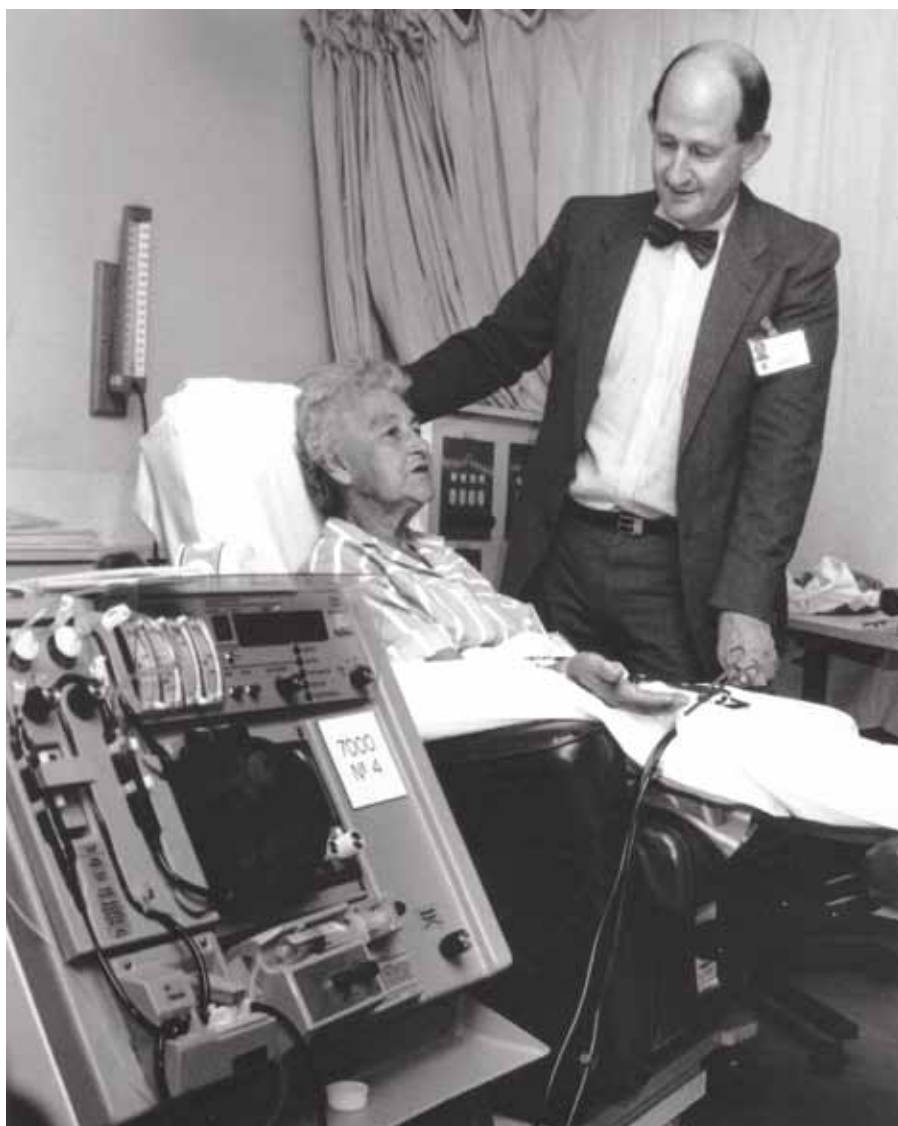
Instead, he travelled across the border to the University of Adelaide to study medicine. And teaching has remained a lifelong theme.

"It's a tremendous way to upgrade your own knowledge. Students are also great educators.

Being in a teaching environment certainly improves your own performance and knowledge base, because students are always questioning," says Professor Thomson, Head of the Faculty's Central Clinical School at The Alfred hospital.

He has moulded countless students since joining the faculty as an adjunct senior lecturer in 1976, inspiring them with his fascination for medicine, and keeping them alert with a gentle sense of humour. "I think we're blessed with fabulous medical undergraduates. I think they're tremendous people, extremely capable, and very important, because they're going to look after me when I get old and grey."

A series of hats hang by the door in Professor Thomson's office at the Alfred Medical Research and Education Precinct. Each hat is labelled to identify his roles as doctor, researcher, and educator. In addition to leading the School, he is also Chairman of the Department of General Medicine at The Alfred (which he developed), and is the hospital's Director of Renal Medicine. Until 1998, he served as the faculty's Associate Dean (Clinical). He has also mentored a string of budding doctors through the Royal Australasian College of Physicians, becoming the President of the RACP in 2006.



“Students are also great educators. Being in a teaching environment certainly improves your own performance and knowledge base, because students are always questioning.”

Professor Thomson with a patient in 1993. Image from Monash University Archives IN6199.



A man of many hats.

In June, Professor Thomson was appointed a Member of the Order of Australia for services to medicine, research, medical education, and professional associations. It's an uncommon path for a boy from a mining town, although perhaps not for a Thomson.

"I did all my education in Broken Hill until I went to university. The greatest thing my parents taught me was the value of education, because they had to leave school to look after aged parents... There were four boys, and three became doctors and one became a dentist... I think that's where I learnt self-directed learning, because it was a state school and 90 per cent of the students left at the age of 15 to go into the mines," he says.

In 1965, as a fifth year medical student, he decided to specialise in kidneys. He was partly inspired by a historic event.

"The first successful transplant in Australia was done at the Queen Elizabeth Hospital in Adelaide, and I remember it vividly because that's where I also trained... On the operating theatre list board there was an operation due to be held for a renal transplant, and I thought it might be interesting to turn up and have a look," he says, adding that he was kicked out as soon as the surgeon realised he was a student.

"As you can imagine, the tension was pretty high. The donor was the father-in-law of the patient – related purely by marriage, not by blood. The transplant worked for several years, and then when I was training in renal medicine, I looked after the recipient."

As a renal physician, Professor Thomson looks after patients in a range of situations: those in the early stages of kidney disease; those on dialysis; and – if they are lucky enough to get onto the list – those who are adjusting to their new lives as transplant recipients.

Early in his career, Professor Thomson worked in the UK and France, researching the kidney disease glomerulonephritis, as well as the mechanisms of organ rejection.

Organ rejection continues to be one of his primary research interests (along with similar responses to heart and lung transplants). Doctors still don't really understand the chronic immune response to organ transplantation, even though they can control rejection in the weeks just after surgery. A handful of kidney transplants have lasted up to 30 years, but most generally work for around a decade. Patients rely on immunosuppressant medication, which often has concerning side effects.

Having looked after hundreds of transplant patients, Professor Thomson is now a passionate advocate for organ donation.

"There's a national register now that has about a quarter of the population that are eligible on it, but that's been one of my major clinical interests for many years – facilitating organ donation... Australia has one of the lowest organ donation rates of the developed world. The average wait for a kidney is now four to five years," he says.

In his role as a Monash academic, Professor Thomson has seen the faculty grow from offering only medicine in 1976, to running 23 undergraduate courses.

"The biggest change has been the infrastructure, not just around Clayton, but at all the other sites the faculty is represented... particularly at The Alfred and Monash Medical Centre, where we see a very significant research infrastructure now on those two clinical sites. These are the sites where you translate basic research into clinical outcomes," he says.

He rates the diversity of his work as the best thing about his career – the combination of clinical work, research, teaching, and administrative leadership.

He advises doctors of the future "to critically enjoy what they're doing. Otherwise, don't do it. To appreciate that it has to be a work-life balance, because family and other things in life are also important, and as a consequence, you also perform better as a doctor."

His own love for his vocation has rubbed off on his children; one is training to be an emergency physician; another is a hepatobiliary surgeon.

"That's one of the tremendous things about medicine. There's such an enormous variety – you can find something that suits you. It's a wonderful career." M³

Interdisciplinary teamwork leads to hot victory

A team of Monash students from the Faculty of Medicine, Nursing and Health Sciences and the Faculty of Pharmacy and Pharmaceutical Sciences has won the first ever HealthFusion Team Challenge – a national event designed to educate tomorrow’s healthcare professionals about collaborative client care.

The six final-year students – who study emergency health, occupational therapy, physiotherapy, nursing, health sciences, medicine and pharmacy – travelled to the University of Queensland in Brisbane for the event.

Known as the Holistic Outreach Team (HOT), the Monash students led the pack thanks to their patient-centred and collaborative approach.

“The HOT team has demonstrated that the health disciplines at Monash can come together to learn to deliver better healthcare together,” said Associate Professor Janice Chesters – Acting Director of the Monash University Department of Rural and Indigenous Health – who coordinated Monash’s participation in this new competition.

Organised by HealthFusion (a not-for-profit organisation striving to encourage collaboration between budding healthcare professionals), the challenge presented students with the case of 35-year-old Maggie, a patient living with complex issues including rheumatoid arthritis, bipolar disorder, sleep disruption, and relationship pressures. The students wrote a detailed healthcare plan for Maggie, and then presented an outline of the plan during a five-minute presentation, after which they were asked further, probing questions by the judges.

Successful in the elimination round, they then responded well to more complex questions in the finals, winning both the judges’ and audience choice award. Parliamentary Secretary to the Queensland Minister for Health, Murray Watt, presented the awards.

“Throughout the preparation phase, round one and the finals, and in accepting the award, all of the HOT team were exemplary,” said Deputy Dean (Education) Louise McCall, in a sentiment shared by the Monash support team in Brisbane.

Tegwyn Bath, a member of HOT, said that they had learnt how successfully professionals from different disciplines could work together.

“I am very thankful that I had the opportunity to compete and spend four weeks working with an amazing group of fellow future health professionals. It has given me a much greater appreciation that healthcare really needs to be approached from a holistic point of view,” she said. M³

HOT team members:

- Tegwyn Bath – (Emergency Health (Paramedic))
- Claire Heath (Occupational Therapy)
- Christa Jakob (Health Sciences)
- Benjamin Shipperd (Physiotherapy)
- David Slater (Nursing)
- Ainsley Treadwell (Pharmacy)
- Aaron Wiggins (Medicine).

Right: Benjamin Shipperd consults his team mates.

Below right: Team HOT receive their award. From left: Aaron Wiggins (Medicine), Claire Heath (Occupational Therapy), Tegwyn Bath (Emergency Health (Paramedic)), Ainsley Treadwell (Pharmacy), Christa Jakob (Health Sciences), Benjamin Shipperd (Physiotherapy), David Slater (Nursing), and Murray Watt MP, Queensland Parliamentary Secretary for Health.

Below left: Occupational therapy student Claire Heath presents her component of the healthcare plan, while nursing student David Slater looks on.



A breath of fresh air for lung cancer treatment

A Monash student who is researching how to best tackle cancer tumours has won a national award.

Radiation therapist Sarah Everitt knows a lot about lung cancer. Completing a PhD supervised by experts from the Monash Department of Medical Imaging and Radiation Sciences and the Peter MacCallum Cancer Centre, Ms Everitt is refining radiotherapy treatment to help health workers gauge earlier whether the treatment is working.

“Usually, when we’re planning radiation therapy for these patients, they would receive 30 treatments over six weeks. But throughout that time, we don’t actually know if the treatment is working and need to wait until a couple of months later to monitor them,” she says.

Radiation therapists commonly use a PET/CT scanner for observing the extent of lung cancer tumours. They use a radioactive tracer called FDG, which is injected into the patient and accumulates in cells with a high glucose metabolism, such as tumours.

Ms Everitt’s research combines the use of FDG with a second new tracer called FLT, which accumulates in cells that are dividing rapidly. This way researchers can observe at various points in the treatment whether cancer cells are responding, or whether they are continuing to divide.

“We’re doing the scans in the second and fourth week of treatment and hope to find out when the most informative time might be for scanning patients in the future. There’s evidence that lung tumours may start to grow very quickly towards the end of treatment, so (at four weeks) we’ve also got two weeks to adapt the treatment if we observe this biological response,” she says.

Despite the regular contact with patients experiencing such a bleak illness, Ms Everitt finds the human interaction in her work rewarding.

“You really do see an amazing side of people working in this field,” she says.

“It’s something that I didn’t anticipate (in this research project). Some people are experiencing some pretty severe side-effects, and they’ve told me that it really encourages them to persevere with the treatment because the tumour is actually responding, even though it’s pretty hard going to come in every day.”

Ms Everitt was recently one of 15 emerging researchers who won a place in this year’s Fresh Science program – a national competition that selects scientists with valuable and interesting research, and puts them through a week-long training course in communicating their work to a range of audiences including school students and media.

“She is always full of enthusiasm, takes the initiative, knows how to write, and works extremely well in a multi-disciplinary team. These characteristics and her fantastic attitude towards research have contributed to

her outstanding success,” says Dr Michal Schneider-Kolsky of the Monash Department of Medical Imaging and Radiation Sciences, who supervises Ms Everitt along with Associate Professor Michael MacManus and Professor Tomas Kron of the Peter MacCallum Cancer Centre.

Previous Fresh Science winners from the Faculty of Medicine, Nursing and Health Sciences include Dr Natalie Borg and Dr Kristian Jones. M³

See freshscience.org.au for more information about the competition.



Sarah Everitt, working with a patient at the Peter MacCallum Cancer Centre.

Farewell to Professor Larkins

Professor Richard Larkins AO finished his six-year term as Monash Vice-Chancellor in June. He is replaced by former Dean of the Faculty of Medicine, Nursing and Health Sciences, Professor Edward Byrne AO.

With his distinguished medical record in diabetes and endocrinology, Professor Larkins supported the faculty through a range of important changes in research, infrastructure, and teaching and learning.

The faculty farewelled Professor Larkins in June, hosting an event at which top educators and researchers spoke about his input into the faculty's development. M³



Monash and Southern Health agree to strengthen social work

Monash University and Southern Health have signed a memorandum of understanding to boost the social work credentials of both organisations.

The agreement formalises the role of a new Associate Professor in social work – to be appointed later this year – who will be jointly based at the Monash University Caulfield campus and at the Monash Medical Centre.

Dean of the Monash Faculty of Medicine, Nursing and Health Sciences, Professor Steve Wesselingh, signed the memorandum with Southern Health's Neth Hinton, who is Executive Director Continuing Care.

Professor Wesselingh said that the agreement reflects the hopes of Monash and Southern Health to create more links, and to jointly increase research capacity in social work.

"There is a natural fit between Monash, as the largest university in Australia ... and Southern Health, as Victoria's largest provider of healthcare," said Professor Wesselingh.

"Monash is seeking to elevate the profession of social work through both innovative research and high-quality education. A joint appointment such as this one ... demonstrates our desire to do this with a strong clinical emphasis, ensuring that community needs are also being met," said Professor Wesselingh. M³

Southern Health executive director Neth Hinton and Faculty of Medicine, Nursing and Health Sciences Dean Professor Steve Wesselingh sign the agreement. Also pictured: manager social work Glenda Bawden, Department of Social Work head Margaret Alston, and School of Primary Health Care deputy head Associate Professor Neil Spike.



Monash educators recognised through Australian Learning and Teaching Council Citations

Dr Julia Harrison and Professor Catriona McLean of Monash University's Faculty of Medicine, Nursing and Health Sciences have been recognised for excellence through prestigious Australian Learning and Teaching Council (ALTC) Citations, which honour leading Australian university teaching and support staff.

Citations worth \$10,000 are awarded by the Australian Government to academic and professional staff members who have made long-standing contributions to the quality of student learning and improving the overall student experience.

Dr Julia Harrison has been recognised for providing local and international leadership through the conceptualisation and

implementation of an innovative curriculum in a new field of medical education: patient safety.

Professor Catriona McLean's citation recognised the development of online curriculum resources that engage a dispersed medical student population in a clinically integrated and authentic study of pathology.

Professor Richard Johnstone, ALTC Executive Director, said the citations reveal the tremendous commitment in the higher education sector to improving the student experience.

"The quality and quantity of applications received represent the incredible effort made by university staff Australia-wide to contribute to a positive learning experience for every student," Professor Johnstone said. M³



Dr Julia Harrison, one of the recipients of a ALTC citation for her work in patient safety.

New expensive back procedure exposed as ineffective

A world-first study involving Monash University and the Cabrini Research Institute in Melbourne has revealed the injection of bone cement into broken vertebrae is not an effective treatment for patients suffering painful osteoporotic fractures.

The treatment, known as percutaneous vertebroplasty, is regularly recommended by doctors and specialists around the world. About 600 patients across Australia undergo the procedure every year.

The study results were published recently in the prestigious *New England Journal of Medicine (NEJM)*.

Professor Rachele Buchbinder, Director of the Monash Department of Clinical Epidemiology at Cabrini Hospital, part of the Monash University School of Public Health and Preventive Medicine, said the trial results clearly show that vertebroplasty does not work and therefore potential risks outweigh any potential benefits.

“The technique has no significant benefits at any time during a patient’s recovery. We assessed each patient at the one-week, one-month, three-month and six-month stage of their recovery,” Professor Buchbinder said.

Seventy-eight patients with osteoporotic fractures participated in the six-month randomised trial. 38 patients were given vertebroplasty as a treatment and 40 were given a ‘sham’ treatment. Both sets of patients received the same hospital care, local anaesthetic, were exposed to the smell of the bone cement and received an injection, but only 38 of the 78 patients had the bone cement injected into their vertebrae.

“We found that both patient groups – untreated and treated – improved by the same amount. Those who had undergone the vertebroplasty treatment showed no additional improvement in symptoms such as pain at night or at rest, function, quality of life or perceived improvement over patients in the placebo group,” Professor Buchbinder said.

She said previous, scientifically weaker studies had led to vertebroplasty receiving an interim listing on the Medicare Benefits Scheme.

“Our results indicate that there is no benefit of vertebroplasty over six months but some potential risks do exist. These include infection, leakage of the bone cement outside of the broken vertebrae and the procedure might increase the already high risk of having more fractures in the spine,” Professor Buchbinder said.



Patients who participated in the study will continue to be followed up for two more years to assess their condition including any increased risk of further spinal fractures in the longer term.

The research is funded by the National Health and Medical Research Council along with contributions from Arthritis Australia, Cabrini Institute and Cook Australia. M³

New agreement with leading Singapore polytechnic

A new memorandum of understanding between Monash University and Republic Polytechnic (RP) will promote collaboration between researchers from both organisations.

The memorandum, which aims to bring together researchers from the two groups into collaborative projects, builds on existing education agreements between Monash and RP, and takes advantage of changes in the Singapore Government policy to build research capacity at each of Singapore’s polytechnics.

Students from the RP Diploma in Biomedical Sciences and Diploma in Biotechnology can currently articulate into the Monash Bachelor of Biomedical Science, the Bachelor of Nutrition and Dietetics, and the Bachelor of Radiography and Medical Imaging.

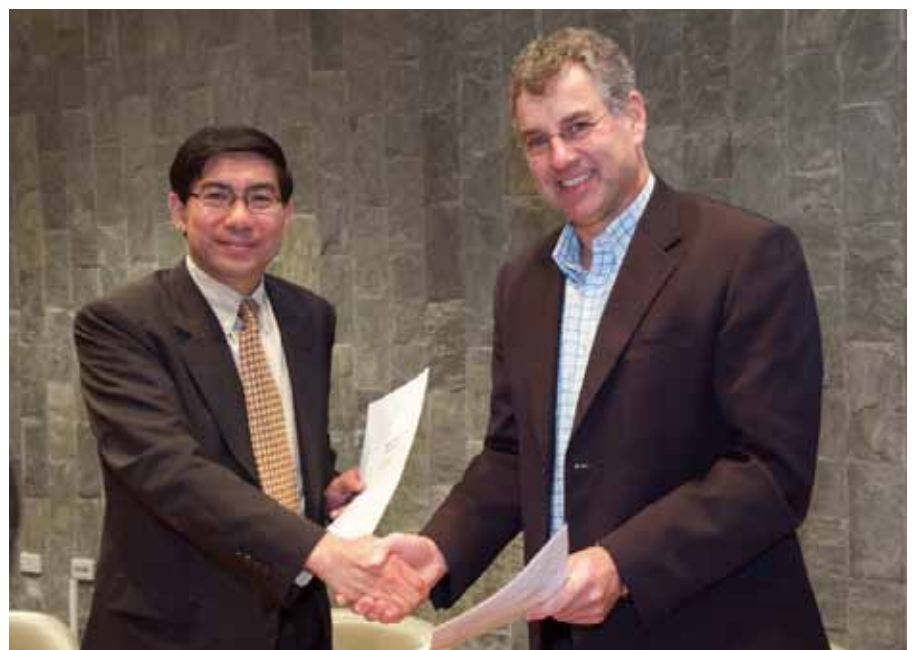
“The signing of the MOU between the Faculty of Medicine, Nursing and Health Sciences and Republic Polytechnic to develop research collaborations marks a further step in the growing relationship between our two institutions,” said Professor Leon Piterman, Senior Deputy Dean and Deputy Dean (International) of the faculty.

RP Principal Mr Yeo Li Pheow attended the signing with Mr Ashley Chua, Assistant Director (Administration) for the School of Applied Science, and Ms Wong Wai Ling, Deputy

Director of the School of Information and Communications Technology.

Established in 2003, RP is the newest and most progressive of Singapore’s five

polytechnics. Students are taught using the problem-based learning (PBL) approach with a unique ‘One-Day-One-Problem’ teaching method, and are graded daily in each class. M³



The Principal/CEO of Singapore’s Republic Polytechnic, Mr Yeo Li Pheow, with Professor Steve Wesselingh, Dean of the Monash Faculty of Medicine, Nursing and Health Sciences.

Insights into the fragile mind

Professor Louise Newman has spent years applying a combination of neurobiology and psychology to look at how trauma affects children. And the President Elect of the College of Psychiatrists believes in speaking out on tough issues.

Disbelief is one of the most common responses when Professor Louise Newman shows coloured pictures drawn by children in the now defunct Woomera and Baxter immigration detention centres.

“These are children drawing these pictures? You have children in these situations?” she recounts.

“These children witnessed people throwing themselves onto barbed wire. There were adults trying to bury themselves into the desert sand, trying to kill themselves. It was unimaginable. It was like bedlam... When we went into these camps and asked their name, these children would give us their number, such was their dehumanising treatment... So in some of their drawings, the children would draw their numbers to identify themselves, like little prisoners.”

The drawings, which were shown as far afield as New York (where they were the most cited pieces in an exhibition of outsider art) became crucial evidence for the mental trauma sustained by children in immigration detention, and contributed to the change of legislation – and heart – which means asylum-seeking children should no longer be locked up.

Professor Newman, the new head of the faculty’s Centre for Developmental Psychiatry and Psychology (CDPP), received an award in June from the Refugee Council of Australia for her advocacy work on the issue. She and two other academics – psychiatrist Professor Derrick Silove and clinical psychologist Zachary Steel, both of the University of New South

Wales – were the first mental health professionals to gain entry to remote facilities to measure the rates of trauma among detainees.

“There’s no doubt that this country has a legacy now of a whole group of people, who as a direct result of a government policy of incarceration are symptomatic ... and are needing treatment,” says Professor Newman.

“Even a year in the life of a young child is a huge period of time.”

Originally a graduate of psychology and philosophy, Professor Newman worked as a clinical psychologist before realising that she wanted to apply biological knowledge to her work. She returned to university to study graduate medicine, and eventually specialised in infant psychiatry.

“I’m interested in the impact of trauma, particularly in early childhood, on development, and what we can do to prevent trauma. The most common trauma that young people experience is disturbances in their family

relationships and child abuse. I’ve done a lot of work in the area of child abuse prevention and interventions, helping parents who may have risk factors for parenting difficulties,” she says.

Her work now combines neurobiology, psychology and psychotherapy in a strong scientific foundation that she hopes will influence public policy. This interest in translating research into systemic change also adds to Professor Newman’s new role as the President Elect of the Royal Australian and New Zealand College of Psychiatrists.

It’s a breadth of experience ideal for her leadership of the CDPP. Affiliated with the Monash Medical Centre Child and Adolescent Mental Health Service, where Professor Newman is based, the centre provides research and teaching in the field of developmental psychiatry and psychology, with a particular focus on child, adolescent and family mental health.

And trauma in the family is a big public health issue, with great debate about how to identify

“Human rights are very vulnerable and fragile things that we all need to have a position on.”



when parents need treatment, and how the system can support those who struggle to manage their children. The focus is also on gauging when children should be removed from their parents.

“A big community concern at the moment is the difficulties faced by parents who have been abused themselves and don’t know how to raise their children very easily, and parents who have drug and alcohol problems. And also looking at parents who’ve experienced other forms of trauma, so refugee populations who find themselves in a new environment, new culture, with different ideas about parenting,” says Professor Newman.

“I do a range of work on the neurobiology of trauma, and how early trauma might affect infant brain growth. And we’re also looking at parents who’ve had traumatic experiences themselves, and mental health problems, and how difficult it is for them to recognise the emotional communication of their babies.”

In a current MRI study, Dr Newman’s team analyse the brains of these traumatised parents, as well as their children (who are aged between three and ten months), to see the effect this lack of response from the parent has on the infant brain. It is a world-first study that builds on US experiments carried out on healthy parents.

“Babies’ brains are very sensitive, so if a baby doesn’t get the right interpretation from their parent, that can be really unsettling for them, really traumatic,” says Professor Newman.

She has followed up the detention centre children, and says that their individual recoveries depend primarily on how long they stayed inside (up to seven years in some cases). Other factors also influence how well a refugee or migrant adapts to their new country: whether they can maintain a sense of cultural identity; whether they receive social support and acceptance from the community; and whether they undertake meaningful activities such as study and training.

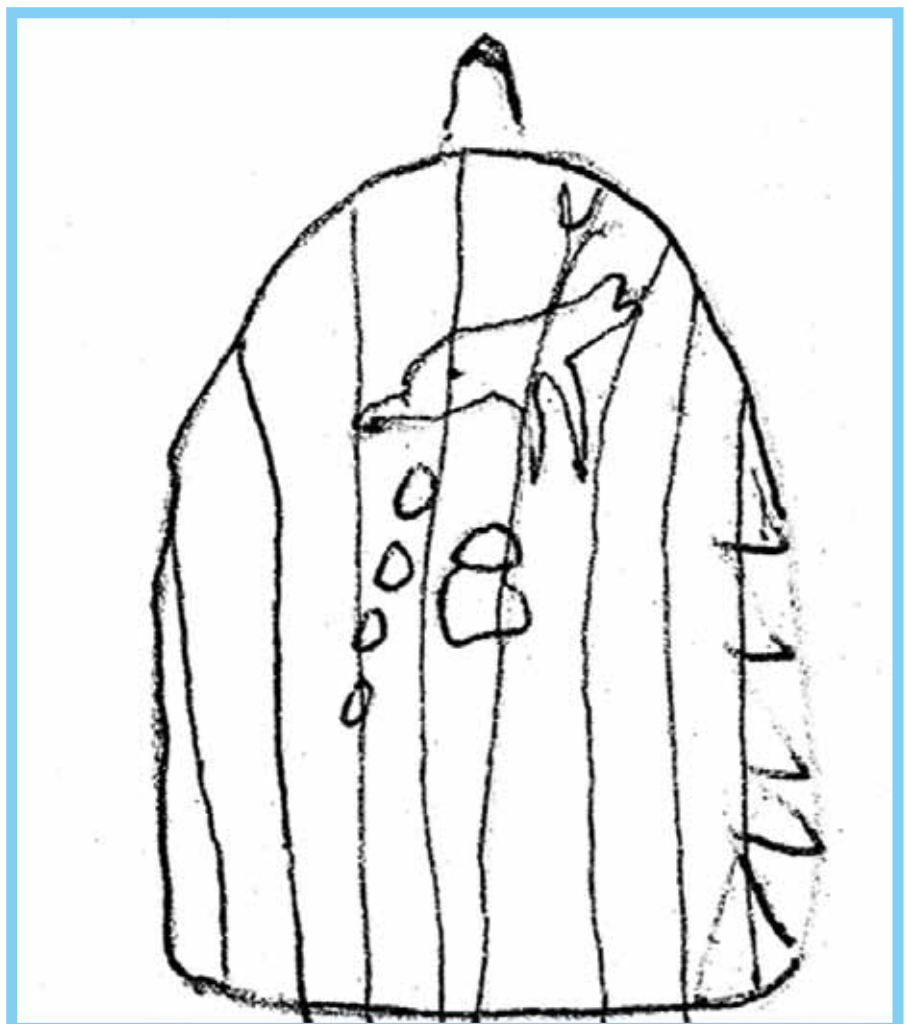
With her background in philosophy, as well as her family history as the daughter of refugees who arrived from Europe in 1938, Professor Newman believes health professionals should speak out when they see harm, a view that was sharpened during her time at Baxter and Woomera.

“I think we all have to take a position on the rights of others. It’s not something we can avoid, even if it’s tough. Professionally, I had people saying that it would be a very damaging move, that I shouldn’t speak out on these issues. We all had comments like that, but I felt morally there wasn’t a choice once I saw what was going on,” she says.

“Human rights are very vulnerable and fragile things that we all need to have a position on.” M³



Pictures drawn by children in immigration detention. Children will often not speak about traumatic experiences, but will show them through different, creative ways. “They’ll keep playing something out, and drawing it, almost as if they’re saying ‘I’ll keep trying until you get it’. It’s very compulsive. These drawings are very powerful. They spent hours doing these pictures,” says Professor Newman.



Beyond the boundaries of medical education

Learning to respect people from all walks of life is fundamental to the Bachelor of Medicine / Bachelor of Surgery degree. And a program that immerses students in the community teaches this with gusto.

For 19-year-old medical students about to begin the intensive second year of study, the people they will meet in their future work may seem like a very distant reality. But a day at the coalface can bring young doctors into contact with a range of complex patients: homeless people, drug users and palliative care patients.

The Community Based Practice Program (CBPP) opens the eyes of students to such diversity. Placed in peer groups of between two and five people, students spend 14 days dispersed throughout community organisations including charities, schools, nursing agencies and drop-in centres for migrants.

“What we’re trying to do through the program is to instil a sense of social justice,” says CBPP academic convenor Dr Tangerine. “And to teach our students that, regardless of who they work with ... they have to treat them with dignity and respect, and they have to be conscious of their needs, of the family’s needs, and to work with other health professionals.

“It’s not always about you as a doctor putting your ideas forward. It’s about teaching the students to listen and observe as well, and then to utilise all the evidence to make some informed decisions with the patients and their families.”

During the placement, students also carry out health promotion projects that are approved by the Monash Ethics Committee as low-impact research. The fact that two student groups last year won the poster prize at a Melbourne women’s health conference reflects the care applied to these topics, and also their value to organisation partners.

In 2003, when the CBPP first ran in its current form, there were just four community partners: now there are around 80.

Students are kept away from doctor work, and instead shadow health professionals such as social workers, physiotherapists, occupational therapists, nurses, paramedics and teachers—volunteers collectively known as ‘field educators’.

The daily whirl of a placement can vary greatly.

“They might do home visits, they might do assessments, attend staff meetings, they might go on a visit to a GP with a client who has a disability... They might do some marketing for the organisation. They might do some presentations. They are taken on as part of the workforce,” says Dr Holt.

John Goodall, who is one of two CBPP coordinators, along with Helen Mandeltort, explains that students learn a sense of a doctor’s place in the health system. They must confront workforce realities such as orientation programs, job interviews, teamwork, mountains of paperwork, and even what the dress code is.

Students also face ethical questions; how do they express empathy towards a person of their own age while also keeping a professional distance; when should they report the anti-social or potentially harmful behaviour of a team member?

“They might do home visits, they might do assessments, attend staff meetings, they might go on a visit to a GP with a client who has a disability.... They are taken on as part of the workforce.”



Chloe Smith (right) with her field educator. Chloe won the inaugural Chris Silagy award.

Sorting through these issues, students receive support from a strong communication framework that connects course coordinators, field educators and tutors (known as academic advisors). This flow of information also brings other, unexpected benefits.

"We are finding that we tend to be the program that picks up student issues early, because the field educators, who the students are working with, they're pretty skilled people. They pick up if the student isn't coping," says Mr Goodall.

As a result, he, Ms Mandeltort and Dr Holt often make referrals to student welfare services for students facing stresses such as health and relationship issues.

Since 2007, the CBPP has received multiple awards, including two Vice-Chancellor's awards for Excellence in Education, and a national Business/Higher Education Round

Table award for Best Education and Training Collaboration.

For Dr Holt, its success is simple.

"This program really showcases the community's involvement in the role of medical education, and it's been really widely accepted and embraced by the community, who say: 'we have a strong role in the education of the future medical workforce, and we want the future medical workforce to understand the context of people's lives'."

A poster presentation of CBPP research projects will run between 9 am and 12 pm on Tuesday 20 October at the Banquet Rooms in the Clayton Campus Centre.

For more information, call 9905 8030, or visit cbp.med.monash.edu.au M³

Placement practice areas

- Mental health and wellbeing services
- Adolescent health and wellbeing
- Aged care
- Children and families
- Chronic and palliative care
- Disability services
- Drug and alcohol support services
- Community health and wellbeing
- Community support and advocacy.

The annual Chris Silagy award recognises students who best embrace the objectives of the CBPP.

The award commemorates the key role played by the late Professor Chris Silagy in the conceptualisation and development of the program.

Professor Silagy died in late 2001 at the age of 41 after a long battle with lymphoma. He is recognised as an international authority on evidence-based healthcare and was regarded as one of Australia's leading evaluators of healthcare programs.

In 1999, he was appointed Director of the Monash Institute of Health Services Research. He was also Director of the Australasian Cochrane Centre, Chair of the Board of the National Institute of Clinical Studies Limited and the Director of the first round of National Evaluation of Coordinated Care Trials.

2003

Placed with the **Brotherhood of St Laurence**, Chloe Smith put together a cooperative in a housing estate, assisting migrant groups to access their preferred types of food. She returned later to help write a grant application to continue the cooperative.

2004

During his time at the **Anglicare Victoria Lazarus Centre**, Raul Chakrabati surveyed homeless people about barriers to accessing GP services, and presented this information to doctors.



From left: Geoff Silagy (Chris Silagy's brother), Dr Tangerine Holt (CBP Academic Convenor), Nick Silagy (Chris Silagy's son), CBP Coordinator Helen Mandeltort, Jessica Green (2007 Silagy winner), CBP Coordinator John Goodall, and Hannah Catto-Smith (2007 Silagy winner).

2005

Ari Horton and Zahul Fahmi Bin Ismadi developed a mentoring program at **Karingal Park Secondary College** to confront bullying.

2006

During a placement at the **Health Works** needle exchange program, Adam Steinberg was shocked to discover Vietnamese heroin users injecting into the femoral vein. He designed a kit for social workers to use when explaining dangers of this practice to clients. The kit also contained advice on what users should do in the case of a resulting emergency.

2007

Based at **Wesley Outreach**, Footscray, Hanna Catto-Smith and Jessica Green compiled a map of support services for refugees.

2008

Placed with the **Family Support, Enhanced Maternal and Child Health** program at the City of Port Phillip, Julia Sutton and Laine Hosking developed an activity booklet aimed at increasing child participation and knowledge of their own health.

Going through the motions

Understanding the motor skills of children with autism and Asperger's could assist with the diagnosis and treatment of the two disorders.

The purple skeleton bounces along the grid, arms swinging erratically. When it reaches the front of the blue gridlines it vanishes abruptly, only to reappear at the other end to repeat its unusual, bouncy walk.

The skeleton belongs to a child who has been wired up to a 3D motion analysis system. As he walks, signals are sent to a refined computer system, which models how his bones and joints move.

This boy has autism, and is part of a Monash study looking at what the motor functions of children with autism and Asperger's disorder tells us about the things going on inside their brains.

Children with these disorders are too closely wired in some parts of their brain, and not enough in others. They struggle to communicate, can be easily overwhelmed by their surroundings, and might find simple tasks such as kicking a ball quite stressful.

The idiosyncratic ways that children with autism and Asperger's walk have been traditionally overlooked in studies of the disorders, even though many parents will notice their child's odd movements, such as a tendency to drop things, before any social struggles manifest.

"Parents will often pick that up first — that they're clumsy, and there's something about their movement which isn't like other kids, particularly in Asperger's disorder," says Dr Nicole Rinehart, clinical psychologist and Deputy Director of the Centre for Developmental Psychology and Psychiatry (CDPP) at Monash.

"In kids with autism, they've got a marked language delay, abnormal and deviant language function. It's not true in children with Asperger's. They're children that parents may think are gifted. They've got precocious language, they're speaking really early, so it's not going to be the language that the parents pick up."

Dr Rinehart leads three major research programs in the Faculty of Medicine, Nursing and Health Sciences that rely on eye movement and gait to image the brain, and which are funded by a mixture of NHMRC and US funding (the Clinical Neurobiology of Psychiatry research platform, through Neurosciences Victoria, has provided the infrastructure funding for two of the projects).

She credits the work of Monash Professors Bruce Tonge and John Bradshaw as inspiring and supporting her research from her earlier days as a Monash PhD student.

Unlike social interactions – which remain a strong focus in much autism and Asperger's research, and which rely on complex neural connections – motor skills are governed by a much simpler system. This makes them an ideal window into the brain.

While the Federal Government last year committed \$190 million to treat autism, Dr Rinehart says that the money focuses on clinical treatment, and that there is still much to learn about the neurological underpinnings of the disorders. Understanding their biology is integral to faster diagnosis and accurate treatment.

"There's a risk that service development will proceed in this area without a scientific basis if we don't do the research that we're doing. So children will end up receiving services that are incongruent with their neurobiology. It will be service driven rather than science driven," she says.

So far, the ground-breaking results from the neuromotor studies prove that each disorder is governed by a separate set of brain activities. People with autism are affected in the cerebellum and the frontostriatal parts of the brain, whereas those with Asperger's are only challenged in the latter area.



A recent US study published in the high-impact *Psychological Medicine* magazine referenced the Monash work in its findings that high-functioning autism related to the left hemisphere of the brain, while Asperger's related to the right.

Such evidence directly contradicts some calls in the medical community to submerge Asperger's into autism. A US working group currently reviewing the fourth edition of the Diagnostic and Statistical Manual for Mental Health (the international benchmark for diagnosis, also known as DSM IV) says that the disorders should be combined under the 'autism spectrum' and graded therein.

Dr Rinehart disagrees.

"Once we group these two disorders, the findings are lost forever. We'll never understand them separately. So there'll be a whole group of kids who are lumped in together."

She says that, because it is non-invasive, the motor research is ideal for working with large samples of children from all groups, regardless of how well they function. Walking or blinking

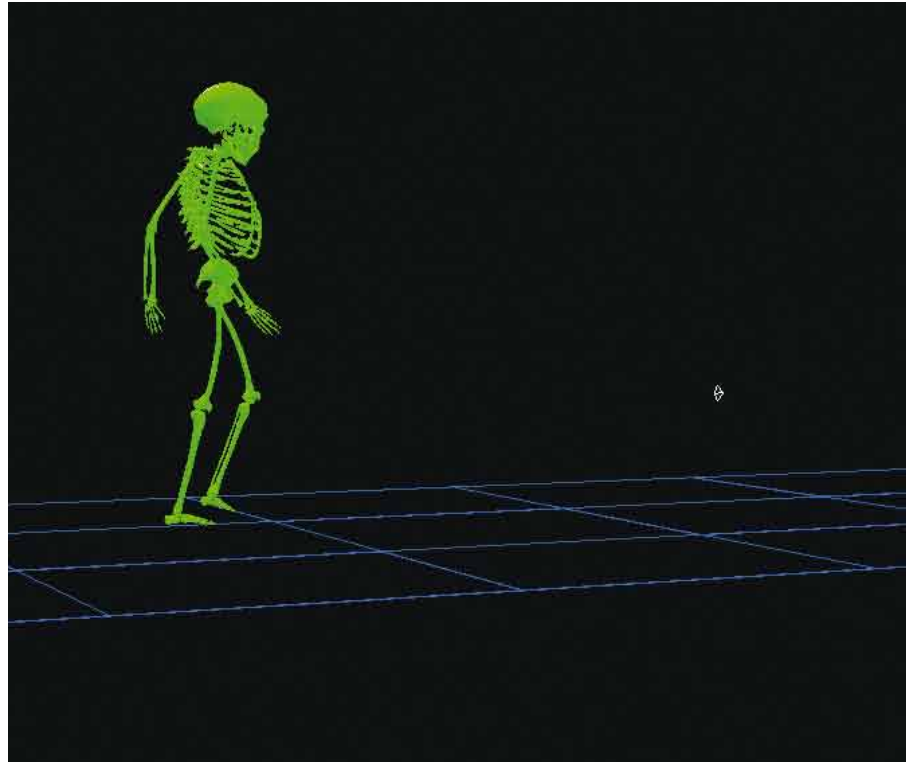
“Parents will often pick that up first – that they're clumsy, and there's something about their movement which isn't like other kids, particularly in Asperger's disorder.”

are simple, natural actions, unlike the static nature of earlier brain-imaging studies, which generally garnered children who functioned well enough to lie still for extended periods of time.

"We did one study where we worked very hard and got nine children. They were a mixture of autism and Asperger's, which is not ideal, but

that was the best sample we could get. And they ended up being quite a skewed sample, because you don't get the anxious children, you don't get the complicated children." M³

www.med.monash.edu.au/spppm/research/devpsych/neuro-motor.html



Above: A child with Asperger's disorder walking with hunched shoulders and a shuffling gait. The gait analysis study fits into the multi-disciplinary approach to health issues becoming more common in Australian biomedicine.

Dr Rinehart works on the study with child psychiatrist Professor Bruce Tonge and biomechanical engineer Dr Anna Murphy (both from Monash), and Dr Jenny McGinley, a physiotherapist from the Murdoch Children's Research Institute. The study is carried out in the gait laboratory of Monash neurology Professor Robert Iansek.

Left: Dr Nicole Rinehart.

Catching their eye

Led by Dr Joanne Fielding, an experimental neuropsychologist and research fellow in the CDPP, this new study looks at the way the eyes of participants respond in particular situations. It is especially helpful because of the restricted nature of eye movement.

"This is a nice step up in terms of a window into a brain... If you look at walking, there are lots of different things that can happen to influence that... There's quite a set pattern the eye can move in, so it's a really accurate study of neuromotor circuitry," says Dr Rinehart.

ADHD: the next step

The next stage of the research will address another much-discussed health issue: Attention Deficit Hyperactivity Disorder (ADHD).

"There's some recent studies published this year showing that there is a sub-group of children with autism and Asperger's disorder who also have ADHD. What's interesting about that is that the DSM-IV says that if you're diagnosed with autism, you can't also get a diagnosis of ADHD," says Dr Rinehart.

This is because inattentive behaviour is traditionally classed as another symptom of autism.

"There are kids who have hyperactivity and are a bit impulsive, and then there's a group of about 50 per cent of the kids who have frank symptoms of ADHD. So it's definitely a double-whammy. And we know very little about this group."

International honour for emergency health expert

Public health emergencies are on the rise, and the head of a Monash department is at the fore of the search for solutions.

The head of the Monash Department of Community Emergency Health and Paramedic Practice has been distinguished with an international leadership role in the field of emergency medicine. Professor Frank Archer OAM was elected in May to the position of Chair of the World Association for Disaster and Emergency Medicine (WADEM), an international organisation that is part of the WHO's global health cluster.

The appointment occurred at WADEM's international congress in Victoria, Canada, where more than 600 members from 20 disciplines participated in discussing pre-hospital care, as well as emergency, disaster and humanitarian medicine. WADEM was established 33 years ago as a think tank, and has grown to embrace an astounding range of disciplines in its mission to improve pre-hospital and emergency healthcare, and to focus on disaster health and preparedness.



“When people think about disasters, they tend to think about the big bang, they think about the earthquakes, they think about the buildings falling down, the fires in tunnels – what we call the big bangs. But as we see now when we think of the current pandemic, that’s the other side of the rising tide.”

“I think there is a general acceptance that the science of disaster medicine and the conceptual framework surrounding it are relatively weak and are only just starting to evolve... There is a need and an attempt to try to systematise the knowledge base of disaster health,” said Professor Archer, a Monash medical alumnus who served as the State Ambulance Medical Director for Victoria for more than 20 years.

The health disciplines represented in WADEM include all aspects of medicine, as well as nursing, psychology, sociology, anthropology, geography, engineering, veterinary work, pharmacy and dentistry.

Professor Archer's responsibility for WADEM's strategic direction will include integrating humanitarian workers more strongly into the organisation.

“When people think about disasters, they tend to think about the big bang, they think about the earthquakes, they think about the buildings falling down, the fires in tunnels – what we call the big bangs. But as we see now when we think of the current pandemic, when we think of SARS, when we think of a gastro outbreak in a nursing home, that’s the other side of the rising tide, and they’re becoming more commonly known as public health emergencies.

We want to build a greater inclusion of that part of the workforce,” Professor Archer said.

Other challenges for WADEM include developing a credentialing process for people in the field. Although there are a number of specialist courses – such as the Emergency Preparedness and Disaster Health stream in the Monash Master of Emergency Health – the organisation is only now developing international standards and guidelines for education and training.

Monash is recognised internationally for its research in emergency medicine. The Oceania chapter of WADEM, which is the first regional chapter, is based in the Department of Community Emergency Health and Paramedic Practice.

Other Monash staff attending the congress included Professor Frederick Burkle Jnr, Chris Huggins, Dr Caroline Spencer, Dr Virginia Plummer, Dr David Bradt, Dr Andrew Bacon and Liz Noble. Between them, their contributions included keynote papers, chairing of sessions, poster presentations, and minute-taking. Following the congress, eight papers by Monash staff will appear in WADEM's journal: *Prehospital and Disaster Medicine*. M³

Largest clinical trial to test benefits of aspirin

US funding adds fizz to project.

Researchers at Monash University and the Minneapolis Medical Research Foundation will lead an international clinical trial to test whether taking aspirin contributes to good health in the elderly.

The trial, ASPirin in Reducing Events in the Elderly (ASPREE), has been awarded US\$50 million from the National Institute on Aging, which is part of the National Institutes of Health — the peak health funding body in the United States.

The study will recruit 12,500 healthy men and women aged 70 years and over in Australia and 6,500 in the US. Half of the participants will take a daily tablet of low-dose aspirin and half will take a placebo tablet over a period of five years.

Head of the Monash School of Public Health and Preventive Medicine Professor John McNeil, who is the study's principal investigator in Australia, said the health and wellbeing of older Australians was at the heart of the study.

"We want to look at the potential of aspirin to improve the health of older Australians, something that is increasingly important as the population ages. This age group has not previously been studied in sufficient numbers to inform health guidelines," Professor McNeil said.

"Doctors know that aspirin should help to prevent heart attacks and some forms of

stroke. Research indicates that aspirin may also prevent mental decline and some forms of cancer. However, aspirin is also known to have side effects, such as increased bleeding, that may offset its benefits."

Professor McNeil said the study would determine if daily consumption of aspirin could help older Australians remain physically active and productively involved with their families and wider communities as well as have better cognitive and cardiovascular function.

"ASPREE is one of the largest clinical trials of its kind in the world," Professor McNeil said. "The outcomes and conclusions from the study will help health practitioners to determine whether to recommend low-dose aspirin for primary prevention in their patients."

ASPREE study executive officer Dr Robyn Woods said: "The study is a partnership

between researchers, general practitioners and the community. The involvement of researchers in Australia and the US is crucial to the success of the ASPREE study."

Dr Woods said that while recruitment for the trial was already underway, many more volunteers will be needed over the next two to three years of enrolment for the study. "We will work closely with GPs, initially across Victoria, Tasmania and the ACT and later in other states, to invite suitable participants for the trial."

"Because of the power provided by the number and the targeted age range of participants, the results of this trial will offer us more insight than any other study into the benefits of aspirin for older people." M³

www.med.monash.edu.au/epidemiology/cardiores/aspree.html

“Doctors know that aspirin should help to prevent heart attacks and some forms of stroke. However, aspirin is also known to have side effects, such as increased bleeding, that may offset its benefits...”



Putting pupils in their places

Sorting out the placement preferences of hundreds of undergraduate students used to demand the efforts of multiple staff members and weeks of their time. Now, it takes just minutes.

The new clinical placement database used by the Faculty of Medicine, Nursing and Health Sciences is a centralised system that applies to students from a broad range of courses, whether their placements occur in hospitals, non-government organisations or small clinical environments.

“Our project managers and developers worked on this system for over a year. We now have an effective and consistent model to take care of this important responsibility to our students,” says Faculty Manager Andrew Evans.

In the past, students submitted their preferences to individual departments, often on paper. Today, they simply log into a portal using their Monash username and password. After submissions close, the preferences are sorted by computer and an email is then sent to the students advising them of the result.

“The benefits of this database will continue to emerge as we use, adapt and improve the operating system. It’s a national first for a faculty of our size and breadth to develop a simple administrative tool that helps students from courses as diverse as medicine, physiotherapy and social work,” Mr Evans says.

Project manager Mischelle Hodge worked closely with lead developer Leigh White on the database, and says that it can do a range of things. These include its ability to talk to Callista – the Monash-wide student database. It will soon also be able to track technicalities such as immunisations and police and working-with-children checks, which are frequent prerequisites for placements. It will also be able to allocate placements closest to the home addresses of students.

“For younger courses with less-developed structures, it provides a centralised repository of information so placement coordinators do not have to maintain data in filing cabinets or Excel spreadsheets on their computer,” says Ms Hodge.

“This is a way to give students a consistent experience of database allocation, whatever they study, and to make placements easy for staff to administer. It will also help us to manage data in a reliable, centralised location, contributing to important management tasks such as reporting.”

The faculty this year appointed a coordinator, Orly Goldenberg, to oversee the clinical placements database and support placement coordinators. In addition to Ms Hodge and Mr White, the initial development team includes developers Jarrod Sikma, Lukas Berk and Shane Morrison. ^{M³}

“Our project managers and developers worked on this system for over a year. We now have an effective and consistent model to take care of this important responsibility to our students.”



Tablets help to teach health

A large trial of Tablet PC technologies in the Faculty of Medicine, Nursing and Health Sciences is enhancing the learning experience.

Jennifer Lindley thought laterally when she sat down earlier this year to plan a series of lectures on basic histology for a group of radiography students. Using new teaching technology, through which students could participate in activities via Tablet PCs, she was able to incorporate fresh elements into her classes, such as asking them to label diagrams and microscopic images that they then wirelessly sent back to her own Tablet PC. She could then spark a discussion from these answers.

"The tablets allowed me to be a lot more interactive with the students... You can also get feedback from students as you go. You can pose questions they can respond to and gauge how they're going in terms of understanding the material you're giving them. It made the lectures a lot more interesting for the students as well as for me as a staff member," says Ms Lindley, an academic in the Faculty of Medicine, Nursing and Health Sciences.

"I'd already prepared my lecture, so I had to go away and think about things they could do, and set up so that there was space around the side of the powerpoint slide for them to write things. You have to tweak so that you get the most out of the technology."

Dr George Kotsanas, Academic Director of Information Technology for the faculty, says that the technology lends itself to the highly visual nature of much of the faculty's subject matter. He sees it becoming a dominant teaching tool, as it allows staff to find creative ways to teach their subject matter, and gives students flexibility in their study methods.

"I certainly think that this will be the more pervasive technology used within lectures or even tutorials and practical classes in the future," Dr Kotsanas says.

He is overseeing a trial of new Tablet PC technology in the faculty. Along with selected staff, such as Ms Lindley, around 60 students from the first year of the Bachelor of Radiography were offered the high-end Hewlett Packard Tablet PCs to use for study. Each tablet was loaded with free interactive teaching software called Classroom Presenter.

It is part of the MyLearningSpace project run by the Monash eEducation Centre, which was established to support and nurture the use of technology in teaching. After successfully running a small pilot in the Faculty of Science,

the centre this year partnered with the Faculty of Medicine, Nursing and Health Sciences for a larger trial.

And the reach of the tablets extends far beyond class.

"They can take them home, into a clinical environment, or anywhere else, and continue studying with their material all together on one device. One of the strong messages coming from students is that they appreciate the flexibility provided by these devices,"

Dr Kotsanas says.

Following the success in the radiography course, the Tablet PCs were introduced into the Bachelor of Physiotherapy for the second semester of this year. Based on the extremely positive response from both staff and students, Dr Kotsanas says that the faculty and the eEducation Centre will extend the program. Planning is already underway to make Tablet PCs available to all staff teaching in undergraduate courses commencing in 2010. M³



Rural student focus: Danika Thiemt

"I grew up about 12 hours north of Perth in Carnarvon. I was there until Year 9 and then I went over to Christmas Island for a year," says Danika Thiemt, a third year student in the Bachelor of Medicine/Bachelor of Surgery course.

She travelled to boarding school in Perth in Year 10, and after finishing Year 12, received offers from four medical schools in four different states.

"I decided that Monash was where I wanted to be. I was accepted into the Extended Rural Cohort program, where you do all your prac work in the country... The chance to work in the country was a really big thing," she says.

"And I felt that Monash's holistic view was more what I wanted.... I do a lot of work at the Indigenous rural health clinic in my home town... That was something I was focusing on and was interested in, and that's where the ERC was very attractive to me."

Danika's time on Christmas Island was also an eye opener.

"My mum was working for the Government up there, so it was a good excuse to show us something that not many kids get to see.

The population there is mostly Chinese and Malay, so it showed us what living as a minority was like... You had to live in another person's culture, with another person's language."

"Coming from a small city of 6,000 people (Carnarvon), you forget that there's a world out there. And it showed me that our way of life wasn't the only way of life. And we had the refugees staying on the island as well. It was quite a good experience to compare how you lived compared to the rest of the world."

Danika is now halfway through her third year, which she is spending in Bendigo. She is heavily involved with both the Wildfire Rural Health Club and the Monash University Medical Undergraduates' Society, and has organised the 2008 and 2009 medical balls. Next year she will spend six months in Mildura, and six months in a small country town.

"It's great being back in the country, but Bendigo has 100,000 people, so compared to my town of 6,000, it feels like a city. It's great; we all love it and the doctors love having us... We're spoilt rotten out here." M³



Dean's Lecture Series 2009

Indigenous Health and Healing Symposium: Investing in better public policy

The Prime Minister's Apology to the Stolen Generations and all Aboriginal and Torres Strait Islander Peoples has reinvigorated Indigenous public policy debates, and re-focused attention on dire needs in healthcare. The Prime Minister has responded by announcing a Healing Foundation to address the cycle of trauma and grief in Indigenous communities, particularly those relating to the Stolen Generations.

The Aboriginal and Torres Strait Islander Healing Foundation will support holistic and innovative healing and provide education and evaluation services. How might community members, policy-makers, philanthropists and researchers work together to ensure we are filling public policy silo gaps rather than re-creating them?

Dynamic and engaging speakers will share their views on this key policy area:

- Aunty Joy Wandin-Murphy, Wurundjeri Senior Traditional Owner
- The Hon Jenny Macklin MP, Minister for Families, Housing, Community Services and Indigenous Affairs
- Professor Lowitja O'Donohue, Aboriginal and Torres Strait Islander Healing Foundation Development Team
- Gregory Phillips, Aboriginal and Torres Strait Islander Healing Foundation Development Team
- Mike DeGagne, Chief Executive Officer, Aboriginal Healing Foundation, Ontario, Canada
- Jan Owen AM, Executive Director, Social Ventures Australia.

Date: Monday 9 November, 2009
Time: 4.00 – 5.30 pm
(lecture and discussion)
Refreshments to follow.
Venue: BMW Edge lecture theatre
Federation Square, Melbourne.

To register for this free event email mhhs.rsvp@med.monash.edu.au or telephone Megan Spokes on 9905 5971.



Artwork courtesy of the Aboriginal and Torres Strait Islander Healing Foundation Development Team. Art by David Williams. Design by Glimbaa Design.