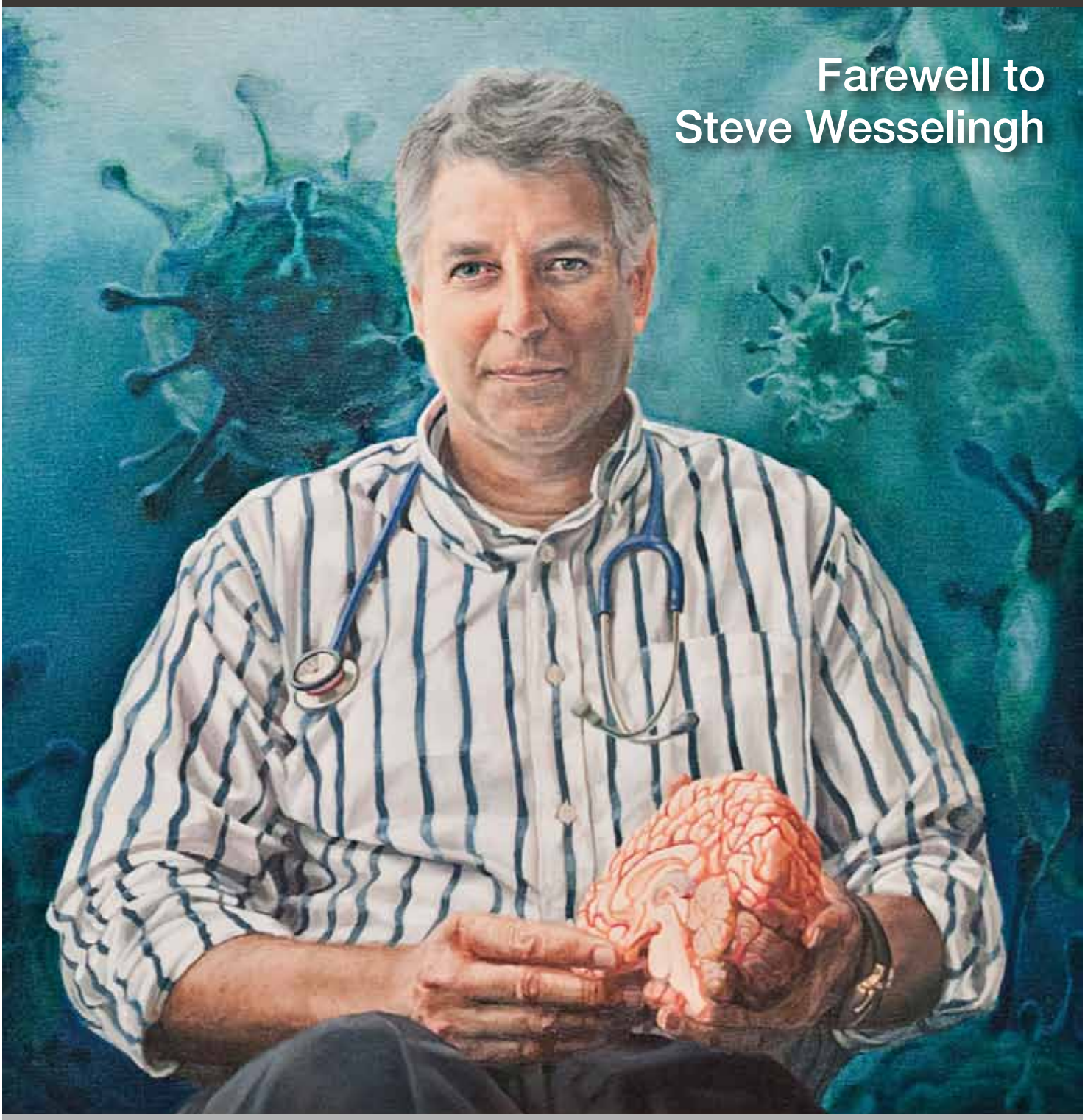
MONASH University

M8 Alliance

M3

News, Research and People

November 2011



Farewell to Steve Wesselingh

www.med.monash.edu

From the Dean

There are many manifestations of the vibrancy of the Faculty of Medicine, Nursing and Health Sciences.

Only last month the internationally recognised QS Top Universities rankings placed our Psychology and Medicine programs at 35 and 36 respectively in the world, feats that are the envy of many longer established universities with formidable reputations. We now await the annual *Times Higher Education* ranking of our stature in the coming weeks.

Naturally, our Faculty's performance in research is closely monitored as you might expect, given the competition that exists for funding, and we are taking active steps to raise our profile through publication in high profile journals.

This edition of *M*^{3} provides a different insight into our Faculty's stature at a global level. On the eve of the 2011 World Health Summit we reflect upon last year's peak gathering for public health policy as our delegation departs for this year's event under the Co-Presidency of Monash University. To follow in the footsteps of the Sorbonne and Imperial College London in holding this honour is something truly special that sets this University apart at the highest level.

The work of autoimmunity expert Professor Claude Bernard featured in this issue is an example of the attractiveness of our Faculty as a destination for globally mobile researchers with impressive credentials.

I am delighted that Monash ranked an impressive third in the latest round of grants from the National Health and

Medical Research Council, a quantum up 25 percent on our 2009 figure. The NHMRC has particularly supported our people in of areas of strength including trauma and public health. It is very pleasing that a number of our new recruits have picked up fellowships or grants, and these will be featured in a future edition of *M*^{3}.

Our Faculty farewelled former Dean, Professor Steve Wesselingh during August, and he was feted at an event attended by the Chancellor, Vice-Chancellor, Senior Deputy Vice-Chancellor and many friends and colleagues from across the Faculty family. Steve's contribution to Monash University has been immense and we wish him all the best in his foundation role at the South Australian Health and Medical Research Institute.

As the new Dean I look forward to communicating our vision, values and achievements to you as a friend of the Faculty. M^3

Christina Mitchell
October 2011

M^3 is going electronic!

At *M*^{3} we are conscious of environmental sustainability, and in getting Faculty news to you quickly and effectively – wherever you may be.

From our next issue, *M*^{3} will be delivered to most readers in electronic format via the Internet. To ensure you receive this, please email us at *med-m3@monash.edu* simply with the word 'Subscribe' in the subject field, and we will ensure you are included on our distribution list. Should you still require hard copies of *M*^{3}, these can be provided upon request.

Our Faculty website keeps you in touch with news and events from across the Faculty, often in real time.

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From the cover:

Farewell to Steve Wesselingh

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The riddle of the sphinx: the stem cell solving the MS enigma

Professor Claude Bernard

Bearing the same name as the long deceased famous French physiologist has had its interesting moments for Deputy Director of MISCL, Professor Claude Bernard. He recounts one instance of mistaken identity in his native France, when his secretary tried to reach him by phone at another institute and was given the grim news; "but he's dead!"

"My secretary quickly realised the mistake but she had a bit of a shock for a minute," laughs Professor Bernard.

Besides a common moniker, the two men share an abiding passion and worldwide reputation for brilliance in scientific research. Professor Bernard has been affiliated with many prestigious international educational institutions since immigrating to Australia. He was originally invited by eminent immunologist Sir Gustave Nossell to join the 'crème de la crème' of scientific research institutions, the Walter and Eliza Hall Institute of Medical Research (WEHI). In addition to his work to WEHI and the Basel Institute of Immunology, he was appointed the first personal chair at La Trobe before becoming the Director of the Neuroimmunology Laboratory as well as the Director of the Brain Behaviour Institute, at La Trobe University.

Primarily a researcher, Monash sought Professor Bernard's expertise in autoimmunity and became one of the directors of MISCL five years ago. This has allowed him to further his lifelong research into the complex problem of multiple sclerosis from a multidisciplinary perspective.

Professor Bernard's early work in Paris, that involved enhancing the survival of organ transplants, led to a lifelong interest in autoimmunity and ultimately to his ground breaking research into multiple sclerosis (MS), a puzzling and crippling illness, which often raises more questions than answers.

In addition to being an expert witness in cases involving autoimmune diseases like MS, Professor Bernard spends a considerable amount of time with MS patients and their loved ones.

"Often when I talk to a group of MS sufferers or their family I use the example of the Boeing 747 aeroplane. It has four beautiful engines – this plane can fly with two engines – but just imagine you have two engines, a lot of storms out there and another plane flies in front of you, it's a catastrophic event, a type of superimposed degrees of bad luck in a way."

A labyrinthine series of investigations into sexual and hormonal contributors, environmental factors and genetic predispositions into the fatal disease have proved inconclusive.

"Genetic studies have revealed that only 30 per cent of identical twins will have the disease when the other has it. If MS was purely genetic, you'd expect that both twins would be affected."

"Therefore, there is something else out there, something in the environment that we don't know about. Given that women are more affected by disease, something hormonal might also be involved in the cause of this disease. Indeed, the frequency of women suffering from this illness is two to three times more than men. Not surprising, there have been trials in MS using either male or female sex hormones treatments but these have been somewhat disappointing."

Although as Professor Bernard explains the population of people with MS is only one per thousand, its impact upon society, the health system and on the community as a whole is very significant. It is something of an unfortunate paradox that although the life expectancy of an MS patient is very good (25–30 years plus) the severity of the motor deficit, paralysis, incontinence and other physical debilitation affecting patients creates a huge burden for the patient, for the family and for society as a whole. Professor Bernard estimates that the total health cost in Australia is approximately $2 billion per annum.

"We need to look at a novel way to deal with MS. Even though it was discovered more than 150 years ago by a French neurologist, today we still don't know what the first event is that leads to the development of the disease. Accordingly it's very difficult to know how to go about developing a therapeutic approach which will benefit the patient."

Although there are a number of drugs to treat MS patients, only about 30 per cent of patients will be able to benefit.

"At the end of the day even though there is some benefit, none of what we have available in terms of drugs for MS, will lead to a cure for the disease," he says.

"Often when I talk to group of MS sufferers or their family I use the example of the Boeing 747 aeroplane. It has four beautiful engines – this plane can fly with two engines – but just imagine you have two engines, a lot of storms out there and another plane flies in front of you, it's a catastrophic event, a type of superimposed degrees of bad luck in a way."
Claude Bernard

What has been discovered as a significant factor in the development of autoimmune illnesses such as MS is what Professor Bernard refers to as 'breach of tolerance to self,' and the all important function of the thymus, which is responsible for controlling cells that will potentially react against self-produced antigens.

"Very early in embryonic life you have a process of trafficking whereby cells migrate from bone marrow to the thymus. Those cells that have the potential to recognise our self are eliminated within the thymus. There is within this immunological organ, a micro-environment, which helps eliminate those cells. If this process fails, the potentially damaging effects of those autoreactive cells that have escaped elimination in the thymus, can be kept in check by other mechanisms, without affecting the ability of our immune system to eliminate viruses or bacteria and/or the like."

According to Professor Bernard, it is mostly likely that a dysregulation of the immune system leads to the development of autoimmune diseases such as thyroiditis, rheumatoid arthritis, insulin dependent diabetes and MS.

Enter the stem cell.

Besides their ability to become specialised cells of the body, certain types of stem cells have the ability to suppress immune responses and are attracted to sites of inflammation. As such those stem cells represent a novel therapeutic potential for MS patients. Indeed, following very encouraging preclinical data, a number of MS trials are now being set up in a few countries. However, it should be mentioned "There is no point in trying to repair the damage with the stem cells, if you have body cells that are ultimately going to destroy the cells you have just transplanted. Therefore, you need to find a way to purge the autoreactive and damaging cells from the body, so that you can give the transplanted stem cells the chance to repair the damage," Professor Bernard explains.

This is one of the challenges facing the team at MISCL. Another is to deal with potential rejection. While stem cells by themselves are generally not recognised by the immune system, there is the real possibility that when they become more mature and specialised, they will provoke an immune response and thus be rejected.

"Say we transfer stem cells that originated from your body to me, I may not initially make a reaction to the stem cells, but as they mature within my body, perhaps becoming a brain cell, then my immune system may recognise the newly formed proteins present in those cells, in very much the same way that our immune system recognizes a virus or a bacteria," Professor Bernard explains.

The source of stem cells is important, but the aim is to find a way to minimise and potentially completely eliminate the ability of the immune system of the stem cell recipient to make an immune response.

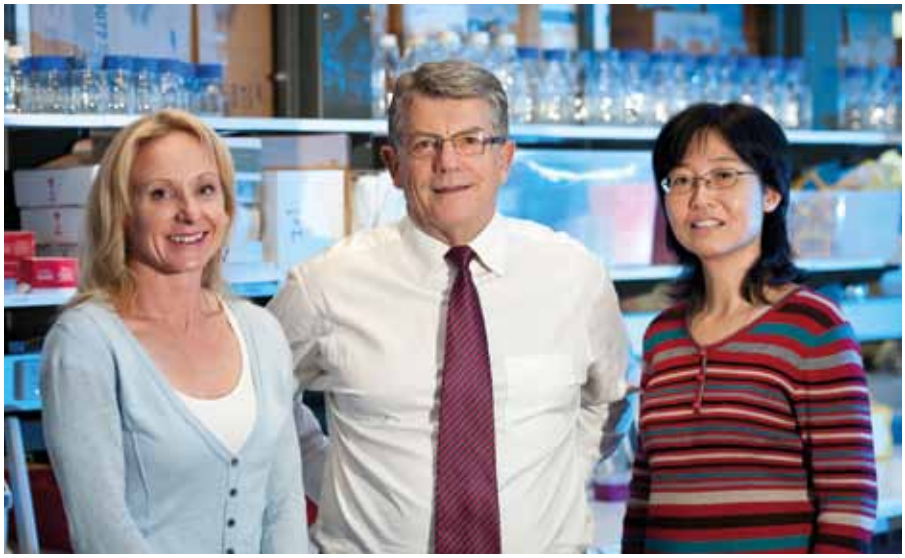
"While you may ask me, is this utopia? We have already published a couple of papers where we have (pre-clinically) used a combination of gene therapy and a source of stem cells, to reset the immune system, with the result of silencing the rogue cells that produce disease such as MS. So that when it comes to the real disease, we hope that the patient can be protected from subsequent attacks of the disease," Professor Bernard says. M³

Grants and funding

Whilst Australia is very advanced with regards to legislation, finding funding is an ongoing challenge for MISCL. An injection of $575,505 from the Victorian Government as part of a $2.2 million project by Victorian and Californian researchers, evaluating the use of stem cell approaches to develop alternative treatments for MS was announced last year.

This is part of the $28 million Victoria-California Stem Cell Alliance, established in 2008 under the Biotechnology Strategic Development Plan. The California Institute for Regenerative Medicine is co-funding the project with $1.6 million for the research partners in California. Leading the Victorian research team is Professor Claude Bernard, whilst Professor Kenneth Weinberg will lead the Stanford University team, the same University where Professor Bernard once held a Fulbright Scholarship.

In addition to Stanford University, MISCL also has a reciprocal research relationship with Israel. "As a medical centre it is critical that we work across geographical boundaries," says Claude Bernard. M³



Professor Claude Bernard and research team at MISCL are using the stem cell to treat autoimmune illnesses like Multiple Sclerosis. A mysterious illness such as MS requires multidisciplinary approach. Claude Bernard and researchers at MISCL are on their way to understanding autoimmune diseases, with the potential goal of reprogramming autoimmunity.

World Health Summit 2011

As the Monash delegation prepares for the World Health Summit co-presidency year, *M*^{3} reflects on the 2010 event.

It is a late autumnal Sunday afternoon in Berlin, and a slight haze envelops the Brandenburg Gate, glowing in the fading light. Spanning the cobbled square are the imposing French and US embassies and the Berlin Chamber of the DZ Bank – a Frank Gehry-designed building clad in yellow limestone – built around a large sky-lit atrium. Within that atrium is a curved structure that appears to be floating in space. The delegates are seated inside this almost spherical chamber and with little fanfare the discussion begins. The talk concerns the Global Fund, the Millennium Development Goals and the Global Alliance for Vaccines and Immunisation Alliance (GAVI). The competition for funding, even amongst these highly eminent players, is immediately evident. It is in such an atmosphere exuding wealth, intellect, innovation, power, daring and more than a hint of opulence that the World Health Summit for 2010 begins…

The World Health Summit is the annual conference of the M8 Alliance of Academic Health Centres and Medical Universities, together with the National Academies. It is one of the world's foremost gatherings of leaders from academia, politics, industry and civil society to jointly develop strategies and take action to address key challenges in medical research, global health and healthcare delivery with the aim of shaping the political, academic and social agendas. After a highly successful inaugural conference in 2009, on the occasion of the 300th year anniversary of the Charité – Universitätsmedizin Berlin, the World Health Summit is now being held annually.

From 9–13 October, 2010, the Charité Berlin University Medical School played host to the second annual gathering of 1,200 experts in health policy, medicine, biomedical sciences and economics, with the united goal of finding ways to improve global health and quality of life.

Summit President Professor Dr Detlev Ganten described the Summit mission succinctly:

"We need new healthcare systems. This aim must be given a central role on the political agenda."

Economic forecasts predicting substantial increases in health care expenditure as a percentage of Gross Domestic Product (GDP) are projected by economists and demographers. Their message highlights a global need for increased healthcare funding, innovation, and greater social equality.

A significant impact at the Summit was made by the health ministers of Rwanda and South Africa, Dr Richard Sezibera and Dr Aaron Motsoaledi, and the magnitude of the task ahead was emphasised by Dr Zesibera.

"In light of the global economic crisis and the resultant economic fiscal policy, investments (in healthcare) may not be reduced or neglected in developing countries. In contrast, it is now crucial to reinforce solidarity," he argued.

A number of key political figures attended the Summit, including the German Health Minister Philipp Rösler and Berlin Mayor Klaus Wowereit, but it was the simple message of the two African ministers that continued to resonate over the next four days.

The Monash University contingent at the Summit represented Faculty of Medicine, Nursing and Health Sciences membership of the prestigious M8 Alliance. Included in this group were the Dean, Professor Steven Wesselingh, MBBS Deputy Dean Ben Canny and Associate Professor Emeritus Robin Bell, together with Professor David de Kretser AO, until recently Governor of Victoria.

Professor Ben Canny chaired the first Monash symposium on day one of the Summit. Educational responses to enable global access to healthcare reinforced Professor Detlev Ganten's opening message about healthcare as a basic human right and stressed the necessity

Dr Karen McConalogue and Professor Wendy Cross at the DZ Bank on Pariser Platz.

for rural and regional areas to access such services. Professor John Humphreys, Malaysia's Associate Professor Shah Yasin and Professor Dan Ncayiyana from South Africa followed on from Professor Wesselingh's opening presentation, conveying Monash's global commitment, focus and influence across three continents.

The discussion reinforced a salient point made by Professor Wesselingh at the pre-Summit media gathering – that money alone is not the answer and the need for a skilled workforce is also critical to effective healthcare delivery.

In the true spirit of the occasion two partners in the M8 Alliance, Monash University and Johns Hopkins University, united to present jointly on issues of health delivery and medical education as they affect the native populations of their respective countries.

The Indigenous people's health symposium was chaired by Associate Professor Robin Bell and facilitated by Dr Marlene Drysdale, who delivered such a compelling presentation of the plight of Australia's Aboriginal population, that the audience was visibly affected. Indigenous Advisor to the Dean, Mr Gregory Phillips, followed this with an announcement of the proposal to found a School for Indigenous Health at Monash.

Johns Hopkins' Professor Mathuram Santosham highlighted the often unacknowledged contribution of Native Americans to world health.

His colleague, Ms Allison Barlow, completed the symposium with a presentation of the promise of Indigenous paraprofessionals to transform healthcare delivery within their own communities.

The program concluded with another press conference, where it was announced that Professor Wesselingh would assume the Summit co-Presidency for 2011.

The 2011 World Health Summit will be held 20–26 October in Berlin. M³

Rally for research: Discoveries Need Dollars

Monash presence strong at rally to protect medical research from potential funding cuts.

It's not often that scientists get political. But on Tuesday 12 April, they made an exception, leaving behind lab benches and offices – but not their signature white lab coats – to attend the Discoveries need Dollars rally at the State Library of Victoria.

This event was one of four nationwide rallies planned on the day, attracting 7000 researchers, students and supporters.

Among the crowd of thousands were six busloads of Monash researchers, alarmed at rumoured reports of NHMRC funding cuts, which could amount to 20 per cent or $400 million over three years.

"It seems short-sighted to reduce funding when it's something that the government will benefit from in the long term," said Rebecca Bamert, a malaria research assistant from the SOBS department of Biochemistry and Molecular Biology.

"For every dollar invested in research, there are savings from preventative measures or drugs and innovations that come directly from this work."

Bevan Hirst, 24, a rabies researcher, expressed serious concern about public health if the anticipated cuts were made.

"So many things coming from science help the public. With the cervical cancer vaccine many unnecessary deaths have been prevented with NHMRC funding Australian scientists," he said.

It's not only scientists who will be affected if research funding is reduced in the upcoming federal budget in May, points out PhD student David Allen. There will also be far-reaching consequences for students, who may abandon postgraduate studies or careers in research altogether.

"If your supervisor doesn't receive NHMRC funding, then RAs, PhD students and postdocs may lose their jobs, which might send people abroad and Australia will lose out," Penny Whiley, a research assistant working on male fertility and testicular cancer said.

This concern was echoed by National Tertiary Education Union Secretary Matthew McGowan.

"When the funding dries up, highly specialised people will look for other jobs and this will affect not just this generation of researchers but future generations, the next stars of medical research who are standing amongst us now," he said.

Melbourne Greens MP Adam Bandt urged the crowd to continue lobbying for political change.

"Medical research funding saves money, saves lives and makes us a better society and country," he said.

He also revealed how he had sought assurances from Treasurer Wayne Swan that health and medical research funding wouldn't be cut in this year's budget.

"If the government cuts research funding, we will work from the floor of parliament to do everything we can to improve the budget and ensure that there are no cuts to medical research," he said.

Patient advocates were also represented at the Melbourne rally: Linda Rodger, who has had four family members die from motor neuron disease; Sean Lusk, 40, living with cystic fibrosis and two lung transplants; and Nerissa Mapes, a young woman with Parkinson's disease, who challenged the government to continue supporting medical research.

"You have the power to cut those purse strings, the power to give or take away," Nerissa said.

"I rely on you for hope. I rely on you for a future. I rely on you for better care."

For more information: **www.discoveriesneeddollars.org/home/**

Discoveries Need Dollars is a campaign initiated by the Walter and Eliza Hall Institute of Medical Research. M³

Farewell to Steve Wesselingh

"Steve Wesselingh has been an outstanding Dean for the Faculty of Medicine, Nursing and Health Sciences. He has broad social concerns and is passionate about excellence in both education and research. As well as being an outstanding academic leader Steve Wesselingh is a thoroughly decent human being. He leaves many friends behind him at Monash and is wished all success for his future career."
Professor Ed Byrne AO, Vice-Chancellor and President

With Emeritus Professor David de Kretser

Chancellor, Alan Finkel

Vice-Chancellor and President, Professor Ed Byrne

Senior Deputy Vice-Chancellor, Professor Edwina Cornish

Dean, Professor Christina Mitchell

Latency may be the key to curing HIV

Melbourne researchers at the Burnet Institute may potentially have found the key to curing a global health pandemic that has left researchers puzzling for decades.

Research results published in the Proceedings of the National Academy of Science (PNAS), show that scientists from Monash University, The Burnet Institute and The Alfred have identified the mechanism of how HIV enters resting cells – the main cell that persists in patients on anti-HIV treatment.

Director of The Alfred's Infectious Diseases Unit and Co-Head of the Burnet's Centre for Virology, Monash University Professor Sharon Lewin says an exciting research development is a major breakthrough in unlocking the mysterious pathway of the HIV virus.

The research team at the HIV and Hepatitis Immunopathogenesis Laboratory, co-headed by Professor Sharon Lewin and Clinical Immunologist Dr Paul U. Cameron, have overcome a significant obstacle in their quest to find a cure.

"Our team of researchers has now identified the path by which the virus can infect resting CD4-T cells and establish latency," Professor Lewin said.

Latency is the ability of HIV to integrate its genetic material into the genome of resting memory CD4-T-cells, where it remains dormant but able to reactivate at some point, causing the virus to start replicating.

"Understanding this mechanism will enable new treatment options to be developed which could block latent infection. This new laboratory model of latent HIV infection can also be used to screen drugs that may one day eliminate latent infection," explained Dr Cameron.

The discovery was a collaborative effort involving scientists from the Burnet Institute, The Alfred Hospital, Monash University, University of Montreal, and the Westmead Millennium Research Institute in Sydney.

Professor Lewin, one of the opening speakers at the 2010 World AIDS conference, maintains that a cure for HIV infection is scientifically feasible and increasingly necessary, but the goal requires focus and funding.

Professor Lewin has recently received funding of $1.5 million in conjunction with Dr Julian Elliott, Head of Clinical Research, Infectious Diseases Unit, Alfred Hospital, as part of an NHMRC Partnership Grant. The grant will assist in developing an online platform called HealthMap, which aims to support partnerships between health care workers and people with HIV, enabling patients to better manage their own health. M³

Two research Fellows from the Lewin/Cameron HIV and Hepatitis Immunopathogenesis Laboratory have recently received prestigious fellowships from the American Foundation for AIDS Research (amfAR).

Dr Crane has been awarded a two year Krim Fellowship from amfAR for her project, LPS, immune activation and liver disease in HIV-HBV co-infection. Dr Crane is the first Australian scientist to receive this award, worth US$125,000.

Dr Crane began working with Professor Lewin in 2007 after finishing her PhD at the Monash Institute of Medical Research, in the immunology of the male reproductive tract. She is now collaborating closely with clinicians at The Alfred Hospital Infectious Diseases Unit.

"HIV affects the immune cell barrier of the gut, making it more permeable to bacteria, thereby allowing an increased load of bacterial products into the circulation. This places a greater burden on the liver, which clears pathogens and impurities. When people are infected with both HIV and Hepatitis B (HBV), they progress to liver disease faster than people infected with Hepatitis B only.

We believe that a greater bacterial burden promotes inflammation in the liver and this is the underlying cause of accelerated liver disease in people with both HIV and HBV. There are striking similarities with respect to inflammation in the liver in these people and in those suffering from diseases of chronic inflammation such as rheumatoid arthritis. It is possible that drugs currently used for managing inflammation might also be used for HIV-HBV infected patients," Dr Crane said.

Dr Suha Saleh in the Lewin/Cameron Laboratory (HIV and Hepatitis Immunopathogenesis) has also been awarded a two year fellowship worth a total of US$125,000 for her project, as part of a recent call for medical research projects relevant to exploring the mechanisms for HIV persistence and the potential for HIV eradication.

The fellowship will support Dr Saleh's work to identify the mechanisms of how chemokines help HIV to get into resting cells and establish latent infection.

"If we can identify the exact pathways which lead to latent infection, we will be in a position to develop novel therapies to block or reverse latent HIV infection," said Dr Saleh. M³

There’s no place like home

Final year MBBS students go ‘Back to Base’.

It was a week of mixed emotions for final year medical students coming ‘Back to Base’ to Clayton campus for one final week of intensive clinical and non-clinical teaching.

For the last three years of the Monash MBBS (Bachelor of Medicine/ Bachelor of Surgery), some 275 students have been dispersed across Victoria and around the world on clinical placements. Back to Base is effectively the first and last chance for these final year students to reunite after their second year of the course. Although the week is a homecoming, it’s also a farewell, with the MBBS students leaving their undergraduate community and entering the medical profession.

“Reunion is obviously not the primary purpose but it’s one of the happy by-products. It’s a time of mixed emotions as the final year students are obviously sad to be leaving, but there is an excitement about what lies ahead. They come to the realisation that in just six weeks time they’ll be interns and make decisions, take responsibility for patients and manage professional relationships,” Dr Rob Mitchell, Back to Base co-convenor said.

Back to Base is a product of the 2006 redesign of the Monash MBBS program. The five-day conference-style program was innovated by Associate Professor and Director of Patient Safety Education Brendan Flanagan, Monash graduate Andrew Foot and Senior Lecturer Dr Julia Harrison. Back to Base has become one of the major highlights of the MBBS program for many MBBS students.

This year recent Monash graduates and junior doctors, Claire Wise and Dr Rob Mitchell, joined Dr Julia Harrison as principal organisers and conference co-conveners. They were just two of forty guest speakers who lectured in the week.

“These junior clinicians are ideally placed to provide practical advice on successfully negotiating the transition from medical student to junior doctor,” Julia Harrison said.

“Because we are junior doctors ourselves, we can take our experiences of a couple of years working in the system and select the key skills that junior doctors really need to know – and then address each of them,” Dr Rob Mitchell said.

Back to Base is organised around three themes: “consolidation, inspiration and transition.”

According to Dr Mitchell, managing professional relationships is an important component of the five-day programme. These relationships can range from nurses and allied health professionals and in a very different capacity – patients themselves.

“Managing professional relationships is important and it’s not just with other doctors. One the greatest challenges is that you’re fresh out of medical school and you’re working with doctors, nurses and allied health professionals who’ve been working in the system for many years. One of things we emphasise is that you need to recognise their experience and draw on it. The other message is that it’s okay to ask for help,” he said.

All presenters, who are Monash graduates, talk about their experiences since graduation, their career path and where their experiences have taken them, reinforcing for final year students the many and varied opportunities that come with an MBBS qualification.

One major highlight this year was an address by Professor David de Kretser, the Governor of Victoria, who has a long-standing association with Monash.

The Governor spoke about his own experiences, combining research with clinical practice, particularly in the fields of endocrinology and andrology. He also discussed the necessity of a good work-life balance. Perhaps most importantly, he provided the students a model of what they can achieve with a medical qualification.

“You can achieve a great range of accomplishments with an education like this, including becoming Governor!” Dr Mitchell said.

Dr Mitchell, who is Deputy Chair of the Federal AMA Council of Doctors-in-Training, is a junior doctor at Geelong hospital and another prime example of what the MBBS programme can achieve.

“No other University offers anything similar and our feedback is excellent. It’s very encouraging and perhaps other universities will adopt the program. So watch this space.” M³

Emeritus Professor David de Kretser addresses MBBS students

Great Rhodes ahead

A young paediatric registrar at the Royal Women's Hospital, Dr Evelyn Chan, has been awarded the prestigious Victorian Rhodes Scholarship for further study at Oxford University in 2011.

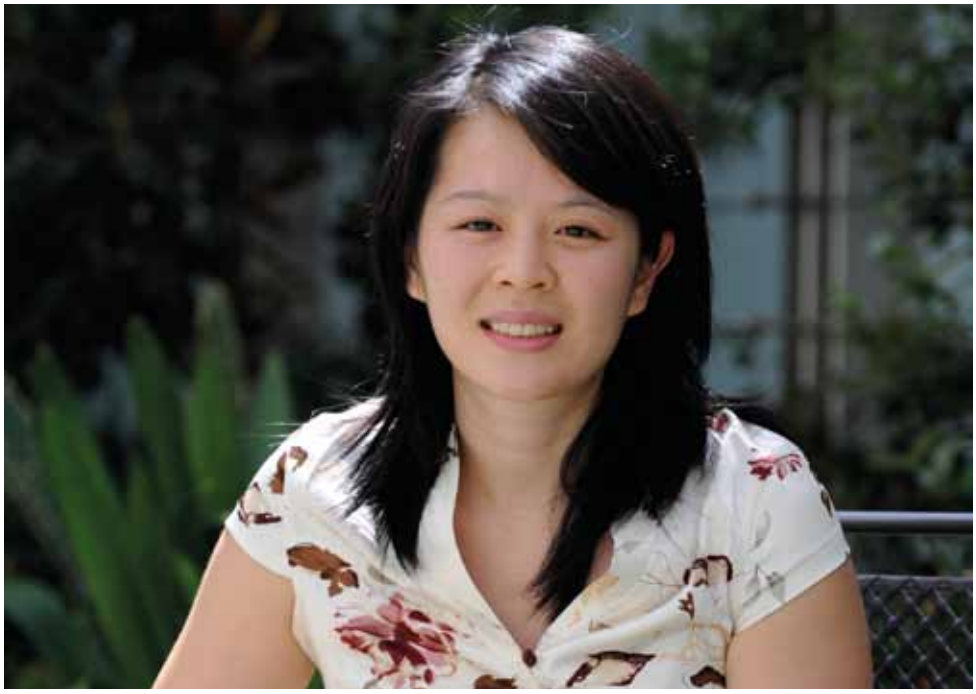
For 25-year-old Rhodes Scholarship recipient Dr Evelyn Chan, it was a serious early injury which inspired an early interest in what will clearly be an auspicious career in medicine. A competitive gymnast since childhood, Evelyn was just 14 years of age when she broke her neck. This watershed experience caused a significant change in the Monash graduate's attitude towards the practice of medicine as well as the role of medical practitioners.

"Having the accident made me think about how important it was to be able to function normally, rather than simply improving health when you're already healthy. I suppose my priorities changed from there," she said.

Dr Chan's complete recovery, which she concedes was 'enormously lucky,' is a testament to Chan's enormous strength of character and tenacity, both of which are tempered by a genuine humility about her recent honour.

Despite the severity of the injury and her demanding hours as a medical student at Monash, the diligent Dr Chan continued to coach at the YMCA. Now a registrar at the Neonatal Special Care Unit (NISC) at Royal Women's hospital, Dr Chan is placed on the emergency YMCA coaching list and is what they call 'a geriatric gymnast'. Despite this somewhat dubious honour, in addition to her medical rotations, Dr Chan also completed a qualification in counselling from the Australian Counselling Association, in order to apply these professional interpersonal communication skills in her own practice.

"Going through medical school really made me realise some people break news extremely well and some people don't do it quite as well. It needs to be an important issue, particularly when we are dealing with such sensitive events in people's lives."



Community work, undertaken both locally and abroad, formed an important part of Chan's medical school years, and are a priority in her future practice and goals. Having volunteered with asylum resource centres and Indigenous communities in the Northern Territory within Australia, Dr Chan has also worked in the UK and Asia, where she cared for a mother in northern Thailand who, tragically, died of diarrhoeal illness.

With so many opportunities ahead, Dr Chan's work in neo-natal and intensive care particularly appeal to her medical ethos of 'good clinical practice, and excellent communication skills with very evidence-based sound medical knowledge.' In both fields, these skills are immediately important, but they are also imperative for the long term follow-up and rehabilitation of patients. Her advice to medical students is to explore and diversify: "Get out there and really try everything, that's how you find out what you like. Unexpected things happen and you can change your mind."

After her three years at Oxford University undertaking development studies, Dr Chan would like eventually to come back to Australia and complete her paediatric training. The prospect then of working with Indigenous communities to improve access, as well as with migrant populations, is appealing. Working overseas in developing countries with organisations such as UNICEF is, however, another strong possibility. M³

Established in the will of Cecil Rhodes in 1902, the Rhodes is the oldest and perhaps the most prestigious international graduate scholarship program in the world. Typical Rhodes Scholars are considered to have outstanding academic achievements, a background in community work, be active participants in sport and display strong leadership skills. M³

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