

President's Report

The health and medical research sector requires a course correction — fast. **Australia's best and brightest are being lost.** The workforce is at serious risk as evidenced by:

1. A 16% loss of human capital (FTE researchers) from the major *NHMRC Funding Scheme (Project Grants)* within the last 3 years.
2. A reduction of 25% in the total number of awards granted to researchers in the leadership tier of the *NHMRC Fellowship Scheme (Senior and Principle Fellows)* since 2011, and a reduction of 13% in the emerging leadership tier (*Career Development Fellows*). This represents a loss of highly qualified, talented and motivated individuals in the short term and a devastating loss of leaders equipped to build research capacity and momentum and collaborate with industry into the future.
3. Nearly a quarter of the health and medical research workforce being uncertain as to whether or not they have employment in 2016, as evidenced from an ASMR workforce survey conducted in November 2015. The majority of these respondents were PhD qualified and actively involved in research.

Intrinsic to the Government's innovation strategy is the scientific endeavour and momentum of discovery generated by the research workforce. **The people and projects generating this momentum are irreplaceable.** Should the current vibrant and highly qualified research community continue to suffer attrition due to lack of opportunity, its renewal and restoration would take decades and be enormously costly on many levels. We have shown that replacing lost intellectual capital is costly. Replacing 25% percent of the PhD-qualified health and medical research sector would cost Australia \$570 million in 2009 dollars, based on estimates of \$140,000 ± 57,000 per 4 year PhD (excluding the cost of supervision and scholarships). ASMR has requested an injection of investment into the NHMRC, the largest funder of health and medical research in Australia immediately. Our workforce is unable to wait for four years when the Medical Research Future Fund (MRFF) is expected to reach its target



Dr Sarah Meachem, ASMR President

capital of \$20billion. Medical research will be the welcomed beneficiary of the interest earned from this Future Fund, a tremendous opportunity there is no doubt but our deep concern is that the returns on investment into health and the MRFF for that matter will be significantly diminished if our workforce is disabled. It makes good economic sense to support the world class health and medical research workforce — expert people providing exceptional returns today, in order to maximise returns for tomorrow.

As you know we are in an election year and this couldn't be a more important time to get ASMR's messages out. ASMR will continue to deliver our evidenced-based, cohesive and cogent plan for sustainable investment into the future for our health and medical research sector which has been shown unequivocally, to have profoundly positive impacts on the health and economy of the nation and more broadly, on the often neglected and rarely articulated social impacts on community.

I am profoundly privileged to be the 55th ASMR President and represent you and our health and medical research sector. I feel doubly honoured, since it is my second Presidency (first in 2008–9) and share this distinction with only one other; Professor Paul Nestel in 1968 and 1969), that I get to advocate for a secure and stable ecosystem for our workforce and a sustainable investment model that adequately supports the health and medical research workforce — a workforce fully embedded into the healthcare system. Already there has been a great deal to do with meetings all around Australia, sharing our data and delivering

In this issue:

Transferable Skills:	3
The way to a Brilliant Career	
I love research.	4
But could I do something else?	
Promoting University Industry Linkages	5
Bugs, Bowels and Beyond: Innovations in Digestive Health and Disease Research — NSC2015 Report	6
Shining a Light on Mental Health: The 2015 ASMR Indigenous Health Forum	7
ASMR Professional Development Workshop	8



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Professor Theodore Berger

our messages to researchers, opinion leaders, politicians and policy makers. The health and medical research landscape is changing rapidly, since December with the announcement of the National Science and Innovation Agenda, the Watt Review, the Government decision not to extend the Gonski Deal, the R&D Tax Incentive Review, the review of the NHMRC Funding Schemes, and the review of the Australian Code of Responsible Conduct of Research and we anticipate that the budget will deliver the first distributions from the MRFF starting with \$10million this year and up to \$400million over the next four years, to name but a few that will impact our sector — thus opportunities to explore, details to uncover and processes to influence! ASMR will be heavily involved in all consultation processes and will continue to consult at the highest levels of government and with opinion leaders to deliver our messages and recommendations.

An extremely important part of our advocacy activities is ASMR Medical Research Week® (ASMR MRW®) that happens around the nation in the first week of June (2nd–10th) with one of the highlights being the Medallist tour. I am thrilled to announce the 2016 ASMR MRW® Medallist is Theodore Berger — a Professor of Biomedical Engineering at the Viterbi School of Engineering at the University of Southern California and a member of Advisory Committee, National Space Biomedical Research Institute (NSBRI) since 2001. Theodore (Ted) could be described as a ‘neuroprosthetics pioneer’, leading a multi-disciplinary collaboration to develop a microchip-based neural prosthesis for the hippocampus, a region of the brain responsible for long-term memory. Damage to the hippocampus is frequently associated with epilepsy, stroke, and dementia (Alzheimer’s Disease), and is thought to underlie the memory deficits characteristic of these neurological conditions. This is truly spectacular science which seeks to replace damaged tissue with computer hardware to do the work of neurons. Professor Berger has said, *“We are on the brink of stretching the capabilities of the human race. I believe we will soon be able to connect the brain to computers or other devices”*.

Professor Berger is that rare embodiment of bold vision, brilliance, courage and tenacity; attributes which expand the boundaries of science and create the future. *He and his trans-disciplinary colleagues have developed a brain prosthesis designed to help people suffering from memory loss (Alzheimer’s and dementia). The device implanted into the brain has performed well in animal tests and is currently being evaluated in human patients.* “10 Breakthrough Technologies,” MIT Technology Review, 2013. He is ranked in The 100 Leading Global Thinkers of 2013 and on a more personal note, Ted is a hell of a nice guy, humble and wilful. He has a ‘have a go’ attitude and subscribes to the saying “if people are not laughing at your goals, your goals are too small”. Australia can learn a great deal from Ted and in my opinion you are in for a treat!

The medallist tour will travel to Hobart (Thursday the 2nd of June), Brisbane (Friday the 3rd June), Adelaide (Monday 6th June), Canberra (7th June with the National Press Club televised address to the Nation), Sydney (Tuesday 8th June), Melbourne (Thursday 9th June), and Perth (Friday 10th June). The Board of Directors and State Committee Members are working diligently on delivering 40 outreach events (the majority which are within ASMR MRW®) that engage scientists from all levels, politicians, leaders across the academic, business and health sectors and the public to raise awareness of the benefits of health and medical research in Australia. Furthermore these events are designed to broaden your knowledge and generate opportunities to present your work, raise your profile and build your networks. There are plenty of awards on offer too for all career stages! Please diarise the date of the Medallist Tour in your Capital City and visit <http://www.asmr.org.au/MRW.html> to check out the events near you. We look forward to seeing you there!

This year ASMR is pleased to announce the 55th National scientific Conference will be held at the Bond University on the Gold Coast from the 13–16th November 2016. The title is “Next Generation HealthCare: Merging Biology and Technology” and will serve as a unique trans-disciplinary forum for the exchange of cutting-edge ideas to address the major health-related issues of the future. The conference will cover themes spanning disease detection and treatment optimisation; monitoring of disease progression and therapeutic response; drug delivery; and tissue regeneration and replacement, amongst others. We plan to bring together researchers from a broad range of fields, including ‘omics and systems biology, personalised and precision medicine, genome editing, nanotechnology, real-time monitoring, tissue engineering, imaging and robotics. All researchers are welcome and we particularly encourage students and early career researchers to submit abstracts. One of ASMR’s guiding principle is to foster and support the careers of researchers and at the heart of ASMR is providing opportunities for researchers to present their findings and network. I urge you to Save-the-Date and look out for the Programme.

I must again reiterate ASMR’s commitment to pursuing a sustainable eco-system for the health and medical research sector, a system which will allow the scientific endeavour to flourish. Our sector, each and every individual, has a responsibility to be informed about the political (and I use the word ‘political’ in its broadest sense) landscape which influences the decisions, directions and dynamics of the health and medical research community. The highest ideals must drive the aspirations of researchers to excellence, those same ideals must drive the method of dissemination of public funds and strengthen the will of the sector to ensure governments, current and future, are fully informed by evidence, to best serve this country’s needs.

Dr Sarah Meachem, ASMR President

Transferable Skills: The way to a Brilliant Career

As we all know, at the current time research jobs in health and medical research (H&MR) are hard to come by and difficult to keep. This is very demoralising for the HMR workforce, but... is a career as a bench research scientist what you really want or is it the only career you think you can have? There are many other H&MR-related careers that may actually be more fulfilling in the longer term. So think broadly about your career options and have Plan B (or C or D). In the end Plan B may turn out to be the career you always dreamt of. Of course if Plan A, to be a health and medical researcher, is your dream then work really hard to achieve that goal and find out everything you can about how to be successful.

For both Plan A and Plan B transferable skills are essential. What are they? Transferable skills are the skills and attributes you acquire in one role which you can transfer to another. The difficulty is many people don't present these skills in a generic way. It's no good writing "learnt to run DNA sequencing gels in two weeks" it needs to be something like "can quickly master new techniques to achieve positive results". You also need to back up your transferable skills with evidence that you can actually do what you say you can. Here's a few that could relate to someone with a research background

- Ability to enthusiastically carry out independent research
- Ideally suited to project work using research and analysis to underpin the delivery of innovative solutions
- Able to move and adapt quickly to change and assist others to do the same
- Skills to handle diverse range of tasks simultaneously
- Value the importance of timely production and maintenance of accurate documentation

Could you apply those to yourself in one way or another? What other skills do you currently have that could be written as a generic transferable skill? They may also be derived from external activities besides your "day job". Write out your own list and show it to someone not in your field, even better not in H&MR. Do they get a picture of what you can do? This exercise takes some time to think through and refine — start now!

A list of transferable skills of course is not enough. You need to have some idea of what other options there are that you might be interested in. If you know

someone with the sort of job you'd like ask if they can spare you the time for an informational interview. This is where you talk to someone about their role: what qualifications they needed (extra to a PhD say), what they do on a day to day basis, what are the highs and lows of the role, where else can the role lead to etc. This will help you build up an idea of what a particular role actually entails.

Finding the next role, whatever it may be, requires you to have a good network of contacts. These don't have to be just work-based you never know who you may meet at that sports club you belong to or the soup kitchen you volunteer at. Building networks throughout your career is critical; they will provide you with support, information, feedback and possibly your next job. It's impossible to underestimate the importance of your networks so nurture them carefully. Never, ever, behave badly towards a contact however unlikely it may seem that they can assist you — you just never know when they might end up being a potential employer, referee, reviewer ... and people do remember.

LinkedIn is important for developing your professional profile on line and building a network of contacts. *LinkedIn* is about being able to be found by others who might be looking for someone with your skills, so make sure your key words are going to show up in searches by potential employers. Whilst you should only connect with people you know or know of, maximising the number of contacts increases the chances of you being found in someone else's search.

Another good way to build networks is to get involved with Professional Societies that may be specific to your discipline or broader such as ASMR. Once you're a member don't just wait for the newsletter or the annual conference to come around — volunteer to help with conference organisation, Medical Research Week etc etc or stand as an Office Bearer. All these sorts of things allow you to develop new contacts and connections.

So what are you waiting for — start building your networks and developing and articulating your transferable skills. Your Brilliant Career awaits!



Associate Professor Stella Clark



**Associate Professor Stella Clark,
Executive Director, Stella Connect,
Former President ASMR**

I love research. But could I do something else?



Sarah Keenihan

Research science can be the perfect platform from which to launch a new career. Perhaps you're interested in marketing, intellectual property, teaching, business management or pharmaceutical sales? After graduating with a biomedical PhD in 2000, I am now a freelance science writer.

Here are my top 6 tips for transitioning from research into another career:

1. Know yourself. Keep your options broad.
Be open to change.
2. Before you make a move, get extra training.
3. Offer yourself up for volunteer roles — you'll learn new skills you didn't know you didn't have. And you might love them.
4. Don't expect a new career to take off overnight. Aim for a slow transition.
5. Find great mentors, and work collaboratively and humbly with them.
6. Be bold enough to transition to a career that fits with other responsibilities and loves — whether these are family, an existing job, or a passion such as marathon running or speaking French.

It's hard to see how each of these points is relevant without a case study. So here's little more detail of my career history:

I was always the kind of person who was interested in lots of... well... stuff. As a kid and teenager, I read many kinds of books. I played lots of sport. I listened to the radio and loved documentaries. After school finished, I signed up to study Medicine.

But it didn't work out. Fundamentally, I was unhappy (looking back, I think it was lack of emotional maturity). After switching to a Bachelor of Medical Science, I was lucky enough to conduct an Honours year and subsequently my PhD under the supervision of Sarah Robertson (now Director at the Robinson Research Institute). Sarah R was — and still is — an adept communicator, both in the written and oral forms. She taught me that to cut it as a researcher in reproductive immunology I needed to be able to explain reproduction to immunologists, and conversely to share immunology with reproductive scientists and obstetricians/gynaecologists. This awareness of audience needs was an excellent start to a career in science communication.

Sarah also advised me to join the ASMR, and I subsequently became active with the South Australian branch — including as media officer, my first foray into the world of press releases, briefs and talking to journalists. It was a pleasure working with ASMR stalwarts Moira Clay and Peter O'Loughlin during the mid-late 1990s. And Cath West was a great support from head office.

I became so interested in talking about science to a general audience, that I signed up to study a Graduate Diploma in Sciences Communication (Central Queensland University). Of course this was a crazy move, given that I was mid-PhD. But once started, it was easy to defer it many times and I finally completed the diploma over 10 years later. This gave me an important theoretical foundation in media and communications. And it showed people that mattered I was investing in my communications career — this fact alone was enough for a well-known media identity (Keith Conlon) to give me a brief spot on his local TV show.

Post PhD, I stuck with research for about four more years, working in Australia and Indonesia. A post-doc with American military scientists in Jakarta was an eye-opener to say the least. Here, I developed better skills fending for myself, and was fortunate to work with a fantastic epidemiologist in Dr Kevin Baird.

But that communication bug kept biting, and so I left the academic sector and started working for an Adelaide science and futures consultancy Bridge8. In this company, business owner Kristin Alford focused on digital and novel strategies to tackle big problems related to science and technology. She encouraged me to take up social media and to embrace new challenges I never would have dared confront previously. With my two and then three young children to work around, she was also highly supportive of my need to work odd hours and from home on many occasions. If you provide new parents with flexibility and options, it's my experience that they will work hard for you.

It became clear that the thing that made me happiest was writing. So I used a blogging project (*ScienceforLife365*) to announce to the world that I was a freelance science writer. This blog (now in its 5th year) was crucial in refining my writing skills, reaching new audiences, understanding social media better, and formed a great marketing tool as well. I undertook further training in writing, marketing and social media through SA Writers Centre, the Walkley Foundation and Australian Science Communicators. Now I work with a range of clients in academia, publishing, government, social media and digital news services.

And the crazy thing is, I'm actually a little bit tempted to look into Medicine again. I guess I just like to keep things fresh.

Have you worked out what stuff keeps you motivated? It just might lead you to a new career.

**Sarah Keenihan, PhD, BMedSci,
GradDipSciComm — Freelance writer**

Promoting University Industry Linkages

Commercialisation, technology transfer, research translation, business linkages — all these terms have a common thread; they involve University Industry Linkage (UIL). For some academics the concepts are daunting, while for others, they are a conduit to research ideas and funding.

In this article I explore the current trends for UILs, the motivations for researchers to engage with industry, and the state of university strategy for promoting UILs.

The idea of UILs is often misunderstood, and this is because there are many ways that universities and business can cooperate. In a large study by the Science to Business Marketing Research Centre at the Münster University of Applied Science, in Germany, the State of European University-Business Cooperation identified eight linkage types:

1. R&D collaborations, contracts and consultancies
2. Academic mobility: movement of academics and business people between universities and industry
3. Student mobility: placement of students in business
4. Commercialisation: Technology transfer of University research and intellectual property through licenses to business or spin out businesses.
5. Curriculum development: courses created with industry input, guest industry lecturers.
6. Lifelong learning: professional and continuing education
7. Entrepreneurship: Creation of new ventures involving students, researchers and industry
8. Governance: Involvement of senior managers from universities and business in each other's senior management, board and council levels.

In addition the study found that most academics are not engaged with industry, with 54% spending between 0 and 10% of their time, while only 12% spent over 50% of their time working with industry. This was across all linkage types (n=2060).

In Australia there has been much commentary on the poor rate of UIL and the need for improvement. What are the barriers? It's a poorly studied aspect of UIL's. For academics there has been poor incentive and little motivation. The barrier for industry is more elusive, but when I ask businesses about their research, using universities just isn't top of mind. In the Group of Eight's Backgrounder on Complementarity between university and business research (Dec 2014) university research is only about 25% of all research in Australia; most research is performed within industry. This means the opportunity for universities to increase funding via

industry is enormous. The same study indicates that the share between basic and applied research is changing, with about 80% of research in 1968 being basic, to only about 50% now. These factors mean more and more researchers will have opportunities to work with industry.

What's attractive to researchers about industry engagement? A UK study by D'Este and Perkmann (2011, JTechTrans) found motivations include industry being a source of interesting research topics and working with industry focusses research on community need. But this is pretty much the main incentive as universities themselves have been slow to formalise industry engagement KPI's. While government is talking up better UILs, and Universities are confirming this sentiment, operationally academic performance is still grounded in basic metrics, mainly publication. The Vice Chancellor of Swinburne University, Professor Linda Kristjanson, writing in the Financial Review (16 Nov 2015) suggests three things universities can do to link with business:

1. Equal recognition for income from industry and competitive grants
2. Promote industry engagement of all types
3. Support researchers with dedicated staff to identify opportunities, provide expert advice and help match with partners.



Greg Macpherson

Structural review of NHMRC's grant program

NHMRC awards new grants worth around \$800 million each year from the MREA. In recent years, research costs and total application numbers have continued to rise. These challenges have placed a heavy burden of effort on applicants and peer reviewers. Concerns have also been raised that opportunities for early and mid-career researchers and for exploration of new areas of research are being affected. To address these challenges, an over-arching review of NHMRC's grant programme is being undertaken to determine whether the suite of funding schemes can be streamlined and adapted to current circumstances, while continuing to support the best Australian research and researchers for the benefit of human health. This Review follows on from the Fellowship Consultation conducted by NHMRC last year. A number of submissions to that consultation suggested there is a need for a strategic, whole-of-system review of NHMRC's funding programme. The Review will be conducted by the Office of NHMRC, reporting to the CEO. An Expert Advisory Group will provide advice and assistance to NHMRC in examining the current grant programme and possible alternative models. This Group will be chaired by Professor Steve Wesselingh and members have a variety of different experiences and perspectives. External consultation will be undertaken through institutional round-tables and a period of public consultation, expected to commence around the middle of 2016. The review will be finalised around the end of 2016.

Point 3 is classic industry liaison, something Swinburne pioneered and now most Universities have an industry liaison office which entrepreneurial researchers engage with to assist with UILs. Certainly point 1 is essential in the competing area for academics' time, e.g. working on an NH&MRC grant or an industry funded project will depend on the success in winning such funding, which is usually out of the academics control. So equal recognition of all categories of funding is logical. Further, recognition systems for all eight linkage types need to be created. Universities that have such all-encompassing KPI's can be considered entrepreneurial.

What are the success factors in UIL's? The author conducted research with the University of Adelaide Business School and the Münster University of Applied Science on this topic. One factor was the researchers' and industry partners personal traits for working together. Some researchers are attuned to working with industry and others aren't. It's important for institutions to understand that not all staff will link with industry in all linkage types. Communication is another success factor, from promoting capability, networking to meet potential partners, working with the industry liaison office to scope and negotiate a project, to providing timely updates and reports during a project. Understanding was shown to be critical, since the research will be enabling for the industry partners' business, understanding client needs, outputs and timing are essential. Trust is necessary for repeat

business and building reputation. Having positive 'word of mouth' will enhance a researcher's reputation and likelihood of more projects. In the study we found these success factors change over time: for instance trust is initially in the reputation; then during the project it can develop in the person; and if successful, trust can evolve into trust in the relationship.

For individual researchers, a strategic approach to industry engagement is needed, consider:

- Profiling your area of research interest and expertise via your university's media — staff directory, marketing office, web and experts page etc.
- Promote yourself through networking, conferences and mobilise your industry liaison office to represent you to industry.
- Build rapport with partners during projects by focussing on the success factors — ask for testimonials that you can use for 'word-of-mouth'.

Building up a group of industry partners can lead to opportunities for expansion of the types of engagement you do. And if your university recognises your linkages with industry, then all the better.

Greg Macpherson,
Commercial Development Manager,
University of Adelaide

New ASMR Undergraduate Subscriber Membership

In 2016, the ASMR will launch a new tier of membership for undergraduate students who are not yet undertaking an Honour's or Masters degree.

In an ever evolving research and political environment, now, more than ever, does the future health and medical research workforce need to have a greater awareness and become more engaged in the broader issues that may affect their future careers.

Since 1961, the ASMR has represented the interests of all Australian health and medical researchers, advocating directly to Government on behalf of the entire sector to ensure that the health and medical research workforce is equipped to meet the future health challenges of a nation.

The new Undergraduate Subscriber membership will be piloted throughout several Australian Universities in 2016, and will be available for free to all undergraduate students who have an interest in health and medical research. Undergraduate Subscriber members will not hold formal ASMR voting rights; however, will receive the following membership advantages:

- Copies of the ASMR newsletter
- Regular updates from the ASMR President and ASMR advocacy
- Invitations to ASMR student events at student member prices

The ASMR hopes to expand the Undergraduate Subscriber membership to all Australian Universities by 2018.

To register your University's interest in being part of this exciting membership option, please contact Ms Cath West at the ASMR head office on **(02) 9230 0333** or **asmr@alwaysonline.net.au**

Bugs, Bowels and Beyond: Innovations in Digestive Health and Disease Research — NSC2015 Highlights

The role of the gastrointestinal microbiota in health and disease is an extremely rapidly growing area of research. Given the number and the different types of microorganisms that inhabit our gastrointestinal tract it seems intuitive that they must play some role in health and disease. Once considered a parochial area of research, it is now apparent that the gastrointestinal microbiota is a node through which our bodies respond to the environment and influence our risk of a wide range of diseases including inflammatory bowel diseases, obesity, type II diabetes and cancer.

The 54th ASMR National Scientific Conference held in Adelaide from November 15th to 18th brought together leading national and international researchers in this exciting research space to discuss the latest developments within the field. Several themes were chosen to encompass the wide range of physiological and pathological topics that the gastrointestinal microbiota influences. These included characterising the microbiomes (the collective genomes of gastrointestinal microbiota) present in various disease states and the impact of dysbiosis on gut motility, inflammation and neurogastroenterology. The conference exposed a central theme throughout by showing that the influence of the microbiota in health and disease is much more pervasive than previously anticipated.

A highlight of the meeting was the Firkin Oration given by Professor Eran Elinav from the Weizmann Institute of Science. His presentation showed how an individual's specific microbiota signature was the most important predictor for blood glucose response to a meal and challenges the existing dogma of glycaemic index. Laureate Professor Nicholas Talley inspired everyone in the room with his AWT Edwards Memorial Oration

on the journey from discovery to clinical translation in functional dyspepsia. Congratulations must go to this year's Champion Ma Playoust Memorial Award recipient Hannah Wardill from the University of Adelaide who gave an outstanding presentation on the effect of chemotherapy treatment on tight junctions and the relationship to gastrointestinal inflammation. The award recognises the most outstanding presentation given by an ASMR student member at the meeting. Many student meeting delegates also joined ASMR president Pheobe Phillips, past ASMR presidents, and the invited national speakers in a breakfast session which gave opportunities for face-to-face discussions about career direction and how to be successful in research.

The theme of NSC 2015 showcased several areas of gastrointestinal research strengths within Australia, and particularly within Adelaide. The number of high quality presentations from leaders within the fields of gastrointestinal and microbiome research showed that research within this area in Australia is thriving and internationally respected. The meeting could not have taken place without the generous support of the Sponsors, particularly Major Sponsors, Flinders University and the South Australian Health and Medical Research Institute, and Session Sponsors, CSL and CSIRO. Finally, the success of the meeting was a reflection of the hard work of the local organising committee, Phoebe Phillips, Roger Yazbek, Jordane Malaterre, Michael McGuckin, Luke Hesson, Joanne Bowen and Patrick Hughes, who put together a fantastic program that hopefully has ignited further interest in gastrointestinal microbiome research.

**Dr Luke Hesson, NSC Convenor,
University of New South Wales**



Dr Luke Hesson



ASMR Professional Development Workshop



Michael De Iseo

Are first impressions accurate?

A review by Wood (2014) concluded that first impressions are not always right, but they are important. The curriculum vitae (CV) document is often the vehicle for a first impression, so it is crucial to get it right.

The ASMR professional development workshop was held on the 17th November 2015 at the Science Exchange Building in Adelaide. I attended this course because I thought it would help my development as a PhD student at the University of Adelaide. The workshop was a highly valuable tool for me to develop my CV and job interview skills, and I was surprised as to how much I enjoyed it! It was held in a comfortable group environment, presented by two highly competent and passionate professionals in science. They kept the audience engaged by implementing a variety of educational techniques, including group work, role-play, audience questions and answers, and anecdotes. One of the most useful parts of the day for me was when each of the audience members had an opportunity for their own CV to be constructively criticised by each group member on our table. This

followed a comprehensive talk about what makes a good CV, so it was a great opportunity to apply our new knowledge. For example, I discovered that my initial CV was flawed because it contained an unnecessary section pertaining to my "list of skills", including communication skills and paper writing skills. This list was broad, generic and did not truly reflect my expertise. I replaced this list with examples of when I have demonstrated those skills, such as public speaking experience and papers published.

In my opinion, the impact of the CV is comparable to the lasting influence of a first impression. First impressions have critical implications because they guide how we initially interact with the person, what information we remember about the person and our predictions about future behaviour. Implementing what I learned from the ASMR professional development workshop has given me more confidence, knowing that the first impression portrayed by my CV has the potential to form a good lasting impression.

**Michael De Iseo, PhD candidate,
University of Adelaide**



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<https://www.youtube.com/channel/UCq3Hqjgmyz3ZeYji5yOcJQ>

Calendar of Events

AHHA Think Tank: Looking Over the Horizon
Where to next for the Australian health system?

April 12, Rydges on Swanston St, Melbourne
<http://ahha.asn.au/think-tank-looking-over-horizon-where-next-australian-health-system>

HGSA 40th Annual Scientific Meeting

August 6-9, Hotel Grand Chancellor, Hobart
<https://www.hgsa.org.au/about/40th-annual-scientific-meeting>

ESA/SRB/ANZBMS Annual Scientific Meeting

August 21-24, Gold Coast Convention Centre, Gold Coast
www.esa-srb.org.au

16th International Congress of Immunology

August 21-26, Melbourne Convention and Exhibition Centre, Melbourne
ici2016.org

Shining a Light on Mental Health: The 2015 ASMR Indigenous Health Forum

Non-Indigenous Australian's have an estimated life expectancy of 80 years for males and 83 years for females, placing Australia in the top ten in the world for expected lifespan.^{1,2} Despite access to the same healthcare system, the Indigenous people of Australia continue to have a life expectancy 10 years lower. While the focus on 'Closing The Gap' has helped significantly narrow the differences in certain health outcomes, major disparities remain.

As a leading voice in the medical research sector within Australia, ASMR is committed to highlighting the important work being carried out by researchers, health professionals and community members by hosting events such as the Indigenous Health Forum at the ASMR Annual Meeting. This community based event encourages active discussions about the advances, remaining problems and potential solutions to a significant aspect of Indigenous healthcare. The 2015 forum was held at the Tandanya National Aboriginal Cultural Institute, Adelaide and the topic was "Shining a Light on Mental Health", which encompassed the areas of suicide and self harm, drug and alcohol addiction and complex youth trauma. The Welcome to Country was performed by Uncle Lewis O'Brien, a Kurna Elder, and the Forum was chaired by Gerry Georgatos, an Aboriginal rights campaigner and co-editor of *The Stringer*.³

Dr Maree Toombs, an Indigenous woman and University of Queensland researcher and Max Dulumunmun Harrison (Uncle Max), an Yuin Elder and founder of the Culture is Life project,⁴ both spoke about their work to decrease Indigenous suicide rates. Indigenous suicide is two times higher than non-indigenous Australian's,² increasing to five times higher in males up to 30 years old.⁵ Both Dr Toombs and Uncle Max emphasised the importance of strong community support of any approach to tackling this serious issue. Dr Toombs is trialling a "Gatekeeper" initiative, where she trains individuals within the community to identify risk behaviour, with the main aim being intervention and prevention. Trained Gatekeepers would then instruct the next wave of individuals, thus creating an empowering community led approach to tackling the problem. Uncle Max led the commission of an elder-consultation report, which identified ways in which young Indigenous people can learn how to connect to the land, culture and community, while also surviving in a modern world.

Professor Charlotte de Crespigny, a research nurse with the University of Adelaide, works with Indigenous people in recovery from drug and alcohol addiction. Importantly, their study concluded that management of the complex comorbidities involved in dependency need to be better coordinated and streamlined to ensure that patients are fully assessed and all morbidities appropriately treated, no matter which initial service they approach.⁶

Finally, Dr Marshall Watson, an indigenous man and a psychiatrist spoke about complex childhood trauma in the context of incarceration. The average detention rate for Indigenous youth is ~24 times the rate for non-Indigenous youth.² Dr Watson emphasised that complex trauma requires significantly more time in contact with a consistent team of health care professionals than resources currently allow. Ultimately, helping children deal with these traumas will have long-term effects, including prevention of behaviours that bring them to the attention of authorities.

Several common themes were raised by the speakers and audience members. The proportion of Indigenous people with chronic and/or co-morbid mental health issues are likely vastly under estimated and there is a real need for systematic studies. One of the sources of this has been the "silo" model to treatment, where only one disorder/disease is tackled at a time. The key recommendation that emerged from this year's Forum, is the creation of easy access community based holistic Indigenous health centres. A big thankyou must be



Antonia Pritchard



given to all the wonderful speakers and the Chair of the event. We look forward to continuing the Indigenous Health Forum as a part of ASMR's commitment to increasing awareness of Indigenous health research in the HMR sector and community.

If you would like to learn more about some of the important health disparities in the Indigenous population, the following reports are a great starting point:

- Australian Indigenous HealthInfoNet:
<http://www.healthinfonet.ecu.edu.au/health-facts/summary>,
<http://www.healthinfonet.ecu.edu.au/health-facts/reviews-home>

- The Australian Institute of Health and Welfare:
<http://www.aihw.gov.au/indigenous-observatory/reports/health-and-welfare-2015/>

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References cited:

1. <http://www.aihw.gov.au/deaths/life-expectancy/>
2. Steering Committee for the Review of Government Service Provision (2014) *Overcoming Indigenous disadvantage: key indicators 2014*. Canberra: Productivity Commission
3. <http://thestringer.com.au/>
4. <http://www.cultureislife.org/>
5. <http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-natsisps-strat-toc~mental-natsisps-strat-1~mental-natsisps-strat-1-ab>
6. Cairney et al, "Stopping the run-around? A study of services for people with comorbid mental health and substance use disorders in northern Adelaide" *Australas Psychiatry* 23(3): 233–235, 2015

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