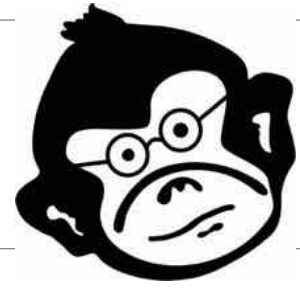


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# APE 2018

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## Vision

Vision is a gift, a skill, a sense. It is real. It is metaphysical.

APE 2018 was the perfect opportunity to explore different aspects of vision. The summaries below are intended to give a glimpse of the APE experience for those who missed out and also serve as an aide-memoire for those who were there.

We hope to see you at APE in 2019 and beyond. We will value your contribution!

The convenors - Dr Vida Viliunas and Dr Rod Katz



## Week 1: Introductory remarks

Rod Katz gained his PhD from Sydney University in 1996 following undergraduate degrees in Economics and Law from ANU and an early career in banking and corporate finance. He provides consultancy services in transport and road safety issues, serving on the board of the Amy Gillett Foundation and as chair of its Research and Policy Reference Group. Rod's interests include moral philosophy, road safety, Autonomous driving technology and active transport.

## A/Prof Darren Mansfield - Establishing a Sleep Disorders service in a third world country.

Darren is deputy director of Respiratory Medicine at Monash Health. He completed a PhD in sleep disorders looking at the interaction of sleep disordered breathing and heart function in patients with congestive heart failure. Darren's subject generates extensive discussion as people question him about their personal experiences with family and friends suffering disordered breathing during sleep.



Darren uses the APE conference as an opportunity to discuss the Vision of Bangladesh for a sleep disorders centre. In 2017, Darren participated in an exchange program between the Epworth and Bangladeshi hospitals who are developing a sleep disorders unit. Of course with the many other challenges facing a country like Bangladesh it was a significant question as to whether such a unit should really be considered a priority. The economic case for a sleep disorders clinic, and the opportunity costs associated with investing in the unit, forms a major part of the APE discussion. Clearly there is an affluent and growing segment of the Bangladeshi population facing the same problems of obesity and diabetes experienced we are facing in the first world. Having the facilities to treat sleep disorders resulting from these problems appears justified on a number of measures, however, it can also be argued that the cause of the first world problems should be prevented, rather than treating the outcomes. This argument is appealing where resources are so scarce and basic needs are not being met. A fascinating discussion!

## Dr Karolina Lindemann and Dr Phillip Frauenfelder

Drs Lindemann and Frauenfelder are general practitioners at Mermaid Beach, Gold Coast. It was a pleasure to meet Karolina and Phillip and they each gave fascinating talks.



Karolina presented a case study on a patient presenting with a suspected “frozen shoulder”. Through a long process of examination and radiological investigation, the frozen shoulder was identified as resulting from neurofibromas in the axilla and posterior musculo-cutaneous branch nerve. Ultimately the patient was diagnosed with metastatic melanoma. Karolina’s thoughtfulness in regard to her patient was evident in her discussion of what was done well, and what could have been done better. The patient was a medical receptionist who insisted on returning to work post diagnosis. Karolina’s concern for, and admiration of, the patient’s dignity was manifest.

Phillip injected a provocative note by addressing issues of gender identity. He noted the increasing use of “Unspecified Gender” options on official forms. One example of this is in Canada where a human rights lawyer has been advocating for babies to be allowed to have no sex assignment in their birth certificates. The argument put forward is that minors should be allowed to remain of unspecified sex until they make their own expression of gender - it is not clear at what age or stage that would occur. In parallel with these developments, processes are being set up in Australian hospitals to facilitate procedures such as puberty blocking. This is being done where there is concern that minors might not be physically manifesting in their desired gender identity. Of course this raises questions about consent, particularly with very young children. Previously, there was a judicial review required where minors sought to have gender reassignment procedures but, following a recent decision (the “Kelvin” case) by the Family Court, the need for judicial review has been relaxed. Phillip raises the question as to whether this devolution of decision making to specialist units within the health service is the way to go.

## Dr Mark Porter - Vision, Visionaries and Medicine

Mark is an orthopaedic surgeon in private practice in Canberra specialising in sports injuries. His background includes 16 years as an international representative boxer. He has a lifetime average of one marathon per year and is rare among orthopaedic surgeons in having a doctorate.



Mark took the opportunity afforded by the theme to acknowledge unrecognised visionaries. These include:

- Ted Nelson, the originator of the term “hypertext” and forerunner of many other aspects of the world wide web.
- John Epley - an ENT surgeon who published his groundbreaking theories on the causes and cures of vertigo over the fierce objections of the establishment. Versions of his therapy are still used today
- John Snow - famous for his early contributions to anaesthesia but also for epidemiology and the causes of cholera
- Ignacio Ponseti - who in the 1950s developed a treatment for club foot through progressive manipulation. This was re-popularised in the 2000s and is now the accepted treatment for the condition.

Mark speculates about what it takes to be this kind of visionary - there is certainly a particularly obsessive trait. They are often characterised as stubborn, obstinate, contrary or just difficult.

## Dr Simon Moten - Cardiac Valve Surgery 2020. Predicting the future with perfect vision

Simon is a consultant cardio-thoracic surgeon at Austin Health and Royal Melbourne Hospital. He completed his specialist qualifications after serving as a doctor in the Australian military.



Simon shares his personal vision for the future of cardiac thoracic surgery. The ongoing tension between surgical and cardiological approaches to treatment of arterial stenosis is yet to be resolved. The surgical approaches, traditionally Aortic Valve Replacement via a full sternotomy, has been the traditional gold standard treatment of arterial stenosis. This has increasingly been replaced by non-surgical, transcatheter valve implantation (TAVI) performed by cardiologists. Simon discusses the pros and cons of TAVI and surgical approaches, including the newer sutureless valves. These newer surgical approaches are showing merit relative to alternative approaches in a number of multi-centre trials. This is supported by his own experience across an increasingly younger cohort of patients seeking treatment for arterial stenosis.

## Sharon Hogan - Social media can be part of your professional vision

After graduating with a BA in Applied Communications Studies, Sharon Hogan worked as a journalist for a decade before moving into media and strategic communications at the Sydney 2000 Olympics, NSW Ministry of Health and leading private organisations.

In 2003, she founded Leapfrog Communications. As a consultant Sharon has taken Leapfrog into major organisations and developed a vision to help clients communicate with their audience.

Sharon specialises in health communications and has worked closely with significant Australian agencies including NSW Health, the Clinical Excellence Commission, Family Planning NSW, Australasian Society for Ultrasound in Medicine and the National Health Performance Authority.

Integrating effective digital strategies into complex, healthcare organisations has been a passion of Sharon's in recent years



Sharon's presentation identified the universe that is social media and how to make it work for you, and not against you. Many of us are deeply suspicious of social media and there are valid reasons to be cautious. However there are equally valid reasons to make use of the tools that are available. Sharon describes some of the key metrics that we should look at when understanding the influence of social media. In the case of Twitter, the numbers of Retweets gives an idea of what is affecting the pulse of the country and world. Sharon recommends Twitter as an ideal vehicle to build professional profile and keep up to date with current trends and developments in your area of interest. Sharon provides a useful review of the anatomy of a Tweet identifying locations for Profile pic, Handle, Re-tweet, hashtag etc.. She also quotes recent research published in Nature as to the use of social networks by scientists and engineers. Particularly important networks for this population are Google Scholar and ResearchGate, ahead of LinkedIn, Facebook, Google+ and Twitter. This contrasts with academics from humanities and social sciences where ResearchGate ranked much lower and Facebook jumped up the rankings. Discussion noted the disruptive nature of social media with professions such as journalism being particularly affected.

## Dr Kaylee Jordan - Vision from the perspective of a newly qualified FANZCA

Kaylee has recently completed her Anaesthetic exams and is working as Anaesthetic Registrar at Royal Hobart Hospital. Kaylee is incredibly humble about her potential and current contribution, despite being a medal winning product of the Anaesthesia training system.



Kaylee presents on dilemmas facing a junior specialist. She is at an important transition point in her life. This is not just about her taking up snowboarding! Some of the questions confronting Kaylee are whether to sub-specialise, to work in the private or public sectors, in a big centre or a regional hospital etc... There are a lot of pros and cons related to each option available to a young specialist and it requires a considerable amount of vision to be able to weight and rank different choices. In her entertaining way Kaylee systematically breaks down some of the factors underlying each choice. At the same time she reveals some of the secrets to leading an idyllic life on a boat with husband, dog and cockatoo for company.

## Grant Jordan - Carpe Diem (Fish of the Day)

Grant is the principal and chief pilot of Jordan Air (not to be confused with Air Jordan). This business is actually a side-line to his work on and around King Island in the fishing industry. Grant spends up to five hours a day 20 to 30 metres underwater harvesting crayfish and abalone.

Grant's professional life is very different to most. He has followed in the family fishing tradition, but sought to build different skills as changes affect the industry. Pressure comes from the growth in demand for fish products offset by the supply limitations imposed by industry sustainability initiatives. Grant attempts to explain investment in the

Tasmanian crayfish industry including the limits on Pot numbers, license fees and entitlements. He compares this with the investment picture for the abalone industry which is regulated in terms of units (384kg in 2018) which currently cost approximately \$240,000 to purchase and yield approximately \$20,000 per annum before a 7% royalty. On top of the unit regulation there is also a dive entitlement requirement that cost \$150,000 currently. Grant sees the costs of owning entitlements in both crayfish and abalone as too high to justify recommending new



investment. To survive in the industry requires a different set of competencies and perspectives on regulation and market. It is very important to be flexible and agile. The ability to quickly traverse the south east corner of Australia by air has allowed Grant to take advantage of opportunities that otherwise would not be available.

## Dr Timujin (Tim) Wong - Visionary technologies and the anaesthetic implications of robotic surgery

Dr Tim Wong is an anaesthetist practising in Brisbane as part of Gabba Anaesthetic Services (GAS).

Tim presents an anaesthetic perspective on robotic surgery, neatly covering two aspects of the conference theme in the one presentation - vision in terms of anticipating the future, and vision in the sense of seeing from alternative perspectives. Tim reviews the evolution of the da Vinci System of robotic surgery from 2003, when the robotic system started gaining traction especially among urologists. Each generation of da Vinci robots has seen major advances in instrumentation and vision capabilities from 720p to superior HD and 3D. Tim reviews the expansion of surgical robots worldwide - there were 49 in Australia as at Q1 2017 - and the increasing list of surgical procedures for which they have been adapted. He cites statistics from his principal hospital (the Wesley in Brisbane). These show that in the period to 2013 most robot assisted procedures have been for prostatectomy (1265 of a total of 1358). He also identifies some of the issues associated with creating appropriate theatres for use with robots, the patient access issues for anaesthetists and his observations of advantages and disadvantages of going robotic. Of course, from the anaesthetic perspective the amount spent on machines and associated equipment, which runs into the millions, seems like a significant budgetary item when costs are being contained severely in other areas such as recovery agents.



## A/Prof Andrew Stevenson - Innovations and Advances in Colorectal surgery (Safe and sustainable introduction of new techniques and technology)

Andrew (left in picture with son Grant and wife and delegate Dr Aida Stephenson) is the director of the Colorectal Surgery at Royal Brisbane Hospital and Associate Professor at the University of Queensland. He has been at the forefront of clinical trials of different surgical approaches to colorectal cancer treatment and is internationally recognised as a leader in his field.



Andrew complements and expands on Tim Wong's observations on robotic surgery from a surgical perspective. Andrew reviews evidence from multi-centre trials on different surgical approaches - laparoscopic (and frequently robot assisted) versus open procedures. Evidence for laparoscopic colon surgery has been steadily improving. The benefits have included lower 30 day morbidity and mortality, equivalent long term disease recurrence and overall mortality. Factors associated with conversion to open surgery include; Male gender, rectal and T3/T4 tumour, node - positive disease, and high BMI. The conclusion is that laparoscopy is more cost-effective and produces better patient outcomes. The goal for colon cancer treatment improvement is thus to increase the skill levels and technology to ensure that more patients have a successful laparoscopic procedure. One of the major advances in improving laparoscopic outcomes is the improvement in vision. The availability of 3D vision has improved precision. Placement of screens has been enhanced using a NASA stress questionnaire to assess surgeons' reactions to different positions. The use of lighted Indocyanine Green (ICG) fluorescent dye to highlight different organs and tissue structures has been a striking contribution to the improved surgical results. Another technique that has seen better exposure and articulation is the use of lighted ureteric stents. Andrew's vision for the future is stereotactic vision.



## Dr John Ellingham - Vision. Do you see what I sea? : Navy Doctor

John Ellingham did medicine at Monash and trained as a specialist anaesthetist including doing post grad stints at Duke university. He practises as an anaesthetist in Canberra. In the last few years he has been increasingly involved with contributing to the greater good through his work as a reservist. He has done a number of tours with the navy as ship doctor.

John treats the APE delegates to a feast of images of life with the RAN. He explains the role of the senior medical officer on a large naval ship. He describes issues that arise and some of the organisational features of the navy. John can't reveal too much detail of exercises conducted, ports visited and the operational priorities of the navy but despite these limitations, he conveys the seriousness with which the navy treats its mission of keeping Australia safe.



## Dr Ranald Sharpe - Postdural headache and poor Vision - When a good lie down is not enough

Dr Sharpe has been a specialist anaesthetist for 25 years. He is a founding member of the Alliance Anaesthetics group, and a medical graduate of the University of Sydney. Having trained as a specialist in Sydney, he underwent further training in neurosurgical and paediatric anaesthesia at UC Davis, California and gained specialist recognition in the USA. He now works in private practice with appointments to St George, Prince of Wales, Kareena and President Private Hospitals. His areas of expertise includes anaesthesia for neurosurgery, orthopaedic, plastic and cosmetic surgery.

Ranald presents on intra-cranial hypotension. For those that might question the link between low Cerebral Spinal Fluid (CSF) pressure and the conference theme of *Vision*, the nexus is that sufferers often experience vision problems along with the other symptoms such as headache, nausea, tinnitus lethargy and general malaise. Ranald reviews the physiology of the Central Nervous System and the multiple terms for low CSF pressure. Signs of low CSF pressure are evident when the patient's suffering is relieved by lying down. The cause of low CSF is generally dural disruption, often from needles but also from surgery, trauma, and connective tissue disorders. It may also be spontaneous with



no known trigger. Treatment options are either conservative (rest, fluids, caffeine, analgesics) or an epidural blood patch. Ranald discusses the pros and cons of the treatment options.

## Dr Mala Mosen and Dr Kim Teo - Are you seeing this?

Mala and Kim are GPs practising in Melbourne. They represent a vision in themselves, but also deliver fantastic presentations that focus, and relate to, our eyeballs.

Mala presents on myopia. She illustrates her talk with amazing photos that give a sense of what myopia feels like to the sufferer. She describes the anatomical features that give rise to the condition - the eyeball is too long or there is too much curvature in the cornea leading to focus being in front of the retina and blurry vision. It is a condition that is all too common and becoming more common. It is possibly associated with complications such as macular degeneration, cataracts, eye floaters and even retinal detachment. Population studies (notably very high rates in Singapore *cf* Nepal) suggest it is associated with lifestyle factors, such as lengthy periods reading books or screens, as well as genetic factors. A link between occupation and prevalence of myopia has been suggested since the 1800's when military recruits in Holland were studied. Myopes were only 2.45% of fisherman and farmers but made up 32% of 'advanced students' recruited into the Dutch army. Poor diet has also been identified as contributing to myopia along with poor illumination, small print size and poor eye care. Mala discusses prevention strategies for parents and treatment options including glasses, contact lenses, surgery and eye exercises.



Kim presents on Snow Blindness (AKA sunburnt eyes). She covers the symptoms, causes (noting the association with higher altitudes and UV radiation), diagnosis, risk factors, prevention and treatment. Sun burnt eyes can feel gritty in mild cases. Severe cases can involve pain, headache, blurred vision and temporary loss of vision with swelling of the eyes and eyelids. Some medications, contact lenses, light coloured eyes and laser eye surgery make people particularly susceptible. Eye protection in the form of goggles and glasses that block UV light are recommended as a prevention strategy. It is important to remember that burning can occur even on cloudy days, especially in snowy environments. Conservative treatment is usually sufficient to resolve symptoms in a couple of days. This involves staying inside, removing contact lenses and applying a cool damp cloth on the eyelids.

## Professor Helena Teede - A vision for disruption through collaboration

Helena is professor of Women's Health, Executive Director Monash Partners Academic Health Science Centre, Director Monash Centre for Health Research and Implementation. She is also head of the Diabetes Unit at Monash Health and NHMRC Practitioner fellow.



Helena embraces the challenge of laying out a vision for health and medical research in Australia. She describes the various systems that make up the universe of health-medical research. These include hospitals, universities, research entities and primary care providers. The metrics and incentives that determine the behaviour of these systems are varied and often perverse in the sense that they are not about optimising the health of the community. The timelines for translating research to professional practise (typically 15-17 years) are unacceptably long. The Advanced Health Research Translation Centres are perceived to be a way to address some of the issues described. Initial experience with the Monash Partners structure suggests this is a promising avenue. The vision needs to include system redesign to be community centred with clearly designed metrics that create appropriate incentives for all the systems contributing to better health outcomes. The government is seen as having an integral role in providing vision, fostering collaboration and identifying priorities. This is increasingly recognised in the funding model as the Medical Research Future Fund (MRFF) is expected to grow from \$6.8B currently to a corpus of \$20B, generating \$1B p.a. in funding by 2020-21. This will likely overshadow NHMRC funding, and, subject to maintaining rigorous assessment criteria, is likely to see real benefits in research outcomes and application to preventative health, new treatments and cures.

## Dr Shane Latham - Tomography: X Ray Vision

Shane is a mathematician working in the Department of Applied Mathematics at the ANU Research School of Physics and Engineering. He dragged himself from his sickbed to deliver a fascinating presentation on the interface of theory and technical progress.

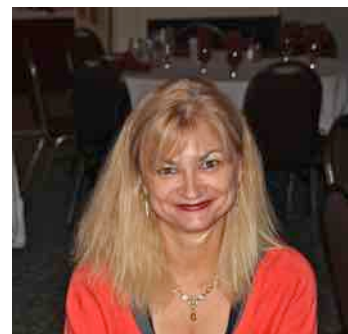
Shane generously keeps this presentation at a basic level for those who are not familiar with the science of tomography ("how we look inside stuff"). Tomography uses any sort of penetrating wave - sound, light, electrons, neutrons and, for Shane, X-rays.



At ANU, Shane's team compute the 3D image of the internal structure of objects at the micron scale using radiographs (digital shadow images indicating the number of detected X-ray photons) of the object. Different materials attenuate the X-rays differently. At ANU they are imaging objects such as rocks (for geological and mining applications), fossils, insects, plants, wood (including the willow of cricket bats) and granular materials. The complicated mathematical aspects are in creating models based on the radiographs. This is done through linear algebra. Use of rendering transforms reconstructed tomogram slices into works of art. Examples of this, including the internal structure of beetles and fly pupae, are shown in the presentation.

## Dr Kirsten Bailey - Delirium

Dr Bailey is a Fellow of the Australian Faculty of Rehabilitation Medicine. She practices as a Consultant in Rehabilitation Medicine at several public and private facilities in Newcastle with a special interest in Musculo-Skeletal medicine.



Delirium is an increasingly common condition (up to 50% of elderly hospitalised patients) indicated by inattention and acute cognitive dysfunction. There needs to be a greater awareness of factors leading to delirium and focus on prevention. The costs of delirium in the US have been estimated to be roughly equivalent to the cost of hip injuries. Associated factors include infection, poly pharmacy, electrolyte disturbance, pain, sleep deprivation, and hypoxia. Delirium may present as hyperactivity or hypoactivity. Diagnosis involves identifying an acute change from a baseline cognitive function level. There is a standardised algorithm - the Confusion Assessment Method (CAM) - that can be done in 5 minutes and used over time to assess level of confusion. Treatment depends on precipitating factors, but should be regarded as a medical emergency given serious impacts. There are certain drugs that are commonly used and some that should be avoided in the treatment. Clear simple instructions and familiar objects and people can be effective. Prevention is very important and sensible management can prevent an estimated 30-40% of cases. High rates of delirium indicate poor care. There is a need for greater awareness and visibility for this serious condition in the to be addressed.

## Professor Paul de Sousa - Insight and out-of-sight: Conversations about prognosis with cancer patients

Prof Paul de Sousa is the University of Western Sydney's (UWS) Foundation Professor in Medical Oncology. He graduated from Sydney University in 1986, completed his Medical Oncology training, received his Fellowship of the Royal Australasian College of Physicians in 1992. He was Assistant Professor of Medicine at the University of Virginia. In 1997 he founded the Clinical Trials Unit and a research laboratory at St George Hospital dedicated to developing new drugs and approaches for the treatment of urological and other cancers. Since moving to Liverpool Hospital in 2011, he continues to be involved in laboratory and translational cancer research at the Ingham Institute.



Paul turns vision inwards with this moving presentation on what it is like to talk to people facing their own mortality. He notes some of the best contributions in this area by Atul Gawande and Paul Kalanithi.

They have written with empathy, bravery and philosophical poise about their experiences with the dying and their own sickness respectively. On the “worst of” list he notes the contribution of profiteers such as Belle Gibson offering false hope for personal advantage. Paul talks movingly of his own experiences with patients going through cancer treatments and facing impending death. In particular, the experience of a woman with breast cancer and a man with a 12 year history of rectal cancer, both of whom used humour and stoicism to face their illness and live fully for the time available to them. He draws some useful lessons from these patients that are relevant to all of us and how we live our lives.

## Peter Katz - A vision for 2050

Peter is the CEO of Reliance Rail, a company that is financing, manufacturing and maintaining 78 new 8 car double deck stainless steel train sets for Sydney trains. Peter has extensive experience as an engineer, project manager, consultant and latterly senior executive.



Peter uses the presentation as an opportunity to consider the future of the world as it might be in 2050, 32 years hence. A useful yardstick is to look at the world as it was 32 years ago. Technology has change over that time but there are things that were big then and endure now - the Boeing 747 being one example. You could not say that the world has progressed on all measures (e.g. traffic speed is down, lunar travel stopped) but it has improved on many other measures (e.g. life

span, absolute levels of poverty). When it comes to predicting where we will be in 32 years, Peter cites some astute observations from Tversky and Kahneman about the nature of predictions noting that predictions are essentially stories, uncertainty is a given, explanations are usually accepted if they match certain qualities even if a causal relationship is not established. This kind of thinking is one of the reasons why many dystopian futures are high on the list of predictions. Some of these involve nuclear war, disease, climate change, meteor strike, and artificial intelligence. These can be contrasted with utopian views of linked diverse equitable communities, renewable energy, stable population freed from the burden of work by robots. Peter suggests a more probable future is somewhere in between. The problem of inequality is likely to continue and even become more acute. In areas such as health, transport, and energy we will see continued contribution from technology but much of this will benefit the few at the top of the tree.

## Brett Dillon - A vision for retirement - what does it look like where's the income coming from?

Brett Dillon is Principal of BD Financial Planning, an independently owned boutique practice.

BD Financial Planning has a very diverse client base ranging from medical specialists to tradies and some expat clients. Brett enjoys helping clients to deal with their financial complexities and to grow and protect their wealth.



Brett has a way of presenting financial issues that makes you believe it is commonsense. He notes, in introducing himself and making the standard disclaimers about the general nature of his advice and the need to seek individual advice based on circumstances and objectives, that many people find the subject of planning for retirement very threatening. The changes to lifestyle and status associated with retirement are things that many people cannot accept, but it is better to start considering post-retirement interests and hobbies ahead of time to avoid a rough change in gears. Having a time frame for retirement helps to model savings and investment strategies. This needs to be complemented by a retirement lifestyle design and budget process. With some parameters around what when and how retirement will be funded, Brett suggests it is time to look at some structures. These include account based pensions, superannuation, investment companies, family trusts and personal direct investment. Focussing on what can be done with super, it is important to recognise the implications of transitioning from accumulation to pension phase. Asset allocation strategies are discussed noting that in retirement you need to ensure that investments are in a form that allows cash drawings but also has sufficient capital preservation or growth to extend the retirement savings over a full and long life. Brett discusses a three bucket strategy as one way to think about asset allocation, balancing the needs of income to fund lifestyle expenses with investment time frame and volatility.

## Karen Dickson - Back to the future: Vision for manufacturing in Australia

Karen is a former English teacher, now fully engaged in the family business along with husband and four of five adult sons. Karen's husband, a mechanical engineer, purchased Glyde Metal Industries in 1993. It has grown from a staff of 5 to over 40 with a focus on customers in greater Melbourne.



Karen's presentation covers the need for manufacturing vision in Australia that goes beyond mothballing. Of course there are cost and scale advantages for manufacturing offshore. That is reflected in the statistics of manufacturing as a percentage of GDP - accounting for 14% of GDP 20 years ago, but just 6% now. People also typically point to the closure of automotive manufacturing in Australia as an indication that we can't be competitive. However, Glyde Metal Industries is still winning customers in the vehicle sector. These include an American company that builds truck chassis, a German company that makes axles and brakes and a Japanese electrical switchgear company. Key to success is understanding and investing in technology such as laser cutting machines and robotic welders. Success also relies on upholding traditional manufacturing principles: quality products and understanding customers' needs. This has allowed Glyde to survive and show the way for successful manufacturing in Australia.

## Phoebe Ozgur and Evelyn Lau - Outlook and ingredients for success in the hospitality industry

Phoebe and Evelyn are a dynamic Mother Daughter combo. Based in the very centre of hipsterdom - Richmond, VIC - they just may have discovered the secrets of success in the hospitality industry...



Evelyn presents on behalf of the team at the Thousand Blessings Cafe. Her talk is accompanied by a series of photos of staff, customers and food that all attest to the quality of the food and good spirits of the staff. Evelyn takes us through her process for inducting staff, selecting menus and ingredients and creating the culture for her restaurant to succeed. When it comes to staff, Evelyn finds that paying well shows respect. Employees are trained to cover a number of roles so that they have an appreciation for the whole operation and they avoid getting stale or bored. They

need to be able to give and take direction and stay calm. She encourages staff to believe that through their disposition they can make a customer's day. As a result, her staff retention is above industry norms. Because of her passion for quality food, Evelyn has adopted an organic ingredient policy. The cost premium for organic produce is significant - suggested as somewhere around 45% over non-organic prices. While this has had an effect on margin, it is offset by a sense of integrity in the product. Of course the extra ingredient that makes all the difference is "love"!

## Dr Katherine Gordiev - The vision for shoulder surgery - evidence based treatments to improve patient outcomes

Katherine is a shoulder and upper limb surgeon. She completed medicine at the University of Sydney (MBBS Hons I 1993) and finished Orthopaedic specialisation (FRACS) in 2003. Katherine has been a Clinical Lecturer at the ANU Medical School since 2006. She chairs several AOA Committees. and is also a member of the Shoulder and Elbow Society (SESA) of Australia.



Katherine takes us through some basic shoulder anatomy with a focus on the arthritic shoulder. There are multiple causes of shoulder arthritis including degenerative conditions, inflammation, crystalline, vascular and traumatic. Katherine reviews some non-operative treatments as well as the more common operative treatments; arthroscopy, replacement and fusion osteotomy. There are complications with shoulder surgery that need to be considered and discussed with the patient. This forms part of the preoperative preparation. Prosthetics for shoulder replacements (TSR) will have different longevity depending on lots of factors. The style of prosthesis has evolved over the years with the reverse TSR becoming available from the 1990s and demonstrating improved outcomes for patients with irreparable rotator cuffs and arthritis. It now accounts for nearly 70% of TSRs. Selection of the prosthesis has often raised questions about kickbacks to surgeons. Katherine outlines some of the measures that have been taken to ensure that prosthetic selection is not influenced by free tickets etc.. Since 2007 shoulder replacement surgery has been monitored through the National Joint Replacement Registry. This allows surgeons to review their revision rates compared with national averages. This is a valuable source of information and is used by some surgeons in their promotional material.



## Dr Sharon Tivey - Healthy vision

Sharon Tivey is an anaesthetist, working mainly in the public hospital system. Her undergraduate training was at The University of Sydney followed by postgraduate training in Sydney and Virginia, USA. She enjoys teaching, is a Conjoint Senior Lecturer at the University of NSW, a Supervisor of Training (Anaesthesia) and deputy chair of the final examination committee with the Australian and New Zealand College of Anaesthetists.



Sharon shares an early experience of eye anaesthesia back when she was a junior doctor. At this time cataract surgery typically required general anaesthesia (GA) but a transition to new surgical techniques which could be done under local anaesthesia was occurring. She was introduced to the huge range of anaesthetic considerations in the cataract population and became fascinated to the extent she determined to pursue a career in anaesthesia. Sharon talks about some of the blocks used (retrobulbar, peribulbar) and the anatomical considerations. As a result of a long time doing ophthalmic anaesthesia she has learnt quite a bit about vision problems and how to maintain healthy vision. She covers conditions such as cataracts, glaucoma, macular degeneration (wet and dry) and discusses how to manage or avoid the risk of contracting them. Much of this comes down to common sense - eye protection, diet, exercise and not smoking are important, as well as choosing your parents wisely! Other recommendations are to remain vigilant to changes in vision and get checked regularly by your optometrist as you age.

## Nevin Agnew - A lawyer's view of doctors through the prism of malpractice claims

Nevin is a partner with MinterEllison. He is an alternative dispute resolution specialist focussing on insurance and commercial litigation. His clients include Alliance and GIO/Suncorp, Australian Transport Safety Bureau, the Department of Defence, Department of Infrastructure and Transport, and major Medical Defence Organisations.

He is a Fellow of the Australian Insurance Institute, and member of the ACT Australian Medical Association's legal committee.



Nevin is prepared to confront a hostile reaction from medical delegates by challenging the widely expressed sentiment that patient complaints are more often than not a communication failure. He presents statistics from the Australian Health Practitioner Regulation

Agency (AHPRA) and describes his own experience in medical negligence claims in the ACT. He notes from the AHPRA annual report that 2016/17 saw a nearly 14% increase in notifications and a 32% increase in mandatory notifications. This represents a total of 1.6% of medical practitioners. The major reasons for notification were allegations of poor clinical care (43%) and medication errors (12%). Most notifications (50.3%) came from the patient with colleagues (12.7%) and employers (8.5%) also being significant notifiers. Nevin gives some case studies to illustrate some of the poor decisions that have given rise to notifications. These constitute significant departures from what anyone would consider reasonable practice but also generate much discussion because of the unusual other circumstances of the cases.

## Dr Dinah Blunt - Clarity for achievement

Dinah is an anaesthetist in private practice in Brisbane, and a member of the Australian Lifestyle Medicine Association. Her major interest is in motivating patients to be proactive in their own healthcare to improve surgical outcomes. To this end she has undertaken certification training in hypnotherapy and neurolinguistic programming, offering preoperative counselling for weight loss, smoking cessation, and medical phobias.



Dinah treats us to a history of hypnotherapy from the work of German doctor Franz Mesmer in the 18th century through to modern day movie star hypnotists. She describes how useful she finds hypnotherapy in her daily work as an anaesthetist and how she uses auto-suggestion to assist her to achieve her own personal goals. She has made a specialty of taking on patients who suffer from needle phobias and other conditions amenable to hypnotherapy. To illustrate the process of hypnosis, and to make APE delegates even better able to tackle their personal challenges, Dinah takes us on a guided relaxation and hypnosis journey. A stunning final presentation to finish the formal conference for 2018, particularly as Dinah agreed to plant a belief in the minds of participants that they are compelled to come back for APE in 2019 (just kidding!).