

# Franklin Women

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## May 2015 Newsletter

Lately I have been thinking about leadership – why it is so important to have good leaders, what makes someone a good leader and where does one get these elusive skills? At a workshop I recently attended, Dr Jeannette Young, Queensland Chief Health Officer, shared this quote that really resonated and I just had to share...“If your actions create a legacy that inspires others to dream more, learn more, do more and become more, then you are an excellent leader.” Something for us to all aspire to...

I hope you enjoy this month's newsletter and look forward to seeing some of you next month at our upcoming event (more about this below). We can't wait to hear from Michelle Gallaher, from The Social Science, about how we can effectively use social media in our careers, as well as tips and tricks from some of our colleagues who are already doing just that!

Melina and the FW team

PS. Thank you for all the words of support we received following the announcement of the inaugural recipient of our Carer's Travel Scholarship. We wouldn't be in the position to support researchers like Willa without all of our members and friends.

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## What happened this month

- We proudly announced the inaugural recipient of the FW Carer's Travel Scholarship, Dr Willa Huston from QUT. Hoorah! Hear our interview with 612 ABC Brisbane.
  - NHMRC is requesting consultation feedback on their fellowship scheme; closing date for feedback is 18 June 2015.
  - The Australian Academy of Science announced their 2015 fellows including FW member Prof Carola Vinuesa – hoorah!
  - The NHMRC Women in Health Sciences Workshop was held on 25 May to assist in developing a strategy to improve gender equity for women in health and medical science. Slides from the workshop are available here.
  - The Federal Government's 2015–16 budget was announced; the Australian Science Media Centre put together a summary of experts' comments on its impact on science.
  - The BioMelbourne Network announced *Dr Elaine Saunders, CEO of Blamey Saunders Hears, as the inaugural recipient of their Women in Leadership Awards* celebrate outstanding contributions of women in biotech.
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# FW Journal Club

*This month's Journal Club contribution comes from Dr Asha Bowen, NHMRC Early Career Research Fellow at the Telethon Kids Institute in Western Australia. Happy reading!*

[Bowen AC, Tong SY, Andrews RM, O'Meara IM, McDonald MI, Chatfield MD, Currie BJ, Carapetis JR. Short-course oral co-trimoxazole versus intramuscular benzathine benzylpenicillin for impetigo in a highly endemic region: an open-label, randomised, controlled, non-inferiority trial. Lancet. 2014 Dec 13;384 \(9960\):2132-40. Epub 2014 Aug 26.](#)



**What were the aims of this research?** We aimed to find a better treatment option for impetigo in remote Indigenous children. Impetigo, or skin sores, is really common, affecting 40–50% of children in remote communities at any one time and, untreated, leads to serious consequences such as kidney (APSGN) and heart disease (RHD). We knew from earlier studies that lots of kids were not getting treatment and one possibility was that the standard treatment with an intramuscular injection of penicillin was too painful. So, we wanted to trial really short courses of antibiotics (co-trimoxazole) that covered the two causative bacteria (Strep and Staph) against the standard injection treatment

(penicillin).

**What methodologies were employed, any limitations to note?** Our trial was a non-inferiority randomised controlled trial. We recruited 508 children from remote NT communities. It took 3 full years of recruitment, with the costs, challenges and time to conduct meaningful research in remote contexts. We also standardised microbiology methods for remote contexts and developed an objective primary outcome using photographs for the first time in impetigo research. There are almost 70 published RCTs on impetigo treatment in the most recent Cochrane systematic review, but this was only the second to be conducted in a population with endemic disease and the first to be conducted in remote, tropical locations where the disease burden is the highest. Most other studies have been in hospitals or outpatient clinics where access to resources like microbiology labs is much easier.

**What are the take home findings of your research?** We found that the oral antibiotic was just as effective as the injection for treatment of skin sores. This is great news for kids who can now have just 3 days of oral antibiotics (compared to the previous 10 days recommended) and also avoid the needle! However, we did show for the first time in our context that the needle treatment does also work, which is good for those situations where it is needed. We also found that Group A Strep (GAS) was the leading cause of skin sores in a tropical context. We had been worried that *Staph aureus*, particularly MRSA, was now the lead cause of skin sores, and we were surprised that *Staph aureus* is not as important as we thought. Our third key finding was that co-trimoxazole was active against GAS. For decades this antibiotic has been ignored as a possible treatment option, so it was exciting to bust a myth too!

**How does this research contribute to the field?** The results of our research have already been included in local, regional and national guidelines on the treatment of impetigo. We have elevated the recommendations from expert opinion to evidence-based.

**Who are your collaborators and how did your work relationship come about?** I was fortunate enough to have the opportunity to join an amazing group of researchers at Menzies School of Health Research in Darwin who have decades of experience in working on skin infections, infectious diseases and the consequences of these for Indigenous Australians. My PhD supervisor (Professor Jonathan Carapetis) was the chief investigator on the trial. I approached him a few years prior to commencing my PhD to chat about training opportunities in Darwin for my other role as an infectious diseases paediatrician. He welcomed my questions and has been an amazing mentor and supervisor since. I have also been very privileged to work with Prof Bart Currie, Prof Ross Andrews, A/Prof Steven Tong and many other great academics on this study. A large RCT is only possible with a great team of researchers and project staff, and while getting the trial completed was challenging, it was a fantastic team to work with.

**Who is a woman that inspires you?** Quentin Bryce (former Governor General of Australia) is definitely someone who comes to mind. When I was in medical school, she was the principal of my residential college. She took the time to get to know me, provided sage advice when it was not the exact thing I wanted to hear and balanced her personal, professional and family roles with finesse. My Nan, who has recently turned 100, is another inspiration. She went and lived in a bark hut with no door when she was just 21 in the middle of the Depression, so that she could make a difference in the lives of Aboriginal mothers and children. She spent her whole life working alongside her husband and raising a family of four children in remote Australia, living by faith that God would provide everything that they needed – and they never went hungry! Her ability to tackle challenges and to make a difference is inspiring.

**What food have you eaten too much of in your life?** Muesli, fruit and yoghurt, yum yum!

Have you published recently? Firstly congratulations! Secondly drop us a line at [hello@franklinwomen.com](mailto:hello@franklinwomen.com), we'd love to hear from you and are always on the look out for journal club contributors for our newsletter 😊

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## Franklin Women Event



**Michelle Gallaher is the creative director at The Social Science and guest speaker at our next [event](#) on making social media work for your career.**

I have a confession to make – I came to social media kicking and screaming. At the time I was the CEO of an industry association. I was a full-time working (single) mum with two young kids, typically working 12-hour days, trying to finish a Masters degree and caring for aging parents. When was I ever going to find time to look at Facebook or Twitter when it took extraordinary planning to make the time to wash my hair properly. And why should I care? I was in

a big, fabulous, high-flying job that didn't need social media.

Even though at the time I was running at full throttle, I was aware enough to spot an opportunity. This realisation came when my then 8-year-old son introduced me to Instagram and he and I both absolutely loved it. Jump forward 5 years and I saw social media as a 'king-maker' skill. I started to invest heavily in growing my understanding of all of the social platforms – Twitter, Facebook, Instagram, Pinterest, LinkedIn, YouTube, Yammer, Snapchat – I tried them all. Then, in April 2013, the Australian Stock Exchange declared that all listed companies were advised to monitor social media and to actively manage their profiles and communications on all media platforms. The next day I started my business, [\*The Social Science\*](#) – a company dedicated to unlocking the value in social media for life science, health and innovation technology organisations.

Social media is a game changer for the life sciences but particularly so for women in the field. I spend most of my day on social media channels, listening, collaborating, sharing, creating, researching, conversing, managing and monitoring. My network is global across a vast assortment of sectors – medtech, biotech, government, research, academia, media, science educators, hospitals and health care delivery and the start-up community. It has connected me with remarkable women across a broad spectrum of sciences who give me strength but also opportunities. My social media profile has delivered me with opportunities to give a TEDx talk and take on board and government advisory roles, with new clients, media coverage and speaking invitations, and has helped me to raise money, make money and get the odd free ticket to an event. Social media has enabled me to be an opinion leader, to influence others and to effect change in ways I couldn't have imagined I'd be able to do.

As women in life sciences we are at a disadvantage by way of the 'drop-out rate', the old-boy network, pay inequity, career breaks being seen as a bad thing, and an enduring lack of support from senior managers. Social media doesn't respect the hierarchical structure of leadership. Leadership can now come from anywhere, from anyone. Opinion leadership is the currency of social media, not tenure or titles. Now is the time to give it a go....

***Join us to hear from Michelle and a panel of other women in the health sciences using various social media platforms – from blogging during your PhD to study recruitment. For more info on our panel and to register visit our [website](#).***

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## Why I knit.

I like knitting. It brings a semblance of order and control in my life of two children and three jobs. I love how there is tangible evidence of my time and effort, with beautiful colours and textures fitting the requirements of form and function.

The process of knitting calms me, and my attention can vary from concentrated for lacework to times when I subtly show off by knitting stockinette without seemingly needing to look at my needles (who am I kidding?). There is the usual drive for perfection and exact reproduction of the pattern, which is balanced by the inevitable dropped stitch, wrong gauge or stress about running out of yarn. Do I frog it (*rip-it, rip-it*), or leave it in its handmade and

imperfect beauty? Knitting is rigorous, seeing a project from start to finish. The glow of completion when I finish a UFO (UnFinished Object – *a project that has been languishing and replaced by newer ones*) is pretty good!

Knitting can be solitary, and it can bring the warmth of friends. I have a knitting group where we talk about life and even occasionally dare to crochet. I belong to a worldwide community too: there is a great website called [Ravelry](#) that cannot run without knitter contributions, and catalogues almost all knitting patterns to be found, with photos of different permutations of yarn or styling. YouTube is great too – it helped me with a tricky cast-on for my latest project, a felted Moebius basket.



Pick up some sticks and try it for yourself!

***Jane Ho is a paediatrician and adolescent physician who wears many hats. She is a public health researcher in the field of immunisation; a staff specialist at Trapeze, the adolescent chronic care service for The Sydney Children's Hospitals Network and sees patients in private practice. She has two gorgeous kids who help hone her child behavioural management skills and knits when she is not too tired.***

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## We are loving right now...

**Knitting and crafting!! Here are some links to get you going (and help keep you out of the cold!):**

- [Morris and Sons](#) is a great online store for all things knitting related, plus there are shop fronts in Melbourne and Sydney that run regular knitting classes
- What do you call a social knitting group? [Stitch 'n' bitch](#) of course! There's a book available and an online directory of knitting groups you could join
- Prefer solo knitting time? [Tiny Owl Knits](#) are sources of inspiration and patterns and [Wool and the Gang](#) have some easy to follow videos
- You could also channel your knitting skills into helping others – [Wrap with Love](#) collects 25cm knitted squares to be made into blankets for those in need around the world, or [knitted pouches can be donated](#) to keep rescued baby native animals warm
- Knitting not quite your thing but you still want to get your creative juices flowing? Try this book – [a little bit crafty](#)
- Kind of related – texts from [mittens the cat!](#)

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We want to include your contributions in our newsletter. If you have published your work recently or are doing (or know of) something that other women in our field would be interested in, drop us a [line](#). Want to receive our newsletters directly to your in-box? [Subscribe here](#).