SPOTLIGHT ON SMICS PEOPLE AT THE CENTRE OF PATIENT CARE

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Tell us about yourself and how you came to be in your current role(s)?

I trained in clinical and laboratory haematology at Westmead Hospital, Sydney. I came to Melbourne to do a PhD at the Walter and Eliza Hall Institute and followed that with a postdoctoral fellowship at the Department of Biochemistry, Monash University. I was recruited to St. Vincent's Health (StV's) Melbourne as clinician-scientist in 2001. Later, I transitioned to a role of professor of medicine at the University of Melbourne and became head of the haematology department at StV's.

In 2015 I was recruited to Monash University and Alfred Health in the capacity of Director of Clinical Haematology and Head of the Australian Centre for Blood Diseases (a Monash University department based at the Alfred campus). From 2018, I have also assumed the role of Program Director of Alfred Cancer that enables me to present a comprehensive view of all cancer activities and ambitions to the Alfred executive with particular emphasis on the integration of clinical care at the hospital with fundamental research done within Monash laboratories. Both Alfred Health and Monash University executive leaderships have promoted this vision and offer comprehensive support to enable it and position this precinct at the forefront nationally and internationally.

What is your connection to SMICS?

My involvement with SMICS is via my cancer leadership role at The Alfred. However, I was aware about the importance of 'ICS' from my time at StV's. I want to maximise mutual gain between health services and organisations such as SMICS. Such collaboration will benefit patients and enable gathering data that will indicate trends for the future and identify gaps which need fixing. Conversation with SMICS also helps to compare activities in hospitals in the network. As we are increasingly being asked to work together, this alignment with SMICS is of enormous benefit.

What is the most rewarding aspect of your role(s)?

There are several unique aspects of my jobs that are very rewarding that cover my several roles. I have a research group with PhD students, research assistants and postdoc who continually challenge me with their ideas and experimental data. This is intellectually stimulating and keeps me on my toes. But we must continually apply for grants to the NHMRC, trusts and foundations and that aspect is very draining in emotion, time, and morale…

I am still a very busy clinician with inpatient and outpatient duties. I have commenced a clinical service at Mildura with me doing a F2F or telehealth clinic at least 1 day each week and occasionally 2 days in a week. This is quite a tax on time and workload but does give me the reassurance that this small contribution by me may decrease the inequities of healthcare in regional Victoria. Alfred Health is facilitating the delivery of very complex care in Mildura with the support of their local medical oncology specialist, Krishna, and his team who share our ambitions.

I have stellar colleagues in all cancer departments, all of whom aspire to greatness (!) and they need resources to enable success. So, wearing my administration hat, I find it quite satisfying to be an advocate of my colleagues needs to the Alfred and Monash executive and to gather resources for them. I guess, as a program or department head, the success of my colleagues is reflected as my success. The morale is to recruit well, resource well, and my job is done! The MO is similar to a pyramid selling scheme where the person at the top gets the benefit of the hard work of all colleagues!

What is it about your work that makes you want to get out of bed each morning?

I am lucky in that I am able to '*do what I like and like what I do*'. So, generally I look forward to what each day brings. My daily work life is like what Tom Hanks remarks in the movie Forrest Gump, "*life is like a box of chocolates, you never know what you're gonna get…*".

There is a lot of variety in my job. Individual scholarship, clinical care, admin, finance etc etc, so there is never a dull moment. These roles are individually important. For example, success in research means that the funding keeps coming in with job certainty for my lab team. Doing research that ultimately may have clinical impact is stimulating.

As a clinician, enabling good treatment for a rural patient who would otherwise have not received it is quite heartening. Being part of the process that enabled us to get CAR-T credentialling by DHS was one such recent success that justifies all the hard work.

My role is a 'facilitator'. So, I take pride if someone in our department gets a research breakthrough or a great paper as they would have benefited from the environment that I enable.

I do a lot of business cases/budgets to justify new activity. It's always a 'hurray' moment if I can get these passed through the Alfred executive, bringing joy to the group that benefited, to our finance manager and of course me.

What does a typical day at work look like for you?

Monday to Friday, I get up at 5:15am to do ~50 mins of HIIT/strength/weight training, followed by meditation for about 15-20 mins. I have been a late convert to mindfulness *(after a lot of persuasion by my dear wife, Dee)* but I find it very calming, its now 'me time' that I cherish. I am at work by 7:45am till at least 6:30pm. Nikki, my PA, fills in every minute of my calendar with meetings. She has mastered the art of squeezing the content of a 1 hour meeting in a 30 minute time slot! My only respite from meetings is when I am in a clinic or on ward rounds.

I schedule an almost daily meeting with Daniella, the Cancer Program Clinical Service Director, so we can discuss priorities and details about whatever crises that is facing us at that time. We work together as a great team.

I am committed to a weekly clinic at Mildura, sometimes 2 days a week. It was FIFO when planes fly (its hard to believe after 2 years of lockdown that there is something called *air travel*!) or telehealth, which is OK for some follow ups but not really for complex patients that get referred to haematology.

Sitting in my office hours on end is getting on my nerves. I have worked out only recently that I can go for a walk in Fawkner Park during the day and do an entire 1 hr of Teams/Zoom meeting on my phone. I get to stretch up and breathe in some O_2. I have no idea if others in the meeting realise that I am on a walk, but they are too polite to comment about it.

I look forward to the research meeting with my lab group, which is at least weekly for a couple of hours. I have not done hands-on lab work for several years now and my team will not trust me with a pipette!

How do you manage work / life balance?

One day someone with a PhD in management from Harvard (or Monash) will teach me the definition of 'work-life balance'. Anyway, I do not know what else is on the other side of work, so I do not quite miss anything. Dee is convinced that there will soon be time when '*I will need work, more than work will need me*'. After that insightful comment, I rushed to purchase an electronic guitar 12 months ago and after a fortnight of enthusiastic screeching sounds, it is gathering dust. There is a lot of variety in my work and it is never a dull moment, so I am good at the moment in my balance. I will save my Jimi Hendrix moment till retirement.

Are there any patient success stories that you can share?

I am a generalist in haematology and will see anyone walking through my door and there are several successes, as with any other colleague. There is indeed a story of relevance to clinician-scientists. I have an interest in an autoimmune disease called antiphospholipid syndrome (APS) that causes myriad of problems together with blood clots and miscarriages. I have a female patient who had several blood clots and asked me about her potential for developing miscarriages and its mechanisms. So, I commenced a research study of infusing antibodies from this and other patients into experimental models to understand miscarriages. It did not quite help this patient who developed recurrent miscarriages in parallel with the experimental models, but this resulted in a successful NHMRC grant and identification of new genes. The work is ongoing.