

# Mouthpiece



## President's Address

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December already??? Where has the year gone? There are a million things to do before Christmas - write the abstract for next years ASM, register for the 2002 meeting, complete another chapter of the Accreditation Manual (that would be Chapter 2 !), complete the Christmas roster, undertake the yearly "cleaning of desk", and most importantly, organise the Departments Christmas Lunch. We (as in the current Executive) are gradually moulding to our roles, and are far more appreciative of the efforts of previous Executives than we were a year ago.

### 2002 ASM

The Local Organising Committee have put together a wonderful Scientific & Social Program for the meeting in Cairns (March 22-24, 2002). The Sunday Symposium - The Early Lung: Development, Physiology & Measurement certainly looks interesting. The Organising Committee pulled off a real coup in attracting Professor Janet Stocks as keynote speaker. For those of you, like myself, not completely familiar with Professor Stocks' role in paediatric respiratory function measurement, I direct you to the following website: <http://www.ich.ucl.ac.uk/units/portex/homepage.htm> To Peter Rogers and the other diligent workers of the Organising Committee - well done.

The Executive is pleased to announce the ongoing support of all sponsors of the 2002 ANZSRS ASM. In particular we would like to announce that Viasys

Australia have kindly agreed to sponsor the Annual Dinner for the next 2 Annual meetings (2002 - 2003). This support to our Society is certainly appreciated and makes the task of organising the immediate future Annual Meetings so much easier. Thank you Mike Green and Viasys Australia.

We would also like to announce that GlaxoSmithKline have again agreed to sponsor the Welcome Reception in 2002. It is particularly pleasing to see that a company such as GlaxoSmithKline recognises the role members of this Society play in the management and researching of respiratory disease and are willing to support the ANZSRS via this sponsorship. Thank you Geoff McDonald, Co Luu and GlaxoSmithKline.

***Just another very quick reminder that both abstracts and travel grant applications are due by 10<sup>th</sup> December.***

### ANZSRS Education Grants

Applications for both the ANZSRS Scholarship and ANZSRS Research Grant's are now closed. Applicants for these Scholarships will be advised of the outcome of their application in December. Thank you to all applicants.

### National Competencies and Qualification Structure - Health

## Season's Greetings



## President's Address (cont)

### Technicians

Community Services and Health Training Australia Ltd has received funding from the Australian National Training Authority to develop a Health Training Package for technical workers in the health industry. The aim is develop a competency and qualification blueprint for technical workers such as Respiratory and Sleep Technicians. Sean Homan of The Queen Elizabeth Hospital in Adelaide has volunteered to represent the ANZSRS on this committee. Any comments can be passed to the Executive or to Sean (email: Sean.Homan@nwhs.sa.gov.au )

### Exercise Practicum

Following the Cardiopulmonary Exercise Symposium organised as part of the 2001 Joint Scientific Meeting of the New Zealand branches of the ANZSRS and TSANZ, it was suggested that an Exercise Practicum be organised in Australia. The full Practicum is organised by the Division of Respiratory and Critical Care Physiology and Medicine of the Harbor-UCLA Medical Centre, California. Professor Richard Casaburi, who participates in the UCLA Practicum, also presented at the NZ Symposium. He agreed that an Antipodean Exercise Practicum certainly had merit. Nory Side of The Alfred Hospital in Victoria was quick to initiate discussion with the organisers of the Practicum and the ANZSRS Executive. We agree that it is worthwhile pursuing and entered in discussions with the TSANZ how best to proceed in order to meet requirements of all interested parties. More news to follow soon.

### ANZSRS Webpage

The Society website ( <http://www.ANZSRS.org.au> ) continues to evolve. It has been refreshing to see the Notice Board on the Webpage to be used for Job Advertisements and "Job Wanted's". We are currently investigating the feasibility of incorporating a "News Group" into the Webpage. This should facilitate rapid communication between members, however certain security issues need to be addressed. Once again, the Society thanks Jeff Pretto for his input as Webpage Coordinator. However Jeff feels it is time to pass this position on to

someone else within the Society. If you are interested in the role as Webpage Coordinator, please contact any member of the Executive.

### Affiliations

One of the initial aims of this Executive was to seek affiliation with other groups in the Asia-Pacific region. Unfortunately this has not progressed as well as expected, with very little interest shown from those contacted. We will renew efforts in the New Year. Anyone with any suggestions or comments is urged to contact the Executive.

### CRFS

Congratulations to all candidates who were successful in acquiring Certification for Respiratory Function Scientists in 2001. For those of you who have missed out in the past, I urge you to re-sit the exam. Finally for those yet to commence the CRFS process, I recommend you do so.

I wish you all a very Merry Christmas and Happy New Year. As for New Years resolutions – I think I'll use the same one as last year – Finish the Accreditation Manual !

Brenton Eckert. CRFS  
President ANZSRS.



Proudly sponsoring the 2002 ANZSRS ASM  
Annual Dinner



Proudly sponsoring the 2002 ANZSRS ASM  
Welcome Reception

## From The

*editor*

'Tis Christmas time,  
A time to cheer,  
For my 2 weeks of holidays are very near.  
I will sin but once and have a cigar,  
On the stroke of midnight, if I can stay awake that long!!!

There's a buzz of excitement in the air.  
It's the final issue of Mouthpiece for the year.  
There's so much to say and so much to do,  
Before we reach 2002.

The message is simple and it goes like this:  
Why haven't you sat the CRFS yet?  
Remember the ASM, it's way up in Cairns.

Hear Ye, Hear Ye, there is a call,  
For all sorts of nominations so read on to find out more.

Lastly we have a special profiler,  
I'd give it a way if I tried to describe her.

I look forward to doing it all again  
In February before the ASM.

You can write to me at my new address :

cecilia.a@bigpond.com

before then!!

Cecilia



## Job Spot

### PRELIMINARY NOTICE

#### CHIEF PULMONARY PHYSIOLOGIST

A suitably qualified Respiratory Scientist is required for a position due to be advertised in the near future at Royal Perth Hospital. Duties include management and administration of Respiratory Function Laboratory and proposed Sleep Unit, supervision of research and development in areas of expertise, and maintenance of NATA and TSANZ accreditation and Quality Assurance activities.

Appointment at MHSB Level 8, Western Australia

Enquiries: **Dr Nigel McArdle** (08) 9224 2903,  
Email: Nigel.NcAdler@health.wa.gov.au

**Christine Nathan** (08) 9224 2877

### Scientific Officer – Respiratory Function & Sleep Study Units

**Concord Repatriation General Hospital,  
Sydney. NSW.**

From mid January 2002 we anticipate having a vacancy for a Full time Scientific Officer working in our Respiratory Function and Sleep Studies Units.

Enquiries: **Peter Rogers.** (02) 9767 6712  
Email: peter.rogers@cs.nsw.gov.au

# Safety Under Pressure

*Gas cylinders are used daily in lung function testing. It is very easy to become complacent when opening valves, attaching regulators or moving cylinders. We use a limited number of gases, but we should be aware of other gas types and their cylinder colour codes.*

*The following article contains safe and simple reminders when handling gas cylinders.*

## Valves and Regulators and Spindles

Gas cylinders have valve outlets specifically threaded to receive standard pressure regulators. To prevent the interchange of regulator fittings between cylinders containing combustible gases and non-combustible gases, the cylinder valve outlets are threaded to opposite hands.

Non-combustible gases like oxygen, nitrogen, argon and air all have conventional right-hand threads. Combustible gases like acetylene, hydrogen, propane and mixtures containing fuel gas all have left-hand threads.

Regulator should be screwed in by hand and then tightened with a spanner. To open the cylinder valve rotate the spindle anti-clockwise using a cylinder key. Some cylinders are fitted with handwheels obviating the use of a spindle key.

An open spindle should never be left fully open against the backstop, but should be turned back at least one half turn to avoid seizure in an open position.

Pressure relief devices are fitted to certain cylinders, they are either:

- Relief valves (which re-seal when pressure falls to normal)
- Bursting discs (which discharge complete contents)
- Fused plugs (which operate on temperature and discharge complete contents).

## Moving Cylinders

Rolling cylinders flat along the ground damages the identification markings and may also cause the valve to be damaged or opened. 'Milk churning' cylinders

on their bases is permissible but not recommended for long distances or on uneven ground. A cylinder trolley should be used wherever possible.

## Keeping Cylinder Valves Clean

Lubrication of cylinder valves and fittings is highly dangerous as well as unnecessary. High pressure oxygen reacts violently with oils and grease which may explode or ignite. Normal body oils do not usually matter.

If grit, dirt, oil or dirty water get into the cylinder valve sockets, leakage may occur. If a supply of compressed air or nitrogen is available, this should be used to blow out any loose particle, *not* a quick blow out from the mouth. Where compressed air or nitrogen are not available dirt and moisture can be removed by "cracking" the valve and immediately closing it, this is referred to as 'sniffting'. It is recommended eye protection be worn and no source of ignition be in the vicinity of the cylinder.

Hydrogen and Acetylene should never be 'sniffted' as they may ignite spontaneously.

## Flashback Arrestors and Tubing

To prevent flames travelling back into the cylinder, a device known as a flashback arrestor can be fitted downstream of the pressure regulator. Flashback arrestors can also have a cut-off valve that will automatically shut off gas flow.

Use only approved hose material: blue for oxygen, red for acetylene and orange for propane. Inferior hoses may harden, crack or leak or catch fire internally when subject to oxygen.

Cylinder Code	Content (Litres)
E	622
G	5260
H to K	6900

## Know Your Gases

<i>Gas</i>	<i>Cylinder Colour</i>	<i>Characteristics</i>
<b>Oxygen</b>	Black	No smell. Non toxic at atmospheric pressure. Will not burn, but supports and accelerates combustion.
<b>Nitrogen and Oxygen Free Nitrogen</b>	Pewter	No smell, does not burn. Inert except at high temperatures . Does not support life if insufficient oxygen is present. The prime danger is that there are no warning signs before unconsciousness occurs.
<b>Argon</b>	Blue	No smell. Heavier than air. Does not burn. Inert. Will cause asphyxiation in the absence of oxygen.
<b>LPG</b>	Aluminium	Standard LPG can be "stenched" (odorised) with a fish like smell. Will ignite instantly. Heavier than air and will collect in ducts, drains and other low lying areas. Fire and explosion hazard.
<b>Acetylene</b>	Claret	Distinctive garlic smell. Is lighter than air. Fire and explosion hazards. Never use copper or alloys containing more than 70% copper or 43% silver with acetylene.
<b>Hydrogen</b>	Signal Red	No smell. Non toxic. Much lighter than air. Will collect at highest point in an enclosed space unless well ventilated. Fire and explosion hazard.
<b>Carbon dioxide</b>	Green Blue	No smell but can cause the nose to sting. Toxic. Will cause asphyxiation. Much heavier than air. Will collect in ducts, drains and low lying areas.
<b>Argoshield™</b>	Blue with coloured shoulder	No smell. Heavier than air. Does not burn. Will cause asphyxiation in the absence of oxygen. Will readily collect in bottom of confined area.
<b>Balloon Gas</b>	Brown	Inert, bur asphyxiant at high concentrations.

This Information has kindly been supplied by BOC gases.

### Notice of Meetings

The **Annual General Meeting** of the ANZSRS will be held on Saturday March 23 2002 at 3:30 pm at the Cairns Convention Centre.

The **Board Meeting** of the ANZSRS will be held at 2 pm on Friday March 22 2002 at the Cairns Convention Centre.

Any items for the AGM agenda, or items that members wish to put before the Board should be sent to the Secretary by Friday 22nd February 2002.

### EXECUTIVE COMMITTEE NOMINATIONS

Members are asked to submit nominations for the next ANZSRS Executive Committee.

Nominations for the position of President, Secretary and Treasurer should be forwarded to:

Michael Brown, ANZSRS Secretary.  
Email: Mike\_Brown@health.qld.gov.au  
Ph(07) 36367633, Fax(07) 36365651.

The next Executive will be voted in at the Annual General Meeting, March 23 2002, with a view to begin a 2 year appointment at the 2003 Annual General Meeting.



Here is a list of Conferences

coming up Overseas in 2002

### **12th Annual ERS Congress**

14th-18th September 2002

Stockholm, Sweden

[www.ersnet.org](http://www.ersnet.org)

### **American Thoracic Society International Conference**

17th-24th May 2002

Atlanta, Georgia

[www.thoracic.org](http://www.thoracic.org)

### **XXI Congress of European Academy of Allergology and Clinical Immunology**

1st-5th June 2002

Naples, Italy

### **American Academy of Allergology, Asthma and Immunology**

58th Annual

Meeting

1st-6th March

New York City

ANZSRS/TSANZ  
Annual Scientific

Meeting

CAIRNS

MARCH 2002

## WEBSITES OF INTEREST

### **Scottish Respiratory Site**

[www.srs.org.uk](http://www.srs.org.uk)

This site covers everything from the Lung Foundation to Lung transplant support groups. It has many connections to other sites.

### **National Asthma Campaign**

[www.nationalasthma.org.au](http://www.nationalasthma.org.au)

### **BioTechnology**

[www.vLifeScience.com.au](http://www.vLifeScience.com.au)

For researchers interested or involved in splicing, fragmenting, synthesising, DNA, RNA, polymers etc. Biotechnology is an amazing field.

## CRFS QUESTIONS

Here are more sample questions to test your knowledge. This time the answers are included, turn to page 9 to check your score.

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### **ANZSRS ASM BOOKING DEADLINES**

- **Early Bird  
Registrations close  
2 February 2002**
  - **Accommodation  
bookings close  
9 February 2002**
- 

## **Congratulations Lauren & David**

Lauren Cardno  
(Christchurch Hospital,  
New Zealand)

married

David Wallace  
September 29, 2001

We wish you many  
years of  
Wedded Bliss

- Q5** The mechanism responsible for transporting the greatest amount of CO<sub>2</sub> in the blood is:
- A -carbamino compounds
  - B dissolved CO<sub>2</sub>
  - C- bicarbonate ion
  - D- carboxyhaemoglobin
- Q9** Small airway resistance increases with which of the following?
- 1 -asthma
  - 2 -emphysema
  - 3 -beta-adrenergic blockade
  - 4 -cholinergic blockade
- A -1, 2 and 3
  - B -1 and 3
  - C 2 and 4
  - D- 4 only
- Q25** When a volume of room air is added to a spirometer that contains 10% He, the He concentration falls to 5%. If the spirometer originally contained 3L of air, how much volume was added?
- A -1L
  - B 2L
  - C- 3L
  - D- 4L
- Q30** Spirometry after bronchodilator administration shows a 20% increase in FVC. This is highly suggestive of:
- A -peripheral gas trapping
  - B -pulmonary fibrosis
  - C -pulmonary emboli
  - D -chronic bronchitis
- Q84** Which of the following are used to calculate Raw with a body plethysmograph?
- A -pleural pressure and flow at the mouth
  - B -mouth pressure, box pressure and flow at the mouth
  - C -pleural pressure and box volume
  - D -mouth pressure, box pressure and box volume

## JUDGING PRESENTATIONS AT ANNUAL SCIENTIFIC MEETINGS

Ever been to a scientific meeting and wondered just how those who judged the 'best presentation' awards came up with the winners, and possibly even disagreed with them? Anyone who has ever been asked to judge presentations knows that it can be very difficult to objectively combine all aspects of the paper, from content to delivery. This year at the Brisbane ASM we trialed the use of a presentation assessment tool, modelled on one developed for use at the annual Royal Brisbane Hospital Healthcare Symposium, in an attempt to remove as much of the subjectivity from the decision as possible. The tool sets down specific criteria under which papers, both oral and poster, should be assessed, and then uses a formal scoresheet to assign a score to each of the different aspects of the presentation. I have now used this tool twice in judging, and have found it makes it much easier to pick the winner objectively, and, additionally, produces a high level of concordance between judges. Specific details of the tool follow. I'd welcome comments from other members about this, and, ultimately, I'd like to see something along these lines adopted as a formal presentation assessment measure for future meetings.

Mike Brown  
Hon Secretary

### **Criteria to be used for Assessment of Presentations:**

#### *Content - Oral & Poster Presentations*

As a general guide to evaluating the merit of the research conducted, whether qualitative or quantitative, the following points will be assessed:

#### **Abstract:**

Does the abstract clearly state the purpose of the study, the basic procedures, the main findings and the principal conclusions?

#### **Introduction:**

1. Is the study important and worth doing?
2. What is the purpose of the study?
3. Is it original work or how does this study differ

from previous work?

#### **Method:**

1. Is the design appropriate to the research in question?
2. Is the method appropriate to the study type?
3. Are the data collected and recorded accurately?
4. Are the methods of data analysis (including statistics) appropriate to the study type and are they specified in sufficient detail?

#### **Results:**

1. Are the results presented in a clear and relevant manner?

#### **Conclusions and Discussion Section:**

1. Are the questions posed in the study adequately addressed?
2. Are the conclusions justified from the data? Do they extrapolate beyond the data?
3. Do the results relate to the research question?
4. Is the study useful?

#### *Presentation - Oral*

- Is the subject matter presented clearly and logically?
- Is the delivery balanced and well organised?
- Does the sequence and content of slides, illustrations and other audiovisual material allow effective communication of information?
- How good are the slides, illustrations or other audiovisual materials in terms of quality, colour, contrast, etc?
- Is the amount of material presented in each slide appropriate?
- Presenters will be assessed on:
  - the ease with which they handle questions
  - the ability to keep to time.

#### *Presentation - Poster*

- Is the title visible, short, sharp and punchy (at least 20 mm high).
- Are the major headings clearly visible (10 mm high)?
- Do the major headings carry the essential

content and a complete 'take-home message' for viewers?

- Is the presentation sequentially numbered to provide a clear order for reading or does it 'flow' easily and naturally?
- Does the supporting text follow the main headings?
- Is the supporting text legible at a distance of around 1 metre?
- Is the text clear, succinct and free of redundancy?
- Does the composition of the poster enhance the smooth and logical flow of ideas?
- Does the poster draw attention to things which are of greater importance and subordinate visually those which are of lesser importance?
- Does the poster have a substantial amount of blank space (ideally close to 50%) or is it crowded and chaotic?
- Is the composition distracting with jagged edges, alignments which are not perfectly straight, composition which confuses and takes attention away from the content or does it exhibit long visual lines, perfectly aligned left or right (or both)?
- Does the colour and texture of the background serve to unify the poster?
- Do photographs or illustrations enhance the message or detract from it?
- Are they well integrated into the poster in terms of size, colour, text format and placement?
- Is the poster dressed-up by coloured borders, bullets or blocks to call attention to specific text or figures?
- Are there any 3-dimensional mounting techniques used to dramatise important pictorial materials?
- Presenters will be assessed on the ease with which they handle questions.

## Presentation Scoresheets:

Scoring is divided into two sections, 'Content' and 'Presentation', each of which contributes to half of the overall total. Within each section are 5 specific assessment points, derived from the above criteria, each of which is rated from 1 (poor) to 10 (outstanding). The marks for all assessment points are totalled, giving a final score out of 100. There is also an additional 'Overall Impression', again scored out of 10, for the judge's subjective assessment of the presentation, and a section for comments. These latter 2 points are very useful during the joint judges' deliberations before finally deciding on winners.

The 5 'Content' specific assessment points are the same for oral and poster presentations, as follows:

- Originality/Relevance
- Methods, including Statistics
- Quality/Complexity of Work
- Results
- Conclusions/Discussion

'Presentation' assessment points for oral presentations are:

- Clarity of presentation
- Organisation of presentation, including keeping to time
- Effectiveness of audiovisual materials in communicating message
- Quality of slides, illustrations, etc
- Handling of questions

'Presentation' assessment points for poster presentations are:

- Title and main headings were clearly visible
- Provided a clear order for viewing
- Composition was ordered, alignments straight, exhibited long visual lines, not too much text
- The photographs and illustrations enhanced the message and were well integrated into the text (size, colour, format etc)
- Handling of questions

ANSWERS TO CREFS QUESTIONS:  
Q5) C Q9) A Q25) C  
Q30) A Q84) A

## Profiler

Maureen Swanney. Now

there is a name to conjure with. A lady with a mission?

A stickler for quality? A force to be reckoned with? Someone to look to for inspiration? One of the best friends a mortal could have? All of the above? Unquestionably the answer must be the last.

Maureen's and my orbits have been intersecting for longer than I care to remember. Our paths first crossed some 30 years ago when we were both enjoying previous incarnations at the Otago Medical School in Dunedin where Maureen was in Renal research and I in Clinical Biochemistry. Maureen moved to Christchurch and, having seen the light, moved into Respiratory Physiology, long enough ago to have been able to enjoy long service leave – I was somewhat slower to see the light!

Maureen was a foundation member of ANZSRS all those years ago when the idea of a Society was first mooted. I don't believe there has been an annual meeting she has missed to date. Maureen has always been passionate about the Society and her term as President was characterised by "giving back to the members". Notable achievements of her Presidency were the introduction of scholarships and the recognition of achievement through the Society Medal and Fellowship awards. Whenever the opportunity presents itself, Maureen has always been a champion for the Society.

Maureen's interest and commitment to research have led to presentations at most of the Society's annual meetings, if not all, as well as at TSANZ and ATS meetings. She has completed her Masters degree and has recently enrolled for her PhD. She is also currently collaborating with two renowned groups in the States.

As if that were not enough, Maureen organises

# Maureen Swanney

conferences which nearly always involve a major coup – the Exercise Symposium at the recent

Christchurch meeting is a prime example. And of course, we must include her fetish for dancing on barrels at Greek Restaurants. She has also sat on National Guidelines committees. I get tired just writing about it all! Is it her remarkable DLCO that gives her this edge?

It was a privilege and a joy to spend a term on the ANZSRS Executive with Maureen. Ever the diplomat, she would tone down my writings with my hardly noticing and would gladly accept my suggestions to toughen up her own statements. Though she was always far enough ahead of me, that I had forgotten my suggestions by the time the material appeared in print! I learned a lot. A tribute to her diplomacy was that she even managed to convince John Martin he was a Kiwi during his term on the "Kiwi executive". Sadly she couldn't convince him to play cricket for New Zealand though!

I owe a huge debt to Maureen whether it be in diplomacy, science, inspiration or friendship. Whether it be walking the beach at Lorne, or picking up the phone, she has always been there. I know I am not on my own in this, as a great many in the Society have been touched by her generosity and understanding and by her passion for the Society and all things respiratory. Maureen, "thank you" seems an inadequate pair of words but they are the best we have. Thank you for all you have given to the Society.

Kindly Written By  
Kevin Gain PhD

## Call for nominations for SOCIETY FELLOWSHIPS and LIFE MEMBERS

Nominations are called for **Society Fellowships** for award at the 2002 Annual Scientific Meeting. The Fellowship is to be awarded to members who have made a significant scientific contribution to the Society and in advancing the state of knowledge in the field of Respiratory Science.

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Nominations are called for the award of **Life Membership** status to be granted at the 2002 Annual Scientific Meeting. The Life Membership award is for the recognition of long term service to the Society.

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All nominations must be forwarded to the Secretary by 1<sup>st</sup> February, 2002 for initial consideration by the Executive. The decision to make either or any award will be taken by the Board at their meeting on 22<sup>nd</sup> March 2002. Any nomination should be accompanied by supporting documents upon which a justification should be built. The member making the nomination will have the opportunity to speak to their nomination at the Board meeting if they so desire. There is no expectation that a Fellowship / Life membership will be awarded each year and nomination does not necessarily mean an award will be made.

*Mike Brown*  
*Hon Secretary, ANZSRS*  
15 November, 2001

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Royal Brisbane Hospital  
Herston Rd  
Herston. Qld. 4029

Email: [Mike\\_Brown@health.qld.gov.au](mailto:Mike_Brown@health.qld.gov.au)

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## CRFS Examination

Congratulations to **Lauren Wallace** (Christchurch Hospital, NZ) for passing the CRFS exam.

CRFS examination dates (and Application Deadlines) for 2002 are:

18th May (19 April)
20th July (14 June)
23rd November (18 October)

For details of the examination and application forms, please contact:

**Stephen West**  
*Clinical Measurements Dept.*  
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You are invited to contribute short articles, meeting reports and calendar details etc.

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