



UNSW Med has had a busy start to Sem 2, and it's time now for publications to give you all a friendly reminder to loosen your coils and CTFO. What with Medball shenanigans and looming exams, it's little wonder the tension is mounting. So, pass this around and switch off for a few minutes, cause it's time to unwind.

YOU KNOW YOU'RE STRESSED WHEN:

- 1. You can achieve a "Runner's High" by sitting up.
- 2. The Sun is too loud.
- 3. You begin to explore the possibility of setting up an I.V. drip solution of espresso.
- 4. You wonder if brewing is really a necessary step for the consumption of coffee.
- 5. Things become "Very Clear."

Photography

Brenda Ta &

MedSoc Photographers

- 6. You ask the drive-thru attendant if you can get your order to go.
- 7. The less sense matter and matter is more than sense.
- 8. You have great revelations concerning: Life, the Universe and Everything else, but can't quite find the words for them before the white glow disappears, leaving you more confused than before.
- 9. You discover the aesthetic beauty of office supplies.
- 10. Losing your mind was okay, but when the voices in your head quieted, it was like losing your best friend.

SLEEP IS VITAL!

Here are some excuses we prepared for sleeping during labs/ lectures/life-altering conversations.

- 1. They told me at the blood bank that this might happen.
- 2. I was meditating on the significance of the shell as UNSW Med's logo and how it symbolises the medical paradigm and all the echelons you have conquer in order to... Zzz.
- 3. This is one of the seven habits of highly effective people!
- 4. I was testing the keyboard for drool resistance.
- 5. I was working smarter not harder.
- 6. This is in exchange for the six hours last night when I dreamed about med!
- 7. Why did you interrupt me? I had almost figured out a solution to global suffering!
- 8. I was trying to pick up my contact lens without my hands.
- I'm sorry but I was trying not to look at you because you're really ugly.
- 10. Run!

MED SCHOOL SOUNDTRACK

It's a bit of a UNSW med tradition to find medical meanings in popular songs. We had a hunt for any we might have missed, with the theme of 'what would happen if singers were our patients or colleagues?':

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Check out Idioglossia, Humerus's sensible older sister, at <u>http://medsoc.org.au</u>. Submissions for Idioglossia 2014 issue 2 are now open; email publications@medsoc.org.au Its getting harder and harder to breathe! (Maroon Five with COPD) I'm not crazy I'm just a little unwell (Matchbox 20 in Denial) Won't you come over and check up on it? (Beyonce with Hypochondriasis) I don't want no scrubs (TLC in GP training). Can you feel it? Can you feel it? Can you feel it? (Jackson 5 in Neurology) I keep on falling. (Alicia Keys with Syncope) Wake me up before you go-go (Wham in a Coma) I can't get no Satisfaction (The Rolling Stones with Impotence) Burning ring of Fire (Johnny Cash with Diarrhoea) All I want to say is that they don't really care about us (Michael Jackson in the Waiting Room). You're the voice, try and understand it. Make a noise and make it clear (John Farnham with Dysphagia) I want candy (Aaron Carter with Hypoglycaemia) Shots, shots, shot-shot-shot shots... Everybody! (LMFAO in Flu season).

CONFESSIONS

Another Humerus means another set of confessions, and as always, our UNSW Rangers had fun at Convention.

"At Convention, I threw up in some random girl's bag and then ran away."

Some of our Rangers picked up someone... and maybe something else...

"I think I got an STI at Convention."

Not that we need Convention to have medcest in the air...

"We had sex in the ICU... near a comatose patient"

"To the Korean girl who's always on Facebook in our BGDA lecures, message me some time, we'll Gangnam Style and put embryology into practice."

"Private tutorials from the cute anatomy tutor please."

"Dear Isaac the anatomy tutor,

Where have you been this year? My passion for anat-

omy has now vanished but my love for you never will."

Hospital days are valuable learning opportunities. For some, this refers to the medicine. For others, this refers to being able to check out other people in your hospital group.

"My favourite thing about hospital days is seeing all the guys dress smart."

And if there's a lesson to be learnt from these Confessions, it's that too many of us need to get off Facebook.

"On my Facebook status, I like to post verbose stories about how busy medicine is for me because I don't think people had the chance to see my previous 50 similar statuses."

"If I had \$2 for every time an anatomist told me I should be a surgeon... I would get punched in the face because I'd always feel the need to share it on Facebook."

LIZ HUYNH (III)

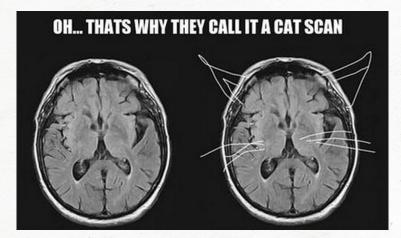
CLINICAL EXAMS GUIDE: WHAT NOT TO DO

For the third years preparing to throw down with ICE, the second years sizing up OSCEs, and first years looking to get ahead – the numerous guides with tips and tricks and spells to deceive your examiner into giving you a P- at least can be a bit daunting*. So instead of what you should do in your clinical exams, here's a (shorter, easier to remember) list of things of what you shouldn't.

- 1. Don't ask your patient what their dog's name is when you haven't even asked the names of their children
- 2. Don't spend 5 minutes describing a lump that's not actually there
- 3. Don't drink the water that's been provided for the patient during the thyroid exam
- 4. Don't leave "asthma" off your list of differential diagnoses when there is a puffer on the table next to the patient
- 5. Don't write the patient's name and age on a little slip of paper which you proceed to misplace and then spend two minutes looking for when it's time to report back
- 6. Don't leave it to the patient to turn the aural thermometer on for you, that's not what they're there for
- 7. Don't literally hammer at the patient's knee when you're trying to elicit the patellar reflex
- 8. Don't be too worried if you realise your examiner hasn't looked at you once and has spent the last ten minutes on their iPhone, possibly playing Angry Birds
- 9. Don't activate your tuning fork by hitting it on the patient (classic)

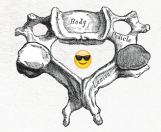
Good luck!

*but they're fantastic so read them anyway – look in Idioglossia 2013 issue 2 on the MedSoc website (<u>http://medsoc.org.au/cms/idioglossia/</u>)

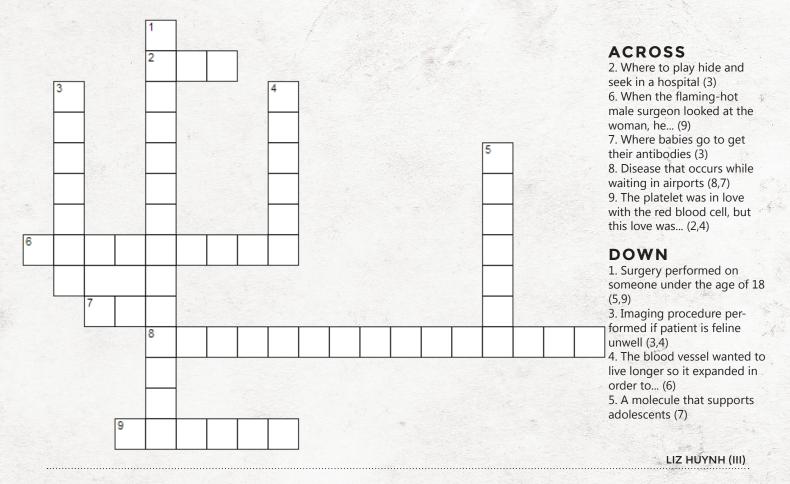


A SONG FOR LONG CAR RIDES

The head bone's connected to the... neck bone. The neck bone's connected to the... neck bone.



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EXPECTATIONS VS. REALITY OF A FIRST YEAR MED STUDENT

E: I am going to attend every lecture this TP! **R:** I heart Echo360!

E: I'm a med student. Therefore I save lives.

R: (someone faints) "HELP!! I'm just a first year med student!!"

E: The HSC is over... I finally have time to start getting into shape! **R:** Plz... no one take my psychosocial history!

E: I am going to stay on top of everything this TP **R:** Am I the only person in this room who doesn't know this?

E: I think I know the answer to Prof. Velan's question **R:** Just kidding. I'm not punny enough.

E: Time flies- 2 terms of med down already **R:** Five and a half years to go! (Woo!)

HELEN ZHANG (I)

FROM THE ARCHIVES...

Photographs provided by the MedSoc Historian, Francis.



Figure 1: Pathology lab, 1975. Demonstrating a) how technology has advanced, allowing us now to use computers instead of microscopes, and b) how society has advanced, allowing more women into medical school.



Figure 2: Wallace Wurth, under construction. Date of photograph is disputed, however most experts agree that it was taken in either 1961 or 2012.

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