

HUMERUS

UNSW MEDSoc: MED STUDENT TIMES

2015 ISSUE 2



NEW & IMPROVED 20% FUNNIER THAN

HEY THERE, HIGH FLIERS!

Welcome UNSW MedSoc to the Semester 2 addition of Humerus. You'll laugh, you'll cry (not too much) or maybe you'll read this and say "that's not funny", but secretly chuckle down in your funny bits.

My name is Wallace Wurth and I'll be your captain for this magazine. Please note your nearest exits and if an oxygen mask appear from above then you are actually reading this in an aeroplane and it's an emergency. Turn the page to follow the story of Marley, Rodney, Chip-chip and their trusty turtle Stan, as they traverse the galaxy looking for Starcubes. Will they defeat the evil Lord Malleus or will they all get transfigured into turnips? Read on to find out more and don't forget to vote during our live telecast for your favourite med housemate...

(Ok maybe I made that all up, but do read the stories, tips and tricks from your fellow med students inside this edition of Humerus)

Enjoy,
Wallace Wurth xoxo

ACKNOWLEDGEMENTS

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HUMERUS: NOW LECTURE CONTENT

Mental Health Checklist

Just like flossing, looking after your mental wellbeing is something we should be doing regularly but many neglect! Here is our checklist of things to do when you just need some self lovin':

- Plan your dream holiday trip
- Self pampering and retail therapy are quick fixes
- Treat yourself to GOOD food - food that's good for both body and taste buds e.g. eat a fruit salad (no one feels bad after eating a fruit salad)
- Call or seek out your favourite person in the world to talk to - maybe all you needed was perspective and love
- Take five minutes out of your day to make a checklist or oragnsie your life
- Hit up spotify, shut your eyes and just listen to your favourite playlist
- Spend a mindless hour on YouTube - no one can be stressed or sad after watching meerkat videos
- Scream really loudly and release some pent-up stress!
- Meditate - hey dont knock it until you've tried it

If you have any reports, abstracts from published papers, feature articles, opinion pieces, or creative writing you'd like featured in Idioglossia, please contact publications@medsoc.org.au

MY MEDICAL MILESTONES

I feel that so many 'medical milestones' have occurred since I walked into The Central Lecture Block at o-week, and was oriented into this amazing six year journey. There has always been a sense of disbelief surrounding my place here; I have pinched myself so many times that I am concerned that my skin will be transformed into a blotchy mess. I am just so happy to be here!

However, let's clarify a few things first. My family also felt the same sense of disbelief that I have been experiencing. All the way back in BGDA, my father was determined to make sure that I was not pulling his leg, I was actually waking up five days a week and going to study medicine. He came along with me to the last lecture of the course - which felt pretty special, but also kind of weird. It was as though he didn't trust me or something, and that he thought that I spent my time sipping tea at the Whitehouse or something. Anyway...

If you cast your mind back to the last BGDA lecture, you will recall that it was titled: Infertility. Great. Boy did I get it from dad. He was all, back in my day, you started young and you started hard. Thanks, Dad. That is some sound advice, but I think that things have become a bit more complicated nowadays. After the lecture, we sat in the Quad and drank coffee, a sight dash of rain cooling down our drinks. You drink coffee now? He asked, his eyebrows shaping upwards. Yes, I answered tentatively. I suppose you would become addicted sooner rather than later, he replied.

I have also been slathered with a continuous storm of phone calls from my parents and my sisters, asking about ailments that are very specific, but also impossible to diagnose over the phone.

*There is a numbness in my right hand!
What is happening to me, Erica?
Erica, why are my nails always breaking?
Erica, why am I always so thirsty, and why
do I keep on going to the toilet so often?*

You see what I mean? I would love to be a twenty-four hour helpline; perhaps if I knew a bit more, grew a few more arms and became wired to a caffeine drip. But that seems like a very distant future.

My mother is still shocked that I have seen dead bodies. *What do they feel like? Can you bear the smell?* I tell her that I have become accustomed to it, but I think that I still need a bit more exposure to be comfortable in the anatomy lab. Like, if you were to lock me in there overnight, some windows would end up being broken. Just warning you.

Making the journey is all about perception and how you view things. It has been noted that my apartment apparently resembles a doctors surgery. Well, that is a start I suppose. Still very far off from having a desk and a place in a doctors surgery, but at least I know how to furnish one.

There are many domestic skills that us students have to develop when starting out away from home from the first time that I am also brushing up on. My attempts at food preparation that does not involve the use of the microwave are expanding. Success. Just to update you on my very interesting life, I have created edible meals. Yay! So unexpected. I suppose there are many skills that I will have to develop, and now seems like a fantastic time to brush up on them. Improvements can be made all around.

Erica Longhurst (I)



M E D S H O W 2015

If seeing Wicked left you feeling miffed because Elphaba's clear case of gangrene was overlooked, if you were frustrated by Les Misérables because of all the ignored malnutrition and TB, then fret no more, for your desire for a show that incorporates musical theatre AND medicine is about to be treated. Introducing Medshow: a combination of a live band, dancing, singing and acting that puts the 'rhythm' in 'arrhythmia.' With each line, note and twerk, you'll be pushed to the edge of your seat with palpitations and be itching for more like a patient on opioid meds. This year's theme for Medshow is...

Going to be revealed later this semester, so stay tuned! Don't worry, we promise it'll make you happier than someone with Angelman Syndrome (Google it, kids).

So clear your schedule for 14th-16th October when Medshow does the rounds; it's most likely just what the doctor ordered.

XOXO,
The Medshow 2015 Directors

Appropriate things to shout at Prof Velan, in response to his puns, sorted by subject:

In response to any respiratory pun:

- That was not a very lung pun.
- That joke fell flat.
- That wasn't very inspiring.
- We're holding our breaths for the punchline.
- What a lot of hot air.

In response to any renal pun:

- Stop that, I can't concentrate.
- You have got to be kidneying me.
- I can't filter and absorb that bad joke.

In response to any cardiac pun:

- You aorta stop.
- That pun was made in vein.

In response to any GI pun:

- I need time to digest that pun.
- That pun was delivered well.
- That was beriberi bad.

In response to any musculoskeletal pun:

- That was very humerus.

In response to the acute appendicitis pun:

- That was a very inflammatory comment you made about my appendix.

In response to the staff meeting pun:

- I'm sure staff members are very resistant to that idea.

In response to other puns:

- *groans*
- *applause*

It's not me,...it's you.

Zi Ying Su (III)

ORANGE SLICE JELLO SHOTS

Recipe and images from Full Thyme Student Blog

Recipe yields about 36 slices

Ingredients:

About 6 medium-sized oranges (such as Valencia, Navel, Cara Cara)

1 package (6 ounces) orange-flavored Jell-O mix

Boiling hot water

Iced water

1 cup liquor (such as Vodka, Tequila, Rum)

Directions:

Set at least 1 cup of water to a boil.



Lay the oranges on their sides, with the top (stem end) of the orange facing either to your right or left side. Using a knife, cut oranges in half, exactly in the middle of the fruit. To hollow the orange halves, use a spoon and run the edge of the spoon around the flesh of the orange where the flesh meets the pith (the white part). Run the spoon in a full circle to loosen the flesh from the shell. Scoop the orange flesh out of each shell, being careful not to break the orange shells. Remove any excess fruit in the orange shells to end up with clean, hollowed orange shells. Discard orange flesh, or save for another use.

On a large baking sheet, place hollowed orange shells on top of rings of foil or small bowls large enough to secure the orange shells and prevent them from moving. Set aside.

In a large liquid measuring cup (at least 3 cups), empty jello package. Pour in 1 cup boiling hot water and mix until jello powder is dissolved. Add in 1 cup of iced water (remove any ice cubes) and 1 cup of liquor, and mix thoroughly.

Pour jello mixture into hollowed orange shells until filled, being careful not to fill until overflowing. Place baking sheet with oranges in refrigerator and allow jello to firm up for at least 2 hours. Using a large knife, cut each orange shell into thirds, using even pressure to cut slices in just one chop. Do not run knife back and forth to cut orange slices. Store jello shots in refrigerator before serving. Serve responsibly.



TWO INGREDIENT NUTELLA CAKE

Recipe and images from Belly Rumbles Blog

Serves 8

Ingredients:

4 large eggs, separated, room temperature

250g Nutella, room temperature

Directions:

1. Pre-heat oven 180°C/360°F. Line a 20cm round spring-form cake tin with baking paper.
2. In a large bowl beat egg yolks and Nutella. The mixture will go slightly pale and seem to thicken up a little, this is fine. Leave to the side while you beat egg whites.
3. Beat egg whites until stiff. If you can hold the bowl above your head, upside down, and egg whites stay in the bowl, they are perfect.
4. Place Nutella mixture in the microwave and cook for 10 seconds. Remove bowl and stir. Put bowl back in microwave and cook for another 10 seconds, remove and stir.
5. Fold 1/3 of your egg whites through the Nutella mixture. Incorporate the egg whites well. The mixture will loosen up quite a bit when the first lot of egg whites are added.
6. Add the remaining egg whites and fold in very gently. Fold through until just incorporated. If there are a few lumps of egg white visible, this is quite fine. You don't want to over fold the mixture at this point. Like when making a sponge cake.
7. Place mixture in to your prepared cake tin. Place on middle shelf of your oven and cook for 20-25 minutes. Test with a skewer. If it comes out clean the cake is cooked.
8. Leave cake in tin to cool completely. The cake will deflate on cooling. Remove cake from tin, remove baking paper, and dust with icing sugar or cocoa powder.



Illustration by Elaine Ng (IV)



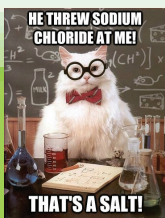
6. The Sub Interns – hard to distinguish from real interns except for the fact that they have no money, these sixth years are a fountain of knowledge except that you would never dream of asking them a question.. because.. you just wouldn't. You know they have moved across to the 'other side' when they start calling senior doctors by their first names.



1. The Fresher – Full to the brim with nauseating excitement. The only thing bigger than their hopes and dreams is the long journey ahead of them to achieve them. Everything they see is exciting, from blood pressure cuffs to stool samples! Overstudying for Foundations is par for the course as is the disappointment when you realise that 95 is no longer a realistic mark. Try explaining that to mum and dad though.



2. The Hot Stuff – That's right. In Second year, suddenly someone is younger and less knowledgeable than you, which makes you pretty much the most intelligent, amazing person to ever walk through Wallace Wurth. In reality you are probably still the same dorky 19 year old you were before the summer break, but to all the new freshers, you are surely a god!?! Regardless, suddenly you have to actually learn those clinical exams – what? And do you first OSCE – things are getting real.



5. The Cool Cats – Seemingly able to answer all your questions, these cats know all the interns and the best places to get coffee. Having survived the previous year, they are filled with a fresh tank of petrol and keen to study hard. Too cool for campus life, these semi professional 5th years use can talk 'med' with the best of them and decipher most doctors handwriting. Just don't get them talking about biomed... it will never end.

THE SIX STAGES OF MEDICAL SCHOOL



4. The Myths – absent from campus and equally absent from hospital, where do the ILP students go? Whether it be the 4 month trip to Europe or the 6 month Netflix hiatus, these 4th years will crawl out from under their rock to hand in their final ILPs before moving on to the next stage.



3. The Inbetweeners – These course-workers spend the year straddling of the invisible line between basic sciences and clinical work. When a doctor asks you a question, though you may not know the answer, at least you know which organ they are talking about.. that's some real progress.

James Deacon (IV)

Those moments at hospital that make you wish you could be anywhere else:

1. When the doctor hands you an alcohol swab to wipe down your steth and you proceed to wash the patient with it
2. When you feel for the liver on the wrong side
3. When you have to lift an old woman's breast to try find her apex beat
4. Similarly, when you have to percuss over a boob and of course you poke the patient in the nipple
5. When the patient says a drug or condition like you know what it is. You don't know what it is.
6. When someone else is doing a history, you yawn and a little bit of your spittle hits the patient
7. When you get a patient to fill out a form and only realise after you went to the wrong bed
8. When you are writing in the chart and the intern asks you to write "chart aperients" and you write "chart her periods" because you swear that's what he said
9. When you have to take a history and the patient's genitals or ass are visible for the ENTIRE conversation
10. When an old lady refers to getting a gastroscopy and colonoscopy as the "spit roast procedure"

Scott Ashby (V)

Studying for Exams

As we all prepare ourselves for end of year exams and adopt the emergency brace position (seated at desk, text book open, Facebook blocked), we are filled with a stupendous cocktail of emotions that only a medical student could mix. Of course there is regret that we did not start studying earlier, or that we did not pay attention in that lecture, or that we did not attend that week of university (repeat offender). We are also filled with fear; fear that we will not pass, or not achieve the mark we want, or fear that we will pass, will get a good mark, do a masters, get published but still not get into the surgical training program of choice because last year they only accepted 7 students from across Australia and if I can only muster a P in my last assignment how am I supposed to beat 1000 applicants for just 7 spots?!!!!!!... or something like that perhaps. There is also frustration because why should I have to remember the glycolysis pathway, the lecturer actually said "most of you won't need to remember this after the exam" – it's like learning the states of the US, no one actually needs to know them, you're just showing off. You might also feel confused: I raise you 'neuroanatomy' (enough said). But hopefully you feel just a little bit relieved that when this is over, you have a nice long summer break to look forward to – and hey, if nothing else, you can always sit the sup exam.

James Deacon (IV)