

# idioglossia

Issue 1, 2013

your unsw med student magazine



Greetings medsticks young and old, and welcome to the 1st issue of *Idioglossia* for the year! *Idioglossia* is MedSoc's official publication - a magazine for med students, by med students, featuring news and opinion pieces to keep you up-to-date, tips and guides to help you get through med, some fun entertainment to help you procrastinate, and more!

Although *Idioglossia* may not look too different at first glance, it has made some very exciting developments this year. For the very first time, we've assembled together a very talented group of individuals to form our Publications Subcommittee. These guys have been invaluable in helping to make *Idioglossia* engaging, useful, beautiful, and a lot of fun! We're going to be increasing the frequency of *Idioglossia* to make sure it's more timely and relevant, and we've also introduced some regular features such as the 'Research Spotlight' and 'Med Confessions' which you can look forward to every issue.

This issue of *Idioglossia* is packed with a huge variety of high-quality articles, including a personal take on the internship tragedy, and an extremely non-biased (ahem) comparison of Medicine and Law. Make sure you have a go at the pun-tastic Gary Velan crossword at the end, too! Many many thanks to our wonderful contributors, and I hope you enjoy this as much as I've enjoyed putting this together (that is to say, a lot!)

*Nadia Perera*

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Got something to share? If you have any ideas or comments about *Idioglossia*, or any articles, artworks or photography you'd like to submit for the next issue, make sure you drop us an email at **publications@medsoc.org.au**. We'd love to hear from you!



THE UNIVERSITY OF NEW SOUTH WALES  
**MEDICAL SOCIETY**

# president's report

MedSoc, to the general medical student, may seem a little elusive. There are all these people involved, but what do they do on a day-to-day basis? It may seem that we overwhelm students at Orientation, run events here and there, are a bit too keen about everything... but what is the point?

The thing is, our aim is in line with your aim. To graduate high-quality doctors, and have a bit of fun whilst getting through this thing called med school.

And sure, all that may be possible without a student society around, but if there *is* one that is committed to engage with you from day one, enrich your student experience with sporting tournaments, dance floors, leadership opportunities, and even exam preparation... Then why not get on board with it? Plus a representative voice when issues arise is always louder in advocacy.

To do any of the above, we realize that the organisational body has to have direction and durability. But what's the point if it doesn't translate to affect the medical student community we exist to serve?

Thus, via Idioglossia, we aim to give you an insight into the direction workings of MedSoc. Because we want to be transparent, open to feedback and committed to improvement.

We are the students alongside you, and far from perfect... but yes, we are keen to add just that extra something to your UNSW medical student experience. Something to reminisce during those never-ending night shifts as an intern, and something that makes your medical student experience stand out above your friends' from neighbouring medical schools!

It's true that in your medical student life, MedSoc can be as present or as absent as you choose to make it, but at the end of the day, we're here for you. So why don't you make good use of us? Keep us accountable as your representative body, and let's build UNSW Medicine together!

Peace out,

*Jenny Namkoong*  
**president@medsoc.org.au**



What we've seen with MedSoc in 2013:

## durability

Corporate Governance :

- Incorporation: MedSoc has become incorporated! This means that we exist as a separate business entity. It gives us more credibility, and also prevents one person from holding all the liability.
- Insurance: MedSoc has purchased public liability and association/officials insurance. This means that if somebody gets hurt due to an organizational error, you are protected.
- Financial Integrity: MedSoc has worked out its tax requirements and ensured we are right by the law.

Organisational Structure :Implementing the new team-based model of MedSoc Council, so that all roles are supported by an exec member in the following teams: Events Team, Faculty Liaison Team – Year Reps, Special Interest Groups Team, Public Relations Team, AMSA Team

Internal workings: Laying down a set of guidelines regarding MedSoc operations so that all organizers are aware of basic procedures and policies. This is for efficiency and the sustainability of MedSoc.

## direction

Engaging all student groups

- Rural students: largely via more open communication - sharing of resources, video conferencing of events
- International students: series of initiatives by international reps including MedSoc International Orientation package, welcome tour (with RAHMS), variety of information nights
- Sports
- Academic

Alumni connections: Integration of alumni into traditional MedSoc events to build connections and raise UNSW Medicine Spirit





It simultaneously  
deprives two  
communities of a  
doctor - the one  
whose doctor we  
refused to train  
and the other we  
attracted from a  
third world country  
with a higher pay

Patrick (Chee Kong) Teo

# THE INTERNSHIP TRAGEDY

Australia is a very lucky country and I am a very lucky student to have found my way here. What in Sydney is there to complain about? A beach is not too far away when you're yearning for that summer dip. When you tire of the city's hustle and bustle, the Blue Mountains offer a tranquil retreat a mere 2 hours away (less if Parramatta Road is being generous). Should you feel like living the city life, the CBD gives you not only skyscrapers but also a beautiful harbour that is the envy of the people the world over. The economy is booming, the people are friendly, the food is amazing...

Even the bad things are not too bad. I overheard a Greek couple complaining that the tomatoes in Coles taste nothing like what they have back in Greece. I asked if they had tried tomatoes in Singapore because they are pretty much 'imported plastic tomatoes' and they laughed very hard with me as we put those vine-ripe tomatoes in our baskets.

I think then my issue is the epitome of first world problems. Two hundred thousand quids or two Porsche 911s later, I found myself facing the prospects of not getting a job in this lucky place. While the ACT, Victorian and Western Australian governments have all prioritised international students studying in their respective states at a higher priority than interstate students, New South Wales has refused. This recognition seemed sensible. After all, the students owe it to the state that trained them to return the favour by serving the community. New South Wales delivers its international students a double whammy of being unwanted by their own state and even less by other states. At this point, you can say I am in the worst possible state! (Pun intended.)

Patients often asked if I would stay here after I graduate. When I first started medicine, I would reply, "I certainly

would!" However, I found myself adding a condition now, "If I got a job." I can see why they were often disappointed hearing about the internship shortage. They had put in effort repeating their life story for my history taking or worse, suffered a bruise because of my rookie phlebotomy skills. They want me to be around when I have perfected those skills because maybe one day, just maybe, I may save their life or relieve their suffering. That is why they agreed to have a medical student around at their most vulnerable moments, unconditionally. We owe them. Perhaps we may not be the solution to the issues of doctor shortages in rural Australia or the unmet work force demands from an ageing population. But we may be a piece to that puzzle.

Looking at some of my international friends, I realised this may not be a first world problem. Unlike me, some of them may face returning to less fortunate countries with no means of making a difference. The medical degree does not count without the internship. This internship shortage is really a tragedy. It simultaneously deprives two communities of a doctor - the one whose doctor we refused to train and the other we attracted from a third world country with a higher pay.

Fortunately, this problem has a straightforward solution: political will. The creation of new training places requires funding only politicians can provide. I guess we are still lucky because this issue is happening in an election year. I have faith that our newfound mates in Australia will speak with their votes and insist on their rights to keep doctors they helped train. Rumour has it that the other option is to marry these international students and keep them here, for life!





# INSTITUTO DE EDUCAÇÃO JESUÍTA

A teacher education academy and secondary  
school in Kasait, Timor-Leste

the medical students aid project is supporting quality education in a teacher training and secondary school in timor-leste with the delivery of 80 desktop computers, kindly donated by our very own dean of medicine, professor peter smith.



## BACKGROUND: state of education in Timor-Leste

Forty per cent of Timorese families live on below US\$1 per day. Kasait is a rural town located 18km west of Dili, capital of Timor-Leste. Many children in Kasait discontinue their education following primary school, as there is no accessible secondary school in the area and parents are unable to afford sending their children to an urban area for secondary education.

Upon regaining independence from Indonesia in 2002, the Timorese government attempted to promptly increase basic education. Although access to education and primary school enrolment rates improved, teachers were appointed hurriedly and many had limited formal training in education. The quality of teaching in much of Timor-Leste therefore remains poor, with over 75% of the country's teachers not formally trained in education and many lacking fluency in official languages of instruction.

## About Instituto De Educação Jesuíta

The Society of Jesus opened the school in January 2013, with the aim of addressing the gap in secondary level education by improving access and quality of secondary education. As a combined teacher training and secondary school, it serves the dual purpose of providing practical experience for training teachers and offering access for poor children in this rural area to continue their education beyond the primary level.

## MSAP's Role

MSAP has coordinated and completely funded the delivery of 80 computers to Instituto De Educação Jesuíta. These computers will facilitate further teacher training as well as computer education for students at this college. The funds for this shipment will be sourced from the *Global Health Short Course*, as well as the *Amazing Raise*. Accordingly, MSAP would like to show our appreciation to the numerous students who have attended these events as you have directly contributed this project.



# COLOUR RUN!

Get fit, get coloured and get excited for Colour Run Sydney 2013! Held on August 25, we're putting together a team for UNSW. Hit up: [amsa.subcommittee@medsoc.org.au](mailto:amsa.subcommittee@medsoc.org.au)

# 20th Conference on Retroviruses & Opportunistic Infections (CROI 2013)

*Georgia World Congress Centre,  
Atlanta, USA*

*3rd to 6th March 2013 | Registration Fee: \$720*

*<http://www.retroconference.org/2013b/Abstracts/45882.htm>*

**I**n March I presented a poster for CROI in Atlanta based on my Honours research. CROI is the largest international conference for HIV, covering topics including pathogenesis, treatment, cure, sequelae, and prevention. Pretty much every hotel in Downtown Atlanta was booked out during the conference, with over 4000 researchers attending from around the world.

**Day 1** In transit. Stopover at LA, arrived in Atlanta on same day due to time difference – trippy! While loading luggage into the boot, the taxi driver asked if my poster barrel was actually a gun – not sure if he was joking or not... Checked in at the Hyatt, which had free Wifi access for conference attendees! Collected any free maps I could find.

**Day 2 (Conference)** Overcame jetlag, rugged up (it was minus 2 degrees!) and navigated my way to the Georgia World Congress Centre (follow the crowd). Headed to the registration desk, got my conference pack and lanyard ID (which costs a fortune if you lose – do not lose your conference ID). Set up my poster in the poster

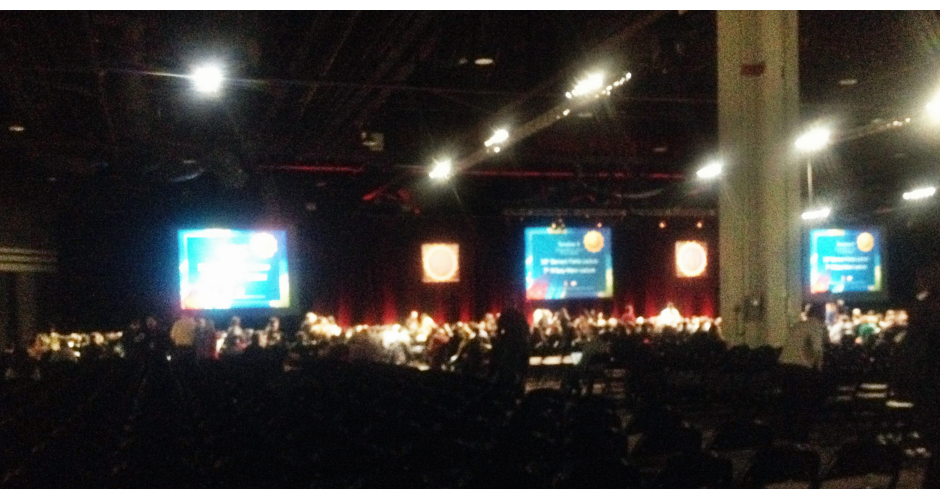
## CONFERENCE REPORT

*Grace Lu (Med V)*



hall, which was the size of a few football fields. Attended the Young Investigators lectures, plus a few talks, and went to the welcome reception at Georgia Aquarium. Overheard one awkward person joking about seeing Steve Irwin swimming in the sting ray tank...

**Day 3-4 (Conference)** Attended any interesting plenaries, themed discussions and poster presentations that I had circled in the Conference guide. Most inspiring was the presentation regarding a baby with a functional cure of HIV (breaking news on TV on the same day)! All the chairs in the gigantic conference stadium (~4000 people) were full, with people standing at the sides... felt sorry for those running talks scheduled at the same time. Met some researchers from Switzerland (talked about Roger Federer) and some researchers from the US. Personally I found that telling people your training is in MD, instead of MBBS receives better understanding and recognition from international delegates. Found one person of similar age and explored some of Atlanta together (Coca Cola World, Atlantic Station for shops like H&M and GAP, CVS for American snacks). Finally met the Australian researchers





one afternoon, most of whom were from Melbourne, had drinks, and the most Southern dinner ever (fried chicken!) in a cottage-style restaurant with animal heads on the walls plus a salad buffet.

**Day 5 (Conference)** Poster presentation day! Went through the poster and answered some questions. It is nothing like the honours seminar presentations; researchers from the same field are fantastically sharp and zone in on your method plus its strengths and weaknesses immediately. Know and understand your analysis and your sample groups well.

**Day 5 Shopping at Lennox Mall** (for higher end brands) – fell in love with Sephora. Flight home in the afternoon and back to warm weather!



- Ask your supervisor early which conferences are happening in your field. Note down any relevant submission dates.
- Write your abstract for the conference early with your preliminary results – these always change, do not worry too much about the values e.g. mine was written in May, and by the time it was accepted in December the results were entirely different
- Respect the abstract word count and submit on time
- Tailor your abstract with respect to the field and the expertise of the audience; it is not the same as the abstract you write for the university to mark.
- A UNSW poster template is available online
- Try to use figures for results instead of text on your poster
- Practice presenting with your supervisor and friends, prepare for potential questions
- Do not feel obligated to print the largest possible size for your poster; it is not like the word count of an assignment.

- Cheap printing options include hospital/university-affiliated printing companies (ask your supervisor) or else printing at FedEx in the US. However I do recommend printing in colour and matte (anti-glare in the harsh conference lighting).
- Conferences are expensive; make sure to apply for any scholarships and also for Medsoc Conference Funding (prospectively)
- Going overseas alone can be scary but it is also liberating! Instead of being forced to have dinner with the same researchers or supervisor every night, you can meet new people who share interesting perspectives (e.g. on women in science and the culture). Make use of the Conference Guide to note attendees from Australia and where you might find them during the day. People of the same age are rare but if you meet any senior researchers ask if any of their students are attending ■

**Photos** previous page: Hyatt Regency / Conference Hall / Georgia Aquarium; this page: dreary Atlanta / Presentation

# "Evidence-based medicine": a well-researched myth?\*

\*(with 95% confidence intervals)

As a young medical student, the prospect of being affected by anything to do with "evidence-based medicine" seems exceedingly remote, particularly as you stumble into CLB7 fifty-five minutes late to your 10am lecture, and without coffee in hand.

To be honest, as a young medical student, "evidence-based medicine" itself sounds more like schmick jargon designed to reassure you and your patients that your Australian medical degree is equipping you to be more than a voodoo witchdoctor.

Yet, while the so-called "EBM era" of modern medicine prides itself on sound scientific principles and rigorous research as a foundation for safe, effective and targeted therapy for patients, who by and large have confidence in their doctor's clinical expertise, to torture a cliché, the "evidence" is more than shaky.

The most updated review on the dissemination and publication of clinical trials provides strong evidence to suggest that more than half of all clinical trials go unpublished and further, that trials yielding negative results regarding particularly treatments are far less likely to be published.

So why is this such a big deal?

This kind of publication bias not only limits medical knowledge and understanding of treatment and disease, but has extensive ethical implications for patient safety and exposure to avoidable risk. While hard figures are difficult to calculate, there have been numerous examples of drugs which have caused significant damage to patients and even death, prescribed by doctors who did not have access to trial results which documented the possibility of these effects.

Rofecoxib is a drug which was introduced in 1999 as an effective and safe alternative to NSAIDs for pain relief. Significant safety concerns emerged after a series of cardiovascular incidents, and it was later found that while all clinical trials published had reported negative for cardiovascular results, there was extensive data manipulation and obfuscation. It is estimated that more than 50 000 Americans have died avoidable deaths due to poorly advised drug prescription based on an incomplete pool of research.

Even without the numbers, that's a scary thought.

Above all, the current situation greatly impairs the ability of doctors and other medical professionals to deliver truly informed patient care, perpetuating the somewhat false reassurance of "evidence-based medicine".

In January of this year, the British Medical Journal announced that it will no longer publish "any trial of drugs or devices where authors do not commit to making the relevant anonymised patient level data available, upon reasonable request".

Article 30 of the Declaration of Helsinki, the cornerstone of human research ethics, states that "authors have a duty to

make publicly available the results of their research on human subjects ...negative and inconclusive as well as positive results should be published or otherwise made publicly available".

The BMJ underscored the sentiments of the declaration in relation to the current state of affairs, stating "the responsibilities of authors are clear. The Helsinki Declaration leaves no room for ambiguity", and that "there is clear and consistent evidence of under-reporting and manipulation of the scientific literature... and industry sponsors most of the world's clinical trials".

A driving force behind the issue of research dissemination is the lack of incentive for companies and researchers to comply with existing mandatory reporting guidelines. In 2007, the United States Food and Drug Administration (FDA) introduced regulations under the US government FDA Amendment Act which mandates compulsory publication of a results summary on the ClinicalTrials.gov database for most FDA-approved trials.

A 2012 cross-sectional study published in the British Medical Journal found a compliance rate of only 22% after four years, with no punitive ramifications for the researchers who failed to comply with the law<sup>4</sup>. This follows the failure of previous efforts by the International Committee of Medical Journal Editors to uphold a 2005 promise to publish only registered clinical trials.

"All Trials Registered, All Results Reported" is a recent joint initiative of the British Medical Journal, Sense About Science, the James Lind Initiative and the Centre for Evidence-based Medicine which calls upon patient groups and individuals and collectives involved in medicine and research to sign the AllTrials petition with the aim of persuading organizations to commit to (1) registering all clinical trials, and (2) reporting results from all clinical trials.

At present, the AllTrials campaign has in excess of 40 000 signatures globally, and has garnered the support of a host of more than two hundred central and influential professional bodies and associations including the Cochrane Collaboration and the British Medical Association.

AMSA@UNSW, your voice within the Australian Medical Student Association, the nation's peak representative body for medical students, is campaigning for AMSA and all medical students to acknowledge that the publication of all clinical trials is crucial to evidence-based medicine and good clinical decision making.

Anyone can sign the petition at <http://www.alltrials.net>. If you are reading this as a medical student, academic, doctor, or patient, make it your responsibility too.

it is estimated that more than 50 000 americans have died avoidable deaths due to poorly advised drug prescription based on an incomplete pool of research.

Ananya Chakravorty, Med II



# research spotlight

Each issue we'll be featuring a different ILP and Honours project to showcase the kinds of awesome things UNSW medical students get up to during their research years! **If you'd like to share your project or know someone else doing something really cool, drop us an email at [publications@medsoc.org.au](mailto:publications@medsoc.org.au)**

## Honours: Hannah Kempton (Med IV)

*Cardiopulmonary Bypass (CPB) in cardiothoracic surgery*

**About the project:** My project looks at the post-surgical outcomes of patients according to management strategies used during CPB. This includes parameters such as temperature, pH, length of bypass time, cardioplegia technique and rate and extent of patient rewarming before being weaned from bypass.

**A typical day:** I don't know if there is any such thing. It varies from the very mundane data collection (a necessary evil of any student research project I'm sorry to tell you!) to spending time in theatre learning about CPB from the perfusionists, looking on with the anaesthetists, or watching and learning from the surgical team as they operate.

**Most interesting thing so far:** In terms of the placement as a whole it would definitely have to be getting to help out during the occasional CABG, but getting some hands-on experience is generally the highlight of any placement. In terms of my project the most interesting part is learning about CPB and the influence on physiology - for instance a 7 degree drop in body temperature reduces metabolic rate by 50%!

**Tips:** Find something that you think will interest you, talk to people who have had that supervisor/been in that department/institution before you, be prepared for challenges, and finally, take the opportunity of a less hectic schedule to pursue some interests outside of medicine.

## ILP: Laavanya Aruneswaran (Med III)

*Obstetrics and Gynaecology*

**About the project:** My project investigates whether lactation establishment is delayed depending on the mode of delivery.

**A typical day:** I generally go in, in the morning, and watch one or two Caesarean Sections (and depending on the day/what is going on at hospital I might see some more). Then I spend the rest of the day recruiting patients for my study, talking to the parents and looking at medical records. Some mornings I go to NICU rounds and Neonatal tutorial sessions. My days are highly clinically based, which is probably my favourite bit about it.

**Most interesting thing so far:** Going to NICU rounds and 'rooms' with my supervisor are my two favourite things to do. While it seems like it would be a repetitive thing to do, every week the cases are very different and dealing with both the parents & the children on completely different levels is quite cool. One of the most interesting cases was a baby had Goldenhar Syndrome, a rare congenital defect. There is no test which can diagnose it before birth, so the parents, nor the doctors, were not prepared for it. I found the method of care of this baby to be fascinating.

**Tips:** Definitely try and have your ethics sorted out as soon as you can. And don't be afraid to ask your supervisor to get involved in areas of the hospital that aren't specifically related to your research project.

## 5 of the world's weirdest research papers...

Liz Huynh, Med II

### 1. "Transmission of Gonorrhea Through an Inflatable Doll" (Kleist & Moi, 1993)

Although it is rare, nonsexual transmission of gonorrhoea can occur. Don't share your toys, children.

### 2. "Rectal Foreign Bodies: Case Reports and a Comprehensive Review of the World's Literature" (Busch & Starling, 1986)

According to this paper, some of the items that have been found lodged in rectums include light bulbs, flashlights, a wire spring, a frozen pig's tail, a beer glass and an oil can. What a load of crap.

### 3. "Alteration of the platelet serotonin transporter in romantic love" (Marazziti et al. 1999)

This paper found that subjects who were in the early romantic phase of a relationship and patients with OCD both had lower densities of platelet serotonin transporter than the normal controls. It was concluded that the neurochemical changes in the serotonin

system may be similar both in OCD patients and people who are in love.

### 4. "Impact of Wet Underwear on Thermoregulatory Responses and Thermal Comfort in the Cold" (Bakkevig & Nielsen, 1995)

In case anyone was planning on wearing wet underwear any time soon, this study's results may prove helpful - it was found that the thickness of underwear has a larger influence on thermoregulatory responses and thermal comfort than fibre type.

### 5. "Music as Distraction in a Pediatric Emergency Department" (Young et al., 2010)

This one isn't weird, but with all the wet underwear you're wearing, you might need something to warm your heart. This paper found that listening to Taylor Swift significantly reduced the amount of pain an 8-year-old sickle cell anaemia sufferer was experiencing - aww!

Exams coming? Haven't studied?



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# top 10 reasons to BUY TEXTBOOKS

**10.** You wouldn't steal a car but you WOULD steal a textbook. Although, are you sure you're comfortable with breaking the law? Pirating textbooks might seem to be a viable option, a "no-string-attached" acquisition of services, but does it leave you with the warm and fuzzy feeling that material goods can give you? Or the knowledge that you've stayed in the land of the good and law-abiding? As you slide your hard copy back on to your bookshelf, you can imagine it giving you the nod of approval for your hard day's work. Regardless, your downloaded version won't let you crawl up in bed with it when your desk is too crowded, nor will it let you cuddle up for comfort before your big exam.

Textbooks can't freeze, crash or get hacked. While you're studying your pathology textbook, you needn't worry about infecting your computer with malware or spyware. You can throw your worries about having personal information stolen in your figurative recycle bin too!

**8.** If you think you've figured it all out by carrying your e-books on your tablet, think again. The average e-book occupies 2GB. Therefore, if you have a 16GB iPad, you can hold the equivalent of 8 textbooks, and nothing else. Then again, what happens if all your memory gets wiped...

If your textbook ever broke, you wouldn't need an expensive repair man to fix it. You don't need to be anxious about pixelated words or half your screen going blank. You also don't have to worry that your battery will run out while you're out and about, or have to carry a charger with you at all times. The only thing you need to worry about is loving your textbook too much and dropping it in the bath.

**6.** Print books just don't offer the same distractions as your computer or tablet. While reading your textbook you won't get an invitation to Candy Crush, asked to update your Adobe Reader or the

ability to satisfy your craving to quickly Youtube 'Korea's Got Talent' (which we all know turns into a few hours of undirected internet trawling). When you're studying with your textbook you can save your bandwidth so that you can enjoy your free- time to its fullest.

**5.** You can't write on an e-book. Your device might be fitted with a small army of tools to help you annotate your page, but it doesn't remove the massive hassle. You can't highlight, or write notes in the margins, or dog-ear them. You have no idea how many pages you've read, or even remember which folder to find it in. And after all that, your annotations may not have even been saved.

Online textbooks aren't as widely available as their print- counterparts. The great thing about physical bookshops is that all the textbooks you need are in one place, otherwise you can just order it in.

**3.** Research has found that students who use print textbooks get better marks than those using digital information. UK studies reveal that people read print much faster than digital words and grasped concepts quicker. That means when you read off a screen you actually read slower, and usually more times than you would need to if you read a textbook. Students were also better able to apply knowledge from books in the exam situation.

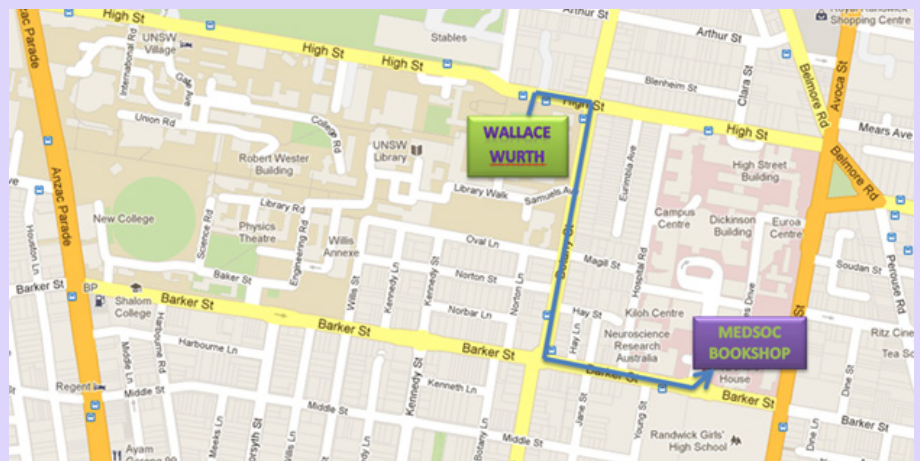
Books are less likely to hurt you. A number of health problems are associated with use of technological study devices. Computer Vision Syndrome is a big one- including eye strain, blurred vision and dry eyes. Computer and e-readers also have higher incidences of musculoskeletal disorders associated with repetitive muscle strain. Then again, why study carpal tunnel syndrome, neck pain, shoulder tears and fibromyalgia when you can experience it first-hand!

**1.** You can't reference Wikipedia

*Girija Townshend*

If you decide that you'd like to buy a textbook, remember that the UNSW MedSoc Bookshop has the cheapest medical textbooks in Australia and it's only a 5 minute walk away. All profits raised from the Bookshop are funnelled back into YOUR MedSoc to improve YOUR student experience.

Mon, Tues, Thurs, Fr: 11-5:30PM.  
Wed: 11-7





# indigenous health & rahms

*Anthony O'Rourke, RAHMS 2013 Co-Indigenous Representative*

The state of Aboriginal and Torres Strait Islander health is one of the biggest issues affecting our country today. It is shocking to think that from 1788 Indigenous Australians were murdered, their land stolen, and were then subject to racist policies which further destroyed their culture and forced them into inequality. They are the traditional custodians of our country and have the oldest living culture on the planet, yet they have a life expectancy seventeen years less than non-Indigenous Australians, suffer higher rates of disease, have poorer prognoses for each disease, are more likely to experience serious physical or emotional trauma in their lifetime and are faced with numerous barriers when accessing healthcare.

RAHMS is UNSW's Rural Allied Health and Medical Society and caters to students of all health disciplines who are interested in rural and Indigenous Health. We motivate our members to be passionate about ending Indigenous disadvantage and provide a range of opportunities to get involved.

Being a member of RAHMS enables students to go to an Aboriginal community through ACRRM's **John Flynn placement program**. We publicise

this opportunity to our members and have been overwhelmed by how much they enjoy the trips, as well as how eye-opening and inspiring they find them.

RAHMS also offers members the opportunity to attend **Indigenous festivals**. These festivals support Indigenous culture, language and visual arts and in October this year RAHMS will be attending the Vibe 3on3 festival in Maitland. This is a travelling sport and music festival that brings together Indigenous and non-Indigenous people to promote sportsmanship, build self-esteem and promote reconciliation at a grassroots level.

On **Close the Gap Day** this year, a day dedicated to closing the seventeen year life expectancy gap between Indigenous and non-Indigenous Australians, RAHMS collaborated with Oxfam and Arc SRC and organised a daytime barbecue for students on campus, to help raise awareness about this compelling issue, and a panel discussion at Nura Gili in the evening where two prominent Indigenous speakers informed and motivated all who attended.

The barriers facing Indigenous Australians accessing healthcare are overwhelming and include cultural

insensitivity of staff, language barriers, racism, trans-generational trauma, a limited number of staff working in Indigenous health and the barriers associated with living in a rural or remote area. This is particularly significant as 70% of Indigenous Australians live in rural and remote areas as compared to 35% of non-Indigenous Australians. RAHMS provides a forum where students from all health backgrounds can learn and become passionate about developing solutions to these issues through hands-on work in rural communities, in Sydney and on campus. We hope that this will result in more culturally sensitive health workers, more health workers wanting to work in Indigenous communities and in Indigenous health (both in urban and rural areas) and more health workers who are knowledgeable on the issues surrounding Indigenous inequality and value the importance of reconciliation.

To stay up to date with all events and Indigenous Health news become a RAHMS member at <http://rahms.org.au/>, 'like' our facebook page and feel free to email [indigenous@rahms.org.au](mailto:indigenous@rahms.org.au).



Applications  
close Friday  
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# MED VS LAW

## THE FACTS

Growing up, our parents would always utter the golden phrase whenever careers were mentioned:

"You can do anything you want, we just want you to be happy".

What they were really telling us was that we had two options: doctor or lawyer. Here's 5 reasons to be glad you made the right choice:

### 1. HAVING A LAW DEGREE DOESN'T NECESSARILY MEAN YOU'LL GET A JOB

Pass all of your exams and you can rest assured that government has your back. After those 4-6 years of medical school, it's nice to know you're guaranteed employment (shhh... let's forget about the internship crisis for a minute). The fact is that there are lots of people graduating with law degrees, and there's not many positions within law firms. If John Grisham novels have taught us anything, it's that these companies are bad news. Positions are so competitive that you'll probably have to pull out the still beating heart of your rival just to get an interview. Sure, you could always go into another field, but that makes about as much sense as going into medical administration.

### 2. YOU'LL HAVE A SOUL AND PEOPLE WILL LIKE YOU FOR IT

Let's assume you do get a job. If you're not protecting the environment or working for an orphanage, society's not going to like you. In the Gallup Pole, lawyers consistently rank amongst politicians and car salesmen as some of the least trusted professionals. While we have the occasional bad egg, the majority of doctors are making a positive impact and people respect that. From a public perspective, nothing screams "inspirational" quite like a stethoscope or rectal probe.

\*The above statements were made with the friendliest intentions. Please, don't sue us.

### 3. THE GRADUATE WAGE IS DEBATABLE LOW FOR YOUR EFFORT

In a 2011 poll conducted in the US, the median starting salary for bachelor degree graduates aged less than 25 in first full-time employment was \$51K. For interns, it was \$59K not including overtime. Sure, there's the opportunity to work your way up to a partner position, but is it really worth working 80 hours a week to smoke cigars with your buddies on the golf course? Furthermore, as a doctor you'll know that tobacco is bad, and won't die before your years due to increased risk factors from smoking (p.s. it's pretty much all of them).

### 4. SEPARATION RATES ARE HIGH, AND YOU'LL PROBABLY DIE ALONE

Picture yourself sitting alone at your desk at 10pm on a Sunday evening. The boss is hounding your ass, and you've got a report due on their desk at 7am the next morning. You finally get home, microwave some frozen food and pretend that the Ab-swing pro models on TV are your friends. Finally you fall asleep amidst a pool of crumbs and suppressed sexual frustration.

It's common knowledge that lawyers have high rates of divorce, depression and job dissatisfaction. Seriously guys, no amount of cocaine can replace that special man or woman in your life.

### 5. IF ALL ELSE FAILS, YOU CAN STILL MAKE IT BIG ON THE SMALL SCREEN

Lets face it - Judge Judy's hey day is over. Turn on the TV and you'll find Dr. Oz and Private Practice repeats dominate daytime TV programming. If you can't handle the blood and heartache, my sources tell me you can always make a buck working as a "McDreamy" (whatever that is).

Lachlan McLennan & Morgan Haines, Med II



# {medsoc half-year reports}

## vice president - dinuksha de silva

As VP I've had a number of duties throughout the year, which I'm sure you're dying to hear about in great detail. No doubt to your colossal disappointment, I will only briefly document a few, as I've already wasted about a third of my meager word allowance. My main aim was to improve transparency between MedSoc, Medfac and the student body. For this we required your feedback, so I've formulated a small survey. Keep an eye out for it and take a minute to have a say. I've been working to convey your feedback/perspectives to Medfac through the Curriculum-Development-Committee. Additionally, we're making Council meetings streamlined/more accessible to the student body. Regarding everyday matters: I've been responsible for securing an insurance policy, liaising with faculty/other university bodies, ensuring the longevity and official accreditation of our mentoring program (all credit to SDOs for expanding it), and regrettably my word limit ends here.

## secretary - alan chen

This year, the MedSoc calendar is looking more hectic than ever! With events running almost on a daily basis, there were an abundance of room booking requests, and many clashes had to be resolved. The MedSoc Events and FLO Team, Special Interest Groups, and associated organisations have done a tremendous job organising events to cater for the vast interests of our diverse cohort. With the exponential growth of events, the MedSoc Mailout has been reformed for simplicity and clarity. Please keep an eye out in Semester 2 for a further mailout revamp courtesy of our IT officer.

## sponsorship officer - khasthuri pathmanandavel

Sponsorship has had an eventful few months, beginning last December. After completing the Prospectus, potential sponsors were contacted and before we knew it, O-day was upon us! Perhaps the most exciting initiative to date was the creation of 'MedSoc O-Day Bags' for our first years, a joint effort between the Sponsorship and Membership Officers. It was brought together in a late night effort by members of MedSoc Executive and Council and I hope it marks the beginning of a new MedSoc tradition! With so many new medical schools in NSW, sponsorship can sometimes seem like an ongoing battle – but this has inspired us to seek out new sources of support. Our sponsors are fundamental to the execution of our outstanding events, so we are ever grateful for their ongoing support!

## groups liaison officer - kavita ravendran

It's been an exciting and interesting few months starting up my role as Groups Liaison Officer in Medsoc this year. I help Special Interest Groups (SIGs) in organising their respective societies, seeking sponsorship and planning events, and act as a point of communication between Medsoc and SIGs. I've been involved in creating guidelines for SIGs and Medsoc Clubs to make all of our roles

and responsibilities clearer! Working out a new role has been a challenge, but so far rewarding. It's been great helping younger SIGs like Dersoc and PsychSoc get started. It's amazing how many inventive ideas students have, and how we're able to engage each other!

## bookshop director - sugandha gupta

The UNSW Medsoc Bookshop aims to enrich student life by provide medical students with medical textbooks and equipment at affordable prices. The bookshop has donated several textbooks as prizes for Medsoc events, and profits from the bookshop go towards Medsoc lending to a greater student experience. To continue from last year's developments, we have been branching out to varied audiences. This year, in addition to designing tailored book packages for first year Medicine students (Essentials and Survivor Pack), we also opened up to UNSW Medical Science students. We continued to offer our affordable prices to medical students throughout NSW and have had success promoting at GP Conferences. The website offers an alternative avenue for those preferring to shop online. We post interesting links and articles on the Facebook page and have frequent giveaways, so make sure to 'Like' and remain updated on textbooks sales and discounts.

## public relations officer - helen quach

Whether you're getting your photo snapped at an event, reading Idioglossia or checking out our MedSoc website, the public relations team has been hard at work behind the scenes making these things possible. This year, our IT Officer, Varun has been working on our new membership database, which tailors your experience of MedSoc to your preferences. Highlights from Publications include the creation of a new Publications subcommittee, and subsequently, an exciting revamp of Idioglossia. We have a new team of snazzy photographers to capture your best and worst moments, and keep your eyes peeled for a blast from the past in the form of photos and stories from UNSW Medicine's rich history. Other developments from PRO include new ads for our MedSoc events, including publicity on medstudentsonline, and a brand new design scheme (and more) rolling out soon.

## photography - calvin park

Medsoc photography team was launched earlier this year to respond to demand of increasing number of events that needs to be photographed. We currently have five active photographers in Medsoc who are slowly scaling up to cover as much event as possible. For the first time, we will have a photography team covering Amazing Raise ensuring most people will have some sort of photographic exposure! We are still looking for more enthusiastic photographer to increase our event coverage, so please do not hesitate to contact us at [pro@medsoc.org.au](mailto:pro@medsoc.org.au).

## medsoc historian - john coombs

The year has started off great! After a trip to depths of the archive's I've come back with some amazing material. Keep an eye out as the year unfolds and learn about where it all started!



# {events team}

## events coordinators - dominic vickers and philip lo

What a start to 2013 it has been! As Event's Coordinators, our role has allowed us to work with a very dedicated team. From the annual Med Pubcrawl, Mentoring and College Cup to End-of-Course Tutorials and International Students Tour, we have seen great attendance and enthusiasm from students of all years. Furthermore, the MedSoc Events Team has established new events such as Meet the Medics, Law-vs-Med Rugby and International Student's Internship Info Night, which have and will see immense interest from MedSoc members. As we look forward to more events to come, such as Amazing Raise, SB Downton and MedBall we will continue working the Event's Team to deliver the best MedSoc Events of 2013!

## international representatives - elaine ng and richard tjahjono

2013 has been a big and busy for Medsoc, in terms of trying to better support and represent our understated international student population. For the first time, we managed to send an **International Information Pack** to all new international students, including first years and IMU fourth-year transfers. We held an **International Orientation** in O-Week, to welcome and better orientate the first years by introducing them to life in Sydney and UNSW Medicine. The RAHMS and Medsoc **Sydney Introductory Tour** was also another new and successful initiative, which helped to promote bonding between international and rural students. The **International Information Night** was more popular with older students, inspiring audience to take action and advocate for their right to remain in Australia as interns.

## academic coordinators - henry vo and jasmine cheng

MedSoc has run numerous academic events to welcome 2013. A successful collaboration with FLO at the '**Faculty Information Night and Excel Forum**' helped students understand what their medical course involves and how to achieve academic excellence. **Writing Research Night** saw engaging presentations by Professors Sean Emery and Marcus Stoodley on how to write a literature review and journal article that were highly useful for ILP students. Special thanks to Yuliya Novytska, Elaine Ng and Phil Lo who helped with catering! MedSoc has continued 2nd year OSCE revision and more sessions are being planned. The Foundations and SH **end-of-course revision tutorials** were, as always, well received. Congratulations to the 1st years for turning up in such strong numbers (more than Facebook attendance!). Lastly, we wish to acknowledge all those who have made these events possible, especially the Events Coordinators, academic subcommittee and all the students who volunteered as tutors.



## sport representatives - anna hines and dom bull

It's been a busy year for Sports so far! We kicked off with a **Welcome-to-Medicine beach volleyball** afternoon, with gorgeous weather and a great turn out of keen-bean 1st years who really wowed us with their volleyball prowess. **College cup** was another hit- we had some great games with an incredibly close result based on a count-back, giving the victory to College D! We're looking forward to the next few rounds in netball and soccer to see if College D can keep their lead. Most exciting was the **Med vs. Law** competition – congratulations to our Med girls on the touch victory. The boys put up an amazing fight too despite Law taking the rugby win. Thanks to everyone who came out to support the teams and contributed to the amazing atmosphere. Stay posted for more sports: netball, soccer and basketball to come!

## student development officers - lucy ping and danielle christmas

We kicked off with our **first year mentoring program**, extended to 5 sessions this year. We had a Pancake Day, ice-cream day and BBQs just to top off these mentoring sessions! A big thanks to all the dedicated and lovely mentors! We also launched **One-on-One mentoring**, a new program for P1 students to be buddied up with a P2-3 student to walk them through the challenges of medicine here at UNSW. Our new event, **Meet the Medics Cocktail Night** on June 12th promises to be a great night full of good food, drink, merriment and most importantly networking with some great doctors. Our year will culminate with the annual **SB Downton Leadership Seminar** on August 10th. Gathering some of most influential medical leaders, this year, we're taking it to a global level with speakers who have worked all over the world.

## charities coordinators - amanda zhou and olivia missiakos

The infuriating paradox of chilly and sunny on May 3rd hit us hard as we set up shop on Library Main Walkway for **Starlight Day**. Despite the slow post-exam-period Friday volunteers managed to raise \$670 for the Starlight Foundation! Now roll up to **Cirque DR Soleil, Amazing Raise 2013**, the theme a coincidence clever coordination (ahem) with MedRevue. On May 18th, eighteen teams gathered on dewy Library Lawn, roaring (there were lions) with adrenaline. Teams ran across the Harbour Bridge, clowned around in Luna Park, Gangnam Style-d with tourists, petitioned, recycled, collected donations for MSAP, dove into the rippling Coogee waters. Bar the musculo-skeletal injuries and aches, innumerable losties, and irreparable relationships (courtesy of U-Turns/Speedbumps), the Amazing Raise was a great success, raising over \$6000 for MSAP! Winning Team: The Old Farts (Loggen, Anthony, Jonathan, President Jenny) Team that raised the most: Smelly Old Champs (Pat, Angelica, Ron, Chris, Edmund) - \$1810. A GARGANTUAN thank-you to our sponsors (Arc, Messina, Pancakes on the Rocks, Ritz, Medsoc Bookshop), and supercalifragilistic photographers (Ander, Helen, Calvin) and volunteers!!!

# {representatives}

## first year - beryl lin and evan browne

This year, we're excited to make your Med life sizzle with the Fresher social and academic calendar - so speak up (we're here to listen), keep on your toes and get ready to party with your med-family! Amidst the fervour of foundations, our first event: "A warm welcome back" welcomed weary-eyed meddies back to 9am lectures after the mid-sem break with Hot Chocolate and Nut Bars - we hope to continue this "welcome back" ritual with different themes throughout the year. Look forward to a tasty Integration BBQ, and the long-awaited Integration Party soon so 1st & 2nd years have a chance to mix and match before sem 2. But when it comes down to it... we know you're all nerds at heart. After the first EOC Foundations Review Tutorial, we've been liaising with Paedsoc to run BGD tutes (especially for embryology) and another EOC review before exams hit!

## second year - anna fernon and mathew chua

2013! The year of the Snake! Like our cold-blooded reptilian friends, we have slithered ourselves into the warmth of friendship and second year unity! The numerous prey enticed to our Phase 1 BBQs has brought us great pleasure and joy. Just as the snake bask in the warmth of the sun, so will the second years bask in the warmth of the imminent medicine jerseys. Already wrapping up plans for Integration Party, we are excited for what 2013 has to offer!

## ilp/honours - samantha bobba

ILP/Honours is always a very different year for us, and with it comes very different challenges. A '**Preparing for your seminars**' night was organised specifically catered to the different assessment tasks for honours students - a first-time event that had great success. Future events include social gatherings to bring all the 3rd and 4th years struggling with research together to escape the lonely days that sometimes become ILP, as well as planning to develop a centralized support unit to help ILP/Honours students interact and help answer any life struggles that come with the year.

## prince of wales - joseph xavier and navid ahmadi

At POWH we have got to a very great start to the year. We have managed to organise peer, JMO and consultant teaching for students in various levels. Also, we have managed to form a great team with Tim Ghan, Elaine Ng, Matthew Ip and Asri Wijaynati as our phase 2 sequence reps. A large part of our success is thanks to the great work of POW administration, who have been very supportive of our activities and incorporating us in the Clinical Teaching Unit Committee and providing us an avenue to raise concerns and provide a feedback regarding the faculty and teaching. We have many great plans in progress with an end of session social event, mock exam preparations and more teaching (including bedside tutorials).

## st vincent s - christine ma and miho mugino

So far at St Vincent's hospital, we've had fun events such as the student VS doctor soccer match and Friday night drinks. Recently we had a free pizza lunch party thanks to Medsoc. As we reach the end of this year, we will have more academic events such as VIVA/ICE tutorials and mock exams for year 4s and 5s. Other exciting things on our agenda includes the end of the year drinks! Lastly, do let us know if you have anything in your mind that we can help with.

# {sigs & other groups}

## bioethics and medicine (beam)

BEAM aims to develop future medical practitioners in morals, ethics and philosophy by providing stimulating discussions and workshops. Going in its second year, BEAM is here to cater for medical students by promoting academic excellence and making bioethics real, applicable and interesting. Last March, we held a successful workshop for first year students on "**Surviving Ethics**" facilitated by Dr Adrienne Torda. Another sought-after academic event is the "**Viva Workshop**" which follows a mock exam format and prepares final year students for their dreaded exams. Of greater interest, BEAM is also hosting a series of talks on **Bioethical Issues Today** which is open to the general public featuring some of the biggest medical experts on bioethics in Sydney. This year's topics include Dealing with Minors (May), Organ Donation (July), Patient VS Doctor (September), and the Euthanasia Debate (October). Please refer to [www.unswbeam.org](http://www.unswbeam.org) for further details.

## unsw surgsoc

UNSW SurgSoc is student run group dedicated to promoting surgery as a career prospect for UNSW medical students. We kicked off 2013 with an information session on how to become a surgeon, including a lecture from a recent SET program graduate. This year, we've run Colorectal, Craniofacial and Neurology/ Neurosurgery (with NeuroSoc) grand round events, including case presentations from specialists in these areas. SurgSoc's **Women in Surgery** night provided an insight into how some successful female surgeons manage their careers. SurgSoc has run skills workshops in Suturing and Orthopaedics, which are designed to give students experience in the hands-on nature of surgery. Our exciting **skills workshop** included suturing, knots, laparoscopic simulation and chest drains. "Like" us on Facebook to keep track of our fantastic events for the rest of the year: <http://goo.gl/FLhd8>

## oculosoc

Initiated in 2011, OculusSoc was created with the vision of providing improved access, exposure, and teaching in the exciting field of ophthalmology. Our past Grand Rounds have covered the presentation and management of common eye emergencies; glaucoma; differential diagnoses of the 'red eye'; and systemic ophthalmology. Other key events include clinical ophthalmology tutorials, which offer hands-on teaching in eye examinations and correct use of the direct ophthalmoscope and slit-lamp. So far this year, we have had a highly positive reception for our **ophthalmology tutorials**, organised at POWH for the



AH2 coursework students. Furthermore, we have pioneered video-conferencing to other hospitals by SIG groups. Find us on Facebook or contact us at OculusSoc@gmail.com.

## o & g soc

Just as the embryo undergoes dramatic changes with each Carnegie stage, O&G soc has expanded and reached out further this year with many exciting events. Our online community is growing in number and it is encouraging to see interest from all year levels in this fascinating and relevant field. The year was kicked off with very insightful talks by Dr. Terri Foran and Professor Alec Walsh in the well-attended 'Grand Rounds' in April. We were also lucky enough to hear from renowned Professor William Ledger and RANZCOG in 'Careers in Emergency O&G'.

Stay tuned for more events later in the year including the BGDA revision tutorial in collaboration with Medsoc, Skills night and Maternal Health and Issues Evening.

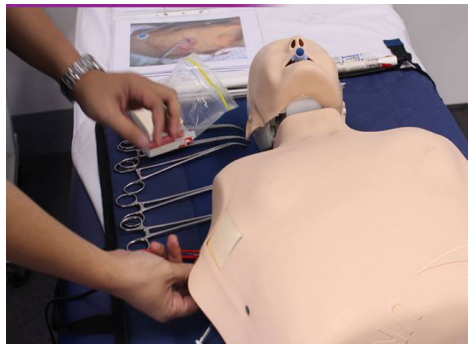
## neurosoc

Very sexy topics opened up our program this year, including maximally invasive spinal surgery, exertional headache and reversible cerebrovasospasm in our combined Neurology/ Neurosurgery Grand Rounds with Dr Rajesh Reddy and Dr Mark Hersch. Strong attendance has been continued in our Neuroimaging Tutorial Program in three parts (Spine X-ray/CT/MRI, Brain CT, Brain MRI) with Dr Rajesh Reddy and Dr Grace Aw. It is fantastic to see large groups from USyd and UWS Medicine joining in the nights. Many thanks to our sponsors (Brain Foundation, Investec) for supporting us to provide high calibre educational events with fantastic food and prizes (mini ipad!). Future opportunities: (1) **Neurology Placement Scholarship** – for a monetary sponsorship and five day placement with a consultant neurologist, (2) **Research Competition** – interested in research or potential ILP/ Honours topics? Plus the chance to practice presentation skills and win prizes, (3) **Neuro skills/clinical examination nights** – maximise neurological clinical skills before OSCEs and ICE. Find us on Facebook!

## msap

The Medical Students' Aid Project is a student-run non-profit organisation that sends much needed medical supplies to developing world hospitals. This year we have successfully hosted:

**Annual Launch Party + Elective Photo Night:** Students were introduced to upcoming events and heard 6th years recounts of witnessing first-hand, the impact of MSAP's work at hospitals around the world. **Global Health Meeting #1:** Discussion of the progress towards achieving universal primary education, and the 'multiplier effect' of investing in education for girls. **Global Health Short Course:** Week #1 of the 4-week lecture series exploring



**Clockwise from top left:** SIG grand rounds events | MSAP "I give a crap about poverty" | Surgsoc skills night

"Conflict in the Developing World" was opened by the Dean of Medicine and saw 200+ students attending! **"I Give a Crap About Poverty" Toilet:** Collaborated with OXFAM as part of Make Poverty History Week to host... a giant toilet on campus! Many questionable photos were taken – find yourself on the MSAP facebook page!

## cardiosoc

2013 has been an exciting year for CardioSoc! We recruited 5 new members with an emphasis on obtaining sponsorship for our events. We hope to run more frequent events and to ensure student interaction during events such as grand rounds. We started off the year with **Cardiology Grand Rounds** for which two advanced trainees from Prince of Wales Hospital presented a very interesting case and discussed possible differential diagnoses, investigations and management. Students were all keen to answer questions and to give their ideas on management. We have also been busy planning our next events such as ECG Revision Night, Cardiology Cases Night and revision tutorials prior to phase 2 and 3 exams. We are looking forward to next semester and hope to engage students from all three phases in our events. Look out for us on the MedSoc Newsletter! Hope to see you all.

## dermsoc

DermSoc is a new, re-established sig this year. Dermatology is minimally addressed at UNSW, so our aim is to provide both basic and more advanced information to students as a way to raise knowledge and interest in the Dermatology field. Our first event for 2013 was a **Careers and Information Night** (8th April) where we had free food and skincare products, and talks from three dermatologists on why they entered the field of Dermatology, what their career involves, and how to enter the Dermatology training pathway. We next have a **Skin Lesion Excision and Repair workshop** (20th June) in conjunction with SurgSoc, which will enable students to gain some practical skills. After this we will have DermSoc Grand

Rounds (13th August), where dermatologist speakers will go through different cases. We will end 2013 with our Skin Clinical Examination Tutorial (15th October), which will cover skills needed for our OSCE and ICE exams related to skin!

## paedsoc

After taking its first baby steps as a SIG last year, Paedsoc is all grown up and taking even bigger strides this year as it builds on the events in 2012 to make 2013 even better and brighter! At the beginning of the year Paedsoc's first birthday was celebrated at the Paedsoc Introduction Night which had over 90 students in attendance hearing the inspiring words of Professor Les White and Dr John Lawson. In an effort to make life just a bit easier for fellow med students Paedsoc has also run the Embryology and BGDB Tutorial Nights which were highly successful. Teddy Bear Hospital, a program that endeavours to teach kids health education, continues to thrive in 2013 with one urban and one rural session already being run and more planned for the rest of the year. Paedsoc has plenty more in store, so keep an eye and ear out to see what other fun things are going on! ♥ Paedsoc



**Above:** Port Macquarie staff and students

**Right:** Wagga students at the Gold Cup



## wagga wagga - sofia mason

2013 has been a bustling year in Wagga, with lots of academic event to keep students busy. We were welcomed by the Wagga Welcoming Committee at a start of year dinner and have enjoyed the support of doctors and other health-care professionals as we've progressed through the year. The Gold Cup Race Day was in early May, giving students an opportunity to dress up, have a punt, and participate in one of the many things that a rural community like Wagga has to offer. HardCAW (Health in the Riverina Day – Canberra, Albury, Wagga), a conference organised by RAHMS and other health clubs was held, bringing health students from a range of universities to Wagga for two days of conference activities. The event was a great success. Students in Wagga and in Sydney can look forward to a range of RAHMS activities occurring as the year progresses.

**Right:** Albury students

# RURAL UPDATES

## port macquarie - alex preddy

Big and exciting things have been happening in Port Macquarie. Once again we have a record number of students (47) ranging from 3rd to 6th year. Our amazing renovations have been completed and we have a new 100-seat theatre to enjoy. Not to mention a expanded common room (complete with table tennis and a pool table!) and an outdoor deck for our monthly BBQ's. This year we have run our annual Barefoot Bowls, IronMan fun run team and are looking forward to The RCS Trivia night, Wine tour and Graduation celebrations. We also have multiple teams in local sport competitions including netball, touch and multisport. Finally, the \$20 million dollar joint health campus with the University of Newcastle is set to begin construction towards the end of this year. This will allow the Port Macquarie campus to deliver the full medical course with first years expected to start in Port Macquarie in 2015.

## coffs harbour - samra saikal

We started off the semester in Coffs Harbour with a Welcome Back BBQ down at Boambee Creek Reserve for all the students to meet and get to know each other. Since then we've had various parties (gangsta, toga, etc) as well as events at the Rural Clinical School, such as movie nights and the Electives Information Night which allowed the sixth years to share their photos and stories about their elective travels. We're planning on visiting some local rural schools to chat to them about the medical profession and the medicine degree, and we have an information evening at the Rural Clinical School which is open to people thinking of studying medicine in the future. Although the year started off with some nasty floods, the weather has been lovely and the RCS is going well!

## albury - claire powell and john coombs

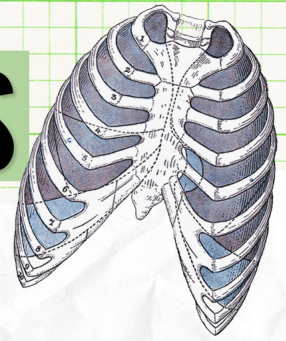
Albury might appear a sleepy country town, but that's only to those that haven't visited. This beautiful place is more than just a spot on the map. It's only halfway through the year and we have done more then we can fit into this short write up! It all started off when we: *Hopped off a plane at AWA, with a dream and my cardi-gan. /Dr. Vine said welcome to the land of fun excess, and I thought, "am I going to fit in?"...*

Aannnd we'll leave the Miley reference there. But to answer the question, of course you'll fit in! Highlights for 2013 so far include tackling the Charles Sturt and LaTrobe students in Wednesday Night Netball, expanding our debating skills at Journal Club and enjoying the 2013 Commencement Dinner beneath the stained glass ceiling of the Albury Club. And winning the \$1000 trivia night! And don't get us started on the Friday night BBQ's. If you think we've been busy, you haven't even scratched the surface or the plans for the rest of the year! For a full report, watch out for the RAHMS newsletter and make sure you come and visit!





# UNSW MED CONFESSIONS



*Idioglossia put the call out for you to anonymously confess your deepest secrets. Here are the results:*

The list of Medcamp-related confessions proved longer than the trek to Livo hospital.

**"I vomited all over a mate's pair of shoes... and blamed it on the guy that we woke up to passed out outside."**

**"I went skinny dipping in the river, and the leaders came and the only thing I had to cover myself with was an empty goonsack."**

**"I hooked up with a leader and then she fell off a balcony."**

**"I drank my mate's vodka and replaced it with water... he didn't even notice."**

**"I just kept taking off my pants."**

**"I stole my roommate's sheets for my own toga."**

**"I hooked up with 2 different girls, but thought they were the same person."**

**"I got drunk to the extent of passing out. Later on, I got drunk to the extent of passing out... in my scenario group."**

But don't think that the action is just limited to Medcamp.

**"This one time, at Liverpool Hospital, I hooked up with another med student in the conference room after everyone left."**

**"My friend made the mistake of telling us all that his girlfriend is the only person he has ever**

**kissed (so cute). At the next med party, another (male) friend snuck up and planted one on him before he could react. He has now officially kissed as many guys as girls."**

But let's never forget that amidst all the debauchery, we still can have hearts of gold.

**"I cried every single day during my palliative care week."**

*Need to get something off your chest? Submit your confessions, love letters, and anything overheard at <http://goo.gl/SNxqr>*



## OVERHEARD

Considering the high UMAT marks required to get into UNSW Medicine, there certainly are some exemplary examples of intelligence amongst us. Tanya M allegedly once asked **"Is the aorta a vein or an artery?"**

We've all been lost and confused in an anatomy practical before, but does that really excuse the following exchange?

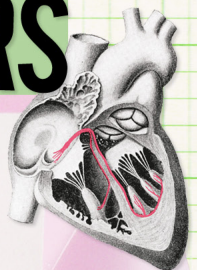
**"Oh, is this the heart?"**

**"...No, that's a lung."**

And let's not forget Andrew N, who continuously calls the ischial tuberosity the **"ischial tuberculosis."**

I don't think we should worry too much though – those are all better than the law student who asked **"Is Rihanna Cambodian?"**

## LOVE LETTERS



**"The hot socials director is pretty much the only reason I go to med events. Medlove please."**

**"Sonia, I think your duck lips are hot."**

**"I secretly watch the Anatomy videos in my bed at night because I have the hots for Ken Ashwell..."**

**"To the pun-making, lecture-taking, heart-breaking older moustachioed man. Be mine darling."**

With Liz Huynh

fun stuff!



# CROSS WORD

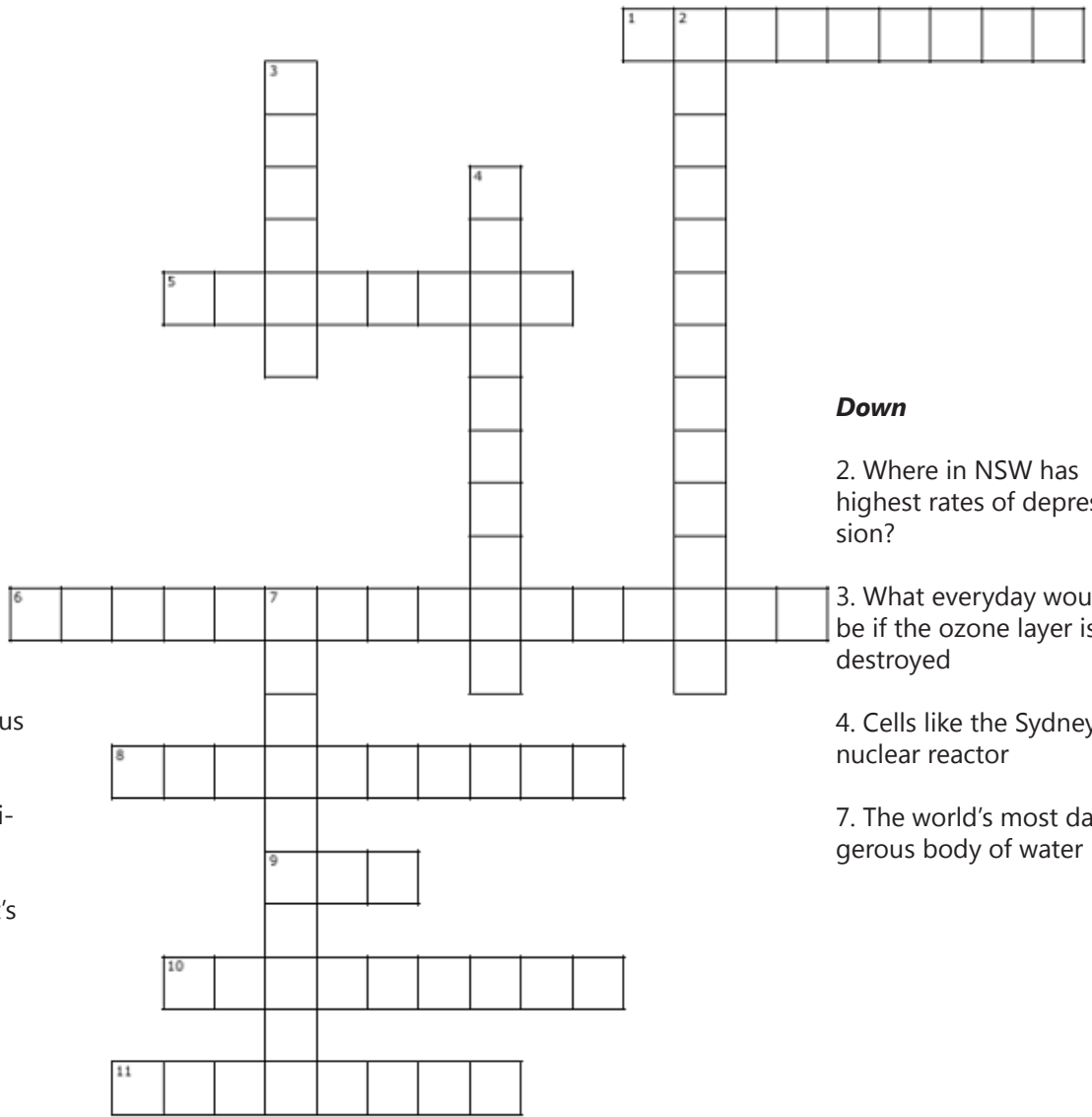
How well do you know  
your **Velan** puns?

## Across

1. If Shakespeare had myco-bacterium
5. The type of gangrene that digital gangrene replaced
6. Brisbane disease
8. The world's most dangerous insect
9. Where a baby buys its anti-bodies
10. A type of vegetation that's not good for you
11. A type of 'non- Monica Lewinski' lesion

## Down

2. Where in NSW has highest rates of depression?
3. What everyday would be if the ozone layer is destroyed
4. Cells like the Sydney nuclear reactor
7. The world's most dangerous body of water



Across: 1. TBornotTB 5. Analogue 6. Bronchopneumonia 8. HepatitisB 9. Iga 10. Tricuspid 11. Discrete  
Down: 2. BlueMountains 3. Friday 4. Leukocytes (Lucas Heights) 7. HepatitisC

# MEDICAL JUMBLE

Unjumble the words  
to the right, then  
rearrange the circled  
letters to solve the  
following clue:

**'What we should do  
if CPR doesn't work  
on him'**

"unubq"

answers: bones, infarct,  
caecum, mucous, artery

SOBNE



NCAITRF



MUCCAE



SCUUOM



RREAYT



# TICKLE YOUR HUMERUS

Doctor: We're sorry sir, but you have onomatopoeia

Patient: What is that?

Doctor: It's exactly what it sounds like

---

Q: How do you tell the difference between a prostate and a garden hose?

A: There's a vas deferens

---

Patient's husband: WHAT DID YOU SAY ABOUT MY WIFE?

Doctor: Sir, I think you may have misheard. I said your wife has acute angina.