

# IDI OGLOSSIA

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THE UNSW MEDSOC MAGAZINE

2014 ISSUE 2



Welcome to Issue 2 of Idioglossia 2014 and the final MedSoc publication of the year. Have a flick through to see what UNSW med students want to share with you - from Welfare Week, rural placements, to conference and research tips.

A big thanks to the Publications team this year - Helen Zhang, Liz Huynh, Elaine Ng, and Cathy Cui. And of course, Em Jansen, the mastermind behind Humerus, our newest publication.

If you've seen your face on any of the publications this year, credit goes to MedSoc photographer Brenda Ta and her fellow photographers - Stephen La, Daniel Chung, Alex Wang, and Cheuk Lam.

And finally, thanks to everyone who's been reading and submitting.

Congratulations to Victoria Liu, the incoming Publications Officer, who I'm sure will make MedSoc Publications bigger and better than ever in 2015.

**JANE GUAN**

PUBLICATIONS OFFICER 2014

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# PRESIDENT'S REPORT

SEMESTER 2, 2014

Hello everyone,

MedSoc 2014 has been a year filled with successes across all areas. I encourage you to read the reports from the different executive members to see just how much we have achieved in just one year.

On the advocacy front, our Student Representative team has worked tirelessly to advocate to Faculty on issues across the three phases and on both metropolitan and rural school issues, achieving significant advocacy wins. Below are only some of the key issues addressed by MedSoc this year and I urge you to read the President's report at the AGM this year as well as the Student Representative team report for a comprehensive list of the achievements.

- In Phase 1, students will have seen the introduction of senior students as clinical demonstrators in their CCS sessions;
- In Phase 2, we have advocated and are working with Faculty to reassess the P2 Coursework Curriculum, culminating in the coursework redesign proposal;
- In Phase 3, we continuously work to ensure a consistency of teaching across all clinical schools.

On the events front, you may not be surprised to hear that MedSoc and its Special Interest Groups held very close to 200 events during this year – a commendation to the different teams who have put together very high standard events. Just to name a few of our Semester 2 events:

- The largest Medball ever, held at the Ivy Ballroom
- The inaugural comedy debate between doctors and students (with an unexpected pulling of chordae tendineae by Professor Kumar)
- The annual S.B. Dowton Medical Leadership Seminar
- MedShow: Aching Bad (always amazing to see how talented our med cohort are in producing and starring in our own theatrical production and raising money for Little Travellers Australia)
- Welfare week
- End of Course revision tutorials
- Mock OSCE, mock ICE and mock Biomed nights

As you will have seen, we have introduced the MedSoc forum on Moodle, which we hope will facilitate greater engagement and transparency between students and MedSoc. This will ensure that students will be able to keep the MedSoc executive and council accountable to their roles, as well as providing a medium for feedback related to the course and faculty. In addition, and very excitingly, a working group is currently developing and sourcing MedSoc app, with an expected launch for the start of semester 1 2015.

A thank you to the MedSoc executive and council of 2014 for their selfless dedication and commitment to their roles throughout this year. Without these individuals, MedSoc would not be able to achieve the amount of things in terms of engagement and advocacy as it has through this year. I encourage you all to get involved, whether through running an event, volunteering your time at a mock event or providing feedback about your courses.

Finally, it was an incredible honour for us to serve you as your MedSoc President and Vice President in 2014. Henry and I reflect on this year with great pride, being surrounded by such remarkable individuals doing extraordinary things. We look forward to following the exciting directions of MedSoc in the future and in particular seeing what you can do to make the medical student experience even more wonderful.

Signing out,  
Henry and Jackie



**HENRY LIN**  
UNSW MEDICAL SOCIETY  
PRESIDENT



**JACQUELINE HO**  
UNSW MEDICAL SOCIETY  
VICE-PRESIDENT



# WELFARE WEEK

HELEN ZHANG (I)

When med school throws tendon hammers at you, sometimes they can be hard to dodge.

This is why we have Welfare Week- an annual week that aims to raise awareness about the very important wellbeing of medical students. This year it was spearheaded by our Charities and Wellbeing Officers, Samuel Baumgart and Meydene Ong, who worked with a small but passionate subcommittee to make Welfare Week 2014 bigger and better than ever.





### **MONDAY: STRESS LESS**

It's one of the greatest ironies of med school- the demands of the experience can lead to the erosion of some of the most important qualities needed in good doctors. Research has shown that the extreme stress levels associated with medical school can lead to difficulties in engaging and communicating with empathy- a skill that is critical to the doctor-patient relationship (Shapiro, Schwartz & Bonner, 1998). Furthermore, it could potentially lead to strains on relationships (Gallegos, 1990), alcohol/drug abuse (Johnson, Michels, and Thomas, 1990), depression, anxiety (Salt, Nadelson, and Notman, 1984) and even suicide (Richings, Khara, and McDowell, 1986). Monday aimed to promote ways to manage stress, and featured meditation and mindfulness workshops, a talk about Stress Management in Medicine sponsored by MDA, free stress balls and pyjamas and onsie themed clothing. The meditation class went so well that there is talk of holding weekly meditation groups being for medical students... stay tuned for more!

### **TUESDAY: MENTAL HEALTH**

Did you know that 43% of medical students are likely to experience a minor psychiatric disorder such as depression or anxiety? And that physicians are 2 to 3 times more likely to commit suicide than non-physicians? (beyondblue, 2013) The machismo and extreme perfectionism that traditionally characterize the culture of medicine can tip even the most capable of people into the pits of self-doubt and melancholy. Yet stigma remains rife, with almost 4 in 10 doctors agreeing that many doctors look condescendingly upon doctors who have experienced mental health issues (beyondblue, 2013). In order to raise awareness about this important issue, Tuesday was dedicated to mental health and featured Medsoc President, Em Jansen, giving a powerful talk about her own experience with mental illness, the opportunity for a lucky student to shadow psychiatrist Dr. Josephine Anderson from the Black Dog Institute, blue themed clothing and a screening of the movie, 'A Beautiful Mind'.

### **WEDNESDAY: PHYSICAL HEALTH**

Hippocrates once said, 'Let your food be your medicine, and your medicine be your food.' That's not quite what happens in med school. Despite being taught to preach regular exercise and a healthy diet to our patients, only around 20% of medical students eat the recommended 400g of fruits and vegetables per day. Staying physically active, eating healthily, sleeping enough, socializing and ultimately finding a balance between study and play will help us stay mentally resilient and manage stress loads. To promote physical health, Wednesday had numerous exciting events such as a free nutritionist and fitness workshop, free Fitness First trial sessions, free cookbook and free bread and fruit sponsored by Brumby's Bakery.

### **THURSDAY: SAFE SOCIALS**

Work hard, play hard. When the time comes, medical students party harder than any other faculty, because, well, we've done the hard yards for it. Thursday was all about promoting social health and featured an exciting trivia event and a teal-riffic Blue Party at Luna Nightclub to celebrate the end of what had been a brilliant week.

We hope that you were involved in some of these events and that you enjoyed yourself as much as we did organizing it! But most of all, don't be afraid to seek help if you need it, and remember to give yourself the time and TLC which you deserve! ▪



# ADVENTURES IN MANILLA: A 5TH YEAR MEDICAL STUDENT'S RURAL TERM

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**DAVID BUI (V)**

"Dear David,

Please find the below details of your GP Clinical Service Placement...

113 Manilla Street, MANILLA..."

*Manilla? They're sending me to Manilla?! The capital of the Philippines?*

Being a Sydney-born boy through and through, the contents of my email on the 20th of June took a while to get used to. Where was this place they were sending me? What would it be like? What could it be?

As it turns out, the extra "L" in Manilla isn't just a letter, it makes a difference of 5961.31 kilometres. A small town in Northern New South Wales, it will take you 45 minutes from Tamworth and about 6 hours from UNSW.

Not knowing what I was in for, I did what most 20-somethings would do and got onto the internet. It turns out that Manilla was the "site of the 10th FAI Paragliding World Championships" and had a song written about it by Australian singer-songwriter Darren Hanlon. Whilst neither of

these facts prepared me for my times ahead, it was a start, and away I went.

With a population of 2081, Manilla is one of the smaller rural General Practice placement sites available to Phase 3 students part of their Primary Care term. The GP supervisor, Dr Cameron Henderson, runs both a busy GP practice, attends house-calls and the newly renovated Manilla Hospital, all in a day's work. What this means for students is a truly unique medical experience: I remember Dr Henderson and I assessing vision for a patient's pilot license one minute, then rushing to the hospital the next where a patient was seizing and being aggressive to staff.

Rural GP's really need to be a jack of all trades, and Dr Henderson is no exception. A GP with a diploma in medical hypnosis as well as a Masters in Sports Medicine, he is across all manner of pathology and clinical presentations. In a day we'd see everything from a school girl with panic disorder, a farmer with shoulder impingement, a woman with Huntington's disease and yes, the humble URTI – across a whole family, or two.

Just because we were in "GP-land" didn't mean we only saw "coughs and colds". During my stay I met a 48 year old



woman who had presented with hoarse voice post-endoscopy 3 months ago. However, on examination it was apparent that she had blue sclerae – pathognomonic for Osteogenesis Imperfecta, a congenital defect of collagen production. One of the practice doctors, Dr Fraser, was still investigating the dysphonia when I left, having ruled out most structural causes, but one of the differentials higher up on the list was an arytenoid cartilage microfracture - fascinating! Such a case has never been described in the literature.

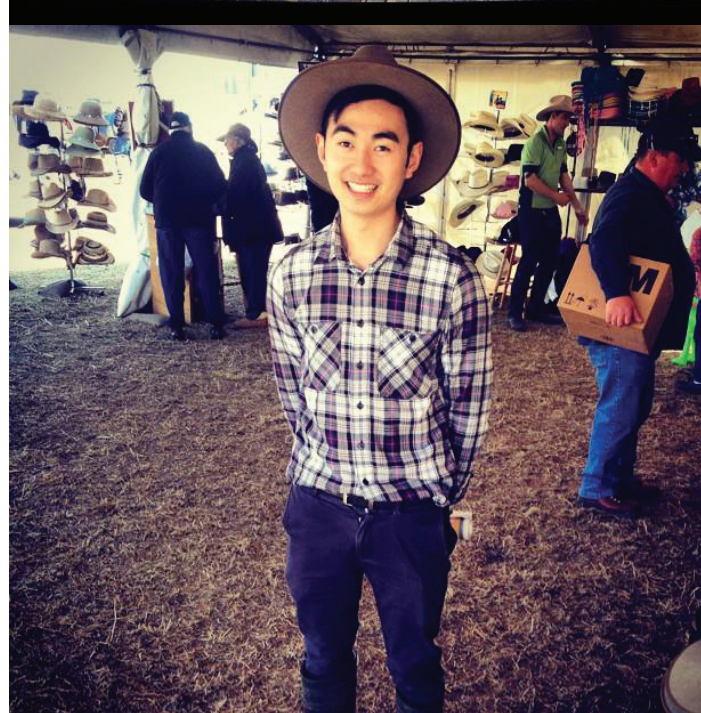
I was the only medical student from UNSW placed in Manilla. This was one of the best things about the placement for me, giving me a chance to just “dive in” to both the medical side of things and the country life. Over the four weeks I did ward rounds at the hospital, took bloods, assisted in treatment of a patient in cardiogenic shock, excised multiple skin lesions in the GP treatment room, learnt how to give intra-articular cortisone injections, both in hospital and in the community, and saw patients independently at the practice on main street! Having these responsibilities in a real apprentice-type model really boosted my confidence in diagnosis, investigation and patient management.

But it wasn't all medicine medicine medicine. During my placement AgQuip, the largest agricultural trade fair in the Southern Hemisphere, was on in Gunnedah (only an hours drive!); the 2014 *Australian Barrel Horse Association* (ABHA) National Finals at the Australian Equine and Livestock Events Centre (AELEC) in Tamworth took place; and probably my personal highlight – Dr Henderson and his wife Jenny had their annual bottling of their olive oil – fresh from their own grove!

Being placed with Dr Henderson was a particular highlight. It is so energising to meet someone with such a passion for medicine. He'd take time out to answer any questions I had not only with the patients I was seeing in clinic but also took a genuine interest regarding Biomedical Case Protocols and non-primary care study. I was pleased to hear his 40 years of rural practice in the Manilla region were recently acknowledged with a Medal of the Order of Australia. I really do hope our paths cross again in future.

Manilla is a beautiful country town, with sunburnt scenery bordered by the junction of the Namoi and Manilla Rivers. Doing the three bridges run in the country air is one of the best ways to clear your head after a long day, and home cooked meals at “The Abbey” aren't too bad either!

The four weeks was a great opportunity to get away from the hustle and bustle of Sydney life, meet some amazing students, staff and mentors and get a taste of country life. I'm not sure whether I'm ready to throw it all in and “go bush” just yet, but if you're looking for somewhere to learn, grow and have a good time in the country on GP placement: Manilla is it! All in all, I truly am glad that there was an extra L in my email: I wouldn't have wanted to miss out on all this! •







## CONFERENCE Q&A

WITH **PRIYA MAHESHWARI (IV)**

### WHICH CONFERENCE DID YOU ATTEND?

I presented some research at the Alzheimer's Association International Conference which was held over a week in mid-July in Copenhagen, Denmark. It's the largest conference dedicated to dementia research - there were over 4000 researchers and clinicians who attended it!

### WHAT WAS YOUR RESEARCH ABOUT?

Over last summer at the Whiteley-Martin Research Centre of Nepean Hospital, I looked at the literature to determine whether bacterial infection increases the risk of Alzheimer's disease. I found over a four to five-fold increased occurrence of Alzheimer's disease with detectable evidence of bacterial infection with two bacterial groups: spirochetes and *Chlamydomphila pneumoniae* respectively. My research supervisor encouraged me to submit an abstract for the conference because we realised that our findings might encourage further investigation of the role of bacterial infection in Alzheimer's disease.

### TELL US ABOUT THE CONFERENCE EXPERIENCE.

It was my first time attending a conference and it was really eye-opening to see just how many people worldwide are currently researching the causes and treatments for this burdensome disease. After presenting my research, it was great chatting to people who have been researching into dementia for their whole careers, and so inspiring to see their passion for dementia research.

We were given a royal reception with one of the Danish princesses officially welcoming everyone to the conference on the first day, complete with the Danish royal marching band playing some tunes. One of the highlights was our welcome reception at the famous Tivoli Gardens, the second-oldest amusement park in the world (I highly

recommend the thrill ride 'Vertigo' where you experience a force of 5 g). I attended a few different evening symposia each dedicated to the discussion of a different area of Alzheimer's research - the quality of both the conversations and the canapes was top notch!

### WAS IT DAUNTING TO ATTEND A CONFERENCE IN A COUNTRY YOU'VE NEVER BEEN TO BEFORE?

No it wasn't daunting to be honest, because I'd read up briefly on Denmark beforehand and knew that the Danes speak excellent English, which meant that I didn't have to worry about language barriers. When I got to Copenhagen I found that the Danes are also very welcoming and Denmark is tourist-friendly, from the driverless Copenhagen Metro to the Wi-Fi availability at the centuries old Danish castles that I visited.

### ANY TIPS FOR MED STUDENTS WANTING TO PRESENT OVERSEAS?

Something to keep in mind if you're doing research and wanting to present your findings at a conference is to check the deadlines for abstract submission very carefully. Many conferences have deadlines months in advance of the conference so you definitely need to plan ahead.

For travel insurance, I found it to be useful to look into what your Medical Defence Organisation (like Avant) can do for you as part of your policy with them.

It can also be worthwhile to look up an online phrasebook for common phrases if you're visiting a country where English is not as widely spoken. Though language barriers aren't generally an issue while you're at a conference, it's nice knowing a really basic set of words for when you're exploring the city you're in. ▪

# CONFERENCE REPORT: ANZSPM 2014

## BRONWYN HOOGLAND (III)

The ANZSPM Scientific Meeting is the biennial conference of the Australia and New Zealand Society of Palliative Medicine, and was held on the Gold Coast this year. The academic program covered a wide variety of topics, including neuropathic pain, immunopharmacology of opioids, targeted therapies for cancer, and early referral to palliative care. After submitting an abstract on the preliminary results of my ILP – ‘Medical Students’ Knowledge and Attitudes towards Palliative Care’ – I was lucky enough to be offered the opportunity to present a poster.

I quickly discovered I was the only medical student attending the conference, which was somewhat intimidating. There is nothing quite like standing in a room filled with specialists while your clinical exposure is limited to Phase 1 and ILP! However, while mingling on breaks and discussing my poster, I soon learned that there was quite a bit of interest in my research, with some asking for my contact details so that they could have a copy of the final results and analysis. It’s a really nice feeling to have your research acknowledged and appreciated, especially by specialists in the field.



One of the most interesting talks was on the immunopharmacology of opioids, with recent research suggesting that Toll-like Receptor 4 plays a role in the development of opioid tolerance and dependence – so if it were able to be blocked, the reward pathway would be inhibited and tolerance rates reduced. Another interesting one was on targeted therapy for advanced cancer, with discussion afterwards based on the ethics of spending so much money (thousands of dollars a month) for only a small improvement in survival.

Overall, it was a great experience, and if you get a chance to present your research as a poster or an oral presentation, go for it – it’s a valuable opportunity and well worth the stress and anxiety beforehand. ■

# GETTING READY FOR RESEARCH

## DANIEL YEO (IV)

Getting ready for your research year can be a daunting process. After two years of trying to cram everything, you now have to figure out who you’re going to spend an entire year with. Depending on your project and your supervisor, you could either be having an extended holiday, or get slave driven till the wee hours of the night pipetting colourful liquids into electrophoresis wells.

If you’re still in 2nd year, you’ll need to start finding your supervisor. What you choose to do next year will depend on your priorities. Do you want a break from medicine, or a chance at some ground-breaking research? Lab based projects will probably involve you coming in everyday and can be quite repetitive and even socially isolated. Clinical projects tend to have a lighter workload, but some may only involve statistical and database work. Qualitative projects such as interviews and surveys are even easier, and give you more of a chance to interact with people.

If your focus is on a stronger resume, then first determine if the paper is publishable. This will be difficult as every supervisor will tell you their project is highly publishable and every title is going to sound ground-breaking. Instead, take a look at how many papers that supervisor has actually managed to publish. Next, consider what type of authorship you'll get. First author on one paper is better than last author on three. If they're the first name on every paper on their list, you might want to rethink it. A good, well-established academic usually puts his name last. It's also generally agreed that whoever writes the paper gets first author, but make sure this is clear from the outset. And finally, try to research in the specialty you're aiming for. Later on, some specialties may only count papers in their field and start considering journal impact factors. In terms of working with the supervisor, by far your best source of information will be from past students. Nobody can give you a better idea of what it's like to work under a supervisor, but make sure not to rely on a single source, as different people can have entirely different experiences under the same supervisor, whether due to personality clashes or project differences. But at the very least, it will help you avoid the horror stories out there. There is also usually an inverse relationship between a supervisor's academic reputation and the amount of time they can spend on you. Find out if they're organised or have a good support team or co-supervisor.

If you've already got your supervisor sorted out, then remember only one thing. Keep your supervisor happy. Whether it is handing in all your work early or attending all their clinics, remember that this person will be writing your reference letter. On the other hand, there's really no need to feign a sudden interest in the development of 19th century architecture, be a Bulldogs supporter or coincidentally pick up the same political inclinations as them. As long as you're properly behaved and are conscientious about your work, virtually all supervisors will be happy to write a good reference letter for you.

### **SHOULD I HONOURS?**

In spite of the recent change from MBBS to BMed/MD, UNSW MedFac is still offering the BScMed (Hons). This means you will still graduate with all three titles; BMed/MD/BScMed (Hons). Those of you who are in 2nd year may still be choosing between Honours or ILP. The cut-off hovers around a WAM of 70 to 75 and is based only and entirely on the average of your exam marks (not including Foundations). That means the portfolio, OSCEs, end of phase exam and prac exams do not count towards this. The offer to do either Honours or ILP should arrive somewhere in February next year, and you'll find out if you've been accepted in March. The only question left is; do you want to do Honours?

If you do get offered entry into the program, well done!

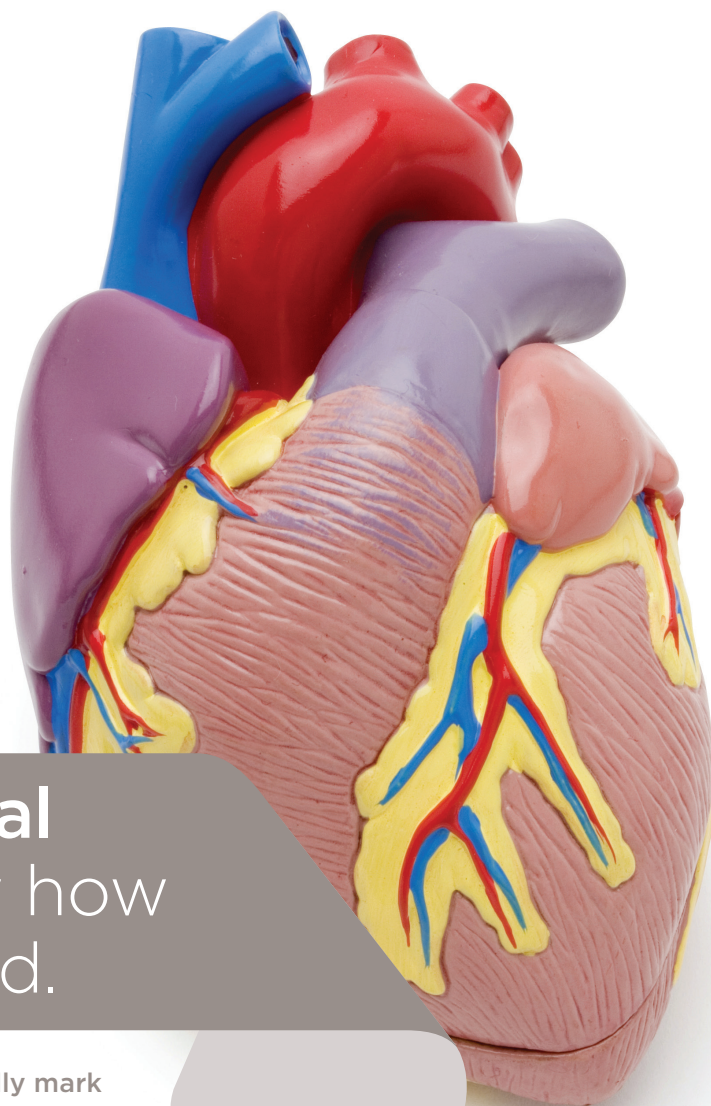
You've worked hard for it and deserve to feel proud of yourself. And if you don't get in? No big deal, it's not the end of the world and if you work hard enough, you can make your ILP year every bit as successful too. 2013's cut off was a WAM of 76 and I personally barely scraped in with a WAM of 75.6. What's the difference between Honours and ILP? Aside from a few additional presentations and a more official marking process, not that much. Based on my own personal experience and from my other friends, the amount of work you have to do is far more a function of your supervisor and project type, not whether you're in Honours. My Honours project primarily involved a database and statistical analysis, and was very relaxed. On the other hand, I know quite a few ILP people coming in on weekends to perform PCRs. Lab projects are still going to be much more intensive than clinical projects, Honours or not. In Honours the literature review, worth 10%, is marked by an internal examiner. It will be due in the middle of April. You will also be expected to perform two seminar presentations for your fellow Honours colleagues and their supervisors. This will happen in late April/Early May and early October. The first one (5%) presents some of your literature review findings and study design, and the second one (15%) is where you present your results. You will be marked by a panel of three academics. Your final report is worth 50%, will be due mid-November (a full month later than the ILP due date) and will be marked by someone an external examiner. The remaining 20% is a continuous performance assessment by your supervisor.

On the whole, I would highly recommend doing Honours if you are offered entry. The workload is not that much more, but the added expectations that come from presenting to other academics will expose you to the rigors of research, an experience that will hold you in good stead in the future. I know that I am extremely happy with my decision to do Honours, and have been very lucky indeed to have received tremendous support from my research institute.

### **FINAL WORDS**

Overall, your research year is one you should try to look forward to. It's a good introduction to the real and you'll be treated as an adult with real responsibilities, not a baby medical student. As for doing Honours, I say go for it. Some people may discourage you by telling you how we're all going to get internship places anyway. All I can say in response is that you'd be surprised at how many people out there have bidirectional gastrointestinal systems. Do what you want to do. And if it all goes to pieces, remember that it's only for one year. In the worst case scenario, repeat the year with another supervisor. There's no shame in doing so, and I know a few friends who have done just that. Nobody is worth sacrificing your sanity for. All in all, I hope you all find the supervisor you want, and that you'll make the most of this unique but interesting year in your medical studies. •





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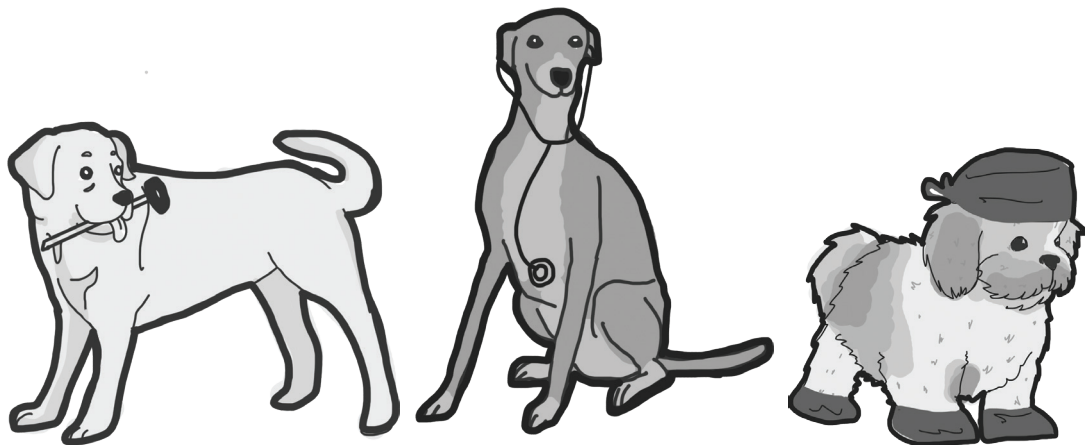
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# THE PATH TO OSCE ENLIGHTENMENT

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WORDS **FRANCIS YOUNG (II)** ILLUSTRATIONS **ELAINE NG (IV)**



Have no fear my fellow 2nd years for I'm about to share some juicy study tips when it comes to preparing for the dreaded OSCEs. For this to work you're firstly going to need a few things:

- 1 x pet willing to be poke and prodded. My advice is to use a dog as you can always make up with them at the end with a quick cuddle.
- 1 x jar of sanity if you're new to the whole scene. Fear not however as I have yet to use mine.
- 1 x rather liberal approach to medicine and a little creative license on the side. The more the better!
- 1 x family that don't judge.....albeit only a little.

So once you've got all the above items you're ready to go. As with all patients you must firstly introduce yourself followed by asking for consent. Easy peasy! I tend to begin with a staring contest whilst shaking my dog's paw to make sure I establish good rapport. Dogs have such lovely eyes, but they always blink before me. Mhahahahaha! An excellent way to go the extra mile when building rapport is by awarding some treats. I've learnt that my dogs prefer the vanilla flavoured biscuits but it's personal preference how you go about it. Either way it works a charm! Once I hear a quick 'woof' I'm ready to begin taking my clinical history.

I've since learnt that dogs take a rather stoic approach like men. They tend to be quiet and keep their medical problems to themselves. They particularly like to ignore you when you ask lots of questions by either looking away or grooming themselves. If you have a rare breed of 'canine smartipantus' then they are quick put on a toothy grin on and remind you of a lack of open questioning by licking and nudging your hand. Thank god they got the memo from the CCS tutors!

I've learnt that dogs commonly present with the following concerns in order of decreasing prevalence: cold runny noses, considerable amount of fleas & shedding hair everywhere. Er...actually those might have been my complaints. Sometimes you have to remind yourself of counter-transference in these consults. Ok so it turns out that dogs only complain of two things: a lack of 'walkies' and a lack of treats. I've found that giving them a quick pat on the head helps show that you empathise with these concerns of theirs. Dogs love that more than anything else in the world, especially if you employ the dual hand technique by combining patting with rubbing under the chin.

So moving along we're now at our examination stage. Big dilemma! You've forgotten what to do. Well past experience has taught me that you always begin with the belly rub. Quick, painless and a great way to position your patient for the rest of the clinical exams. Now if you want to be considered a real doctor then examine from the right. On the other hand if you're a quack like me and have gotten this far attempting to practise some of the tips in this article then it's ok to mix it up and examine from the left.

I tend to start my examination peripherally at the paws before moving more centrally to examine the chest. Make sure you examine the pads and maybe even give them a quick massage. Be warned though that dogs have rather sweaty paws. Yuck! Next thing is to measure the pulse before moving on to check conjunctival palour followed by central cyanosis under the tongue and general oral hygiene. Sometimes my dog's breath can smell so I'll offer them a mint. If you have a pen torch you can also check for pupillary reflex as well as admire the dog's iris.

I then move down to the chest and begin auscultating for heart and respiratory sounds. I'm happy to report that my dogs have a lovely 'lub dub' with normal vesicle breathing sounds. While you're at it you may want to move down and give the 9 quadrants of the abdomen a quick superficial and deep palpation. At this point they tend to become squirmish so it's time for another treat and a quick platitude: 'Good girl!' I finish up by performing a quick musculoskeletal and peripheral nerve exam. I've learnt that it's very easy to illicit tendon reflexes on a dog. I've especially found the achilles and patella tendons to be very responsive. It's also good to have a look at joint movement as dogs have amazing flexibility. Don't forget to check the tail! Dogs love to show it off by wagging it all the time. Don't pull on it though as they'll quickly turn around and try to bite you. Trust me. I've learnt the hard way.

So there you go: a fail safe way to brush up on your pesky OSCE skills. Don't forgot to self reflect. Kidding. Just pulling your tail!

*Shout out to these two bundles of trouble: Rukia (left) & Sora (right) •*





# MEDSOC EXEC REPORTS

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## **PUBLIC RELATIONS** EM JANSEN

The Medsoc Public Relations team has had a very busy 2014. Most meddies would have seen the changes we made of Facebook: Less spam on year pages, UNSW Noticeboard Page etc. We also took elections off Facey so that you guys weren't harassed by our Medsoc passion. You might not know exactly what we did this year, and exactly how we contributed to your student life. Let me elucidate.

We had 5 amazing publications, created by our amazing Publications officer, Jane. We gave the first years a brand-spanking-new Umbilical, jam-packed full of lols and tips for making the most of med. We had two stellar issues of Idioglossia, which was professionally turbo-charged to set our students up for success on the professional stage. Then we dropped two issues of our new publication, Humerus, into the laps of UNSW Meddies and gave them a few well-deserved giggles.

On top of that, Ananya worked tirelessly to clean up Medsoc's act when it comes to writing and preserving policy. Things need to be clear, things need to be fair. Ananya was all over it, ensuring MedSoc's paper trail was up to scratch and that when we implemented a new focus, we had a suitable and easily-accessible protocol that was easier for future years to follow.

On the IT front, our VP Jackie gave the website a much needed re-vamp, and it looks much better. Henry got the Medsoc Forum going, which has given us an awesome platform for engaging with the greater cohort, and holding us accountable for what we do! The Medsoc App, due for launch in early 2015, has been in the works for four months now, and I get more and more excited about it each day.

I want to thank the team- you guys were God sent. Thanks to Henry and Jackie for your input. Thanks to council for adhering to our changes on Facebook and being patient with us. Thanks to the cohort, for reading this Publication too! Happy holidays, See you next year.





#### **DEVELOPMENT** JASMINE CHENG

2014 has been an action packed year for the Development team, with many amazing events run by Academics, Leadership and Charities & Welfare. At the beginning of the year, we set out to make our big events great, and to have ongoing little things throughout the year. On the Academic front, we held the Excel forums, EOC tutorials and mock ICE and OSCE, and coordinated weekly ICE revision tutorials at each hospital site. Our Leadership Officers ran mentoring, SB Downton and Meet the Medics, which all had excellent turnout and feedback. Our Charities and Welfare officers worked exceptionally hard, running heaps of big events including the Amazing Raise, Trivia Night, Medshave and the action packed Welfare Week. And on top of that, they have been putting weekly welfare tips in the newsletter and worked with the year reps on the morning food days. We also put our new ideas into action, with an ILP night for those looking for a project, and Supplementary Exam help. All in all, a busy year.

A big thanks to everyone who came to our events – we hope you got something out of it, whether it be knowledge, new insight or just a good laugh (who can forget Dr Mark Hill's spectacular performance and Dr Kumar's very sweet words at the Students vs Doctors Debate). And finally, a big thank you to everyone in the subcommittees – couldn't have done it with you guys.

#### **STUDENT REPRESENTATIVES** HAKEEM HA AND HENRY VO

It's been an enormous year for the student representative team. 1st year representatives Sarah Keenan and Agnish Nayak continued the delicious tradition of organising morning food at the beginning of each TP. They also pioneered MedSoc's first ever Grey's Anatomy viewing night, an event that surely will be replicated in future years! *The Med Hatter's In'tea'gration Party*, organised together with 2nd year representatives, Brindhan Tharmarajah and Grace Kim, and held at GT's Hotel was another fun night filled with outlandish costumes and new friendships. Brindhan and Grace also deserve special mention for designing and organising the impressive new UNSW Medicine Hoodies. The phase 2 representatives comprising Laurin Lau, Daniel Xue, Bianca Galgut, Sanamdeep Dhillon, Priya Maheshwari and Michelle Jayasuriya have served their respective cohorts ably, organising suitably timed catch-ups over food and complementary learning activities like *Writing/Presenting Research Night*. Lastly, Dinuksha de Silva, Michael Zhang, Xiang Yih Lay, Tim Nguyen, Richard Shaw, Yodi Gunaratne, Jordan McGrath, Jenny Namkoong, Kamal Singh and Andrea Jeyendra, have ensured that phase 3 students are well looked after with additional hospital teaching from doctors and peers, and of course, food!

Collectively, the team has had significant advocacy wins. These included expanding upon the findings of the AMC



reaccreditation report such that the Faculty is required by the AMC to review and implement changes to its teaching methods (in particular, at hospitals) and assessment activities (e.g. fairness among students; feedback); organising a pilot program with senior students as clinical demonstrators in teaching phase 1 CCS; bringing about the phase 2 anatomy handbook; changing the timing of ILP lectures (starting from next year); and introducing more anatomy tutors and radiology (online) teaching for phase 3. The team continues to work through a list of advocacy issues created by the student body, but with the year's end quickly approaching, rest assured that your thoughts will be passed on to Laurin and Bianca. We wish them the very best as MedSoc's Student Representative Directors for 2015.

#### **EVENTS** SCOTT ASHBY

I'm pleased to be able to report an extremely successful year within the Events Portfolio. Social, sporting and international events have been well attended in general, and have been well received by participants. Run by our fantastic 2014 International Representatives Nat and Jing, we had a variety of events including a highly useful information evening regarding internships for international students, a USMLE information evening, several international student focussed social events, as well as the creation of a Facebook group that allows better communication from MedSoc to these students, as well as an environment that allows discussion.

Sports were thrown a curveball (ha....) by the cancellation of NSWMCS's annual sports day, however Merry and Sanji used the opportunity to plan a number of unprecedented interfaculty sports games, on top of SlamJam, College Cup and a hugely enjoyable beach day earlier in the year. They deserve huge congratulations for their innovation and the opportunities they brought UNSW Medicine to meet other faculties around campus, as well as bringing about a great way for different Colleges to meet each other.

Socials had a huge year, running over 8 amazing events of different kinds. End of Session parties were great fun as always, Classical Quest was almost classy and sophisticated, but Evan and Cess really shone with their organisation of a brand new festival style event, Sh'Out'back, with bouncy castles, music, food, and games all on campus during the day, as well as their huge success with Medball. Medball 2014 (Poker Face) was held at the amazing Ivy Ballroom, and was widely regarded as one of the most spectacular events of its kind. Huge care was taken by Socials and their subcommittee to make the ball a multifaceted experience, with multiple photographers, gambling tables, and personally decorated place cards and table settings. It was a truly amazing night. Thanks to everyone for their participation in all the different Events we ran this year, and we can't wait to see what the teams next year will bring!

#### **GROUPS** RUTH HUO

2014 has been a busy and highly successful year for all Specialist Interest Groups (SIGs) in Medsoc. The goal I had when I became Groups Director in 2013 was to try and minimize SIG event clashes. Previous to 2014, it was a common situation where two or more events were running on at the same time. If both were for OSCE practice, it meant that Phase 1 medical students could only chose one to attend. Not only was it difficult for medical students, both events would suffer as the attendance for either would be less than optimal. This year, I'm very proud that we have substantially reduced these clashes thanks to the introduction of Calendar Day – a day in January where all the SIGs come together and negotiate dates for the entire year.





Another major change has been the introduction of the Tier System to try and ensure consistency and quality across all societies. In previous years, events would occasionally be called off at the last minute due to poor organization or failure to inform the students after a speaker pulls out. There were no consequences for the SIGs. But with such limited space on the calendar and the potential for another SIG to hold an event for medical students, sudden cancellations should try and be avoided if possible. The Tier policy outlines the requirements for holding and cancelling an event, and consequences if these are broken. The policy encourages and benefits all SIGs to have high quality and well planned events.

All SIGs in 2014 have done an amazing job, to both introduce innovative new events, and to have built on their SIG's annual great events. I look forward to the growth of the SIGs and events for 2015 and very happy to congratulate Diya Kumar in being the 2015 Groups Director for Medsoc!

**AMSA** BECKIE SINGER

2014 has been a big year for AMSA@UNSW.

#### NATIONAL CONVENTION

A talented team from Adelaide and Flinders universities outdid themselves and blew our minds with the 55th annual National Convention. It was truly UNCONVENTIONAL for our 100 odd delegates, from academic with 16 unmissable plenaries to social with 7 unbelievable nights. Our UNTOUCHED convirgins became convention old hands; they were UNINHIBITED at social, they discovered UNEXPLORED parts of their brains at academic, explored the UNKNOWN, UNLEASHED the UNSW Superman or woman inside them and became UNDIVIDED as we showed everyone how great our delegation was, with our Pippis and Cascade cup teams progressing further than ever before. I can't wait to Yogi Bear my way through M15 with old and new Rangers alike!

#### GLOBAL HEALTH CONFERENCE

We were lucky this year to host GHC in our very own city. The biggest GHC in history with over 700 delegates who were enlightened, hearing from such speakers as Julian Assange, Dr Alessandro Demaio, Gillian Triggs and (no way) José Ramos-Horta. They made their mark on big change in a secret garden whilst wearing pink at social. And we were proud to have 3 of our very own UNSW students on the organising committee with another ten on various subcommittees! Leaving our very own UNSW influence on GHC2014.

#### AMSA@UNSW

It's been a great year for AMSA@UNSW. We've hosted two thought provoking ThinkTanks, complete with orange iced cupcakes and started our own online ThinkTank forum which will be expanded in 2015. We also have an entirely UNSW written policy coming up at AMSA Third Council in October, the results of which should be out by the time this goes to print!

For the last time in 2014,  
Ranger out. ▀

# MEDSOC SIG REPORTS

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*UNSW Cardiology Society ECG night*

## CARDIOSOC

UNSW Cardiology Society has burst back onto the scene this year with some fantastic events and a new resource initiative that has some handy links to great websites helping students learn about Cardiology. If you haven't yet had a look, head to our Facebook page (UNSW Cardiology Society) and click on 'Notes' for all your heart's desires. Don't forget to give us a like at the same time! Throughout the year's events we've had heaps of laughs energising Phase 1 at the HMA Revision Night where there was a fierce push-up competition as well as packing out Wallace Wurth Lower Ground for our fan-favourite ECG night. Lastly there was a spirited debate between cardiologists and surgeons at a great joint event with Surgical Society that ended (as is fitting for a combined effort) with an acknowledgement of the importance of teamwork. So on that note, UNSW Cardiology Society would love to thank its executive for all the hard work they have done this year! Keep an eye out for our next heart-stopping surprise!



*Dr. Michael Chan on the relevant anatomy of an abdominal X-ray, Abdominal Imaging Night, 16/09/14.*

## RADONCSOC

Radiology and Oncology Society continued to provide engaging, high-quality and relevant imaging seminars in the second half of 2014. We welcomed Dr. Amit Chakraborty to present at the Fractures Imaging Night, jointly run with Surgsoc, who kindly ran through numerous fracture presentations and explained their clinical relevance. Dr. Michael Chan then co-ordinated the Abdominal imaging Night, jointly run with Gastrosoc, which was again a great success and noted to be of great scope and appropriate level of difficulty by our audience. We look forward to having Dr. Chan again next month for our final event of the calendar, Chest Imaging. As an area of medicine that is quite undertaught in the curriculum, our society strives to provide both introductory and supplementary teaching to all who are interested. Please feel free to suggest seminar topics (especially in oncology) for 2015, by contacting us at [radoncsoc@medsoc.org.au](mailto:radoncsoc@medsoc.org.au).



*Introduction to Ophthalmology night*

## OCULUSSOC

Oculus Soc has had a busy year in 2014 and we can confidently say we have achieved our goal of extending fundamental ophthalmological knowledge to all UNSW medical students. Working closely with the Prince of Wales Ophthalmology Department, we have continued to develop and improve our AH2 weekly live teleconference lectures to all clinical schools in the UNSW network. These sessions have been well received by both students and doctors and we will look to continue improving this resource for 2015! With the theme of 'Essential Ophthalmology: What every intern should know', we hosted four lectures, 'Introduction to Ophthalmology', 'The Essential Ophthalmology' (Parts One and Two) and 'Essential Paediatric Ophthalmology'. Delivered in a clinical 'need to know' fashion, students came out with a better understanding of what to expect in the ED, and even how to perform a lateral canthotomy should the need ever arise! We have also hosted two fantastic skills nights which have helped students further develop their clinical eye exams, cranial nerve exams, direct fundoscopy skills and even have a taster on the slit lamp! One to four class sizes provided a great chance for students to receive direct feedback from consultants (under a bit of pressure!) and it was great to see the passion and enthusiasm for Ophthalmology inspired by the events! Looking forward to a great 2015 ahead!





*Advanced suturing workshop*

## DERMSOC

This semester, Dersoc collaborated with Surgsoc for the inaugural 'Advanced Suturing Workshop'. Dermatology registrars shared their skills in performing both basic and advanced suturing techniques, with a particular focus on elliptical skin excisions, closing flaps and more. Students enjoyed a teaching session prior to the small group tutorial sessions, which were a great success!

The last event this year will be the Dersoc mOSCE and mICE, where students will try their hand at clinical history and examination cases, with answers prepared by Dermatologists. If you are interested in being a patient or examiner, we would love to see you there! In the upcoming AGM, held after the mOSCE, the exec for next year will also be chosen, so come along if you are interested in playing a role next year!



*Judges, winners and NeuroSoc exec members at the 3-Minute Thesis Competition in September*

## NEUROSOC

The UNSW Neurological Society (NeuroSoc) has amped up its activities in the second half of this year! We joint-hosted the ever-popular Neuroimaging Tutorial Series with RadOncSoc, which was held over two nights, and as usual had a high attendance rate due to its educational, practical take on how to interpret brain and spinal imaging in a clinical setting. The tutorials were run on a patient case-based format, and provided an excellent refresher on neuroanatomy and the clinicopathological correlations with radiographic signs. For our second ever Brain Foundation Scholarship, we once again received many high-quality applications from budding neurologists: the winners for both junior and senior medical student categories will soon be spending a week-long clinical placement with consultants at either Prince of Wales or St Vincent's Hospitals. NeuroSoc also held its inaugural 3-Minute Thesis Competition, which saw many eloquent and courageous students presenting their diverse but fascinating projects in the fields of neurology and neuroscience. Our final event – the Combined Neuro Night with SurgSoc – was also very well-received, even garnering interest from medical students of other NSW universities. NeuroSoc has its generous sponsors and close relationships with practising neurologists and other SIGs to thank for its successes in 2014, and we hope to continue building upon this supportive framework to further contribute to the UNSW student body in the coming years.



*The "Bioethics Today" series, featuring rural teleconferencing.*

## BEAMSOC

The Bioethics and Medicine Society (BEAM) encourages the development of informed and conscientious doctors. It aims to highlight morality in medicine, as well as support academic accomplishment. Highlights of this semester include our "Bioethics Today" series, exam seminars and presenting at the 21st Conference of Professional and Applied Ethics. For the third year in a row, the "Mock Viva" was well received by 6th examinations. "Ethics of the Overpopulated World" was held during August in conjunction with MSAP. It saw a highly nuanced examination of health in under-resourced areas, and the role foreign aid has to play. In conjunction with Paedsoc, BEAM ran "Adolescent mental health and Eating Disorders", which traversed the myriad of medical and legal predicaments healthcare with minor's presents. A Phase 2 ICE a seminar presented students with an array of ethical dilemmas doctors commonly experience and analyse how ethical decisions guide clinical judgement. BEAM's end of year event explores the use of advanced directives in the care of people toward the end of their life. It is extremely relevant to Phase 1s and emphasises the controversies end of life care presents.





*Teams in action at the EMC*

## AICESOC

There's been no sign of slowing down during second semester for AICESoc! We have hosted a number of very successful workshops, including our cardiac arrest, cannulation and epidural workshops, all of which have allowed participants the opportunity to practice crucial medical skills outside of regular class time. Undoubtedly the highlight of this semester, however, was our inaugural Emergency Medicine Challenge. Held at the state-of-the-art Liverpool Hospital Clinical Skills and Simulation Centre, we saw 4 teams managing a range of scenarios as varied as anaphylaxis, motor vehicle accidents and even a stabbing! The competition was taken out by the amazing Port Macquarie team. The day was a huge success with positive feedback from all participants. AICESoc will be sure to make this event even bigger and better in 2015! Much of our success this year has to be attributed to our wonderful committee, all 14 of whom have put in an incredible amount of hard work into their roles this year. If you are at all interested in anaesthetics, intensive care, or emergency medicine, please follow our Facebook page (<https://www.facebook.com/AICESoc>), where you can receive updates on our future events and find out how to get involved. We look forward to seeing what 2015 brings for AICESoc!



*BGDA Tutorial*

## O&GSOC

The Obstetrics & Gynaecology Society has had a successful year so far, with events including a panel of experts discussion on IVF ethics (in conjunction with BEAM) and the annual Women's and Children's Global Health night (with MSAP and PaedSoc). O&GSoc's speaker for the night was Dr. Ray Hodgson, who is involved with the Australians 4 Women's Health organisation which aims to improve women's health in Nepal. We also have a few events lined up for Semester 2 to help students prepare for upcoming exams, including the Phase 1 OSCE and Phase 2 ICE revision nights which will cover key clinical skills in obstetrics and gynaecology. We also plan to hold an Epidural Workshop in conjunction with AICESoc. If you have an idea for an event that you'd like us to hold or are keen to be a part of O&GSoc next year, please come along to our AGM, email us at [oandgsociety@gmail.com](mailto:oandgsociety@gmail.com) and like us on Facebook (<http://www.facebook.com/groups/OGsoc/>)



*Gastrosoc clinical night*

## GASTROSOC

In the second half of 2014, we held our first GastroSoc Clinical Night for Phase 1 and 2 students. We provided forty spots which were filled up within two days. The night went smoothly with the help from the lovely volunteer examiners. Different history and examination stations were designed according to phase, with two sets of marking criteria to account for the different skills required in Phase 1 versus Phase 2. We covered several common presentations in Gastroenterology, which not only helped the coursework students to revise, but also prepared those who had not done HMB in advance. Having received plenty of very encouraging feedback, we are planning to recruit more examiners next year so that more students can benefit. For the final event of the year, GastroSoc collaborated with RadOncSoc for the Abdominal Imaging Night. Dr Michael Chan from Prince of Wales Hospital gave a talk on the radiological approach to gastric and hepatic pathology, as well as revision of abdominal anatomy as seen on cross-sectional CTs. The night was well attended by students across the phases, and we look forward to running a similar event in the future. Please like our facebook page to keep track of upcoming events. <https://www.facebook.com/#!/pages/UNSW-Gastrosoc/260905030754596>.



*Thumbs up for rural Teddy Bear Hospital!*

## PAEDSOC

The second half of the year has whizzed by for Paedsoc and it's been a busy one. Teddy Bear Hospitals both in Randwick and rural campuses has been a delight for both the school children and volunteers themselves. We have also focused on providing a number of educational events to help give students a boost in their exams and understanding about management of paediatric patients. This involved grand rounds with Dr Aaron Hayek, Paeds Surgery night with Dr Gideon Sandler and BEAM/Paedsoc ethical discussion about tricky adolescent consent issues with Dr Shree Basu. This year Paedsoc has also collaborated with other SIGS to bring you a new special interest events for Paediatric Ophthalmology! To keep in touch with Paedsoc please like our fb page: <https://www.facebook.com/UNSWPaedsoc> or send an email to [paedsoc@medsoc.org.au](mailto:paedsoc@medsoc.org.au)



*Surgical Instruments Night*

## UNSW SURGSOC

It has been a busy second semester for SurgSoc. The highlight has been our highly anticipated, inaugural Student's Surgical Skills Competition (SSSC), which we hosted at Liverpool Hospital on 2 Aug 2014. The SSSC is a NSW-wide surgical skills competition based on the Golden Scalpel Games run by NSW HETI. Teams from six medical schools across NSW competed in six stations, which were designed and judged by consultant surgeons. These included early management of severe trauma, surgical anatomy & radiology, wound closure, laparoscopic skills, instrument identification and hand-sutured bowel anastomosis. Teamwork and professionalism were key grading criteria in each station. This landmark event would not have been possible without the invaluable support of the Royal Australasian College of Surgeons, Ingham Institute, Liverpool Hospital, Ethicon, Elsevier and clinical education staff from UNSW and the University of Western Sydney. We would once again like to thank all who have made this possible, and congratulate each of the teams who participated. The winning team this year was University of Sydney. In other news, we have kept up our usual highly popular suturing workshops (which often sell out within minutes of opening registration), including a combined workshop with DermSoc on skin lesion excisions. We had an exciting night with CardioSoc discussing the future of Cardiothoracic Surgery versus Interventional Cardiology, and a two-part series on Pre-, Peri- and Post-Operative care with AICESoc. At the time of writing, we have two upcoming events on Neurosurgery and General Surgery to look out for! Finally, our AGM and elections will take place on 4 Nov 2014 – all are welcome!



*Basic Pathological Science Vascular pathology and haemodynamic disturbances*

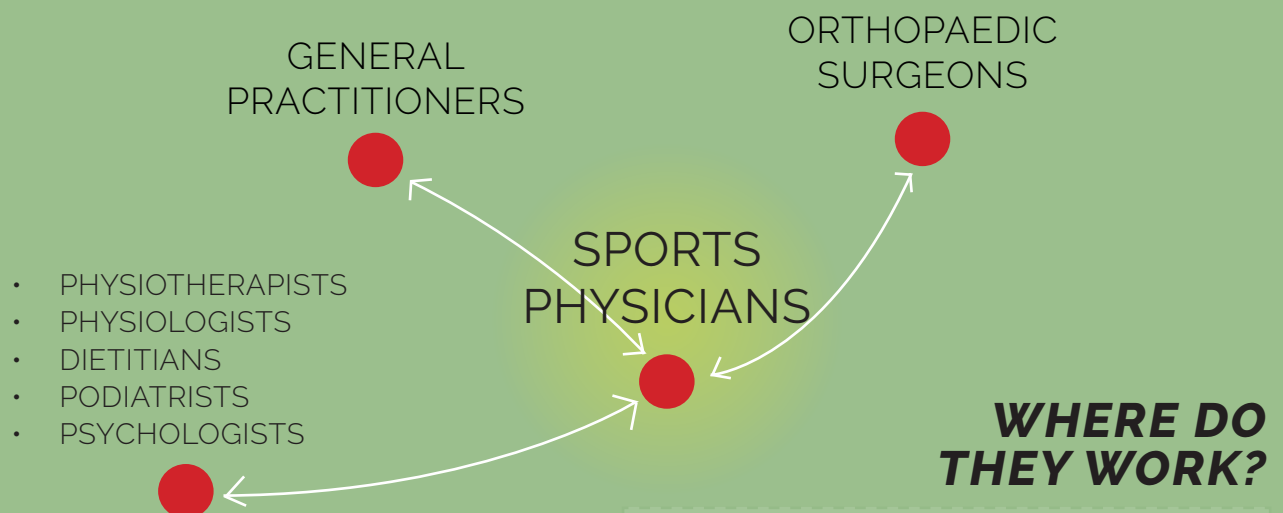
## PATHSOC

PathSoc is a UNSW Medsoc special interest group which aims to help medical students understand pathological concepts and promote pathology as a potential career. Pathsoc delivered Basic Pathological Science tutorials on vascular pathology and haemodynamic disturbances. This session covered high yield concept in Health Maintenance (A) course including thrombosis, embolism, infarction and heart failure. Clinical cases, review questions and a Q&A of these concepts were covered. The presenter was a Royal Prince Alfred hospital intern who scored 247(top 1%) in USMLE Step 1 and he also provided practical advices on preparing USMLE. Pathsoc is currently organising two events in October, Basic Pathological Science tutorial: Neoplasia and Mini thesis competition. The tutorial on Neoplasia will be the last Basic Pathological Science tutorial of this year and it will cover high-yield concepts in Aging and Ending(B) including breast cancer. Responding to feedback from previous tutorials, we made this session very concise and will be providing tasty foods after the session. Mini-thesis competition is 3 minute mini-thesis competition where student presents their research on Pathology, Microbiology, Immunology, Haematology and Genetics. This event is sponsored by Royal College of Pathologists Australasia(RCPA) and Laverty pathology. •



# WHAT IS SPORTS MEDICINE?

- DOCTORS WHO SPECIALISE IN THE DIAGNOSIS AND MANAGEMENT OF MUSCULOSKELETAL CONDITIONS
- FOCUSED ON THE APPLICATION OF EXERCISE PRINCIPLES IN HEALTH PROMOTION
- INJURY PREVENTION AND MANAGEMENT OF RECREATIONAL TO PROFESSIONAL ATHLETES
- A FULLY RECOGNISED SPECIALTY BY THE AMC



## TRAINING PROGRAM

1. Completion of medical school
2. 3 years medical and surgical experience
3. ACSP Part 1 Examination
4. 4 years full time training
5. ACSP Part 2 Examination
6. Award of Fellowship of the Australasian College of Sports Physicians (FACSP)



## WHERE DO THEY WORK?

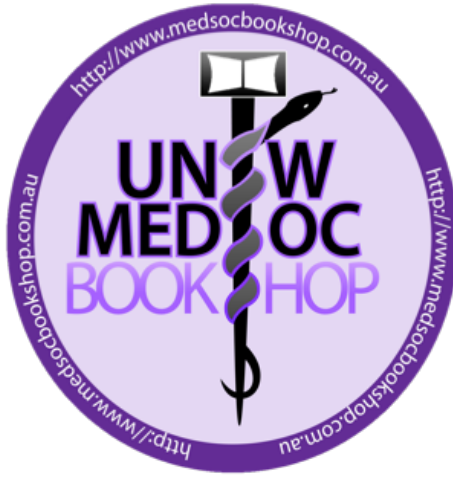
Private clinics  
Sports teams  
Public health

Sports institutes  
Events   
Private assisting

## GET INVOLVED!

In late 2014, a group of UNSW Medical Students are starting up Australia's First Medical Student Society for Sports Medicine: **UNSW SportsMedsoc**! If you're interested, please email **president.unsw.sportsmedsoc@gmail.com**





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