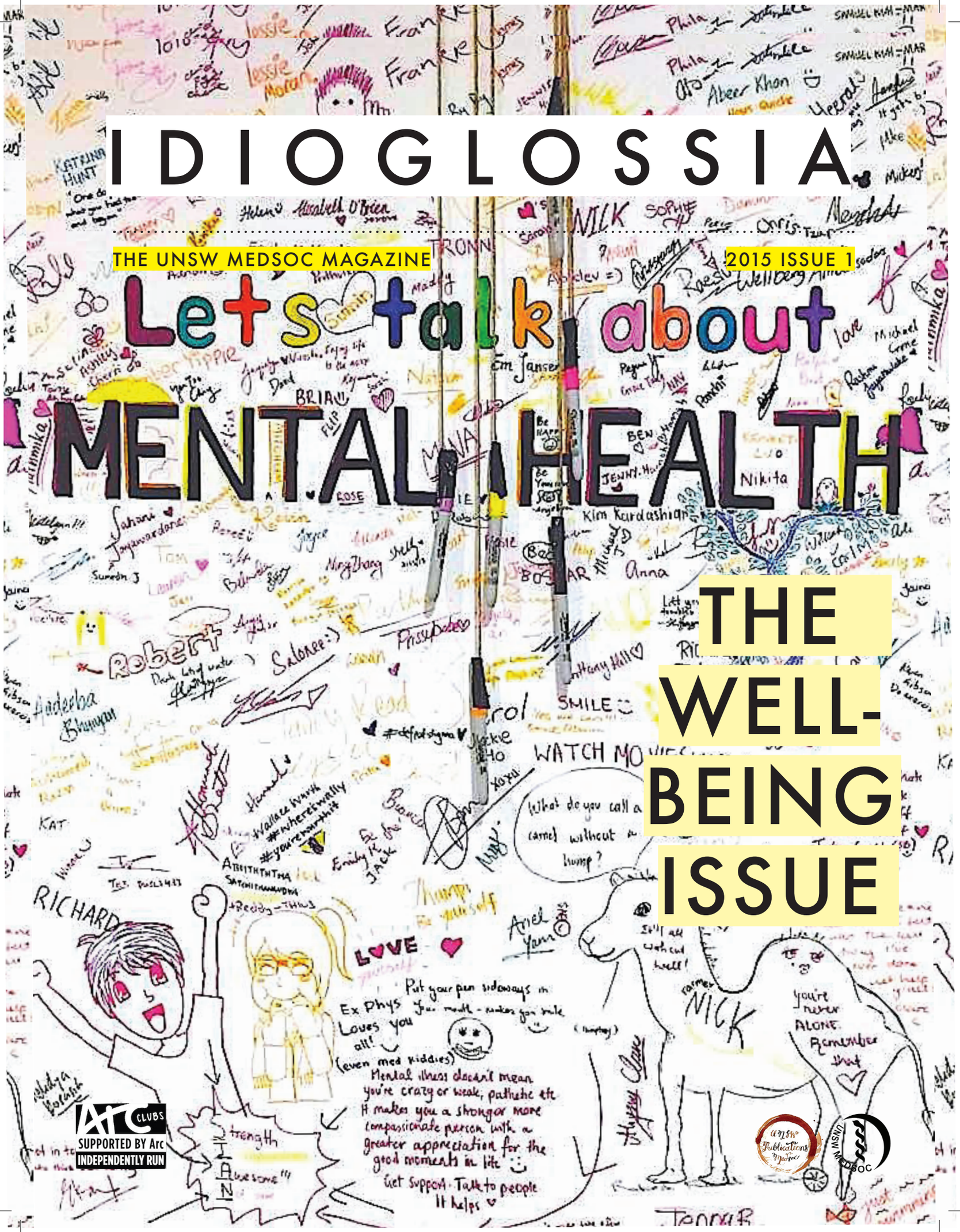
IDIOGLOSSIA

THE UNSW MEDSOC MAGAZINE 2015 ISSUE 1

Let's talk about MENTAL HEALTH

THE WELL-BEING ISSUE



Welcome to Issue 1 of Idioglossia 2015, the official publication of UNSW Medical Society. As usual, we're showcasing highlights of the medical student experience, from plots hatched in lower ground Wallace Wurth to elective terms in bustling Botswana. The bumpy road in between, with its emotional highs and lows haven't been forgotten either with a greater focus on mental health and advocating for increased awareness. This is an issue that is pertinent to many of us for a number of reasons and so we hope you enjoy reading about it. A big thank you to all our contributors for making this issue possible.

For submissions to Issue 2 of Idioglossia or any other enquiries, please feel free to email publications@medsoc.org.au - we'd love to hear your suggestions.

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PRESIDENT'S REPORT

If we had to choose any one area that Medsoc can strive to improve upon, we'd say it's in growing enthusiasm for our med life. This enthusiasm comes from pride in what we do, passion for what we contribute and love for our peers.

We only have these six years, and then its time to move on into the workforce. Six years to make our mark, to learn and to succeed. We often focus on the things that we tell ourselves we 'should' be doing, but these six years are also years to make special and lifelong friends, years to enjoy and to remember.

Sometimes we do it right, but sometimes we place all of our weight on one side of the scale, the side focussed on the here and now results, and not on the big picture. Sometimes these scales are so weighted that they're dragging along the ground behind us like a ball and chain. We place such great emphasis on our exam marks and personal accolades when really, despite these day-to-day challenges, the result is that each and every one of us are growing as individuals, and irrespective of the outcome, are growing as future practitioners, leaders and human beings.

This growth is certainly academic, but it's not only academic. Time and time again we see our colleagues get caught up in the race and forget the journey. No, a big part of this growth stems from how we relate to our friends and colleagues.

In light of recent media attention towards bullying and sexual harassment in the medical workforce, there's never been a better time to evaluate the way we treat each other. We discussed personal experiences with the Medsoc Executive, and heard stories about JMOs, Consultants, and very sadly, our own colleagues, who have been victims or perpetrators of very negative interactions in hospital or university settings.

Richard has shared a story of his own here for you to read, because we believe silence will not solve anything. Gandhi said "My life is my message", which is pertinent for us all, but Richard and I are of the belief that if there is any one message for Medsoc 2015 to leave, it is for us to improve the culture of how us med students relate to each other.

We're not going to "make a cake made of rainbows and smiles and all eat it and be happy" (she doesn't even go here!) but we are working tirelessly to spread the word that the greatest journey is the one inwards, and the biggest and most important battle is for your own happiness and wellbeing.

As always,
Take Care.

EMILY JANSEN
UNSW MEDICAL
SOCIETY PRESIDENT

RICHARD TJAHJONO
UNSW MEDICAL SOCIETY
VICE-PRESIDENT

Great Expectations

The politics and challenges of being a modern day medical student

Written by Scott Ashby (V)

I'm a fifth year medical student, who started my proper clinical placements this year. Yesterday, I was in surgery, and was asked to scrub in so I could get close enough to see and participate. What happened was as follows:

- When scrubbing I tried to remember what I had learned in my brief orientation over a year ago about how to do this correctly. I knew if I took too long I might miss the opportunity
- I tried to put on my gloves using the correct technique. Nope. Scolded by the scrub nurse. My gloves were no longer sterile and I was endangering the patient. She helped glove me correctly.
- I approached the patient. Tried to be helpful when the surgeon was passing something. "That's a sharp, don't touch it". Clearly I don't know what I'm doing. I'm in the way.
- I got asked to identify some of the structures in the body. Having never seen this surgery before (and possessing a leaky anatomy brain) I made a fool of myself again.
- Then it was time to close. "Scott, you're going to close one of the incisions".
- Oh God.
- Hands shaking, I start to do a type of suture I had taught myself on a piece of plastic the week before.
- This is a real patient. This is a real scar he will have.
- The term operating 'theatre' seems appropriate here. Five or six professionals watching. All paid a lot. All important.
- I was slow. I was awkward. The anaesthetist suggested I keep my elbows closer because he could see my hands shaking. That definitely didn't make them stop…
- He asked the surgeon if they were close to getting done, commenting on another patient who was waiting. 'Hurry up Scott' rang in my ears.
- I finally got it done. Incision closed. Surgeon happy enough.

The thing about this experience was that it was actually almost the best version of these events I could have hoped for. The supervisors I worked with were kind, supportive and patient. I couldn't have asked for a better environment. This is not always the case.

My story hopefully serves to illustrate how medical education works. It's hard not to feel inadequate, disheartened and like a nuisance. Fifth year students are thrown into a clinical environment disorientated and under-prepared. Our lives become an endless series of questions being thrown at us, "Do you know this piece of information?" or "Do you know how to do this skill that would make you useful?" All day. Every day.

"No I don't know where to find that on this ward. No I'm not confident putting in a cannula. Please take time out of your already busy day to be patient with me and show me. I know it will take longer. I know you would do it better and quicker yourself. And, I know you are busy helping people. I know that, because the 18 months until I have to do the same. But I have to learn somehow and I don't know what else to do. So I'm here being a nuisance."

The other side of the fear-of-inadequacy coin is competitiveness. Competitiveness and medicine have always been closely linked. Being part of the UNSW Medical Doctorate program, we hold exceptionally competitive and highly sought after positions. Following university, as the numbers of medical graduates far outweighs the number of specialist training places, competitiveness within medicine is necessary to specialise.

It is unsurprising we are anxious and depressed. Take this pressure and tack on a few emotional gut-punches from those patient stories that just get to you, along with some personal issues and we have a poor mental health/self-esteem cocktail. A Beyond Blue study found over 50% of us are emotionally exhausted or burnt out, and 20% have considered suicide. These numbers are for students, but the trend continues for junior doctors, who work longer hours, have more expected of them and have the fear of very real consequences.

I explain all this to try and show how utterly imperative it is for us to be well supported, as I was in the operating theatre yesterday. But like I said: This is not always the case.

Bullying always felt like a high school concept to me. I fundamentally believed that it was a problem that would go away with age, in the same way that when children grow up they no longer steal each other's toys or wet the bed. Unfortunately, bullying is rife in the medical community, and it is undoubtedly a significant contributor to our cohort's stress and poor mental health.
Given some of my experiences, I was not surprised when Four Corners reported an abuse of the Socratic Method in the medical community; that students are shamed for their lack of knowledge, often in front of other doctors or students. I have been shouted at for asking for help in front of an office of hospital workers. I have been embarrassed in front of my peers and other health professionals. It has been made clear I'm a nuisance when I trying to complete a mandated assessments.

I like to think I will be a pretty good doctor one day. So why am I being driven to the point that some days I go home wanting to quit, cry or just give up? And honestly, as a white male, I probably have it the easiest. Students and junior doctors who are women and of other ethnicities report a confronting blend of harassment, misogyny and discrimination. And when there aren't adequate reporting structures in place, or previous whistle-blowers have lost jobs or been ridiculed as 'overly-sensitive', our ability to deal with such issues is limited.

How is it that a group of well-meaning, intelligent and kind students become the harsh, judgemental professionals we experience? Professionals we are terrified of crossing as they are the gate-keepers of the future we have worked for. I guess this environment proliferates because people do to others as was done to them. "I got through it, you can too." "Just grow a thicker skin." "You will be stressed in the job, might as well get used to it" My question is: do we really want our future doctor's to be forced to grow a thicker skin? To learn to care less about their colleagues, students and their calibre as a medical professional? People shouldn't have to run the gauntlet to prove they can. Going through pain to show you are worthy is a Game of Thrones argument. Similarly, the fact that 'it has always been this way' doesn't begin to justify why something should continue. It's as lazy as saying the behaviour is acceptable because "everyone else does it".

We won't even begin to touch on the issues this has for the quality of patient care, arguably the most important consideration of this issue. But if junior doctors feel intimidated to call for help because they will be embarrassed or bullied then we have a broken system. If students do something they aren't comfortable with because they are scared of not impressing their supervisor then we have a broken system.
Hopefully with the recent coverage, those who bully will reconsider before they admonish rather than support, rethink before they hold a student to an unreasonable standard. If our generation can have access to decent reporting structures for mistreatment, and can learn from our experiences to become better, kinder educators, then maybe we can stop the propagation of a truly outdated and unnecessary cycle of bullying.

Blank Canvas - defeating stigma

Written by Victoria Liu (III)

May the fourth be with you! Oh, did I say it wrong? I meant it that way. May the fourth was the day that two white canvases made their entry to the wonderful world of Wallace Wurth, gracing the clinically cool, perpetually cold WW building. While many medical students rushed past it without paying it much attention - perhaps in a rush to make a compulsory tute? - some noticed the colourful Sharpies dangling off the top of the canvas. Entreating students to sign their names in support of defeating stigma and acknowledging the need to band together as one great big medical family, the Well-being Officers Bonita Gu (III) and Sophia Ma (III) marvelled as in the span of days, the once blank canvases were filled with messages of love, support and the occassional sketch, with talent spanning a spectrum from Da Vinci to "daaayum I'm glad you're not pursuing an arts career!". Advice ranged from "Sometimes talking to very little plants" to the known philosopher Taylor Swift's advice to "Shake it off", proving that sometimes laughter can be the best medicine indeed. One sage individual observed "Mental illness doesn't mean you're crazy or weak. It makes you a stronger, more compassionate person with a greater appreciation for the good moments in life". I could not have put it better myself. It felt good to be heard and understood.

What really struck me was how willing individuals were to acknowledge the need to stick together as peers and as a medical school family. If I hadn't known any better, I would have thought that 95% of my peers had it all together, academically, socially and in most other areas, swanning through life with an easeful glide. These people were the ones that sounded like they swallowed textbooks in medical school and processed and digested them to produce - forgive me - medical stools in the form of articles and publications! What could they possibly find difficult with the medical degree, I wondered bemusedly. Somehow, it felt reasurring to know that from gunner to average to straggling student, we were all in the same boat.

In the evasion of failure and the pursuit of greater things, oftentimes we lose sight of our own importance. We focus too much on this future projection of ourselves, on keeping up with the wolfpack, on not looking weak and vulnerable when you don't know the answer and everyone's looking. I've come to realise that people are more sympathetic and less invested in your issues than you may give them credit for. They aren't going to remember the time that you thought Aspirin was pronounced 'ass'-pirin and given per rectal or that time in histopath when the speaker tore you to shreds. But they will think "Gee, that poor soul! I'm glad I'm not in his/her position" and they will give you a smile and an eye-roll if you can bring your red face up to meet their eyes. So let's practice a little more kindness, both inwardly and outwardly and lessen the strain that comes with being a medical student...because hey, I don't think it gets easier from here unless we make some honest and self-loving changes.

BULLYING: A CASE OF INTELLECTUAL HUMILIATION IN A HEALTHCARE SETTING

Written by Richard Tjahjono (V)

There has been a large media buzz related to the medical profession in Australia, whether it'd be the issue of sexual harassment, the opening of the new Curtin medical school, and the internship bottleneck crisis.

However, the issue that I want to bring up to you all is the issue of bullying. I'm sure that most of you have experienced some form of bullying in the medical field, often by being scolded by doctors for not knowing the answer to a certain question - a thing that i like to call "intellectual humiliation". Some of you may ignore it and move along with your day; but for others, it may completely ruin their day, and slowly build distrust and fear in the medical profession.

I used to be one of the former - I'd simply say to the doctor that I don't know the answer, get reprimanded in front of the team, brush it off, and do my readings to compensate for my lack of knowledge. However, a seemingly innocuous day in my surgical rotation changed my whole perspective of this issue.

On one Tuesday morning, I visited the operating theatres to watch procedures that were planned for the team. Walking in, I was greeted by a tall, well-built consultant surgeon who would be performing the operations on the morning list. I began to introduce myself and briefly conversed with him about the first patient that was waiting in the anaesthetic bay for a colonoscopy.

"Well, he isn't as intimidating as he looks", I thought.

Before he inserted the scope into the patient's bottom, he asked me to perform a rectal examination and describe to him my findings. I was chatting with the registrar who was assisting the surgeon for the morning list, so I didn't notice the surgeon talking to me.

He raised his voice and began to say "Did you not listen to what I said or are you ignoring me on purpose??"

I apologised, and began putting my glove on to perform the examination. Not a great first impression.

I reported back my findings to him - he seemed to be content, and began the procedure. "Well, crisis averted!", or so I thought.

In the middle of the procedure, he started asking me a number of complex questions such as "What structures do you see on the camera to know that you're inside the transverse colon?", "Why do we need to lift the mucosa of the polyp before injecting methylene blue?" and "What is the chemical reasoning of why methylene blue is used to dye polyps?". Clearly, these questions were too advanced for me, a student who had barely seen any colonoscopies and had no reason to read about the topic in full depth.

He looked very unpleased and asked me "Have you read a surgical textbook describing the colonoscopy procedure in detail?"

"No.", I replied.

"Fantastic." replied the surgeon sarcastically.

I kept being barraged by a flood of questions in the operating theatre, and at one point I couldn't hear clearly what asked me and I said: "Apologies, but I couldn't hear what you said, did you ask me a question regarding colonic fistulas?"

He began to stare at me and said "Do not make me repeat myself. There is no point in repeating myself to you. Do you have a hearing problem? Because I think you have a hearing problem, and you better get it checked out."

Naturally, I became quite intimidated and tried to answer questions in a very succinct manner. If I didn't hear his questions properly, I'd just throw out a random word and hope it was the correct answer (which was luckily enough, correct 50% of the time). I didn't even dare to ask questions regarding the procedures, as he'd probably see them as uninformed and stupid.

At this point in time, 4 hours has passed since I entered the operating theatre and the surgeon was performing his very last procedure, which was a laparoscopic reversal of an ileostomy

(an opening in the abdominal wall that's made during surgery following the resection of bowel, for those who are uninitiated). He pointed out to the structures that was seen by the camera on the screen, and said "This is your last chance to redeem yourself. What am I showing you on the screen?"

Being a smartass, I looked at the direction of where he was pointing his camera to - the right lower quadrant of the abdomen. Still not knowing what he was pointing towards, I made a guess that he was showing me the caecum and appendix.

He snarkily replied: "You have failed to redeem yourself. I no longer have any interest in you. Don't worry, the world needs more psychiatrists."

BOOOOOOOM. There goes whatever little remains of my self-confidence, I thought to myself dejectedly.

30 minutes later, we walked out of the operating theatres. He glanced at me for a final time, and said: "I believe that intimidation is the best way of teaching, as that was the way I was taught during my training. However, I was educated by the Four Corners television programme, or else I would have shouted and kicked you out of the operating theatre."
That was one of the most emotionally draining five hours of my life, and I would probably lost a little bit of my sanity, if it wasn't because of the constant encouragement that the registrar gave me between the procedures.

At that point in time, I thought to myself: "What made him forget? What made him forget all the times when he was a vulnerable medical student and junior doctor, when he was as clueless as me and many others at that stage?? How did he feel when got humiliated by a senior doctor in the past???"

It was a moment of epiphany. I was once someone who was indifferent about this issue. I've seen some of my peers fall into a state of depression, some who needed to take a year or two off medical school. However this brief experience was an enlightening one - it made me understand how bullying can significantly contribute to the rates of anxiety, depression and burnout in medical students. We as medical students are born perfectionists - most of us did well in our high school careers, and seem to have control on things. Going into Medicine, we start to realise that we are jumping headlong into a sea of boundless information, losing some of the control that we've once had during high school. We begin to question our capabilities as a future medical practitioner. Getting continuously labelled as 'stupid', 'ignorant' and 'unworthy', only leads to a downwards spiral towards mental illness. I'm quite fortunate that I've only been involved in this surgeon's operating theatres once in my four-week placement - if a junior doctor was attached to a doctor that bullied him/her throughout the term, it's not hard to imagine the increasing rates of mental illness, and even suicide.

When you advance through your medical career, I urge you not to forget who you once were in the past. Remember that you were a clueless junior medical student, and a number of people have held your hand to direct you to the right path. Whether you're a medical student or a doctor, be nice to your peers. Be understanding of their lack of knowledge, as medicine has a very opportunistic learning process. Be willing to help them out with their history and clinical examination skills. Spare your time to guide your peers, as an hour of your time means a whole lot to them.

The media breakout has made this issue pertinent to everyone, whether it is the medical student, the junior doctor, or the senior doctor. However, I personally think we are the ones that can create the biggest change. The culture of bullying can be changed into one that is supportive towards one another, not only for the profession, but also for the patients.

And it begins with us.

- MENTAL HEALTH 101 -

A major survey of 1000's of Australian doctors + medical students released by Beyond Blue (2013) showed:

- 1 in 5 medical students had suicidal thoughts in the past 5 years (compared to 1 in 45 in the wider community)
- Over 4 in 10 students are highly likely to have a minor psychiatric disorder like mild depression or mild anxiety.
- 9.2% of medical students have very high levels of psychiatric distress (compared to a community mean of 2.6%)
- 52.3% of medical students are experiencing emotional exhaustion
- Oncologists are clearly the most psychologically distressed specialists

By work area, non-metropolitan doctors are:
- most likely to be experiencing a minor psychiatric disorder (31.0%)
- most likely to be experiencing very high psychological distress (4.8% compared to the community mean of 2.6%)
- most likely to have suicidal thoughts in the past year (14.2% compared to 10.4% mean) and to have attempted suicide (3.6% compared to 2.3% mean)

NB: Mean refers to survey population results unless stated otherwise

22 May 2015

The University of New South Wales Medical Society **Response to Prime Minister Tony Abbott's Promise to open a new Medical School at Curtin University**

The University of New South Wales Medical Society agrees fundamentally with the goals of the Federal Government to provide adequate access to healthcare for all Australian residents. However, the opening of new medical schools and the subsequent increase in the number of graduating junior doctors will not only fail to solve any healthcare deficits; it will exacerbate a pre-existing problem within the workforce. In light of this, we side with the *Australian Medical Association*, *Western Australian Medical Association* and the *Australian Medical Student's Association* and strongly oppose the recent proposal to open a new medical school at Curtin University, and similarly condemn the prospect of another medical school opening in the Riverina region of NSW, or anywhere else in Australia.

Current Internships Deficit

Nationally there are too many medical students but not enough internships available to accommodate them. This is particularly true of our international students who are left at the bottom of the internship allocation list. Without an internship, medical graduates cannot become registered practitioners, and thus their medical training will be woefully incomplete. Ultimately this results in personal stress and burden on students who are left jobless, and a colossal waste of taxpayer money spent on their extensive training; training which is not applicable to any other career path. It is simply irresponsible to increase medical student numbers without positions available for them to ensure their registration upon graduation.

Training pipeline bottleneck

Lack of internship places is only the start of the bottleneck. In 2006, Tony Abbott, as Health Minister, increased medical student numbers, however at no stage did progressive governments sufficiently plan for the implications of this increase in the medical training pipeline. As such, there is not enough specialist training positions available for the increased cohort of graduating junior doctors. This is of particular concern as this training is crucial for doctors to work independently and safely, particularly in areas of shortage.

Last year in Western Australia, 84 junior doctors missed out on a GP training position and 800 missed out nationally. The Australia Future Health Workforce report predicts that we need another 1000 specialty positions to be funded and accredited to fill the training deficit that we'll have by 2030. We believe the Australian Government should be investing in the training of our medical students to fulfill the needs of our community.

The rural doctor shortage

The Federal Government and Curtin University has argued there is a need for a new medical school to supply Australian trained doctors for rural Australia. The proposed medical school will, however, have no capacity to deal with this shortage. The proposed Curtin Medical School's 20% rural intake target falls short of the recommended 25% medical school intake quotas already present. The Curtin Medical School campus will be based in metropolitan Perth and has no plans for rural experience in the curriculum. It is a school that claims to be addressing rural health workforce shortages but will lack both rural locations as well as rural entry students. Thus rather than starting up a new medical school the government should look to increasing training places for graduates to work in rural and remote area.

Overstretched Hospital Training Capacity

Over the past decade, the number of students commencing medical studies in WA has more than tripled (107 in 2004 to 325 in 2015) and it has more-than doubled from 1503 to 3441 nationally. This has already pushed the capacity for medical student training in teaching hospitals. The inevitable result is that students' clinical experience will decline and medical education overall will suffer, as will the overworked doctors responsible for doing medical student teaching.

Conclusions and Recommendations

The University of New South Wales Medical Society asks that the Prime Minister, Tony Abbott, Health Minister, Susan Ley, and Treasurer, Joe Hockey, reconsider this rash decision and redirect funds into the training pipeline. Additionally, we strongly condemn any future plans to increase medical student numbers, particularly through the opening of more medical schools. We hold particular concern for the effects of the reported Riverina Medical School on our future graduates, and on the quality of our students' education particularly in our rural clinical schools.

Emily Jansen
President
The University of New South Wales Medical Society

MEDSOC SIG REPORTS

AICESOC

AICEsoc is a student run society with a passion for anaesthetics, intensive care and emergency medicine. We resuscitated 2015 with our popular Basic Life Support Workshop and breathtaking Respiratory Physiology Lecture. BLS was literally heart pumping with a great turnout. Students walked away with knowledge and confidence that they now perform CPR and other first responder skills. Our Respiratory Physiology lecture was presented by Dr Gordon Flynn, an ICU Staff Specialist at Prince of Wales. His clinical experience was valuable to our large audience, and explained all those calculations we could never remember.
Intense care has been administered to exciting upcoming events catering for all interests and learning needs. Continuing our lecture series, we have Acute Observations Night and Renal Physiology, to supplement challenging course material. And for those that can't wait to get to the heart of it- Cannulation, Cardiac Arrest and Lumbar Puncture workshops are coming soon!
And there is always our tachycardia inducing, adrenaline pumping Emergency Medical Challenge to look forward to in August?. With five action packed stations presenting you with real life, emergency scenarios, you will experience extreme diaphoresis! Find us on Facebook for more details and like our page to monitor our progress.

Students engaging in a BLS workshop

Dr Gordon Flynn lecturing at the Respiratory Physiology night.

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. BEAM has had two successful events so far in 2015.
Our first event of the year was "MSM and Blood Donations"— focussing on the ethics of a 12-month deferral period for MSM when donating blood. This attracted a number of eminent speakers. The audience enjoyed the interactive nature of the evening and the robust discussion with the panel.
Our second event "Fertility Night: Science and Ethics of IVF" was run in conjunction with the UNSW O&G Society. It was extremely well attended. We explored IVF from three perspectives—science, patient experience, and ethical issues. The speakers were passionate and insightful. This event was particularly helpful to BGDA students for their group assignment.
Upcoming events include the "Phase 3 Mock Viva Workshop" facilitated by Dr Adrienne Torda, "Organ Transplant Night" in conjunction with Surgsoc and Cardiosoc, "Phase II ICE Workshop", and our ever-popular "Euthanasia Debate". We are looking forward to organising these events in the upcoming months.

Fertility Night - Science and Ethics of IVF

MSM and Blood Donation

O&GSOC

The O&GSoc kicked off our biggest year yet with a very popular "Pathways into O&G" night. This event saw a RANZCOG representative + sub specialist Dr Alec Welsh take us through the training pathways and share some personal experiences of the O&G training program, arming us with the practical knowledge to make our dream jobs a reality. Next up was a collaboration with SurgSoc on the Caesarian Section- an increasingly common procedure fraught with ethical and economic considerations. Dr Sean Burnett and Dr Leo Leader took us through the procedure itself, and what is best for Mum and Bub. Most recently, we collaborated with BEAM Soc to rerun a very popular event from 2014, our "Fertility Night". Professor William Ledger and Dr Deborah Kennedy were back to explore the minefield of IVF ethics and the impressive array of scientific and genetic developments. We were so lucky to have Ms Lucy Kemp, a Professional Infertility Counsellor who shared her own personal experiences of the IVF rollercoaster. It's been an extremely fun and interesting start to O&G in 2015! Keep your eyes peeled for our skills night coming up very soon + exam revision tutes towards the end of the year.

DERMSOC

DermSoc members are exceedingly excited about the events we have planned this year! The year started off with a blast at MedCamp where first years learned about common skin conditions!
DermSoc's Careers Night and Launch Party was held in April. It was the most anticipated event of the year. The speakers came from varied backgrounds and experiences, with world-renowned dermatologist and a dermatology research fellow (who was also a UNSW alumni!), sharing their personal journey into dermatology. The students were inspired by the informative presentations, which were abounding in tips for planning their future careers and how to make the most of medical school years.
Look out for our upcoming events, with our popular suturing workshop to be held in a few months (remember to sign up fast!), and our mock OSCEs held right before exams at the end of the year! Our Grand Rounds will be held in June where 2 experts in skin cancer will be speaking on the potentially deadly disease. This is a great opportunity for you to gain adequate knowledge and to get answers for any questions you may have! The talks will also cover an introduction to dermatology, which is often not covered in depth in our current curriculum.

Dermsoc at Medcamp

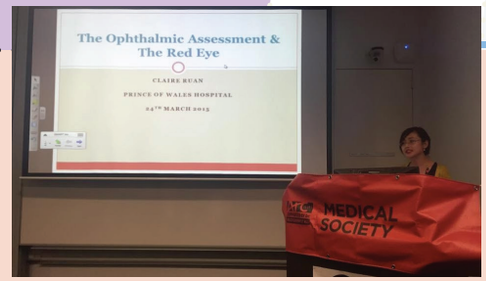
GASTROSOC

GastroSoc always aims to de-liver a range of activities that suit everyone's stomachs, and this year we're proud to be adding a new event to our calendar. In August, GastroSoc and PathSoc will be hosting their inaugural combined Trivia Night to help Phase 1 students gut well prepared for their upcoming 'Health Maintenance' exams. Expect some histopathology, some anatomy, some general trivia and of course, some extra bolus rounds to earn your team more points! The team at GastroSoc is also currently collaborating with RadOncSoc to present an Abdominal Imaging Tutorial in September where we will work through key gastrointestinal presentations that every student needs to know. In this interactive event, we will present the fundamental features that you need to know to recognise common presentations and attendees are encouraged to keep chyming in with their input during the night! At the end of the year, GastroSoc is looking forward to once again hosting our ever-popular OSCE and ICE Clinical Skills Nights. As is traditional, we'll be running through a series of OSCE/ICE-style stations where students will have the opportunity to get feedback on their examination techniques from exspleenienced peer examiners. Looking forward to seeing you guys at our events!

Gastrosoc event in full swing

OCULUSOC

Oculus Soc is the special interest group for ophthalmology and eye teaching. Our schedule this year began with our introductory night on Ophthalmic Assessment and Red Eye, presented by the ever-popular Dr Claire Ruan. Aimed at students of all levels, listeners were enlightened on both the basics and the more complex elements of common opthalmological cases. This was followed by a highly productive Q&A on career pathways and decision-making. There will be at least one more similar talk this year and we'd love to see you there!
We also brought back our highly successful videoconferencing teaching course for Phase 2 students, now in its third year and better than ever. Run from the Prince of Wales Eye Clinic, this year we are reaching every clinical school except one, and filling key gaps left out of the medical curriculum. Students from all over the state have been able to listen, watch and ask questions during one hour seminars each week, and the response has been overwhelmingly positive.
Unfortunately our first clinical skills evening was blown away by the crazy weather but we will be back for three more throughout the year! Experienced consultants will teach students from all years to improve their slit lamp, ophthalmoscopy and other clinical skills; follow us on Facebook to stay updated!



Essential Ophthalmology with Dr Ruan

Videoconferencing at POW Surgsoc

SURGSOC

Surgsoc is busier and bigger than ever! Kudos to the eagerness of our med students to learn suturing! Pig trotters may be pink and hairy but that doesn't stop our event being more difficult to rego for than an AMSA convention and selling out in under 15 seconds! We are providing as many more suturing opportunities as well as surgical education nights so stay on the lookout!
This semester also heralded one of Surgsoc's largest events to date with over 200 attendees, a night with Munjed Al Muderis. Not only one of today's leaders in osteo-integration surgery and transforming the lives of amputees, this astonishing man has escaped gunshot under Saddam Hussein's dictatorship for refusing to cut off the ears of army deserters. Preceding a long queue for book signings, Prof Al Muderis spoke about his life experiences and the reality of refugees, calling for Australia to rise to its 'international duty'. His speech attracted a vast variety of people from the community including students from various medical schools, some arriving over one hour in advance for the best seats, Prof's patients, friends, allied health workers and many more.
Surgsoc has also been busy preparing for the highly anticipated Student's Surgical Skills Competition or better known as the Golden Scalpel Games to be held at the end of June. Six medical schools will compete head-to-head on surgical skills and knowledge in stations judged by consultants to win the acclaimed award! Fingers crossed the UNSW team will take the trophy from USyd's cabinet this year!

A night with Munjed Al Muderis

Surgsoc exec members with Dr Munjed Al Muderis

NEUROSOC

This year has been the first time SIGs have been able to attend Medcamp. It was very enjoyable meeting so many keen first years and we're looking forward to working with you guys in your next 6 years. The first half of the year has seen a relaxing, but nevertheless successful, start to Neurosoc's events. Our opener for the year was our Electives Information Night. We'd like to thank Dinuksha De Silva, Henry Lin, Henry Vo, Jing Ni and Melinda Nguyen for giving over 40 students a comprehensive talk about their prestigious and unusual placements across the globe including London, USA and Cape Town. It was a well-received event covering interesting elective experiences, how to navigate the application processes and how to maximise the medical elective experience. In store for the medical cohort are more interactive events with more engagement with students, so get pumped for the second half of the year with us!

A great turnout at the Electives Information Night

PAEDSOC

The first half of the year has flown by for Paedsoc and it's been a busy one. We focused on providing a number of educational and practical events to give students a boost in their understanding of the field. First up was an Introduction to Paedsoc Night, led out by Dr Keith Ooi. With an attendance of almost 100 students, and lots of fairy bread to go around, students from Years 1 to 6 definitely learnt a lot from this paediatrician's talk on careers and challenges in paediatrics. There has also been an all new collaboration with Hep B Free Society, Paediatric Infectious Diseases Night. This looked at some of the most important and deadly childhood diseases worldwide, and what could be done to prevent them. Teddy Bear Hospitals both in Randwick and rural campuses have been picking up pace, with preparations, props and plans being made in the lead up to our first primary school visits. Keep an eye out for upcoming invents including the new BGD academic forum, USyd/UNSW research cup! To keep in touch with Paedsoc, please like our FB page at https://www.facebook.com/UNSWPaedsoc?fref=ts.

Paedsoc members spreading joy and laughter at the Teddy Bear Hospital

PATHSOC

PathSoc has gotten off to a flying start in 2015 with three successful events completed and plenty more to come! Our goal this year has been to design high-yield academic events that are tailored to the specific needs of our members. New tutorial series have been introduced for each phase – the first of which was our very popular Biomed Pathology Revision #1, which brought back previous high-achievers to give our fifth years a strong start in their Biomed preparation.
PathSoc also brought Year 1 students their first end-of-course revision on the pathology of inflammation and how best to approach the looming exams! In collaboration with CardioSoc, Pathsoc delivered the first tutorial of our new 'Pathophysiology of Clinical Signs' series for Phase 2. Presented by our senior SIG leaders, this series effectively bridges the gap between the 'what?' and 'why?' in clinical medicine, whilst also promoting the fantastic peer teaching culture amongst senior and junior medical students
With SIX more events planned for this year, PathSoc is determined to continue delivering relevant high-yield events for each phase. FIFTH years, stay tuned for more events on BIOMEDically perplexing pathology! Phase 2, if you tremor at the thought of interpreting neurological signs then don't miss our next Pathophysiology of Clinical Signs event (co-hosted with NeuroSoc)! With a gastro-path trivia night, mini-thesis competition and more exciting events planned, make sure you 'like' PathSoc's Facebook page to stay updated with the latest happenings!

Dr Sean Goh speaking at the Phase 1 End-of-Course Revision Tutorial: Inflammation

Speakers from the Phase 2 Pathophysiology of Clinical Signs Tutorial #1: Cardiac and Respiratory Exams

SPORTSMEDSOC

2015 has proved to be a huge year for UNSW SportsMedsoc, with goals scored across the board. We started the year with a Medcamp tutorial on Head injury, getting a lot of interest from our fresh meddies on the get go. This was backed up with our long awaited Introduction to Sports Medicine event, featuring NSW Waratahs Doctor Sharron Flahive! Her inspiring talk covered everything from a Foot and Ankle OSCE to Sports Medicine to life lessons in medicine, and Registrar Dave Samra rounded out the event with a first-hand account of the Australasian College of Sports Physicians Training Program. One lucky student walked away with a copy of Talley and O'Connor to hone their clinical skills further! We were also able to organise for a number of UNSW students to receive free registration for the SMH Half Marathon (21km!) and a Hydralyte Promo Pack, to encourage a healthy work-life balance: exercise as the best medicine.

We really hit our stride with our May event, Concussion, Head Injury and Basic Life Support. Speakers included John Orchard, Chief Medical Officer for 2015 Cricket World Cup and Sports Medicine legend; Andrew Gardner, Neurophysiologist and Concussion expert; and Dave Samra; Sydney University Rugby doctor. A highlight were the practical sessions, where students could practice their CPR technique or SCAT3 Concussion testing skills: vital for any budding sideline doc! By partnering with our sponsors Edway Training we were also able to give away a number of free First Aid Courses, and furthermore, run two sessions at UNSW for 50% of the RRP, helping students practice their skills and upskill for employment opportunities. Via the Google Hangout and Live Stream platforms, our events have been live streamed to all UNSW Clinical schools, with some students tuning in from as far as the UK!
Kristen and I would like to thank our committee: Tabish, Dawn, Dom, Simon and Rudy for going the extra mile, putting in the hard yards to make all of these events and initiatives happen. But it doesn't stop here! We have some big things planned for the second half of the year including:

- Nutrition and Supplements Workshop (Tuesday 28th July, 5:30pm)
- Applied Anatomy School: Shoulder OSCE (Wednesday 7th October, 5:30pm)
- Launch of the UNSW Sports Medsoc Opportunities Database (Stay tuned!)

UNSW SportsMedsoc Executive Members with Dr John Orchard and Dr Dave Samra

Attentive students at UNSW Sports Medicine Society's event on Concussion, Head Injury and Basic Life Support.

RADONCSOC

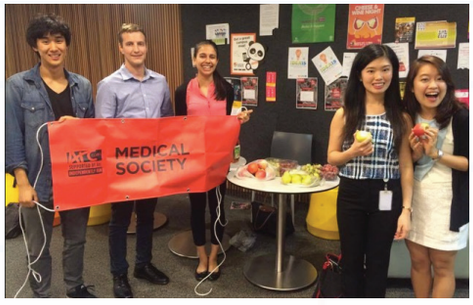
Radiology and Oncology Society (RadOnc Soc) aims to provide engaging events introducing students to training pathways into Radiology and Oncology, and equipping them with useful skills to interpret various imaging modalities. We welcomed Dr. Melvin Chin and Dr Merribel Kyaw to present at our first event for 2015, "Pathways into Radiology and Oncology". They kindly guided us through the respective training pathways of these 2 specialities, before sharing valuable personal experiences and interesting clinical cases. Moreover, students had opportunities to clarify questions they had and received pertinent advice on entering these fields. We look forward to our upcoming imaging events, including "Fracture Night" which will explore fracture presentations and their clinical relevance, and "Abdominal Imaging Night" covering a range of abdominal radiological presentations brought to life with case studies. We will also introduce a new oncology event this year, "Skin Cancer", which will discuss the clinical appearances of various skin cancers and their management principles. We hope these sessions will supplement the medical curriculum in oncology and radiology teaching, and further cultivate interests of students in these areas. RadOnc Soc would love to hear any suggestions you might have on future event topics for 2016, by contacting us at radoncsoc@medsoc.org.au.

Dr Melvin Chin sharing on the training pathway into Medical Oncology, "Pathways into Radiology and Oncology"

Dr Merribel Kyaw introducing students to the job scope of a radiologist and their daily responsibilities, "Pathways into Radiology and Oncology"

CARDIOSOC

With a cardioverting start to the year, CardioSoc has shocked everyone into a regular study rhythm.
Our focus this year is to engage the student syncitium, from those paediatric first-year hearts that are furiously beating to those older hearts still pumping tirelessly away. We commenced with a clinical refresher, a night on the pathophysiology of clinical signs of cardiorespiratory disease, and followed up with relevant investigations in our electrifying ECG night. Both nights were thrilling, with expert speakers that focused on teaching practical clinical skills and audiences that were enthusiastic and engaged.
Simultaneously, we've focused on lifestyle modification for our students, educating them through our new monthly academic series and promoting exercise by recruiting to our City2Surf PACEMAKERS team. We extend our most heartwarming welcome to anyone who's interested in our electrifying events, so come on down and let us make your hearts flutter. We have your best interests at heart! <3



An apple a day keeps the heart block away! 'Twas an electrifying time at Cardiosoc's ECG night, led by cardiologist Dr Allan!

MEDSHOW

Over the past few months, Medshow has been eagerly preparing for auditions at the end of semester one. The preparations include working hard on the script and characters on the show, as well as puzzling out the intricacies of the spectacular dances and wonderful vocal performances for which Medshow is known. The producer team has also been busy securing sponsors for Medshow and carrying out fundraising events (including the bakesales you may have seen around campus!). This semester also brought the pre-show dance blocks and will finish with a launch party to heighten keenness for Medshow participation amongst all medsticks before the auditions to be held in June. Medshow preparation and rehearsal will kick into high gear next semester with rehearsals weekly and becoming more and more intense until the show premiers in October.

Think you're good at acting, dancing or singing? Think you're not?! Not sure? Come join the Medshow family and make memories

BEAUTIFUL BOTSWANA

Written by Kavita Ravendran (V)

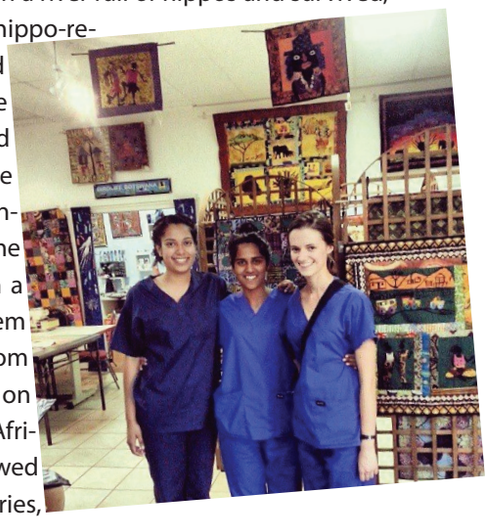
Last year, I spent one month in the busiest public hospital in Botswana, on the busiest surgical team. Botswana is a small country just north of South Africa, with it's capital Gaborone. It's one of the richer countries in the African country, with an impressive educational system. University students get their degrees for FREE! With free accommodation as well as reasonable student allowances. The caveat for medical students however, is that they have to work very hard.

Final year students often pull very long shifts, sleeping at the hospital for days at a time. They are an integral part of the system and have much stronger opinions about the funding and health policies. In my time at Princess Marina Hospital, I was expected to clerk and present patients on the daily ward round and track their progress during their admission. Unofficial duties included working as a porter to transport patients to radiology and operating theatres. I now realise porters are vital in ensuring hospitals function efficiently and couldn't be more grateful for them.

Botswana also has one of the highest HIV positive rates in the world, 25%, though probably an under-reported figure. Anti-retroviral therapy is free, which has been immensely helpful but has also resulted in complacency. Although HIV is viewed as a chronic, not a life-threatening illness, patients presented to clinic with all kinds of weird and interesting complications. Additionally, the widespread prevalence of TB made for an interesting foray into infectious diseases and more than one patient with Potts Disease! The General Surgical team was responsible for operating on almost everything, from hands to vascular surgery to head and neck tumours. We saw pathology we'd never seen in Australia, because often patients presented to clinic very late.

Gaborone in December is HOT so operating theaters were VERY HOT. Several patients have the consultant's forehead sweat in their abdominal cavities. A lack of resources and funding has resulted ill-equipped, poorly maintained and understaffed operating theatres. Sadly, this meant often the team was only able to complete half the procedures that could be done in an average day in Sydney. The risk of HIV exposure to students and doctors is also very high. During our brief stint, 3 of the doctors and students had to take PEP after needle-stick injuries or intra-operative exposure (the theatres had no face masks!) It was indeed an eye-opening experience.

When we weren't at the hospital, we attempted to sight-see in Gaborone (The only real attractions were several large malls. It makes Canberra look exciting). We hung out with our fellow medical students, ate local food and took an amazing weekend trip to the Okavango Delta. We went on safari with an erratic driver who showed up with beer to cure his hangover and saw a beautiful cheetah (amongst hundreds of other animals). We went canoeing in a river full of hippos and survived, despite stories of violent hippo-related deaths. We escaped malaria with doxycycline and mosquito-nets and got very sunburnt. In one short month we had an incredible time, and had the opportunity to engage in a culture and hospital system completely different from our own! We then went on to travel across Eastern Africa. The 6 weeks that followed involved 5 African countries, the overland tour from hell, the edge of the Victoria Falls, lost bags, questionable outdoor toilets, romantic spice islands and the real life Pride Rock and Lion King cast! It was one of the best experiences of my life!



THE AMERICAN DREAM

Lessons from an elective in Orthopaedics and Sports Medicine

Written by David Bui (VI)

I recently had the privilege of undertaking a three-tired elective in America. 1) The "Harvard Medical School Exchange Clerkship" program in Paediatric Orthopaedics at Boston Children's Hospital; 2) at the Hospital for Special Surgery (HSS), Cornell University; and finally 3) a month at Cleveland Clinic Sports Health. My short stint resulted in travelling to 3 US states, 2 Ivy League institutions, 2 #1 ranked Orthopaedic programs (Paediatrics and Adults) and working with Sports Doctors and players from professional and college teams for Hockey, Basketball, Baseball, Football and Wrestling, as well as Dancers and Ballet Companies. It really was that busy… As the whirlwind has come to a close, here are a few FAQs and tips regarding my American elective:

Why go abroad for Sports Medicine? Sport is bigger than national boundaries. You only need to look to the Olympics to see the international reach. Given Sports and Exercise Medicine can involve looking after professional athletes on a global scale, it makes sense to get global experience. I am a big believer in getting outside my own comfort zone to challenge myself – normally good things follow!

Why the USA? America takes sports seriously. 114.5 million people watched Superbowl XLIX - more than 4 times the Australian population! They also take their medicine seriously, with 17.9% of their $16.7 trillion GDP attributed to healthcare, and the highest medical research investment of any country worldwide. This follows onto Sports Medicine. When you count the home, visiting and neutral medical staff, there are a minimum of 27 doctors present at an NFL game! With this much investment into sports, medicine and sports medicine – you'd be crazy not to want a piece of the action.

Overall, if you plan ahead, put yourself out there and dive into it! Make your elective, the trip of your lifetime.

SOME THINGS TO KEEP IN MIND...

1) Practical tip: Plan early, wait late

The US medical system is tightly regulated. Typically overseas doctors must sit the United States Medical Licensing Examinations (USMLE) if they want to have patient contact, otherwise you're restricted to "observerships". As a student, there are a few programs that don't require this (e.g. Harvard) or others that may waive the requirement after a nicely worded letter from your university (e.g. Cornell and the Hospital for Special Surgery). As such, planning early as to whether you want to sit this exam, or to get the appropriate paperwork to have it waived is crucial.

If you're a non-American medical student you typically only get two months notice before you receive your acceptance letter, which can make things tricky logistically, but it's definitely worth it.

2) When in Rome…

"Do as the Romans do". American medical students work hard. Much like you do I'm sure but bear with me… "Away rotations" or "Sub-Internships" or "Electives" are basically 1 month job interviews. The learning curve is huge, but it just motivates you to work harder; you're working with some of the best! I remember ultrasound meetings and rounds in the early mornings and journal clubs late at night. When everyone is working around the clock, you'll be swept away with it as well. Take call. Work overtime. Talk to the residents and fellows. Go to the local games, either on the sideline or in the stands. Contact the local Medical Society, find out what events are on and get involved. American sports are unique, but components of their medical management are easily transferrable to other sports. For example, Baseball is a great arena to study the 'Throwing Shoulder' and American football has injury profiles similar to Rugby.

3) "If you ask, the worst they can say is no; if you don't ask you'll never know."

You need to put yourself out there and show you're keen. I emailed about 50 different doctors, universities, teams or programs all up! Want to do Sports Coverage? Ask! The vast majority of my electives weren't specifically with Sports teams or individual team doctors, but by working within the system, meeting people at department meetings or sending a few emails I was able to experience many aspects of Sports medicine, including being rink-side in Ice Hockey Coverage and court-side at a University Basketball Stadium. I had no idea people could specialise in Paediatric Orthopaedic Sports Surgery, or Dance Medicine, or purely Lacrosse players. Want to do Research? Email ahead and say so! A few of my friends wrote book chapters, and another wrote and published 2 papers, so it's definitely possible!

Conference Reports

GlobalEx Conference, Melbourne (Amanda Cohn, VI)

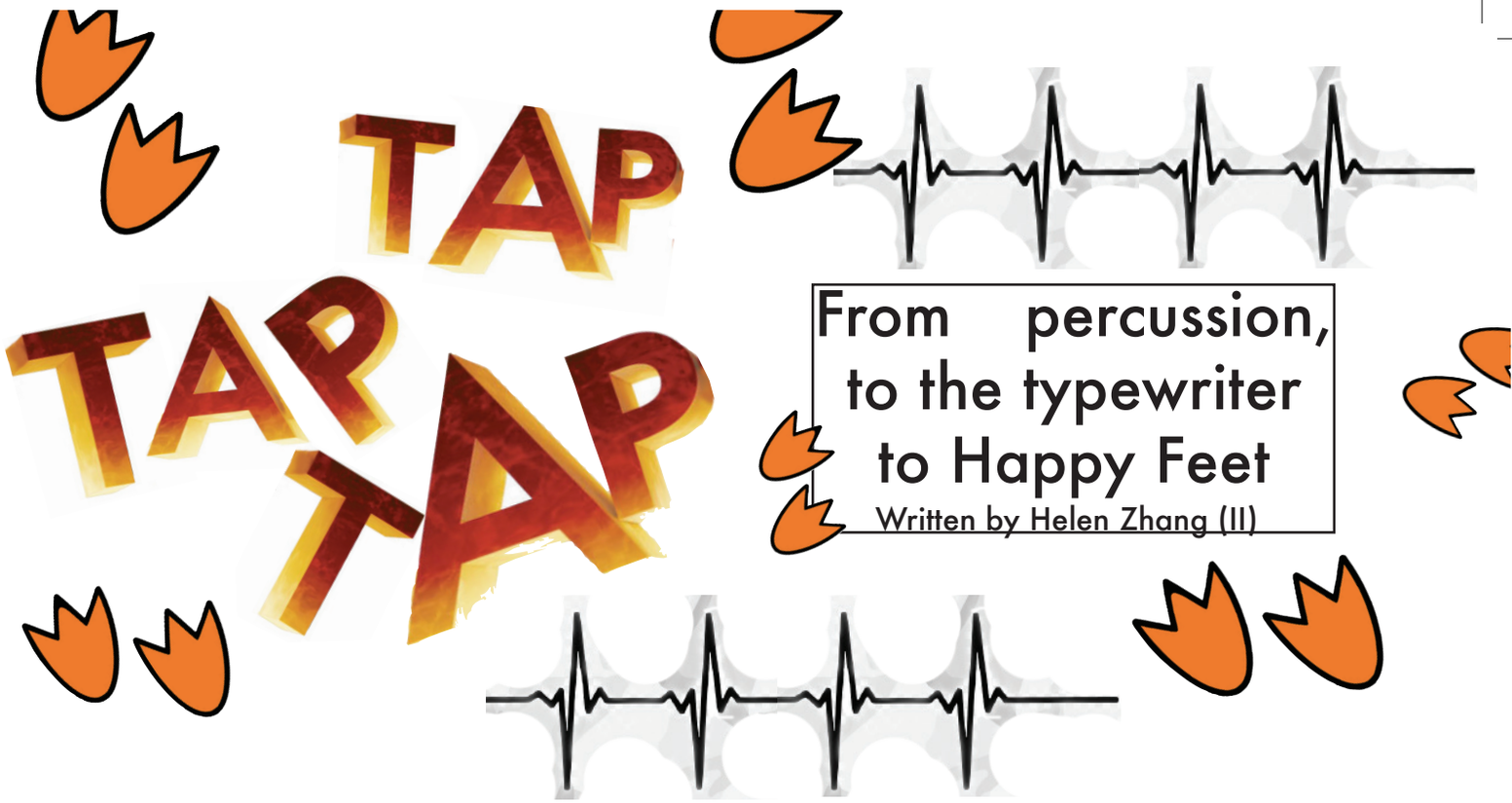
In July last year, I had the privilege of attending AMSA's inaugural GlobalEx conference held in Melbourne. This 3-day event was a unique student conference pitched as an "intensive global health leadership seminar". As a previous Global Health Conference attendee, passionate about making a difference in global health, I was overjoyed to have been selected to attend Globalex and set off to Melbourne full of enthusiasm.

This was not your average student conference - forget rocking up to academics hungover for a bit of vague inspiration. This was an intense 3 days of productivity and skills development. On day 1 we were split into groups based on our areas of special interest, to work on a project together over the course of the conference. This was expertly facilitated by guests who ran a wide variety of workshops: from the value of self-reflection to project management, marketing, and many more. On day 3 we pitched our projects to a panel of experts from academia, business and the non-profit sector - a daunting but remarkable learning experience. I was impressed with the work of my peers - from bicycles in low-SE areas to drones to treat diabetes in Africa, I certainly felt surrounded by future game-changers. It was a privilege to work with these impressive colleagues as well as experts and mentors in global health.

I came away from Globalex not just with the standard infectious enthusiasm one finds at student conferences, but with a practical sense of empowerment, awareness of real-world challenges in global health work, and a few extra tools in my kit to kick-start a career in global health.

AMSA Council, Flinders University (Dominic Vickers, V)

"Back in July last year I attended the second council of the Australian Medical Student Association (AMSA) over the course of three days at Flinders University. As you are probably aware AMSA council is an important place for Australia's medical societies to gather, discuss ideas, trade information and guide the direction of AMSA. As the University of New South Wales' guest observer I had the privilege of watching our 2014 AMSA representative Rebecca Singer vote on the policies and issues that were important to UNSW medical students. On top of that I was able to partake in the discussions surrounding these issues and develop a meaningful understanding of how AMSA functions as a representative student body. I'd highly recommend the opportunity to anyone with an interest in policy, advocacy or just wants to experience an effective student organisation. Just make sure you read the pre-readings!"



From percussion, to the typewriter to Happy Feet

Written by Helen Zhang (II)

Helen Zhang, a second year medical student, recently interviewed doctor-turned-writer, John Collee, at the Doctors for the Environment Australia conference, iDEA15, where he was a guest speaker. John was formerly an emergency medicine physician. He is now best known as a screenplay writer, and wrote the script for the Oscar-winning movie 'Happy Feet' and the Oscar-nominated 'Master and Commander'. John is currently the creative director of the feature film company Hopscotch Features, and is co-founder of the climate action group 350.org, Australia.

What made you decide to shift your career from medicine to writing?
Well, I grew up in a medical family and always assumed that that was what I would go into. After I became a doctor, because the training was so long, I decided not to go for further qualifications, and I sort of went off to find some interesting jobs and began writing about them. Then I started writing novels, medical thrillers, political thrillers, journalism and finally films. When I was 40, I was actually making more money out of writing than I did medicine. So when the family moved to Australia, it was a fairly natural progression. Writing sort of became my full job, and medicine, my hobby.

You were the writer for the very successful movie, Happy Feet, which was directed by George Miller, a UNSW medical graduate. Did you find that both having a background in medicine influenced your creative approach in any way?
Yeah, certainly. One thing medicine does do, is that it makes you very methodical. And there's two parts to writing: One is the completely free-form, thinking-up-of-crazy-ideas part. And the other is working out the structure of what you're saying. I think that kind of scientific training has always stayed with me, and a lot of film writing depends on that- it's very plot driven. You need to draw people into a world and then keep them completely entranced by the world you're describing. And the only way you can do that is with an absolutely logical plot.

Just out of interest, you mentioned the chemist Lovelock when you were talking about the Gaia hypothesis in your speech. Does he have any link with the character 'Lovelace' in Happy Feet?
(Laughs) No, no, there's no link there. In fact, I didn't want George to call Lovelace 'Lovelace' because I associated the name with a porn actress called Linda Lovelace, who was actually notorious about 30 years ago (chuckles). Yeah… George came up with that idea.

So you've been a novelist, journalist and screenplay writer. Which did you enjoy most and why?
Novel writing is very immersive, and I admire anyone who can do that with a family because it takes so much time out of your life. It's a bit like being a heroin addict- being a novelist. You enter these long phases where you're kind of just living in this fantasy world (chuckles).
I do like film writing because it's essentially a social medium. You spend a lot of time discussing your ideas with the directors and producers. Everything you do is constantly subject to feedback and monitoring, so you're working with a lot of people along the way. And I really love that social, creative process. I mean, if you look at that list of contributors at the end of any film you see that there are so many people. They all do genuinely make it something different and better. And that sense of being part of something that is much bigger than yourself is really inspiring.

How often did you read for leisure during medical school?
I read a lot. And you know, one the most avid readers that I know – Richard Smith – who writes for the British medical journal, wakes up and just reads fiction for 45 minutes everyday. And I think that, because of the intensity of medical education, you have very little time for reading around medicine. And yet most of the knowledge that we get from the world comes from reading fiction, I think. You know, the humanities- what it's like to be a woman, what it's like to be a child, what it's like to be a psychopath… That kind of thing. And that should really be a skill that doctors acquire. But because of the intensity of learning medical knowledge, this tends to be a side that's been disregarded in medical school. So I think medics should be encouraged to immerse themselves in fiction.

That's really great to hear. Do you have any advice for medical students out there who also have a passion for writing or the arts?
Well, the best advice I ever got about writing was that you have to approach the subject, even if you're writing about medical subjects, in terms of someone telling an interesting story- kind of like the story you'd tell your friends down at the pub rather than the story you would try to explain to people. In medicine we tend to get brought up in this very logical, explanatory style. The emotional sort of story telling that I now do is actually much more effective when you're talking about behavior-changing or even capturing people's attention.

One of the most memorable case presentations that I ever saw in university was a guy presenting an aortic aneurysm. But rather than doing the sort of boring, surgical case history, he came onto the stage and started saying, 'Imagine the scene! I'm lying in bed, I'm 60 years old, I've suddenly seized with a terrible pain in my chest…' and medics tend not to do this because they're worried that emotion will muddy the picture and reduce professional status. But if you use some kind of dramatization, even just in your case presentations, you start to draw people in, and really change their behaviour and let them identify with the patient. I think all that is somewhat underused in medical storytelling.

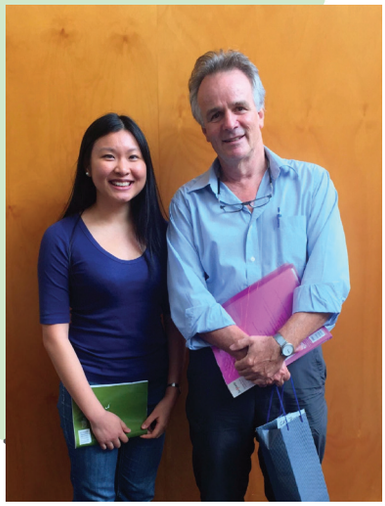
What did you find the most challenging part of medicine to be?
Well, I'm sort of a naturally divergent kind of thinker, and there's probably quite a lot of us in medicine who're like this. Medicine tends to be convergent- taking a bunch of unrelated symptoms and narrowing them down to a single kind of treatment path. If your brain works in the other way, where you are naturally flighty and you automatically make strange, sideways leaps in logic, it's hard to remain 'harnessed' to the very simple sort of algorithm that diagnosis and treatment demands of you. So I think that's why I went into creative writing. And I think there's a lot of people like me who leave medicine and go into research because they're interested in sort of diverging and finding weird connections between things, rather than necessarily following the pattern and structure of thinking that you've got to do in medicine.

What was the best part of medicine?
The best part was the travelling: I always thought of medicine as an opportunity to go and have adventures. I did some amazingly interesting jobs like working in a war zone in the former Soviet Union, the West Bank of Israel, the Solomon Islands (where my daughter was born), Sri Lanka, Africa and Madagascar. And they're all different jobs, but what I loved about third world medicine was that you could make a huge difference with really simple medicine. A lot of it was infectious disease and minor surgery, and you could transform people's lives.
Just with rehydrating dehydrated babies you could save a life every day. Very simple, practical stuff. I really encourage all my students to go do that for a while because it reminds you of what you signed up for.

I thought you made a really powerful analogy in your speech- that earth is like a body that is, organ-by-organ, dying, due to climate change. If we extend on this metaphor, at what stage of pathogenesis would climate change be at now?
I would think that it's actually much more advanced than we think. In these resilient systems like the human body and the earth, there are homeostatic mechanisms that are built to survive all sorts of insults. Take liver disease- you actually have to destroy quite a lot of your liver before your liver function tests start going haywire. You also have got to destroy quite a lot of your lungs before you get breathless at rest. So what that would tell us, is that it's not until these robust systems are almost at their final stages that you even start to see the beginning signs. So I think that we are well down the track. And as I said in the talk, there's an exponential progression from here on, and I really doubt that we can reverse the process. A lot of what we have to do as human beings now is to learn to adapt to this new world order. Which is a little depressing, but yeah... *sighs*

How much of a difference do you think medical students can make in preventing the situation of climate change from getting worse?
I think medical students have got so much going for them: they're naturally articulate, bright, and because they go on this kind of 6-year, epic journey to get a medical degree, they are often unified, opinion formers and naturally leaders. So I think that they have a huge contribution that they can make. And over the course of our medical education, we all start to look at the social and geographic causes of ill health and we realize that the difference we can make as a doctor in a health clinic or emergency room is very marginal. The real problems are economic and environmental. And we should apply ourselves to these as a pressure group. Just as there's no point in treating the side effects of obesity unless you're actually going to the root cause of over-consumption, a lot of the time, doctors are treating the side effects of climate change, and we need to really get to the root of it.

Could you tell us about your organization 350.org?
350.org was formed by a guy named Bill McKibben. The name was designed to be translatable in every language. We've now got about 180 countries that have signed up to it. 350ppm was identified as the maximum concentration in the earth's atmosphere of CO2 that the earth could sustain. Joe Hansen came up with this figure, although even that figure is probably too high. Anyway, we're now surpassing 400 and heading for 450ppm, so we're already well on the way down the track in the wrong direction. The last time we were at 450ppm was 65 million years ago, in the late Cretaceous Period, when the Arctic Ocean sustained alligators… We're half way towards a world that, historically, human beings have never lived on. And you know, that's scary. So 350.org is saying, 'Well let's get back to a world where human beings have lived on'. Our main focus now is trying to encourage people to divest from fossil fuels, because unless you actually try and turn off the tap for fossil fuels then we're not going to make any progress at all. That's the real poison that is flooding into the system, and we have to sort of starve that whole industry of money. But it's a big effort.



Thank you so much for giving us your time today. Before we finish, I have one last question… Could please I take a picture with you?
(Pictured above, on right)

YOU KNOW YOU'RE A MED STUDENT WHEN

Written by Victoria Liu (III). Reprinted from Humerus 2015:1

- a discussion about whether the chicken is undercooked turns into a rich and fascinating discussion about the life cycle and invasive mechanisms of Salmonella typhi
- *nothing brings you more relief than going to a party filled with law/engo/arts/non-med kids and in some kind twist of fate, bumping into a fellow med student.*
- when someone says the word 'stool' and you think of ten different descriptions for faecal quality/consistency before the very idea of furniture even comes to mind
- *you feel like a badass around non-med friends with your steth and hospital swag but the very second a consultant walk past you, you lose your cool*
- *friends stop asking you out during the term to hang because they know that you'll suggest a study sesh at the library followed by dinner at Mathews*
- you either nurse a visibly distressing caffeine addiction or know a friend that does (pssst.. you didn't hear it from me but 4 shot coffees at the coffee cart yo!)
- *you find yourself willingly going through anatomy books containing cadaver cross-sections (and effectively grossing out everyone at the dinner table)*
- you can - within seconds - pick out the 'spinny' chairs from the 'non-spinning' ones in the Histology lab just by looking
- *your party trick is diagnosing whatever disgusting bodily affliction other guests at the party may have (usually involving fungus, suspicious moles or if at a med party, extreme hypochondria)*
- you say, lets have a study date and your med friends respond with the enthusiasm usually reserved for kids going to the Easter show
- you can recognise a med student on tinder based off their shared likes (AMSA, NSWMSC, Elsevier etc.)
- *people just assume you're good at operation. Your singed off eyebrows say otherwise...*
- When someone mentions Greys Anatomy and you spend the next two hours going through how inaccurately it hypes up the medical field (think less mcdreamy, more macbook army)
- *You've reconciled that tutoring will be your main source of income... that is until you become a doctor of course!*

WHEN HEALING BEGETS HEALING

Idioglossia interviews world-leading surgeon Dr Munjed al Muderis

Written by Helen Zhang (II)

Fifteen minutes before the talk was scheduled to begin, the theatre was packed fuller than any lecture I had ever been to. It hummed with the excited murmurs of students and teachers from various universities and faculties, as they took their seats in Colombo Theatre in anticipation for a talk from a man, who was in many ways, at the top of his game. Google his name, and you will find a multitude of newspaper articles and pictures of him (most recently, Prince Harry's homage to his Macquarie University Hospital clinic), reviews of his autobiography Walking Free, and of course, the ultimate symbol of having reached the acme of success in the twenty-first century: a Wikipedia page dedicated solely to him, himself and he.

It wasn't always that way, however. Dr Munjed al Muderis is a man who has seen and experienced more adversity than many of us will ever know, after being forced to desert his privileged life in Iraq during Saddam Hussein's Ba'athist reign, putting his life in the hands of self-proclaimed 'respectable' people smugglers and their rickety boats, and embarking on a treacherous journey that would drastically alter the direction of his life- but perhaps ultimately save it.

Even after arriving on Australian shores, the conditions he was subject to in the Curtin Detention Centre were dystopic at best. His name was replaced by the number '982', he was sentenced to isolation in what was dubbed the 'suicide box' for his attempts at whistleblowing. He was even denied the right of having his refugee status assessed. It was with an incredible amount of courage, persistence and shrewdness that he was able to leave the detention centre for good, and continue the medical career he had started in Iraq in Australia. Today, he is an internationally renown, pioneering osseointegration surgeon and an active advocate for refugees and asylum seekers. His patients come from all over the world, and include injured British soldiers (one of whom, rifleman Michael Swain, will be featuring in the next Star Wars film because 'Hollywood looked at him and said, "Wow! This is fantastic! No need for special effects… this (prosthetic look) is for real!"'). Fortunately for us, Dr Muderis is very generous with his time, and agreed to be interviewed for Idioglossia even after the lengthy line for book-signing and photo-taking on the night.

Why did you decide to become a doctor?
Basically, when I was at the age of 12, I watched the first Terminator movie, and it was fascinating to me that a human could be half-machine, half-human. Living in war-torn Iraq, I saw a lot of people who were disabled from blast injuries as a result of the war. So I had always wanted to make a difference for these people, and basically I thought there was nothing better than to make them like the Terminators.

Was it always surgery that you were interested in?
I was hoping to do either biomechanical engineering or medicine and reconstructive surgery. My cousin was the biggest plastic surgeon in Iraq, and he was the plastic surgeon for the palace, and for Saddam Hussein and his family. He did a lot of plastic surgery, like putting hands, arms and legs back, and taking one leg from one side and putting it on the other side if he could salvage it. So he used to take me in to watch his surgeries, and that was fascinating for me. So I always wanted to do surgery.

What sort of patients do you see most frequently?
Most frequently I see bread and butter work, which is hip and knee replacement surgery, arthritis. I'm a joint replacement surgeon so I do hip replacements, knee replacements, knee arthroscopies and fewer hip arthroscopies now. But because of working with osseointegration I get to see a lot of

complex reconstructive surgery now, because people think that if I can put robotic legs on people, then I can achieve a lot of things (chuckles). It's how a lot of people interpret it. However, I was trained in Australia and in Europe on reconstructive surgery. I quite enjoy the challenge- it's very rewarding if you can fix a person who has been damaged.

To what extend do you think that grades in medical school are reflective of future success?
Actually, I was a very average student in medical school. On the lower side of average, even. I remember, for an exam, I came 194/451. Funnily enough, my friend, who came top-to-bottom last for that exam is now the head of the surgical department in Bagdhad… So you can never tell!

If not grades, then what is the best predictor of success?
It's hard to say… although one thing which is a very good predictor of success is patient satisfaction- that 'thank you, doctor' at the end of a consultation.

Do you have any advice for medical students out there in general?
Don't always be the 'judge and jury'. Give your patients credit. You will find that doctors are essentially handymen. Glorified handymen, but in the end we are really just servants to our patients. We are here to serve them, and you can get a lot of respect from patients that way. Remember, respect is earned, not demanded for. To be a doctor, you must also be mature. When I was 23, I was still a baby. You will not be mature when you are 24. Maturity is something that comes with time- you can't hurry it. So you still have a long time.

You faced many challenges after you hit Australian shores- both during your time at the Curtin Detention Centre, and after you were released. What was it that sustained you throughout this?
Well, I was born with a good, strong will, and the way my father and my mum raised me. They were both very strong-headed people: my mum was very conventional and my father was a very outside-the-box thinker. From the beginning, I was told not to accept defeat and to challenge everything. If my instinct told me that this was the way something should be done, then I should always aim at the goal and achieve it. I always set goals, and as soon as I was released from the detention centre, I set the goal that within 10 years I would become a fully qualified specialist. And I achieved that at the 8 years' mark. And then I set the goal that, when I finished, I would become an associate professor within 4 years, and I achieved that at the 2 years' mark. And so on. So you always try to achieve things, and it never stops. And you know, one day is good, one day is bad, and it continues. And always- when times are bad, think that it can get better, and when times are good, try to keep it good, because they can get worse. That's it.

It was written in a newspaper article that you 'survive on 2L of coke everyday'. Is that the secret to your success?
That's very true, in fact I'm starving for one now (when offered sparkling water, he replied, 'Oh gosh, I'm allergic to water.'). It's the caffeine and the sugar- it's what keeps me going. I'm not a big fan of coffee, but I drink a lot of coke.

If there is one thing which you think that the Australian government should change about the asylum seeker policy in Australia, what would that be?
Look, I feel sorry for them because it's a difficult problem. The fear tactic is very effective. The way we are treating asylum seekers is ineffective, costly and inhumane. I travel to Europe five times a year, and funnily enough, when I go to Germany, when I say that I'm from Australia, the first reaction that I get from them is, 'Oh, you're from that place where they treat refugees really badly.' So it is damaging to the reputation of Australia. And if we continue to think that we are living on a gold mine in Australia, we need to think again… We need to build up a stronger economy, make use of our human power. And that will depend on our integrity. If we treat people in this way, then people will not respect us. So, to answer your question, the best way of treating people is to think as human beings; there are many more humane ways. I mean, Europe had dealt with asylum seekers for centuries- there is no incarceration. They put them in communities… We are now spending $1.2 billion on countries outside Australia just to harbour these boat people. This scare tactic- the government is making it look like if we open the gates, the country will be flooded with boats. Well, Indonesia can't make so many boats. And the majority of people will still arrive by plane…
We might as well just tear up the paper that we signed as the Geneva Convention Treaty because we are not following it. Australia, as one of the 20 most developed countries, is not doing as much as many developing countries, such as Jordan.

There is a better way- it's part of what's called the 'Beyond the Boat' policy. It was a group of lawyers and activists who made a processing procedure for the government- a full, well written policy, and it's cost effective, humane and can provide a nucleus of a better way of doing it. By bringing these people, screening them quickly and making sure they are not criminals, not carrying diseases that affect Australians. And the process of making sure they are legitimate asylum seekers can be done while allowing them to work. And believe me, they are not going to take the professors' jobs. For example, I was happy to work as a cleaner and clean toilets- as long as I was doing something, rather than sitting doing nothing. But anyway, you can't talk to people if they don't have ears to listen…

You are definitely an inspiration and role model to many people. Do you have any inspirations of your own?
My father was definitely my biggest inspiration. I also have a picture of Nelson Mandela in my office, and he was a great inspiration for all human beings.

DO THE THINGS THAT MAKE YOU happy

sleep more
eat better

Shake it off!!!!

do something nice for the people you love

eat a chocolate muffin

make friends with salad!
(and ranch dressing and croutons)

reach out to friends and family

watch a bad romcom or tearjerker → nicholas Sparks movies or something with Sandra Bullock

take the time to smell some flowers

You + Me

Watch baby animal videos on youtube

wear something that makes you feel BEAUTIFUL!!!

Coogee beach is just a busride away

exercise never hurts
(oh wait yes it does)
↳ dumbbells are a DUMB idea
jokes don't hurt me!!

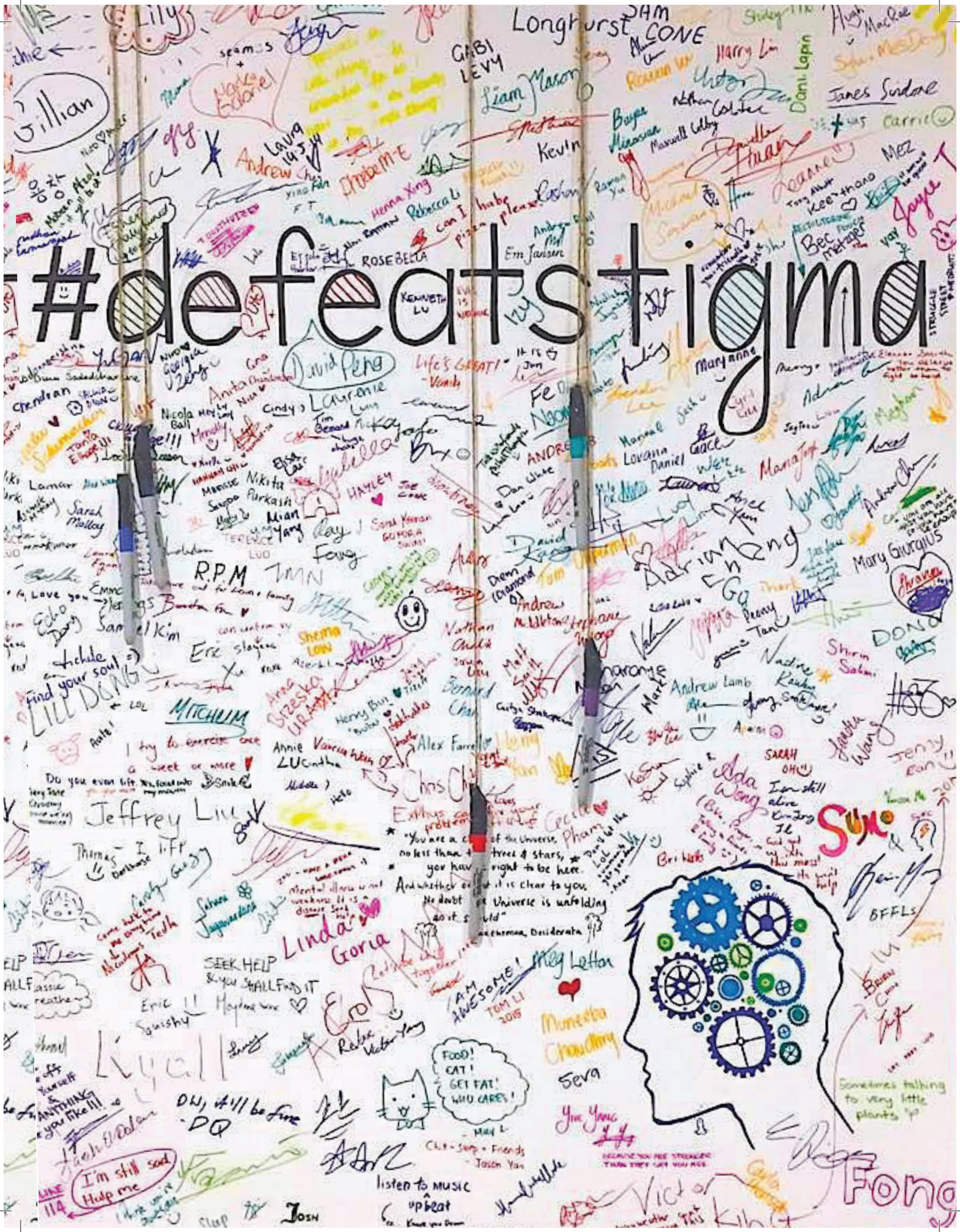
talk to someone you trust

if you're lazy like me and hate walking

yoga is good I hear
↳ I prefer yoghurt though!

binge watch NETFLIX
↳ watching HOUSE counts as medical education!

eat the damn COOKIE
(cry about it later)


#defeatstigma