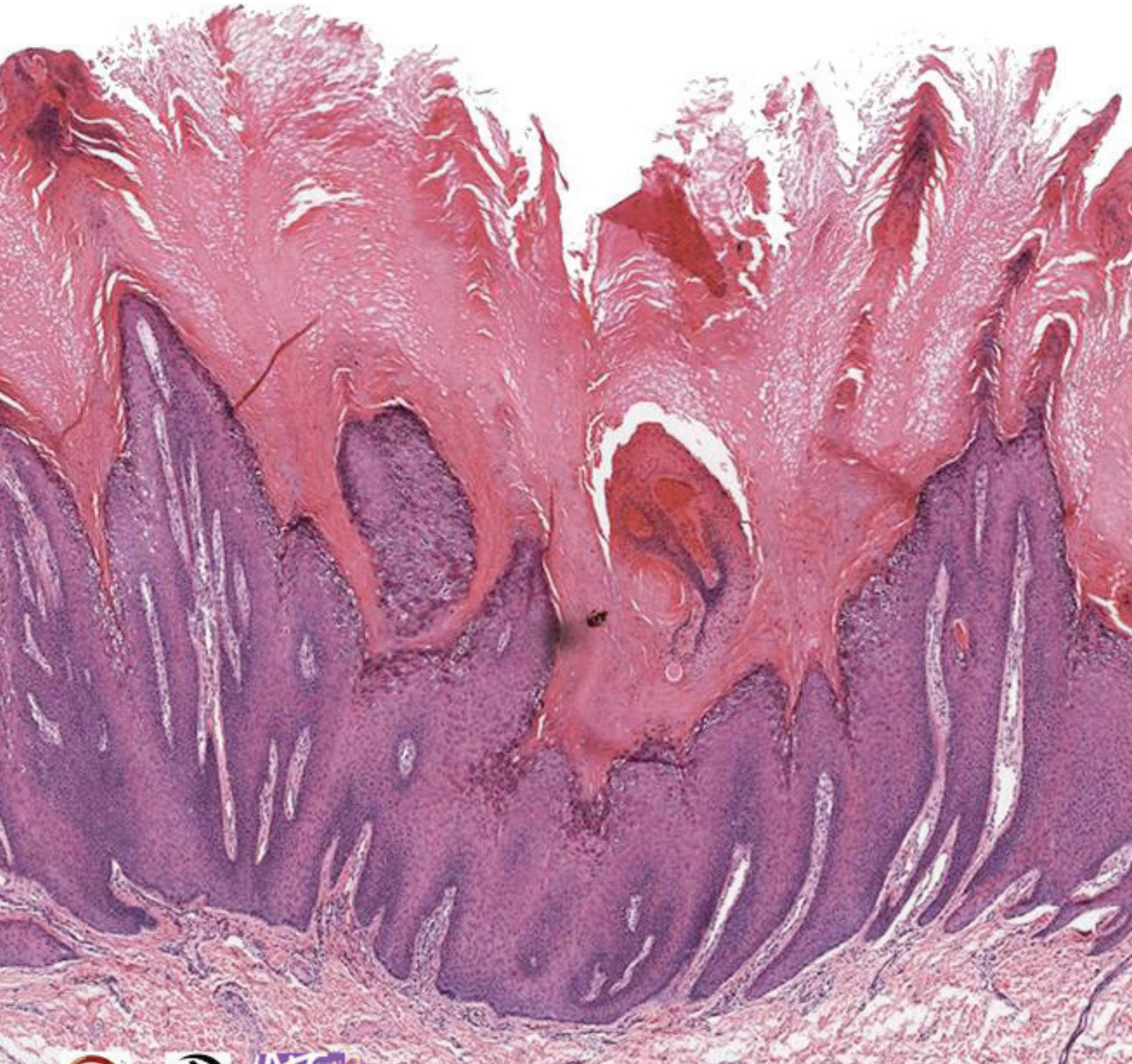
Idioglossia

Issue 2 2016



FEATURED ON COVER: UNSW VIRTUAL SLIDES
INTEGUMENTARY SYSTEM, SKIN OF FINGER, VERRUCA VULGARIS, HUMAN

Welcome to the second issue of *Idioglossia 2016*, the official publication of the UNSW Medical Society.

This is the last magazine that we will be distributing this year, and is again packed to the brim with the adventures, musings and writing of our talented fellow peers, including volunteering in Nepal after the earthquake, coursework at Sutherland Hospital and a response to the Humans of UNSW Medicine project.

We would also like to take this opportunity to acknowledge a beautiful and bright young member of our cohort - Tessa Calder - who sadly passed away this year after battling cancer for several years. Anna Fernan remembers Tessa and the legacy she has made with her life in this issue.

Finally, we would like to give a huge thank you to all our contributors - without you this magazine would not have been possible.

For submissions for our next magazine, Umbilicus, or to submit feedback or questions, please email publications@medsoc.org.au or message our Facebook page, UNSW Medsoc Publications.

With love,

Helen and Lucy

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PRESIDENTS' ADDRESS

Welcome to 2016's second edition of Idioglossia, your one-stop shop to spectacle the talent, highlights and opinion pieces of our very own UNSW Medicine. From us, this COLOUR magazine, and what it represents is the livelihood and spirit and diversity of you - our student body - your crazy, hilarious, thoughtful pieces of Sem 2.

One of the key goals we have set is MedSoc reinvesting in the students. We have had a re-evaluation of our financial strategy - and as a non-for-profit society representing us all, we are excited to more actively find ways students can be better supported by the very funds you have raised. Thank you for all your suggestions via social media and FB - as a result, we will be purchasing shared labcoats at WW and Journal of Medical Insight subscription (surgical video subscribed by medical schools, including Harvard) and be aiming to make more investments come 2017.

In the field of Advocacy, extended hours in Wallace Wurth access has been an exciting development and continued revisions. Discussions regarding the Coursework curriculum proposal, Phase 2 and 3 anatomy re-design by faculty and Biomed online blended learning modules will continue to be projects carrying on to 2017.

Our second semester has been a busy one packed with activities including overseeing incoming teams, maintaining the integrity of the election protocol, hold a very successful Graduation Ball and Life and Money in the Real World Seminar for our outgoing 6th years, Feel Good Fortnight, and amazing student teaching run by various groups in the MedSoc Family.

Our income from Arc been stellar thanks to Ke Sun, our Memberships Director, whose coordination has brought in support for our medical society of over $11000 through the incredibly competitive Student Community Development Grant Scheme this year. The funds were allocated to MedCamp 2016, Music Medical Society's Spring Charity Concert, Oculus Soc Red Eye workshop, the ever subversive MedShow Placebo Royale and MSAP's involvement in the Global Health Conference ,with a bid for MedCamp 2017 pending.

In regards to internal management, this year has also been an incredibly exciting period of #jobsandgrowth, with previous highlights of our internal policy review of Conference Funding, Election Codes of Conduct, Bullying and Harassment Guidelines, Social Media Policy, the addition of our SIG Redistribution Scheme Guidelines and Rural guide have now been formally uploaded to the Official MedSoc Website - and we hope these resources and events will keep their legacy to continue supporting students.

We can't wait to see the work of the incoming executive team, spearheaded by Eric Xu and Nadine Kauley who will focus on continuing to improve student access to resources as well as the online presence of the MedSoc website, streamlining input from the student body with a centralised subcommittee application pathway with quotas for incoming first year students, and increasing support and funding for the most important events to students.

It's been such a humbling experience to serve our students as part of MedSoc. We would like to whole-heartedly thank the entire 2016 team of volunteers, your dedication and compassion are what will always be the differences.

From our poorly charged Macs to yours,

Beryl and Ev

TESSA LEAVES A LEGACY OF TRUE FRIENDSHIP

BY ANNA FERNON (V)

Tessa Calder, our classmate from Cairns, passed away peacefully at home on 10 October, in the company of family and a close friend.

Born and bred in Cairns, Tessa moved to Sydney in 2012 to begin studying medicine. She made New College her home for two years, where she spread her contagious enthusiasm and infamous dance moves (particularly the cheeky hip thrust). In 2014, she studied in Albury and instantly became a part of the country community (the only thing missing was the beach!), before returning by popular demand to Sydney.

Tessa lived every day to its fullest potential. She could often be found running down to Coogee beach, taking part in the Coogee Island Challenge, playing any and every sport for New College and in the college cup, honing her photography skills, trying out new recipes, planning her future travels or reminiscing about her previous global adventures. Between all these things, she also managed to squeeze in being a college O-week leader, organising a medcamp, and dancing in Medshow and college reviews. Tessa had a lifelong love of Les Miserables, a never ending supply of puns, a love-hate relationship with romantic comedies, and a special place in her heart for babies, elephants, and baby elephants.

When Tessa was diagnosed with cancer, she became an advocate for cancer patients and spoke at many events raising awareness of youth cancer services, and speaking about the need for both medical care and practical support. She never let her illness stop her. Many people will remember the countless hilarious photos she posted on Facebook during her hospital stays, where she would dress up herself and her IV drip stand (named Francis) to brighten up our days.

One of Tessa's greatest qualities was her dedication to doing good in the world, and she lived this out in countless ways. She always had a keen concern for the wellbeing of her friends and those around her, and a passionate interest in politics and global events. She befriended people from all walks of life and always strove to see the good in others. Tessa was incredibly dedicated to studying medicine, and continued to work hard to complete her studies through her illness, and this was inspired by the desire to serve others. Most of all, she had a selflessness that knew no bounds.

"...she had a selflessness that knew no bounds."

As much as Tessa's death is a great loss, her friendship was the greatest privilege. She will be missed, and the legacy of her friendship will be remembered.

TESSA CALDER
1994 - 2016

Nepal

BY GILLIAN OPHEL (II)

I first realised I wanted to be a doctor while watching a particularly emotional episode of M*A*S*H. While my interest in medicine has definitely grown and evolved since then, that moment is still at the heart of my motivation: I want to help where help is needed. When I decided to spend a month volunteering in a Kathmandu hospital over the summer, as much as I denied it, even to myself, I wanted to be a hero. In the end, my time in Nepal was anything but heroic. Yet I don't regret my time there; learning that I shouldn't be the hero was my most valuable experience.

"Into this stepped a medical student one year into her degree, armed with a 20-word Nepali vocabulary and a Lonely Planet."

At the start of 2016, Nepal was in a bad place. A massive earthquake had ravaged the country less than a year ago, prime ministers were changing at a rate that made Australia's leaders look like rulers-for-life, and civil unrest at the Indian border resulted in a devastating gas shortage. Into this stepped a medical student one year into her degree, armed with a 20-word Nepali vocabulary and a Lonely Planet.

Monkeys at Swayambhunath, with the Kathmandu Valley smog in the background

I stayed with a local family and other volunteers in the south of the city. Each morning, I would either walk or bus to the hospital. Walking meant a chance to stretch my legs. Taking the bus meant snuggling up to several Nepali men, getting a mild concussion on the bus roof every time we hit a bump. Either way, I was always wearing a face mask to keep out the pollution that smothers the Kathmandu valley in a sepia fog.

The hospital itself was a bizarre collection of small buildings, sheltering under a tin canopy that gave the illusion of being indoors. Myself and the other volunteers quickly established a routine. In the mornings, we would visit Dr. KC, the family doctor. After lunch in the grotty cafeteria (try the buff momos), we would sit in with one of the orthopaedic doctors, the bubbly physiotherapist, or squeeze into a corner of the very quiet ER.

One emotion prevailed. It took me a week to recognise it, and two weeks to confess it. I was bored. I felt useless, more useless than I had ever felt in my life. The patients would come in and relate their history while we played a guessing game based on their body language. In orthopaedics it was easy: pointing to the afflicted joint. Dr. KC would solve the riddle for us, glancing over his shoulder to whisper 'C and C': cough and cold. Lungs would be listened to, movement would be checked. I would decipher the English patient notes to the other, less medically-literate volunteers. Then the patient would be sent on their way, giving us a 30-second interval to ask questions about the case before the next patient arrived. Rinse, repeat.

The hospital's administration wing

Frequently, I wondered what I was doing. I felt like a fraud. There was nothing at all charitable in my routine- if anything, I was distracting the doctors to the disadvantage of the patients. I wasn't able to help. This, finally, was the revelation: I had neither the power nor the experience to make these people better. Even if I'd been fully trained, the hospital was not lacking for competent doctors. What it lacked were resources. Perhaps I would have been most useful as a human-sized bottle of hand sanitiser. The problem, however, was larger than the hospital itself. It was there in every patient's pollution-driven cough, in the ubiquitous anaemia from poor diets, in the old women dying of diarrhoea, in the manual labourers diagnosed with 'tennis elbow' from overwork. Nepal needed infrastructure, not another soft-hearted volunteer.

Still, I am glad I went. As well as my foreign dollars adding an extra drop to their economy, I learnt to appreciate my own limitations. We've all heard stories of medical volunteers delivering a baby on their second day in country. Secretly, that's what I was hoping for when I left; I'm now very glad it didn't happen, because I would have been the only one to benefit. I'm sure there are different volunteering programs in which one can make more of a positive impact, and in a few years I'll likely volunteer again. When I go, however, it will be primarily to learn, and help where I can. It won't be hoping the country is in such dire straits they need me as their hero.

IMPOSTER SYNDROME

BY ESTHER WANG (III)

So chances are, if you're a medical student, you're probably smart and a high achiever addicted to perfectionism and caffeine. You undoubtedly slaved away at getting a ridiculously high ATAR score and mastered the ability of deciphering inexplicably complex patterns (what even is UMAT?). In light of all this, you might, at one point in your decorated, extensive academic career, experienced this wondrous phenomenon called 'imposter syndrome' (unless you're a narcissist).

'Imposter syndrome' is the insidious, nagging, pervading feeling that you aren't good enough or smart enough to be where you are, and that eventually you will inevitably be exposed as a fraudulent con-artist. You might be plagued by the fear that as soon as you step into an exam room, sirens will start blaring and the next thing you know, you're in a super fashionable, orange jumpsuit and being charged with fraud (surely it's not just me?). As exams draw closer and our blood levels of caffeine sway dangerously into previously uncharted levels of caffeination, it's only natural that some of us start to present with the signs and symptoms of imposter syndrome.

Personally, I am an 'imposter syndrome' veteran. I ask myself, "What am I doing here, why am I here, how did I even get into med" on a daily basis. I didn't know that you had to turn the stethoscope in order to switch between the bell and the diaphragm until a week before my OSCEs in second year. So in hindsight, every time someone had asked me, "Are you listening for carotid bruits?" I've just nodded my head and used my hyperactive imagination to fabricate some heart sounds emanating from my stethoscope. When an orthopaedic surgeon asked me to name the 2 bones in the lower leg, I had a complete mind-blank and my stunningly well-crafted, Nobel prize nomination worthy response was,

"Tibia, and I don't know."

"Personally, I am an 'imposter syndrome' veteran. I ask myself, "What am I doing here, why am I here, how did I even get into med" on a daily basis."

Sometimes we just forget things. And that is okay. Sometimes it takes a lot of repetition to drill facts into our brains and that is okay. You might just have to work a little bit harder than someone with a good memory. You might not do as well as you thought you did on your exams, and that is okay. You don't need to be good at everything; you don't need to be an expert at everything; you don't need be a walking encyclopaedia of clinical knowledge that can regurgitate the pathophysiology of rare diseases like pheochromocytoma.

Don't worry if you feel like an imposter. Most people do; apparently up to 70% of people experience this phenomenon (insert random citation). At one point, you'll make the arduous mental transition from imposter to doctor. And if you don't, well, as the saying goes: fake it til you make it.

MY COURSEWORK YEAR IN THE SHIRE

BY DOMINIC MAH (III)

I must admit that I was a bit shocked and didn't know what to expect when I received the email saying that I had been placed at Sutherland Hospital. A group of my friends were placed there too, but I was still sceptical.

But looking back now, I wouldn't have had it any other way.

Firstly, the amount of medicine that you learn in Coursework is incomparable to Phase 1. Sure we learnt loads of basic sciences and how to pass exams in Phase 1, but this is the first time that you really get to apply that science background clinically and think like a doctor. There is no way that I would've previously been able to pick up that a patient had a left ACA stroke, interpret chest X-rays or even consider differential diagnoses for a patient's presentation. Let alone all the other exciting things left in store for me with investigations to order or considering management plans. One of the great benefits of Sutherland is that it's relatively small, so you really can feel connected to the hospital environment and understand how it operates. Before this year, I didn't even know what an intern was, or the training pathways that doctors have to undertake.

But definitely one of the best things about Sutho is the people. Both doctors and patients alike. Consultants were always happy for you to hop onto their ward rounds despite not being attached to their team, and even give you a mini-tutorial in the busy ward corridor. Or sit in their clinics and occasionally get smashed in front of the patient (and learn heaps in the process!). I even got to scrub into and assist with some surgeries! Interns and registrars were always willing to give us quick tips on the wards, pointing us towards the best patients to take a history from or signs to elicit, e.g. hepatomegaly to palpate.

"But definitely one of the best things about Sutho is the people. Both doctors and patients alike."

First time in OT and scrubbing up!

Another early morning 7am start

Patients too, were always happy for you to chat with them on the wards and examine them, or sit in on their outpatient clinics. I've never been turned away by a patient at Sutherland. Justin, the admin guy, is always down for a chat in the common room and organised heaps of fantastic tutes for us as well! Senior students and BPTs were always around to give us a helping hand and the odd tute. Perhaps some of my favourite moments at Sutherland was getting to hospital at 7am to watch a surgery, spending ridiculous amounts of time in the ever-so-quiet 24/7 library (once stayed there until 12am to finish off an assignment!), "ward crawling" (scouring each ward for pa-

tients during OSCE practice), or simply having a great time with my peers. 2016 was also the year that the Cronulla Sharks won their maiden NRL premiership! Sutherland really did have that close-knit community vibe.

Oh and who can forget the grand rounds! With 5 different sessions every week at Sutherland, doctors present and discuss cases amongst each other; during these times you can learn a lot from in terms of both medical
knowledge and case presentation skills. Food is always served ... we all know how food is coveted. I rarely ever have to bring lunch!

Cardiology breakfast

My medical education wasn't just limited to Sutho. We still had our regular lectures, practicals and CMTs back at uni, and clinical placements at other hospitals. Within this year alone, I went to Kareena Private Hospital, St George Hospital, Calvary Hospital, Prince of Wales Hospital, Lifestyle Clinic, Royal Hospital for Women and Sydney Children's Hospital. And my final clinical exam will be at Vinnies! The range of clinical exposure was certainly not bland at all :)

Like everyone else, I was initially unsure of Sutherland because of the distance, and it always seemed to be that smaller version of St George. But now Sutho will always have a special place in my heart. This was, without a doubt, my favourite year of Medicine so far. So if you're in 2nd year and undecided on where to go for your Coursework year, look no further than Sutherland Hospital!

Some of the best: Sutho sequence 3 crew

MEDSOC PUBLICATIONS AND THE HONY MODEL

BY JACK MANGOS (IV)

The Humans of New York (HONY) model is a blog structure that has been appropriated both seriously and satirically. The structure includes in a single post only the most telling, intimate, strange, or even fun or wacky, parts of an interview with a subject about their life, as well as a single photo. HONY has used this structure to document the lives and thoughts of a large range of people, including drug dealers and users, former soldiers, victims of domestic abuse, and romantic stories of all descriptions. It's covered older New Yorkers nervous about their biological clock, and young New Yorkers expressing their dreams and anxieties about the future. HONY has even told the stories of refugees traveling through Europe. No seemingly untouchable topic is left untouched by HONY's sparse and personal format.

The success of the HONY model is, I think, related to the sense of proximity to the subject generated by its structure – most importantly, the most telling, or insightful, or powerful segment of the interview is presented immediately, without contextual padding. The effect of this structure for the audience is a demystified look into an extremely broad range of human experiences, often those that would be very difficult to broach in real conversation, particularly in those HONY posts which anonymise the subject. It goes almost without saying that this is a very positive thing, as HONY levels all human experiences and opens all to a measure of commonality. Consider, for example, that even President Obama was the subject for a HONY post, and, true to HONY form, the topic of discussion for him was his mother, and the effect his upbringing had on him.

"The success of the HONY model is, I think, related to the sense of proximity to the subject generated by its structure – most importantly, the most telling, or insightful, or powerful segment of the interview is presented immediately, without contextual padding."

The question we must ask is, therefore, has this structure been adequately replicated by Humans of UNSW Medicine (HOUM), and if not, what kind of effect could HOUM have on medical culture at UNSW?

In my interpretation, HOUM only superficially reflects the HONY structure. They are similar only in that they are published in the same format, and that HOUM hints at the same level of depth that we get from HONY. However, at a deeper level, they are fundamentally different, and I think that this difference perpetuates a weakness, rather than a strength, in our student culture.

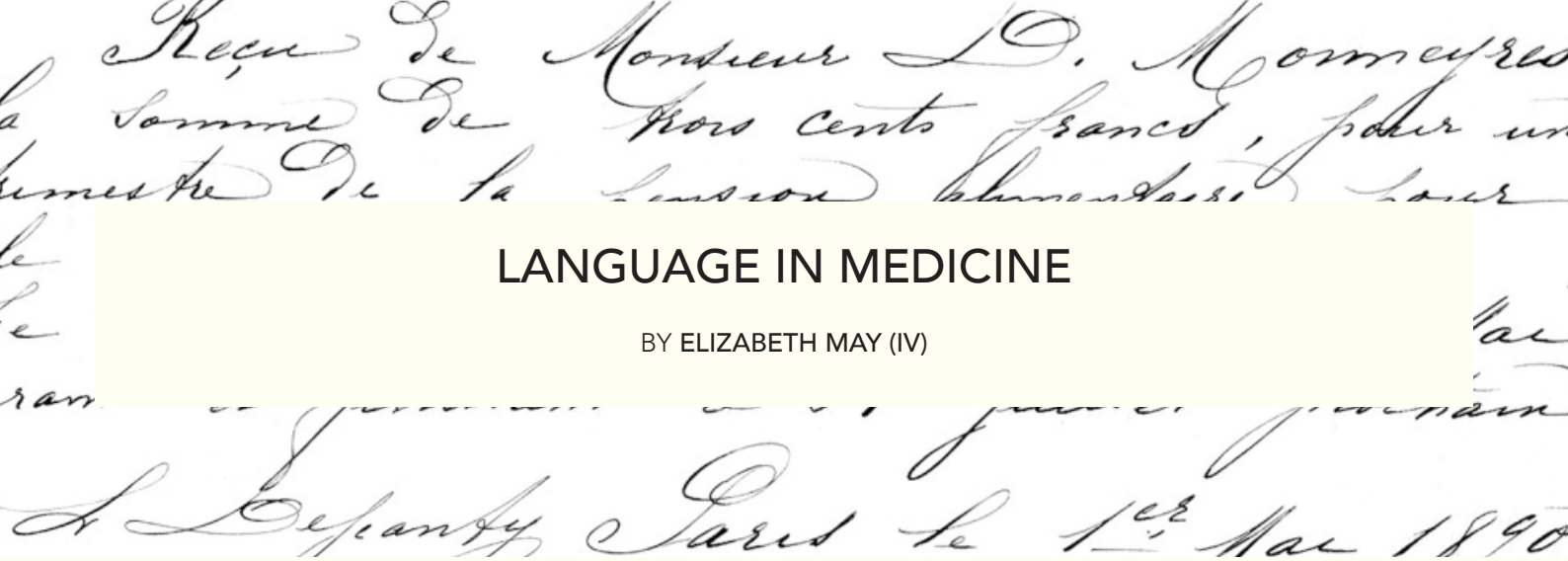
In most HOUM interviews published, the focus is on medicine; studying it, experiencing it as a student, or thoughts about it. So far, it has been a rare HOUM post that hasn't revolved around the degree that we study, and those that have strayed away have been, arguably, the more entertaining or touching. Consider, for example, the interview with Pat McNamara about his father and bipolar disorder, or David Kang's hilarious story about his Kobes. These interviews are more powerful than an interview about Foundations anatomy, for example, because they bring out the human aspect of the humans being interviewed. For the same reason, they are far more valuable than those that evidently only aimed to promote the elections for MedSoc (including the first two HOUM interviews with the former MedSoc President and Vice-President respectively) and the elections for MSAP (in two recent interviews with the former MSAP Co-Chair and Treasurer). I would argue that those posts which allow the greatest degree of proximity between reader and interviewee are those that do not rely on our university degree as their platform. As such, when HOUM focuses on medicine in its interviews, it becomes yet another expression of superficial medical brother- and sister-hood.

Why is it important that HOUM change its approach from where it's sitting now?

The answer, I think, is for the very reason that HOUM is taking the HONY model and attempting to copy it. Therefore, we accept the HONY model, as well as the expectation of depth that HONY provides. In this regard, given that the HONY model is meant to encourage discussion of people's most important thoughts or feelings, the message that is sent by HOUM, even if this message is not deliberate, is: medicine is the most important thing in your life, it's on everyone else's mind, and it should be on your mind, too.

This is a damaging message to send. To illustrate why, I must appeal to Jean-Paul Sartre. Sartre wrote that human beings should never identify themselves categorically. In other words, you should never say, "I am a waiter", or, "I am a medical student", or, "I am a swimmer", because categorical representations fail to capture the wholeness of each individual. Therefore, Sartre argues that we should instead simply say, "I am". This short summation, spoken by each individual, captures much more robustly why we are vulnerable, or scared, or enthusiastic, or exhausted, or full of regret. We do not feel these emotions because we are medical students; we feel them simply because we exist, and we are confronted by a world that is sometimes threatening, or exhausting, or frightening, or hilarious.

It is certainly true that studying medicine places an extra burden of stress on each of us, but this is an added factor to our lives, rather than the feature that determines our place in the world. This explains why HOUM is potentially so damaging, because in focusing on the one factor common to us all, it represses the enormous diversity between us, and the potential to promote the same communality that HONY does so well. My recommendation, therefore, would be to stay away from medical topics in HOUM interviews, so that we can better understand the humans, rather than the medical students, we study with.



LANGUAGE IN MEDICINE

BY ELIZABETH MAY (IV)

As part of my degree, I had to take a non-medical university subject, and I decided to learn French. As it turns out, I'm very bad at French. However, my floundering in francais got me thinking about the language of medicine.

Now, bemoaning and/or writing introspective pieces on the strain of learning the sheer vocabulary of medicine is somewhat of a rite of passage for a lot of medical students, especially those forced to write frequent reflective pieces such as required by my curriculum. But as many a linguistic scholar would tell you, vocabulary is only a component of language.

Take for example, my lectures in introductory French. Even with my limited knowledge of the actual words and their correct order, speaking French is as much about body language too. When masquerading as French university students to snag a cheap meal from a Paris university, a friend reassured me I didn't need to know the language I simply needed to, "spend the group conversation looking to the side-middle-distance and make frequent 'pfft' sounds. It helps if you can smoke too".

"When discussing my friend's latest tinder date she doesn't say, 'Mr J, suspected f-boy, 25, crossfit, drinks instant, underemployed, possible second date'. Though in retrospect, that may be more efficient."

Similarly, in my masquerading as a doctor, sometimes the jargon is not required. Sometimes a leaned in posture, head tilted and looking out glasses with the occasional 'hmmm' sounds can elicit a near complete history from a patient, and taking the odd note while nodding one's head can give the impression of understanding what on earth is going on in a radiology team meeting.

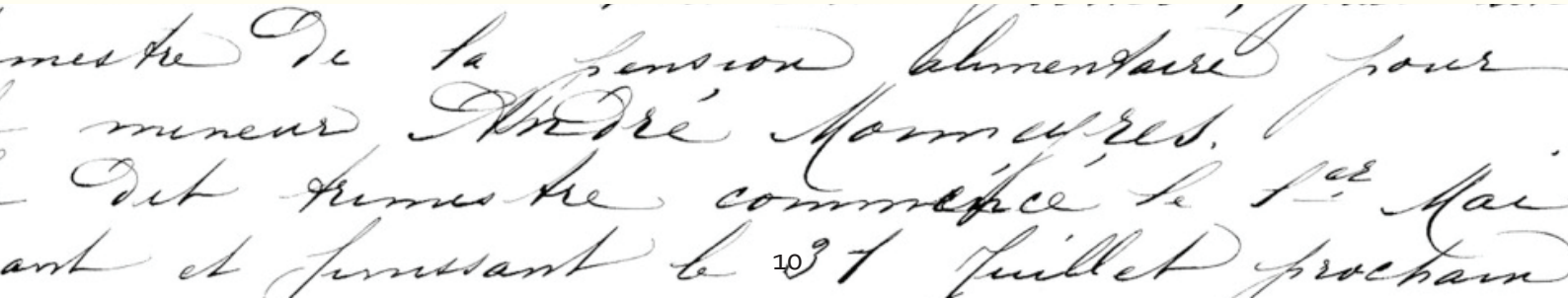
Or take medical grammar. I am part of the generation that didn't learn grammar in school, and compensate by gently scattering my written work with semicolons hoping to give the impression I understand where they belong (hint: it doesn't work).

French classifies nouns as masculine and feminine, necessitating the alteration of the words around them reflecting the fact that the fork is in fact, female. Likewise, medicine too has its own grammar, albeit a less elegant, more brutally efficient one. Take for example the tendency to list. In presenting a case to a hurried consultant, I may say,
"Mrs J is a 70 year old woman, presented with a suspected STEMI, obese, 40 year pack history, strong family history, currently hemodynamically stable and awaiting transfer to cardiac ward."

When discussing my friend's latest tinder date she doesn't say,
"Mr J, suspected f-boy, 25, crossfit, drinks instant, underemployed, possible second date."

Though in retrospect, that may be more efficient.

Predictably, a few weeks after the final exam, those neural pathways have gone unused and what I knew has faded, as my medical language pathways become more well-trodden. My friends joke about the first set of notes written in a histology lab where 'collagen' was double underlined and followed by question marks, and google was not returning any results as to what a 'macrofaje' was. Thankfully, the mission critical language of French is somewhat less than that of medicine, je voudrais une baguette s'il vous plait.



PERFECTIONISM - STRIKING A BALANCE

BY FIONA JOHNSTON (II) & ERIKA STRAZDINS (V)

Perfectionism has many strengths and probably helped you to organise your desk, plan events, and get into medical school. However, the cliche of everything in moderation holds true as we transition into university study and clinical placements, and later into the working world.

As part of the recent 'Feel-Good Fortnight', the Women in Medicine MedSoc portfolio had a highly successful interactive workshop with a mind-body approach, where attendees left a step closer to becoming avid stress-handlers! The UNSW psychology clinic delivered a tailored workshop focussing on perfectionism, mindfulness techniques and coping strategies. Our bodies were nourished by #cleaneating foods from our sponsors Chobani Yogurt and Lucky Nuts, and a stress-reducing and myofilament-stretching yoga session with Nigel from Bright Light Yoga in Bondi.

But I'm not a perfectionist…

As medical students we constantly face high pressure situations and although motivating, the relentless chase for perfection can end with feelings of incompetence and psychological distress. It can be subtle, and many of us aren't aware of it:

- Do I cope well when multiple issues arise?
- Does being average sound horrible to me?
- Does not being able to answer a tutor's question make me a failure as a person?
- Do I feel that no matter how hard I try it's not good enough for my family?
- When I give someone a task to do, I expect it to be done without any errors?

Take control

If you feel like you answered YES to most of those questions, here are Women in Medicine's top 5 tips to combat perfectionism:

1. Choose your goals wisely.
Be aware of the difference between setting high personal standards using realistic goals in the pursuit of success, and perfectionism using impossibly high goals and motivated by a fear of failure.

2. Define what success is.
Perfectionists typically view success as an "avoidance of failure." Rather, focus on what made your success and the skills you used and people who helped you to get there.

3. Rethink what makes you special.
Your worth as a person is not determined by your accomplishments alone. Feelings of self-worth are also affected by interpersonal relationships, physical health, spiritual beliefs, and emotional well-being. Write down one example in each of these domains. This will help you to focus on your diverse strengths.

4. Be kind to yourself: redesign your day one goal at a time.
Think of one way you can be kind to yourself each day and commit to it. This could be as simple as taking a walk down to lower campus to get a coffee between your lectures and SG, or taking a study break to sit in the sun, or listening to a nice song before bed. Even subtle changes like intentionally incorporating breaks in your workday will enhance creativity and refuel yourself, making a positive impact.

5. Praise others.
Every day look at a person you admire, think why, and let them know! Not only does doing kind deeds for others take the focus off your own thinking, but it can also help them to realise their strengths.

It is imperative to start now, to identify maladaptive coping strategies, and replace them with healthy alternatives. With end of year exams upcoming, it is more important than ever to make efforts to look after ourselves. This is essential to prepare us for life in the medical profession, juggling patient responsibilities, research, family commitments, and personal life. WIM would love to hear any suggestions you might have on wellbeing or future topics for 2017 by contacting us on women@medsoc.org.au.

A NEW GLOBAL HEALTH CONFERENCE

BY CARRIE LEE (III)

When I registered for the 2016 Global Health Conference, I didn't expect to find myself in stitches at a presentation about Female Genital Mutilation (FGM). Up on stage, pacing with the confidence and sass, yet unrehearsed spontaneity of a natural spokesperson – an advocate – Khadija Gbla recounted her experiences living with FGM. With the shining lights of the letters GHC2016 behind her, Khadija had the audience captivated by her manner and her passion to fight for a world without FGM.

Khadija Gbla Speaking about emale Genital Mutilation (FGM)

Female genital mutilation, or FGM, is a concept barely spoken about in our everyday life. Yet it is a reality for over 200 million girls and women worldwide who have been subjected to procedures that intentionally injure the female genital organs without any medical indication. FGM was just one of the issues brought to light at this year's Global Health Conference, held at the Newcastle Exhibition Centre in Newcastle. This is GHC's quintessential strength – delivering a diverse, surprising, thought-provoking academic program with high profile speakers.

GHC also offered a variety of workshops and small group activities
Pictured here: Suturing workshop

Reflecting the political maelstrom that is Australia's refugee and asylum seeker policies, refugee health featured prominently in this year's GHC program. The conference opened with a plenary from Julian Burnside, internationally renowned refugee advocate and human rights lawyer, delivering a strong rebuke of Australia's treatment of refugees and widely prevalent Islamophobia.

> "I didn't mean to call you a racist.
>
> I meant to call you – how can I put this? – history's worst reflex.
>
> I meant to call you the frail and fearful idiot who learned nothing of the lessons of 1933.
>
> I meant to call you the descendent of Nazism.
>
> I meant, much more kindly, to say that your belief that a little cultural difference is responsible for all the shit in your life is a product of an under-informed mind and an ugly spirit...
>
> I meant to say that I know your stench: it has offended my nostrils for a lifetime.
>
> I meant to say that if you think Islam is intrinsically evil and you've somehow missed that the real "evil" in the world is belched from its financial centres, fuck you very much and you just keep on agreeing with Brave Intellectuals like Sonia Kruger and Andrew Bolt."

Julian Burnside recited an apology from Helen Razer, responding to comments about her criticism of Islamophobia. Reference:http://www.julianburnside.com.au/a-piece-for-all-who-criticise-islam/

Young changemakers also took the centre stage at NewGHC. Abarna Raj, CEO of the social enterprise Palmera Projects, walked us through the organisations's values for empowering the communities they support, as "a hand up is always better than a hand out." Dr Sudvir Singh, founder of the non-profit organisation Generation Zero, wowed the audience with his modest journey from medical school, to international climate health negotiations (meeting World Health Organization Director-General Dr Margaret Chan!), starting an New Zealand-based non-profit and successfully campaigning local government for creative environmental solutions like bike paths and pedestrian bridges. Hand cramping, my notes barely legible, I couldn't write his gems of wisdom down fast enough.

On a contrasting note, Dr Kathleen Thomas, fieldworker with Medecins Sans Frontieres (MSF), gave an emotional testimony of the attacks on the trauma hospital in Kunduz, Afghanistan. Recounting the series of events in heart-wrenching detail, the loss of her colleagues and patients, and the devastating loss of the only remaining life-saving health service for that region, many of us were moved to tears. Whilst we are well familiar with the ideals of doctors helping to improve healthcare in resource-poor areas, the idea that hospitals and healthcare workers are actively being targeted in conflicts is absolutely confronting and appalling.

Dr Kathleen Thomas speaking about attacks on the trauma hospital in Kunduz, Afghanistan.

Between each academic session, over 800 delegates flooded into the lofty foyer of the Exhibition Centre, meeting students from across Australia, exchanging ideas and thoughts, and feasting on beautifully prepared food served on biodegradable plates and cutlery. (Environmental sustainability was a huge strength of NewGHC – carbon neutral, with vegetarian meals and biodegradable plates – a massive achievement for a huge event!)

Delegates tie dyeing socks and shirts at In the Green Day

One question that hovered close by on many of our minds was, "what can I do?" Surely it was inspiring and mind-opening to hear so many plenaries, pick up skills at workshops, and network with incredible individuals. It was almost overwhelming, a super saturation of global health that felt like a blur at times, hardly able to process the challenging ideas before moving onto the next! What could we do now as a medical student? And how exactly do we chase the global health dream?

As it happened, many of the speakers had something to say about their journey getting into global health. In fact, everyone had a completely unique experience – through NGOs, research, on the field, and through advocacy and policymaking, to name a few. Global Health Gems abounded, but some themes tended to emerge:

1. **Assemble your dream team! Be around people that inspire you. Having strong management and leadership puts you in a really good position.**
2. **Know yourself, understand your motivation and what gets you passionate about the cause/global health issue you're fighting for.**
3. **Local ownership – "a hand up is better than a hand out" (Abarna Raj, Palmera Projects)**
4. **Start local, act in your own city – global health isn't just about developing countries!**
5. **Learning is everything – be inspired by role models, learn the cogs of established organisations before starting your own, and hold onto your humility**

And as for what we can do now as medical students? Medical Students Aid Project (MSAP) is UNSW's very own global health group. There are plenty of subcommittees to get involved directly with our projects that operate locally and internationally. Volunteering opportunities also abound with organisations outside UNSW too. Talk to your local MP about a cause you feel passionate about. Stay informed about global health issues. Start recycling at home, caffeinate yourself with a keep-cup instead of a takeaway cup (and feel good about the environment too!). And if the post-GHC withdrawals are still too real? Get keen, Adelaide GHC 2017 beckons.

http://ghc2017.com.au/

Gala Night, NewGHC 2016

NewGHC 2016 was a recipient of Arc UNSW's Student Community & Development Grant.

EDITORS' WORD: HUMANS OF UNSW MEDICINE

BY LUCY YANG (III) & HELEN ZHANG (III)

This is a letter in response to Jack's article (page 8) about one of our new projects this year – the Humans of UNSW Medicine (HOUM) Facebook page. Here at Medsoc Publications and HOUM, we always welcome feedback and suggestions as we constantly seek to improve the way we run. We have in fact received quite a lot of feedback throughout this year - both verbal and written, good and bad, and it's been a humbling but also rewarding learning experience that has seen us continually modify and fine-tune how we run. So from the start we'd like to thank Jack and everyone who has given us feedback. However, as Jack has found it necessary to use the very medium he's affronted by to project his discontent, we'd like to use this opportunity to also explain a few things which we hope will clarify HOUM.

While the idea for HOUM was born from the popular 'Humans of New York' Facebook page, Jack rightly observes that, 'at a deeper level, they are fundamentally different'. We agree: we are different. Humans of New York is our biggest inspiration and we truly hope we can also capture the complexities of human nature, quirky stories and heartwarming moments. However, it is impossible for us to completely replicate the method of Humans of New York; we are just a couple of full-time medical students who volunteer a few hours each week to work on the project because we believe it can grow into something bold and empowering. We are not, unfortunately, able to do as Brandon does for HONY, spending hours talking to his interviewees and build a global social media franchise.

In that case, should we accept failure before even beginning? Because fundamentally, we will always be different.

HOUM has only been running for 3 months, with less than 20 posts in total. We are a fledgling project/ social media experiment still finding our feet, and we truly apologise if we have injured the psychological or emotional health of those in our community, who believe we have been projecting a skewed or politically-motivated depiction of our community; this was partially due to the nomination period during which our project was initiated – it was certainly not our intention make HOUM a political vehicle, and something we will work harder to avoid depicting in the future.

Part of the magic of HONY lies in the fact that the interviews are conducted between two strangers. In a community of 8.5 million, anonymity is almost guaranteed. And this is a portal by which people feel more at ease to open up about deeper issues, which can often be easier to tell a stranger than someone we know. But ours is a much smaller community where people are closely interconnected. And the truth is, we all care about how others perceive us, and it's only human to want to keep personal issues private. In fact, we've spoken to quite a lot of students who have passed on the chance to make a post, even anonymously, because they find HOUM too public a forum. So perhaps it is understandable that it is easier for our interviewees to speak about medicine or experiences as a medical student as the subject. For one, it is a relatable subject which binds us all together. Moreover, in a twenty-minute interview, it is difficult to delve into the more intricate and sensitive topics.

On this note, we would also like to shed some light on our interview process. The way we have been working until now, was to provide a list of questions to our interviewees and allow them to choose the ones they wish to respond to. More often than not, people have chosen to answer medically-related questions, and when confronted with questions such as, "What makes you most anx-

ious?" or, "When was the time you felt most helpless?" most people were reluctant to answer. We understand that the meaningful interviews on HONY probably stemmed from getting people outside of their comfort zones, but at the same time, we respect our peers' rights to privacy and allow them the choice.

We also believe that making a post about medicine by no means asserts that medicine defines who we are as people – and must we deny that it is a part of who we are? Yes, our goal is to capture the human side of those around us, but why does studying medicine have to be separate to this? Oftentimes we find that the experiences we have at university and hospital enhance our understanding of ourselves and what it means to be human. It seems to us ironic to make it taboo on HOUM to talk about being a med student, because, well, we kinda are. And that does NOT by definition mean we aren't anything else.

We also believe that allowing members of Medsoc and SIGs discuss their experiences, positive or negative, is another way of celebrating our student community. (Note: all the posts regarding Medsoc and MSAP elections were posted during the nomination period to encourage participation rather than during election period.)

We too, want to make this the best possible platform to emphasise the human side of our cohort - the joys and the achievements, the worries and the doubts. And no, we don't believe that medicine is the most important aspect of any one of us here, but we will not censor medicine, Medsoc or subcommittee posts. What we will do, is increase the number of questions we have on non-medical topics, encourage people to speak about those topics and promote the option of anonymous posts. We also plan to make a platform where students can submit their random thoughts, their friend's funny quote, or any photos they took, to be published on HOUM.

Finally, we would love to hear any thoughts on how we can further improve and develop the page!

Please follow this link to provide us with feedback https://goo.gl/forms/rZRY8hHuJmhLbHCp2

Alternatively, feel free to email us at publications@medsoc.org.au

Look familiar?

BY SHIHO FUKHUI (III)

Where the road meets the dirt

BY AIDAN TAN (III)

Six O'clock Friday, I leave Bidgerdii Community Health Service, throw a blanket in the boot of a borrowed Mitsubishi Colt and chase the sunset west down the Capricorn Highway. I have a destination in mind – Longreach, the largest town in Far West Queensland, population of 3000. The blanket is a mistake, for tomorrow the temperature will reach 42.8 degrees. As the last traffic light in Rockhampton recedes into the rear vision mirror, it doesn't feel far off. I roll the wind-up window down. A few hours later, in the indomitable summer heat of Central West Queensland, the sunset smoulders like embers at the base of a bonfire. The sunset out west redefines brilliance; intense reds, striking oranges, vivid purples and deep blues. Like the Sirens of Greek mythology, they're frighteningly beautiful, in a hypnotic stare-until-your-car-makes-violent-love-with-a-tree kind of a way.

As the kilometres fall into hours, I find that the road begins to feel familiar. I miss these roads. Roads so straight that monotony becomes the Siamese twin of fatigue, and as daylight dies, you get confused as to who's who. Roads so narrow that the passing road trains and the white crosses with sun-bleached, plastic flowers remind you of your own mortality. Roads so long that, in the heat, they sink into an always out-of-reach thin watery-blue mirage. But mostly, I miss the solace of the highway and the serenity of travelling alone. That night I pull into a truck stop to boil a billy, eat half a kilogram of plain noodles out of an old ice-cream container and watch the road trains roar by as I sit on the edge of the highway, the still warm cement breathing through me. Then and there, everything is perfect.

PLACEBO WORDS

BY HELEN ZHANG (III)

I swallow
Your expressive phasias
With manias.

They are a blanket cure
Empirical therapy
For an empire of maladies –
Malignant delusions, dark contusions, disseminated illusions.

Sententious sentences sent
At metered intervals
Mane and nocte.
Each word perfectly encapsulated for swallowing;
First-line letters
Carefully powdered
With second-line meaning
And third-line intent.

I should have known
You were dispensing sugar pills
Sweet words from sugar crusted lips;
Mass production, for widespread relief.

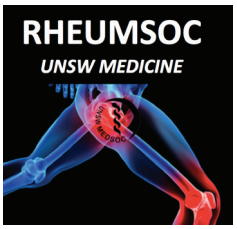
Towards Takotsubo balloons
And cardiogenic shock.
Towards the ripples of the sun
Setting one memory, two neurons
Firing together, wiring together,
Ever engraved in cortex.

I was dependent on your words,
Craving your words,
Overdosing on your words.
Placebo withdrawals, placebo seizures,
Placebo pain.

I was addicted
To your placebo words.

These,
I swallowed.

SIG REPORTS



Rheumsoc

Unsw rheumatology society was founded in 2015. While we are a relatively new society, we have organised a number of events over the past year for the medical student body. These include talks on pathways to rheumatology physician training for those interested in pursuing a career in this field, as well as more curriculum-relevant based ones such as x-Ray tutorials and mock clinical exams. We look forward to bringing you even better events in the new year!

UMMS

In our first full year, so much has happened! Our choir and orchestra, involving over 40 medical students, established under the tutelage of some very experienced conductors. Their performances of music ranging from old-school classical to movie music, and even some Coldplay, raised over $3000 through two charity concerts, with proceeds going to support the work of Bear Cottage, an initiative of The Children's Hospital at Westmead, as well as Women's Community Shelters.
Our Community: Classical, Contemporary division also had a successful start, with multiple visits bringing music and joy to Brigidine House, Sydney Children's Hospital and Ronald McDonald's House.
Additionally, a UNSW MMS quartet provided entertainment for the 13th Asian Society of Neuro-Oncology Meeting here in Sydney, to great reception.

RHAMS

It has been a wonderful year of outstanding achievements for RAHMS. We have visited Bathurst, Muswellbrook, Dungog, Dubbo and Port Macquarie to encourage both primary and tertiary school children to undertake tertiary education, particularly in medicine and allied health degrees. We have also produced the 'Going Rural Guide' with MedSoc and had the opportunity to provide three free memberships to ACRRM, RACGP and RANZCOG. We have held several multidisciplinary clinical skills night and were proud to run our inaugural Rural Health Symposium in October this year. As always, RAHMS had the opportunity to host 100 students on the Rural Appreciation Weekend (RAW) in Tarcutta. RAW is a nationally renowned social, cultural and academic event that gives attendees a first hand experience of living and working in rural Australia. Furthermore, we have really enjoyed holding a number of social events throughout the calendar year and look forward to holding our inaugural Rural Health Networking Night early in 2017. We hope you have enjoyed the year as much as we have and we are excited to continue improving the quality of our rural health climate by fostering an ongoing relationship between our rural communities and the health leaders of tomorrow.

PsychiSoc

Psychiatric conditions are often very interesting but widely misunderstood. UNSW Psychiatric Society (PsychiSoc) aims to promote the discipline of psychiatry as well as complement and enhance the campus-based psychiatric teaching and clinical skills. In 2016, PsychiSoc ran four successful events, including an introductory event, an event discussing mental trauma in the medical workplace, and our grand rounds exploring high-value psychiatric cases as well as a 'Mock ICE Counselling Workshop' in conjunction with BEAMSoc. These events were run with sponsorship and assistance from the RANZCP and the NSW Institute of Psychiatry, and we plan to run more high-yield events next year.

PaedSoc

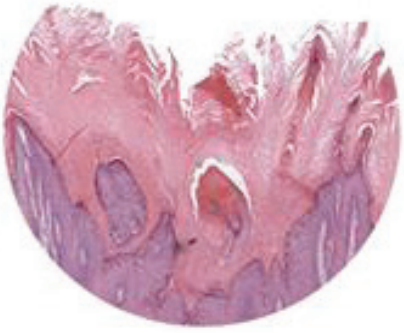
A busy year has flown by for Paedsoc! Teddy Bear Hospital has picked up pace, due to our new affiliation with SPARK, a branch of St Vincent De Paul providing schooling for refugee children - we have brought the program to three refugee schools this year. We have also set up plans to move Teddy Bear Hospital into the public domain in 2017, by providing the program at community fairs! It's also been a busy year for academics, with events such as "Stand Up Against Child Abuse", and the USYD/UNSW Research Cup gaining unprecedented attendance. If you'd like to join the family, look out for our subcommittee applications early next year, and like our FB page.

MedShow

Yet again, MedShow has celebrated another fantastic production with Placebo Royale, selling over 1000 tickets, with all proceeds going towards OzHarvest. Months of rehearsals have gone into ensuring that Placebo Royale was an amazing performance, but behind the scenes, there was a lot more going on in producing and directing the show. However, this has all paid off in the end, especially on the final night, by drawing in an enthusiastic audience who were most definitely shaken and stirred by the show.

NeuroSoc

2016 was an electrifying year! From electives night to our EOC tutorial we stimulated neurones of all phases and heard that everyone lob(v)ed our events. Furthermore we expanded the 2016 NeuroSoc Scholarship program to three students with great success and have received positive feedback from direct and indirect pathways. We hope to expand next year with a few more events and tutorials. Feel free to synapse along next year :)



Idioglossia

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