Bright eyed and enthusiastic, I was a first year student who wanted to be involved in all realms of Medicine. However, fate had other ideas. I applied for many positions in the MeDUSA Pre-clinical subcommittee however I was not successful. In my second year, I gave it another try. This time I was more successful gaining the position of Pre-clinical Treasurer. This role exposed me to the real world of MeDUSA. A group of talented and dedicated students who are passionate about academic advocacy, increasing opportunities for Deakin Medical students and enriching the Deakin student experience with exceptional events plus more!

Once I was exposed to the capabilities of MeDUSA my thirst to get involved increased exponentially. The decision to apply for the Executive position of Vice President was one that I thoroughly considered as it was a huge increase in involvement and workload. From the moment I started the position I loved it. It challenged and exposed me to opportunities I didn’t even know existed. Assuming the Presidency role this year was a natural progression and one that I am very grateful for. This year I have applied what I have learnt during my term as the Vice President and Pre-clinical Treasurer, and have aimed to improve, consolidate and innovate MeDUSA further securing its future.

Getting involved in MeDUSA has opened a multitude of doors for me and has broadened my horizons both personally and professionally. Through my positions in MeDUSA I have improved my communication and negotiations skills, increased my networks with both students in different cohorts and professionally with other clinicians, as well as encouraging me to question and further develop my opinions when it comes to advocacy in the medical field.

If you want to be challenged, feel connected and develop a vast array of skills then MeDUSA is a fantastic organisation that can provide these opportunities for you!

Please contact me if you have any questions about MeDUSA :)

Christina Kozul
MeDUSA President 2014
president@medusa.org.au
Microbiological Monster: The Spirochete in the March edition was on page 15.. did you find it before you caught a nasty case of Syphilis?

Editor’s Update

Thanks to everyone who contributed to the March edition of the Olecranon! The Rural and Remote Medicine issue was very well received, and it was wonderful to read all about the inspirational endeavours and exciting adventures of Deakin medical students! Next month, The Olecranon will have a special focus on HIV and AIDS Awareness. I encourage anyone with an interest in this area, experience in infectious disease management, or even if you’ve attended a fabulous Red event, send your story to the email below. Your contributions make The Olecranon great!

Maddie Jones
MeDUSA Publications Chair
Deakin 3rd Year IMMERSe Student

Capitulating Crossword Answers:

Across
3. This cardiac condition is a complication of IVDU= endocarditis
6. The most common cause of an irregularly irregular pulse= AF
7. The three surgical treatments for osteoarthritis are arthroplasty, arthrodesis & osteotomy
9. A condition that can cause a cavitating lesion in the apex of the lung= tuberculosis
12. During an action potential, movement of which ion causes repolarization= potassium
14. Diabetes damages end arteries; a diabetic examination is not complete without assessing kidneys, eyes & feet
16. A paediatric patient presents with high fever, strawberry tongue and bilateral conjunctivitis; the diagnosis is most likely .......... disease= Kawasaki
18. The cranial suture that separates the occipital bone from the parietal bones= lambdoid
20. The borders of the posterior triangle of the neck are the SCM, trapezius and the= clavicle

Down
1. Test carried out before an Arterial blood gas to ensure there is collateral blood supply to the hand= Allen's
2. A common infective cause of delirium in the elderly= UTI
4. A tumour of the paraganglion cells of the carotid body= chemodectoma
5. This artery branches off the abdominal aorta at the level of L1= SMA
8. The only cranial nerve that crosses over= trochlear
10. Renal calculi that don’t show up on X-ray= uric acid
11. Atypical antipsychotics predominantly target the receptor of this neurotransmitter= serotonin
13. The secondary phase of this disease is characterised by chancres= syphilis
15. Neural crest cells are derived from= ectoderm
17. Disease of copper accumulation= Wilsons
19. Lung cancer most likely to metastasize= SCLC

Do you have a passion for mental health and psychiatry? If so, the PIF is for you! A forum for students and doctors coordinated by The Royal Australian and New Zealand College of Psychiatrists, membership of the PIF also includes discounted conference rates, career info, e-newsletters and more! Join now, it’s free!

https://www.ranzcp.org/Membership/Psychiatry-Interest-Forum.aspx
**Xray Challenge**

1. What is the anomaly here?
2. How common is this injury?

Answer in next month’s edition!

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**Microbiological Monster**

Find the Scabies Mite!

This month, *Sarcoptes scabiei* is hidden somewhere in the pages of The Olecranon! Characterised by a linear or s-shaped erythematous rash on the body, the scabies parasite is contagious... better find it quickly!

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**Can I do obs/gyn in Mauritius? What kind of trauma will I see in Cape Town? Who should I contact at Port Moresby Hospital?**

If you’re having trouble planning your elective, then look no further than The Electives Network!

A wealth of information on thousands of hospitals across the world including real medical student reviews, hospital data and contact information, The Electives Network is your one stop elective shop! If you’re a student member of MDA (surely everyone is by now!), you can access it at no cost here [http://www.electives.net](http://www.electives.net)

(If you’re not a MDA member, click here to sign up... it’s free! [http://www.mdanational.com.au](http://www.mdanational.com.au))
MeDUSA Community Chair Report: Cricket Heroes

Colin Knight

Cricket is synonymous with Papua New Guinea, and on March 23rd the Deakin School of Medicine were keen to showcase its chosen elite in a recent charity cricket tournament, which raised over $5000. Ten students carried the Seleo Sharks into the final, and were devastated to fall at the final hurdle. Beaten by a better of team of mostly young children, the Sharks will encourage Deakin to enter again next year, and have vowed to go one step further.

The Ali Island Project is a charitable joint venture between the local Ali Island community in Papua New Guinea and volunteers from around Australia. The Project has its genesis here in Geelong, and it was great to get our Medical school involved. 100% of all funds raised by the Project go towards improving living conditions for communities in remote PNG.

Students can get involved, and regular trips to Ali Island continue to develop infrastructure for the community, including medical services. Visit the Ali Island Project website for more information!

http://islandproject.com.au
SMACC Gold

Emergency and Critical Care Conference, Gold Coast, March 19 – 21, 2014

I recently attended the three day SMACC Gold conference on the Gold Coast, supported by a grant from the Medusa TCSS. SMACC stands for Social Media and Critical Care and the conference has been born out of the burgeoning FOAM movement, or free open access medicine. FOAM has spawned a vast network of clinicians around the world who blog, podcast and communicate about medicine, primarily emergency medicine and critical care.

The SMACC Gold conference featured a range of high profile speakers including resuscitationist Scott Weingart (@emcrit), airway expert Richard Levitan (@airwaycam) and Karim Brohi, eminent vascular trauma surgeon and founder of trauma.org. From the opening ceremony, I knew this was going to be no ordinary conference. Amongst the “Survivor” style stage set, primal drumming and the fire-twirlers, the convenors emerged and introduced what proved to be a cutting edge and incredibly inspiring three days.

The sessions ranged from latest updates on acute coagulopathy of trauma to care of patients with chronic pain in the emergency department. There were discussions about end of life care, and fiery (not to mention comedic) debates about contentious issues such as whether or not to use cricoid pressure in endo-tracheal intubation. It was almost impossible to choose between concurrent sessions, and thankfully many of the presentations will be released online via lifeinthefastlane.com in the coming months.

There were endless learning opportunities for all skill levels and professions, and the conference delegates represented a wide cross section of critical care nurses, paramedics and junior doctors as well as emergency, intensive care and anaesthetics specialists. The closing session and one of the highlights was “Simwars GOLD”, which was a high pressure simulation competition. Applications for this of course were online, and you can see some of the videos at http://www.smacc.net.au/sim-wars-gold/.

For a taste of the spirit of “SMACC Gold” see: http://lifeinthefastlane.com/smaccgold-end-just-beginning/
Madeleine Jones, MeDUSA Publications Chair and 3rd Year IMMERSe Student

Our time in medical school is really very short. In between attempting to memorise the Krebs cycle (WHY?!), taking five hours to understand a one hour antibiotics lecture and cleaning/partying/baking/eating to avoid studying, there’s not a whole lot of time left to consider advocacy and leadership. **But you should.**

Why?

Because it gives us a voice.

The many student-led clubs and interest groups are a fantastic way to develop your leadership skills, network, gain new skills, build on your resume, and perhaps most importantly, make you a better doctor. From building good policy and running massive events at MeDUSA, teaching primary school kids to brush their teeth at NOMAD’s Teddy Bear Hospital, rubbing shoulders with politicians at GPSN’s national conferences, volunteering overseas with UHAD or throwing a flawless horizontal mattress stich with help from D-SIG, it’s never too late to get involved!

**AMSA** deserves a special mention when it comes to student advocacy: the peak representative body for all Australian medical students, AMSA campaigns constantly to not only improve our student experience, but improve our professional careers as doctors.

Whether it’s your first semester or your last, it’s not too late.

Join the Facebook pages or get in touch with your friendly reps :)

Get inspired, and get involved!
In Focus: Advocacy & Leadership

**AMSA: Advocacy Activities**

*Ben O’Sullivan*

3rd Year IMMERSe Student

The key mandate of the Australian Medical Students’ Association (AMSA) is to connect, inform and represent every one of Australia’s 17,000 medical students. Since January 1st, the AMSA National Executive has been based in Victoria and includes three Deakin students. This team has been charged with carrying on the AMSA advocacy baton and has doing do with gusto.

The three primary issues that the AMSA advocacy team has been tasked with this year are;

- **The provision of sufficient numbers of quality internships for all medical graduates**
- **Ensuring quality of medical education**
- **Student mental health**

Currently there is a shortfall in the number of internship places available compared to the graduating numbers. Over the last few years, AMSA has run the #interncrisis campaign with a degree of success. Last year the federal government made a pledge of $40M over 4 years to fund up to 100 additional places. Whilst this is welcomed, there still remains a shortfall of roughly 100 places, forcing graduates to seek further training abroad. In the face of a projected doctor shortage, AMSA believes that the inability of the State and Federal Governments to fund a position for every graduate extremely myopic.

Medical education has been chronically underfunded and we are all feeling the consequences. The Medical Deans of Australia and New Zealand have stated that they believe that medical education is underfunded by $20,000 per student, leaving the Universities to cut corners. Recently, Deakin’s own and AMSA Vice President Internal, Greg Evans published in the ANZ Journal of Surgery highlighting one facet of this underfunding; inadequate anatomy teaching (Ref; [http://onlinelibrary.wiley.com/doi/10.1111/ans.12557/abstract]). Good work Greg!

Improving student mental health is also something that is dear to AMSA’s heart. In a 2013 report, BeyondBlue stated that medical students had higher rates general distress and specific mental health diagnosis than the general population. AMSA believes that we are in the perfect position to advocate on behalf of medical students and the broader tertiary student body. Shortly AMSA will be launching its Mental Health campaign, including external and internal advocacy, student education, and university lobbying. Keep an eye out on AMSA facebook page for updates ([https://www.facebook.com/yourAMSA](https://www.facebook.com/yourAMSA)).

These three topics are just the tip of AMSA’s advocacy iceberg. The official policy and media releases can be found on the AMSA website ([www.amsa.org.au](http://www.amsa.org.au)). If you are keen to get involved in AMSA advocacy contact Deakin’s AMSA Chair, Brad Richardson ([amsa.clinical@medusa.org.au](mailto:amsa.clinical@medusa.org.au)) or AMSA Vice President External, Kunal Luthra ([vpe@amsa.org.au](mailto:vpe@amsa.org.au)).
When I got into medical school, ‘getting involved’ was not exactly on my agenda. I thought that was for those people; you know, those people who seem like they were born leaders - extroversion and passion condensed into human form. I had never been that proactive with extracurricular activities when I was doing my undergraduate degree, and I didn’t think that I would be doing much apart from studying (’cause hey, it’s medical school) and hanging out with friends with this one either. But that all changed with my first conference.

I remember the experience quite clearly. It was an international student-run conference that I had to send in an application for, which I slaved over. I remember looking forlornly at my unimpressive-looking resume and hoping that my ‘persuasive’ application letter would make up for it. The reason I wanted to go to this particular conference was because a) the theme was Disaster Medicine and I had entertained vague notions about perhaps doing some humanitarian work later in my career (haven’t we all?) and b) it was going to be held in Japan, a country I had always wanted to visit and explore. I thought it would be the perfect blend of professional development and travel.

Although my application was initially rejected (which, to be honest, didn’t surprise me), I received an email a few months later saying that a few spots had opened up and I was able to go (which, to be honest, totally did surprise me). I was happy to say the least, and although I was maybe a little bit more excited about the fact that I was going to Japan, the conference turned out to be so much more than just that, and so much more than just being about disaster medicine.

Fast forward to a year and a half later. As cheesy as it may sound, what I do remember of the conference is thinking we as medical students are extremely well-placed to impact those around us, whether they be fellow students or the wider community, and we need to take advantage of this. I learned that one positive experience can lead to many more opportunities, and that sharing this with others, and seeing them experience the same thing/s, is one of the best feelings in the world.

I am aware that other people have done much, much more than I have. I am also aware that I, personally, probably have not helped in diminishing the suffering of the world. And I’m okay with that. I acknowledge that I’m still learning, and am quietly hopeful that one day I can draw from all these experiences somehow to actually make a difference. In the meantime, I’m looking forward to learning and experiencing as much as I can. And this, I suppose, is the essence of ‘getting involved.’

How to get involved (for those who know they want to):
The Global Health Edition

1. **Figure out how you want to get involved**
   Getting involved can mean a variety of things – from actively volunteering and taking up committee positions to going to seminars and conferences to learn more about whatever it is you want to learn about!

2. **Keep your eyes peeled for opportunities**
   Like the Facebook pages of various charities, student groups and global health establishments, follow global health leaders on Twitter and subscribe to the bulletins and newsletters of volunteering organisations and public health institutes – I assure you, you will find something you are interested in exploring/pursuing.

3. **Talk to those who have gone before you**
   Know someone who volunteered in [insert country here] over the summer? Have a chat with them over coffee. Inspired by what a grassroots organisation is doing? Send them an email to learn more. Make the most of the wealth of experience that other people have in this field.
Much hype recently has been around the AMSA national convention held in July—the biggest student-run conference in the world! But that’s not all that AMSA does! I had the opportunity of attending AMSA first council on the 22nd-24th of March and was able to witness the intricacies of how AMSA, the Australian Medical Students’ Association, represents the 18,500 medical students from all across Australia.

The AMSA executive is currently based out of Victoria, and so first council was held in Melbourne at the University of Melbourne’s Law facilities. AMSA council is held 3 times a year, and is an event that attracts the 20 AMSA representatives and 20 medsoc presidents from each of the medical schools across Australia. In addition to this, chairs of other student-run organisations such as NHRSN, GPSN and MSCV attend to offer input for their respective groups. I attended as a guest, along with Deakin’s AMSA representative Brad Richardson and MeDUSA President Christina Kozul.

One of the important roles of council is to discuss and approve policy, so that the AMSA executive can advocate for the views of each of the medical societies it represents. Policies approved at 1st council include the Complementary and Alternative Medicine in Medical Education Policy, the Blood Donation Deferral Policy and the Disability Care and Support Policy.

The second council will be held in Adelaide from the 4th to the 6th of July, to coincide with AMSA national convention. One of the main policies likely to be discussed is the National Barrier Exam Policy. I’ll be attending next council as the President’s proxy, as Christina will be overseas for her 4th year elective. There is scope to get involved in council either by attending as a guest or by contributing to the AMSA Think Tanks that your AMSA representatives will be running closer to second council. These think tanks are one of the most important things to get involved in, to discuss the important issues relating to your medical degree and so your AMSA rep can advocate for your views at council!

For more information on AMSA’s active advocacy programs and current policies, go to www.amsa.org.au.
MeDUSA hopes you have enjoyed this edition of The Olecranon, and would like to thank everyone who contributed. If you have a passion for writing or would like to be involved in producing the Olecranon, get in touch with Maddie at publications@medusa.org.au.

*If you would like more information on anything in The Olecranon this month, email Maddie!*

*Remember, May’s edition has a special focus on HIV and AIDS Awareness. Email your story/article/ad to Maddie, big or small!*

**Image Credits:**


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