



**MeDUSA**

**Deakin Medical  
Students'  
Association**

# **Survival Guide 2012**



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DISCOVERED ... MISTAKES DO HAPPEN!



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# Editor's Note

**Y**ou may eventually get sick of people congratulating you when you tell them you got into medicine.

But instead of rolling your eyes, let this be a reminder that you have now entered into a very privileged journey to become a highly regarded member of society.

Being a medical student is great - you can poke and prod all you like, behave nonchalantly (within certain limits), and your youthful brain, at times, will be a sponge to the most useful and useless of medical knowledge. Your friends, family and lovers, unless they are already doctors, will consult you and see you as a giver of life and a walking body of knowledge. They will hopefully be healthier as a result of your pursuit.

So don't forget that medicine is a service, and at the end of the day, will be your job. Love your job and it will never feel like work. It's as simple as that.

The MeDUSA Survival Guide is a collection of articles written by Deakin medical students for first year students.

In this edition, you will be introduced to the academic side of things, including the KHI, DP, ELPD and DPCI themes and the ins and outs of textbooks.

There are plenty of practical ideas in approaching Problem Based Learning for the first time, living with other medical



students and we introduce some teaching staff whom have some words of wisdom just for you.

Medical student health and wellbeing is something we would like continually raise awareness of. There is no doubt you will feel some degree of stress during medical school. We have some brilliant articles addressing stress and wellbeing in this Guide.

Keep this Guide handy as you may find yourself referring to it as you continue to settle into a new chapter of your life.

Medical school is serious, but it shouldn't be too serious. It is only a small stepping stone to what you want to do later on. So I encourage you to make the most of it and allow it to allow you to discover who you are and what sort of a person you would like to be.

See you round,

Suyi Ooi

MeDUSA Chair of Publications

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# MeDUSA President and Pre-clinical President's Welcome

**W**elcome to this year's MeDUSA Survival Guide!

First year is a very exciting and at the same time, a somewhat daunting first step into the world of Medicine. Rest assured, many hundreds of people have walked the same steps before you at Deakin, and hopefully you will benefit from their collective knowledge! The articles within this guide represent a distillation of that knowledge, and I do hope you enjoy reading them.

Preparing this guide is one of many things that MeDUSA does for you as a medical student at Deakin. Our job at MeDUSA is to try our best to improve your time at med school in a whole range of ways by advocating for your academic, professional and social interests.

Our academic representatives are actively involved in directing student feedback to the academic staff to ensure the highest possible teaching quality. The social team organises incredible events to entertain and amuse you, such as the First Year Cocktail Night, MedCamp, Med Ball, End of Exams parties and many more! The community outreach portfolio has been successful in numerous fundraising, mentoring and wellbeing initiatives, including raising many thousands of dollars for

Shave for a Cure. And of course, the Med Revue will have you in stitches!

This is only a small sample of things that we have in store for you this year. I hope you will get fully involved in life as a med student from Day 1, enjoy the activities we hold throughout the year, and consider being part of MeDUSA in one of the many committees which we have!

Please do get in touch with myself or any of my fellow committee members if we can be of assistance to you in any way.

Once again, welcome, and best wishes for your ongoing journey in Medicine!

Best wishes,

Yota Yoshimitsu  
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and

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# MeDUSA Committee 2012



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# Knowledge, Health and Illness (KHI): A bittersweet pill to swallow

*KHI - three letters that will potentially change your life. In this block, you will learn about the intricate and complex entity called the human body. Daniel Garcia, 2nd year and Pre-clinical President, welcomes you to what forms a large component of the medical journey you are about to embark on.*

To begin with, I want to personally congratulate you on beginning your journey to becoming a doctor, and what probably years of sleepless nights hard work led to you being where you are today. I want to impress on you that today you begin a new journey, and I hope will hopefully give you a preview and a few helpful hints to assist you throughout the year to come.

There are many challenges that face the new 1st year medical student. These range from adapting to the new style of learning, 8am lectures or to non-academic challenges. Medicine is supposed to be hard. Medicine may feel overwhelming but you are not the only individual to be experiencing these emotions, there is a cohort full of fellow students experiencing exactly the same feelings as you, so take time to make friends, lean on people, be the shoulder to cry upon, but most importantly never feel that you are alone.

## Knowledge, Health and Illness

The name is ironic as it will promote manifestations of all 3 states in your own body throughout the year. KHI is the theme that will cause you to lose sleep. I want to impress upon you that you now start it

all again from the bottom - it will be a fresh start for everyone in some way.

Semester 1 of KHI is split into two halves, **Human Biology (HB) and Infection Defence and Repair (IDR).**

### Human Biology: First Half of semester 1

Human Biology, overseen by Associate Professor Alister Ward, is the introductory block of your journey to becoming a doctor, quoted and compared to by many as a 3 year science degree compacted into 8 weeks. Listen to Professor Wei Duan closely as he will drop vital hints and tips for the exam. Wei will stress the importance to "study hard or your patients will die" - one of the most quotable quotes in your pre-clinical years. Human Biology consists of a BASIC overview of the heart, gut/fluid balance, lungs/metabolism, pharmacokinetics and genetics.

Pharmacology can be a challenge conceptually if you haven't encountered it before, but the first few chapters of Rang and Dale and a friendly pharmacist can often help you get your head around it.

In terms of metabolism, know the basic processes like glycolysis, gluconeogenesis, ketogen-

esis and what alters them but Don't memorise the Krebs cycle even you think you will feel 10 times smarter if you do.

Don't go into too much detail with anatomy and physiology in this block. Understanding homeostatic mechanisms, feedback loops, and what the body does to maintain homeostasis is more important than knowing every detail.

In terms of textbooks, those without a physiology background and even those with a science background can still start with Martini or Marieb. At the same level are Silverthorn or Sherwood, of which multiple copies are found in the library (older editions are usually just as useful). It is probably best not to start with the prescribed physiology text, Boron and Boulpaep (but it should be on the list to purchase because by second semester you will have develop a healthy love-hate relationship with it), as it can be a tedious and arduous read but if you want to delve into the delights of Boron you may want to read Martini beforehand.

Don't get too caught up on learning every nuance of the PBL case as all bodily systems will be covered further and deeper in future blocks. Wei's



Human Biology exam will feel strange but you will get thought it if you look at the big picture.

### **Infection Defence and Repair: Second Half of semester 2**

Consists of learning about the immune system and how it defends and repairs our body. Taught by Dr Debbie Baldi, with assistance from several local physicians, IDR takes you through a different diseases every week whilst linking the underlying knowledge to the immune system. IDR consists of learning about basic haematology, immunity, cancer, microbiology, virology and wound healing.

Semester 2 of KHI is split into two large blocks covering four body systems: **Cardio-Respiratory (CR) and Renal-Gastrointestinal (RG)**.

#### **Cardio-Respiratory**

**CR** is split into 2 sections Cardiology and Respiratory. Cardiology is taught by Professor John Donald and Respiratory by Nicole Stupka.

The Cardiology will cover anatomy, valves, vessels, ECG, AMI's, cardiomyopathies and so on. Most students find it relatively straightforward as Professors Donalds no-fuss-straight-to-the-point lecturing style quite tolerable.

On the other hand, the respiratory portion of the block may feel entirely the opposite. Taught by Nicole and a large proportion of respiratory physicians, be sure to focus upon the

basic physiology and the questioning style. Many students find Respiratory proved the most frustrating and difficult block of the whole year.

#### **Renal-Gastrointestinal**

The renal block is taught by the energetic Dr Rob Mac Ginley. If there's one thing you will come away from this block, it is that Rob loves his kidneys. He knows the Kidneys well and expects you to do the same. The physiology is covered very quickly so be charged for the first week of renal - he will emphasise about knowing the channels reasonably well. Use his lectures as a basis for your physiology study but often his lectures are rushed through and make more sense after you spend some quality time with simpler books such as Renal at a Glance, The Renal System or otherwise Boron for a more in-depth explanation.

Don't be stressed by his scare campaign and slightly belittling undertones because the exam questions are generally fair. It may be his way of motivating students to study hard. The renal block is also different because it consists of physiology short case tutorials and Rob also runs weekly tutorials on Friday afternoons if you are struggling and these are often good to go to.

Rob will recommend you use Boron amongst other smaller books. Use a combination of textbooks if you can to reinforce the basic channel physiology. If Boron makes you want

to slit your wrists then try using Renal at a Glance. It will soon be clear that Rob is deadly serious about what he does but wants to help wherever he can. Part of the renal block includes urology and lectures are given by some pretty good clinicians and is pretty clinical - don't think it's a break from renal because the clinical side of it can be quite challenging. It is the only time you get to cover men's health, especially the prostate (in all its walnut-sized glory) during the course.

**Gastrointestinal (GIT):** You won't have too much time to recover from Renal, but GIT is reasonably straightforward. Boron has good explanations about the gut hormones, but often a simpler book like the At a Glance series will be sufficient. Know your anatomy well.

The biggest week of GIT is unfortunately the last week, which covers the liver, which can hit you hard as you are getting into swotvac mode. Again this exam last year was heavily clinical, much to the surprise of most people, so unless this changes, be sure to utilise PBL cases and DP material in your study. It's easy to neglect this block as a lot of people spend most of the time revising other blocks in the lead up to swotvac, but generally if you are consistent throughout the four week block, you won't find yourself cramming the night before the exam.

-

## Keeping Tabs on Labs: A good look at Anatomy and Pathology (under the microscope)

*Labs are a haven to apply your knowledge, see the effects of disease, hone your anatomy and pathology and see what lurks beneath the skin's surface. It's deep and meaningful - so pay attention to it. Plus you'll meet Associate Professor Richard Standish, Coordinator of Pathology Studies, who can make you love pathology but will never make you hate it. **Sameera Hapuarachchi**, 3rd year, has dissected the other side of formal teaching.*

So just as you've been overwhelmed by the week's Learning Issues, come Monday night you have Prac to think about. In a nut shell, do as much of the preparation as you can before you walk into prac or you will find that you did not get as much out of the prac session as you should have. There is often several hours worth of work required to prepare for prac every Monday night - although they vary in degree of difficulty and volume. Doing your preparation also gives you a chance to ask questions from the tutors about things you do not. There is a risk you will learn little and retain nothing if you do not do some pre-reading.

Anatomy, as you will soon realise, is highly self-directed, not dissimilar to other post-graduate medical degrees.

Anatomy will often consist of various stations in the wet lab with cadavers and models where you will have to go around the room and identify flagged structures. There will also be mini anatomy tutorials by our fantastic anatomy tutors - make the most of them by asking questions and taking heed of their advice because we found they were great teachers and the anatomy they teach will stick! Some people struggle with cadavers this initially, particularly because some of the cadavers kept at Deakin

are already dissected and you may be presented with only a torso, or a body without a head. It is important to remember that the bodies have been donated for a good cause to further medical educations. So approaching them with some maturity and respect goes a long way, and will help you to be more comfortable with using them. The only other thing to say about them is formaldehyde tends to make people hungry - so make sure that you are sated before you enter the wet lab otherwise you will find yourself biting off more than you can chew.

Dissection is also something to look forward to, and while animal parts are used, it can still be confronting for some people - especially the foetal pig dissection. However, always have a go during dissection, because it helps immensely with learning the anatomy, and in understanding pathology.

So Pathology usually comprises part of the weekly 2 hour prac. Here you will see samples of diseased tissue, get to describe them and identify various disease states. You start to get an idea of the relationship between clinical presentation and what is actually happening inside the body to cause those signs and symptoms. What you should become good at is the power of description - it makes you sound like you know

what you are talking about and is useful in *all* areas of medicine.

The prep notes for the pathology portion is often quite challenging and while you may not have any idea how to answer the questions, have a go, read up in Robbins and Cotrans and in a clinical medicine book. Answers are run through with other students and tutors.

Histology is the other wonder you will often encounter in dry lab, often closely tied in with pathology. Learning to identify various types of cells under the microscope can be challenging to many, but don't fear, you don't need to be an expert. Held in the dry lab, histology sessions are there to help consolidate your disease processes with the cellular changes that occur.

And one more thing, you will need covered shoes, protective glasses and a lab coat for prac - keep these in your locker so you cannot forget them! If you do forget to wear closed toed shoes, you will be asked to sink your feet into Dr Paul Lewandowski's (Coordinator of Anatomy) 'Boots of Shame' - just plain embarrassing.

Finally, enjoy prac class - you will soon come to appreciate how valuable a learning tool it is.

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## DP, ELPD and DPCI: Not just an interesting arrangement of letters

*With the workload of KHI on your shoulders, many of you will be guilty of neglecting the DP, ELPD and DPCI themes. However, you need to pass all themes to pass the year - so don't lull yourself into a false sense of security. Karim Issa, 2nd year, and MeDUSA Pre-clinical Academic Representative, gives some insight into the subjects that can really turn you into an all-rounded doctor.*

**D**octors and Patients (DP) is by far one of the best things about this course. In this stream, you get to actually play out the role of a doctor (and of a patient) in different scenarios, to help you learn how to take a history, take blood, read vital signs, do ward rounds, and so much more. DP tutorials consist of weekly 2 hour sessions, and are held in a friendly environment, providing you a chance to interact with your peers while actually feeling like you're learning something useful! Take the time to enjoy this stream, as it's probably the most relaxing of the four themes! In the first semester, it might not seem like the DP content matches with that week's KHI content; that's because it doesn't. What you learn in the first semester will be the basis of what you do in second semester, and so putting the work in now will certainly payoff down the track! And to top it all off, the staff in this stream are excellent, you'll love it!

**E**thics, Law and Professional Development (ELPD) is not a hands-on stream like DP, but it is just as fascinating. The lectures are always thought provoking, and being run Sharyn Milnes (ELPD Co-ordinator) and Deb Porter (Lawyer), they bring different views to the table on how things should be done and how issues raised should be dealt with. There'll be times where a hypothetical scenario will come up 5 minutes into a lecture, and before you know it, it's time to go! But believe me, these lectures very entertaining and provide a well needed break from the beast that is KHI! The mid-semester tests are very straight forward, there's no trickery involved, and it's quite interesting information. The key thing about this stream, and the entire course really, is don't be afraid to ask questions and suggest your own hypotheticals - that's what it's there for!

**D**octors, Peoples, Cultures and Institutions (DPCI) is all about the way that doctors will deal with not only our patients, but with the rest

of the healthcare world and beyond. However the first semester is mainly about stats. Lots and lots of stats, how to calculate them, analyse them, and what they actually mean, and why (or why not) they are important. This year, the format of the assessment is changing to 2 mid-semester tests, so the days of the 24 hour take home exam seem to be over. This will stress the importance of being consistent and giving the subject its deserved attention - because who knows what they'll throw at us!

In all these streams, there is one important thing to remember. They are not KHI. They are nothing like the KHI stream. However, they are still important to pass! You will want to spend every waking minute on KHI (and partying and sleeping and eating), which is not actually as bad as it sounds, but these 3 streams will not go away no matter how hard you try. So, try and enjoy them! They're not hard to do well in, so take the time to put some effort into them so you can feel like you're achieving something, because believe me, no matter how much you study for KHI, you may still feel like you know little. Welcome to club. Have a fabulous year.

*For all academic issues, please email [academic@medusa.org.au](mailto:academic@medusa.org.au) .*



# Medicine 101 for Dummies...

## Textbooks - To Borrow or Buy? That is the question.

By Nitin Prakash, 4th year

One of the best things about our 1st year curriculum is that it is made to be accessible for everyone regardless of their previous degree.

However, to take full advantage of this accessibility, some background readings and preparation are required. With regards to advice around textbooks, I think first and foremost it should be said that medical students are encouraged to be very independent and self-directed. With this in mind, explore the wide range of textbooks available to you and find what suits your style. Here are some suggestions that will guide you through over troubled waters.

Course component	Textbooks	Comments
Lecture Pre-Readings	<b>Kumar &amp; Clark Clinical Medicine (BUY)</b> Robbins and Cotran Pathological Basis of Disease (BORROW)	These books pretty much cover the foundations of medicine and give you everything you need to know for the first 2 years.
Problem Based Learning (PBL)	<b>At A Glance Series (Borrow)</b> Case Files series by Eugene Toy <b>Crash Course Series</b>	These are available on various topics and there is a book relevant to all the modules. It's a great starting point when researching learning objectives and preparing presentations.
Anatomy and Pathology Labs	<b>Moore and Dalley Anatomy (BUY)</b> Robbins and Cotran Pathological Basis of Disease	The lab exercises tend to be "very closely" related to material in these textbooks
ELPD	<b>Kerridge: Law and Ethics for Health Professionals (MUST BUY)</b>	The only book we have needed for the last 3 years.
DPCI	<b>Google is your best friend!</b>  Basic Epidemiology by Anita Beaglehole (BORROW)	Don't spend money on DPCI textbooks as at the end of the day lectures and free material online are sufficient.  The book suggested is what I used during my undergrad in New Zealand where we did a version of DPCI called Population and Indigenous Health. I recommended it to my friends and it was met enthusiastically and covers the statistics as well as research techniques.
DP	<b>Talley O'Conner Clinical Examination (BUY)</b>	Buy, study, Pass the OSCEs at the end of the 2nd year. It comes very quickly.

One of Dr Mac Ginley's pearls of wisdom was to pick one core textbook in clinical medicine and become familiar with it. Some great examples are Kumar & Clark's Clinical Medicine and Robbin and Cotran's Pathological Basis of Diseases. With regards to examination preparation, the MCQ questions books from the library are quite good. There are also quite a few electronic textbooks that can be accessed from the library website (AccessMedicine and MD Consult to name a few). Do this early in the game and see if the book you want is there first before rushing out to buy. These are just some of my humble thoughts regarding textbooks. I have honestly made it to 4th year in 2012 having only purchased Medicine at a Glance!! •



# The Unabridged Textbook and Medical App Guide

*Using recommended and prescribed texts on the booklist provided by the Deakin Medical School are a safe way to tread and will serve you well, but textbooks are a personal affair. Justin Davis, 3rd year, introduces some of his top picks. Be warned, these are not for the faint-hearted, but are investments that may last you a lifetime.*

One thing uni students ask themselves when they start any new course is naturally, “What textbooks do I need?”, “What does the uni recommend?”, “Are they actually going to be useful, or just a waste of money?” and (most importantly), “Will they be useful to me as a junior doctor?”

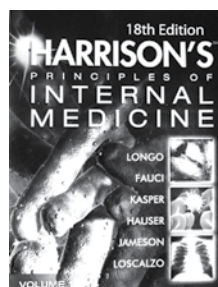
Well, that question becomes particularly important in a course like medicine, where the knowledge you’re expected to know not only continues throughout the whole course, but increases in complexity such that some of the earlier textbooks Deakin recommends become next to useless. The other important point to consider is that if you buy your books wisely, you can not only get away with spending a minimal amount of money, but you can also buy books you’ll continue to use throughout your intern and registrar years.

Hence this guide. Basically I’ve

tried to put together a list of books that you may find incredibly useful even into your clinical years, as in my opinion, there is no point buying something that you can only use once and then never find a use for it again... Which constitutes a large number of the books Deakin recommends.

## MEDICINE

For your medical knowledge, Deakin recommends Robbins and Cotran Pathological Basis of Disease and Kumar and Clark Clinical Medicine. Whilst Robbins does have good info on the pathology of disease, it has absolutely nothing on treatment or management, which you’ll be expected to know the basics of in your pre-clinical years and then thoroughly in your clinical years. Therefore, it’s a waste of your money. Kumar and Clark has a little more on treatment, diagnosis etc, but the depth is severely lacking and it’s just all too quickly superseded by other, better books. Such as:



### Harrison's Principles of Internal Medicine

What more needs to be said about Harrison's? Worldwide it continues to be known as the pinnacle of general medicine knowledge. With over 3800 pages of extensive information, it is also used by registrars and

consultants, and it is THE guide for your general medical knowledge.

### Good points:

- Has a huge amount of information, more than enough for your knowledge of medicine in med school, and then enough to continue to be useful once you’ve graduated.
- Good chapters on physiology, making the need to buy a specific physiology textbook questionable.

### Bad points:

- Focuses on adult general medicine only, which whilst it is the majority of what you’ll see, especially in your intern and residency years, it doesn’t really cover speciality areas such as paediatrics, obstetrics & gynaecology, orthopaedics etc, which we do cover in our clinical training.
- Cumbersome, it is 3800 pages after all.
- Assumes a high level of pre-existing knowledge, plus the level of info in it goes far beyond what you’ll need to know at the moment.
- American, which can be fairly annoying (different drug names and spelling and slightly different treatment guidelines for example).

But overall, you should definitely eventually buy Harrison's. It's incredibly useful, packed full of great information, and I haven't heard anyone regret their decision so far.

### Oxford Handbook of Clinical Medicine, 8th Ed.

Whilst pretty much all of us have this book at the moment (be-



Handy: Justin Davis with the pocket sized Oxford Handbook of Clinical Medicine.

cause it's downright useful for clinical years, so useful I'm carrying it around the wards with me this year (it's also tiny, so it fits in your bag easily)), I'm not sure it's that great for you guys - YET. I would recommend buying it by the end of 1st year at least (you might as well, it's only \$40 or so), but it's not the kind of book you use to study from if you're covering something for the first time. It's something to refer back to, as the info it has once you've covered something is brilliantly concise and easily accessible, hence why it's better for clinical years once you've already covered the topic and have a basic understanding.

#### Good points:

- Incredible source of info for being so tiny, good guides on treatment and management, and excellent flowcharts for treating emergencies.
- Designed for junior doctors, so has all the info you need to manage conditions, but also tells you when to get senior help.
- Has good sections on

clinical examinations, surgery, imaging in addition to general medicine.

- Great if you just can't remember one little point and need to look it up.
- \$40!

#### Bad points:

- No use if you've never studied the condition before (more something to refer back to).
- Like Harrison's, general medicine only (although there are cheap speciality textbooks, see below).
- Great as a junior doctor, may be superseded in your registrar years though.

Also worth mentioning is the Oxford Handbook series, which has a HUGE amount of speciality books that focus on topics not covered in general med. For 3rd year I've bought an ortho, imaging and paediatrics one to help me out. They're just as cheap, and if there is a field you particularly love, you may as well buy the Oxford Handbook for it, as you've got a lot of great info in that field, for a good price.

### ANATOMY

Whatever you do, don't, don't, don't DON'T buy Gray's Anatomy for Students. It is shocking. SHOCKING. Everyone I've spoken to has regretted that decision, it's completely useless as a book. What anatomy book you get probably comes down to personal choice, if you've done a lot of anatomy in your undergrad you can probably get away with what you used there. Most of my friends used Clinically Orientated Anatomy and found it fine, (especial-

ly as a lot of the pictures in practical notes are taken from it), some used Netters, others used things like Snell's neuroanatomy for neuro. I used Gray's Anatomy, (the unabridged one), for the reasons below.

### Gray's Anatomy, 40th Ed.

Just like Harrison's is *the* book of general medicine, Gray's is *the* anatomy textbook. The level of detail in it is phenomenal, (again, more than we need to know, so be wary) but it is the only anatomy textbook you'll ever need. If you're thinking along the lines of surgery, then you must get this, because the level of detail is aimed at surgeons, but it also contains common variations in anatomy you're likely to see, and surgical techniques as well. It contains sections on physiology topics (i.e. bone growth and repair, further questioning the need for a physiology textbook), and embryology, which eliminates the need for a specialist embryology textbook during this component.

#### Good points:

- Huge, huge amount of detail.
- Common variations in anatomy, useful if you're surgically minded.
- Contains great embryology sections, it's all I used for that topic.
- The only anatomy textbook you'll ever need.
- Not all of it useful at this stage.
- Not that great on pictures... If you learn from pictures, you should probably use Netters.

### PHYSIOLOGY



I'm going to go against Deakin here (how surprising), and not recommend ANY physiology textbook at all. The main reason being is that I bought the one they do recommend (Boron), and regret it completely. Boron is hard to read, confusing, and maybe useful just once in two years (in the insanity they call the renal block). I didn't touch it once in 2nd year, I was using Harrison's for all my physiology by that stage. Hence, my recommendations would be as such:

If you've done physiology in your undergrad, you'll already have a pretty good understanding, and that combined with Harrison's will easily get you through.

If you've never done physiology before, Boron will make you want to cry if physiology is new or a little rusty for you. Start with something simpler, or get help from friends.

For the one or two times Boron makes itself useful (e.g. in the renal block), you can just borrow it from the library and save yourself having to buy it.

### CLINICAL EXAMINATION

You can use a couple of books here, Talley and O'Connor or MacLeods, it really doesn't matter. However, it is worth remembering that Deakin do really good notes for your DP tutes on physical exams, so it's possible to get through without buying a textbook on it. I know a few friends just printed out DP notes and used them for OSCE study, so it's really up to you if you want to buy a textbook or not. I certainly don't think you'll be disadvan-

tagged by not doing so.

### THE OTHERS

It's pointless buying a textbook for DPCI. Anything they ask you for the exams comes straight from the lectures or can be Googled, so don't waste your money on anything they recommend. ELPD is more questionable. The current format of this exam is an open-book exam at the end of the year, so the textbook (Kerridge and Lowe Ethics and Law for the Health Professions), becomes a bit more useful than previously thought. If that hadn't have happened, I would have said don't worry about it, but now I guess you probably should buy it. Whilst a lot of the questions came from information from the ELPD lectures, there was also a bit from the book as well. So I reluctantly have to recommend it, although I never touched mine until they introduced the open-book exam was introduced.

### IPHONE APPS

I'm guessing a large number of you guys have iPhones, and thus are probably curious as to the apps you can get for them. Well, good news is, there are a fair few useful ones around, and most of them are free! Here's a list of the ones I've found useful so far:

#### Medscape

American app, which contains a large amount of information on a lot of different diseases. It's not a bad reference source and can be something to read when you're bored, although if you had the choice between it and say, the Oxford Handbook

of Clinical Medicine, the Oxford Handbook would win hands down every time. However, it's free, updated often and does have a lot of useful info in there.

#### Micromedex

ESSENTIAL. Drugs are something that aren't particularly well covered in your pre-clinical years, but you're expected to know them during your clinical years. This app is brilliant. It contains a ridiculously large amount of drugs, then has info on their; Generic names, dosing (adults and paedes), indications, contraindications, interactions, adverse effects, mechanism of action, pharmacokinetics, administration, monitoring and more. It is simply fantastic, and great to have to refer to when you need to look up drugs quickly. And it's free!

#### ED Radiology

Brilliant. This app contains 65 abdominal/chest CTs, all of which are fully scrollable (which is just awesome to see really). Better than that, it contains a really good guide to what you're looking at too, showing you the areas of interest or how you diagnose things on CT. It's a really well thought out app, and great to sit there and muck around with. However, since it's only CTs it is limited in what it can teach you. But still, scrollable CTs! So beautiful to see.

#### iRadiology

Has a lot more varied images than ED radiology (in fact, it's pretty much got everything), it's got labels for everything and also has case discussions. It's not a bad resource at all, but

it doesn't have scrollable CTs... Although what it does have is a lot more images of things you're likely to see in your clinical years (ie lobar pneumonia, pleural effusions, ischemic stroke etc). And it's free.

### Prognosis

A fun little game. Every week they release a new case, you get the history, examination findings, then have to order the investigations and treatment, you then get a score at the end telling you how well you did. It's actually not a bad resource either, as each case has a long discussion after it explaining the rationale behind each of the decisions, as well as some take home messages. It's a little limited in what it can do (there are only four choices for investigations or treatment for example), but it is fun to play every week, and it does contain useful info (and covers topics outside of general medicine, such as paediatrics and obs & gynae, which is handy). And it's free!

### ECG Guide

The only paid app that I'll recommend (it's only \$1 anyway), because it has a really good list of ECGs, and contains a heap of great info on interpreting ECGs. It has a little tutorial on the basics, including how you go about assessing the QRS axis, voltage criteria for hypertrophy, AMI etc, but then it assumes a high level of knowledge after that. If you just went into it and looked at a random ECG with no idea of what you were supposed to be looking at then it's useless. But, if you have an idea of what you should be seeing,

it becomes an incredibly useful app with more variety of images compared to many other ECG guides I've seen. Normally, if you look at an ECG they might just show you one with an anterior myocardial infarction, or just left bundle branch block. This one shows you an anterior AMI, with LBBB, and AF which while it is complex, is probably more representative of what you'll see in real life. So while it's fully recommended, it is one that is more useful once you've done learnt how to read the basics of ECGs.

### AND FINALLY,

Go to Facebook. Done that? Right, now search for "**The Medical Registrar**" (at the time of writing they had Dr. Cox as their profile pic). Basically, the page is just a bunch of registrars in the UK who write sarcastic but hilarious comments about co-workers and patients. Whilst it is mainly just amusing and funny, you can actually learn things from it too (usually in an hilarious way), such as:

*Juniors/ED team/Surgeons please note :*

- (1) the treatment for a headache is not CT then LP
- (2) the treatment for dyspepsia/reflux is not an endoscopy and
- (3) the treatment for AF isn't check troponin and refer medical reg

Perhaps try taking a history - examine the patient and try engaging brain. Thank you - that is all.

### Compliment Sandwich:

What you did well: You recognised a pulse of 110 is fast.

What you can improve on: You

decided to give them adenosine, without checking whether they're asthmatic, and when you found out they were, you shot yourself

What you did well: You rang me, and here I am. With The Anaesthetic Registrar. And yes, we are judging you.

*Lifetip:* Morphine and chlordiazepoxide will push your somewhat encephalopathic yellow patient over the edge, turning him into an intubated wreck waiting for a liver ITU bed.

If you don't know what to do, ASK before attempting manslaughter.

*Appreciates the sentiment*, but would like to remind the SHO on call that the correct response to "oooooh, you're too young to be a doctor" is not, under any circumstances, "well, you're too old to be alive".

*Would like to introduce their A&E colleagues to an interesting and novel method of assessing patients*, involving the asking of a series of questions in order to arrive at a diagnosis, known as "taking a history". This will assist in differentiating between right iliac fossa pain of appendicitis, and the right sided pleuritic chest pain of pneumonia, to pick an entirely hypothetical example.

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# The Issue of Problem Based Learning (PBL)

*PBLs will be your friend or foe for the next two years. There is a medical school adage - 'What is spoken in PBL, stays in PBL', so you can only imagine what happens behind those closed doors. **Lannie Ho**, 3rd year and IM-MERSe Representative, gives a few tips on the do's and don'ts of the PBL environment.*

**Y**ou will spend many precious hours in a world known as Problem-Based Learning (PBL) as part of the Knowledge, Health & Illness (KHI) component of your semester learning.

## How does PBL work?

Each week, you get to play House M.D in a group of 8-10 people. You will go through a case involving the presentation, diagnosis and management of patient at a hospital or clinic. You are expected to generate 'Learning Issues' (aka 'Burning Issues' - dysphemism intended) which you will present to your PBL group on the Friday afternoon (the conclusion of the case).

Here are some tips we thought might help for smooth-sailing on PBL waters for the next two years.

DOs	DON'Ts
Get to know your year level and your PBL group. Medicine is tough and people experiencing the same thing will be the first to sympathise, laugh, drink and cry unashamedly with you.	Be a female canine (noun: bitch). Make room for your colleagues and try to keep it professional. Not everyone will gel together but part and parcel of teamwork is making room for personalities and egos. Find a healthy way to cope with it.
Make it short and sweet. PBL happens on a Friday arvo. Lets face it, the weekend starts on Thursday night so focus can be a struggle. What can help for a quick PBL is to make sure you don't waffle. In and Out!	Laptops + Internet Access + Facebook is a force to be reckoned with and will fight for your concentration. This doesn't fit into any column but for the purposes of breeding good habits in you guys (it's too late for us) we'll put it here.
Do dress up for Friday's PBL. Also known as "Fun Fridays". Previous themes have been 'High visibility Fridays', 'PJs' and 'Pants off Friday'. You will look silly if you don't. ;)	Go overboard with Learning Issues. You can choose to download the entire Internet or Harrison's Internal Medicine OR learn things in a manageable way. Dissect the need-to-know from the nice-to-know
If you're on food duty, make sure you remember you are. You have no idea how much food can boost spirits. (especially if you miss lunch/in lectures all morning).	Become a PBL bandit (Definition: someone who spends an inappropriate time studying in the PBL rooms). We define inappropriate as a) you have a rice cooker in the common room and b) Stand-by pair of PJs in the cupboard.
Present your learning issue in a interesting way if you can [eg. STI celebrity heads, labelling quizzes].	There will be discussion moments in PBL where your colleagues will share personal information about themselves (e.g. recent death of a family member, sibling coping with cancer). Respect that what happens in PBL should stay in PBL. It's all about professionalism.
Ask for help or clarification if you need it. Since you all come from diverse backgrounds, each person will offer their unique level of expertise (pharmacology, physiotherapy, immunology etc). If you need help, your PBL group generally is first place to go where you won't feel like you are being mocked for not knowing something. ●	



## IMMERSe in Ararat: Scrubs up Well!

*In their 3rd year of study at Deakin Medical School, students can choose to undertake their clinical year in a regional town in Western Victoria under the Integrated Model of Medical Education in Rural Settings (IMMERSe) program. Being the only medical student on the block has its perks and the communities treat you as one of their own. **Amanda Gibbons**, 4th year, writes about her amazing experience in Ararat*

**F**or my third year I did the IMMERSe program and chose to go to Ararat in Western Victoria. At first I was a little apprehensive about going to a small rural town with only one other medical student, but after being there for only a few weeks I knew I had made a good choice. Ararat people and the medical staff that I interacted with were amazing. As soon as we arrived on our first day we felt welcomed into the community and never felt unsupported. The GPs were great at including the medical students in everything, not only clinical experiences, but also in community events throughout the year like food and wine dinners, charity balls and the hospital ball.

Some of the great things about this year was definitely the clinical experience that I got. The doctors that I worked with took the view of 'see one, do one, teach one', which was a great hands-on experience right from the get go. Within my first week I was putting in cannulas and doing bag and mask airways on patients, which was nerve-wrecking but also confidence boosting. I think that this is a definite advantage over the bigger clinical schools, as I was one of two medical students in town with 13 doctors willing to teach me and a medical centre and hospital at my disposal.

Another perk in IMMERSe is that

you pay next to nothing for accommodation and the house Deakin provide you with is fully furnished. You also receive reimbursement for travel costs when you come in to the bigger clinical schools for education days, usually once a month.

My average day involved ward rounds in the morning with the GP, then to the clinic to spend the morning at the nurse's station triaging patients, helping with dressings, injections etc. In

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***'Given the chance, I would do this year again in a heartbeat'***

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the afternoon we would do parallel consulting with the GP, where I would see the patient for 15min, take a history, do an examination and come up with investigations and a management plan. The GP would then come in and I would give a brief summary. After the patient had left the consult, the GP would then cover any of my questions or quiz me on any of the topics that were brought up during that consultation. Then I would bring the next patient in and do it all over again.

In Ararat we had 2 parallel consulting sessions a week, and could be with nurses or at the hospital in ED whenever we wanted. We also were able to go into theatre at anytime and either assist the sur-

geon or the anaesthetist. The surgeries that were performed were usually simple, non-complicated procedures like appendectomies, hernia repairs, hemicolectomies, laparoscopic cholecystectomy, caesareans etc. This may appear boring and repetitive but it did mean that we got to be hands-on and actually wield scalpels and put in staples and stitches.

Overall, I think in doing IMMERSe I gained just as much clinical knowledge and maybe more clinical experience than those at Geelong, Ballarat, Warrnambool or Box Hill. Given the chance I would do this year again in a heartbeat.



Amanda being IMMERSe'd: Guaranteed to make you hit the ground running.

# How to look smarter than you really are...

Doctors and medical students seem to be expected to exude an element of confidence about them, remaining calm even in the face of calamity. This often takes experience and practice. For additional effect, develop a good poker face or make yourself myopic and wear thick-framed glasses. **Anna Herrmann**, 3rd year, explores other ways to ensure you stay on top of the game.

Some think they were born to study medicine, some think they deserve to study medicine, and some people spend the first 6 months of the course worried that the faculty may actually realise the mistake they made in sending you an acceptance letter. Regardless of which category you fall in, the point is - you made it.

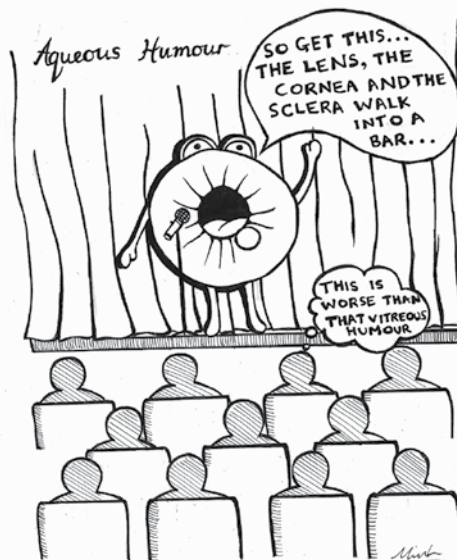
Hopefully by now you have had the summer to digest the fact that your lives will never be the same again, and have begun to concentrate on more pressing issues such as what textbooks do I need to get? Where the heck do I start with medicine? And the most important of all - How can I look smarter than I really am?

Whilst this may seem a ridiculous concept (and it is), the fact is you are going to be surrounded by high functioning, over achieving, top marking students such as yourself. As a result, I propose 3 key elements to helping the rest of your cohort believe you know more than you really do (and I should know, I have been doing it for the last 2 years).

## Number 1: Silence is your friend.

Whilst this may not be a possible option for some of you, I have found it is often the students who speak up the least in

PBL/lectures/tutorials that appear to know the most. If you do decide to go with this approach though, it must be stressed that timing is everything. Finally speaking up after 20 minutes of PBL discussion about whether or not the distal tubule absorbs water with the correct answer



(regardless of whether or not you had a cheeky glimpse at what your dear friend Mr Wiki had to say about it), is pure pseudo-genius.

## Number 2: Fake it until you make it.

Whether you admit it or not, we all have watched some form of medicine on television, at the movies, and in our own lives. If it wasn't sepsis from a cheap tattoo on Home and Away, it was a psychiatric presentation of Wilson's disease on

House. These, my friends, are pure misleading gold. The highlight of PBL is all too often the most ridiculous medical cases seen on amazing medical stories, or as seen in the Guinness book of records. The trick here is that with clever wording, and a casual mention that you read it in a medical journal, you can become even more intelligent in the eyes of your peers.

## Number 3: Slightly exaggerate your study efforts.

It still astounds me after 2 years of medical school (despite the intelligence of students) how people equate the amount of time spent studying with medical knowledge. Though there is some truth to this practice, just because you are sitting at your desk, it does not mean you know what you are talking about. With my opinion aside, there is something to be admired about the power of casually mentioning to friends you spent the whole weekend studying - despite the fact your head still hurts from the amount of drinking you did, or your eyes are still sore from the playstation marathon you had the day before. So add a few extra hours onto your response when anyone asks you how much study you have done.

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## Who's Who in Deakin Med School

*As Deakin medical students, you will soon learn you are a privileged bunch with access to clinicians and teaching staff that are experienced, engaging and enthusiastic about what they do. Furthermore, they absolutely love it when students share their passion and ask questions. With this in mind, we gave our beloved teaching staff an opportunity to share their words of wisdom and advice in getting through the next year. Be warned, the following content may be examinable!*

- Name: **Sharyn Milnes**
- Position/Role in School of Medicine: Theme Coordinator Ethics Law and Professional Development (ELPD).
- What you love about Deakin Medicine: The holidays.
- Pet dislikes in the School of Medicine: No good asian food like Monash and Deakin Burwood.
- Favourite place in Geelong: Home.
- Best coffee is town is: Coffee Cartel.
- My piece of advice to incoming first years: Don't piss off the theme leaders.
- One tip for success in first year: Learn to chill out a bit, don't stress over the small stuff.
- The best thing about first year medicine is: Learning in ELPD. There are some cracker lectures.
- My hidden talent is: Knowing all the words on 'Tattoo You'.
- My favourite holiday destination is: Malla-coota.
- What you wish you did if you were a student again: Philosophy.
- If in doubt...Come and see me.
- Pet dislikes in the School of Medicine: Research.
- Favourite place in Geelong: Chillaxing anywhere on a nice day.
- Best coffee is town is: Bean Squeeze on the way to work.
- My piece of advice to incoming first years: Run while you still can.
- One tip for success in first year: If you play hockey, you become my favourite student.
- The best thing about first year medicine is: You're new and haven't formed opinions on different areas of medicine so you are open to learn without bias!
- My hidden talent is: I can whistle really loudly (louder than I talk).
- My favourite holiday destination is: Anywhere (preferably without children).
- What you wish you did if you were a student again: Not so much as a student, but I should have travelled more with my career.
- If in doubt...Swear, it makes you feel better even if it doesn't achieve anything else.



Tough as a nails: 'Bash'

- Name: **Leanne Basham aka 'Bash'**
- Position/Role in School of Medicine: Doer of lots & achiever of little (aka Doctors and Patients Operational Manager).
- What you love about Deakin Medicine: My office - it has a great view.



'Study or your patients will die':  
Professor Wei Duan

- Name: **Professor Wei Duan**
- Position/Role in School of Medicine: Coordinator of Human Biology and Convenor of Deakin Nanomedicine Program.
- What you love about Deakin Medicine: Progressive.



- Pet dislikes in the School of Medicine: Can't think of one.
- Favourite place in Geelong: Botanical Gardens.
- Best coffee in town is: Dependent on personal taste.
- My piece of advice to incoming first years: Manage your time smartly.
- One tip for success in first year: Know your Learning Objectives.
- The best thing about first year medicine is: Getting to know what medicine is based on
- My favourite holiday destination is: Queens-town.



Get organised!: Claudia McLean

- Name: **Claudia McLean**
- Position/Role in School of Medicine: Clinical Placements Coordinator.
- What you love about Deakin Medicine: Collegiality amongst staff and interactions with our students.
- Pet dislikes in the School of Medicine: That the students' common room is much nicer and bigger than our staff room.
- Favourite place in Geelong: Waterfront.
- Best coffee in town is: Coffee Cartel.
- My piece of advice to incoming first years: Read your email and DSO regularly.
- One tip for success in first year: Know when to ask for help.
- The best thing about first year medicine is: Making new friends.
- My hidden talent is: Keeping everyone organised.
- My favourite holiday destination is: Too many to list but top of the list the Taj Mahal.
- What you wish you did if you were a student again: Most likely Nursing.
- If in doubt...Ask the question and don't assume.



Captain Kidney: Dr Rob Mac Ginley

- Name: **Dr Rob Mac Ginley**
- Position/Role in School of Medicine: Convenor of Medicine Geelong Clinical School, Renal Block Chair Yr 1, Convenor of Electives, Convenor of Community Placements, Senior Lecturer in Medical Education and...your worst nightmare if you don't do the right thing!
- What you love about Deakin Medicine: Vibrant and exciting course with lots of new and old mixed together.
- Pet dislikes in the School of Medicine: Student non-attendance and the fact it really makes our job harder (usually for those that follow you).
- Favourite place in Geelong: Ocean Grove Beach.
- Best coffee in town is: Hudsons at Geelong Private.
- My piece of advice to incoming first years is: Structure your study and life in a sensible and professional way - start to slack and pay the consequences.
- One tip for success in first year: Listen to the lectures - they help you pass exams.
- The best thing about first year medicine is: Community placements - you see the real world and the Renal block OF COURSE - its the best!
- My hidden talent is: An inability to get tired.
- My favourite holiday destination is: Nice - France.
- What you wish you did if you were a student again: Discovered something in Kidneys.
- If in doubt...Learn everything - it can hurt!

- **Name: Professor Evelyn de Leeuw**
- **Position/Role in School of Medicine:** Coordinator, Doctors, People's, Cultures and Institutions (DPCI).
- **What you love about Deakin Medicine:** The opportunity given to us to build a world class, cutting edge school of medicine.
- **Pet dislikes in the School of Medicine:** The grotto I call my office.
- **Favourite place in Geelong:** The dog beach at Torquay.
- **Best coffee in town is:** From my La Pavoni espresso machine.
- **My piece of advice to incoming first years:** Study diligently.
- **One tip for success in first year:** Make friends.
- **The best thing about first year medicine is:** Our bush walk in the You Yangs.
- **My hidden talent is:** Art.
- **My favourite holiday destination is:** Provence, France (more specifically l'Isle sur la Sorgue, St. Remy, or Aigues Mortes).
- **What you wish you did if you were a student again:** Once again enjoy true orthodox PBL sessions.
- **If in doubt...** Either go for it, or run like the Huns are coming.
- **Name: Associate Professor Richard Standish - aka Richard**
- **Position/Role in School of Medicine:** Coordinator of Pathology Studies.
- **What you love about Deakin Medicine:** Teaching - I get a buzz when the students start getting interested.
- **Pet dislikes in the School of Medicine:** Students asking for "the answers".
- **Favourite place in Geelong:** View of Corio Bay across to the You Yangs.
- **Best coffee in town is:** Cafe Go!, Cocoa tree cafe, Mr Hyde, Coffee Cartel (or homemade - yes obsessed).
- **My piece of advice to incoming first years:** Enjoy yourselves and get interested.
- **One tip for success in first year:** In exams, read the question, then answer the question. You should have enough knowledge by then.
- **The best thing about first year medicine is:** Pathology of course!
- **My hidden talent is:** Remaining hidden.
- **My favourite holiday destination is:** Secret.
- **What you wish you did if you were a student again:** Architecture or design.
- **If in doubt...** Read the question again. But it is not all about exams, and not all about "the answer". Enjoy the process.



## It all starts with A...for AMSA!

*The Australian Medical Students' Association (AMSA) is the representative body for all Australian Medical Students. In 2012, it will be even bigger and better, with three Deakin medical students part of the AMSA Executive Committee. **Marian Biddle**, 3rd year and AMSA Chair, represents Deakin University on the AMSA National Council and gives you an idea of what to look forward to this year.*

**W**elcome to the AMSA family. Now that you are a medical student and MeDUSA member, not only have you joined our Deakin community but you are also part of a medical fraternity that spans the nation. AMSA is the national representative organisation for the 17,000 medical students across the country.

The AMSA mandate is to connect, inform and represent students in many aspects of medical school. This is achieved through initiatives including publications and events, as well as student wellbeing, advocacy and policy development.

You will find that medical students are a unique population and face pressures that are different from other students. AMSA informs us about these issues and allows us to voice anything that we may come across. We will be running a number of Think Tanks throughout the year where we discuss topical issues that face the medical profession, with the aim of creating dialogue and discussion at the national level. If advocacy is your thing, come along to the Think Tanks throughout the year where we identify pressing issues for medical students and then listing to the ideas that you have to tackle them.

Among many opportunities to

connect with other medical students is the largest event of the year, the AMSA National Convention, held in Perth in July this year. Convention has an impressive academic and social program and is a great chance to get involved and see what AMSA is all about.

If you wish to become a leader during your time at Deakin or further in your career, there are stacks of opportunities to get involved through AMSA. AMSA holds the National Leadership Development Seminar in Canberra annually to further build your capacity to lead.

MeDUSA are winners of the annual blood drive, the Vampire Cup, and we will need your help to become back-to-back winners! Other community events include Community Cup, Mo-

vember challenge and many other charity fundraiser events.

AMSA represents what it is to be a medical student. We are ambassadors for the community and can contribute in many ways. By getting involved with AMSA in a capacity that suits your interests, you will gain valuable skills that will make you a valuable asset to Deakin and future employers. There is a heap of ways you can get involved and if you want to ask any questions or find out more, Greg Evans, 2nd year, is your go-to man on campus and is contactable on [amsa.preclinical@medusa.org.au](mailto:amsa.preclinical@medusa.org.au) while I'm always contactable on [amsa.clinical@medusa.org.au](mailto:amsa.clinical@medusa.org.au).

Have yourselves a wonderful first year and I look forward to getting to know you!



'Bloody' good effort: Planking with our beloved Vampire Cup

### AMSA Events of 2012

- Convention, Perth: 1st - 8th July
- National Leadership Development Seminar, Canberra: August
- Leadership Development Workshop: Semester 2
- Global Health Conference, Cairns: September 15th - 19th





# Clubs and Associations for Deakin Medical Students

*Over the course of Orientation Week and the rest of the year, you will be introduced to several student associations - more acronyms to learn! These are run by amazingly dedicated students who want to raise awareness for a cause or encourage students to get involved and have fun in the process. Look out for the fantastic discussion dinners, speaker nights, clinical skills workshops and social events to name a few. Get involved! Here they are in all their glory...*



## General Practice Students' Network (GPSN)

So what is GPSN? GPSN stands for the General Practice Students' Network. It is a student run organisation that seeks to promote General Practice as the diverse and exciting specialty that it is! We are the first student group with a focus on General Practice with branches in 20 Australian Medical Schools. You don't have to want to be a GP to be a part of GPSN, it's just about raising awareness and providing a link between general practice and medical students and hosting some fun events along the way!

## EVENTS IN 2012

GPSN runs a number of free events for its members throughout the year:

- **TRIVIA NIGHT:** where you can put your trivial prowess to the test, meet fellow med students and have a fun night out - Wednesday Feb 8th (week 2).
- **CAREERS NIGHT:** where you can hear GPs and GP registrars share their experiences and challenges throughout their career.
- **Clinical skills evening such as a SUTURING NIGHT:** practice your suturing technique under the guidance of a GP with your friends.



Above: GPSN Suturing Night (and yes ladies and gentlemen, that is a pig's trotter)

To become a member of this great club sign up for free at one of our events or email me. It's as easy

as that!

We will also be looking for a first year representative to join us on the committee and assist us throughout the year. GPSN has few informal meetings (mostly before events) and a great committee to make light work of our events. This is a great opportunity to be part of a university club, meet some new people and looks great for your professional development! If you are interested in being involved, please send me an email!

For more information on GPSN, general practice and our First Wave Scholarship, visit our website at <http://gpsn.org.au>

**Stephanie Munari** (Deakin GPSN Ambassador)

Email: [smunari@deakin.edu.au](mailto:smunari@deakin.edu.au)



## NOMAD (Nursing, Occupational Health, Medicine and Allied Health at Deakin)

Congratulations and welcome to Deakin Med School! Firstly, let me introduce myself. My name is Tara and I am one of the Co-Chairs of NOMAD, Deakin's rural health club. My partner in crime is Steph Munari and we are joined by the amazing Nayna Purchase (NRHSN Rep), Lucy Dobson (Secretary) and Bianca Lenffer (Treasurer) making up the executive committee for 2012.

Right now you are probably feeling nervous, excited, amazed and overwhelmed with the upcoming year and also wondering what the hell everyone is talking about. I remember a feeling of total information overload at this time of year, so I'll try and keep this piece relatively entertaining and simple.

NOMAD is one of 29 rural health clubs nationally and overall our aim is to promote rural and remote health to all students through activities such as information sessions, social events, placements, exchanges and conferences. My personal aim is to

# Clubs and Associations for Deakin Medical Students

increase student awareness and interest of rural health, the challenges and exciting opportunities that it presents and to encourage you to consider rural health as an option after graduation. More importantly, I also want to increase awareness of all students about the common burdens and difficulties faced by people in rural and remote areas. Regardless of what your chosen specialty will be, you will at least have a better understanding of what your patients from rural areas have gone through to get to you and will be better able to treat and manage their condition and their situation.

2012 is shaping up to be an absolutely fabulous year.



NOMAD is supported by the National Rural Health Students' Network (NRHSN), which provides support and funding for many rurally based events and conferences for any member that has an interest. They also provide education and management tools for us to use. Excitingly, 2012 will see the biennial National University Rural Health Conference (NURHC) (venue TBA, although sure to be exciting - the last two were in Alice Spring and Cairns). This is the premier professional development conference in rural health developed specifically to connect students

with current rural health professionals and the country's foremost rural and remote health organisations. It is a lot of fun, with social activities and events held daily.

In 2012, NOMAD plans to run a number of exciting events including Welcome Barefoot Bowls (a fun night out with cheap drinks, good company and hopefully good weather (although playing in the warm rain last year was certainly entertaining)), the Dinner Discussion Night (a fabulous event at one of the finest dinner venues in Geelong with some fabulous speakers addressing rural health issues), Bools Rools (a weekend in Warrnambool to check out the rural clinical school), Teddy Bear Hospitals at primary schools around Geelong, Rural High School Visits in Geelong and the Northern Territory, Rural Skills Weekend (a fabulous weekend away with GPs and 3rd and 4th year students practicing your OSCE skills) and Reconciliation Day.

We will be holding a Special General Meeting in March to recruit members for other roles, including coordinators of the Teddy Bear Hospitals, Rural High School Visits, Social/Events Coordinator and Community and Indigenous Health Representatives and would love for you to come along and potentially be involved with the committee in 2012.

**Tara Naige, Co-Chair NOMAD**  
Email: [tnaige@deakin.edu.au](mailto:tnaige@deakin.edu.au)

Right: Endless  
frivolities -  
Camperdown  
Clinical Skills  
Weekend  
2011



# Clubs and Associations for Deakin Medical Students



**UNIVERSAL  
HEALTH @  
DEAKIN**

*UHAD is all about medical students shaping a new form of health professionalism.*

In your first week, it may dawn on you the huge expectations that embody what it means to be medical student and indeed, a doctor. Medicine will open your mind and leave you pleasantly confused at the same time. It will expand your horizons, challenge your beliefs and it will cause you to evaluate your life at times (i.e. 'med-life crises'). You will inherit decades of tradition and privilege and like it or not you are about to begin a journey that will shape the future of healthcare in Australia. The beauty of it is that how you do it is entirely your choice!

Still guided by one of the oldest binding documents in history, the Hippocratic Oath, Australian doctors have a long tradition of serving underprivileged communities both here and abroad. What is apparent is the growing recognition by Australian medical students that we are more than neurotic folk who beaver away amidst a tower of textbooks, leaping at every chance to don those shiny new custom-coloured stethoscopes. While a medical career is knowing how to correct a patient's electrolyte imbalances, it's also about a global perspective. It's about building your leadership and teamwork skills and developing cultural sensitivity. This has been highlighted by The Global Independent Commission on the Education of Health Professionals for 21st century and recent work published by *The Lancet*<sup>1</sup>.

With the support of AMSA (Australian Medical Students' Association), there are currently at least 10 medical-student led global health organisations. Deakin University's global health group UNIVERSAL HEALTH AT DEAKIN (UHAD) raised over \$17,000 in 2011 for global initiatives including refurbishment

<sup>1</sup> Frenk J, Chen L, Bhutta ZA, Cohen J, Crisp N, Evans T et al "Health professionals for a new century: transforming education to strengthen health systems in an interdependent world" *The Lancet*



of the earthquake-ravaged 198 Youth Health Centre in Christchurch, NZ. Driven by our interest for international health education, travelling, aid provision, infrastructure development and overall medical student involvement, UHAD runs events which include charity dinners, bake sales, movie nights and short courses. Our success is and continues to lie with Deakin medical student involvement and having a good time.

A hearty congratulations to you all. Get excited about all the great things you can do as a doctor but most of all get involved! On behalf of UHAD, we can't wait to meet you all and good luck in your first year at Deakin Medical School.

**Lannie Ho** (UHAD Co-Chair 2011, 3rd year)  
Email: [lanho@deakin.edu.au](mailto:lanho@deakin.edu.au)

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## Clubs and Associations for Deakin Medical Students



### Medical Students Bible Studies Group and Christian Union

Hey med students of 2012,  
If I have learnt anything this year, all this spare time means that I should sit down, and dare I say 'reflect' on this whirlwind year of medicine, and in particular the role that Christian Union (CU) has played in supporting me and meeting my needs throughout the year. It was about this time last year that I accepted my offer at Deakin medicine, which was accompanied by sweet and sour feelings relating to the elation of finally getting into medicine, but also the daunting prospect of abandoning my family, friends, colleagues, and church to start my life over in a seemingly foreign place.

It was a priority for me to get connected with other Christians straight away, which is why I started attending the weekly Med student's Bible study ses-



sions, under the direction and expertise of Pastor David Martin. These meetings and prayers often helped me to regain sight of life's bigger picture despite being immersed in the boiling pot of medicine. During CU meetings and social events, the advice and friendship of other medical students proved to be invaluable in reducing stress during a difficult time and defining the new challenges I was facing. One of the goals I had for the year was to study the word of God rather than simply reading scripture in a random manner.

Given the busy lifestyle I like to adopt, this was always going to be difficult, particularly with the time required to force voluminous amounts of medical information into my brain! However, once again, the CU bible studies for medical students fulfilled this goal in a way that completely exceeded my expectations. I found the studies to be both interesting and stimulating, particularly when Pastor David's profound knowledge came to the fore in helping me to draw links between parts of the Bible in a way that provided clarity and understanding which I have not previously obtained from years of attending church services.

So in a nutshell, I am excited about more bible study meetings, events, and fellowship next year, and based on my positive experiences I certainly encourage others to come along and be involved whether you are a Christian or interested in learning more about God and the Bible.

**Murray Tucker**, 2nd year.

*The Christian Union and Bible Study sessions run every Tuesday night from 5pm until about 6:30pm.*



### Deakin University Students' Association (DUSA)

These lovely people are the providers of free breakfasts, book binding services and discounts at different venues around Geelong.

DUSA also offer academic advocacy, sporting events including mixed team sports and the Uni Games, as well as an introduction to a number of social events, where you have the opportunity to mix with, dare I say it, non-med students! The membership fee is well worth it - you probably get it back if you hang in for the free stuff and discounts.

Check out what's in store for you at [www.dusa.org.au](http://www.dusa.org.au) •

# The 'Me' in MeDUSA: What's in store for you in Twenty Twelve

*Here at MeDUSA, we aim to keep you informed and entertained. Med school would not be med school without the exciting events planned by the Social team, headed by **Michael Smits**, 2nd year. Look out for these - they are not to be missed under any circumstance! See you at Med Camp!*



**W**elcome Deakin 1st Year Meddies of 2012! So I'm sure all of you are completely amped for this amazing academic endeavour, however, believe it or not, med school isn't all late nights at a desk surrounded by energy drinks and a wall of text books that at 3am starts to remind you of the Great Wall of China. You are about to meet hundreds of amazing people, who will without a doubt, become friends for life. How are you supposed to get to know all of these people you ask? Well at MeDUSA, our team of social researchers have discovered that you are more likely to get to know someone by tackling them during a game of AFL or having a shot of black sambucca with them, rather than discussing renal physiology with them.

So, our job here at Team

Social is to make sure you guys always have something to look forward to and always have opportunities to mingle outside of uni. To give you a good idea of what to expect we thought we would give you a quick run down of what's in store for 2012!

## Cocktail Night

On the first Friday of every academic year we all head down to a great bar on the bay for some cocktails and introductory banter. This is a great night for those who are not from Geelong, as you'll soon realise that there is actually a rather decent nightlife here (and no I'm not just saying that - I'm from the Gold Coast and have found Geelong to more than satisfy my need for a weekly night out on the town). As the first social event of the year, it is also a

great time to get those awkward "Hey, Where are you from and what was your undergraduate degree?" conversations out of the way so we can get on with the real conversations. Tickets will be on sale during the first week and are ~\$25 (TBC) which includes 2 free drinks and food.



## MedCamp 2012

This along with MedBall are the most exciting, exclusive, exhilarating, electrifying, enlivening events of the year! The agenda

includes Clinical skills workshops, speakers and Q&A time with local doctors and medical students. Proceedings will be flanked by 2 keg parties. How much more do I have to say? This event is to welcome you guys to the family, get to know your fellow peers, learn some practical skills and to show you that you've made the best decision of your life to do medicine! Don't drink? Think you're too old? Is your bedtime 8pm? No worries at all - we cater for everyone! What do you need to bring? Bed sheet & blanket or sleeping bag, pillow, clothes, toiletries & your shindig costumes (party themes will be confirmed in first week). Tickets are available NOW and are LIMITED! Go to [www.trybooking.com/ZNM](http://www.trybooking.com/ZNM). The cost is \$160 which includes transport, 2 nights accommodation, food, beer & wine and workshops.



### Sports Days

Although we all love each other, 1st versus 2nd year sports days are when we get to run onto a paddock and kick each others arses! In 2011, we had AFL day (male & female games) and Paint Ball (mixed teams). And if these weren't great enough al-

ready, we'll be looking to add tennis and soccer to the equation in 2012. Dates are yet to be confirmed. Sports Days (except for Paintball) are free and include lunch!



### MedBall 2012

This is the night where we all get to put on our frilly knickers and lacy frocks and strut our stuff at one of Geelong's most exclusive venues - The Pier. Over 400 of us, spanning 4 different year levels plus staff (well, the fun ones) attend. These nights are strategically themed to allow for some great memories! 2011 was a Royal Gala theme and it has been rumoured that the 2012 theme may be a 1950's corporate theme, based on attire from the hit TV show *Mad Men*. MedBall dates and prices are TBC but generally occur in the 2nd semester.

### EOX Scrub Crawl

By the end of the year every one of you will probably own a very shnazzy pair of red scrubs! Do we wear them in surgeries? No. Do we wear them on placements? No. Do we wear them for our clinical skills labs? No. Do we wear them while we trawl some of Geelong's finest pubs & bars? HELLS YEAH! Scrub Crawl is one

of the most anticipated events of the year. So whether you're celebrating smashing an exam or drowning your sorrows for doing poorly, this is one night when you are pretty much guaranteed to wake up feeling like you've been hit by a bus. EOX Scrub Crawl is after the last exam at the end of the year. Drinks specials are usually organised with the venues to maximize our value for money!

So those are the major events of the year but in no way are they the only events. There are other EOX Parties, weekly Hyde's Nights, trivia nights, bingo nights, house parties, movie nights etc...So remember, don't be afraid to enjoy yourself this year! A healthy balance is a must to survive in medicine. Look forward to meeting you all

Cheers,

Chris, Lucy and Smitty from Team Social





## Top 10 Ways to Procrastinate...er Motivate you to study...

*Whether it be rekindling an old hobby or developing a fastidious approach to housework in order to avoid studying, most of us will find our own idiosyncratic ways of balancing life, work and study. Jo Green and Emma Clareborough, 3rd year, share some of their own non-self-destructive recommendations.*

**S**tudying medicine is a heap of fun but with a heavy workload and a long year, you can easily find yourself getting stressed! Getting to know the area around Geelong and getting involved in some extra-curricular activities can seriously help break up the time studying as well as helping you get to know your fellow meddies. Sorry, let us re-phrase that...we will suggest some great things to get involved in down G-town way and maybe you can squeeze some study in during the down-time!

Which ever way you would prefer your study-life balance to tilt, here are some little tips to help make the long semesters pass a little easier:

### 1. Join a sports team and get active with your fellow med friends:

Whether it be netball, football, basketball, volleyball or soccer, in unisex or mixed form, you are bound to have a heap of fun, keep yourself fit and most importantly get to think of a geeky med related team name - think code blue, rebound tenderness, the stethoscopes etc. There are plenty of facilities in the area such as the 'Life Be in It' Centre in South Geelong, so get this going early in the semester. Outside of sporting teams there are many other active pursuits available such as joining one of the many gyms in Geelong or the Geelong Cross Country Running club. Leisurelink gym is a particular favourite among med students with its close proximity to Uni, and you can use your membership at the Kardinia 50m outdoor pool during the summer months. The Rock Adventure Centre on the river end of Pakington street is a great indoor rockclimbing centre with free gear hire on a Fri-

day night. The Barwon River is also a hot spot for rowers (or a spot for hot rowers if you like) and has some great walking and cycling tracks around it.

**2. Surfing / Beaching:** Although it may be easy to forget when you are surrounded by the luscious green paddocks of Waurin Ponds - you are indeed within an arm's reach of some of Victoria's (and Australia's) best beaches and surfing hot spots! Bell's Beach is just around the corner as well as some other great surf breaks like 13th Beach, Ocean Grove, Jan Juc and Torquay, all less than 30 mins from Uni. If you haven't surfed before, there are plenty of beginner locations too, such as Torquay, where there are surf schools offering lessons. If hitting the water isn't really your thing, there are some beautiful walking/running

tracks hugging the coast line between Torquay, Bell's and beyond and lots of hectic stair runs up the cliffs to really get your fitness campaign going. Don't miss the Rip Curl Pro Surfing event run from the 3rd - 15th April 2012.

**3. 'Procrasti-baking':** A relatively common syndrome associated with the broader spectrum of diseases - 'procrastinating'.

Characterised by useless, nonsensical and untimely baking, often idiopathic but appears to be endemic within the Waurin Ponds vicinity.

If you're not a baker.... you may find you are by the end of the year.... whether to impress your new PBL mates or just because you find you need a little more energy to begin flicking through the books. Get onto [taste.com.au](http://taste.com.au)....



#### 4. Read a Book that DOESN'T have chapters on epidemiology or pathophysiology!!

Make sure you still make time to read books that fall outside the realm of medicine. However, one particular must read for all soon-to-be doctors is Samuel Shem's House of God!!

**5. Shopping:** Waurin Ponds shopping centre is just around the corner, boasting a beautiful Target and Spend Less Shoes but you may be in the market for something a little more exciting! Geelong itself hosts a Westfield with all the usual trimmings, and there are a number of boutiques located near the Westfield/Market Square area. Another great strip is Pakington Street, and if you don't mind a bit of travel, the surf outlets in Torquay offer every surf brand imaginable including Ghanda for those seriously comfy and affordable study trackies. If Geelong shopping is leaving you disheartened and you feel the need for some serious retail therapy remember Melbourne is only an hour away on the train...

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**6. See the Sights:** Geelong is located so close to the Bellarine Peninsula and the Great Ocean Road. Be sure to explore some of these great local sights particularly while the weather is pleasant! The Bellarine Peninsula has some beautiful wineries and cute coastal towns such as Queenscliff, Point Lonsdale and Barwon Heads. Taking a road trip down the Great Ocean Road to Lorne or even as far as the 12ish Apostles is a must during your time here. For the energetic, cycle the Belarrine Rail Trail from South Geelong to Queenscliff. Keep an eye out for Pako St Fest, Toast to the Coast wine touring weekend and the Geelong Cup as part of the Spring Racing carnival, throughout the year.

**7. Plan those precious holidays:** whether it be the mid year 'holiday', or the summer break, plan some R + R time with family and friends or

your partner. An overseas trip to look forward to can provide some much needed motivation to get through exams. Remember the world is your oyster when it come to your 6 week elective in 4th year so start dreaming, planning and investigating where you would like to go!

**8. Caffeine and Milk:** Deakin Waurin Ponds has been undergoing some serious renovation since we started here and the facilities are getting pretty swanky, however, something that does seem to struggle is the offer of a good coffee! Here are some suggestions for a good caffeine hit in and around the area:

- Geelong: Cafe Go, Winter's Garden, The Cottage.
- Torquay / Jan Jac: Moby, Swell, The Larder
- Pt. Lonsdale: Kelp.

**9. Get involved:** with one or many of the med student societies such as MeDUSA, NOMAD, GPSN and UHAD. Taking on a leadership position is a fantastic way to get to know other students, learn new skills, advocate for your cohort and play a role in organising social and academic events. If you don't want to have a committee position be sure to attend the many events run throughout the year and get involved in fundraising efforts such as bake sales, Movember and Shave for a Cure. There will be lots of opportunities to attend various conferences and apply for the John Flynn Scholarship Program among others so be sure to stay tuned and sign up for these experiences.

**10. Sunday Sessions:** Last but certainly not least, take some time to get out and enjoy some waterside beverages before you start the long week ahead. The Edge Bar is a great spot to wind down either at the end of a week or even to kick start the next with some great outdoor tables that get beautiful afternoon sun. Geelong has an array of pubs and nice bars, so make sure you check out Mr Hydes, Beaves Bar and The Wrong Crowd, and despite your best intentions there is no doubt you will also visit (sp)Eureka, Lambies and Home House before the year is out.

Have a great year!

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# Australian Medical Students' Association

## Resources for student health and wellbeing

*Your journey in medicine will allow you to diagnose and treat the sick, injured and dying. However, it is not uncommon that you will sometimes feel like the patient. Doctors and medical students are not immune to physical and mental illness, nor are we expected to recognise even the commonest of conditions in ourselves. **Katherine King**, 3rd year and AMSA Community and Wellbeing Officer, has collated some very useful and practical resources that every medical student should be aware of.*

**M**edical school is an exciting and rewarding journey. However, there are also many challenges associated with such a demanding and high pressure environment. Medicine brings unique mental, social, emotional and financial challenges, and often students who are learning to take care of others forget to take care of themselves. Wellbeing is about managing all these aspects of your personal health to ensure you enjoy what you do, have a balanced lifestyle and set yourself up for a long and rewarding career.

The Australian Medical Students' Association (AMSA) has been working hard to create awareness and improve medical student wellbeing through a number of initiatives:

### Keeping Your Grass Greener

- In 2011, AMSA and NZMSA produced Keeping you Grass Greener: the wellbeing guide for medical students.
- This guide is available online at [www.amsa.org.au/keepingyourgrassgreener](http://www.amsa.org.au/keepingyourgrassgreener)
- This booklet is designed to help breakdown the stigma that surrounds wellbeing and provide some practical tips for surviving and thriving at medical school.
- Also included is a directory that lists helpful places or services you can access when you need advice.

### AMSA Get-A-GP Campaign

- This campaign encourages students to have their own regular GP and provides a list of GPs willing to bulk-bill medical students in their local area.
- Check them out on the website: <http://www.amsa.org.au/getagp>

### AMSA Healthy Body, Healthy Mind Campaign

- Encourages medical students to develop and run their own wellbeing activities

Here at Deakin, student wellbeing has been a top priority for MeDUSA with annual events such as the Wellbeing Night and Stress Down Day addressing these issues. In 2011, MeDUSA surveyed pre-clinical students on wellbeing issues and the results of this survey were used to inform local advocacy activities.

You are embarking on a very exciting and diverse career path, so make sure you look after yourself along the way. If you are finding medical school challenging - you are not alone! There are many places you can seek help if you need it.

Here are a few suggestions:

- Local General Practitioner
- School of Medicine Welfare Staff
- Victorian Doctors' Health Program (VDHP), [www.vdhp.org.au](http://www.vdhp.org.au)

If you have any questions or comments, please do not hesitate to contact me.

Katherine King

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## Haemorrhaging, Diaphoresis and Lacrymation: How to take the stress out of study (and Life in General)

*The study of Medicine will put you to the test, challenge you, inspire you, but also make you question who you are. **Nayna Purchase**, 2nd year, reveals what drives us in the pursuit of scholarship and the very basic human emotions we encounter along the way.*

In small doses stress can be beneficial; it's your body's way of informing you of the need to be vigilant. In larger doses, however, it can be debilitating and actually hinder your ability to function optimally. In the midst of a stressful experience, it is very easy to assume the mentality that everyone is in the same boat, and that the best solution is to keep your head down and soldier on. Whilst it is important to realise you are not alone, the commonality of the stress response doesn't make your experience any less 'valid' or significant. Think of it this way; does the fact that everyone around you is hungry make you any less hungry? Just like hunger, we need to be aware of what our body is telling us through the stress response and learn from the experience rather than attempting to cover it up.

This article is written based upon my own experiences and the lessons I have learnt over the years. Given the highly variable nature of individuals, it is important that you take all pieces of advice/sparks of insight presented here with a pinch of salt - I am by no means an expert, I only know what works for me, and my knowledge is still developing. In light of this, I have attempted to present in this article guiding principles rather than explicit coping mechanisms. If you take anything away from this article, let it be the importance of figuring out what works for you (and rolling with it) rather than acting in light of what you think is expected of you.

During the GI block it will be emphasised to you the need to appreciate<sup>1</sup> normal variation in bowel habits, given that every individual has a different set-point. Why am I telling you this? Because the first step in managing stress is figuring out where your set-point lies<sup>2</sup>. Like Richard emphasises, in order to understand the pathological you first need to gain an understanding of what is normal. For example,

<sup>1</sup> Appreciate: a word you will come to love.

<sup>2</sup> Your set-point in terms of your natural tendencies, not in terms of your bowel movements. Although this could be a factor you wish to take into consideration.

I know that when I am feeling *most* like myself I (a) enjoy waking up early (b) enjoy running (c) find that alcohol doesn't sit with me well. It's because this knowledge that I know I need to start to worry when (a) the snooze button is hit repeatedly with a vengeance (b) I spend the week on the couch, making excuses as to why I can't run and (c) I am tempted to write myself off (which, admittedly, wouldn't be too hard to achieve). Alternatively, I could turn to the other end of the spectrum and (a) sleep badly or (b) exercise excessively. It can take a while to build up an explicit awareness of your natural tendencies, but you probably know more than you give yourself credit for. Be willing to sit down and have a discussion with yourself. Or, if this seems a bit daunting, have a conversation with

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***'When a state of stress is upon you, you have one of two options. The first option is to turn (without pausing for thought) toward the cereal box/television/doona cover and drown out your sorrows.'***

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someone who you feel knows you relatively well.

My ultimate goal is to use self-awareness to maintain myself in an optimal state (in all aspects of life) on a day-to-day basis. However, deviation from the ideal inevitably ensues and it is important to develop a coping mechanism when it does. When a state of stress is upon you, you have one of two options. The first option is to turn (without pausing for thought) toward the cereal box/television/doona cover and drown out your sorrows. Now, we have to give our bodies some credit - such a response can be beneficial if the source of our current state is hunger/excess studying/sleep deprivation. However, if this response does not improve your state in the long term, chances are that it's probably not a homeostatic control mechanism aimed at returning you to your set-point. Rather,

it's likely that the response is serving as a temporary distraction from what is at the heart of the matter - like a granuloma. Whilst such a mechanism may be effective in the short term, in the long term the protective wall is likely to break down and haematogenous spread will result. It is important that you question your current coping mechanisms and their efficacy - both in the short and long term.

The second option (which is indeed a bit more challenge) involves sitting down with yourself (or someone you trust) and attempting to pinpoint the source of your stress. Once you have managed to identify the source, the next step is to figure out what it is trying to tell you and what you can do about it. This is easier said than done, and may require a bit of practice.

For example, it has come to the point where I am quite aware of my preferred study style; I have found that I (a) work most efficiently in the morning (b) am able to concentrate well in half-hour blocks. In a moment of self-doubt I thought it wise to do a bit of last minute 'cramming' the night be-

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***'Although medicine  
is undoubtedly part  
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doesn't define you'***

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fore my first big exam. I quickly became aware of the erratic nature of my thoughts<sup>3</sup>, my increased heart rate, and this sudden craving for carbohydrates...In other words, I was stressed. At this stage I was able to pull myself away from my desk (for sitting there certainly wasn't getting me very far - literally or figuratively) and face my demons. I was able to recognise that my stress emanated from the fact I had deviated so far from my natural tendencies on so many levels. The first thing I asked myself was whether my current state of apprehension was reasonable; that is, had I *really* not worked hard enough during the semester and over

<sup>3</sup> You keep reading the same sentence over and over again yet it ceases to make sense despite the fact that it all seemed clear the prior day and then your attention is drawn toward all the other information on the page that you have not yet memorised and it's surely going to be on the exam because a reference was made to this page on that one slide of that one lecture which is surely to be important because it was given by the subject coordinator who is writing the exam and you should have taken this into consideration earlier and now you are going to fail.

the past week? Although that's a hard question to answer, I could honestly say that I had done all that was within my capacity at the time. And, had I *not* worked as hard as I had thought, perhaps failing the exam would provide a good indication of the need to step up my game in the future.

The second question I asked myself was, if I *hadn't* done enough work during the year, was my current state of stress likely to help resolve the problem? Given that I don't study well in the evening (let alone the day before the exam) or function well on small amounts of sleep, the answer was no. In light of this (and the aforementioned), I soon found myself on couch with a cup of tea and some music, which put me in good stead for the following day. And, lo and behold, the exam was passed and the world continued to revolve.

Once I had made my way to the couch, I then started to contemplate the fundamental source of my stress; that is, how I did I let myself reach that stage? The answer to this question is well beyond the scope of this article, and is something with which I am still grappling. I shall, however, draw reference to two points reiterated to me (by my father) on a relatively continuous basis. The first is that reality is apperceived. The second (which could be a bit to swallow before breakfast, let alone at any time of day) is that the main cause of suffering is our own egotistical desire for our own comfort and happiness<sup>4</sup>. Take from these two observations what you will. The point that I am trying to make is that (to some extent), just as we possess the ability to drive ourselves into points of stress, we also have the ability - if not the responsibility - to attempt to reverse the situation. One way you can achieve this is simply being kind to yourself, and having respect for what your body is telling you. When you feel stress mounting, rather than trying to push through it, take some time out to let your body relax and unwind - you're not a machine. Think about it - how well do you study when it is taking every ounce of self-restraint to hold yourself in your chair whilst your mind is ticking over at 100 kph? By granting ourselves this recognition, not only are you likely to use your time more effectively, but you are likely to keep medicine in con-

<sup>4</sup> The Dalai Lama

text rather than focussing on the absolute. Don't get carried away by what you believe is expected of you - be it far better to accept who you are and embody yourself fully therein (to paraphrase a book I shall not admit to reading...see me personally to drag out a reference).

You can avoid a lot of stress by reminding yourself that although medicine is undoubtedly part of who you are, it doesn't define you. Perspective can be lost when we focus too exclusively upon one element of our life - there's a reason they say everything in moderation.

You need to find a balance between all the things that you enjoy, such that they are given equal weighting. For example, I enjoy live gigs but I also enjoy sleeping and waking up early to study. In light of this, I may need to find a compromise between going to a gig that starts at 10:30pm when I know I would like to wake up in the morning and study/go for a run/have breakfast with my family.

A simple example in the medical context relates to pathology classes. Every time I attempt to do some preparation for pathology I tend to get stressed; too much detail! I have come to realise when the stress starts to surface, and have come to accept (over the years) that pathology *clearly* isn't my calling. It can, however, be regarded as a necessary evil at this point in my medical career. So, when I feel myself getting stressed I take a moment to sit back and think. Given that completing medicine is something that I value, I can justify my attempt to prepare for the upcoming lab. However, given my relative lack of enthusiasm for pathology (sorry Richard), I can also recognise that it isn't in my best interests to dwell excessively on detail that doesn't mean much to me, and that I am likely to forget. Make a decision, stick with it, and be willing to modify.

I was watching a show on television the other week in which the comment was made that we haven't yet reached capacity, in terms of the amount of things we can squeeze into a day. This is something that has really stuck with me. Fundamentally, we will *always* make time for that which is important to us. So, make the effort to identify what these

elements are and accept the consequences/sacrifices that you have to make in order to achieve your goals. As much as you may dislike the term/concept of 'reflection' in its true form it really is an invaluable tool. Fundamentally, I believe stress can best be tamed by having a good understanding of where you are going (and being able to justify this decision through careful understanding and reflection), and a willingness to accept the compromises that will need to be made in the process of getting there. Stress arises when you lose perspective - when tasks become a chore/burden as opposed to being something you love, and something you are willing to fight for. When you become so far overwhelmed/deviated from yourself that even the pride and joy that is your dog becomes a nuisance, perhaps its time to take a step back and evaluate. When confronted by necessary evils (like exams), keep your eye on the prize. In the midst of a stress response (or any darker place) it's so very easy to give up hope. But don't. Accept the response as an indication of areas in which you need to improve, and aim to make the most of every day - it's worth it.

My final piece of advice is this; have confidence in yourself, your personal preferences, and values. Have some faith that if something is of sufficient importance to you - whether you formally realise it or not - you will make it happen. As my father often tells me, the best indicator of future behaviour is past behaviour. In light of this, take a look around and see where you are; you're studying medicine - your ability has officially been demonstrated and recognised. Take it as your responsibility, now, to explore and acknowledge those other aspects of life important to you. As one of my favourite characters stated, 'Be bold. Never miss an opportunity to let your brilliance shine and dazzle. Take a chance. Accept the challenge, or if the challenge doesn't arise, make your own challenges<sup>5</sup>. By achieving a balance between all elements of life there is hope that perspective can be maintained and stress reduced.

Good luck, and enjoy!

•

<sup>5</sup> Alyssa Brugman, *Finding Grace*



## Destination Deakin Medical School.... A guide for International Students

*Moving to Geelong for a medical degree requires some adjusting for everyone. For international students, there can be additional challenges, but there are numerous support networks. **Sugapriyan Ravichandran**, 3rd year, gives a few words of advice to ensure you are primed for the ride of your life.*

### **Arrival: Deakin University School of Medicine, 0800 hours, Monday**

**E**arly start for you? Get used to it. But it's not all bad. To tell you to the truth, the hard part comes from perception itself. The pressure of being away from home, being different from most people due to our background, culture and language can make medical school appear daunting at first sight. Let me be the one to break that glass for you. It's a piece of cake.

I am here (and only here) to give you a few tips and pointers to make your start here at medical school a smooth one. I have one secret: talk to the person next to you. It may turn out that you have just spoken to your new best friend or a good friend whom you can rely on to show you the ropes around town and the university. They can be awesome home-sickness remedies. Being a loner in medicine is no go. If you study alone, get together at socials. If you don't do socials, have study dates. *Hint:* Chances are you don't yet have a car. Friends with cars are awesome for grocery days, if you know what I mean!

### **0800 hours, Tuesday**

The lectures you get on the first week are not there for you miss and go sight-seeing. The content is for you to understand the structure of the course and the

nature of your assignments and marking schemes. It's important to know these things because it is not worth chasing the lecturers during assignment times about information you could have gained during orientation week.

### **0800 Wednesday**

Heard of orientation events yet? Take part. No point starting to study from day one. Not only does the number of events decline as the year goes on or near exams, you might find yourself not able to go. So take the chance and enjoy yourself at these highlights of orientation week. Sign up for camps, and (not that I am promoting any of them) for medical insurance companies...they come in handy when you need free goodies, BBQs and also of course if you do need representation during your student career. Most of them offer free membership, coverage and advice free of charge as long as you are a student. Also, get a DUSA card. Yeah I know, pricey at first sight - but it may not appear so after you realize the workings behind running a student council. Their main income is student registration fees. You get great rates and discounts for events and merchandise that you can get to know more about at the DUSA office. Did I mention free BBQs regularly and free breakfasts?

### **Free day Thursdays**

Told you it's not all that bad. You will soon come to realize that contact time is actually a great deal less than your previous degrees for some of you. Don't be fooled because this is, after all, medicine. Prepare yourselves for upcoming labs, DP tutes and also Friday's learning issues. Use this day wisely, because come exams, you may regret all the free time that you let get away from you.

Get to know the ladies at the International Student Office. They are a great resource. If you got picked up at the airport, chances are that you would have already met their acquaintance. If not, please get to know them because they are there to offer support and any help that you may need during your time at Deakin. You'll be surprised with the answers that may have for the questions that you may have.

### **0800 Friday**

Speaking of events, that reminds me of finances. If you have loads of it, share it around. For the rest of us, the costs of events or social outings sometimes may appear steep. If it's not really an issue, don't use it to deter yourself away from them. Oh that reminds me, it's Friday. There is most probably an event on tonight. Don't miss out!

If money is on the short side, get a job! One thing I learnt in med

school is that there is no point whinging away in your room being left out because of money. You can make a difference and take the initiative to find the money. If you are not picky, jobs are easy to come by in Highton and Geelong. It can take awhile but have a good resume and be persistent! (*Hint for jobs:* Su-

permarkets!)

**Travel:** If you don't have a car, get to know your bus routes. You will need to know this as backup in case it happens that you cannot get a ride with a mate to your placements on Thursdays. Most if not all of the time, you will be able to check who is go-

ing to the same placement as you and hitch a ride. Of course, any public transport service can have its downfalls, so plan way ahead and leave lots of time for an alternative option to go your placement. Missing out on the placement has consequences that are not pretty.

## For those Frequent Flyers: A Guide to Conferences

*Conferences are one of the highlights of medical school. In fact, they can probably top the list. Not only do you gain a whole new perspective on your future career, but you meet people from other universities and from around the world. Amy Wong, 4th year and AMSA Engagement and Promotions Officer, currently holds the Deakin record for the number of conferences attended in an academic year and shares with you some of her top picks.*

**T**here are many opportunities to attend incredible events which bring together medical students from all over the country. These are unforgettable experiences which every medical student should have, as it not only connects like-minded students, but is also an enjoyable and rewarding experience.

**The Australian Medical Students' Association (AMSA)** organises some of the world's largest student-run conferences such as the **AMSA National Convention** and **AMSA Global Health Conference (GHC)**. These conferences are held each year in July and September respectively, and draw renowned speakers from across the nation as part of its academic program, which are highlighted by field trips, workshops and plenary sessions. Hundreds of delegates with an interest in medicine or global health gather to be inspired by experts in their fields. When the sun goes down, delegates unwind and network during a fun-filled social pro-

gram.

In 2012, Perth will host the AMSA National Convention and Cairns will host the Global Health Conference. Registration for these events sells out in seconds, so make sure you check the AMSA website or contact your AMSA representative for more information.

**AMSA's National Leadership Development Seminar (NLDS)** is one of its kind in Australia. This premier leadership event for medical students is held in Canberra each year at Parliament House, where eighty delegates have the privilege to hear inspiring talks given by national leaders, innovators and pioneers in medicine, politics, business and academia. The seminar is complemented by a full day workshop which focuses on core leadership skills and attributes to prepare delegates in becoming future leaders.

**The National University Rural Health Conference (NURHC)** is a biennial conference organised

by the National Rural Health Students Network (NRHSN) for students with an interest in rural, remote and Indigenous health. Attended by medical, dental, nursing and allied health students, this conference connects both future and current rural health professionals, along with some of the country's foremost rural and remote health bodies. It enables students from a variety of disciplines and backgrounds to get together for shared learning and networking opportunities that benefit both the students and the future communities they will serve. For more information about NURHC or how you can get involved, contact NOMAD, Deakin's rural health club or check out the NRHSN website: [www.nhrsn.org.au](http://www.nhrsn.org.au)

Get involved and be inspired. Don't miss out on these amazing medical student conferences!

## Leading the Next Generation of Doctors: The National Leadership Development Seminar

*One of the many high calibre AMSA Seminars is the National Leadership Development Seminar (NLDS), held annually in Canberra. No better way than to spend a couple of days rubbing shoulders with key politicians and mingling with like-minded individuals. This is what Chris Guy, 3rd year, took from his 2011 NLDS experience.*

**T**he National Leadership Development Seminar (NLDS) 2011 ran in Canberra over three days, from September the 12th to 14th. The NLDS provides those attending with an opportunity to hear from and question parliamentarians and other leaders, including some medical professionals active in the political arena, about issues facing medical students and Australia's health care system. Apart from having the chance to hear a number of pretty impressive people speak, we also spent most of the third day participating in workshops designed to improve skills in advocacy, media and communication.

The academic program involved a diverse mix of politicians and doctors, most of who have become leaders in their area and have incredible stories of how they got there. Although Nicola Roxon MP was hosting the event, a busy week in parliament debating the carbon tax meant that she was unable to speak at the seminar. This was a bit disappointing, however, Julie Bishop MP was able to sneak away for a few minutes and delivered a speech on leadership that was just about the conference's best. Other politicians included Peter Dutton MP and Senator Dr Richard di Natale, each of whom gave a fascinating insight into political life and how they are working

to improve health in Australia.

On the more doctor side of things, Dr Sujit Brahmochary spoke about his incredible work in India (enough to make anyone feel lazy), while Dr Sam Prince told a number of entertaining stories about the Mexican fast-food chain he started during his medical degree at the age of 21 (Zambrero was recognised as the fastest growing franchise in Australia in 2010). A number of other doctors shared with us their own stories and provided a refreshing reminder that once we graduate there are almost limitless paths that we can take.

The social program was good fun at times although nothing like what might be found at some of the other conferences, such as the annual AMSA convention. The combination of the early morning starts and Canberra's less than impressive nightlife meant that most events were reasonably tame throughout the three days. The Gala Dinner was an enjoyable evening, while it was also nice to drop by Government House to share a cup of tea with Her Excellency, the Governor General Ms Quentin Bryce AC. We were also given the keys to Old Parliament House for a mock parliamentary debate, which very quickly deteriorated into a contest of cheap shots and the sort of behaviour you would ex-

pect from a typical question time.

The cost was around \$550 (including airfares, meals, accommodation etc.) and was generously subsidised by the Medical School. This seems to have been the case in previous years and will hopefully be continued in 2012 and beyond. The application form is lengthy and tedious (from memory it required answering a series of questions and totalled 2000-3000 words). However, in my opinion it was well worth the few hours it took to fill out.

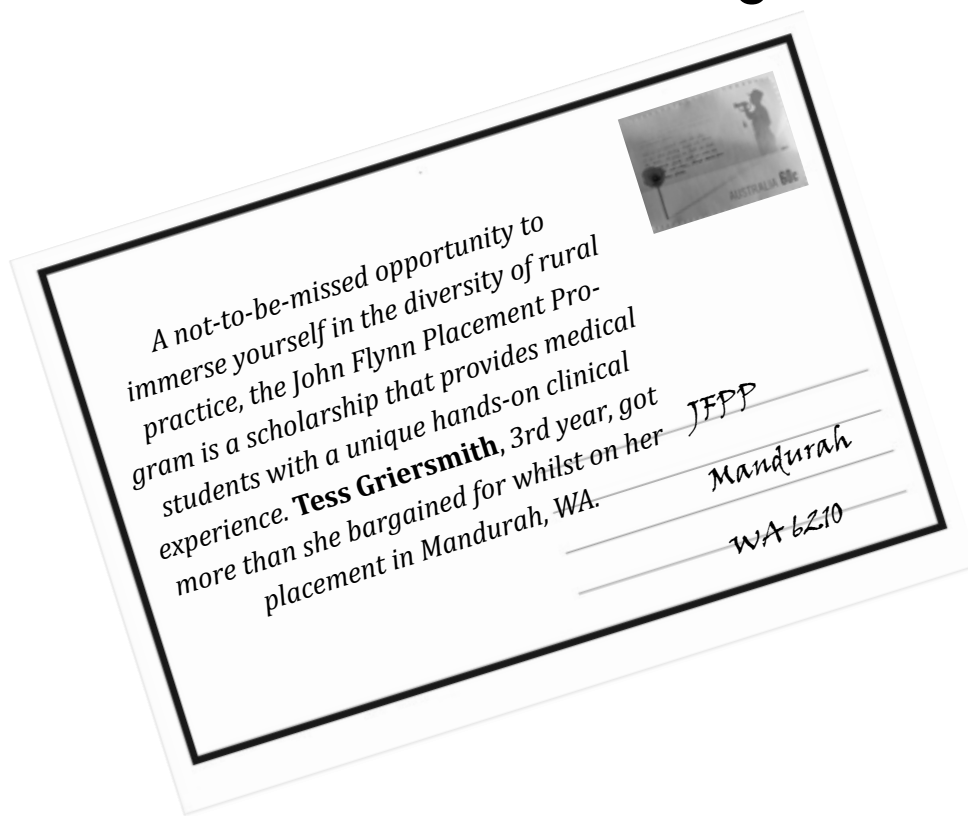
Overall, I had a great time in Canberra and would recommend it to anyone, but particularly those with an interest in the political and leadership facets of medicine. Be sure to keep an eye out for MeDUSA emails, which will provide more official details on the application process. •



Heading in the right direction; NLDS 2011: From left to right, Matthew Stokes, Amy Wong and Chris Guy.



## A Summer of Sun, Surf and...Suturing: The John Flynn Placement Program



The John Flynn program is a mentoring program for medical students organised through ACRRM (Australian College of Rural and Remote Medicine) who support 4 x 2 week rural placements at a particular location for students over 4 years.

Having heard about the wonderful experiences students in the years above me had had on their John Flynn placements, I was delighted when after applying, I was offered a place. Even better yet, over in Mandurah south of Perth in the beautiful 'country' town on the coast, (otherwise known as Ben Cousins R&R spot between his notorious escapades, which was surely a good omen) so I was bound to have a great time!! Note 'country' in inverted commas because whilst Mandurah still falls into 'rural' classification, the town is very big and the residents don't class themselves as living rurally.

It was an easy process for me organising my placements. I was paired to Mandurah Doctors Clinic, and Elaine the practice nurse at the clinic was fantastic in confirming placement dates. The John Flynn program seamlessly organised my flights and

I was very excited to head over for my first placement in Jan 2011. At the GP clinic my supervisor was away for my first placement, so I enjoyed spending time with a locum doctor Dr Ong who became my GP mentor and idol. An experienced Chinese doctor with the talent, skill and perception I can only describe as a wise Yoda. He was encouraging of me having hands-on, practicing assessments, suturing, taking vitals on patients, making management suggestions and learning about legal issues surrounding prescriptions and tests in medicine. He made good use of my prior qualification as a dietitian, and regularly asked me to provide tips to patients, which was a rewarding recognition of my handy skills. Throughout this year, I have kept referring back to my experiences and look forward to more placements with him.

I was so spoilt by my community contacts. A semi-retired couple in their 60's who upon speaking with me on the phone, realised I had an interest in more than GP work and teed up extra days for me in aged care health, the ED, and with the head obstetrician/gynaecologist at Peel Health

Hospital in Mandurah. I have a keen interest in women's health, so the latter experience was my most exciting and this turned into an offer to spend far more time with 2 obstetricians at Peel Health for my coming placement. My community

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***'...An experienced doctor with the talent, skill and perception I can only describe as a wise Yoda'***

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contacts made sure I was spoilt every day with nearby beach walks, afternoon tapas, spa baths, wine after work and sunshine - not that they could organise the sunshine, but I was very spoilt with the amazing weather too.

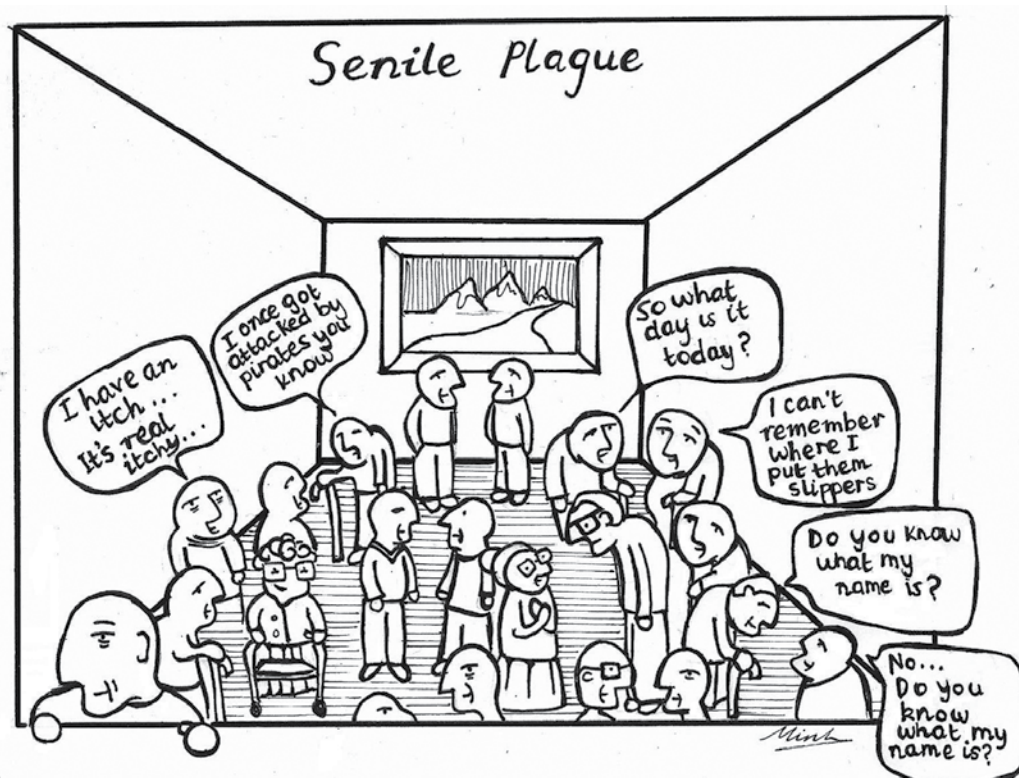
I'm shortly off for my next placement, and absolutely can't wait! It is not only a brilliant professional experience, but also a wonderful holiday for me. I always learn so much from the doctors I work with there, and have an absolute ball exploring Mandurah and Cotteslow beach with my community contacts Kay and Brian. I count my lucky stars for being offered a place in this prestigious program, and have been truly spoilt on my placement experiences so far. I would recommend anyone considering this opportunity, to not

just consider it - DEFINITELY APPLY! Guaranteed hands down, one of the best opportunities of your life.

P.S. And if you are as lucky as I am with community contacts and GP mentors to be able to be exposed to several health services in the local area, grasp the opportunity with 2 hands, keep saying 'Yes!' to all opportunities whilst on placement, and the more you give the more you will receive in return.



A summer well spent: Tess Griernsmith on her JFPP placement in Mandurah, WA.



## For richer or poorer: The transition from full time work to full time study

*All of you will enter medicine with your own rich tapestry of life experiences. **Laura Grant**, 4th year, reflects on her rollercoaster experience of starting medicine after many established years of work.*

**A**t the start of first year, I had no idea what to expect from this whirlwind of medicine that had been so elusive for the whole of the application year, but was now suddenly, and intimidatingly, bearing down upon me. I had all kinds of ideas about exactly what kind of med student I would be; with established friendships and a life in Melbourne, I was not altogether keen on becoming socially entrenched in med-school life, and was more interested in escaping back to the city every weekend to continue on as though nothing had really changed.

This course can make you feel depressed and be exhilarating at the same time. Things that at the outset seem unachievable will be achieved, and far surpassed. New knowledge streams into your brain every day, and somehow, I promise, it is retained (until the day after the exam). You'll learn about the most miniscule and incredible things that your body is doing every second without you even knowing it, then you'll tie all the little stuff into the big picture, and have 'light-bulb' moments worth writing home about. You will compare yourself to all the other absolute NERDS straight out of science degrees, and be mortified at how little you know compared to them,

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***'New knowledge streams into your brain everyday, and somehow is retained until the day after the exam.'***

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but have no fear! Your worldliness and common sense, and the knowledge gained from all the interesting things you've done, places you've been and conversations you've had will help you, and surprisingly, will help your whole PBL. And while the science talk can be intimidating to begin with, soon enough you'll start to pick up the lingo and join the dots, and make sense of what on earth an MHC complex is and what it has to do with a CD28 ligand, and why ubiquinone is just so ubiquitous (I had to look up those terms... that exam was at least 6 months ago).

Coming from someone who at the start of this

course had a concentration span of 10 minutes (I'm being generous to make myself sound good), the biggest challenge initially was learning to sit still and concentrate for longer than 10 minutes at a time, then longer than 20, then longer than half an hour. But eventually I got there, and so will you, and you'll feel like a nerd, and be really proud of yourself (but also a bit disgusted that you think extra time in the library is a good thing). So when you can't concentrate straight off the bat, it doesn't matter - you'll learn. And when you can't make good notes straight away, doesn't matter - you'll learn! And when text books send you to sleep after half a paragraph, doesn't matter! Textbooks can be burned. If you can't understand what on earth is being spoken about in PBL, say so! Get people to explain what a cell is, and where it is, and why, when two things are so different, they can still both be called cells! No question is stupid, and the fact of the matter is, if someone is explaining something basic to you, then I can guarantee everyone in the room is learning, not just you.

Working as nurse for the last few years had brought me into contact with many an unbalanced medical professional, and I was keen to steer far clear of such an approach to medicine. I have discovered that this is technically possible at certain times of year, but truth be told, my priorities have had to change this year, and my sense of balance has shifted a little - but that is mostly confined to exam time, when I prefer to adopt a more manic/psychotic approach to my study habits.

At the end of what has been a year like no other in my life, I think I have remained balanced, but a greater achievement than just retaining balance has come out of this year. The intellectual stimulation of learning so much in such a short period of time has made my brain come alive, and sent me searching for conversations and knowledge about people and the world, above and beyond this course. Medicine calls people who want this kind of stimulation, and trust me, it delivers! So take the time to enjoy it!•



## A day in the life of an average ( and sane) Medical Student...

*So what have you signed yourself up to by entering the Deakin Medical School? Not a fan of early mornings and caffeinated beverages? That's actually not a cause for concern...yet.. **Matthew Stokes**, 3rd year and MEDUSA Vice-President, gives a rundown of his typical day.*

**A** day in the life of an average-medical student varies.

It varies depending on what day of the week it is, what time of the semester it is, and also on your own personal headspace at that point. What I am presenting is by no means what is considered to be a 'sane' or normal day of medical student, merely it is just a recap on what I remember over the last two years as been a pretty typical day for me.

0700: Waking up in the morning (anywhere between 6.30am until 12pm) I grab my phone and check what is on for the day (looking at the lecture schedule for the week). Regardless of what grand plans I made at 11:59pm the night before about what I was going to do/the lecture I was going to attend at 8am in the morning, the executive decision is made whilst lying in my comfortable, warm bed, with quick consideration of the weather situation outside. I decide to get up (reluctantly).

0730: Shower, shave (maybe, if I have a clinical placement that afternoon). Breakfast (always!) and hop into the car (running late) and drive to Deakin. Park in the free carpark (a thing of the past I am afraid) and roll into the lecture, on time (again, around 50% of the time). Finish the lecture, appreciative of the time that the clinician from Geelong Hospital has

taken away from seeing patient to teach us. The lecture was fascinating, maybe I will choose to specialise in that field when I finally finish (this changes from day to day, lecture to lecture).

1000: COFFEE TIME!

1100 - 1300: More lectures, some feel very relevant, I can see myself using this information in a year or two at Geelong/Warrnambool/Ballarat/Box Hill/IMMERSe. Some not so useful (I think to myself anyway).

1300: LUNCH! = FOOD + COFFEE! +/- study in library.

1400: PBL. A favourite of mine, although not for everyone. I really enjoy the relevance of the cases presented. Plus, I love the PBL food!

1700: Finish for the day. Tired. My mates are pushing me to go the gym, I decide to go, even though I'm feeling quite mentally exhausted. Workout/banter with friends from Uni for one hour, leave feeling refreshed and relaxed.

1800: Head home, dinner with my two house mates, it's not my turn to cook tonight, so I sit along with my other house mate, and proceed to tease our 3rd house mate about his inability to serve dinner before 9pm. Wine with dinner (not every night, I do have alcohol free nights!), chat

with my house mates about the day, de-brief about our clinical placements, our worries of exams, OSCEs, clinical years, life outside of medicine (it does exist!), weekend plans, etc).

2100: Finish dinner around 9pm, wander slowly and somewhat reluctantly upstairs with my housemate with our coffees in hand to our respective desks.

Study for a couple of hours (longer if closer to exams). Check the time, much later than I thought, decide to call my girlfriend who lives in Melbourne. Chat for 10 minutes or so about our days, talk to her about my concerns about exams etc, usually get reassurance, the occasional argument (hey, it happens).

2300: Off to bed around 11pm +/- 1 or 2 hours depending on time of the semester, clinical placement/lecture early the next morning or the next day off.

Life in medicine and at medical school is really what you want it to be. As hard as it can be sometimes, remember that medicine does make up only a part of who you are. Don't forget who you were before you started the course and take comfort in your hobbies, loved ones and friends.

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## Learning Objective Number One: PBL Food

*If there is certainly one thing to enjoy from Problem Based Learning (PBL), it is the weekly food timetable. You can go to great lengths and cook your group roasts, introduce them to delicassies never seen before on Earth, or you be conventional. Leah Watkins, 3rd year, provides some of her cost-effective, guaranteed-to-please delights to make the learning less arduous.*

A few years ago, my mother's second ex-husband's third wife (I'll pause a minute so you can re-read that...got it? Good) tried to get me to read a book about the languages of love. I can't say I ever bothered to find out the 'five love languages' but I know mine: baked goods. If I like someone, I say it with brownies. Since not everyone shares my love of muffin production (and secret desire to be a dessert chef if this med malarkey doesn't pan out) here are some ideas for the next time your name pops up on the PBL roster:

**PBL Food Ideas** - basically think like you are catering a 4 year old's birthday party:

- Fairy bread
- Carrot/capsicum/cucumber and dip
- Chocolates
- Popcorn
- Rice crackers/chips and salsa
- Lollies
- Cut up fruit - watermelon, apples, oranges, kiwi, strawberries etc
- Party pies/sausage rolls
- Cake/muffins/brownies/scones (see delicious recipe)

One of the challenges of PBL is that some people have food allergies/intolerance/weird diets/general dislikes. Try and bring a few different options, and a healthy choice so you don't

feel guilty when your PBL topic is about obesity. For food allergy sufferers you can make the following date scones (which will also work with apple, banana, pumpkin or berries instead of dates) which can easily be made gluten, egg, nut and dairy free.

### Date Scones

Ingredients:

- 3 cups of self raising flour
- 80 grams margarine/butter
- 1/2-3/4 cup milk/soy milk
- 1 cup dried dates, chopped

Preheat the oven to 180°C (350°F). Chop up the dates and cover with a little boiling water, soak 10 mins or so. Chuck the flour and dates in a bowl, keeping the liquid the dates were in and add milk until you have 1/2-3/4 of a cup of milky-datey-water. Add the datey-watery milk to the flour and dates. (You can chuck some sugar in now if you want to, but I reckon they are sweet enough). Mix it up. Make into scone-y shapes and bake 10-20 min. Eat.

Variations for PBLers with allergies: use Nuttalex instead of marg and soy milk instead of milk to make dairy-free/vegan. Use gluten free flour for those intolerant to gluten.

Having the PBL round for dinner and no idea what to make?

Try my **Crowd-Pleasing Korma on the Cheap**:

Ingredients

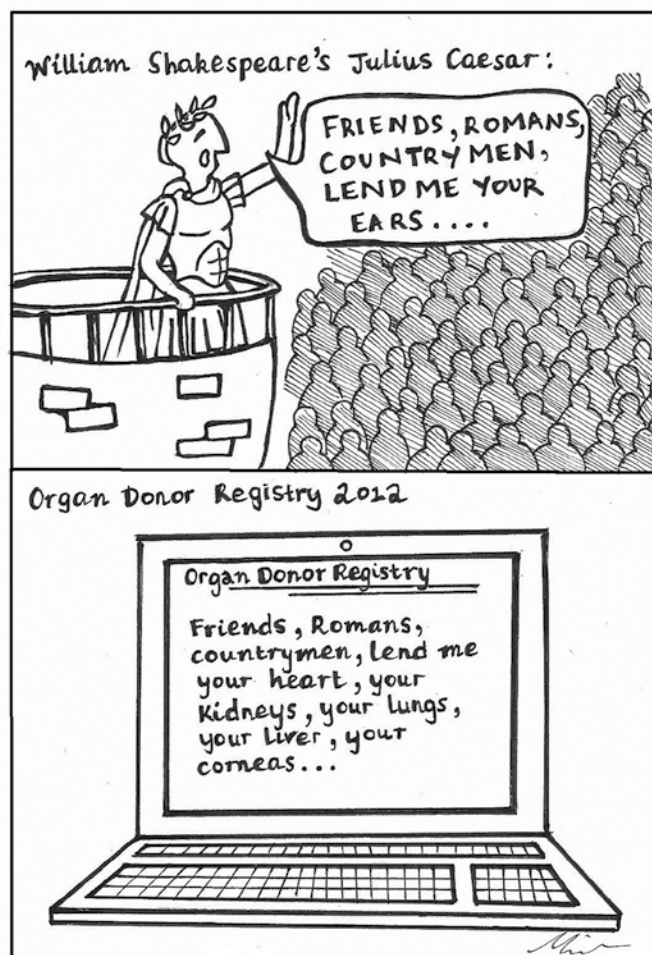
- 1kg potatoes
- 1kg carrot
- 1kg cauliflower
- 2 onions
- 8 cloves garlic
- 2 teaspoon ginger
- 1 tablespoon coriander
- 1 tablespoon curry powder
- Chilli (according to taste)
- 2 teaspoon garam masala
- 2 tablespoon tomato paste
- 1 tablespoon lemon juice
- 1 can coconut milk (lite if you like or coconut cream if you background isn't dietetics)
- 1 tablespoon oil
- 4 cups veggie broth
- 2 cups frozen peas

One pot method (for poor students who can't afford multiple pots or people who hate doing dishes): Chop the potatoes, carrots and cauliflower and stick them in a big ass pot of boil until you can stick a fork in em good (15 min-ish). Dump them in a strainer in the sink and leave em til later (tell you housemates to use another sink). Chop the onion very fine (or blend if you are lazy, but then you have another thing to wash) and chuck in the bottom of the pot with the garlic and a dash of oil if you think

it might stick. Once the onion is browned chuck in the coriander, curry powder, garam masala and chilli (less is more here, you can make it hotter later, but if you add too much you might be singing 'Ring of Fire' in the bathroom later). Give it a stir and whack in the tomato paste, lemon juice, veggie broth and coconut milk/cream. Taste it, and add more chilli/spice/salt/pepper as you like it. Simmer uncovered 15 mins, then lob in the frozen peas, give em a minute to cook and then added the pile of veggies you cooked earlier. Eat.

If you serve it with rice it will feed one to two dozen people. And it is vegetarian, vegan, dairy-free, gluten free, egg-free and nut-free, so as long as you don't have one of those freaks who don't like tomatoes over for dinner, everyone is happy. To make this quicker you can do the two pot method (boil veggies in one pot and make the sauce in another, but then you have to actually own two pots, and do more dishes).

Enjoy!



## Another Recipe for the Broke but Hungry

### Simple Eggplant Pasta

Compiled by **Lydia Hill**, 3rd year

Serves 4

Ingredients:

- Olive oil
- 1 small onion, diced
- 2 cloves garlic (or however you like it)
- Chilli or hot salami, chopped finely
- Various herbs (e.g. oregano, sage, thyme, basil [a tablespoon of basil pesto if you have it])
- 1 eggplant, diced
- 1 zucchini, diced
- 1 small capsicum, diced

- Whatever other veggies you want, but the above will suffice
- 3 cans diced tomatoes
- Salt and pepper
- 500g of pasta
- Parsley, chopped
- Grated cheese (parmesan preferably)

Method:

1. Cook the garlic, onion, chilli and herbs in olive oil over a low heat until onion softened.
2. Add the diced veggies and cook for a further 5 mins, then add the canned tomatoes.
3. Season with salt and pepper, cover and let simmer over low heat for 10 mins.

4. Continue to simmer for at least another 10 mins uncovered to thicken the sauce.
5. Cook pasta as per packet instructions (about 10 mins prior to serving).
6. Serve topped with parsley and grated cheese.

Bon Appetit!



# How to Live Successfully with another Medical Student

Some students will avoid it like the plague, others will embrace it wholeheartedly. Living with another medical student can be great - you may need that outlet to share the ups and downs of med school, or debrief that horrible placement experience. **Matthew Stokes** shares his advice on how to maintain a peaceful abode.

Living successfully with other medical students is no different to living with anyone else, with a few added adjustments. If you get it right, it can be a fantastic support group and learning resource, where you all work harmoniously to help each other through the journey of medical school. Get it wrong however, and one can find themselves in a very hostile home environment, one that can spill over into life at university.

By no means am I trying to scare anyone into obeying my commandments of living successfully with other medical students. I merely wish to tell you about my success in the matter, and the skills that myself, as well as my housemates employed to maximize our time together, and become great friends along the way.

As I said before, the basics are no different to that of living with any other person. However when living with medical students, particularly if they are in the same year as you, one can employ some techniques to benefit everyone involved.

These may include:

- Taking it in turn to cook for the house - a great way to minimise the number of times per week you have to spend cooking and a fantastic way of getting to know your house mates outside of medicine when sharing the meal (the leftovers is for you to decide over with your house mates!).

- Following on from above, take it in turns to clean the house, or alternatively have a cleaning schedule, to ensure no arguments about whose turn it is to clean.

- Don't compete with your house mates on grades on tests, assignments or exams - no one wins in the long term, and all it does is creates a competitive, hostile environment at home.

- Offer to make your house mates coffee when you are making one for yourself - simple, I know, but the simple gesture can go a long way.

- Be considerate of housemates habits and rituals - pick your battles wisely.

- Be considerate of the individual stress that you may place on yourself, and the impact that it may have on your housemates. Particularly during exam period it is important to have an outlet other than your housemates, or you may find that they begin to shut you out.

- Remember that everyone learns in different ways and in different amounts. Don't stress that one of your house mates is 'studying' until 1am every night. He is probably

just listening to talk back radio or on facebook ;)

- Make a decision early as to whether you're comfortable being in OSCE groups, group assignments and so forth with your housemates. Obviously this by no means has to be set in stone, but it can help to have an idea as to whether you are comfortable doing such work with your housemates or not.

- Finally, remember that your housemates are often more than just that, and recognising this can result in great friendships that extend beyond the walls of your shared house or the University.

You know you're a medical student when this happens....



# Let's Play Doctor, Dad!

*Medicine can be a self-centred pursuit, but with your own children to deal with, the elusive work-life balance poses new challenges. Furthermore, all those paediatric conditions can create a heck of anxiety. **James Bainbridge**, upon the conclusion of 2nd year exams, reflects on the constant juggling act of having a family and studying medicine.*

(If you are not a parent, this article contains some biting truths that will permanently damage your ego; my advice is to give it a miss.)

**F**irst of all, you need to know that you are a genius for making it this far. Moreover you in particular are a genius because you managed all the exams and interview with either a screaming child (they all scream at some point), screaming partner or a uterus full of hormones and sleepless nights. Either way, Genius. Well done!!!

This is my story. I was a physio for 5 yrs, but decided I wanted more. Sat the GAMSAT and got a score good enough to get in but our first child was due in November that year so I deferred and got in the year after. We are now expecting our second child..... in 4 days! Oh yeah, and I travelled down from SE suburbs of Melbourne everyday for uni. If I can do it, you can too.

If there is one thing you need to know it is that you are at a massive advantage to all those other med school intense, geek types. Why? Because you have a strong grip on reality. You know that although studying medicine is tough, you are tougher. You have done sleepless nights, mind-bending cycles of feeding, changing, sleeping and probably working on top of it all. The others? Weak! Just watch them get stressed when uni kicks in, they have nothing to focus on but their own issues. You have perspective on life, uni is important but your family is your priority. There is nothing like coming home feeling like the kidney is getting on top of you only to find your 2 yr old yelling, "Dad I poo'd in the bath....again!!" Brilliant.

One thing to sort before you begin is exactly what your partner does and doesn't expect from uni. They are your life line. They will look after your child when you are sitting exams and generally getting absorbed in yourself. They will bring you back to reality when you get carried away (usually with the kidney). They are the boss and you both need to

work out how you will tackle the challenges. Oh, and if possible bribe them every so often so that when you spring a forgotten trip to placement when you said you would be at home, you have some credits in the bank to call on.

My other piece of advice is to not look around at what others do. Don't start memorising Boron's en-

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***'There is nothing like coming home feeling like the kidney is getting on top of you only to find your 2 yr old yelling, "Dad I poo'd in the bath....again!!"'***

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tire Physiology text book because you overheard someone saying that they did and now they are a genius. Fact is they are not, they are just losing their grip on reality and you are smarter than this. Find a regular time to study and stick to it. My routine is to study at uni, no distractions, get it done, and treat it like a work day. Home for me is about family time.

You can do it, you will do it and you will do it smarter, faster and better than the other guys. Have faith!! And Happy Studying!!!!

Regards,

Jim Bainbridge

P.S. Expecting a baby just after exams is NOT recommended for your cortisol levels! •



## Did I mention the rabbits?

# Welcome to Deakin Waurn Ponds

*Deakin Waurn Ponds has a great atmosphere - a welcome change to those who have completed their undergraduate degrees at larger, metropolitan universities. The barista remembers your daily coffee order, there is plenty of greenery and a new library which overlooks a lake. Just because you're a busy medical student doesn't mean you can't enjoy what uni life throws at you. **Anke Nguyen**, 4th year and MeDUSA Academic Chair, and **Colby Hart**, 2nd year, investigated hot spots for studying, feeding and parking.*

**D**eakin Waurn Ponds is a large campus, but you are basically camped out in the building named 'Ka' for medicine. All the places you need to know about are close to this building.

### Places to study

That depends if you're outdoor or indoor person. You can sit by the lake watching the ducks (next to the library) which is nice on a warm day. There are also numerous outdoor tables along the main courtyard and food areas. Other than that you can go to the library or do private study in PBL rooms. The medical common room is another option to study but believe me, you will easily get distracted! Or you can just go home because most of you will live very close to uni.

The University itself has many great places to study outside of class. The most popular are the libraries through semester, and then the PBL rooms towards the end of the semester. The PBL rooms are particularly practical because of the large whiteboards.

For those of you who live away from campus, it is also possible to get access cards to the Geelong Hospital library, which is nice to study in if you get sick of the library and PBL rooms. For

the brave first years amongst you, it is also possible to study in the dungeons underneath the practical rooms, although I'd take a friend if you decide to do that - you never know what danger lurks beneath.

### Library

The medical library, located on the lowest floor of the main library, is excellently equipped with all of the learning resources you could wish for, if you get in fast enough. My recommendation is that if you don't want to spend \$1000 on textbooks, look ahead a week or two on the timetable and borrow the books in advance. Alternatively, you can have a look in the hospital library for any books that have all been taken from the main campus library.

The library is a great place to study. It has many individual and group study areas. It also has a really cool wall made of books (you'll know what I'm talking about when you see it). The medical section is one level down from the main entry. It has individual computers you can use, or you can use your own laptop and the free wireless which is actually available in all buildings.

### Cafés

There are a number of cafés around uni (you may find coffee a necessity during lectures). There is the main eating section which is located on ground level and has sandwiches, hot food and coffee options. Upstairs, there is a café which has more food, and also a bar to wind down after a big week (or day). Across from this there is another café called Espresso Plus, which has decent coffee and also an outside deck to enjoy the sunshine looking over the lake.

Speaking of coffee, there is also a café inside the library which is handy when you can't be bothered leaving the building (medicine makes you a hermit). Finally there is the Deakin Lakehouse behind the library which is a bit more pricey but also has very nice food.

Alternatively, if you want to get away from uni, Waurn Ponds shops are down the road. 'HiSushi' has excellent sushi or if you have a sweet tooth, you can indulge in chocolate pancakes at 'Panache'. Additionally on the princess freeway (on the way to Waurn Ponds shops near McDonalds) there is also 'Subway', 'Rich Maha' (Indian), 'Bubba Pizza, Pasta & more' or 'Souvlaki hut'. All these alternatives



are within 2 minutes drive from uni.

The location of the shops are also handy to know when you have forgotten you are on PBL food duty (has happened to the best of us).

### Parking

There is a free carpark, however beware that this fills quickly and is about a 5-10mins walk to the building. If you want to park near the building, it costs \$5/day. There are parking inspectors around so I wouldn't risk parking for free.

Parking is generally free for the first few weeks of semester, until the undergraduates come back from whatever it is they do in their spare time. Once this happens, you have to buy a pass.

The prices for the passes change each year. The parking spaces you can park in are either red or blue (yellow is university vehicles only). Blue parking spaces are usually in a better location and are more numerous (1100 bays vs 350 bays for red). You can get a parking permit for the year, which is what most of us did. For 2011 the parking prices

were \$203/year for blue and \$101.50 for red. The price may be slightly higher for you in 2012. You can buy the permit from the Cashier's office, located on the top floor of the building with all the cafes. There is also parking in surrounding streets but there is a rumour that these streets will be turned into 2 and 4 hr parking spots. I guess it really depends on how far you are willing to walk.

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## Healthy heart, healthy brain: A concise guide to gyms and swimming pools in Geelong

### Leisurelink Gym, Swimming pool and Waterpark

Corner of Princes Highway and Pioneer Road  
Waurin Ponds  
(03) 5243 9595

The new Leisurelink Aquatic & Recreation Centre, has state-of-the-art gym with extensive floor space and a wide range of cardio and strength equipment, an 8-lane 50m pool with ramp access which can be divided into two 25m pools and a water-park including 2 water-slides and a kids adventure playground.

Joining Fee (concession; effective July 2011) \$99, Monthly \$50.

### Curves

68 Garden Street  
East Geelong  
(03)5221 0016  
Created specifically for women, Curves offers a complete fitness and nutrition solution in a Curves 30 minute circuit workout.

### Fenix

312-320 High Street  
Belmont  
(03) 5249 8444  
Featuring a full gym plus a relaxation area with steam room and sauna plus spacious members lounge.

### Kardinia Aquatic Centre

Park Lane  
South Geelong  
(03) 5221 4910  
Geelong's outdoor aquatic facility is perfect for lap swimmers and the general public.

Includes two 50-metre heated pools (including a 10-lane FINA standard pool, plus an 8-lane Olympic size pool).

### Life be in it centre

1 Crown Street  
South Geelong,  
(03) 5223 1992  
Netball, basketball, indoor soccer, indoor beach volleyball. All socially played, get a team together and sign up!



## Out and About in G-Town: Groceries, Good Coffee and Restaurants

*Amidst all the study and hard work, one still needs to eat and be merry. Yota Yoshimitsu, 3rd year and MeDUSA President, went around town for a bit of gastronomical R and D.*

### Good Coffee

I preface this by saying that any serious coffee drinker should have his or her own espresso machine, or barring that, invest in a plunger (French press) and a supply of freshly-ground coffee. It's amazing how much more satisfying it is to be able to control your own supply of decent coffee!

It isn't always practical to lug around your own twin-boiler La Scala Butterfly to uni, so here are some suggestions on where to go:

- Off campus: if you fancy travelling down to Highton, try Darriwill Farm (although it may be a little posh for some). Waurm Ponds Shopping centre offers a few cafés and chain coffee stores (e.g., Gloria Jeans) - your mileage may vary.
- Around Geelong Hospital: Café Go, the hands down favourite of most Geelong Clinical School students (and hospital staff!), just down the road from Geelong Hospital. Excellent coffee, friendly service, scrumptious meals (although not the cheapest).
- On Pakington Street: I must admit I don't frequent this excellent strip of cafés and restaurants very often, but it is well worth going down here for a nice meal and post-lecture debrief.

### Cheap Groceries

The usual suspects (Coles, Woolworths, IGA) are around, although there are no longer any which open 24 hours. ALDI is located in Belmont and Grovedale, and represent pretty good value, and you can pick up cheap chainsaws and other odd specials while you're there.

If you find supermarket fruit and veg appallingly bad, find a nice greengrocer you like. There's a few in Highton (e.g. Harvey's of Highton), slightly pricey but well worth the satisfaction of getting things that don't start rotting in a day or two. If you don't mind sub-optimal but edible and cheap - try Fruit Shack (Belmont, corner of Roslyn Rd and High Street).

For quality local produce, there is a Central Geelong farmer's market along Little Malop Street ((03) 5272 4938). Held on the second Saturday of every month, it features the region's best fruit and vegetables, chutneys, preserves, honey, locally baked breads, eggs, organic vegetables and meat, cheese, olive oil and more.

If you're after Asian groceries, there are a few - try the one in High St Belmont, or the ones near the corner of Moorabool St and Ryrie St. While you're there, pick up some ultra cheap and tasty bread from the Viet-

namese bakery, or if you're a BreadTop fan, there's one that recently opened in the Westfield shopping centre closeby.

### Restaurants

- Indian: Khan Curry Hut and Kohinoor are reliable favourites, and reasonably priced. The latter has the benefit of nice crisp white linen, which is nice for impressing your parents/future in laws/date.
- Japanese: Being Japanese, I make no apologies for being picky about Japanese food, and I cannot recommend any in Geelong without feeling personally embarrassed by their quality. There are the usual chain stores (e.g., Sushi Sushi) which service sushi rolls etc., but frankly a tad sub-optimal in my opinion.
- Thai: Panny Thai (129 Pakington St) and The Elephant Tusk (Belmont) are reasonable choices, though sometimes inconsistent.
- Seafood: Superb, but expensive, seafood meals can be had at the Fisherman's Pier (Geelong Waterfront).
- Fish and Chips: Worth a drive to Torquay and visiting Flippin' Fresh Seafood (33 Surfcoast Hwy) for some of the best fish and chips available anywhere.

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## The Last Word: Rules of Med School

*The cold hard truth may be difficult to swallow. To makes things as clear as possible, we enlisted a medical school veteran to go through the drill. Intern doctor, **Dr. Lea Starck**, BMBS (Deakin) has compiled something to take forth with you to avoid paying for the consequences later..*

**Rule No. 1:** Don't take things personally.

**Rule No. 2:** If you do take things personally, learn not to. See rule no. 1.

**Rule No. 3:** At some stage, one of your well meaning classmates whose mummy/daddy/uncle/brother was a surgeon/physician/GP will try and explain something to you in a pitying tone of voice and invariably cock it up. Smile, nod and see rule no. 1. Thinking about what groceries you need to buy while they talk may help.

**Rule No. 4:** Wear scrubs, visors, plastic shoes and for god's sake double glove for anything that may even remotely involve body fluids.

**Rule No. 5:** Anytime a theatre nurse, surgeon or Neville the mortuary attendant tells you won't need to do any of the above, see rule no. 4. You are invariably about to get poked with something sharp or pointy, get placenta on your shoes or be hosed down with corpse water.

**Rule No. 6:** If you see a donut. Eat the donut. Screw your diet, somewhere 5 hours into a cover shift, you are going to wish you ate the donut.

**Rule No. 7:** If no-one is actually going to die in the next half hour, there is time for a coffee.

**Rule No. 8:** Whoever has the biggest pay check ostensibly buys the coffees. If you find yourself going through the underground tunnel to the private hospital to buy hot chocolates for your entire surgical team, like I did, you've been had.

**Rule No. 9:** Pseudomonas can go half way around the world and still be cultured. Remember that the next time someone with chronic lung disease coughs a lurgy up on your blouse.

**Rule No. 10:** Never believe anything anybody tells you, ever. Especially other doctors. Always double check everything. Particularly things that come in syringes.

**Rule No. 11:** Never tell another doctor, especially one who is your boss, about rule no. 10. Just smile and nod. Then double check.

**Rule No. 12:** You may inadvertently contribute to somebody's death at some stage. Remember 2 things - (1) Medicine is an inexact science, forget the subtext and ask yourself if there was a legitimate cause of death due to

the underlying condition. And (2) The doctor in rule no. 10 is not going to give you a lift to the coroners court should you really screw up. See rule no. 10.

**Rule No.13:** "Crumbly" is an acceptable medical descriptive for a person in a certain state of holistic decline. As in "the patient was moderately crumbly" or "I hate cannulating crumbly people."

**Rule No 14:** Scabies happens. Try not to think about what those teeny, tiny, sarcoptic mites are doing under your skin. Chalk it up to experience, and in future, see rule no. 4.

**Rule No. 15:** If you aren't naturally fascinated by medico-factoids, learn to be. It makes everything worthwhile. By the end of your degree, you should have had at least one nerdy moment you would prefer not to talk about, where inside you were so delighted by medicine you were embarrassed at yourself.

Examples include, but are not limited to, high fiving another medical student because you finally saw the cutaneous manifestations of sarcoidosis, or calling your mum because you intubated someone.

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Cover photography: Suyi Ooi  
MeDUSA Logo and Survival  
Guide cartoons: Minh Nguyen

#### DISCLAIMER

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It has been produced specifically for first year Deakin medical students by MeDUSA, with the aim of facilitating the transition to medical school.

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The sub-committee is extremely keen to include any humorous medical school anecdotes, columns, event reports, placement and conference experiences in any one of our several publications.

Submissions for the mid-year publication, *The Olecranon*, will be open on February, the 20th, 2012.

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