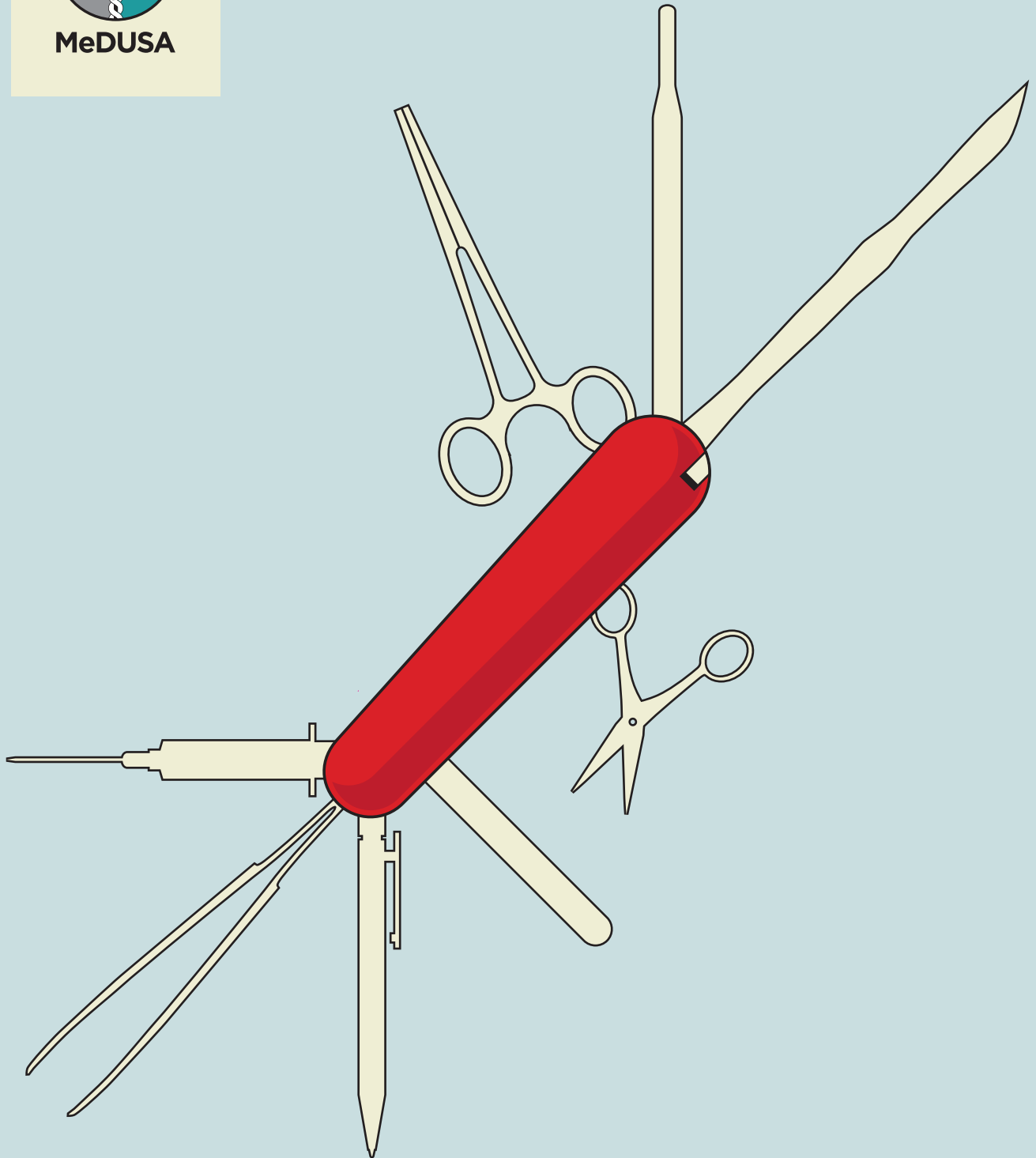


MeDUSA



*The*  
**SURVIVAL**  
*Guide*

TO MEDICINE AT DEAKIN

# Pain Trauma Paralysis

And that's just trying to buy a car



**Traditional banks look at numbers alone – they'll only lend you money if you can prove that you don't need it. At Investec, we know better. We know that your qualifications are worth gold, we see your potential.**

Investec is a leading Australian specialist bank offering a full range of financial services to the medical sector – our team understands the industry inside out, so you won't have to explain yourself to someone who doesn't get it. And you won't have to wait until you're wealthy, we'll support you early on in your career, when you most need support.

**Take a look at [investec.com.au/medical](http://investec.com.au/medical) or call one of our financial specialists on 1300 131 141 to find out how we can help.**



*Out of the Ordinary™*

 **Investec**  
Specialist Bank

Medical Finance

[Home loans](#) | [Car finance](#) | [Transactional banking and overdrafts](#) | [Savings and deposits](#) | [Credit cards](#) | [Foreign exchange](#) | [Goodwill and practice purchase loans](#)  
[Commercial and industrial property finance](#) | [Equipment and fit-out finance](#) | [SMSF lending and deposits](#) | [Income protection and life insurance](#)

Issued by Investec Bank (Australia) Limited ABN 55 071 292 594, AFSL 234975, Australian Credit Licence 234975. The information contained in this document is general in nature and does not take into account your personal financial or investment needs or circumstances. Terms and conditions, fees and charges apply. Insurance products are offered by Experien Insurance Services (Representative No. 320626), the preferred supplier of insurance products to Investec Bank.

## CONTENTS

- 04 Editors Welcome
- 05 President's Foreword
- 06 A brief history of Deakin University School of Medicine
- 07 A Brief History of MeDUSA
- 08 Calendar of Events for 2013
- 09 MSCV – Medical Students' Council of Victoria
- 10 AMSA – Australian Medical Students' Association
- 12 NOMAD – take you anywhere!
- 16 The First year experience
- 18 The 3 Practical must knows for your first year at Deakin School of Medicine
- 19 Practical must knows for PBL in first Year Medicine
- 20 Knowledge of Health & Illness (KHI)
- 24 Ethics, Law and Professional Development (ELPD)
- 26 Doctors, Patients, Cultures & Institutions (DPCI)
- 27 The essential resources for a 1st year Medical student
- 30 Living in Geelong – A local guide
- 33 Medical School on a Budget
- 34 Staying sane in Medicine
- 38 Knowledge of Health & illness – 2nd year
- 40 Doctors & Patients (DP) – The un-censored guide to preparation for 2nd year OSCEs
- 43 The Clinical Years at Deakin School of Medicine
- 44 Geelong Clinical School
- 46 Ballarat Clinical School
- 48 Warrnambool Clinical School – debunking the myths
- 51 Eastern Health Clinical School
- 52 The Survivalist's guide to 3rd year medicine at Eastern Health
- 54 IMMERSe – A student's guide to Rural Health in Clinical years
- 56 Top 10(ish) words of wisdom from IMMERSe Alumni
- 57 Quick tip about Progress Notes for the medical student
- 58 Essential resources for Clinical Years
- 60 Getting Through ELPD (Endless Labour on Personal Deliberations)
- 63 The 12 steps to the “Attachment Arrangement” of Clinical Years
- 64 The Final Lap – An introduction to Final Year
- 65 5 Hot Tips on Internship Applications
- 68 Life beyond Deakin School of Medicine – Intern year

## EDITOR'S WELCOME

Let me be the first to welcome you to Medicine at Deakin University! My sincere congratulations on making it through the infamous graduate medicine application process, and successfully securing yourself a place in the medical community for the rest of your life.

You may not realise it quite yet, but the medical profession is a big family. The people you study with, interact with at the hospital and your superiors, will be with you during your journey through medical school and beyond.

Reflecting back on the last 3 years of medical school, I can see truly what an absolute privilege a career in medicine is. The patients you encounter during your travels through medical school will stay with you and form the basis of your learning for years to come.

I want to personally thank all the contributors to this survival guide, which has been expanded for the first time in 2013 to cover the pertinent and unique points that each year at Deakin University brings. I sincerely hope that this guide serves as some basis for allaying fears, encouraging learning and supporting each and every Deakin University medical student.

For incoming first years, I wish you all the very best for your first year at Deakin University. Please take the time and opportunity to sign up to student membership during Orientation week, join our Facebook page @ MeDUSA – Deakin Medical Students' Association, and check out our website, [www.medusa.org.au](http://www.medusa.org.au) throughout the year for exciting seminars, educational and social events.

If you have any questions regarding membership, or wish to discuss any matter at all regarding your first year at Deakin, please do not hesitate in contacting any one of the many MeDUSA committee members.

Remember that medicine is like an apprenticeship model, and you are taught by your seniors. When you find your feet at Deakin School of Medicine, I hope you reflect on your learning and pass on your knowledge to your peers, and to those after you.

See you all at the first official MeDUSA social event of the year – MeDUSA's cocktail night, Friday 1st February (Look out for ticket sales during 'O' Week!)

### **Matthew Stokes**

*Editor – MeDUSA's "The Survival Guide" 2013*

*MeDUSA Academic Chair (Clinical) 2013*

[marst@deakin.edu.au](mailto:marst@deakin.edu.au)

"The Survival Guide" is produced by MeDUSA - Deakin Medical Students' Association. The following articles, information and advice contained in this publication does not necessarily represent the views, opinions and advice of Deakin University, School of Medicine. All efforts have been made to ensure that all the information presented is current at the time of publication printing.

For any concerns or questions regarding the information provided, please contact a MeDUSA committee member, or visit [www.medusa.org.au](http://www.medusa.org.au).

Matthew Stokes – Editor (The Survival Guide 2013)

## PRESIDENT'S FOREWORD

From having dreamt of becoming a doctor, to thinking it a real possibility, to having completed an undergraduate degree, sat the GAMSAT, applied, interviewed and accepted your offer, you're finally here. And what a journey it will be. Welcome to medicine at Deakin.

I am really excited to welcome you to what I think is an incredible place to learn, challenge yourself and meet many amazing people. Writing this I am looking back to the MeDUSA survival guide from my first year. It's a bit tattered now after having read its pages cover-to-cover so many times. Reading its articles reminds me of the excitement and anticipation that I felt at the beginning of first year. I hope you feel the same reading this and continue to use it as a reference throughout your years at Deakin and beyond.

Medical school is exciting but I won't deny that it can be grueling. There will be times when you find yourself questioning why you ever wanted to go through with it, if it will ever end or where you will be when it does. Don't forget to maintain your interests and relationships outside of medicine. These will keep you sane amongst the stress and pressures of the course. I will assure you though, it is an enriching experience and those who sit with you in the lecture theatre on day one will be alongside you every step of the way. So get to know your peers, get involved in the school and you will make some lifelong best friends.

For those entering clinical years, it's a steep learning curve ahead but one that will inspire and challenge you every day and you will gain insight into what a career as a doctor involves. Your knowledge will expand exponentially as you meet inspiring mentors and learn more from patients than Boron, Kumar/Clarke and Harrison's combined.

In this publication we aim to share some wisdom with you to prepare and encourage you for the years ahead. There are countless opportunities for you at Deakin and many of these are outlined in the articles throughout this survival guide. I encourage you to get involved in as much as you can and embrace both the challenges and rewards of medicine.

Congratulations on your decision to embark on the journey that is medical school and a career in medicine. Your time at Deakin may well prove to be the most exciting, challenging, exhausting and satisfying years of your life. Enjoy!

### **Marian Biddle**

*2013 President – MeDUSA, Deakin Medical Students' Association*

## A BRIEF HISTORY OF DEAKIN UNIVERSITY SCHOOL OF MEDICINE

By: **Yota Yoshimitsu**, 2012 MeDUSA president, 2013 MeDUSA IT chair

On 8 April 2006, the Prime Minister of Australia, John Howard announced that Deakin University would host Victoria's third medical school. Under the leadership of the Foundation Head of School, Professor Brendan Crotty, the first cohort of 120 students commenced their four year graduate-entry Bachelor of Medicine / Surgery (BMBS) degree on 7 February 2008.

Deakin Medical School was Victoria's first new medical school in 40 years. The goal of the Deakin medical program is to contribute to the health and wellbeing of Australians, by training new doctors who are skilled and motivated to pursue a career in rural and regional areas, either as specialists or general practitioners.

So far, two cohorts of students have successfully graduated and entered the medical workforce as Interns and Residents in hospitals in Australia and beyond. In 2013, Deakin will be offering 130 Commonwealth-supported places as well as additional places for International students.

In July 2012, Professor Lee Kennedy was appointed Head of the School of Medicine, following Professor Brendan Crotty's promotion to Pro Vice Chancellor (Health). Under Professor Kennedy's leadership, Deakin Medical School is expected to build on its strengths and continue to fulfil its role in training work-ready Doctors who will play a vital role in the community in the decades to come.

## A BRIEF HISTORY OF MeDUSA

By: **Yota Yoshimitsu**, MeDUSA was established in 2008 by the first cohort of students to enter Deakin Medical School.

The name itself might seem curious to some. It doesn't have anything to do with *Medusa* from Greek mythology, who was apparently a "monster... generally described as having a face of a hideous human female with living venomous snakes in place of hair". In all honesty, I can't say this is a fair description of a typical (female) Deakin medical student, but some might beg to differ!

MeDUSA is in fact a portmanteau of "Medical" and "DUSA (Deakin University Students' Association)" (Medical + DUSA = MeDUSA). Enough students were confused about this that a motion to change the name was put to the vote in 2011 and narrowly defeated. Despite its curious and slightly grammatically-incorrect origins, the name has now endeared itself to all and it is definitely here to stay.

Kudos to Caroline Bate, who was MeDUSA's founding President in 2008 and led a motley and dedicated crew in laying the crucial groundwork for the years to come. Following in her able footsteps as President were Ben Harrison (2009), David Moniz (2010), Tegan Dobbie (2011), Yota Yoshimitsu (2012) and in 2013, Marian Biddle. There simply isn't enough space to acknowledge everyone here, so please visit [www.medusa.org.au](http://www.medusa.org.au) for a full list of committee members, past and present.

In the first two years, MeDUSA's many social and academic activities were confined to the Waurn Ponds campus, however in 2011, its influence extended to the various clinical schools across Victoria, coinciding with the first cohort students to enter their clinical years. Every year, MeDUSA representatives at the pre-clinical and clinical levels are elected so that MeDUSA can advocate for students across all year levels. Whilst individual clinical school committees plan their own unique social and academic activities, there are many premier events such as the Med Ball and Careers Nights which bring together the wider student body, and are a fantastic reminder of the camaraderie and enduring friendships that are built up over the years.

In 2013, there are now two cohorts of Deakin medicine graduates who work as very highly-regarded Interns and Residents in hospitals across Australia and beyond. Plans are now afoot in MeDUSA to establish an active Medical Alumni association, and it is hoped that the alumni will mentor and encourage future students in their studies as well as their future careers.

In short, MeDUSA represents the interests of all medical students during their time at Deakin. It builds on the experience of more than five years' of dedicated service by MeDUSA committee members, who have worked tirelessly to help ensure that your journey through Deakin Medicine is the best it can be!

### EDITOR'S NOTE:

*Be sure to sign up to MeDUSA for 4 years for only \$20 during O'week in January and make the most of all the MeDUSA academic & social activities!*



## CALENDAR OF EVENTS FOR 2013

## MSCV – MEDICAL STUDENTS' COUNCIL OF VICTORIA

By: **Jo Green**, MSCV Deakin representative & final year medical student

Just to add to the influx of acronyms in medical school, enter the MSCV!

MSCV stands for the Medical Student Council of Victoria and is the representative body for all medical students studying in Victoria.

The council is comprised of student representatives from Monash, Melbourne, Deakin and Notre Dame medical schools. The council elects a Chair and Secretary, with the Chair acting as the council's voice, representing the overall views of Victorian medical students to key stakeholders.

The MSCV meets regularly which allows a forum for communication between the medical student societies to share knowledge and experiences and discuss issues that are pertinent to students in our state, such as internship capacity, quality of clinical training and student well being. This discussion allows the MSCV Chair to present a unified voice and have an active dialogue with key stakeholders such as the Victorian Government, Department of Health, Postgraduate Medical Council of Victoria, AMA Victoria and AMA Doctors in Training, to name a few. In 2012, the advocacy focus was to ensure internship places in Victoria for all students trained at Victorian universities as well as improving the application process for internships.

In addition to advocating for Victorian medical students, the MSCV organises several events that have been a great success in previous years and provide an excellent opportunity for networking with students from different universities. In 2012 the events calendar kicked off with the annual 'MDNM' social event, with the theme entailing dressing up as anything starting with the aforementioned letters. The traditional sports day was converted to an Emergency Medical Challenge with teams competing in emergency style medical scenario stations. The academic program included an Academic Forum and the Nuggets of Gold lecture series.

These events will be run in 2013 so stay tuned and get involved!

Deakin University will be represented on MSCV this year by:

- Marian Biddle (MeDUSA President – 4th year)
- Greg Evans (MeDUSA AMSA representative – 3rd year)
- Jo Green (MeDUSA MSCV representative – 4th year)

For more information get in touch with the MSCV rep or you can visit the website here:

[www.mscv.org.au/wp/?page\\_id=92](http://www.mscv.org.au/wp/?page_id=92).

To see photos and updates like the facebook page [www.facebook.com/MSCVictoria](https://www.facebook.com/MSCVictoria).

### JANUARY

Holiday for the preclinical students

—  
Clinical students return  
29th January

### FEBRUARY

O-Week - Meet and Greet  
Monday (4th)

—  
MedCamp

—  
GCSC: How to create a  
good CV

### MARCH

Interactive Careers  
Evening

—  
GCSC PRN Night

### APRIL

Surgical Seminar

—  
HIV Awareness – RED  
PARTY

### MAY

Electives Seminar

### JUNE

Exams

### JULY

GCSC Careers night

### AUGUST

Surgical Skills workshop

### SEPTEMBER

Deakin Medical School  
Ball

### OCTOBER

Leadership development  
workshop

### NOVEMBER

Exams

### DECEMBER

Graduation Ball

—  
MeDUSA 2014 "How to  
Survive Medical School"  
disseminated to students

# AMSA – AUSTRALIAN MEDICAL STUDENTS’ ASSOCIATION

## What is AMSA?

The Australian Medical Students’ Association (AMSA) is the peak representative body for medical students in Australia. For all involved, AMSA quickly becomes synonymous with amazing social events, social networking, and the formation of friendships between students at universities around Australia (and New Zealand!). Perhaps even more important than the fun stuff, the key mandate of AMSA is to connect, inform and represent each of Australia’s 17,000 medical students at Australia’s 20 medical schools. AMSA’s core operations include advocacy, events and programs, and publications. The AMSA Executive is elected each year by the AMSA Council, which is comprised of representatives from each medical school. The Executive oversees AMSA’s core operations with the highest level of professionalism and commitment that consistently wins the praises of internationally renowned speakers and professional bodies.

These Executive members have essentially taken on a part-time unpaid administrative job in addition to their (often final year) studies. At the heart of it, all AMSA executive members are fun-loving people committed to working hard to advocate for Medical Students and their interests. AMSA oversees and coordinates such events as the National Convention, National Leadership Development Seminar, Global Health Conference, and community programs such as the much coveted blood drive (‘Vampire Cup’). On the ground, AMSA represents medical students’ interests in the media and on numerous boards and committees throughout Australia.

## MSCV – It’s AMSA Lite™

The Medical Student Council of Victoria is comprised of AMSA representatives and MedSoc Presidents from Deakin, Melbourne, Monash, and Notre Dame. MSCV focuses on linking Victorian MedSocs and ensuring it can represent the collective voice of Victorian med students at AMSA council meetings and on local chapters of national boards. This council also coordinates local events such as the MDNM Ball, and (more recently) the MSCV Emergency Medical Challenge.

## AMSA + MSCV @ Deakin

MeDUSA is all for sharing the AMSA Experience, and supporting AMSA and MSCV ideals at a grass-roots level around Geelong and all of Deakin’s clinical sites. An amazing year was had by all involved in AMSA events in 2012. AMSA will be represented in 2013 by Marian Biddle (President), Greg Evans (Clinical AMSA), and Ben O’Sullivan (Pre-Clinical AMSA). They need all students to be forthcoming with opinions and ideas so that they can best represent Deakin at the trimesterly AMSA Councils. There are plenty of other opportunities for Deakin students to share the AMSA love - you don’t have to be a hardcore activist or politically minded to be involved.

A small but dedicated delegation made it to the Annual National Convention in Perth. Thankfully we all made it back home – it was a close call for some – after an amazing week of talks from medical experts and media personalities... as well as a \*few\* unforgettable parties. The inaugural MSCV EMC was also organised and hosted by Deakin – all those involved really loved the experience. Emergency scenarios were kindly written by our clinical year students, and the convention delegates made excellent (not to mention very convincing) volunteer patients.

The AMSA Vampire Cup™ was won by Deakin for the second year in a row. Much smack was talked by our Reps in the lead-up to the donation months (July – August) and thankfully our cohort went above and beyond the bloody call of duty and came through with the goods to keep the cup on our soil. It seems true that we Deakinites are “Born to Bleed”.

## What’s on in 2013?

Warm up those vocal cords, as the cries of “Deakin Assemble” will be heard loud and true at the Convention in July, this year held on the Gold Coast. No doubt it will be an unforgettable experience, so we need to get as many delegates as possible up north as we can!

Our aim is to go the hat-trick in Vampire Cup competition – 2012 set a trend, with preclinical students standing out as the most committed (repeat) donors, and 2013 should be no different. The Ryrie Street Geelong donor centre know who we are now, and they’re ready for us. Just be careful to not utter the word “dizzy” unless you are absolutely sure you are about to faint...

The Trimesterly councils will be held in Sydney and the Gold Coast – this is where our reps will represent the voice of Deakin as well as the MSCV’s collective voice to vote on and modify AMSA policy. 2013 will be an election year – AMSA will be campaigning hard on all the issues to ensure the best outcome for Australian med students. Probably the biggest issue is the ongoing internship allocation crisis, so stay up to date on all the social media for ways to help the AMSA campaign as well as bring up any other issues that you find.

The MDNM Ball will be at the start of the year (most likely March), and is a great time to rub-shoulders with your fellow Victorian med students from other universities. The Emergency Medical Challenge will be held after the July convention, possibly to be hosted again by Deakin. “Thinktanks” and policy brainstorming sessions are a great way to get global student feedback on AMSA-related issues, so look out for those throughout the year! You’ll also be able to get in touch with your reps via email and online polls.

Deakin – Sharing the AMSA love in 2013.

**Greg Evans & Ben Sullivan** – Deakin Representatives (AMSA)

[amsa.clinical@medusa.org.au](mailto:amsa.clinical@medusa.org.au) | [amsa.preclinical@medusa.org.au](mailto:amsa.preclinical@medusa.org.au)





# NOMAD – TAKE YOU ANYWHERE!



By: **Tara Naige** (Co-Chair 2012), **Genevieve Commins** (Publications Officer 2012) & **Lucy Dobson** (Secretary 2012)

**Hello! My name is Tara and in 2012 I had the honor of being Co-Chair for NOMAD, Deakin's Rural Health Club. We are a multidiscipline club – Nursing, Occupational Therapy/Optometry, Medicine & Allied Health at Deakin – and our aim is to provide amazing opportunities for you!**

NOMAD is part of the National Rural Health Students Network (NRHSN), which encompasses 29 rural health clubs across Australia. We aim to promote rural and remote health to all students through activities, such as information sessions, social events, placements, exchanges and opportunities to attend conferences. Our overall aim is to increase student awareness and interest in rural health, while recognising not all students want to go out and practice in rural Australia. NOMAD can provide you with information about the challenges and exciting opportunities rural medicine presents and encourage you to consider it as an option. More importantly, we endeavour to increase awareness of all students about the common health burdens and difficulties faced by people in rural and remote communities. Regardless of your chosen specialty, NOMAD can increase your understanding of what your rural patients have gone through to get to you and as such make you more effective in treating and managing their condition and situation.

The NRHSN provide funding for us to run many rurally based events through out the year. In 2012 we ran a plethora of events some of which are outlines below:

Barefoot Bowls at the picturesque Torquay Bowls Club to welcome new members was blessed with autumnal weather and expert guidance from local club members – we were bowling like pros in no time!

The inaugural Wine Tour showcasing the Bellarine Peninsula Wineries was held in April, this was a great success and an excellent way to unite our socialising with broader discussions on rural health amid a beautiful landscape. Dr Peter Mourik, a great exponent of the opportunities and rewards of practicing medicine joined us for the day. Peter gave a wonderful presentation over lunch about his time in rural practice and the opportunities available to students in the future.

Our regular activities include Rural High School Visits (RHSV), a great way to spread your potent blend of wisdom and idealism on hopeful teenagers! Volunteers are always appreciated and if you would like to put up your hand please contact Annie Rose in the new year ([akrose@deakin.edu.au](mailto:akrose@deakin.edu.au)). Activities include blood pressures, “beer goggles”, hand sanitization, providing you with a great opportunity to get involved with the younger generation.



Teddy Bear Hospitals are another great way to get involved. NOMAD visits a range of primary schools each year running education sessions on healthy behaviour and increasing awareness of health services – keep your eye out for registration throughout the year.

The NRHSN provide support to students to attend rural health conferences across Australia and occasionally internationally. Many of our Deakin students have take up this opportunity in 2012, including attendance at the NT Medicare Local's Go Rural NT trip (Claire Meaton), Rural Appreciation Weekend (Duneedoo), Rural Medicine Australia (Tara Naige, David Khoo, Janet Boromeo), National University Rural Health Conference (NURHC – Tara Naige, Steph Munari, Lucy Dobson, David Khoo, Nick Mills, Marc Eskander, Maddie Jones, Jacinta O'Neill, James Roth, Marian Biddle), Future Leaders Health Conference (Frayne Gomez). NURHC was an amazing opportunity that runs bi-annually bringing together health students from all across the country. In 2013 look out for the National Rural Health Conference to be held in Adelaide in April, one of the biggest rural health conferences, bringing together students and clinicians from all disciplines and walks of life. Another amazing opportunity to keep in mind is RMA Cairns in October 2013.

Bools Rools tour of Warrnambool Hospital, Clinical School and IMMERSe sites provides an opportunity for students to head out west and check out some of the options available to you in 3rd year, a fun and sociable event but informational as well!



The annual Dinner Discussion Night is held at one of Geelong's premier venues, Truffle Duck, with eloquent speakers, a fabulous meal and opportunities to converse with invited guests whose experiences in health are diverse and colourful. This event provides an intimate and 'conversational' setting, which is an ideal place to talk about ideas and plans for careers in rural health. It was amusing and stirring and gave everyone much to contemplate!

Our final activities in 2012 saw us packing our clinical skills equipment and heading out west. The 2nd annual NOMAD/GPSN Rural Clinical Skills weekend was held in Camperdown. Second year students were given an excellent opportunity to practice their clinical skills in a beautiful, verdant rural setting. We stayed at the Craters and Lakes Caravan Park overlooking a very cold volcanic lake, and enjoyed a meal together at the Hampden Pub accompanied by local GP, John Menzies, and his family. We rose early Saturday morning to enjoy a big breakfast, putting us in an excellent frame of mind for the rigour of a day in the clinic practicing examination and procedural skills. Our first year attendees kindly played excellent 'patients', of which we were very grateful. A number of students in third and fourth years very kindly travelled to Camperdown from their clinical schools to join us and gave enormously valued feedback and advice for OSCEs, as well as thoughts on life in the later years. On the whole this was a practical and fun way to enjoy an introduction to rural medicine and rural life, combining social and academic interests all in a lovely, bucolic setting.





Finally, the pilot Pink Runner's Rural Breast Cancer Awareness Weekend was held in Portland VIC in November. Primarily a fundraiser for Breast Cancer Research students took the opportunity to promote women's health and teach members of the community the benefits of and how to properly conduct self checks at the local Upwelling Festival. In conjunction with the education activities a group of enthusiastic students participated in the Portland 3 Bays Marathon, raising \$1,320 and engaging with the local community. This program is likely to be expanded to incorporate men's health checks in 2013 and all students are encouraged to participate!

Ultimately, NOMAD is a fantastic club that provides opportunities to students from all health disciplines. Many of these events will be held again in 2013 and I encourage you to come along, get involved and have fun –

because that is something medical school should be! If you are interested in finding out more about the club, or becoming more involved as a committee member, come along to the special general meeting, held shortly after the undergrads start back in 2013. There will be junior positions available including coordinators of Teddy Bear Hospitals, RHSV, and the Junior NRHSN representative – we would love for you to come along and be involved in 2013. If you are not sure about committee involvement at this stage that is ok! But make sure you come along and participate in the NOMAD events – you're sure to have a good time! To keep up-to-date with information and events sign up online at [nomad.nrhsn.org.au/join-now!](http://nomad.nrhsn.org.au/join-now!) and join our Facebook group (search NOMAD).



#### **NOMAD 2013 Executive**

Co-Chairs: Adrian Luscombe ([aluscomb@deakin.edu.au](mailto:aluscomb@deakin.edu.au)), Kate Turnbull ([tbullkate@hotmail.com](mailto:tbullkate@hotmail.com))  
Secretary: Yasmean Kalam ([ykalam@deakin.edu.au](mailto:ykalam@deakin.edu.au)), Treasurer: Simon Hume ([shume@deakin.edu.au](mailto:shume@deakin.edu.au))

# student loans bought to you by the bongiorno group

## stress less and live a little more

ProMed Student loans, available exclusively through The Bongiorno Group, offer a unique, \$10,000 loan package for medical and dental students. Specifically designed to take some of the pressure off you, it helps ensure you get what you need, when you need it.

You can put your money towards things like;

- an overseas elective
- living expenses
- credit card debt
- even a well deserved holiday

## enjoy the benefits of a simple solution

With a ProMed loan package, you can expect:

- An unsecured loan of up to \$10,000 to assist with your final years of study
- No repayments required until after you have graduated and commenced full time employment
- An extremely competitive, discounted interest rate
- The ability to access the money at exactly the time that you need it
- Absolutely no fees or other charges
- No requirement for a current income or parental guarantee

To be eligible for a ProMed student loan, you must be:

- ✓ An Australian citizen or permanent resident
- ✓ Enrolled as a full time student in an approved medical or dental course†
- ✓ In your final or penultimate year of study
- ✓ Able to demonstrate satisfactory academic results

## feel confident you're in good hands

ProMed was founded by Tony and Joe Bongiorno, directors of the Bongiorno Group. This is one of Australia's largest and most established financial services organisations, specialising in the needs of medical and dental professionals. Since 1964, Tony and Joe have helped thousands of doctors and dentists grow, manage and protect their wealth.

\* Refer to ProMed Terms and Conditions for Loan Repayment Obligations.

†Bachelor of Medicine/Surgery (Monash University); Bachelor of Medicine/Surgery (University of Melbourne); Bachelor of Medicine/Surgery (Notre Dame University); Bachelor of Medicine/Surgery (Deakin University); Bachelor of Health Science in Dentistry (La Trobe University); Bachelor of Dental Science (University of Melbourne).

ProMed Finance Pty Ltd. ACL Number 388395

**bongiorno**group



Cameron Hart, Final Year, Bachelor of Medicine/Surgery 2011, Deakin University Pictured at Massai Outreach Clinic, Tanzania

## Our Services

- **Student Loans**
- Salary packaging advice
- Accounting and tax
- Free student tax returns
- Insurance
- Finance
- Investments

Since we launched the loan 18 months ago, over 160 students have taken out this unique offering.

"Thanks again for all your help with the loan approval. This money will go a long way to ensuring I get the most out of my pre-internship travel time. It's an incredible offer and a great product. There really isn't anything of its kind around that is tailored specifically to medical students. It eases the pressure a bit and enables us to enjoy our med-student time a little more"

**Adam, Penultimate Year Bachelor of Medicine/Surgery 2011, The University of Melbourne**

**All of our consultations are free of charge and are no obligation. Simply call +613 9863 3312 to speak with a ProMed graduate specialist or email [promed@bongiorno.com.au](mailto:promed@bongiorno.com.au)**

**Visit [www.promedfinance.com.au](http://www.promedfinance.com.au) for more information.**

make every day a good day





# THE FIRST YEAR EXPERIENCE

## Robbie Mann

Robbie gives us the low down on his experience as a first year medical student at Deakin and some useful tips for surviving that first year.

*Robbie is currently a 2nd year medical student, and also our MeDUSA pre-clinical President for 2013.*

Welcome to First year!

This year won't be an easy year, and I can't say it will be the best year of your life. However, I can guarantee you that you will learn more about yourself than you ever have before. This course is testing. It is exhausting. But deciding to come to Deakin will be the best decision you've ever made.

Deakin University and Geelong have become my home, when I never thought they would be. I resisted for so long, but that only made it harder for me to enjoy myself. For many of you it was your first preference and you will finally be living your dreams of attending a fantastic medical school with close beach access and kickass learning. If, like myself, Deakin wasn't your first preference, then I encourage you to do everything you possibly can to embrace it and make it your own.

You will make friendships like you'd never have imagined. You all have the same ambitions, the same thirst for knowledge, and the same strange joy for 'humerus' anatomy puns. These people will be the ones you learn from and the ones you teach. Then one day, they will be your colleagues and the ones you rely on for years to come.

You're entering a career with countless possibilities and paths for you to take. You will learn about things you'd only ever seen in medical shows. The only difference now is that you'll watch these same medical shows and get unnaturally excited because you know what they're talking about, while your family worries about your creepy grin you've got across your face that they'll just never understand. You are exposed to so many different exciting topics and it's only the tip of the iceberg of what is to come. Each day is another challenge but each day will leave you excited for more.

There are a lot of contact hours, and naturally you are required to do a lot of out of hours study to cover the vast amount of topics. However, I encourage each and every one of you to take time out for yourself. The material taught in first year forms the foundations for the following years, so you don't have to be an expert in the pathogenesis of atherosclerosis or to know the exact gene locus for a autosomal recessive gene linked with colonic cancer. This isn't what's going to make you a good doctor. You do need to pass, yes, but you also need to enjoy yourself and develop the study skills that will prepare you for the years that actually count. See the town, enjoy the beach, volunteer at community services, start a hobby, join a club. Make this year yours. The academic side of things is important, but so is your sanity.



It's also important to remember that the marks you receive in first year count little towards your internship positions in 2017. For this reason, I advise you to work together and to prevent your inner 'gunner' from trying to sabotage the competition. The Deakin course is structured towards teamwork. The Peer Based Learning (PBL) tutorials are student run with minor tutor supervision. Doctor and Patient (DP) requires Peer Based examination and assessment. Ethics Law and Professional Development (ELPD) involves assessment including debates and wiki presentations, as well as teaching the importance of interprofessional collaboration in the workplace. Doctors, Patients, Cultures, Institutes (DPCI) teaches the importance of communication in the doctor-patient relationship in the concept of public health. Work with your colleagues and improve your personal and professional communication skills.

So on behalf of the second years and the Preclinical Committee of our medical student society MeDUSA, welcome to Deakin University! You have such an exciting year ahead of you, and I truly hope you get as much out of it as I have.

## THE 3 PRACTICAL MUST KNOWS FOR YOUR FIRST YEAR AT DEAKIN SCHOOL OF MEDICINE

By: **Laura Tagell**, 2nd year medical student

If you've gotten this far into the survival guide, indeed, if you even began reading it at all, you probably want to know as much as you can before you start medicine. Well I'm here to provide you with three useful snippets of knowledge to make settling into your new degree that little bit easier.

**Firstly, coffee!** If you are not currently a fan of coffee, start cheering for it. You are going to want it to be on your side pretty soon. On campus your coffee choices are limited. By far the friendliest and mostly consistent coffee comes from the café opposite B-bar. Learn Juliet's name. She will be making the coffee and is often up for a chat and makes waiting for your caffeine hit bearable.

**Secondly, the library!** Unbeknownst to many first years during the first few weeks of uni, there are actually other students studying at this campus. They just start later. They will be loud and they will venture downstairs into the medical section. To avoid this, book a study room online and hoard the comfy beanbags into said room. Chaos averted.

**Finally, do the anatomy prep!** While this is well and truly drilled into you in the first week or so, it tends to be the first to go when the workload starts to pile up. Anatomy is probably one of the best classes of the week. I don't know how they managed to fit that many intelligent, good-looking and friendly people into one subject, but they did, and you should make the most of it. They are always willing to teach, but they do respond better when you have some idea of what they are talking about.

## PRACTICAL MUST KNOWS FOR PBL IN FIRST YEAR MEDICINE

By: **Emma Downie**, 2013 MeDUSA Secretary, 2nd year medical student.

Hi everyone and welcome to Deakin! I'm here to tell you all you need to know about PBL - the good, the bad and the ugly...

There are 2 PBL sessions a week, totalling 5 hours. You are randomly allocated into a PBL at the start of the year and this changes midway through the semester. Obviously, when you stick 10 random people in a room not all of you are going to get on or work well together, so switching up the groups is a great way to meet more people and to learn to work with a variety of personality types. I think it's important to realise that even if you do clash with people in your PBL, use it as a learning experience as you're probably going to encounter similar problems in your future medical career. To add some light to this rather dim-sounding picture, I can honestly say that I have formed very close friendships with many people in my PBLs and overall, we were able to work well as a group and learn from each other.

Each PBL group is assigned a tutor who offers guidance and keeps you on track. If you feel as though your PBL group is not working well together and you don't feel confident enough to speak out, then talk to your tutor as they're usually really keen to hear feedback on how it's all going. The tutors will also provide individual feedback which will need to be uploaded to your online eportfolio, so it's really worth getting involved and contributing to PBL discussions as the tutors will pick up on this.

During each PBL, any questions or difficult areas are made into 'learning issues' that each PBL member will need to research, mainly through using the lecture notes and prescribed textbooks. It is up to your group to decide how best to discuss these learning issues in the

next PBL session to ensure each member of the group is given the opportunity to contribute. In my experience, discussion of learning issues was one way communication and teamwork broke down during PBL, mainly due to people getting interrupted or cut off or talked over - so try to respect each other and think of it as a professional team environment. Also, even though it's tempting to slack off and skip a few learning issues (trust me, I've done it a few times!) it's worth putting in the effort because you really do gain more out of PBL. The weeks where I did all the learning issues and made sure I understood the concepts, were the weeks that I ended up feeling more confident about the lecture material - which made studying for exams so much easier!

Although PBL isn't perfect, I've found it to be a great way to study the lecture material, apply theory to a clinical context and to improve on my ability to work in a team. PBL won't be for everyone, but I would much rather have 5 hours of PBL a week than 5 extra hours of lectures! Although you may come across an odd person here and there that you clash with, trust me, you will also meet plenty of amazing people and form strong friendships within your group - which will come in very handy during the stressful exam period... ..or when you just need a group of people to join you for a few bevies on a Friday arvo!

### EDITOR'S NOTE:

*Be sure to sign up to MeDUSA for 4 years for only \$20 during O'week in January and make the most of all the MeDUSA academic & social activities!*



# KNOWLEDGE OF HEALTH & ILLNESS (KHI)

## An introduction to Knowledge, Health & Illness – Year 1

By: **Dan Garcia**, edited by **Matthew Stokes**

To begin with, I want to personally congratulate you on beginning your journey to becoming a doctor, what probably years of sleepless nights hard work lead to you being where you are today. I want to impress on you that today you begin a new journey, this guide 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, from adapting to the new style of learning, 8am lectures or to non-academic challenge. 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, take time to make friends, lean on people, be the shoulder to cry upon, but most importantly never feel that you are alone.

### KHI

Knowledge, health and Illness, the name is ironic in itself as it will promote the manifestations of all 3 states in your own body throughout the year. KHI is the theme that will cause you to lose sleep, however it is the subject that will teach you MEDICINE!

Semester 1 of KHI is split into two half's, Human Biology HB and IDR Infection Defence and Repair

## HB Human Biology – Semester 1 (Part 1)

Human Biology, Over seen 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 Wei closely as he will drop vital hints and tips for the exam. Wei will impress upon you the importance to “study hard or your patients will die”. Human Biology consists of a BASIC overview of the heart, gut/fluid balance, lungs/metabolism, pharmacokinetics and genetics.

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

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. Metabolism can be particularly challenging if you don't have a science background, but know the basic processes like glycolysis, gluconeogenesis, ketogenesis and what alters them. 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). DO NOT OPEN BORON until semester 2.

## Identity, Microbes and Repair – Semester 1 (part 2)

A far cry from the metabolic pathways of HH, IMD is all about Dr. Tania De Koning-Ward, infectious diseases, immunology and cancer. Some of you may find this a bit more clinical compared to HH. Textbooks that may be useful are any microbiology and immunology textbook, and Robbins and Cotran Pathological Basis of Disease. There is usually no great need to purchase a microbiology or immunology book, but certainly Robbins and Cotran will sustain you until your clinical years (and beyond!) so get a copy if you can. Tania loves her bugs, so know the most common causes of the common infectious diseases for easy marks (**Editor's note: Vitally important for clinical years for correlation to commonly prescribed antibiotics**). Also know about cancer and the types of genes. Pay attention in pathology labs as they are sprinkled with hidden gems of clinical knowledge- people often think they can ignore path lab but get stabbed in the chest with the unexpected pathology question in exams.

## Cardiovascular – Semester 2

Most students find the cardiovascular block quite straightforward and Prof John Donald is pretty direct in what he wants you to know. Know the physiology well, and be selective in the clinical lectures. John Donald likes to use explanations from Boron, so this is where selective reading of Boron will put you in good stead for the exam. For pathology, focus on the processes, e.g. Atherosclerosis, heart failure etc. Don't stress about reading a 12 lead ECG, if nothing changes this year, the only pathology you need to be able to detect on an ECG is what ST depression or ST elevation usually means.

## Respiratory

Some students find this a bit more conceptually difficult than the other systems blocks. Dr. Janet Mcleod runs this block and you may find that her lecture content is brief, but try not be fazed by this and read up on whatever she mentions. She tends to set challenging exams as well, and this has been the trend for the last few years. Again if you feel like you are not adequately supported, please let us know. The exam can be quite clinical, and you will find it pays to know the graphs and spirometry parameters, and clinical presentation of all the common lung pathologies. Furthermore, knowing a bit on lung cancer can give you the upper hand.

### EDITOR'S NOTE:

*Learn your microbes early in Year 1 during IHR and self yourself the trouble in clinical years!*

### EDITOR'S NOTE:

*Take some time with your PBL to learn the BASICS of ECG. This will be beneficial for Years 2 and beyond!*

### EDITOR'S NOTE:

*Common this occur commonly. Remember this when you are studying, both in pre-clinical and clinical years!*

## Renal

There is a lot of hype about this block. Firstly it is run by an enigmatic clinician by the name of Dr. Rob MacGinley. The name will never leave you for the rest of your life. Rob means one thing and one thing only - the 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 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 an in-depth explanation.

Don't be stressed by his slight scare campaign and slightly belittling undertones because at the core of it, Dr. MacGinley cares more than any other Doctor in Geelong about you and your learning. The exam questions are generally fair. The renal block is also different because it consists of physiology short case tutorials. Captain Kidney also runs weekly tutorials on Friday afternoons if you are struggling and these are often good to go to.

Dr. MacGinley will recommend you use Boron amongst other smaller books, thus, use a combination 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 Dr. MacGinley is deadly serious about what he does and wants to help wherever he can. Two weeks out of the four week renal block is urology and lectures are given by some fantastic consulting Urology surgeons from The Geelong Hospital, and therefore 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 during the course. Dr. MacGinley sets a very reasonable exam, and if you follow his guidance you will survive the block!

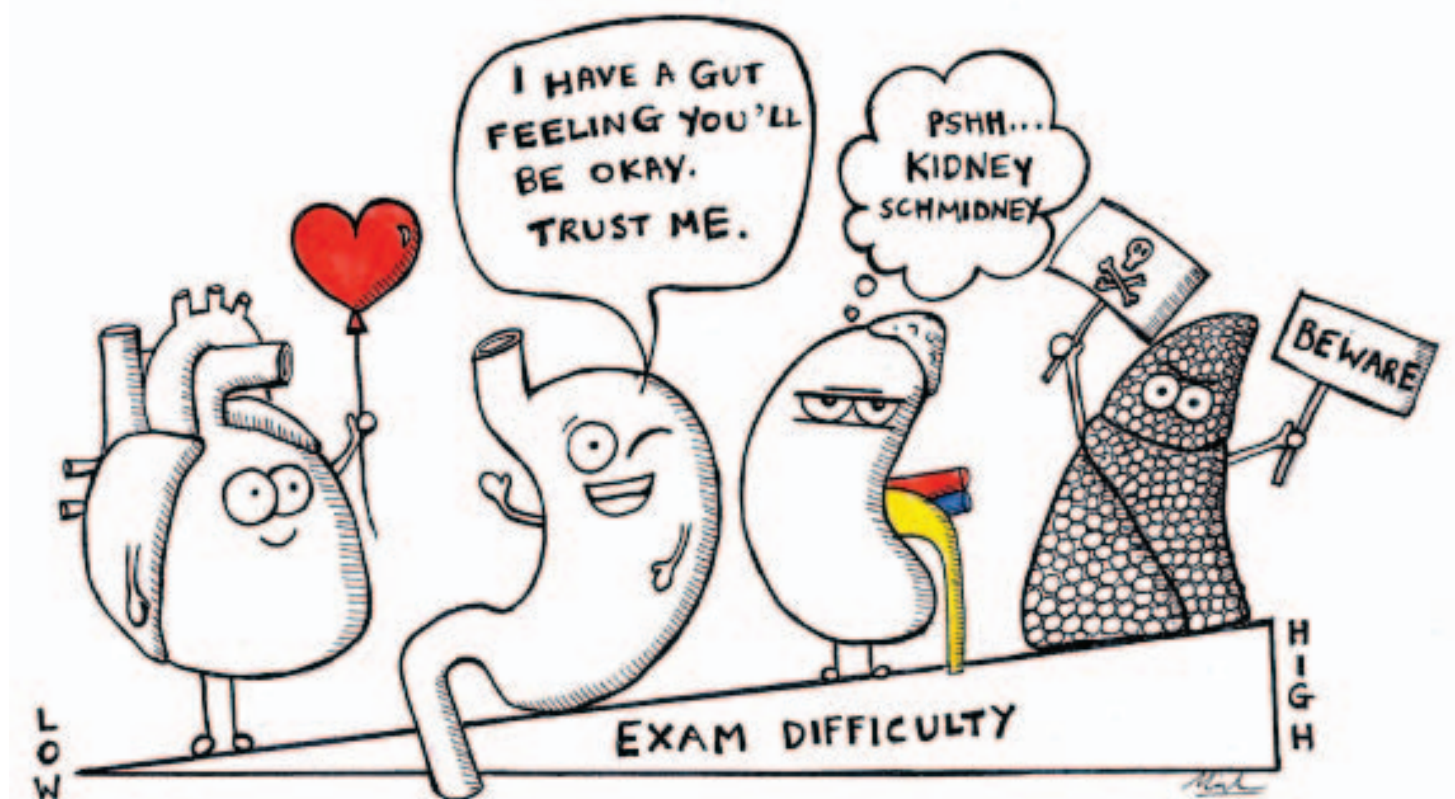
### EDITOR'S NOTE:

*Respect the consultant doctors who come to teach you at Waurn Ponds by attending their lectures.*

*Consultants have long memories.*

## Gastrointestinal

You won't have too much time to recover from Renal, but GIT is reasonably straightforward. These lectures are primarily covered by Dr. Janet McCloud, as well as several gastroenterologists from Geelong, including our very own Prof. Brendan Crotty, current Pro-Vice Chancellor of the Faculty of Health and former Head of the School of Medicine. 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 GI is unfortunately usually week 4 which is 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 is 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.





# ETHICS, LAW AND PROFESSIONAL DEVELOPMENT (ELPD)

ELPD is pretty different from your standard science/medical units, as it's more like an arts subject. Although you may want to sleep in on a Friday morning, I'd advise against it because some of the guest lecturers are fantastic! This year we were lucky to have the Health Commissioner visit and she gave the best lecture all year, hands down. She was very charismatic and her anecdotes were great. The director of medical services also spoke to us, and she too was an amazing character. She spoke about the importance of having 'The plan', especially when handing over patient info to other colleagues.

The law side of ELPD is great. Deb Porter is fantastic and she knows her cases back to front. The case studies are very interesting and you often find yourself asking various questions like 'who would be at fault, if..... was to happen?'.

The ethics content is pretty dry and you really need the textbook (Kerridge et al) to help you get through it. Sharyn is really passionate about ethics and the various theories, and you'll hear them again throughout the year.

In terms of handy tips for ELPD, I recommend that you read the textbook. The lectures are great, but the textbook is an easy read, and a great addition to the notes that might be scant at times. The textbook also has some great cases that you can help reinforce some of the law content.



The final exam is open book. You can bring whatever you want in to the exam, minus a laptop! You may find yourself killing trees, but it's better to have notes than to not have them. Most people end up making a cheat sheet. If you plan on making one up, I recommend doing it throughout the semester. It's also easier to annotate during the lectures. The last thing you want to do is to try and make one up during the swot vac week.

The final exam is one hour. It's short, but you will be writing like a fiend for the full hour. I recommend having post-it notes to flag different pages. I also highly recommend doing the practice exams provided. They give you the best idea of what the final exam is like.

Overall, the ELPD subject is great. The group project in first semester may feel like it's dragging on forever, but when it comes to the final debate/wiki, it's worth all the work that's been put in during the semester. If you: go to lectures, read the textbook, do the assignments, and do the exam practice questions – you should be fine.

## EDITOR'S NOTE:

*All ELPD content is covered in the first 2 years of Medicine at Deakin, and consolidated in clinical years in practical reflections & discussions regarding real life patients & cases*

## EDITOR'S NOTE:

*In Ethics & Law, no answer should begin with "I think...". Convince your colleagues with the legal, ethical and professional point of view!*

## EDITOR'S NOTE:

*Be comfortable with exploring your own ethical and moral values within ELPD. We are all different and thus bring our own values. This is what makes ELPD so interesting!*

## DOCTORS, PATIENTS, CULTURES & INSTITUTIONS (DPCI)

By: **Robbie Mann**, 2nd year medical student and MeDUSA pre-clinical president

The Deakin course is now entering its sixth year and, although it was adapted from other universities, the DPCI structure is ever changing in order to improve on itself and deliver the important concepts. For this reason, I can't really advise as to what expect from assessment for this semester. What you can expect though, unfortunately, is an early start on Friday mornings.

The topics in DPCI cover important concepts that will be crucial for your future career as a medical practitioner. An introduction to biostatistics, Epidemiology and critical appraisal of a research paper set up essential concepts for possible research work in third year, as well as providing a basic understanding for evidence based medicine. In addition to this, public health concepts in Healthy Cities and decreasing the gap in life expectancy between indigenous and non-indigenous Australians are large concepts covered in both semesters of DPCI.

This year we met several Indigenous Australians as part of Cultural Awareness Week and were exposed to a variety of lifestyles that the indigenous people live. Why do they have higher rates of cardiovascular disease and diabetes? Why is it that a person born to a certain race can expect to live on average up to ten years less than other people often born in the same suburb? These questions introduce concepts of holistic care and looking at illness as multifactorial rather than just pathogenesis of disease.

The fact of the matter is that when it comes to third year and every student is ranked against each other, DPCI is what most often sets you apart. There are some difficult concepts covered in this subject that are not just black and white. They require you to step back and consider the greater picture in order to appropriately consider why these health disparities exist or why or why not you should base your future practice on the academic papers you read.

In DPCI, the answers aren't meant to come easily, and your ability to understand these concepts will improve over your time at Deakin. In the mean time, I advise you to make use of the teaching staff and tutors offered to you. You were selected to enter this degree because of your passion and enthusiasm, so get involved in the learning and embrace how it will affect you in your exciting medical career!

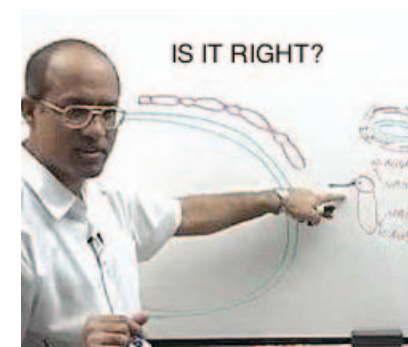
## THE ESSENTIAL RESOURCES FOR A 1ST YEAR MEDICAL STUDENT

**Ben Scott**, a 2nd year medical student, gives you his unique view on the "friends" of a first year medical student.

### Friends you need to make in your first year of medical school.

So you are now in first year. Welcome. You are going to meet many people while you are here. Many of them you will come to love, some you will come to hate, and the vast majority of them will be delicately balanced on the fence, teetering in the undecided. First year is great year, but if you want to make life easy, you will need to make a few friends first. This guide goes through the types of people you will meet and how they are going to help you get through first year.

Before I begin, **I can't stress enough how useful the lectures are for passing exams.** This is where the examination content comes from, so know it first, and know it well. Use these resources to clarify content or go the extra mile.



### Friend #1: The Wizen Old Man (most likely mature age)

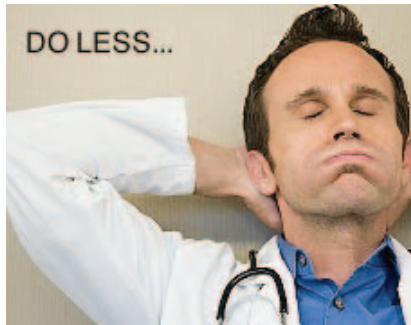
Most people have a knowledgeable person in their life that can pass on many valuable life lessons but, like the V/Line from Geelong to Melbourne, takes a while to get to the point. This is **Dr Najeeb**. This guy is a God amongst medical students. If you don't understand a concept, he will "clear up your concept" like acyclovir on a cold sore. He does 1000's of hours of online lectures from basic physiology to the minute details of the coagulation cascade (believe me, the first time you see this diagram in Debbie Baldies lecture, your head will probably explode). Dr Najeeb could teach any subject to a monkey.

**Resource:** Dr Najeeb's Online Lectures

**Access:** Some are on YouTube and others are on his website (There is a fee for access but they can be found online if you look hard enough)

**Useful for:** Everyone





### Friend #2: The “Don’t worry about the details” guy

“Spare me the details” is a phrase you will often hear during your PBL’s as it is a great way to dodge a question about details. Why get caught up in a debate about a minute aspect of physiology when the big picture will serve you far better in the long run.

**Martini’s Anatomy and Physiology** presents information in a logical and easy to understand fashion with just the right level of detail for the first semester. You don’t necessarily have to ditch this friend after first semester, just don’t hang out as much.

**Resource:** Martini’s Anatomy and Physiology

**Access:** Library

**Useful for:** Those not from a medical science background, those who love the “big picture”



### Friend #3: The Know-it-all

This person is a fountain of knowledge. Random facts and figures spout from every orifice, and there is absolutely no off switch. Their face is just so punchable. **Robbins and Cotran’s Pathological** has all of the information you will need for your practical classes. It’s a bit daunting initially but will serve you well, especially in second semester.

**Resource:** Robbins and Cotran’s Pathological Basis of Disease

**Access:** Library

**Useful for:** All of your practicals



### Friend #4: The Perfectionist

Everything this girl does is by the book. If its not based on any evidence, it’s not getting done. **BestPractice** is an online resource which provides all you need to know about disease. From epidemiology to case histories, its all there. Not to be missed.

**Resource:** BestPractice BMJ

**Access:** Through the library

**Useful for:** Everyone



### Friend #5: The “I’ve had clinical experience and subsequently developed many life skills” person

Every sentence starts with “when I was a nurse/physio/radiographer/dietician/pharmacist...” and is often followed by some pearl of wisdom from the coalface. These people are all about clinical skills. You’ll start slowly with hand washing and aseptic technique but it picks up fairly quickly. For all your clinical examination needs, just ask **Talley**. If he doesn’t know, I’m sure **O’connor** will.

**Resource:** Talley and Oconnors Clinical Examination

**Access:** Library

**Useful for:** Everyone

Make friends with these people as soon as you can and they will make your life easier. Before I finish I should mention a few people I tried to make friends with, but for one reason or another, things didn’t work out.

**UpToDate:** Some bright spark will find this resource early on and sing its praises. “It has it all” they will say. **DO NOT FALL FOR THIS.** This resource is designed for clinicians. The level is far beyond what you need, and it is not a good place to start.

**Boron:** Don’t even crack the spine in first semester. Wait until at least second semester until you brave this guy

Good luck and all the best in first year!

#### EDITOR’S NOTE:

*Before buying any books, head into the Waurin Ponds library and check out the extensive collection of Medical and Health care books available to borrow in the Health Hub on Basement level*

# LIVING IN GEELONG – A LOCAL GUIDE

By: **Christina Kozul**, 2nd year medical student and 2013 Vice-president of MeDUSA

## Gyms

Soon after you start med school you will realize that the next coolest thing to do other than buying text books off the book depository is choosing a gym.

### Gym option 1: Leisure Link

Address: Corner princess highway and Pioneer road, Waurin Ponds

#### PROS

- It's the most popular for Medical students, be sure to mention you're a student for concession price membership!
- Brand new complex with a fully equipped gym, pool, sauna, steam room spa and lots of organized classes.
- It is about a 5-minute car drive from Uni.
- Also have access to 6 other city of Greater Geelong facilities including Waterworld (Corio), Lara pool (Summer pool), Splashdown (Whittington), Bellarine Aquatic and sports centre (Ocean grove), Kardinia pool (Summer pool)
- Special pricing for medical students in the past

#### CONS

- Can be difficult to find a park as it is a busy area

### Option 2: Fenix Fitness

Address: 312-320 high street, Belmont

#### PROS

- Excellent facilities including a serious weight room, fancy cardio equipment, ladies only section and more.
- Great for people serious about their weight training.

#### CONS

- Further in distance from Uni than Leisure link.
- No pool
- More rigid opening hours (still pretty good).

### Option 3: Fernwood gym

Address: 28-30 Rossack drive, Waurin ponds

#### PROS

- Closest gym to Uni
- Women's only gym: caters for women's needs by including lots of classes, food counseling and hair strengtheners in the change rooms!
- Offer lots of fun programs to be part of (e.g. Beach Bod boast, Military Miss boot camp and 12 week 'Get Foxy' challenge).

#### CONS

- The most rigid opening hours of all the gyms.
- Only Women can join
- No pool

## Restaurants

Medicine can be really social, but it is really tough finding a good place to eat when you are new to the area. Here are some tried and tested options for PBL get-to-know-you dinners or birthday parties.

### Pubs

- The Bended elbow
- The Barking dog
- The Sporting Globe

### Asian

- Lorm Thai Restaurant (Thai)
- Khan Curry Hut (Indian)
- Shiraaz (Indian)
- Hi Sushi (Japanese)

### European/Modern Australian

- Parkers Steakhouse
- Lipari (Italian)
- Black Bull Tapas Bar (Spanish)

### Brunch/Coffee

- Café Go
- The Cottage
- Winters Café

### Fancy

- Jack and Jill (Mix)
- Baveras (Modern Australian)
- LeParisien (French)

### Plus many, many more!



## MEDICAL SCHOOL ON A BUDGET

### Places to go out drinking and dancing

Unfortunately the Waurm Ponds campus does not offer much of a night life (unless you live on Res), so in order to get your dose of loud music, bars and clubs you need to travel to Geelong. Here are some popular places:

- **Edge:** Packed in the warmer months, the Edge offers a relaxed atmosphere with live music on the waterfront.
- **Lambys:** If you want a good night at a well used Pub loved by the locals.
- **The Max:** A hearty pub close to Deakin waterfront campus.
- **The Bended Elbow:** Another popular pub. It is the usual starting point for our end of exams pub-crawls.
- **Beavs Bar:** Usually the end point of our end of exams parties. It's a bar with a lot of character and solid live music.
- **Home House:** Situated in the centre of Geelong, Home house works late, so people tend to end up there if they are having a big night.
- **The Eureka Hotel:** An active typical Aussie pub/club with lots of events.
- **The City Quarter (CQ):** Situated on the Cunningham Pier it's a stunning venue for some drinks on the water.
- **The National Hotel (The 'Nash'):** Some people like it, whilst others hate it. In short it's a dingy pub with a pretty good noodle bar.

By: **Reece Mearns**, 2nd year medical student

### How to be a cheapo - A beginners/bargainers guide

Sup lads and lasses, cheapest person on campus here, come join me on a journey through cheapness and heed the following dot points!

- First and foremost as you all should know, get down to O-week for your healthy supply of free stuff; make sure to get all the discount cards even if you think you'll never use them!
- Get online! [ozbargain.com.au](http://ozbargain.com.au) will provide you with many, many freebie and cheapie opportunities, including whole pages of free whooper vouchers, free \$10 credits at random online stores and as many free samples as the eye can see! Get the bargains delivered to you by adding it to your RSS feed on your phone. Other sites to become familiar with are [www.contagiousnetwork.com.au](http://www.contagiousnetwork.com.au) and [www.thesoup.com.au](http://www.thesoup.com.au), these two will send you out new products to test if you fill out a 5 minute survey, this year I've gotten \$80 worth of pizza hut, heaps of baked goods and narrowly missed out of 2 free cartons of beer, get on it.
- Get ya nose out! Particularly at the start of semester free food opportunities are abound... smell a sausage sizzle down at the barbies? Probably free. Spied a whole ton of people eating something kebab-like? Probably free. These food events are mainly in the courtyard so scope a look out on your way to the med building!
- If you're off purchasing food you haven't been listening...but no biggie, gonna have to buy food at some point right? Luckily the essentials (meat, fruit and veg) can be found in Geelong for a bargain price. Fruit shack on High St or Shannon Ave is the only shop that makes me feel like I'm stealing when I purchase something. With such ridiculous prices as \$0.30 mangoes, \$0.20 per kg of onions/oranges and \$1.29 per kg of bananas you'll never have to spend more than \$10 for 2 weeks worth of fruit and veg. While on High St, hit up Tasman meat market for some bargain bulk meat, I recommend the set price \$9.99 schnitzel pack...just be sure to dig around for the highest weight per \$!
- Grog can be pricey but the best way to save is to look in the Woollies' clearance section. At the start of the year the Oktoberfest stock starts to get drastically reduced, I picked up a litre of beer with a stein for \$2 and a few six packs of Lowenbrau for \$4 each, just look for the orange sticker on the side! If all else fails the old cask aisle is the way to go, 4 Litres of old tawny port = \$15 = 55 std drinks = mashed, you get used to the taste.

This is just the tip of the cheap iceberg, but this'll get you going, stay cheap!

# STAYING SANE IN MEDICINE

By: **Nayna Purchase**, a 3rd year medical student, demonstrates the reflective capacity of a Deakin Medical Student as she guides you through the challenges of medical school stresses and her approach to self resolution, in medical school and life itself!

## Haemorrhaging, Hyperhydrosis, and Lacrymation: How to Take the Stress out of Study (and Life in General)

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, 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 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

<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.

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 before 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 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

<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 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 mph? By granting ourselves this recognition not only are you likely to use your time more effectively, but you are likely to keep medicine in context 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 our 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

---

4 The Dalai Lama

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!

---

5 Alyssa Brugman, *Finding Grace*

## KNOWLEDGE OF HEALTH & ILLNESS – 2ND YEAR

By: **Bradley MacDonald**

By the time second year starts it appears that most students are in the swing of the Deakin Med Course. Sure the timetable is a bit different but the basic labs are still the same, as are the PBL's and their format. Now all you need to do is cope with the content.

**Block 1:** The year starts out swinging with Endocrine and Life Cycle, which includes the annoyingly detailed embryology. This difficult area of the subject has been taught very well in previous years and sticking to the content taught in lectures and in the extra tutorials will keep you in the clear. Lecturers and tutors realise that embryology is difficult to understand and to practically visualise so extra help is particularly available for these couple of weeks. Following this students are exposed to pregnancy management and the barrage of symptoms that encompasses endocrinology. Once again, these are difficult to get your head around but are taught at a level much higher than the level they examine at. Extra reading is necessary for understanding Endocrine and Life Cycle but expect to be examined on what is taught in the lecture. In particular have a good timeline of development in your head for when they ask what should or should not be there 4 weeks into development.

**Block 2:** Musculoskeletal and Metabolism follows the ELC block. This is a good time to be nice to a physiotherapist and to find you a skeleton and a good anatomy text. Metabolism comes up first, but once again, is guided fairly well within the tutorials that take place during anatomy lab times. When the anatomy part comes around all emphasis is placed on the labs. Attend the lectures to get your fix of terminology and basic anatomy diagrams but this is often useless unless you come to the anatomy laboratories with your A-game on. Other than that just get your head around nerves and blood supply, learn your muscles and bones, and complement all of this learning by what is clinically relevant.

**Block 3:** So your feeling all relaxed from the 5 days you had away from Uni, then it is time to jump into Semester 2 with Brain and Behaviour. BB is a complex subject that combines Neurology and Psychiatry. Not only is it heavily based in anatomy but it is also very clinical. All of the questions on the short answer exams were clinically relevant scenarios. Almost all of these could be learnt by focusing on the relevant parts of the anatomy labs and these really are essential in the way the Neurology component of the exam is taught. Prepare to be confused by the language that is used in BB but also be wary of it, as the exam is written in a very similar way. The last 3 weeks of this block are Psychiatry based and are quite easy to go over with the time given. All in all, clinically based scenarios that are brought up in the lectures and labs are essential.

**Block 4:** After the brain drain that is BB we begin our Transition to Clinical Practice (or TCP), which also means no more physical PBL tutorials. TCP involves weekly segments on many of the areas of Medicine that were not extensively covered before such as ENT, dermatology, paediatrics and ophthalmology. Students are allocated into groups based on PBL and we are given a case at the start of the week by the corresponding clinician. On Fridays all of the students sit in the lecture theatre, present their respective case and then get drilled by the attending clinician. Whilst these are all very interesting and the weekly online cases/presentations are fun none of this is actually examined. So really all it comes down to is OSCEs. The Doctor and Patient team give students so many extra chances to practice OSCEs during this block that you will be sick of them by the time exam period comes around. This is a good time to relax on the weekly course work a bit and turn your focus to the exam period.

Ultimately 2nd year is fun but draining all the same. As this was my 6th year sitting around a university campus I became quite irritated with going to lectures and tutorials by the end of it. Just remember that everyone wants you to get through and to not pass up on the opportunities that are offered by the course. Use the labs, tutes and OSCE sessions to make sure it's not another year wasting money on caffeine at a Uni campus.



# DOCTORS & PATIENTS (DP) – THE UN-CENSORED GUIDE TO PREPARATION FOR 2ND YEAR OSCEs

**Bradley MacDonald**, our 2012 MeDUSA executive member and secretary, current 3rd year medical student and all round top bloke, guides you through the experience that is an OSCE and how best to prepare for such a unique assessment.

The Objectively Structured Clinical Examinations, commonly known as OSCEs, are first encountered in the Deakin Medical Course at the end of the second year. Basically they test everything we learnt in the previous two years in the Doctor and Patient theme of the course including History Taking (talking to a patient), Examination (looking and touching a patient), Procedures (blood taking etc.) and some Basic Life Support. Generally the OSCEs test everything in medicine that cannot really be tested on paper, which often means students end up studying many things that they are not tested on. Unfortunately this is how the game must be played!

So how do they work? They involve 11 stations (1 is a rest station) in different rooms with the students moving between them. Each student has 2 minutes outside the room to read a little sheet of paper on the door which introduces you to the patient, tells you a little about their history and then tells you what you must conduct on the patient. Once the bell sounds the student has 8 minutes to enter the room, perform whatever they have been told to perform and often complete some little extra bit (like present your findings back to the examiner in the room). Another bell will sound and the student then has 1 minute to move to the next room and then the process starts again.

So how do you survive these? In second year emphasis is put on the basics. If you do the basics well then there is little chance you will fail. Following this are my top ten tips for passing the second year OSCE's:

1. Consent the patient. This is an automatic fail plus they are real patients so always be nice (they have probably been poked and annoyed by nervous Med students all day)
2. Learn the patient's name and introduce yourself, it's just polite.
3. DO explicitly what is told on the introduction sheet. If it says take a history, then don't examine the patient or do anything else. If it says do an Abdominal Exam, do not start with the hands and work your way there.
4. Learn your history taking well. It is probably 4+/10 stations on the OSCEs.
5. Practice everything in 6 minutes. Every 2nd station basically asks you to do everything in 6 minutes and then report back in the final 2 minutes. It is really all about timing.
6. Once the station is done forget about it. Do not dwell on past mistakes and sacrifice your potential on the next station.
7. Dress and act professionally. You really only have a small window of opportunity to be at your best, take every opportunity you can to get you there.
8. Talk medically and shit. Yeah you heard me.
9. Listen to the examiner. If they seem like they are pointing you somewhere then take the hint. Everyone wants you to pass.
10. WASH your hands! Another automatic fail.

Remember that basic consent, introduction, thanking the patient, and acting professionally, using the correct language, dressing appropriately can almost get you enough marks to pass. These basics are the key to all of your future OSCEs but are particularly emphasised in these first ones you hit in second year.

The build-up to second year OSCE's is terrible. It is 2 years work over in 1 hour. You practice every week of the year and often you sit in 'lock down' on exam day waiting for hours till your exam with nothing to do but stew over it. But if it makes it any better I hear it gets worse after this.

## EDITOR'S NOTE:

*OSCEs in 3rd year reflect directly the common conditions and procedures encountered on your rotations. Common things occur commonly!*



## THE CLINICAL YEARS AT DEAKIN SCHOOL OF MEDICINE

### Introduction to clinical medicine

By editor: **Matthew Stokes**, *final year medical student, 2012 MeDUSA Vice-President & 2013 Clinical Academic Chair*

Well, you've reached the metaphorical half way point of this publication, and the literal half way point of your journey through Medicine/Surgery at Deakin University. And what a journey it would have been thus far.

You've learnt the value of PBL, the meaning of teamwork of medicine – both in your PBL's and in the Doctor & Patient Themes, and no doubt you've learnt that medicine cannot be practiced without some ethical framework, both formed by your own valued judgements, as well as those set out through the moral and ethical underpinnings of medical practice within Australia. And, you've learnt the word "reflection", and the special meaning it takes on at Deakin School of Medicine.

So, what now? By the time you reach 2nd year, you may have heard the tainted rumours of clinical years trickling down from 3rd year students, or seen the elated relief of final year students as they enter their final semester of Medicine at Deakin. Believe what you will, listen to those who you trust, and understand the context in which these people are talking.

Clinical years at Deakin School of Medicine, particularly Year 3, are no doubt the hardest years you will ever work during a university degree. There is no sugar coating it. Year 3 is hard. It is hard because of the great expectations that are placed on you, by your supervisors, and by yourself.

Entering the hospital system, as a medical student, you will become acutely aware that you are part of the healthcare professional team treating every patient that enters through the doors. As a member of this team, you are therefore expected to uphold the professionalism that comes with operating in such a team. But this, of course is part of learning that comes with being in clinical years of Medicine.

Thus, I leave you with this. There is a reason why we spend every day, and many of our weekends, in the hospital during our clinical years. It is because, every interaction, every conversation had or overheard, every procedure watched or performed, every moment that you do not understand, is a teachable moment. The School of Medicine is aware of this, and this is the reason why your examination at the end of year (OSCEs) are structured exactly on the experiences that you will undoubtedly encounter during your time in the hospitals and general practices.

I encourage you to make the most of every opportunity available in clinical years. Be honest and kind to the members of your rotation group, as these people will at some point become the people you will turn to for support, advice, help, guidance and understanding.

## You know medicine... We know money.

From the minute you graduate, we can provide you with advice on salary packaging, tax, investments, wealth creation, personal insurance, loans and other financial services for every stage of your medical career.



# GEELONG CLINICAL SCHOOL

By: **Emma Clarebrough**, 2012/2013 President,  
Geelong Clinical School Committee and final  
year Medical Student

## The clinical school

Located opposite the Geelong Hospital on Ryrie St, the Geelong Clinical School hosts the largest group of clinical students at Deakin. The actual building is sparkling new and has everything you will need outside the hospital. The site caters for around 140 students over 3rd and 4th year and there is a bunch of absolutely brilliant administrative and clinical skills staff that will assist you with anything you need throughout the year. The famous Dwayne at the front desk will literally help organise your life for you!

## Facilities

On site there is a lecture theatre, six tutorial rooms that are fantastic for private study, cutting edge clinical skills and procedure rooms. There's also a large student common room with a plasma TV, kitchen, pool table and plenty of computers. The clinical school is open normal office hours and then swipe card access after around 6pm till 12am. We are incredibly lucky to have the student common room devoted exclusively to medical students so swipe card access is required for this area and we all play a hand keeping it neat and tidy.

Every student gets a locker – you just need to bring a lock – and the student common room has cooking facilities, with microwaves, coffee machine (tea and coffee), toaster, vending machines and fridge.

## Barwon Health Library

The small hospital library welcomes all medical students and is stacked with any med book you would ever need, however, towards exam time desk space becomes hot property! Unfortunately, thanks to some crazy kids hiding popular books in them, the library lockers are now only available on a day-to-day basis so best to store all your goodies over at the clinical school. But the good news – rumour has it that the library is going to undergo a bit of a makeover in the near future and be relocated to the second floor of the clinical school – very handy!

## Food

We are within arm's reach of Café Go – to grab coffees or spoil yourself with lunch or breakfast. Also nearby is John Doe café on Ryrie St and also Hudson's is just over the road on the ground floor of the private. For those of us sill screeching by on Centrelink; the hospital cafeteria on level 2 supplies free tea and coffee for staff (which we conveniently consider ourselves) and reasonably priced food. You may find yourself in the Caf most mornings after team ward rounds so make sure you snap up a coffee card and get stamping.

## The hospital

Five of the six rotations for 3rd year are based largely within Geelong Hospital. You will be assigned to a community mental health team for one rotation and of course there are a number of consulting rooms visits spotted throughout the year. But for the main part Geelong hospital is your playground. People often worry about the group sizes as we are the largest of the clinical sites, however, your team consultants will know you by name, there are plenty of bedside tutes and your clinical experience is in your hands. You will get out what you put in and the patients and hospital staff are incredibly accommodating.



## Parking

The hospital itself does not have free parking but there is plenty of all-day and 2 hour parking in the surrounding area, it just depends what time you can get yourself out of bed. Nurses generally start at 7.30am so you may have stiff competition for some of the closer parks but most drivers don't find it too much of an issue.

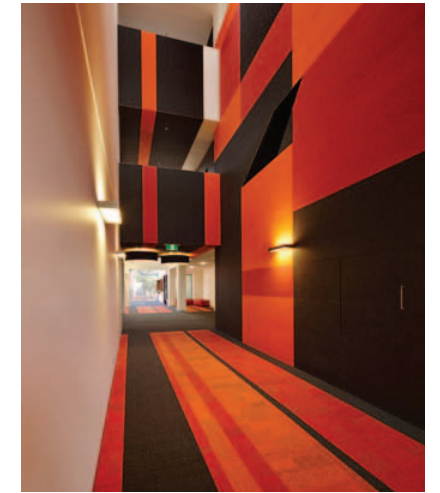
## Teaching and Timetables

Timetables are different for all rotations and can be quite confusing so make sure you liaise well with your group members to keep on top of things. Stay in contact with the clinical school admin staff if consultants and registrars forget or cancel tutes to make sure they are rescheduled. Be patient and make sure you show respect and appreciation as the doctors at Geelong give a lot of time and effort to teaching. A set of rotation handovers – Rovers – will be distributed to every Geelong Clinical School student and will provide invaluable tips and hospital specific hints to get you through the year.

## Events Calendar

The Geelong Clinical School has a fantastic events calendar planned for 2013 packed with academic, social and philanthropic events. The first being a welcome BBQ as soon as the year begins! Keep your ears open for updates throughout the year and get yourself involved.

We are very excited to welcome the new Geelong Clinical School students for 2013.



# BALLARAT CLINICAL SCHOOL

By: **Catherine Schepisi**, *final year Medical Students & 2012 Year 3 Ballarat Clinical School Academic representative*

BCS prides itself on providing exceptional learning opportunities to its students in a friendly, supportive environment. In Ballarat there is no competitiveness between students, only collaboration and teamwork to ensure everyone reaches their full potential and successfully completes the clinical years. The clinical school itself is conveniently located within the hospital, allowing quick and easy access throughout the day to the common room, clinical skills area and tutorial rooms.

## Study Break

The common room is packed full with all the essentials including coffee machine, crockery, fridge, sandwich press, tv, computers, couches and best of all a brand new foosball table to help wear off some of the stress of studying medicine! If it is a coffee or food break you are after then straight across the road is the amazing Café Cornucopia. The staff here are always friendly and by the end of the year you can be certain they will have your usual order down pat.

## Clinical Skills

BCS has a brand new clinical skills area that is equipped with everything a student needs to be proficient including a mock ward and simulation room. The clinical school is fortunate to have an experienced team of clinical skills teachers who are not only happy to teach but are also happy organise extra practice for anyone who wants to refine their skills. This teaching is not limited to the clinical skills area either. Our clinical skills staff are more than happy to come up to the wards to supervise any procedure you need help with, all you need to do is call! Amongst over valuable learning resources the clinical skills team provide, the weekly ECGs are an extremely useful learning tool to develop ECG reading skills.

## Learning

The smaller number of students allows for more personal learning opportunities with consultants and registrars on the wards and during tutorials. The smaller rotation groups also enable greater access to patients, surgeries and clinics. There are also multiple occasions for students to go across to St John of God with consultants to further enhance their clinical experience.

The rotation structure at BCS is unique giving students exposure to more specialties than any other clinical school. During the general medicine rotation students are not limited to one specialty but will rotate through different teams including cardiovascular, respiratory, infectious diseases, gastroenterology, neurology and oncology.

Throughout the semesters students receive excellent pharmacology and radiology tutorials that enhance their knowledge. Once again the smaller number of students allow these tutorials to be interactive and students are able to get the most out of them.

## Hospital

The hospital itself has a wide catchment area and therefore students can rest assured that throughout their clinical years they will be exposure to a wide variety of patients. The hospital staff are welcoming and happy to help any student in need.

Not only are there the wonderful Deakin students to work with in the hospital but there are also lots of opportunities to interact with students from Melbourne and Notre Dame both inside and outside of the hospital. If you are worried about having other students on the ward, do not be. The timetables are created to ensure there is minimal overlap between Melbourne and Deakin students during each rotation.

## Support

BCS has fantastic administration staff. Their smiling, friendly faces ensure everyone feels welcomed. There is no problem big or small that they cannot help you with. Forever supportive and caring, these amazing ladies are always available for any student that needs someone to talk to. The heads of the clinical school are also very approachable and often touch base with the students to ensure everything is alright.

At BCS you are not just another medical student in a hospital, you are part of a family that will support you and provide you with first-rate learning opportunities throughout your clinical years.



# WARRNAMBOOL CLINICAL SCHOOL – DEBUNKING THE MYTHS

**Ross Apostolov**, or he personally prefers to be known, The Apostolover, presents you the truth about Warrnambool as a clinical school and a place to live.

Being a student who picked Warrnambool as a last preference myself, I feel that I am a good candidate to discuss the clinical school as I officially consider myself a Warrnambool “convert”. There seems to be a paradigm shift in how people view the Warrnambool Clinical School as over 80% of the 2013 third years picked Warrnambool as their first preference, compared to two or three students in 2010-12 groups. I believe this is because the myths about Warrnambool are slowly being busted. I will now consider some of these myths:

## **Myth #1: If I go to Warrnambool I won’t see any cool surgeries.**

Truth: I suppose this statement does carry an element of veracity depending on one’s definition of cool. Warrnambool performs orthopaedic surgery, general surgery (including some urology), obstetric/gynaecological surgery, plastic surgery, ENT surgery and ophthalmological surgery. If you want to see a AAA repaired, unfortunately this is not performed. However, in my opinion as a medical student, seeing epic six hour surgeries is not overly beneficial. The already large scope of surgeries performed is more than enough for our training as future interns. It has also satisfied the ravenous appetites of our aspiring “surgeons to be” currently studying in Warrnambool.

## **Myth #2: Aren’t there only 500 people in the whole town?**

Truth: Last time I checked, the population of Warrnambool was over 30000, and nearly 35000. This is about 1/6 of Geelong’s population, and the hospital is definitely busy. The hospital is approximately 180 beds in size (compared with Geelong’s 450 or so); however there are also far fewer students studying in Warrnambool.

## **Myth #3: Is Warrnambool even in Australia? I heard it was 10,000km away?**

Truth: The radius of earth is 6378km. This statistic did not have much relevance, but is interesting. Warrnambool is actually 263km from the city centre of Melbourne. This equates to an approximately 3-3.5 hour drive to Melbourne and 2 hours to Geelong. This may be too far for some people and that is fine. There is a train that a group of students usually take on Friday/Sunday nights. I personally have gone back on many weekends to visit my partner in Melbourne and have not had issues with the train.



## **Myth #4: If I study at Warrnambool I won’t be able to get a job in Melbourne or where I want.**

Truth: This is simply not true. Using the next year jobs of the class of 2012 as an example, out of approximately 18 students:

- Four are working at St Vincents
- Two are working at the Austin.
- Two are working at Box Hill Hospital
- Two are working at the Western Hospital
- Three are going back to Queensland (where it is difficult for a Victorian student to get a job)

## **Myth #5: There is nothing to do at Warrnambool.**

Truth: Warrnambool is home to a large number of restaurants, a few nice bars to go for “Friday Drinks” and amazing beaches. If you like surfing, you can guarantee that anywhere in Warrnambool is less than five minutes from the beach, and Warrnambool boasts being the site that whales love to visit. Also, if you don’t like traffic, it pretty much does not exist in Warrnambool.

In summary, there are many myths surrounding the Warrnambool clinical school that I feel are not true. The teaching staff and hospital doctors are keen to teach, amazing people and are very helpful/welcoming to students. The student body is small and of great help to each other, with 4th years happily assisting 3rd years in what is considered the most difficult part of medical school. Surviving in Warrnambool is not difficult at all.

# Win a \$1000 shopping spree!\*

Join MIGA for your chance to win...  
visit [www.miga.com.au](http://www.miga.com.au)

Don't take unnecessary risk when a FREE  
Medical Student Protection Package is available to you.



Protection and support  
throughout your education

## MIGA

The Medical Insurance Group

Always on your side

[www.miga.com.au](http://www.miga.com.au)

Adelaide (Head Office) • Brisbane • Melbourne • Sydney

\*Full terms and conditions available at [www.miga.com.au](http://www.miga.com.au). Authorised under NSW Permit No. LTPM/12/00492 and ACT Permit No. TP 12/02450. The promotion commences on 21 January 2013 and ends on 31 May 2013. The first three entries drawn will win a \$1,000 gift card from their choice of IKEA, Sportsgirl, Flight Centre and JB Hi-Fi. Insurance policies available through MIGA are issued by Medical Insurance Australia Pty Ltd. MIGA has not taken into account your personal objectives or situation. Before you make any decisions about our policies, please read our Product Disclosure Statement and consider your own needs. Call MIGA for a copy or visit our website. © MIGA December 2012

## EASTERN HEALTH CLINICAL SCHOOL

By: **Jess Wade**, Final year medical student and 2012 Year 3 Academic representative, Eastern Health

Here's some basic information about the running of Eastern Health Clinical School that might help make things a little clearer.

**The Hospitals:** You'll find that half your year is spent at Maroondah Hospital where you'll complete your Medicine, Surgery and Musculoskeletal Medicine rotations. The other half of the year is spent at Box Hill Hospital where you'll complete your Women's, Children's and Mental Health rotations.

**Clinical Skills:** I know that there is some concern about going to big hospitals and not having as much access to Clinical Skills as you would if you went to a smaller hospital. You don't need to worry. We were all really happy with the amount of exposure we got to clinical skills. There's simulated Clinical Skills Sessions throughout the year with Susan, and you'll have plenty of opportunity to practise on the wards. You'll just have to be there and be enthusiastic!

**Lectures:** For your semester at Maroondah, you'll spend Wednesdays at Box Hill for lectures on Pharmacology, Radiology and Pathology. While you're at Box Hill for the day, it's a good opportunity to use the breaks between lectures to have a group study session or listen to the online lectures.

**Tutorials:** There are tutes by the consultants held throughout each rotation. Generally we've found these to be really beneficial. Erica also runs sessions throughout the year that are good for OSCE preparation.

**PBLs:** I know you thought that you'd finally finished with PBLs forever, but I'm sorry to break it to you – they start again when you start at Eastern! The good news is they cover the main



topics of medicine (Anaemia, Pneumonia, Diabetes, etc) so they're a good chance for revision of things that we really should know. They're run differently depending on the clinician – some are run like lectures, others involve weekly learning issues (all luck of the draw!).

**Timetables:** The way the timetables are organised can be confusing, so it's a good idea to sit down before each rotation to try to figure out where you're supposed to be. It's also good to remind each other of tutes, because it can be hard to keep up with the changes!

**Attendance:** Lectures, tutes and PBLs are all compulsory and Eastern are vigilant with their attendance policy. My advice is to email Deborah, Bianca or Christine if you can't make it to the scheduled teaching – it's polite, they appreciate it, and it saves them having to follow you up to find out why you weren't there!

**Coffee:** This really should be point number one – it is the most important part of getting through the year! While the coffee at the hospitals is not amazing, it does the job! Morning coffee runs are a must and coffee breaks throughout the day will help keep you sane! This is an exciting year, but it can also be really challenging, so make sure to look after yourself and each other. Hudsons is perfect for a little respite and Box Hill Central is nearby for noodles and dumplings!

Enjoy and feel free to ask the 4th years if you have any questions. Have a great year!



# THE SURVIVALIST'S GUIDE TO 3RD YEAR MEDICINE AT EASTERN HEALTH

By: **Billy Stoupus**, final year medical student, Eastern health

Hey guys, congrats on getting through to third year. I hope some of this is some use to you. I'll run through the rotations in the order I had them.

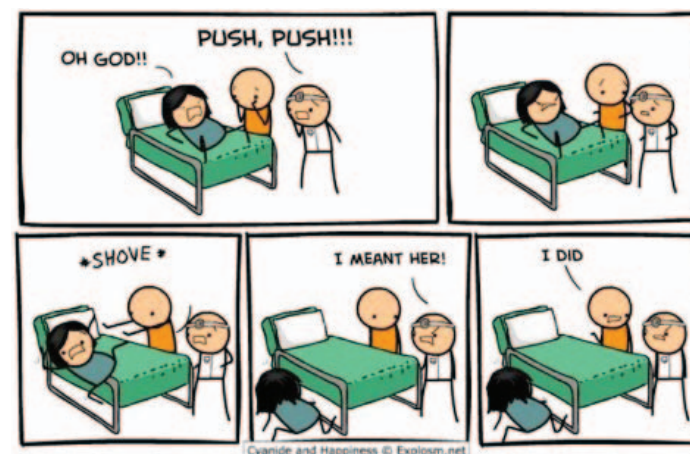
## Children's Health

This was a fun rotation, however there are many gaps in the timetable where you need to organize your own time, which you will find with each rotation. Dr Cappell is great, he may seem a bit tired all the time but he is keen to teach especially in his tutes in his private rooms which are near Box Hill Hospital (walking distance). Dr Lobo, great lady and likes to quiz you but in a non-judgmental way so feel free to answer questions you may not be so sure about. Dr Coleman will take tutes weekly, she teaches really well and she has high expectations for your assessments.

## Women's Health

If you like women's health you will enjoy this. Make sure you go to gynaecology clinic to do your speculum exams, colposcopy and oncology clinics. You can also do some of your assessments at these clinics (e.g. take a full history and then present to the consultant, usually easy marks). Then there is the obstetrics side of things, antenatal clinic is good fun, you will do plenty of dipsticks but if you are keen you can do a couple of abdominal exams and faetal heart rates (follow the Doctor's lead). There is plenty of surgery time at Box Hill, allowing you to observe plenty of procedures. However if you want to be on top of the game get to the hospital early and go to admissions on 1 North and take a short history and consent the patient. This makes you more of the team. There has been plenty of different experiences with the midwives

from different students, however my advice would be meet a couple in theatre when you are on paediatrics and be nice and offer to help if they don't have students. I had no issues, but others did.



## Mental Health

You will either like psychiatry or hate it. Upton House is acute psych, Koonung clinic is community psych (you'll sit in and watch a couple of reviews, generally having time to do your own study) then you will be required to go to some private institutes like Delmont, which is great, especially after the renovations. Tip: Call the places where you have one day visits a day or two before and confirm that they know you are going, I wasted a lot of time due to them being surprised by me. Assessment: you will need to take histories and write them up. In 2012, you could get a total of 4 marks, 1 mark if you do the minimum, 4 marks if you do the most of everyone in the year... It is up to you to decide if it is worth the effort for something not worth THAT much overall.

Okay so the next three rotations were at Maroondah hospital.

## Surgery

I was on Surgery 3 team, breast and endocrine team. Professor Martin, Mr Law, Mr Jassel and a couple of others are the surgeons that run the show in surg 3. **Always address Prof as Prof or professor Martin and the others as Mr!!!** You will need to organize your OWN sessions at breast clinic, this is literally opposite the hospital. You can walk over and get the timetable of what surgeons are on what days from the receptionist. Clinic: go to your clinic and then go to your friend's ones in other teams so that you get plenty of exposure. Theatre: there is often a bulldog NUM that doesn't like students being in theatre so make sure you have permission from the surgeon and just stick with them to be let into the changing rooms, otherwise you need to go get a pass and be buzzed in. At this point start thinking about doing your patient Journey and ELPD. You will have to do the ELPD assignment this rotation or the next.

## Musculoskeletal

Ortho is fun, plenty of stuff to see and do. The team is awesome, there is Andrew, Ken, Michael, these guys will help you and they are keen to let you do plenty of stuff and all your assessments. Get to clinic whenever you can and see patients on your own, the orthopods will appreciate it and you may benefit when you do your assessments. Make sure you carry a Mini CEX form with you wherever you go. You never know when you'll do an assessment that can be marked off! You will have tutes by Dr Aston Wan which are pretty good, they are like mini OSCEs but not that stressful and in front of your colleagues, you just have to give it a shot, but my opinion would be to learn the msk osces so that when its your turn you have a rough idea of what you are doing. You will also have neurology tutes with Dr Poh Sinh, he is great and is happy

to cover the main topics which is what you need (eg. MS, stroke and whatever else you feel is necessary).

## General Medicine

Most people say that gen med is super hard and in comparison to Geelong, we have it pretty easy. Get to all the tutes (medical and surgical), mainly cause you have to but be sure to volunteer to actually take histories and do the examinations, it's for your benefit. This is the rotation that you can use to get you ready for exams, make sure you cover as many conditions as possible but make sure you know about management. This year you will be expected to know the diagnosis (which gets simpler) and how to manage it appropriately (keep this in mind throughout the year). EHCS doesn't give you a swotvac week so keep this in mind.

**In general:** you will be with Monash students throughout the whole year. At box hill they will be 4th yr Monash and at Maroondah they will be 3rd yr students. You will have to attend PBLs at Maroondah which is annoying, however if you are keen you can actually use these to teach the others and therefore improve your knowledge. **ELPD** keep on top of the journals, get them done ASAP. **DPCI**, you will need to see certain things so my advice would be to look at the learning packages a few weeks into the year and then keep them in mind as you go through. You want to get these done soon and have them all finished before your last rotation. **YOU DO NOT WANT TO BE THINKING ABOUT DPCI IN THE LAST ROTATION!** Oh and when it comes to making the actual wiki, make sure you Google for things, e.g.: how to insert image on Wikipedia. It's actually pretty easy that way.

That's it. Enjoy. Remember, some life, work, study balance is good for you.



# IMMERSe – A STUDENT’S GUIDE TO RURAL HEALTH IN CLINICAL YEARS

**Lannie Ho & Katherine King**, both final year medical students, 2012 IMMERSe student representatives present to you: IMMERSe

FOR MORE DETAILED and SPECIFIC INFORMATION PLEASE SEE MeDUSA IMMERSe Survival Guide 2013 (to be published)

## What is it?

### A longitudinal integrated clerkship (LIC).

What that means is that you spend your entire Year 3 (Y3) in a rural town (Arrarat, Bacchus Marsh, Camperdown, Casterton, Colac, Daylesford, Hamilton, Horsham, Portland, Stawell) rotating through a GP clinic and country hospital instead of one of Deakin’s Clinical Schools (i.e. Geelong, Warrnambool, Ballarat). In Y4, you complete your final clinical year at either Geelong, Warrnambool and Ballarat with other Deakin medical students. Once a month students will travel to either Geelong, Warrnambool and Ballarat for a day of intensive specialist teaching known as “Face-to-Face” days.

IMMERSe is different in many ways but essentially you learn your Y3 curriculum longitudinally. Instead of your standard 6 rotations, you learn Women’s Health, Children’s Health, Mental Health, Musculoskeletal Medicine, Surgery and General Medicine all in one go throughout the year. As an IMMERSe student you have additional exposure to General Practice via consulting sessions at the town’s Medical Clinic.

## Why do it?

- LICs are not new. Flinders University and American universities including Harvard and McMaster University have all adopted LICs with huge success. Studies from these universities have shown students at the end of their LIC retain their knowledge long-term not just for the duration of the rotation.
- Accommodation is generally in new spacious housing, fully equipped and rent charged at a subsidised rate. In 2013, this was \$60 a week. Contact Deakin RCS for more details.
- As the only (or one of three at most) medical student(s) in your town you have full access to all your town’s learning opportunities. This varies from town to town but generally means fantastic exposure.
- You develop clinical reasoning that is more well-rounded and all encompassing because you are exposed to 6 rotations regularly. This is what real-life medicine is like – patients do not operate within block rotations. Some students struggle with this notion as it can be really overwhelming grappling with for e.g. one day of surgery, next day women’s health etc..
- Past students have remarked that IMMERSe gives you confidence with Clinical skills and patient interaction and communication because you are a) exposed to patients more regularly and b) are treated as a member of the medical team. For some students, this means less preparation needed for OSCEs however other students have found it purely it gives the ability to deal with unpredictable challenging situations.



- IMMERSe teaches you professional skills, independence and resilience. These are qualities that is ideal for a junior doctor. It may vary from site-to-site but students remark that it prepares you well for the expectations of an intern because you are treated like a junior doctor. *[A word of caution: Being a good intern does not necessary equate to a good doctor – as a student your focus will need to be on core knowledge and skills over paperwork.]*
- Exposed to opportunities you may not necessarily have as a medical student in a big hospital (e.g. suturing, surgical first-assistant, on-call time in the Emergency Department, one-on-one time with specialists, paperwork (haha – discharge summaries, progress notes, writing up meds – think of this what you will!))

## Why not?

- You need to understand this is a *different program*. Comparing a student’s experience in one of the rotation-based hospital and an IMMERSe student is to compare apples with oranges. Sometimes this is hard to reconcile with particularly if you’re prone to feeling isolated. For many of us, it was about recognising that you were feeling isolated, and being there for each other (e.g. study days)
- Country hospitals are not big teaching hospitals. While some are accustomed to medical students there is no culture per se that’s ingrained in the daily operations. You will spend the first one-two months ensuring

everyone knows there’s a medical student who is *keen as mustard* to learn. Understandably not everyone is comfortable with that, however I found it helped and students before me have said it meant we were able to experience things students usually don’t get to participate in. You don’t have to be the annoying insincere medical student just be willing to show that you’d really like to learn.

- If you are not comfortable being proactive and creating a student presence, then IMMERSe may not be for you.
- If you are a student that’s comfortable with sitting at the back of the group as a spectator then IMMERSe may not be for you. The reality is, if you do not make yourself noticed, no-one will notice you and you will lose out on the many rewards of the clerkship.
- To succeed in IMMERSe, is to literally put yourself out there everyday and be willing to show you a) want to learn new things b) want to be put of your comfort zone or ‘grilled’ and c) willing to get your hands dirty. Be prepared to not work from 9-5pm and come in on weekends particularly if you’d like to gain some Emergency Medicine exposure. The year is what you make of it!
- Exposure to all specialties varies within the town you are placed in. It may mean you will need to travel to a larger town to get a well-rounded exposure.



## TOP 10(ISH) WORDS OF WISDOM FROM IMMERS<sub>e</sub> ALUMNI

1. “You need to understand this is a really different program” - *Jacinta O’ Neil, IMMERS<sub>e</sub> 2011, 2012 Graduate (2013 Intern – Austin Hospital)*
2. “Look out for each other and recognise if you are feeling isolated and most of all, do something about it” – *Katherine King, IMMERS<sub>e</sub> 2012*
3. “Just ask Collen Stephens” – *Kara Methvan, IMMERS<sub>e</sub> 2012*
4. “If you can try and keep in contact with your friends in the bigger rotating hospitals and help each other out with study, tips etc” – *Lannie Ho, IMMERS<sub>e</sub> 2012*
5. “Old ladies and middle age nurses are an excellent source of food.” – *Elisa Muir, IMMERS<sub>e</sub> 2011*
6. “Don’t be boring after a F2F (Face-to-Face) day and go home. Stick around and hang with your team. It’s better for your collective mental health.” – *Elisa Muir, IMMERS<sub>e</sub> 2011*
7. “Give yourself credit – you are better than you think” – *Katherine King, IMMERS<sub>e</sub> 2012*
8. “Ask and you shall receive” – in reference to extra placements, travel expenses, conference fees *Katherine King, IMMERS<sub>e</sub> 2012*
9. “Get to know your fellow house officers and registrars. Sitting in the mess or lounge moaning and laughing about the day, and commiserating about shared experiences, was one of the best ways I had of coping with the stress of third year. Few people can empathise with your situation as well as those who know what it’s like to be rotating through a rural town” – *Lannie Ho, IMMERS<sub>e</sub> 2012*
10. “Nurses have long memories. Always treat them with respect, and they will help you out of all imaginable (and unimaginable) tight spots” – *Lannie Ho, IMMERS<sub>e</sub> 2012*
11. “Rely on your fellow IMMERS<sub>e</sub>ians, they are useful for (but not limited to) puzzles, crazy dancing, talking on the phone constantly, driving you places and splitting costs, vacuuming your house, looking after your (invisible) pets, keeping you sane-ish, telling you when you are insane, sharing birthdays and making you laugh when you want to cry” – *Laura Smith, IMMERS<sub>e</sub> 2011*

## QUICK TIP ABOUT PROGRESS NOTES FOR THE MEDICAL STUDENT

By: **Lannie Ho**, *Final year medical student – Immerse 2012*

Use SOAP if it helps both in consulting at the clinic and hospital documentation.

This was given to me by a surgical registrar.

Optional for clinic: document who attended the consult (e.g. Master Brandon presented today with his mother, Joan).

Hospital: write down who attended ward round (e.g. Surg WR et al Smith/Roberts/Ho)

**S: Subjective** – Includes events leading up to and overnight events. How is the patient feeling? Retake any relevant parts of the history (e.g. do they have chest pain?)

**O: Objective** – Vitals with ranges, Ins/Outs (by category), drains, PE, labs, radiology, Examination findings.

**A: Assessment** – One sentence to tie together. This is the hardest part. E.g. 69 yo female POD #2 s/p R hemicolectomy doing well now with return of bowel function OR Pulmonary oedema improving, no new issues.

**P: Plan** – Depending on complexity of the patient this can either be a detailed plan by organ system or a list of things you want to do for the patient. In the ICU it should always be by system.

*Remember each day to think about line/drains/tubes/meds (i.e. are they still needed) and disposition.*

# ESSENTIAL RESOURCES FOR CLINICAL YEARS

By: **Tegan Dobbie** Final year Medical student & Year 4 academic representative,  
Geelong clinical school

## General resources

### **BMJ Best practice – Library login or automatic login on campus**

BMJ is a thorough resource covering almost every condition you could ask for. The format is what makes this an exceptional resource, as it is succinct and easy to navigate. There's no need to wade through vast amounts of pathophysiology, just click on what you need.

**UpToDate** – Library login or automatic login on campus

Up To Date is a regularly reviewed and updated information base. It's far more detailed than BMJ, so for things like current management practices and nuanced pathophysiology, it's an excellent go-to.

**Oxford Handbook of Clinical Medicine** – Book available in library

This book is a succinct collation of need to know information. The summaries are often easy to read and to compare conditions. The same applies to all the Oxford Handbooks, which as an added benefit can all easily be carried around.

**Clinical Examination by Talley and O'Connor** – Book available in library

It might seem obvious, but knowing the contents of this book is extremely valuable if you want to do well in the medicine rotation. There is also another Talley and O'Connor book called *Examination Medicine* which is great for additional detail and clarification.

**RCH Clinical Practice Guidelines** – Free access at [www.rch.org.au/clinicalguide/](http://www.rch.org.au/clinicalguide/)

This is a free resource run by the Royal Children's Hospital, and indispensable for your Paeds rotation. The guidelines are simple and straightforward, and for common problems like asthma or febrile seizures, you need look no further.

## OSCE resources

The best way to prepare for OSCEs is to expose yourself to lots of cases, both in the hospital and in your study.

**Clinical Problems in Medicine and Surgery** – Book available in library

This is a particularly important book, as all Geelong students will learn during your Medicine rotation. Dr MacGinley recommends it highly and uses it for problems in his evening tutorial sessions.

**Case files** – Books available in library

These books are available in multiple specialties, and cover a number of core cases or concepts in a case presentation style. They're easy to read and have comprehension questions in each case.

There are a huge number of other books along these lines:

- Talley and O'Connor
- Pocket Guide to Internship: Common Clinical Cases
- “100 cases in ...” series
- “Clinical cases uncovered” series
- “Clinical cases and OSCEs in ...” series
- Core clinical cases in medicine and surgery

**Your own** – Get to it...

Your patients are excellent OSCE stations, and additionally, if you write your own OSCE stations then you will learn the content of the case extremely well. Collaborate with other rotation groups and share stations around.

## MCQs

Doing practice questions gives you an idea of the type of topics that come up in MCQs, and also gets you in the right headspace to answer quickly and develop your powers of elimination:

**BMJ onExamination** – Ask the medical librarian

The medical librarian Fiona can provide you with access to this stellar free bank of online MCQs. You can use *onEx* on your computer, iPhone or iPad, and it's customisable to specific rotations.

**AMC Handbook of Multiple Choice Questions** – Book available in library

These are tricky questions, so their one disclaimer is not to be disheartened by them! The style is similar to the progress test, but in our experience the AMC questions were pitched at a slightly higher level of difficulty.

Some other resources for MCQs:

**MKSAP** – library login / automatic login on campus / CD / books in library

**Oxford Handbook: Assess and Progress (Clinical medicine)** – Book in library

And of course, there are innumerable apps and online learning tools too – for more info on these, talk to any fourth year with an iPhone! To end I'd like to point you to my favourite website of the year: Sketchy Medicine ([www.sketchymedicine.com](http://www.sketchymedicine.com)). The only problem with this beautiful website of medical drawings is that I didn't discover it until swotvac! Hopefully these resources help you make the most of a busy but fulfilling year – Good luck!



# GETTING THROUGH ELPD (ENDLESS LABOUR ON PERSONAL DELIBERATIONS)

By: **Aysha Al-Ani** *Final year medical student & 2013 Publications Chair – MeDUSA*

Yes, it's true. Even in the clinical years, the dreaded reflections on your personal experiences in medical school prevail. And this time, they actually count. It is hard to accept and move on from this fact; there are many who try to resist and grapple with the unchangeable system. At the end of the day, however, ELPD (like DPCI) makes up 12.5% of your course mark and can play a critical role in distinguishing between the ranks. So, here are some tips collated from both peers (past and present) and personal anguish which will hopefully aid you in completing ELPD.

## Top Ten Tips for Risk Management Assignment

1. **Do this in 1st semester.** This is a deceptively time consuming task that will require more effort than expected, you do not want this burden lingering close to exam time
2. **Get a patient in your surgery/musculoskeletal/women's health rotations.** There are pros and cons in each (e.g. more surgeries in SUR/MSM but more time to follow your patient in WH). As long as it is a major operation (involving GA and a couple of days on the ward post-op), there is no need to wait for a super complex patient. If you are able to follow the patient on all surgical stops, pick that case if it means you will finish it early
3. **Use PROMPT guidelines.** These can be found on the Barwon Health Apps. Protocols on DVT Prophylaxis, Pre-Operative Consent, Fluid Management, Infection Control, and others are a great starting point for the journey and are invaluable resources for your map
4. **Speak to staff.** The peri-op/admission/anaesthetic/recovery/ward nurses and doctors are gold. They will put things in context for you if you need to wrap your head around a few processes and their knowledge will serve as material for the map and report
5. **Check the rubric.** You need to work on where the money is. Most of the marks in our year were allocated for the map, despite the referenced 3000 words
6. **Map, map, and map.** You may have a repetitive and pedantic table but they need to see you have truly followed and understood the pre-, intra-, and post-op processes so be as detailed as you can
7. **Outline 'Near Misses'.** Even if you do not witness any adverse events, make sure to note any close calls on your table (as part of the Adverse Events column) as it will demonstrate insight into risk management
8. **Include the Swiss Cheese Model.** Need I say more? Your primary references for this- Reason J. and Runciman WB et al.
9. **Reflect and reference wisely.** Even within the body of the report, mention how the journey measured up with the available literature. Each question you answer should have a handful of relevant resources to justify your observations. Variety is good- ELPD lectures, websites, and journal articles
10. **Help each other.** Bounce ideas off each other and share references... that will make life easier guaranteed

## Journal Hints

1. **Get these done as soon as possible!** Like the assignment and DPCI, you do not need the added pressure of writing and finding references with exam study looming
2. **Familiarise yourself with the topics.** If you read the ELPD guide early in the year, it will help you to look out for certain scenarios (mandatory reporting, child consent, etc.)
3. **Reflect with emotions.** This is an ask for most med students. Lots of marks are awarded if you exhibit an evolution of feelings in the scenario. e.g. "I initially felt nervous/guilty/angry/unfulfilled when...I soon realised that actually...This was a relief/disappointment because..."
4. **Back up your ideas.** Your references need to be compared to what you saw. Mention how the evidence made you reach a new level of understanding

## Tutorial Participation

Depending on your tutor and the group you are with, there is little to be said on how the marks are allocated. Attendance and preparation are the only consistent things to aim for. If you want to set yourself apart, try printing off articles that relate to a case you have seen, not just carry your ELPD textbook! A good way to do this is simply recycling from the journals you have done in between the tutorials without doing extra research.

## Finally, best of luck!

I hope this helps you in whatever way possible. Third year is a big one but make sure to enjoy your own journeys wherever your clinical placement is and set time to do non-medical things with friends and family. Just remember to get ELPD and DPCI early- you will be doing yourself a world of good!

## THE 12 STEPS TO THE "ATTACHMENT ARRANGEMENT" OF CLINICAL YEARS

By: **Lara Barnsley**, final year Medical student & 2012 Sponsorship chair – MeDUSA

1. Admit you are powerless over your desire to cannulate every patient on the ward – that this would sacrifice learning opportunities of your peers and potentially cause mass needle hysteria.
2. Come to believe that the consultants, a power greater than yourself, will always know more than you. Don't argue with them.
3. Make a decision to help everyone in your group achieve the log book criteria, having 20 DRE's under your belt could raise eyebrows.
4. Make a searching and fearless attempt to find the most pleasant consultant to complete your mini CEX, then alert other students of the same.
5. Admit to the patient, the registrar and the NUM if you have stuffed up – you are a team player and even doctor big shot makes mistakes.
6. Be entirely ready to be ritually humiliated by consultants in front of your group. It happens to everyone, just roll with the punches and restrain from head-throw-back laughter when it's not you.
7. Humbly ask your surgery partner if you can scrub in this time – turn taking is learned developmentally at 2 years old.
8. Make a list of people that have been subject to your momentary insanity during general medicine rotation.
9. Make cupcakes for the people on the above list and also for the midwives on the birthing suite.
10. Refrain from practising OSCEs on strangers – you still need a clean police check in 4th year.
11. Share everything with your rotation group except body fluids and needles. Set up a Rotation group 'Drop Box' early, upload to this regularly.
12. Year 3 is the TOUGHEST year of Medical School at Deakin. Be empathetic of your rotation group members. Everyone is human, and everyone needs their moment of unsureness/panic/fear/stress/anxiety.





## THE FINAL LAP – AN INTRODUCTION TO FINAL YEAR

By: **Nitin Prakash**, *Class of 2012 and Intern Geelong Hospital 2013*

Well you are finally there! Your final year of medical school. Didn't think it would ever get here did you?! Not to mention it is only half a year of formal assessments so it should be a breeze especially considering how well you did in the 3rd year progress exam last year. WRONG!!!

Ok I just wanted to get one thing clear. Every year gets progressively harder and brings with it unique challenges exclusive to the respective year but what I know now in retrospect is that we get better at coping with those challenges as well. The trick is to anticipate the challenges and plan ahead.

The facts and figures learnt in 3rd year are examined again in 4th year without the benefit of it having been a recent experience. Keep those rotations refreshed in your minds by reading the notes and doing relevant questions.

It is very unfortunate that the 2 months leading up to the exit exam is spent getting in job applications and attending interviews. This will not be changing in the short term so get that CV together and collect whatever letters of support you have been told will help. The consultants are great and many if not all will happily be your referees provided you have made the effort to let yourself be known during respective rotations. Since you are competing for the same jobs as your classmates, expect some secretiveness from them and remember it is nothing personal.

All the unhappy stuff aside, this is the year you go from being a student and step into the doctor's role. Come semester 2, you have a job and you are set to graduate so it is time to step up and learn the job. Now the trick is to become good buddies with your interns because they are the only ones who can help you for this last phase. Learn to handle common MET calls, code blues, making referrals to other team and charting analgesia. The job of an intern is extremely challenging so prepare as much as you can during your selective and pre-internship.

Finally, remember it is the last chance to be a student. See as much as you can and do as much as you can while it is still ok to not be perfect all the time!

All the best and see you on the floor.

## 5 HOT TIPS ON INTERNSHIP APPLICATIONS

By: **Radhika Sheorey**, *Intern at The Royal Melbourne Hospital*

From someone that has been through the process (and in some sick kind of way, actually quite enjoyed it), here are my five biggest and hottest tips for the medical internship application process.

### 1. Consider your priorities and what factors are most important to you

Different people use different criteria to prioritise what is important to them when it comes to choosing an internship position. Here are my thoughts on the three factors that were of most significance to me:

- **Rotations:** Certain hospitals offer rotations as an intern that others do not. For example, some hospitals offer Anaesthetics or O&G whilst others do not. Do your research and think about not only where your interests lie, but the type of year you want to experience. If you find yourself getting to fourth year with no real area of interest and no idea what you are going to do with all of your education (like I did) you need to educate yourself on the hospitals that offer a more broad and varied internship year and consider whether this might be better for you.
- **Culture:** The hospital picks the applicants that they think will best fit their institution and their culture...but you need to do the same back. Each hospital's "core values" seem the same at first glance but in my experience I found that each of the health services did in fact have a certain air about them and a culture that they prided themselves on. Speak to current interns and ask them to describe the hospital to you from the hospital's perspective. Ask them about their experiences and try to gauge their level of satisfaction/happiness. Stereotypes and rumours about each of the hospitals

can be frustrating and confusing, but they also serve as a good starting point for some detective work so that you can dispel the lies and get to the truth about each health service.

- **Your 5 year plan:** Remember that the hospital that you do your internship at will most likely be the hospital that you will remain at for the early part of your training (if not all). Make sure you have considered career pathways, training opportunities, resident rotations and your family/lifestyle early on, as moving around after your internship year is harder than you might think (or rather, it is much easier to have already done all the thinking and to just stay put for a few years).

### 2. Attend all the information sessions because every bit of information helps

There are so many information sessions running in Semester 1 of fourth year. Go to ALL of them and take notes. You will be surprised at how much this will come in handy when writing your cover letters and preparing for interviews.

The individual information sessions run by each health service are also a good opportunity to learn more about the hospital and to include this inside information in your applications.

The Medical Careers Expo (held in April-May) is probably the most important one to attend. Do your research on each hospital beforehand by perusing their websites and hounding current interns, and use the expo as an opportunity to clarify any questions and to find out more specific details about the application process.

### 3. Get started on your CV early

You will have 53 different version of your CV by the time you are happy with it, so allow time for this. You might even want to draft your first version in the summer holidays before fourth year starts so that you have a skeleton to work with. Your CV should be 3 pages as a maximum and you should really try to stick to this. If it ends up being 3.002478 pages, it is allowed, but remember that you are doing it at the risk of boring the HR department with all your crap. In other words, make sure it is ABSOLUTELY necessary to include all the stuff you want to. Get a non-medical friend to read over it and get them to point out the bits that start make them want to fall asleep and then remove these sections.

Everyone will have a different format depending on what you have done with your life, but my headings were: Personal details, Education, Awards and Achievements, Clinical Experience, Research, Conferences, Leadership, Teaching, Volunteer and Community Service, Previous Employment, Professional Development, Professional Memberships, Extra-curricular Activities and Interests, Referees.

Tailor the format of your CV to show off your strengths. What differentiates you from the rest of the applicants? You will notice that my “Previous Employment” section comes WELL after other headings. This was deliberate as I hadn’t worked in 3 years. If you have held a job during med school (especially if it was as a health professional) then move this higher up your list as it shows your skill-set and shows that someone else thinks you are employable.

**For evidence-based CVs:** start preparing your documentation and letters of evidence in March-April. Send out emails to all the people from your past explaining what you want them to do and why. Tell them that in order to save

them time and effort, you have already filled out the template letter (found on the hospital websites to help you submit evidence of your achievements), and that if they are happy with the content of it, all they need to do is sign it off and send it back to you. Give them a deadline for this (e.g. end of April) so that you still have a few weeks up your sleeve to chase up people before applications officially open in early May. Be polite and firm, but not pushy – everyone is more than happy to help you, and you should make it as easy as possible for them. Remember to send them a thank you email after you get your internship allocation.

### 4. The Cover Letter allows you to highlight your individual strengths, not just regurgitate what you have said in your CV

This was singlehandedly the best advice I received when applying for internship jobs. Although cover letters are being phased out now by most health services for internship applications, you need to know how to write one (a good one) because we will need this skill for future job applications.

DO NOT write a generic “I am responsible, I am caring, I am hard-working, I am organised” letter. You need to personalise the cover letter to each institution, and personalise it again to your achievements. Each paragraph in your cover letter needs to follow the basic format of “WOW! What YOU believe in as a health service is exactly the same as what I believe in as an individual, and here is an example of something from my CV that demonstrates this!!! You should hire me!!! Or at least give me an interview!!” It sounds sooooo much better if you say that you value compassion and have demonstrated this virtue by working with refugee children for 6 months than just saying “I am a compassionate person”.

The cover letter is yet another opportunity for you to show off your quirks and your strengths. If you are a fully sick AFL player that gets head-hunted from local football teams and keeps winning the Best and Fairest Award, you need to dedicate an entire paragraph to this because this is what will make you stand out from the other applicants (make sure you tie this back to work-life balance or leadership or some other virtue, obviously). If you are a radio superstar, then you need to mention this and explain how this has given you skills that will help you in your career as a doctor. You need to sell yourself and make them want to meet you.

### 5. I don’t care what anyone says – you CAN prepare for interviews!

Ask the current interns, ask people that have had interviews before you, and share your experience with your colleagues. Google “medical interview questions” and make an extensive list of practice questions. Even if you don’t get through them all, you have at least seen them once and had a fleeting thought about it (which is better than never before).

To further highlight my point, I urge you to try **Rad’s 3 step approach to preparing for an interview question:**

1. Write down the “perfect” answer to each question in dot point format
2. Read over this answer and memorise it
3. Practice the answer (without your notes) in the mirror so that a) you can practice not looking like a twat and b) you get used to making eye contact.

Then do this again with a panel of Teddy Bears and put yourself through a gruelling process of question and answer (best to do this in the privacy of your own room). You will never EVER remember the “perfect” answer exactly, and

you will get asked questions that you did not prepare for. But you WILL be astonishingly brilliant at finding words to cover your mistakes and awkward silences because that is precisely what you have been practicing with the judgey-wudgey teddy bears. You will also be surprised at how many of the questions are basically asking the same thing in a different way.

Trust me, it works.

### And now for some general advice...

- Be kind to your friends and share all your information with them. If you individualise your CV and cover letter to reflect your strengths, your achievements will speak for themselves and there will be no time for competitiveness or rivalry. So you may as well help each other.
  - As important as it is to get an internship spot that you want, it is equally as important to pass your fourth year exams. Set yourself an application deadline and once they are all in, get back to studying.
  - It is also necessary to remind yourselves that while it is good to set goals and expectations, you are going to get an internship position somewhere, even if it’s not your first preference. If you miss out, it is not the end of the world... somehow the universe will keep going, and so will you.
- Successful hospital interviews



## LIFE BEYOND DEAKIN SCHOOL OF MEDICINE – INTERN YEAR

By: **Dr. Chris Tremonti**, *Deakin University School of Medicine, 2011 Graduate*

During medical school, if I had a dollar for every cliché I heard about working as a doctor, I would've used those coins to beat myself to death rather than hear them again. More mistakes are made by not looking than not knowing. Treat the patient, not the disease. I'm shuddering just typing them. But guess what? In the next few paragraphs I'm not going to spare you from them. Just as common diseases occur commonly (aaaaggggh its painful, isn't it?), you will hear the same advice time and time again because it's true. Those clichés I hated have certainly proven true through my first year as a doctor.

ABC. History. Examination. Investigations. Really, these are the only four terms you need to have a good intern year. No matter how far along you far in medicine, from day one of medical school to associate professor, it doesn't change. A patient presents to you with a problem (or a change, if they are already in hospital). You sort out a patient's ABC. You take a history. You examine them. You order appropriate investigations. The good days this year have been the ones where I have obeyed this mantra. The bad ones are the ones where I haven't. It really is that simple, and as a medical student at clinical school level, you should be doing this on patients right now.

Late on a med cover shift, a complex renal patient passed bloody stool. I looked at their haemodynamics, which were fine, and was told they were due for a scope in the morning as this was an ongoing problem. Seems pretty good right? Wrong. Yes, there was a management plan. Yes this was an ongoing issue. But this was still a new event that needed to be investigated thoroughly. History. Exam (yes the dreaded PR). Investigations. Then put it to your registrar (or

in this case, the oncall endoscopist). They may tell you it's fine, leave the plan as is. But they may tell you they want to do the scope NOW. Patient's change rapidly, and just like when you do your ABCs on a patient, if they change, you need to go back to the start. History. Exam Investigations. I failed the mantra, and was lucky there were no consequences for the patient.

If you do make a mistake, and you will, the important thing is to be honest. I messed up. Most people understand that you are junior, and that you are busy, stressed and don't know it all yet. Use it as a learning experience. That same month, one colleague gave a bleeding patient an anticoagulant. Another sent a patient to ICU with APO because they rushed fluids on a patient. Talk to your mates, and listen to your mates, and together you'll stop each other making the same mistakes.

Now let's take a different scenario. A 21yo who had passed blood following a hit in an AFL game. Temp 38. Pain +++. There was a lot going on with this lad (OK I'm bluffing here, I was shitting bricks about this kid). But I asked questions. I examined him (Distended and with tinkling bowel sounds). And when I spoke to the urologist on call, he wanted a CT. Turns out his kidney was bleeding so much he had a bowel obstruction. I stuck to my mantra, presented well to the urologist and he was in theatre in a few hours. One phonecall. Easy.



Your intern year is about two important next steps: The first is management. If you think you can manage a patient right there, go for it. But the great thing about being an intern is that you have a lovely safety net. There are registrars. There are consultants if you are that worried. And all they ever want is the following: to know you have seen the patient, taken a thorough history, examined them appropriately, and collated the investigations so far. You will not always know what to do. You are human. You can't insert a JJ-tube on the ward apparently. You are learning. Everyone seems to know that, except interns themselves

Interns have this fear of the big bad consultant who hangs up on them. I have never once been yelled at down the phone. And one time I even called an OBGYN consultant not knowing there were two registrars in the hospital - Ill blame the switch board for that one. You may get grilled, but if you followed those four terms above, you'll probably be fine. Really, the only frustrating thing you will encounter is people trying to avoid referrals. Cardiologists won't accept NSTEMIs. Gastroenterologists won't accept acute on chronic liver failure. The admitting medical registrar once accepted my patient, and then I was grilled by the registrar who took over one hour later. But as I say, if you've taken a good

history, examination and investigations, then it's really the person on the other end of the phone being a jerk if they won't see them.

Another aspect of management is discharge planning, and this is something you don't think about as a medical student. We tend to only think about the patient when they are in front of us. But managing patients continues well after they leave. Do they need clexane coverage down the track? When do those staples come out? Who's reviewing that change in metoprolol you've made? If you don't know, the patient doesn't know.

The other step is something you can start now – ask why. I was asked on a cover shift to give some K because a patient was hypokalaemic. Yeah that'll fix it, but why was the K low? It turned out she had been prescribed a new diuretic. We stopped it, and hey presto, her K went up. Start thinking about WHY this has happened – why are their sugars high? Why are they in AF? Why do they even need this cannula? You might find a much simpler solution to the presenting problem, and prevent it happening again.

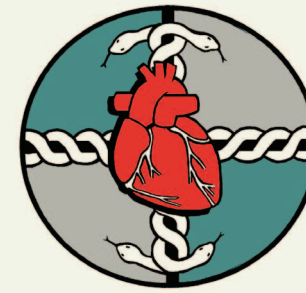




Working at the Northern has certainly been a challenge throughout the year as I would estimate one in three people have no English (not including those with broken English). I struggled with this early as there's a real tendency to shield medical students from difficult patients. In hindsight, I wish I'd dived a bit more into those tricky patients - you are going to get them, wherever you go. It's pretty rare in our ED to find a 60 year old with good English that can actually express in succinct sentences exactly what the problem is, and what her previous medical history is.

I've also been lucky to have been surrounded by good colleagues, especially on my most recent surgical job. Be kind to them, and they will be to you. If a patient will be discharged on the weekend, write up the discharge summary as far as you can. Have well documented plans so that someone being asked to see the patient who doesn't know them at all will know what to do. And give your colleagues a heads up. No intern will mind being asked by a colleague to fluid review a patient at 9pm because they have difficult fluid balance and may need another bag of saline. But the cover will be slightly put out when they get paged to 'chart fluids' at 9.55 and they finish at 10.

On a final note: You will get inundated with pages on cover shifts, and really, all you can do is prioritise. You can only do one job at a time. Your patient having a NSTEMI is more important than that cannula over on unit C. Don't feel pressured. Don't feel stressed. Take the important calls straight away; everything else can wait for you as you take a good history, examination, and get some investigations. And be good to the nurses. Come on, you had to have at least one last cliché.



**MeDUSA**

# MEDCAMP 2013

*A great tradition & highly recommended*



**WHEN:** Friday 15th – Sunday 17th February 2013

**WHO:** Deakin University 1st Year Medical Students of 2013!

**WHERE:** Lady Northcote YMCA

**WHAT:** Friday Keg Party, Saturday activities day with local doctors, Sunday return home

**Learn to suture, take BP's, cast limbs, get to know everyone & MUCH MORE**



**PRICE: \$160 – Book Now @ [www.trybooking.com/CFCQ](http://www.trybooking.com/CFCQ)**

**PRICE INCLUDES:** transportation, 2 nights accommodation, meals, beer & wine, skills workshop & your first set of scrubs!

Questions? [social@medusa.org.au](mailto:social@medusa.org.au) | Facebook? Search 'MeDUSA'



THE MISSING SPONGE WAS  
DISCOVERED ... MISTAKES DO HAPPEN!



TANDBERG



I'M GLAD WE'RE  
WITH MIPS



Join us for free student membership and enjoy the many MIPS membership benefits including free elective medical indemnity insurance cover, MIPS Protections for non medical indemnity matters, medico-legal advice, newsletters, special student benefits including IT offers, competitions and more! Apply online at [www.mips.com.au](http://www.mips.com.au)

Medical Indemnity Protection Society Ltd

po box 25 carlton south vic 3053 | [info@mips.com.au](mailto:info@mips.com.au) | [www.mips.com.au](http://www.mips.com.au)  
member services | p. 1800 061 113 | f. 1800 061 116 | abn 64 007 067 281

