

The Survival Guide to Medicine 2014



MeDUSA 

MEDCAMP 2014



When: Friday 14th - Sunday 16th of February 2014

Who: Deakin University 1st Year Medical Students

Where: Lady Northcote YMCA, Rowsley

What: Friday Scrubs Party, Saturday Clinical Skills Day with local doctors and Rubix Cube Party, Sunday recovery

Learn to suture, take blood pressure, cast limbs, get to know everyone and much more!



Price: TBC **Includes:** 2 nights accommodation, transportation, meals, beer and wine, skills workshop and your first set of scrubs!

Facebook: <https://www.facebook.com/events/1430282840532612/>

Questions? social@medusa.org.au

Keep up to date at: <https://www.facebook.com/groups/300653670077235/>

First year in 2014?

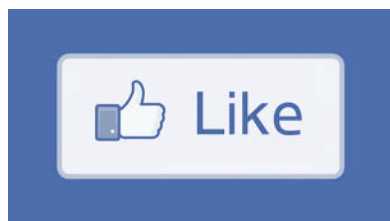
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The Facebook logo, consisting of the word "facebook" in white lowercase letters on a blue rectangular background.

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Deakin Med- Class of 2017

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MeDUSA - Deakin Medical Students' Association



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MIGA Insurance Group is the full competition name and includes a licence to operate a \$1,000,000 Travel Voucher. The promotional competition is open to all students in Australia and New Zealand from 1 January 2010 to 31 December 2010. The draw will take place on 31 December 2010 at 10.00am AEST. The draw will be held at the address of the promoter, Australian Medical Insurance Group, 124/126 St Georges Road, St Georges, NSW 2232. The draw will be held through MIGA, a division of MIGA Insurance Services Pty Ltd. MIGA Insurance Services Pty Ltd is a company limited by guarantee. The draw will be held through MIGA, a division of MIGA Insurance Services Pty Ltd. MIGA Insurance Services Pty Ltd is a company limited by guarantee. The draw will be held through MIGA, a division of MIGA Insurance Services Pty Ltd. MIGA Insurance Services Pty Ltd is a company limited by guarantee. Call MIGA for a copy of the full competition rules and conditions. © MIGA Insurance 2010.

Editor's Welcome

Aysha Al-Ani | Publications Chair 2013, Royal Melbourne Hospital Intern 2014

On behalf of the Deakin University School of Medicine Students' Association, I would like to warmly welcome you to the 2014 Survival Guide to Medicine.

To the First Years, congratulations on making it through the rigorous application and interview process! UMAT, GAMSAT, MMIs...can now be distant memories. All your hard work has come to fruition and the next four years will see you becoming the Doctors you have aspired towards.

For the current students, I hope you are feeling refreshed and ready to tackle another big year. Whether you are finishing up your preclinical studies or roaming the wards in the hospital, you are now even closer to shedding your student title!

Not only will this period form the foundation of your medical training, but it will be a time of all things fun, tough, and memorable. Know that the next few years will see you making lifelong friends, creating invaluable connections, and making innumerable coffee runs.

So, whether you have moved interstate, across oceans, or down the road, remember that every single person has taken a different route to get to this point. As of now, however, you are all about to embark on the same adventure, so help each other through what is an intense and challenging four years, but above all, enjoy every step of the way!



President's Foreword

Christina Kozul | MeDUSA President 2014

president@medusa.org.au



On behalf of MeDUSA, Deakin Medical Students' Association we congratulate and welcome you to the world of Medicine.

Firstly, you made it! It's no small feat! The gruelling process of graduate medical school entry is one that is difficult. I commend you on all of your hard work from deciding to apply, for every minute of the enormous exam that is the infamous GAMSAT, excelling in your interview and finally getting your acceptance letter.

Starting a new degree can be daunting, exciting and stressful. Post-graduate entry is a blessing as everyone comes from a different educational background and it is fantastic to explore your differences and why people chose the long path of a medical degree

The reality is the people in your year level will become so entrenched in your life that they will feel like family. You will experience some of your largest life challenges and passions with them. You will work and party hard with them. Like all families, your medical one included, there will be challenges. It is important to remember that the semesters are long and that your peers (including yourselves) will need support and kindness.

MeDUSA is your society that represents you. We have numerous domains, at least one of which will interest everybody. From academic advocacy, policies, community involvement to enormous social events we aim to provide the best possible experience we can for the cohort. I would strongly encourage you to become involved in the domains that make you inspired, determined or concerned. This will enable you to meet your senior peers and achieve your goals, but most of all make a difference.

As many of you are aware, you are seventh cohort entering Deakin Medical School. Using the growing wisdom of your senior peers we aim to share our experiences of medical school through the '2014 Survival Guide'. This document will save you time, debunk myths and will hopefully reduce your stress levels so you can enjoy the best aspects of being a medical student.

Look out for MeDUSA initiatives via email updates and I look forward to meeting you all very soon at our upcoming events!

Warmest regards,

Christina Kozul

A Brief History of Deakin University School of Medicine

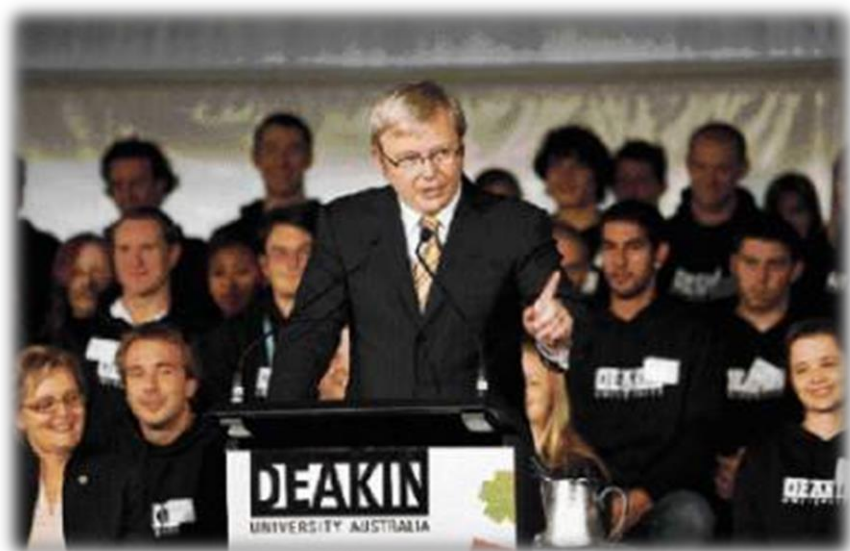
Yota Yoshimitsu | IT Chair 2013, Geelong Hospital Intern 2014

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, Prof. 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.

As of January 2014, three cohorts of students have successfully graduated and entered the medical workforce as interns in hospitals in Australia and beyond. In 2014, Deakin will be offering 130 Commonwealth-supported places as well as additional places for International students.

**Former Prime Minister
Kevin Rudd opening
Deakin Medical School
on 1 May 2008**



Deakin Medical School has been under the leadership of Professor Brendan Crotty and Professor Lee Kennedy, and is currently under the leadership of Interim Head of School, Associate Professor Jon Watson. 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.

For more information, visit:

<http://www.deakin.edu.au/health/medicine/admission.php>

<http://www.deakin.edu.au/health/medicine/introduction.php>

<http://www.deakin.edu.au/news/upload/010508DMSofficialopening1.pdf>

A Brief History of MeDUSA

Yota Yoshimitsu | IT Chair 2013, Geelong Hospital Intern 2014



MeDUSA was established in 2008 by the first cohort of students to enter Deakin Medical School.

The name itself might seem curious. It doesn't have anything to do with *Medusa* from Greek mythology, who was (according to Wikipedia) apparently a "monster....generally described as having a face of a hideous human female with living venomous snakes in place of hair".

MeDUSA is in fact a portmanteau of "Medical" and "DUSA (Deakin University Students' Association)" (Medical + DUSA = MeDUSA). Enough students were confused by this that a motion to change the name was put to the vote in 2011 but was 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 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 Marian Biddle (2013) and in 2014, Christina Kozul. There isn't enough space to acknowledge the good work of everyone who has been involved in MeDUSA all these years, so please visit 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 Waurin 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 2014, there will be three cohorts of Deakin medicine graduates who work as very highly-regarded junior doctors in hospitals across Australia and beyond. Plans are now afoot in MeDUSA to establish an active Medical Alumni association, and it is hoped that alumni members 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 six years of dedicated service by MeDUSA committee members, who have worked tirelessly to help ensure that your journey through Deakin Medical School is the best it can be.

Calendar of Events 2014

Gemma Johnston | Sponsorship Chair 2013

January

Preclinical Holidays
Clinical students:
Return 28th January

February

O-week
Cocktail Night
GPSN: Trivia Night
MedCamp
GCSC: How To Create
A Good CV

March

Interactive Careers
Evening
GCSC PRN Night
Social Cruise Night

April

DSIG: Surgical
Seminar
NOMAD: Wine Tour
HIV Awareness – RED
PARTY

May

Electives Seminar
MSCV: MDNM Night
MSCV: Nuggets of
Gold Seminar
GCSC Australia's
Biggest Morning Tea

June

Exams
AXP Party

July

GCSC Careers night
NOMAD: Rural Health
Careers Day
AMSA Convention

August

Surgical Skills
Workshop
AMSA National
Leadership
Development Seminar
MSCV Sports Day

September

MeDUSA MedBall
NOMAD: Dinner
Discussion Night
NOMAD: Boolz Rulz
MSCV: Nuggets of
Gold Seminar

October

MSCV: Leadership
Development
Workshop
Clinical School
Orientation Days

November

MSCV: Sports Day
MSCV: Emergency
Medical Challenge
Exams

December

Exams
AXP Party
Graduation Ball
Graduation Year Book
MeDUSA's 2015 "How
to Survive Medical
School"

Medical Student Council of Victoria (MSCV)

Jo Green | Deakin MSCV Representative 2013, Royal Melbourne
Hospital Intern 2014



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 recent years 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 2013 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 the inaugural Victorian Leadership Development Seminar and the Nuggets of Gold lecture series.

These events will be run again in 2014 so stay tuned and get involved!

Deakin University will be represented on MSCV in 2014 by:

- Christina Kozul (MeDUSA President – 4th year)
- Brad Richardson (MeDUSA AMSA representative – 3rd year)
- Lisa Grinlington (MeDUSA MSCV representative – 3rd year)

For more information get in touch with the MSCV rep mscv@medusa.org.au

Or visit the website http://www.mscv.org.au/wp/?page_id=92

To see photos and updates like the facebook page <http://www.facebook.com/MSCVictoria>

Australian Medical Students' Association (AMSA)

Greg Evans | AMSA Representative 2013, AMSA Vice President-
Internal 2014

Brad Richardson | AMSA Representative 2014



What is AMSA?

The Australian Medical Students' Association (AMSA) is the peak representative body for medical students in Australia. AMSA's key mission is to connect, inform, and represent each of Australia's 17,000 medical students at Australia's 20 medical schools through advocacy, events, and publications. Basically, AMSA is synonymous with amazing social events and the formation of friendships amongst Australian medical students.

Who Runs AMSA?

A 15 person National Executive oversees AMSA's core operations. The AMSA Executive is elected annually by the AMSA Council, which comprises student representatives from each medical school. The Executive is aided by numerous volunteers who contribute their skills and time to furthering AMSA's advocacy and engagement efforts.

AMSA Executive members and volunteers are fun-loving, hard-working students committed to advocating for their peers. In 2014, the National Executive will be based in Victoria and includes three Deakin students.

Events

National Convention

A spectacular yearly event that offers amazing academic and splendid social experiences. It is the largest student-run convention in the world. **In 2014 it will be held in Adelaide.**

National Leadership Development Seminar (NLDS)

AMSA's premiere event held yearly at Parliament House in Canberra. It is attended by high profile speakers who discuss all aspects of leadership in the medical world.

Global Health Conference (GHC)

One of AMSA great events that attracts internationally renowned experts and activists in the vast and growing field of global health.

Advocacy

AMSA represents medical students' interests within numerous boards and media throughout Australia. In 2014, AMSA will call for:

- The provision of quality internships for every graduate and the implementation of a national internship application process. The internship allocation crisis is the biggest ongoing issue so stay in tune for ways to help the AMSA campaign;
- High quality, adequately-funded medical education;
- Strategies and initiatives to promote the mental health and well-being of university students;
- Sufficient support for students in rural clinical schools;
- Further evolution of medical school curricula, particularly global health, Indigenous Health and anatomy;
- The provision of financial support for medical students and additional income support for those facing

barriers to participating in tertiary education.

Deakin's MedSoc representatives for 2014 include:

- **Dale Jobson** (2nd Year) - Pre-Clinical AMSA Representative
- **Brad Richardson** (3rd Year) - Clinical AMSA Representative
- **Christina Kozul** (4th Year) - MeDUSA President

The three Deakin students on the National Executive are:

- **Charmaine Krehula** (3rd Year) - Treasurer
- **Ben O'Sullivan** (3rd Year) - Public Relations Officer
- **Greg Evans** (4th Year) - Vice President Internal

Get involved! Sign up to AMSA's email list and participate in online polls and campaigns. Your input gives crucial weight to AMSA's advocacy efforts.

AMSA + MSCV @ Deakin

MeDUSA is all for sharing the AMSA Experience and supporting AMSA and MSCV ideals at a grass-roots level around Deakin's clinical sites. They need students to be forthcoming with opinions and ideas so that they can best represent Deakin at the trimesterly AMSA Councils. Remember- 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 on the Gold Coast where the notion of [#vicpride](#) was born. There was an amazing amount of support between Deakin, Melbourne,

and Monash. No doubt this solidarity will continue into 2014, so be sure to get amongst it!

Deakin won the **AMSA Vampire Cup™** for the third year in a row. Much smack was talked by our Reps in the lead-up to the donation months. Our cohort went above and beyond the bloody call of duty to keep the cup on our soil- it seems true that we Deakinites are "Born to Bleed"! Can we connect four in 2014?

What's on in 2014?

1. AMSA Convention Adelaide, July:

Warm up those vocal cords- the cries of "Deakin Assemble" will be heard loud and true. No doubt it will be an unconventional experience, so we need to get as many delegates across the border as we can!

2. AMSA Vampire Cup, July-August:

The Geelong Red Cross Blood Donor Centre definitely knows who we are now. Just be careful to not utter the word "dizzy" unless you are absolutely sure you are about to faint...

3. The MDNM Ball, March: A great time to rub-shoulders with your fellow Victorian med students from other universities ([#vicpride](#))!

4. Emergency Medical Challenge: This will be held after the convention, to be hosted by Monash University

5. Other: "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.

General Practice Student Network (GPSN)

**Maddie Jones | GPSN Deakin Secretary 2013, Publications
Chair 2014**



The General Practice Students Network is Australia's fastest growing medical interest group: here at Deakin, our membership has grown exponentially in the last few years to have almost 600 members! Even if you're not interested in general practice as a career, GPSN is open to everyone!



Maddie Jones, David Khoo, Stephanie Munari and Tara Naige with GP extraordinaire Professor John Murtagh at the 'Breathing New Life into General Practice' conference in Canberra.

If you think you might be interested in a general practice pathway, are keen to gain some clinical skills, or just want to meet some skilled practitioners for a chat, you should get involved in the many events that GPSN runs throughout the year. If you have a passion for advocacy, leadership or just want to get more involved, you should apply for a position on the GPSN Deakin General Committee!

Elections will be held in March.

See you in O-Week!

Some of our events in 2014:		
February-	O-Week stall and MeDUSA's MedCamp	
March-	Trivia Night	
September-	Ballarat and IMMERSe Clinical School Tour	

For more information:

Join the GPSN Deakin group on Facebook <https://www.facebook.com/groups/GPSNDeakin/>
Or go to the national GPSN website <http://www.gpsn.org.au>

Universal Health at Deakin (UHAD)

Lucas Wheat | UHAD Chair 2013



Our mission is to be a student organisation that aims to facilitate student engagement in global health issues by increasing awareness of community and global health issues through educating ourselves, our peers, and our community and secondly by providing opportunities to engage in humanitarian initiatives and volunteering.

Since its inception in 2008, UHAD has focused on raising awareness about important global health issues, advocating for issues we are passionate about and raising funds for worthy charities and projects.

Over the years over \$25000 has been raised for various fantastic causes, including:

- An international project in PNG
- Susu Mama's which focuses on Child and Maternal Health

- Christchurch Earthquake Appeal
- The building of a dam in the remote Waidracia Village in Fiji as part of the Fiji Village Project
- International AIDS day
- Living Below the Line Poverty Campaign

...and MANY other causes

Get on board with the exciting projects or bring your own and we can facilitate funding and other logistics - with UHAD the world is your oyster! We would love you to be a part of the many international and local opportunities as a part of UHAD

Think GLOBAL, act LOCAL!

Much Love, The UHAD committee 2013 :)

Upcoming events for 2014

March – Close the Gap Day, raising awareness of Indigenous Health Gap.

Oxfam National Close the Gap Day

<https://www.oxfam.org.au/act/events/national-close-the-gap-day/>

May – Living below the line to raise awareness and funds for poverty with Oaktree.

Can you live on \$2 per day?

<https://www.livebelowtheline.com.au/>

August – Red Week (including Red Party) to raise awareness and funds for HIV/AIDS awareness events

<http://redparty.org/>

Join us at www.facebook.com/UniversalHealthatDeakin

Crossing Borders: Advocates for Health

Zahra Tasha Wahid | Crossing Borders Deakin Chair 2013



There are many exciting student groups and clubs to be involved with at Deakin University and if you are interested in the areas of social justice and health then Crossing Borders may be the group for you!

At the start of 2013 a Crossing Borders Executive Committee was established at Deakin in order to give students a unified voice on the topic of Refugee and Asylum Seeker health and well-being. Our group also aims to positively contribute to refugees and asylum seekers living in our community via a variety of activities and events.

We join many University based groups with this shared vision, who sit under the Australian Medical Students' Association (AMSA) Global Health Council. We are also proudly a sub-committee of MeDUSA, the Deakin Medical Students' Association. Globally, ten countries currently participate in Crossing Borders for Health and this number is rapidly growing! Clearly, this issue is one that affects many people worldwide, and is an important facet of the current global health context.

For 2013, the major Crossing Borders Deakin event was the highly successful movie screening of 'Between the Devil and the Deep Blue Sea' which was

followed by an expert panel discussion. Experts on the panel included Psychiatrist Dr Suresh Sundram, Psychologist and Lecturer Dr Lata Satyen, Refugee Health Nurse Ms Ambi Kaur, and the CEO of Diversitat (a refugee advocacy service), to name a few. Approximately 130 people attended the event, including students, the general public and community refugee representatives. This resulted in not only improved awareness of topical issues but also a greater sense of connectedness and community spirit.

Recently, first year student Aisha Khan was elected as the 2014 Chair for Crossing Borders Deakin. In early 2014, students can look forward to the Crossing Borders AGM where there will be opportunities to learn more about the group, and hear from guest speakers specialising in the field of refugee medicine. This is also when the majority of executive committee roles will be elected, which any Deakin medical student can nominate for. I wish Aisha and the 2014 Executive Committee the very best for the upcoming year, and I encourage anyone interested in advocating for the health of those who are vulnerable and disadvantaged to get involved!

For further information:

Find us on the MeDUSA webpage or on facebook. Search: Crossing Borders Deakin

Deakin Surgical Interest Group

Divya Kishan | D-SIG Chair 2014



D-SIG is Deakin's very own Surgical Interest Group (SIG) that was founded in 2012 and has since been gaining the attention of Deakin medical students!

We aim to introduce the field of surgery and its various subspecialties to all of Deakin's medical students via workshops and seminars together with local and rural surgeons in Geelong.

We create networking opportunities between students interested in surgery and members of the surgical communities, and other SIGs around Australia and provide you with engaging seminars and amazing learning opportunities within the wonderful world of surgery.

2012 saw the involvement of cardiothoracic, ENT, general, transplant, and orthopaedic surgeons, both from rural and urban backgrounds. Highlights of 2012 include:

- **Pride and Prejudice: Women in Surgery Seminar**, where established female surgeons spoke about their respective journeys to surgeries, and work-life balance.
- **Deakin Surgical Seminars 1 and 2** featuring discussions around case studies, as well as inspirational talks from a number of specialist Surgeons from Geelong hospital regarding personal experiences in surgery and surgical training pathways.

This was furthered in 2013, when we heard from a paediatric urologist and surgeon, a liver transplant surgeon, and more surgeons who have practised in developing countries and have made their mark on this world! Highlights of this year included:

- **Donate Life Seminar**- where we explored the area of organ donation in Australia and organ transplantation surgery as a career!
- **Beyond Our Shores**- a thrilling event where we heard from speakers ranging from our own colleagues (4th year medical student) to consultants who have worked in the developing parts of the world.
- **Surgical Skills Workshops**- a major success event of 2013 where students got the invaluable opportunity of learning, practising and networking with the expert themselves in small groups!

The D-SIG Chair for 2014 is Divya Kishan. Big and exciting plans in store for the year include more surgical seminars exploring various new subspecialties, their lifestyle implications and personal attributes associated with the profession, we will further explore the place of surgery in various contexts including rural and world health, and lastly, a surgical skills workshop featuring hands-on training in basic surgical skills, sterile techniques, and personal protection.

Contact details

- Email dsig@medusa.org.au or Divya Kishan dkishan@deakin.edu.au
- Facebook: www.facebook.com/DeakinSIG
-

The First Year Experience

Caitlyn Pring

Hey First Years!

Welcome to Deakin Med!! I hope you're all excited to get started with your preclinical studies (and meet some legendary second years).

As an ex-Geelong girl who left for the big smoke and swore she would never return, it was a big year adjusting back to life in Geelong and full time studies, but with so

many amazing highlights. For those of you coming from bigger cities or interstate, Waurin Ponds might be slightly underwhelming at first. Geelong may not have the amazing nightlife, or coffee, or foodie culture that you've become accustomed to, but it's getting there and it has its own perks so let's focus on those!

Perk #1: Deakin kids are cool. I'm obviously biased, but I think we have a much more relaxed and happy cohort than other units (well, as relaxed as 130 Type A personalities can be). I also have it on good authority that the dance floor action at our MedBall was far superior to Melbourne and Monash balls.

Perk #2: We help each other out. While it's frustrating that we don't get given our marks (you'll receive a quartile rather than an actual score) this means that there isn't so much competition, and everyone is happy to work cooperatively to get stuff done. Your classmates will be your best resources, so be happy to share info, practice teaching each other concepts and be open to giving and receiving advice- it means you're never doing things alone, which is great for the stress levels!

Perk #3: The teaching staff. While you won't love all of them, most are awesome. The guys taking the anatomy labs are great value, Eileen Cole is the boss, and Debby Baldi makes immunology bearable.

Perk #4: The beaches. Pretty sure Monash kids can't bail on a painful pathology prac and be at the beach 15 minutes later. Suckers.

Perk #5: Lamby's. It's a love-hate relationship with this establishment, but it's where you'll likely consolidate a few friendships in the first weeks!

Perk #6: Kebab spot. Head there after perk #5.

Academic Stuff

There's no denying it's a big year. Especially to you non science kids- as an Arts grad I feel your future pain, but be assured you will survive! Yeah it's hard when the extent of your scientific knowledge is year 10 chem and some strange man on YouTube called '**Fizziks guy**', and yes the Krebs cycle hurts when you've never even heard of it before, but there are fun things to learn too! Take it as a positive; be excited that you're tackling it fresh and in the context of medicine.

For everyone else- it's still a long year, without many breaks, so my best advice is to manage your time and be aware of what is expected of you. Try to be prepared and avoid leaving ELPD and DPCI tasks until the last minute. Try to keep up to date with weekly learning objectives for KHI (easier said than done)- anything to avoid pulling one nighters and pre-exam burnout. Be aware of due dates and of what is important- don't get a week behind in KHI for a 5% ELPD reflective piece.

All that being said, don't immerse yourself so much in uni that you lose your soul! Be focused on uni when you need to be, but enjoy your free time so when you're out with your mates, relaxing, or

going away for a weekend don't be distracted by what learning objectives you haven't covered- engage with your social time as much as your uni time. Never fear, there will be social time! We're working hard to keep improving our student committee and social functions, so get around MeDUSA events and get to know your peers. You are going to meet a whole bunch of people with very similar goals, drive and intelligence, but also varied backgrounds- enjoy meeting these people and build friendships! You'll need their support- coz trust me no-one else cares or wants to listen to you whinge about your DPCI essay but them. These are the people that will stress with you, laugh with you, dominate mixed netball with you (watch out for the Multiple Scoregasms- we're pretty competitive), celebrate with you when it's all done, and work with you well into the future. Relish that these will also be the friends that accept your nerdish love for genetics, or nephrons, or *Streptococcus pneumoniae* (joking- no-one loves microbiology).

So congratulations again, you've all worked so hard to get to this point and deserve it, so please feel free to ignore all my advice and enjoy this year however the hell you want to!

Problem- Based Learning (PBL)

Emma Downie | Secretary 2013

Follow these 10 commandments to avoid the problems of problem-based learning

1. THOU SHALT MAKE THE MOST OF THE PBL EXPERIENCE

You are randomly allocated into a PBL so not all of you are going to get along. Make the most of the opportunity to meet new people and learn how to work with different personality types. PBL can be a great way to study lectures, apply theory to a clinical context and improve your communication and teamwork.

2. THOU SHALT NOT BE AN OVER-POWERING TYRANT

Everyone hates the know-it-all or the 'two-cents' person. Whilst it's great that you want to contribute, you don't have to put your 2-cents into every discussion and conversation. Make sure the start of your sentence doesn't interrupt the middle of someone else's, and ensure you breathe between statements to avoid hypoxic brain injury.

3. THOU SHALT NOT BE A WALL-FLOWER

From one extreme to the other, ensure you participate in discussions and speak up if you have any questions. Don't be afraid to ask the group to slow down or go over the concept again if you're struggling.

4. THOU SHALT PULL YOUR WEIGHT

Do not be that unprepared person. Spend the time between classes to complete learning issues. Not only will the group benefit from your input, but it's also a great way to study the material and learn.

5. THOU SHALT BE RESPECTFUL

Refer to commandment 2. Roles, such as scribe, note taker, chairperson and researcher are allocated to people in the group. Ensure you respect these roles. For example, don't start leading the group if you haven't been allocated as chairperson. A great way to ensure everyone has an opportunity to complete each role is to create a roster at the start of the year.

6. THOU SHALT KEEP DISCUSSION RELEVANT

Everyone wants to finish on time, so when the scientists start talking about complicated biological pathways, or the clinical students start a sentence with 'one of my patients...' people tend to become very disinterested and frustrated. I don't care about your 'really cool patient' unless it's relevant to the case. I don't want to hear about a specific gene locus unless it'll be on the exam. Keep it relevant people!

7. THOU SHALT SHARE RESOURCES

Don't be that person who is selfish with information. At Deakin, 'P's get degrees' literally. So there is no point being competitive with your peers. Share resources, draw diagrams and work together as a TEAM.

8. THOU SHALT NOT BE STINGY WITH FOOD.

PBL runs for 3 hours on Monday and 2 hours on Friday. Carbs are a must! Bring something more than a packet of lollies. You don't need to go all out and bake a masterpiece, but set a budget for food with your PBL to avoid over- and under-spending. If your job is to bring food, DO NOT forget or you will have 9 hungry med students to deal with.

9. THOU SHALT NEVER FORGET COMMANDMENT 8

10. THOU SHALT HAVE FUN!

I don't know about you, but I would much rather have 5 hours of PBL each week than sit in a lecture theatre for an extra 5 hours! You change PBLs halfway through the year, so you get to meet more people and make more friends. With med being so stressful, it's a great way to build up your support system!

Knowledge of Health and Illness (KHI) in First Year

Matthew Shrimpton

Hopefully this article will give you an overview of first year and help to calm your inevitable nervous stress. The road leading to the first day at Deakin is long but you have plenty more to go so remember to pace yourself! Medicine is a challenging course with a lot of content and new styles of learning all done at a quick pace. Remember that the entire first year cohort is also experiencing these challenges and you can all support each other through the next four years.

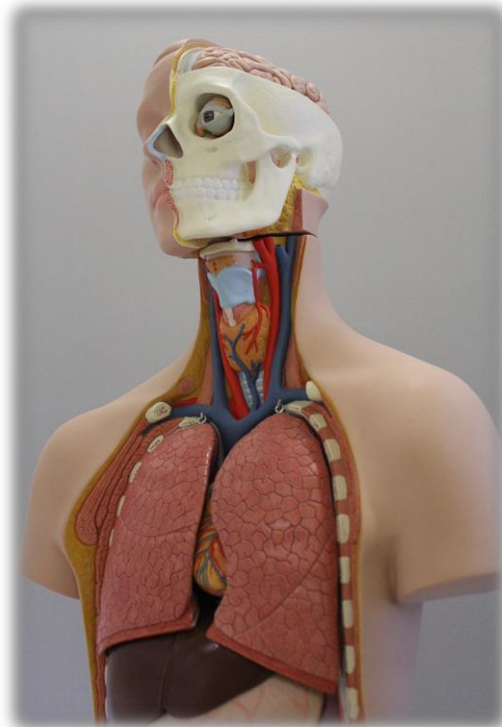
Despite the challenges, med school is a lot of fun and you will make friends and colleagues for life. So without any further heartfelt advice we will rip the sutures out and talk about...

Knowledge of Health and Illness is the theme covering the nitty gritty science: anatomy; physiology; pathology; you name it and you will cover it. Coincidentally knowledge, health and illness will all manifest themselves in your own body throughout the year...

Semester 1 of KHI is split into two halves- Human Biology (HB) and Infection Defence and Repair (IDR). Semester 2 is divided into Cardiorespiratory and Renal Gastrointestinal.

HB- Semester 1 Part 1

Human Biology was overseen by Prof Wei Duan in 2013 and is the first introductory block on your way to graduation. Many people say that HB is a 3 year science degree compressed into a mere 8 weeks so prepare for a wild ride through numerous body systems.



HB will feel like a lot is packed in but the idea is to get a basic overview of the heart, brain, renal system, gut and fluid balance, lungs, pharmacology and genetics. Remember that each system will be covered in a lot more detail in its respective block (with the exception of pharmacology and genetics) so don't get too bogged down in complex PBL discussions. Pharmacology can be a conceptual challenge for those starting it for the first time so befriend a pharmacist or cosy up to a chapter or two of **Rang and Dale** to have your questions answered.

Homeostatic loops and feedback mechanisms are the important things to grasp in this topic and supplement this with extra knowledge of each system from lectures and PBLs.

IDR- Semester 1 Part 2

After the homeostasis of HB, Infection, Defence and Repair is all about infections, immunology and cancer. This topic is

more clinically oriented than HB and has a lot of information presented so try and fit it all into a big picture of immunology to get your head in shape for the exam.

There are a lot of nasty bugs out there so, as a minimum, make sure you learn the **VIPs (very important pathogens)** and their virulence factors. This knowledge will help you as you go on through other topics and your clinical years.

Useful textbooks include any micro or immunology book that you can make sense of, and **Robbins and Cotran Pathological Basis of Disease**. Make use of the demonstrators in pathology prac to talk through anything you don't understand.

Cardiovascular- Semester 2 Part 1

Most students find the cardiovascular system reasonably straightforward and a solid knowledge of the physiology and pathology will help you for the exam. Be selective in your study of the clinical lectures and focus on processes like atherosclerosis and heart failure rather than reading a 12 lead ECG, leave that for clinical skills!

Respiratory- Semester 2 Part 2

This system is more conceptually difficult than cardiovascular. In past years lecture content has been brief so read up on key points and know the pathophysiology of common lung pathologies and how this relates to their presentation. Differences between restrictive and obstructive lung pathologies are a prime theme.

Renal- Semester 2 Part 3

Staff turnovers in the renal team have left this block under development and several clinical lectures means there are a lot of different lecturers.

Basic physiology is covered very quickly so pay attention and do some extra study so that you know the channels for the exam. The clinical lectures can be overwhelming so try and summarise them as you go.

Boron can be a hefty read so try **Renal at a Glance** if you want something a little easier on the brain. Two out of the four weeks of renal are urology and men's health, which are lectured mostly by consultant urologists. Be attentive, as this is the only time you will cover men's health and the prostate in detail.

Gastrointestinal- Semester 2 Part 4

Without much time to recover from the renal block, you will be straight into gastrointestinal. Lectures in this block are given by a variety of academic and clinical staff. These can be supplemented by Boron but as with renal, the **At a Glance Series** is sufficient and often easier to follow.

Important in gastrointestinal is a solid grasp of the anatomy. The last week before SWOTVAC is liver week, which can be a difficult topic to finish on. Stay up to date with these new lectures as you revise for the end of semester exams to avoid cramming facts about the gut the night before.

In the past, exams for this module have been heavily clinical so remember to integrate PBL and DP materials into your KHI study.

While it can all sound a bit daunting at the start, the course is a lot of fun and if you work together with your classmates you can do well and have a laugh along the way. Chat to second years for study tips and extra resources to help you make the most of your first year...Good luck!

Ethics, Law and Professional Development (ELPD) in Preclinical Years

Maddie Jones | Publications Chair 2014

As the famous physician William Osler once said, “The practice of medicine is an art”. While KHI might have us believe that medicine is about biochemical pathways, molecular dysfunction and ‘sick people’, ELPD teaches us that there is much more to being a doctor than just treating disease. In preclinical years, the dynamic duo that is Sharyn Milnes, an ICU nurse/ethicist and Deb Porter, a nurse and lawyer, take you through the basic concepts of medical ethics and medico-legal fundamentals such as confidentiality and consent.

Through use of case studies, guest speakers, panels and the always-amusing role play, ELPD is a refreshing change from the more science-orientated aspects of the course. In second year, there is a greater focus on the ethical and legal interplay in more complex topics, such as mental health and paediatrics: it is here that we learn about the “grey area” of medical ethics as we prepare for entry into clinical school in third year.

ELPD assessment each semester usually consists of an assignment worth 30% and

an open-book exam worth 70%. Assignments tend to consist of group work, which love it or loath it, is a big part of your medical studies. Use online databases available through the library like CINAHL or Medline to source the most up to date articles.

For the end of semester exam, you will be fine if you summarise the lectures well and do the required readings from the prescribed textbook (Kerridge and Lowe): if you get in the habit of summarising as you go, your future self will thank you at exam time! It is a good idea to print out the Medical Board of Australia’s ‘Good Medical Practice: Code of Conduct’ early and familiarise yourself with it, you should add it to your exam notes and refer to it in your answers for bonus points. Also, just from my experience, Wikipedia actually has surprisingly detailed articles on medico-legal theory and cases, which can be useful to supplement your exam notes.

Good luck with your studies!

Preclinical Guide to Doctors, Peoples, Cultures, and Institutions (DPCI)

Keira Brain

This theme is one of the key offerings that sets Deakin apart from other medical schools. In recognition of the fact that what makes a doctor is much more than knowledge of health and illness, Deakin takes a big picture view of the socio-cultural contexts in which we both live and work.

The core focus of DPCI, which is an ever-evolving theme, is Public Health Medicine. This aims to identify, understand and reduce the risks of disease and death in both individuals and in population groups. Key focus areas include biostatistics and epidemiology, as well as various health, cultural, social, and environmental systems.

DPCI helps students gain a broader view and a better understanding of the patients you can expect to encounter throughout your training and beyond. It adds context to the knowledge you'll pick

up in KHI, complements the ideas you'll engage with in ELPD, and will help you to understand the person behind the disease they present with. In terms of assessment, it's a mixed bag of MCQ and SAQ tests, a research assignment with a reflective component, and a critical appraisal of a research paper. A highlight of first year for me was visiting the Wathaurong Aboriginal Cooperative and hearing first-hand from local Aboriginal people their views and experiences of health and health systems.

The answers don't always come easily in DPCI, but don't despair because they're not really supposed to. You'll be introduced to some complex issues that global leaders in health don't necessarily have solutions for! The key to this subject is really just to engage in the issues and start to ask question about the status quo. For example:

- Why is there such a large gap in morbidity and mortality of Indigenous Australians compared to non-Indigenous Australians?
- What does it mean to practice 'evidence-based medicine,' where does this evidence come from, and how do you interpret and apply it?
- Why do different groups of people experience different types and frequencies of disease?
- What are the major health issues facing local communities, Australia at large, and people throughout the world?
- How and why is a person's health influenced by factors such as location of birth, socio-economic status, culture, environment, education and employment status? And, conversely, how does a person's health impact on these factors?

Remember- you are all here to become doctors. Medicine is a cooperative and team-based profession, so the best advice I can give is to let go of the competitive drive that you may (or may not) have relied on to get you where you are, and approach DPCI (and your other themes) as a collaborative member of a community of students. It's liberating, more productive, and will set you in great stead for your future. Best of luck!

Essential Preclinical Resources

Ben Scott

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.

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.

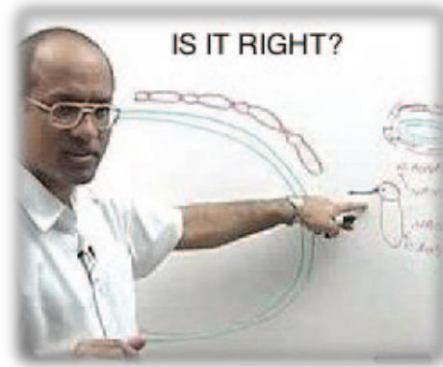
Friend #1: The Wizened Old Man (most likely mature age)

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 it's 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, it's all there. Not to be missed.

Resource: BestPractice BMJ

Access: 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 O'Connor's 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!

Geelong as a Town- Local Advice

Christina Kozul | MeDUSA President 2014



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 Rd, Waurin Ponds

Pros

- Most popular for med students
- Brand new complex with a fully equipped gym, pool, sauna, steam room spa and lots of organized classes.
- Only a 5-minute car drive from uni
- Gives you 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 prices for medical students in the past

Cons

- Difficulty parking as it is a busy area

Gym Option 2: Good Life

Address: 312-320 High St, Belmont

Pros

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



Cons

- Further from uni than Leisure Link
- No pool
- More rigid opening hours (still pretty good)

Gym Option 3: Fernwood Gym

Address: 28-30 Rossack Dr, 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 straighteners 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

Med 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 Barking Dog
- The Sporting Globe
- The Edge

**Asian**

- A Rani Restaurant (Thai)
- 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)
- Le Parisien (French)

Plus many, many more!

**Places to go out drinking and dancing**

Here are some popular places to get your dose of loud music, bars and clubs you need to travel to Geelong:

- **The Edge:** Packed in the warmer months, the Edge offers a relaxed atmosphere with live music on the waterfront
- **Lamby's:** 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
- **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



Medical School on a Budget- How to Be a Cheapo

Reece Mearns



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 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 and 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 = smashed, you get used to the taste.

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

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Knowledge of Health and Illness (KHI) in Second Year

Charmaine Krehula | Treasurer 2013

ELC: Endocrine and Life Cycle

Return to uni begins your journey through the development of human life. The last 3 weeks are on endocrinology and uses a lot of disease processes to understand the effects of the hormones within the body.

Hot Tips

- Take note of concepts that are repeated in lectures as it is likely they will be examined (for example be sure to know the lineages derived from neural crest cells!)
- Know the foetal development process to the extent of the lectures – while sometimes you need to read outside sources to gain an understanding of the bigger picture, be sure to focus it around the content of the lectures (otherwise it can get a bit overwhelming >.<)
- Practise your visuospatial skills – a lot of embryology requires an understanding of folding process, but again, if you focus understanding the images provided in the lectures you should be okay
- Flow charts are great for understanding endocrinology. You will find that a lot of the processes have a cause and effect and so if you can get your head around that, you'll be on the right track

Recommended Resources

During our year, the lecturer had a facebook link, which shared a number of great resources. In particular <http://php.med.unsw.edu.au/embryology> has great information and animations to get your head around many of embryological concepts. Don't forget YouTube as resource, particularly for

those of us who are more visually inclined!

MM: Metabolism and Musculoskeletal

MM begins with metabolism which has its biochemistry moments. After 3 weeks of intense metabolism you head straight into musculoskeletal learning about the different types of joints, bones and muscles of the body. For those of us who have not done musculoskeletal it can be like learning new language!

Hot Tips

- The exam material was directly from the lectures so be sure to focus on your learning around the lectures and (particularly for metabolism) take note of common linking pathways
- This year our topic coordinator was a metabolism specialist, so be sure to know it inside out. In particular, know the rate-limiting enzymes and body's ability to mobilise and utilise energy from different stores depending on different states such as fasting and exercise
- Anatomy may be daunting at first and despite initial appearances, there *is* a system to it. Keep in the back of your mind what purpose things are serving and you'll start to recognise patterns which will help you remember
- Anatomy is all about the practical: go to pracs and see the 3D models and practice the muscle movements yourself; after all you yourself are a cheat sheet (in a manner of speaking) that you can take into the exam!
- While we are told that we do not need specifically know origins and insertions, keep it in the back of your mind; often

knowing where the muscle comes from and where it is headed to can provide a better picture of muscles' actual functions.

Recommended Resources

- Acland's video atlas (available from the library and some lecture recordings) is great for seeing real human muscles and their associated movements
- Anatomy pracs are great for gaining access to the models. Also don't be afraid to examine the cadavers yourselves!
- The great thing at Deakin is that with a postgraduate degree entry, many of your colleagues have an anatomy background and will be happy to help.

BB: Brain and Behaviour

I think it's safe to say that BB is one of the most challenging subjects you will encounter in pre-clinical years. With new terminology alongside a strong anatomy and clinical focus it is not surprising that many students in the year above us had to sit a supp. That being said, with many of us entered medicine because of our fascination with people and to extent that is what this subject is about – which makes it a fitting end to the last block of formal KHI teaching.

Hot Tips

- Know neuroanatomy inside out. Understanding what does what where will help to consolidate your understanding of function and how things are affected by different conditions
- While we are told that at year 2 level we do not need to know drugs, last year's exam did have a few specific pharmacology questions and our mid-semester did require an understanding of what the effect of specific drugs on a condition. Therefore, it may be wise to know the main drug classes and

rationale for treatment for the main conditions

- Unlike previous short answer exams, questions focus more on application of knowledge rather than straight recall. Don't just expect to explain a condition such as Parkinson's disease- know how it presents then be prepared to explain the physiological mechanisms behind it
- Your last set of anatomy practical classes (woo-hoo) also adopt more of a clinical focus and can be a great getting you in the mindset of applying your knowledge to various clinical presentations.

Recommended Resources

- The recommended textbook by Blumenfeld gold as it seems to be in the style of the exam questions. There are a number of 1-day or 7-day loan copies available but I wouldn't have been disappointed if I had made the investment
- Practise MCQ questions that get you thinking more about applying rather than simply recalling knowledge. Check out past exam papers from previous students or MCQ textbooks available for the library for examples

The end of BB marks the end of formal KHI teaching and transition into clinical practice. Since TCP is not formally assessed, there is the temptation to allow yourself a break before the big exams come around. But between ramping up your OSCE practice and preparing to present your mock cases each week, make sure to stay on top of BB!

KHI year 2 is a great one- enjoy your last year as a pre-clin and get that solid grounding for when we finally enter the hospitals!

A Novice's Guide to the 2nd Year OSCEs

Laura Tagell | Second Year 2013



When you start medical school OSCEs are mentioned fleetingly. You gradually hear more information trickle down from the 2nd years and then suddenly, BAM! OSCEs are right around the corner. OSCEs are **Objectively Structured Clinical Examinations**. They are held for the first time at the end of 2nd year. These examinations are the first real test on information thrown at us during DP.

If there were one piece of advice I would place above all the other incredibly insightful tid-bits in this article it would be to **START EARLY!** Read the DP student guidelines weekly and get a good grasp of the concepts covered. Practise the skill again soon after the tutorial so that you can commit it to long-term memory.

OSCEs are roughly a collection of 12 stations (including a rest station). Each station is a room with a different clinical scenario. You may need to take a focused history of a patient presenting with shortness of breath or do an abdominal examination or consent someone for a Pap smear or interpret an ECG. Before you enter the room, you have 2 minutes to read the stem outlining what you are required to do. You then have 8 minutes to do the task; this may include presenting a finding or something extra. After 8 minutes you have 1 minute to move to the next station, and so on.

This may seem a bit daunting but buddy up with a group early. A weekly Sunday roast followed by practise was a very nice way of making OSCEs more enjoyable.

Here is a list of other essential tips to get you through your OSCEs:

1. **Be polite!** Introduce yourself to the patient, ask their name, adopt positive body language and then treat them how you would like to be treated. Simple.
2. **Read the instructions!** You are given the stem outside the door for a reason; use it to direct you. If you are asked to do an abdominal exam, get to that abdomen quickly, this will be where many of your marks are. The examiner will only prompt you if you are way off track.
3. **Practise your history taking skills!** Know which questions are important to ask for each system you have studied.
4. **Consent the patient!** Sometimes we can become so familiar with practising on each other without proper consent that we forget- so tell patients what you need to do and ask if it would be ok.
5. **Don't dwell of what you didn't know!** It will not help your next station nor change what has happened. You can fail a station and still pass overall.
6. **Act professional!** OSCEs are a show. Dress well, be confident and use medical language where appropriate.
7. **Wash your hands!** Doctors are notorious for not washing their hands at the right times. Make it a habit early to avoid throwing away the easiest mark.
8. **Enjoy it!** OSCEs are the only time that you get a chance to show how good you are at doing this doctor thing. Be interested in what you are doing, know what you are looking for and practise your communication skills. The rest will follow easily.

Transition to Clinical Practice (TCP) - The End Is in Sight

Ben Filipopoulos | Secretary 2014, Third Year Medical Student 2014

You've managed to get this far into the pre-clinical part of the course so don't lose hope: THE END IS IN SIGHT!

Transition to Clinical Practice (TCP) marks the period of final preparation for the 2nd year OSCEs as well as the transition into 3rd and 4th year, where students are based at one of the five Clinical Schools. It is during TCP where you will all travel for a couple of days to your respective Clinical Schools for a brief introduction to the site and meet key staff members.

This module is an exciting (though potentially stressful) part of pre-clinical years and has a slightly different format to the rest of the modules taught prior.

During TCP most weeks will revolve around a particular clinical theme, with lectures presented by a specialist in that area, such as dermatology, or ophthalmology. PBL ceases after the final week of Brain & Behaviour. In its place, you will have a clinical scenario most Mondays with a patient, during which time your PBL group will take a thorough history and examination then order investigations you deem appropriate. The cases are presented to the cohort

and a clinician during the allocated time for PBL each Friday. This can be an enjoyable activity. However, cohesiveness between PBL members is essential so work together people!

Be prepared for a lot of early mornings-attendance is taken at random TCP lectures so it is a good idea not to miss them. You learn heaps from clinicians' experience, who have given up their time to come and speak to us all. While this may sound a bit hectic (and at times it can be) you will be surprised how much free time you will have. Use this time wisely and keep on top of your OSCE practice. Also, TCP is a great time to tie off any loose ends with BB study for anyone who hasn't been able to keep up with it during semester.



Remember guys, even though this time of year can get stressful in the lead-up to exams, TCP is an exciting time so make the most of it. Be sure to keep up with all your preparation for OSCEs and attend all classes. But, in spite of all this don't forget to enjoy some of the extra time you find yourself with each week- even if it is a quick trip to Torquay or catching a movie. All the best!



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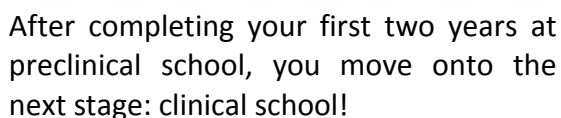


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Robbie Mann | MeDUSA Vice President 2014



training. It is often the most popular clinical school of all, and I put this down to the Pool Table that students can use in their 'spare time'.

Eastern Health

Approximately half of you will attend GCS, located across the road from Geelong Hospital. You will receive training from clinicians who teach you during preclinical years, and as such, may already know you going into your clinical

The base hospital is, in my opinion, is the most well designed and most easily oriented of the clinical sites. Also located at Ballarat are students from Melbourne

University and the University Of Notre Dame, however timetables are arranged so you don't compete for patient time. One thing to note is that if you find the Geelong winters exceptionally cold, then stay clear of the icy subzero temperatures that a Ballarat Winter can offer.


Warrnambool

The Warrnambool hospital services much of South West of Victoria and offers a supportive style of teaching. There are no other universities that use these facilities, so students perhaps get more teaching than some of the other larger hospitals. While Warrnambool is exceptionally windy, there are whales that visit every year that seem to love the wind! Warrnambool furthest from Melbourne and may mean a big relocation. However, it's become a highly contested spot in recent years because of the friendly staff and great community.

IMMERSe

A slightly different approach to clinical school, there are 20 students that will attend an IMMERSse site in third year to receive the start of their clinical training, before heading to one of the larger clinical sites for fourth year. IMMERSse stands for Integrated Mode of Medical Education in a Rural Setting, and students will spend all of year 3 with a group of health professionals at a general practice and the local hospital, as well as receiving training from visiting specialists. Between one and four students will be sent to ten different sites and receive one to one training from dedicated supervisors. This

clinical school produces students with strong clinical skills, as it is a much more hands on approach than the other sites. Those of you who are keen to make the most of clinical school and who are strongly self-directed should definitely consider IMMERSse as a clinical school.



**Stay tuned for the
IMMERSse survival
guide that will be
published very
shortly!**

Your preferences for clinical school aren't until March of Second Year, but it's important to be open to the idea of each of the sites early, as you never know where you'll end up. I encourage you all to make the most of the clinical school visits that are ran throughout the year, and to approach your clinical years with as much positivity as possible!

There are plans to publish a Deakin Clinical School Guide in the 2014/15 period, so look out for more information in the future!

Clinical Years at Deakin- The twelve steps of AA (Attachment Arrangements) for the Overachieving Medical Student

Lara Barnsley | Geelong Hospital Intern 2014



Geelong Clinical School (GCS)

Karim Issa | Geelong Clinical School Committee President 2013, Final Year Medical Student 2014

The Clinical School

The Geelong Clinical School is located opposite Geelong Hospital on Ryrie St, is still very new, and has everything you will need outside of the hospital. GCS caters for around 140 students, 3rd years and 4th years with brilliant administrative and clinical skills staff that can provide you with amazing assistance during your time there.

The Clinical School has a lecture theatre, 6 tutorial rooms for private or group study, cutting edge clinical skills and procedure rooms, a video conference room, and your own locker; all you have to do is bring a lock and check your email for your locker number. The Clinical School is open during normal office hours, and is accessible with

debrief with friends without worrying about privacy/confidentiality, or to watch footy over beer and pizza on a Friday night!

Barwon Health Library

The library in 2013 is a much smaller remnant of its older self, as the main library site is currently being upgraded. Works are expected to be completed in late 2014 but it is not yet known if the library will remain onsite or be moved offsite. Currently, the library is near the HMO (Intern) common room, and still has the important books on the shelves, along with a printer. As a 3rd and 4th year, you are classified as an off campus student with Deakin, so you can order books from the Deakin University library system and get them sent out via post for free!



your Barwon Health swipe card from 6am to 11.59pm.

The Common Room

The common room has a fully functional kitchenette, microwaves, tea and coffee machines, toaster, vending machines, fridges, Barwon Health accessible computer, a TV and DVD player, and a pool table! This area is looked after by the Geelong Clinical School Committee (GCSC) and is a great place to study quietly,

Food

Being close to the Geelong CBD, there are plenty of places where you can get some good quality student priced food. There are plenty of places where other doctors and health staff meet (Café GO, John Doe, Hudson's), and there are plenty of places to go where you can get away from it all (if I told you them I'd have to find new ones). There is also the hospital cafeteria, open at any hour you need it, and gives 10% off to all health staff, including students. There's a nice out pouch coffee corner there where most clinical teams go to grab a drink post ward round. Remember that when you're with your team, the most senior person pays, so don't worry, just enjoy it while you're still a student!

The Hospital

During 3rd year, 5 of the 6 rotations are based within Geelong Hospital, with tutorials held either bedside/in meeting rooms of the different rotations/across the road in the GCS. When you're attached to a team, they'll know you by name, and they will get you involved as much as they can, so it's up to you how much you decide to take on. Differing teams have different expectations, so don't be surprised if you're doing double the hospital and ward time that peers may be doing, you're in the real world now. You will get out what you put in, and the hospital staff and the patients are incredibly accommodating. With so many patients around, there's always opportunity to practise OSCEs and talk to patients, the supply is endless!

Parking

The hospital itself does not have free parking for students, but there are plenty of all-day and 2 hour parking spots in the surrounding areas. Get accustomed to the surrounding streets to know where parking is available. Most streets in the area have 2 hour parks on one side, and all-day parks on the other. Parking gets sparse after 9am, but you should be able to find an all-day park before 9am that is within a 5 minute walk of the GCS. Keep in mind that nursing handover occurs at 7.30am, so most of the closer spots are gone by then.

Teaching and Timetables

Timetables differ for all rotations and can be quite confusing at first, so make sure you liaise well with your group members to keep on top of things. Tutes get cancelled and rescheduled all the time, so just take that in your stride. Remember, they are there to treat patients too, and sometimes things just don't go as planned, so prepare to be flexible! The Clinical School staff utilise the SMS system to a great extent, letting you know of any changes or



cancellations, but remember that sometimes tutes are cancelled at the last minute, so they may not know in advance.

To help students before they start each new rotation, there are a set of student written and student updated rotation guides (Rovers) that are sent out and compiled by the GCSC. Make sure you read these before your rotation begins to know what's expected of you and how other students in the past have manoeuvred through hoops. These provide invaluable tips and hospital specific hints to get you through the year.

Events

There are lots of events that run throughout the hospital and the clinical school throughout the year. These include academic, social and philanthropic events aimed at students to senior consultants. Keep your eyes and ears open for updates throughout the year and get involved!

We are very excited to welcome the new cohort of GCS students for 2014, and I'm sure you'll take no time to transition from the preclinical to the clinical style of learning.

As always, feel free to talk to those who have been in your shoes, we're all here to help! Welcome to the GCS!

Ballarat Clinical School (BCS)

Lucy Johnson | Year 3 Academic Representative, Ballarat 2013

Chris Guy | Year 4 Academic Representative, Ballarat 2013, Austin Hospital Intern 2014

BCS prides itself on providing exceptional learning opportunities to its students in a friendly, supportive environment. 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. The Clinical School is conveniently located within the hospital, allowing easy access 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 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 are always friendly- by the end of the year they will have your order down pat.

Clinical Skills

BCS has a brand new clinical skills area that is equipped with everything including a mock ward and simulation room. The Clinical School has an experienced team of clinical skills teachers who are not only happy to teach but also to organise extra practice for anyone who wants to refine their skills. Staff are more than happy to supervise on the wards or any procedure, just call! The weekly ECGs tutes are a bonus tool to develop ECG reading skills.

Learning

Smaller student numbers allow for more personal learning opportunities. Smaller rotation groups enable greater access to

patients, surgeries and clinics. There are also multiple occasions for students accompany consultants at St John of God to 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 cardiovascular, respiratory, infectious diseases, gastroenterology, neurology and oncology. Students also receive pharmacology and radiology tutorials that are excellent. Once again, the smaller number allows the tutorials to be interactive and students are able to get the most out of them.

Hospital

The hospital has a wide catchment area, so students can rest assured that throughout their clinical years they will be exposed to a wide variety of patients. Not only are there the wonderful Deakinites but there are also students from Melbourne and Notre Dame to work and play with. But don't worry about limited patient contact- timetables are created with minimal overlap amongst Deakin and Melbourne students.

Support

BCS has fantastic, friendly and welcoming administration staff. There is no problem too 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.

Eastern Health Clinical School

Bianca Lenffer | Year 3 Academic Representative, Eastern Health 2013

If you're one of the (lucky!) few heading off to the big smoke for the clinical years, here are a few tips and myth busters to help you transition into the clinical school.

More than just Box Hill...

While we're all guilty of calling our clinical school "Box Hill", you'll find you spend a LOT of time travelling, with it not uncommon to have to be at 2 or 3 different sites in one day. Your home hospitals for the semesters are Box Hill Hospital and Maroondah Hospital. In addition, you'll spend time in the Yarra Ranges and eastern suburbs for women's and mental health. Having a car is definitely worthwhile, as sometimes the schedules are too tight to catch public transport. The bonus in all this? I found ample time to make a quick stop off at Chandon and Rochford wineries each time I had to drive through the Yarra Valley, and you'll never be short of a good coffee and a yummy muffin with The Firehouse in Ringwood and Red Cup in Box Hill being conveniently located right on the highway.

Parking

Ok, there's no good news in this one! Parking is appalling at Box Hill: make sure you leave enough time to find the all day spots in the side streets, and carefully check the signs. Do not take chances with parking as you will be fined. The only bonus is that it takes at least 10mins to walk from parking to the hospital, which means 20mins of exercise a day, which means no need for the gym, yay! Streets to try parking in are Medway, Tyne and Clyde streets. Maroondah also requires a

hike from the parking, but it's much easier to find a spot at any time of day - look for all day spots around Holland Road and Purser Avenue. You'll find you all swap tips on the good areas to park!

Tutorials, lectures and PBLs

Yes, you read that right, PBLs. Unfortunately, because we are part of an integrated program with the Monash kids, we have to do quite a few extra things that are part of their program that we hoped we'd never have to do again. On the bright side, the Monash kids are fantastic, make friends not enemies with them as they're great to have around - they're fun, they challenge us, and they make the Deakin crew look like star pupils as they don't have the fear of year 3 ranking driving them to show up and work hard! Seriously though, while the PBLs are an annoyance, the doctors running them are very good, and we cover useful common conditions.

For students at Maroondah Hospital Wednesdays are teaching days held at Arnold Street, and each Monday fortnight are surgical lectures. These sessions are compulsory, and again, while we all grizzled at having to go, the lectures were quite useful, and there is opportunity to hide down the back and do your own notes. The lectures drop off towards the end of semester which is a nice relief as the work starts piling up and you want any spare minute you can get! The awesome 4th years also ran weekly OSCE practice sessions on Wednesdays, and the incoming 4th years plan to keep the awesomeness going!

Student numbers

The Deakin crew at Eastern Health are split into two large groups, with one group at each of the two main hospitals each semester. That group is then divided across the 3 rotations, so you end up with only 1 or 2 Deakinites with you... Make friends, you'll be with those 1 or 2 people for the entire year! Quite often you'll be the only student on the ward, in clinic, or on your specialty placement. This means there is PLENTY of opportunity to be hands on and ask the doctors anything you like. The more you ask, the more the docs love to teach, so make sure you use that one on one time to drill the docs and get them to show you examinations, interpreting pathology and films etc. Each small Deakin group is placed with a group of 5 or so Monash kids, you'll grow to love your group. The only time you are in your extended group is for PBLs and tutes.

Timetables and attendance

The timetables can be confusing... Not only do you have one showing your overall group allocations, there's a separate one for each rotation, one for the bedside and PBL tutes for a semester, one for each Wednesday, one for the speciality tutes that you might have that rotation and so it goes. It's enough to make your head explode! The solution? Make friends with Bianca, the admin lady at Marooondah, or nab your friendly 4th year, and rely on your mates - there's always some who has it all down pat in 2 seconds flat!

Attendance is very stringent at Eastern and you'll sign so many forms by the end of the year you'll probably go through an entire pen. Where this impacts the most

is your ability to work. For those who still want to work throughout 3rd year you'll feasibly only be able to from late afternoon and weekends. Although there will be days where you may not have any classes you need to sign in for, they are not consistent and it's just easier to assume that you won't be able to work during business hours.

The good bits?

So, after all the serious stuff is done, is there anything really good about being at Eastern Health? Why of course there is! We are a small cohort up here, and that means that we are tight knit and look out for each other. This includes the 4th years that are great mentors and always willing to listen and help. The other bonus is that there's more dumpling restaurants than you can poke a stick at in Box Hill, and then there's the general awesomeness of being in Melbourne. While we may not have afterhours access to the library and study areas at the hospitals (we're working on that!), Deakin Burwood is 10mins away and is open 24hrs a day.



Most of all, while it's a hard year it can be a rewarding year too, make sure you enjoy the journey and take some time out to relax with some of the amazing new people you will meet along the way!

Warrnambool Clinical School

Tyson Moore | Year 3 Academic Representative, Warrnambool 2013

Warrnambool clinical school is fast becoming one of Deakin's most popular clinical schools. However, many myths still exist about what it is like to be a medical student at our clinical school and what the city of Warrnambool has to offer as a place to live. I will attempt to debunk some of the most common myths that have discouraged students from choosing Warrnambool as a clinical school in the past. Here's a fast fact to get you started – our clinical school prides itself on having the dux for the last three years in a row!

Myth #1: I can't bear the thought of living too far away from Melbourne so I won't be choosing Warrnambool as my clinical school.

FACT: Third year is the busiest year of your medical degree so there will not be much time for wining and dining in Melbourne. Warrnambool is a small rural centre that is located about two hours from Geelong and three hours from Melbourne. Getting to and from these locations is not the big deal that everyone makes it out to be. Just jump on the V-line train, sit back and relax with some study material and enjoy the journey (especially if you travel first class). Taking the train certainly beats braving the traffic!

Myth #2: If I go to Warrnambool, I won't be able to see brain surgery.

FACT: This myth is actually true – brain surgery is not performed at Warrnambool Hospital. It is not performed at Geelong Hospital either. The point of the matter is that, although it would be amazing to see brain surgery, knowing the intricate details of this surgery is not required knowledge at this stage of your learning. I

have scrubbed in for many cool surgeries, such as a diabetic below knee amputation, an abdomino-perineal resection for rectal cancer, and I have even put in some screws during hip fracture surgery. Our hospital offers all the major specialties including orthopaedics, obstetrics/gynaecology, plastic surgery, general surgery, and ENT surgery. With only three students to a rotation group, oftentimes you are the only student in theatre, allowing you direct access to the surgery.

Myth #3: Warrnambool is such a small place that there mustn't be many doctors there so the teaching won't be as good as the other hospitals.

FACT: This could not be further from the truth. As with the surgical rotations, Warrnambool hospital offers all the major medical specialties including general medicine, paediatrics, psychiatry, palliative care, intensive care and rehabilitation medicine. Warrnambool has many highly experienced clinicians that are very helpful and keen to give you bedside tutorials in your small group, so the learning is very interactive and they actually know your name! We also organise clinician-run MCQ sessions and OSCE practice stations that will prepare us well for our end-of-year exams.

Myth #4: I won't be able to get into the big hospitals in Melbourne for internship if I choose to study at Warrnambool.

FACT: This is simply not true. The majority of final year Warrnambool students in 2013 were allocated an internship at either Geelong Hospital or one of the big hospitals in Melbourne including the

Austin, Alfred, St. Vincent's, and Royal Melbourne Hospitals.

Myth #5: Warrnambool is a small country town so the hospital and its facilities will be old and out of date.

study break, there are heaps of things to keep you occupied in Warrnambool. My favourite thing to do is eat, and if you are like me, then there are plenty of great restaurants to try out. Some like to indulge in the local surfing scene, while



FACT: Warrnambool Hospital has recently been renovated so it is basically brand-spanking new and has state-of-the-art facilities. Our clinical school has also had a facelift (pardon the pun), and our clinical skills lab is fully equipped with the full gamete of mannequins and other medical devices to fine-tune your procedural prowess.

Myth #6: I would be bored out of my brain if I went to Warrnambool as there would be nothing to do.

FACT: Firstly, there is so much uni work to do that it is not possible to be bored in third year. Secondly, if you are after a

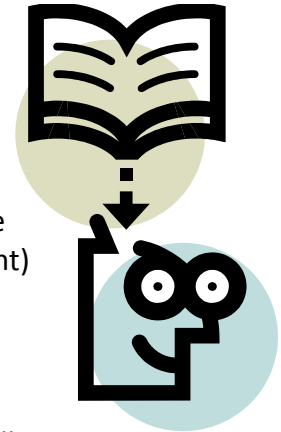
others take to the various bike tracks on offer, or you could take a stroll in Tower Hill Reserve, nestled inside a dormant volcano. You could also join the local footy team and win the grand final (nice one Pete!). A major tourist attraction is the Southern Right whales that return to Warrnambool at certain times of the year to give birth and raise their young.

Hopefully this article has given you a taste of what it is really like to live and study in wonderful Warrnambool, and has dispelled some pesky myths. I wish you all the very best for your studies and we look forward to welcoming you in the future.

Getting Through ELPD (Endless Labour on Personal Deliberations)

Aysha Al-Ani | Publications Chair 2013, Royal Melbourne Hospital Intern 2014

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!

Top Tips for Internship Applications and Interviews

Aysha Al-Ani | Publications Chair 2013, Royal Melbourne Hospital Intern 2014
Jo Green | Deakin MSCV Representative 2013, Royal Melbourne Hospital Intern 2014

Applying for internships is an exciting and daunting task. While realising that the light at the end of the tunnel is ever nearer, the overwhelming amount of information, paperwork, and deadlines make it stressful and exhausting. At the time, it feels like you have to make lifelong decisions on a one-year placement, but we have put together this list of tips which hopefully help you in the process.

1. Get Organised Early

- In retrospect, we all wish we could have started our preparation earlier in fourth year, some may even say over the break! It is imperative to know your deadlines. A good way to do this is to register with PMCV- they provide a timetable of the important cut-off dates for registration, referee forms, and preference submission
- Keep record of all the hospital open days, information sessions, and the Careers Expo (this occurred in June 2013 for our year but previously has been held in May) so that you do not miss out
- In preparing your application, have separate paper/electronic folders for each hospital and take note of the CV criteria- for evidence-based CVs, you will need to gather all the relevant documentation from the appropriate people

2. CV

- This is by far the most time-consuming task. The earlier you get started, the better. Remember that you want to have as much done before it all gets crazy hectic with interviews and the exam period
- Some useful starters- Deakin resume builder (available through the Deakin website), the AHPRA CV

template (available from the AHPRA website)

- Book an appointment with the CV consultants at Deakin University. You have to first register with JobShop and make a booking on line. This is very useful in formatting and invaluable for impartial criticism and great feedback
- Most hospitals have a three-page limit including a photograph- stick to it! Keep your CV simple, clear, and readable, choose minimalism over colour
- If you have a family/partner/other address near the hospital you are applying for, use it in your demographics
- Highlight your strengths- while some hospitals may have strict criteria for the order of headings, others are more flexible. Therefore, if you have an impressive research and presentation section, prioritise that over casual or brief employment
- Most importantly- check, check, and check the spelling and grammar. Then edit, proof-read, edit again! Ask family and friends for their help- it is amazing what fresh eyes over your work can pick up
- Your Head of Clinical School may have additional CV advice so make an appointment if they offer

3. Referees

- Different hospitals have different requirements for references. While PMCV requires you to submit the details of two clinicians who have supervised you in your training, some health organisations require an additional letter or personal reference for online submission on their recruitment portal or presentation at interview. **Crucially, in most health systems, Registrars of any level are not accepted as referees** (despite the fact that they are the greatest point of contact). One way to overcome this is to give the Registrars' names to the Consultant in charge (with their permission) if you feel that would be a more reliable account
- There are different theories as to which Consultants to choose- male/female, surgeon/physician/GP, one from 3rd year/4th year...the combinations are endless. Keep your top preference in mind and ultimately pick the ones that you feel had the best impression of you
- In all cases- make sure you actually ask the Consultants to be your referee!! Asking them if they are 'comfortable' or 'happy' to do this will give you an indication if their reference will work in your favour- do not assume they will accept!
- It is a good idea to let your referees know that you are submitting their details. That way, you are both on the same page and can track that the assessment form has been completed correctly
- PMCV will send an email to inform you that the referee form has been filled out. If you have not received a notification, some details may be

incorrect or your referees may have forgotten so follow this up

- Remember to **thank them** after job offers come out!

4. Research the Organisations

- Check out official websites, go to the Careers Expo, and speak to current interns (especially ex-Deakinites if you want to know how they feel amongst the other graduates). This will help you understand the health systems' values and missions.
- Attend the open days- not essential but key to providing you with buzz words, which come in handy when writing cover letters or attending interviews. Note that some hospitals take attendance so keep that in mind when signing up and cancelling.
- To focus your research, think about:
 - Intern rotations
 - Seconding hospitals
 - Rural spots
 - Future prospects- how many years you want to be there, what training pathways they offer and how they match your long term goal (something to think about but not the be-all and end-all as this is just internship)!
 - Application- online, additional questions, personality tests, postal or electronic sending?
 - Interview- panel, group, or none?
 - Cover letter- online, paper, none?
- Have your own criteria for why you want to be at certain hospitals and not others (deciding preferences is an excruciatingly difficult task but you will get there in the end!) In our

experience - the best hospital for you will choose you

5. Documents

- Applications may be complicated by the need for evidence- in 2013, the Austin Hospital and Royal Melbourne Hospital required an evidence-based CV
- Ensure you have any letters/workshop certificates/transcripts scanned and signed by the relevant people

- Keep a backup copy of everything in case you need to resubmit in a reduced format

6. Finally- keep calm and carry on!

- There is so much to think about in fourth year- exams, electives, and jobs. It is important to enjoy life outside of med school, and stay in touch with your family and friends- they will help you keep a level head in such a difficult time
- If all else fails, remember- everyone will have a job in the end so have faith it will work out in the end!



It was a mistake for Eric to wear a t-shirt to his job interview, and it was a bigger mistake to wear that particular t-shirt.

Top Tips for Job Interviews

Aysha Al-Ani | Publications Chair 2013, Royal Melbourne Hospital Intern 2014

1. Get Prepared

- Preparation at any level will inevitably be useful although everyone has their own individual way of preparing for interviews so do what suits you
- Attend the Interview Preparation Workshop organised by MeDUSA Academic Chair
- Think of potential questions and ask current interns what they remember from their interview. Even if the questions are worded differently, they often have similar

themes across different organisations- conflict resolution, ethical dilemmas, self-awareness etc.

- Practise answering different questions in writing or rehearsing verbally, alone or with friends and family
- In some cases, less is more- you want to be as natural as possible so memorising answers may taint this



2. Look the Part

- Your outfit should be smart, professional, neat
- Boys- suit with tie
- Girls- conservative dress with blazer/suit. No skin above knee or below décolletage!!



3. Carry a Folder

- It is a great idea to have a leather case/file holder/compendium containing a paper copy of your CV, cover letter, or other reference you may have to reproduce on request by hospital at interview

4. Be Yourself

- In all interviews, there is no other way to make sure the right hospital picks you but to stay true to your values and personality.
- This is especially transparent in the group interview when three other candidates will be interviewed alongside you for 45 minutes

5. Stay Contactable

- Some hospitals offer you the choice of reserving your own date and time, so when booking holidays and/or electives, consider the interview dates of your preferred hospitals - make sure you are still in the country!

Travel and Conference Support Scheme (TCSS)

Both MeDUSA and the School of Medicine appreciate the benefit of conference attendance for professional and personal development, networking and growth in the areas of academia and leadership.

TCSS, initiated in 2013, helps provide financial support for students to attend conferences that will enhance their experience at medical school and into their career. The policy for travel and conference support has been derived in consultation with the School of Medicine to provide subsidies in a fair and equitable manner.

Applications will open three times per calendar year.

Round 1: Conferences occurring March – June (inclusive)

Round 1 applications open at 9am 1st February and close at midnight 28th February

Round 2: Conference occurring July – November (inclusive)

Round 2 applications open at 9am 1st June and close at midnight 30th June 3.1.3.

Round 3: Conferences occurring December – February (inclusive)

Round 3 applications open at 9am 1st October and close midnight 31st October

Conferences attended in 2013 include:

Cardiac Society of Australia and New Zealand Annual Scientific Meeting (Gold Coast, Australia)	International Surfing Doctors Conference (South East Java, Indonesia)	Sequential Oral Sensory (SOS) Basic Feeding Conference (Sydney, Australia)	Rural Medicine Australia Conference (ACRRM) 2013 (Cairns, Australia)
Asian Medical Students Conference 2013 - The incoming tide of community medicine (Kuala Lumpur, Malaysia)	AMSA Second Council (Queensland, Australia)	The 2nd International Emergency Care Symposium (Melbourne, Australia)	Rural Medicine Australia Conference (ACRRM) 2013 (Cairns, Australia)
Global Health Conference (Hobart, Australia)	2nd Australasian Refugee Health Conference (Perth, Australia)	National Rural Health Conference (Adelaide)	Emergency Medicine Core Knowledge Conference (Melbourne)

Stay tuned to the MeDUSA updates closer to the Application Dates. Please refer to the guidelines if you wish to apply for MeDUSA Travel and Conference Support Scheme (TCSS). All applications are to be sent to tcss@medusa.org.au. Check out the following reports...

34th Asian Medical Students' Conference

The 34th Asian Medical Students' Conference 2013 was held in Kuala Lumpur, Malaysia from the 3rd – 10th of July 2013. With the theme being 'The Incoming Tide of Community Medicine,' the conference explored the important roles that community medicine and public health play in today's society.

Several lectures, workshops and symposiums were held for nearly 450 medical students hailing from 19 countries in Asia and beyond. The four sub-themes that were covered in the conference's academic program were:

- a) maternal and child care;**
- b) environmental health;**
- c) occupational safety and health; and**
- d) chronic non-communicable diseases.**

These sessions were delivered by distinguished academics from all over Asia. Having just done an Endocrine and Life Cycle block the semester before, I greatly enjoyed a symposium on Type 2 diabetes.

On the 3rd day of the conference we paid a visit to Felda Soeharto, a rural community 2 hours away from the hotel that was hosting the conference delegates. There we participated in several activities including a patient home visit, where, through the help of a few Malaysian delegates, we conducted a history taking session and a brief physical examination, as well as a brief occupational health survey of the outdoor area of their home with their permission. There was also a talk from a nurse who works for a breast cancer support and education organisation, and we participated in a few basic clinical skills stations which involved activities such as

blood pressure measurement and blood group testing amongst others.

The Australian delegation was comprised of over 30 medical students from all across Australia. As a delegation, we submitted pieces for all the academic competitions, which were the scientific paper, scientific poster, public poster and video competitions. I contributed to both the scientific paper and public poster, and was asked by one of the chief delegates to represent the scientific paper team by delivering a 10-minute presentation along with two other medical students. It was an interesting experience in which we talked about our paper (Management of Depression for Patients with Type 2 Diabetes Mellitus in Australia) and were asked questions by academics who judged the competition. Our scientific paper team received the title of first runner-up, and the rest of the Australian teams in the other academic competitions also did well.

Along with the academic program, the conference schedule included a variety of social and cultural activities, which provided a great opportunity for networking as well as learning about Malaysian culture and the various other cultures that were represented at the conference.

Overall, I found this conference to be a fantastic experience. Not only did I get to learn about the different aspects of community medicine, I also had the opportunity to develop my presentation and networking skills, which I am sure everyone would agree are important skills in the medical profession. I would highly encourage everyone to attend future conferences such as this one.

National Rural Health Conference

Simon Hume | Second Year 2013

I had the pleasure of attending the National Rural Health Conference in April. The NRHC is a bi-annual conference by the National Rural Health Alliance that brings passionate rural health advocates together to discuss issues and generate recommendations pertinent in shaping the future of rural and remote health.

A performance by “Tutti” in the opening ceremony set the tone of the conference. This choir consisting of people with disabilities brought the house down with their amazing voices and inspirational resilience. The choir encapsulated a key theme of rural health- **with determination and dedication, you can persevere through adversity and succeed**. This was aptly followed by a talk from Dougie Herd of the NDIS Launch Transition Agency, who emphasised the significance of NDIS in an attitude shift towards disabled people from a paternalistic, inhumane approach to one which acknowledges and emphasises their human rights. We should not define the disabled by their limitations but by their ability to contribute meaningfully to society.

Another key theme of the conference was the role of information technology in the future of rural health. Independent MP Rob Oakeshott emphasised the importance of the NBN in delivering effective e-health programs but also in improving the social determinants of health (SDoH) simply by the availability of the internet through its provision of health literacy, social communication and access to work opportunities. The NBN is critical in providing sufficient speed to effectively utilise video-conferencing which is an

essential part of engaging specialists from urban centres. The benefits of social media were also brought up as a tool in preventative medicine and awareness promotion. I was particularly moved by Alison Farleigh, who spoke of her use of Twitter to help her through her battle with mental illness. She is now an advocate for social media and spoke about how social media can be used as a key tool in addressing farmer health. Alison suggested that platforms such as Twitter and blogs will allow farmers to tell their story which they have so far been unable to. Alison also co-founded **RuralMH** to raise awareness of mental health issues in rural areas with a particular emphasis on farmers. This presentation made me aware of how important social media can be in rural preventative health which has previously been a challenging area due to the tyranny of distance.

The conference also addressed the notion of the two-speed economy present in rural and remote areas which is having detrimental effects on the SDoH for people living in these communities. We have had little exposure to health economics and I learned a lot from Professor Jane Hall and her advice on what health policy changes are required to meet the economic climate of the 21st century.

The conference ultimately provided a great opportunity to meet like-minded students who share a passion for rural health as well as a valuable network in the future. Finally, I would like to thank MeDUSA and the School of Medicine for their generous contribution in allowing me to attend this conference.

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