Issue 3: Leadership and Advocacy Sept 2015

The Pulse

Newsletter of the Deakin Medical Student Society

Leadership and Advocacy

A Welcome from the Editors

By Sylvia Ye

Publications Co-Chair

3rd Year Medical Student

Doctors are supposed to be leaders in the community and advocates for the health and safety of their patients and the public.

We all have something that ignites passion inside us – whether that be working with refugees, tackling world poverty or supporting and fighting for women doctors to get the recognition they deserve.

As medical students, we are constantly drowning in a sea of textbooks, professional

Continued on 2

competency forms and assignments, wondering when we will finally be let loose into the world to fight for the things that matter to us.

This issue is all about leadership and advocacy. Hopefully, the past experiences and advice from your peers will inspire you to take up a cause or help open up a myriad of possible paths to all get involved early.

AMSA Leadership

By Dale Jobson

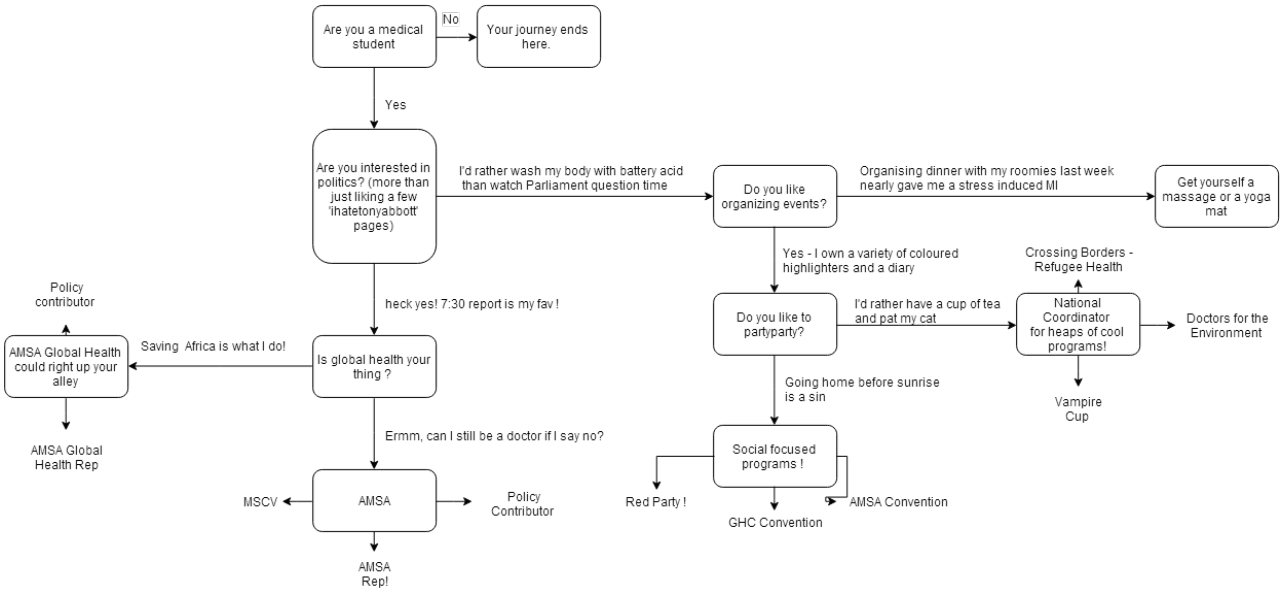
MeDUSA Treasurer

3rd Year Medical Student

The medical profession has many great leaders but I often wonder how they all start? For young aspiring leaders it is often difficult to get an opportunity to show leadership in a profession that is so hierarchical. The Australian Medical Student Association, AMSA, offers fantastic opportunities for medical students to dabble in other interests and hone skills you might not be able to use in the hospital – leadership, initiative, and creativity.

There are heaps of ways to get involved in AMSA or other student advocacy bodies but it's often confusing to know what would interest you in such a big organisation.

So here is my dummies guide for finding your niche in AMSA:



What I've put here is just the start. For actual legit information on how you can get involved I'd recommend you have a chat with your AMSA rep, amsa@meusa.org.au. I can't recommend enough having an outlet for those skills that aren't used in the clinical environment - AMSA or otherwise.

Global Health Unzipped

By Madeline Smith

2nd Year Medical Student

On the 8th of August, UHAD staged Deakin's inaugural Global Health Conference, Global Health Unzipped. The conference explored factors beyond the hospital that influence the health of the wider community. In doing this, delegates were invited to extend their conceptualisation of what it is to be healthy in a rapidly changing global environment.

The first speaker, Georgia Paxton, discussed issues affecting the paediatric refugee population, using her clinical experience as the head of refugee health at the Royal Children's Cospital. She asked viewers to consider the impact of detention on refugee children and the challenges associated with integration into the Australian population. For example, when filling in forms for accessing Medicare, the first section asks for you first and last name. For most of us this is one of the most basic ways of identifying ourselves, however many refuges have only one name. The online form will not allow you to proceed until you fill in both boxes. Issues such as these challenged the audience to consider just how accessible health care is to new arrivals, and if we could be doing more to support these vulnerable populations.

Our next speaker, Senator Richard Di Natale, challenged students to consider the difficulties associated with implementation of health policy, particularly in a political system that favours those that produce outcomes within a three and half year electoral cycle. Di Natale advocated for a greater focus on the funding of the public system over private and the importance of investing in public health interventions. He also encouraged students to become politically engaged and to consider ways that we could advocate for change at a broader public health policy level.

Outspoken lawyer and human rights activist Julian Burnside continued on from Georgia Paxton in advocating for the rights of refugees. Burnside described confronting personal stories of individuals who have sought refugee status in Australia, challenging the audience to juxtapose these stories with those that are circulated in the popular media. Burnside also addressed the introduction of the Border Force act by asking the audience to consider how these new laws may limit a practitioner's ability to defend the health of their patients if they feel that needs are not being met in Government run facilities. In addressing this new policy, he stated that, 'If it is a crime to report a crime, you know that criminals are in charge'. Burnside encouraged students to engage with their local MPs and helped us to understand the importance of lending our

The MEDUSA Website

MeDUSA's newly launched website is a the one stop shop to catch up what's going on, checkout photos from all the major events throughout the year as well as access excellent resources to help with study, including:

- Past exam feedback
- Practice exams
- Summary notes
- Clinical school information
- Sample timetables
- Internship information
- Useful websites/apps

So if you haven't yet done so, make sure to head over to www.medusa.org.au for a visit. Remember to sign up with your Deakin email address to check out the resources!

voices to campaigns in support of upholding basic human rights, and to critically engage with the media that we are exposed to.

Patricia Rarau changed the tone of the day by addressing the difficulties of undertaking medical research in developing countries, by describing her work in Papua New Guinea as both a researcher and practitioner. Rarau's description of researching the prevalence of non-communicable disease and the associated risk factors in different populations across PNG was both insightful and inspiring.

The final speaker, Chantelle Baxter, finished the day on a far more personal note. Baxter describing her involvement in the development of the charity 'One Girl' an organisation that provides scholarships that allow young girls to attend school in Sierra Leone. Chantelle described a life changing trip to Sierra Leone, where she was struck by the challenges that women and girls face across the world and committed herself to doing something about it (with the hope that it will inspire others to do the same). From humble beginnings, 'One Girl' has raised over 1.6 million dollars and supported the education of over 1,750 women and girls. An inspired audience then went on to sign up for UHADs Deakin Dash, and have, to date, raised over $4000 in support of 'One Girl'.

This conference achieved its aims to challenge and inspire its audience to begin thinking of factors that influence health beyond the hospital. It triggered conversations and impassioned debate, which will, with any luck, will inform future leaders within the health profession to encourage a professional commitment to health advocacy.

Leadership Lessons

By Robbie Mann

MeDUSA President 2015

Someone once said to me that good leaders are those that you don't hear from, as they're able to manage things within their team to ensure things run smoothly. Others have said that leaders should always have an opinion and always have a presence. For me, it's a mix of both, as a leader must advocate on behalf of what they represent, but also motivate and encourage their team to do the same. This is something I've always tried to have a healthy balance of through my last few years of leadership, all the while ensuring it doesn't impact on my studies.

I've been involved in MeDUSA for the last four years, and it has opened up so many opportunities to upskill and to learn from great leaders. Four years ago, I used to get crazy butterflies when I'd stand in the front of a small audience. Now, I can easily stand in front of a large group of people and present. Additionally, leadership within MeDUSA has improved my time management skills, provided me with opportunities to run events, and opened my eyes to the world of running a small society.

However, some of the most rewarding benefits I get out of being involved in a student society, especially in my position as President, is offering advice to junior representatives and watching their hard work flourish. This is the part of the

role that requires being a quiet leader, and allowing others to step up and grow.

Regardless of how you see leadership, each and every one of you will be a leader in your own way as you will promote and advocate for the very best health for your patients. You will be a loud leader, advocating for improved primary health care and improved hospital services in your rural or regional town. But you will also be the silent leader, encouraging your patients to take control of their health and watching them succeed and meet their goals.

Leadership at a medical society level may not interest you, but I encourage you all to consider how leadership can upskill you for future employment, and also benefit your training as a future doctor.

Advocacy and Action – where the Global Village Project comes in

Joshua Martin

2nd Year Medical Student

Vice President, Global Village Project

It's not news to most of us that we live in the top few percent of the world's wealthy. But where do you file that intractable piece of information? It usually doesn't seem to help to have this line played over like a broken record. For me, the only place I could file it was in experience. It took a step of humility to consider my place in that global ranking and actively engage at the other end of the scale. To visit people and places in the bottom few percent and experience a life other that what I've known was the only way I could match the knowledge of the mind with the power of the heart.

Visiting the rural villages in Odisha, India, has been one such experience. The Global Village Project has been running trips to an orphanage for the past three years, and I travelled there earlier this year with some other med students to give of our time and share life with the people.

Typically the remote villages in Odisha have

very little sanitation or basic hygiene, and many deaths occur each year from treatable and preventable diseases. At the Global Village Project we are working with Jacob's Well Foundation [1] to break the cycle of poverty through education, provision of clean water, and access to healthcare.

Consider this example of a visit to one of these villages earlier this year. A team of volunteers arrived at a remote village and was invited in to see an older gentleman who was then bed-ridden. Discussion with the man and his family revealed a recent bout of diarrhoea, and that he had not been eating or drinking since it started. When asked why they didn't take him to the hospital, they said they lacked the money, and he was dying anyway. So, they said, even if they were to pay for him to be taken to the hospital, he will die anyway and the money would be wasted, so it was better that he just die at home and they save the money.

After this, the volunteer team returned back to base, but one of the members, an ICU nurse from Melbourne, was discouraged by the response of this man's family. She was convinced that he was simply dehydrated and malnourished from the diarrhoea and the subsequent lack of food and water intake. Perhaps with a thorough assessment and appropriate treatment he might make a full recovery. Early the next morning she returned to the village with some of the team and engaged with the family about the man's state. She convinced them to permit her to take the man to the nearest hospital, itself hours drive from the village. They reluctantly consented, he was admitted, given IV fluids and was soon able to eat. Within forty-eight hours his state was much improved and he insisted that it was time for him to return home and tend to his crops. He had himself discharged, and walked back home to his village.

What do we take away from this? Maybe it's that with a little education people could be empowered to improve hygiene and prevent many similar cases. Perhaps it's that you could use your skills to help break the cycle of poverty that leads to cases like this. Or maybe it is that we need people committed to both advocacy and action to make positive changes in the world. Whatever you make of it, we at the Global Village Project are building relationships with people in these villages of Odisha. We are committed to improving the lives of those to whom we minister, and to providing students and professionals alike the opportunity to light the fire that will drive lasting change in favour of the world's under privileged. Will you stand with us?

If you'd like to find out more about the Global Village Project, why not check us out on Facebook [2] or on the website. http://www.jacobswell.org.au/

MeDUSA TCSS Reports

Inspiration for opportunities for medical students in leadership and advocacy

Report 1 – EMCORE, Melbourne Convention Centre

By Yang Wang

EMCORE 2015 was run over the last weekend of May and consisted of 45 lectures of practical emergency knowledge in 18 hours held over 2 days. The two days covered a wide range of topics from trauma to hyperthermia, paediatrics to 3-minute neuro examinations. The talks were presented by several emergency physicians from all across Australia, and interesting enough two from Ballarat Clinical School.

From the first day, we jumped straight into time critical, trauma scenarios with managing penetrating neck injuries followed by facial traumas. (Remember Le Fort fractures from MM?) The lectures presented were a mix of expert opinions and latest research, and I found that the content was tailored to be understandable at all levels, from individuals with non-emergency backgrounds to EM consultants. As a medical student, I felt that it really helped to consolidate what we have covered in anatomy and the KHI topics and the scenarios translated learned theory into real world applications which made the experience much more enjoyable.

Day 2 started with a focus on the A of DRABCD. There was a live demonstration (on a prop) of a resuscitation scenario followed by a discussion into resus theory and debate about the commonly used muscle relaxants used. This was followed on by presentations regarding obstetric complications, e.g. 4 techniques of delivering a macrosomic baby of a diabetic mother in a car park (uncommon yet entirely possible scenario). 2015 was also the first year that EMCORE have given out bound copies of all the lectures as well as lecture recordings for attendees to watch after the conference and I'm sure resources will be available for future conferences. I've found that the conference team are really supportive for not only providing information before the conference but send you regular updates even now after the conference has finished. For more information about EMCORE or any of the other events they run such as ECG workshops you can find it at http://www.resus.com.au

Finally, apart from the presentations, it was a fantastic opportunity to meet and network with doctors locally and abroad not only in the field of emergency medicine but also many rural GPs. The food was great and there was plenty of coffee and tea to keep the 400 members of the audience awake and attentive for those 8:30am starts. From talking to several health professionals, I was surprised at how common many of the talked about situations occur and gained an even greater appreciation of the range of operative skills that a country GP has due to working in a resource scarce environment.

I found that attending this conference was a really memorable experience both in terms of learning and from talking to individuals that are really passionate about this area of medicine. I walked away from the weekend with some really useful knowledge that will be valuable in clinical school and beyond and made some really great connections from enthusiastic EM registrars to rural GPs. I would highly recommend it for anyone who is interested or has a curiosity for emergency medicine to visit the website above, check for updates and hope to see some Deakin students there next year!

Report 2 – Asian Medical Students' Conference 2015, Singapore

By Yasemean Kalam

Over 500 students from the Asia-Pacific congregated in Singapore in early July for the 36th annual Asian Medical Student's Conference (AMSC 2015). The theme of this year's conference was 'Geriatric Medicine – embracing the silver tsunami'. I was one of the 8 Deakin representatives at the conference, and one of the 35 delegates representing Australia. The 7-day program was jam packed with various cultural, social and academic activities.

Students were divided in to groups of approximately 22 delegates and 5 group leaders, or Group Moderators (GMs), who were local Singaporean students. The conference consisted of many group activities such as games, academic group discussions and sight seeing events. The academic presentations at this conference focused on ageing, end-of-life care and decision-making, and community services available for the elderly. The group discussions about these topics provided us with the opportunity to learn about the challenges faced by each country, with regards to their respective ageing populations. It was also interesting to learn about how elderly care varied in each nation.

The other academic events included site visits to Singaporean health services such as community centres, hospitals and the simulation centre at the university. The academic competitions were also a great opportunity for students to showcase their hard work in the form of scientific paper, poster and white paper presentations. Overall Australia did very well and managed to place in the top 3 for all competitions.

The sight seeing events were definitely the highlights of the conference. The first visit included visits to some of the Singaporean cultural heart lands including Little India, Chinatown and Kampong Glam. This gave us the opportunity to appreciate the cultural diversity in Singapore. The second sight seeing event was to Singapore Zoo's Night Safari' – which was a great chance for us to see the 'Creatures of the Night' performance, and to enjoy a lovely tram ride throughout the zoo. Other sight seeing events also included trips to Gardens by the Bay and the Flower Dome as well as the Marina Bay Sands shopping complex. The final sight seeing event was to Sentosa Island and Universal Studios, in which we spent most of our day.

Overall, this conference was a busy, yet very fulfilling experience, allowing lots of opportunities to engage in cultural activities, academic competitions and community service. The best part of the conference was the socialising, and the life-long friendships. I really bonded with my group, and I am glad I had the opportunity to attend this conference and experience it all!

Report 2 – Asian Medical Students' Conference 2015, Singapore

By Shuwanugha Subramaniam

This year, Singapore was the host of the 36th Asian Medical Students Conference (AMSC) held between the 5th and 12th July 2015. Approximately 450 medical students from more than 20 different countries came together to partake in the 8-day long program. I was fortunate to be among the 35 Australian delegation representing both AMSA and the Asian Medical Student's Association International – Australian chapter (AIA). Together we explored various facets of geriatric medicine based on the conference theme 'Geriatric Medicine – Embracing the Silver Tsunami'.

On the first day of the conference, we were divided into our respective groups to meet our group members and group moderators. We engaged in various ice breaking activities, and the evening concluded with a delicious buffet dinner of Singaporean delights and entertainment. The conference officially kicked off with a bang on the second day with an impressive Chinese lion dance performance, followed by an opening speech from Singapore's Minister of State for Health, Dr Lam Pin Min. Thereafter, I had the privilege to listen to presentations by highly respected professors and experts in the field of geriatric medicine. The topics focused on the clinical manifestations of ageing, age related diseases and end-of-life care, giving an enlightening introduction to geriatric medicine.

The next day my group and I visited a local hospice center, Dover Park Hospice, to gain more insight into end of life care in Singapore. As we took a tour around the center, I felt at awe with its serene surroundings. There is a huge Koi fishpond where the residents love spending time watching and feeding the fishes, as they say it makes them feel at peace. I left the center with profound respect and admiration for the people who work hard to provide a holistic approach, to maximize quality of care and alleviate the suffering of terminally ill patients and their families. The rest of the day was then spent around activities that introduced the colorful culture of Singapore, their traditional games, dances and art.

Day 4 and 5 were important an exciting days for all the delegates as it was the day of the academic competitions. Australia successfully placed first for Best Video for White paper, second overall for White paper and third overall for both Scientific Paper and Scientific Poster entries. It was a proud moment for all the Australian delegates as all our hard work had paid off as we faced touch competitors. The two days were also filled with academic workshops that allowed us to gain further insights of Singapore's healthcare system. We sat through conversations with patients and geriatricians who shared some advice for treating and caring for the elderly. We also had stimulating discussions on the challenges that Singapore's aged care system is currently facing and contrasted that to challenges faced by other countries. In our groups, we explored around the NUS School of Medicine and had a chance to observe the state-of-the-art research and teaching facilities in NUS.

Besides academic and community based activities, a range of social and sightseeing programs were planned. We went on tours around the sunny and

busy city of Singapore, explored the beautiful Marina Bay Sands, Sentosa Island and even had a visit to the Night Safari Zoo! A fun filled Cultural Fair was organized to enable all the chapters to showcase their unique culture, food, costumes and games. A glorious Cultural Night exposed the many talents of medical students as each chapter danced and sang on stage.

As the conference came to an end, I felt a slight sense of sadness. This experience gave me the opportunity to develop lasting friendships and new connections with medical students around the world, on top of gaining a deeper understanding of geriatric medicine. It was wonderful to witness students from different nationalities and backgrounds unite to discover ways to foster a better future in aged care. I feel honored to be part of an unforgettable experience and highly encourage all students to be involved in opportunities such as this.

Report 4 – Australasian Students' Surgical Conference 2015, Perth

By Elina Ziukelis

I attended the Australasian Students' Surgical Conference in Perth. It consisted of a networking evening, a day of lectures and research presentations and a day of small group workshops at the University of Western Australia's Clinical Training and Evaluation Centre. Receiving career advice, glimpses into the life of a surgeon and tutorage from such accomplished surgeons and admirable people as Fiona Wood, Munjed Al Muderis and Tarek Razek was a unique and exciting opportunity.

A common theme between speakers was the importance of *persistence*. Professor Fiona Wood had been told that women shouldn't be surgeons and her first surgical training job offer was retracted once it was found that out she had children. Associate Professor Munjed Al Muderis continued to read anatomy books while he waited in Curtin Detention Centre. Dr Jessica Yin's recommended response to setbacks was *"Get back up. Dress up. Show up. Never, ever give up."* Other key messages were the importance of basic principles, of meticulous attention to detail and of attention to current research.

Surgery was depicted as a stimulating and immensely rewarding career. As several of the speakers have worked for international organisations or the military, the potential to have a global impact and to provide expertise outside of the operating theatre were also highlighted. Orthopaedic surgeon and aid worker Mr. Richard Villar took us through the incredible organisation, collaboration and risk-taking required to assemble a temporary hospital in a disaster zone. Dr. Tarek Razek showed how exhilarating trauma surgery can be (to use his words, like "intensive care on crack cocaine"), with an onscreen demonstration of his colleagues sewing up a beating, bleeding heart and stories of working in a mobile army service hospital (MASH) in Sudan. Professor Richard Satava explained some of the extraordinary technology already in use by the American military and showed us what the future of surgery may look like: automated operating rooms with no human personnel, femtosecond lasers, cellular surgery, genetic surgery and synthetic organs.

All workshops assumed no knowledge. Surgeons, neurologists and emergency physicians conducted those I attended. I learnt lumbar puncture, cricothyrotomy, advanced suturing techniques and an approach to assessment of the trauma patient. I appreciated the opportunity to learn to use instruments I'd never seen before, apply my knowledge of spinal and airway anatomy and test my clinical reasoning skills.

I left feeling that the world is my oyster and determined to attend as many more conferences as possible.

VMWS Special Report

Dr. Deborah Colville, President of the VMWS

Interview conducted by Sylvia Ye

3rd Year Medical Student and VMWS Student Rep

Biography

Assoc Prof Colville is an ophthalmologist and the President of Victorian Medical Women's Society. In her spare time, she enjoys bushwalking, camping and generally being out in the open air. She is a self-described 'National Park junkie' and a hippie at heart. If she weren't a doctor, she'd be a social science researcher. Dr. Colville initially considered orthopaedics and on the way, met an inspiring mentor in ophthalmology She has found the medical profession immensely satisfying, and says that he has no regrets and is really lucky to have such a successful career.

What does VMWS mean to you and why do you believe it is important to have a society dedicated to medical women?

The Society was founded in 1896 by Dr. Constance Stone, who was trained overseas after being denied entry to the University of Melbourne as she was a woman. The society and members were involved in the startup of the Queen Vic Hospital in central Melbourne.

The VMWS is needed to advocate for women doctors as this done insufficiently by mainstream medicine. I believe it is essential to have a separate group to bring the relevant issues forward. We would all, I suppose, like to see the day when this is not necessary, when women doctors' issues are simply mainstreamed across all of organized medicine – but that day has not come. Rarely do mainstream medical organizations see advocating for women's health by women doctors as their 'core business'.

Women doctors have twice the suicide rate of male doctors, are 20% less likely to have their work accepted in scientific publications when they include

their female name as author and are paid 83 cents to every $1 paid to their male colleagues, adjusted for lesser hours worked (MABEL statistics 2014).

Despite doctors seeing themselves as leaders in the community, organized medicine is not working hard enough on addressing the imbalance: women doctors experience the same gender pay gap as women in the community at large. This is all despite having women doctors having high ambitions and excellent capability, training and experience, ready to serve at the highest echelons of professional medical work and scientific research. The unconscious bias against women means that they are often mistakenly labeled by others, and even by themselves, as being of lesser 'merit'. Despite what is claimed, women doctors are not 'lazy'. Women doctors are simply not offered 'real' choices or optimal career development opportunities.

I ran for President in 2014 so that I can have a voice in current debates around women in medicine and around women's health. I want to work to make it more comfortable for female medical students and doctors to fully participate in our medical culture. I hope that this might give us more satisfying careers and better occupational health. I see a lot of wastage of women in their medical work, due to lack of self-confidence, resources and most importantly, through

being punished for the aspects of their lives as woman. Women doctors deserve to be honoured in our profession.

Have you had to make any sacrifices to get where you are? Were these sacrifices unique to being a woman in medicine?

I was concerned to discover that I almost couldn't have children. The long length of postgraduate specialist training means delayed childbearing and this risks infertility. Since I was focused on getting through my eye training, doing an overseas fellowship, and starting up a career as a hospital and private practice specialist, I foolishly 'almost forgot to have children'. I was lucky enough to have fertility treatment. My motto now is to recommend the following: 'Get in, Get Pregnant, Get Help!' I would like to see the day when women feel entitled to take maternity leave from their work. Kaz Cooke (Cooke 2001:322) published a humorous story for me about negotiating part time College training. When she requested a part time training fee, instead of creating a category for parental leave, the college simply re-classified this female trainee as being 'overseas!'.

What do you believe are some of the biggest issues regarding women in medicine or women's health?

Women are segregated into particular areas of medical practice, with the suggestion that it is the work, rather than sexism, that constrains them from being able to make real choices about the clinical area in which they will practice. I strongly object when women medical students and junior doctors are told that they ought not to do surgery as a career, for instance. I contend that the work of surgery can be done most capably by women surgeons.

Further, I am saddened that surgery as a discipline misses out, and patient care misses out, on women's expertise. This will not change until half of all areas of medicine practiced by women, and half by men. I believe in the 'diversity dividend'. I also believe in quotas of at least 1/3 women on all decision-making bodies in medicine. This is affirmative action that counters the subconscious bias that says that women simply don't have sufficient merit. I think the prejudice and sexism in the profession is rife. It is not just men who are sexist, it is women too. Feminism is not anti-men, it is anti-sexist, and men can speak out against sexism too.

You were interviewed for an article in the Age in May on the sexist and unwelcoming environment of surgery and surgical training. Who should be responsible for changing this and what can be done?

The College of Surgeons has a responsibility to speak out against its own permissive culture that allows bullying, sexual harassment, and teaching by intimidation (Scott et al 2015). I believe that drawing on techniques such as 'teaching by intimidation' involves simply a rationalisation. Such a rationalisation is used by those who have insufficient teacher training, or insufficient self-awareness, to overcome the difficult challenges that being a medical teacher involves.

Is sexism worse in surgery and the medical profession at large? If so, why is that?

Yes I believe there is a permissive culture of bullying in surgery. I believe it could change fast with leadership by senior members of the College expressing regret, taking responsibility, and making reparation, the 3 Rs of a true apology (Engel 2002: 31).

Hillary Clinton has almost single-handedly brought the issue of women's health to the forefront of the presidential race debate in the USA and has been very vocal in her advocacy to women's rights and equality. Do you think it is likely for Australia to have a similar figure in politics?

Yes we do need more champions for gender change in the

medical culture, and definitely too in society generally. While stamping out bullying and teaching by intimidation are considered simply the domain of 'feminists' rather than medicine, it is difficult for mainstream medicine to take on the responsibility for change. This is sexism. Sexism is pervasive in our society. Don't allow issues of bullying and harassment to be simply understood as women' issues: men don't like being bullied either but they are socialised to accept it as mainstream.

Do you have any advice for female doctors to balance work, family, friends and finances?

If you think you see sexism, it may well be so. Check it out with your female and male peers. Talk to the men and women in your life about how it feels when they experience sexism, even when it is seemingly minor incidents that are happen to you. Be aware that we are all coming out of our own gendered socialization: Pay attention to your 'vague annoyances', and explore why they are there. Become aware of your own conflicts. Work on these. You, your family and friends, and your patients, may well benefit.

Encourage men to let you know how it feels when they too see sexism, and when they are curbed by others in trying to counter it. Caring for family isn't just a female activity: encourage men to support their peers and juniors to take it, and to partake in paternity leave themselves.

Calculate when at the current rate there will be equality in your area of medical specialisation (Jill Sewell says 'hundreds of years' in most important fields at the current rate of change). Advertise that this is the case unless we all take action.

Lorber points out that all these seemingly minor incidents of discrimination add up. Saturn's rings (Rowe 1977 in Lorber 1994) are in fact simply dust, but they appear to be a very solid band!

For More Information

1. Victorian Medical Women's Society (www.afmw.org.au)
2. The Age article – http://www.theage.com.au/national/women-more-likely-to-drop-out-of-surgical-training-than-men-20150523-gh824r.html

Write for the Pulse

If you have an article or a topic of interest, we want to hear about it.

Email submissions to publications@medusa.org.au

Students who contribute to two or more submissions a year receive a signed certificate from the MeDUSA President.

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Page 11: Dr. Deb Colville

Page 12: The Age http://www.theage.com.au/national/women-more-likely-to-drop-out-of-surgical-training-than-men-20150523-gh824r.html