



THE PULSE

COVID-19 Edition

2020

**WHAT'S ALL THE FUSS
ABOUT TIK-TOK?**

ANNOUNCED IN THIS ISSUE: DEAKIN
PROGRESS IN LOCKDOWN AWARD!

**RYAN'S TIPS ON
PLANT PARENTHOOD**

TECH IN MED

**WELLBEING IN
LOCKDOWN**

RECIPES & MORE!

PUZZLES

GET AROUND MEDUSA'S
NEW LOGO!



Cuppa tea with the editor...

I thought it would be a nice idea to put together a COVID-19 edition of The Pulse this year to share what we're up to during '*these unprecedented times*'.

Lockdown has affected all of us differently. We are all unique and I think it's important to celebrate the diversity of our cohort, reflect on highs and lows in this time, and share our successes.

Thank you to all those who contributed.

Enjoy the read!

Milla (MeDUSA publication chair, 3rd year)



WHAT'S IN THIS MAG?

So COVID-19 is a thing...

What has everyone been up to in lockdown?

UHAD trivia night review By Mariah Hoosenally

AMSA crossing borders contributed by Melissa Allan

Plant Parenthood' by Ryan Cooke

Med Mentors by Emma Sutton

What's All the Fuss About Tik-Tok? by Ellie Smith

Paediatrics Teddy Bear Hospital Interviews by Gaby Carty

Reflection on Mentoring by Christine Robinson

Deakin Merit Award Announcement

Wellbeing and COVID by Joseph Gruner

Workouts by Jen Cleary

Anonymous Haiku

Technology Literacy in Medicine by Chris Culhane

Code Blue by Josh Case, MD

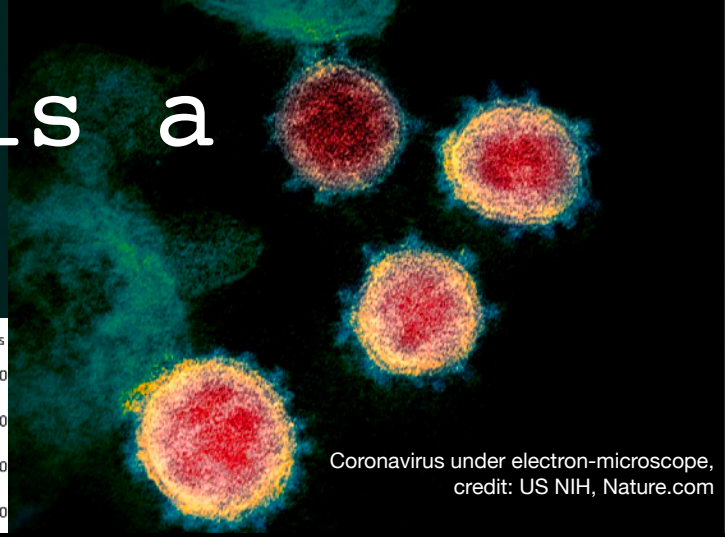
Furry Friends

Skill-it Kitchen by Mel Zsori

Recipes by Chantelle Valente and Mandy Marcoionni

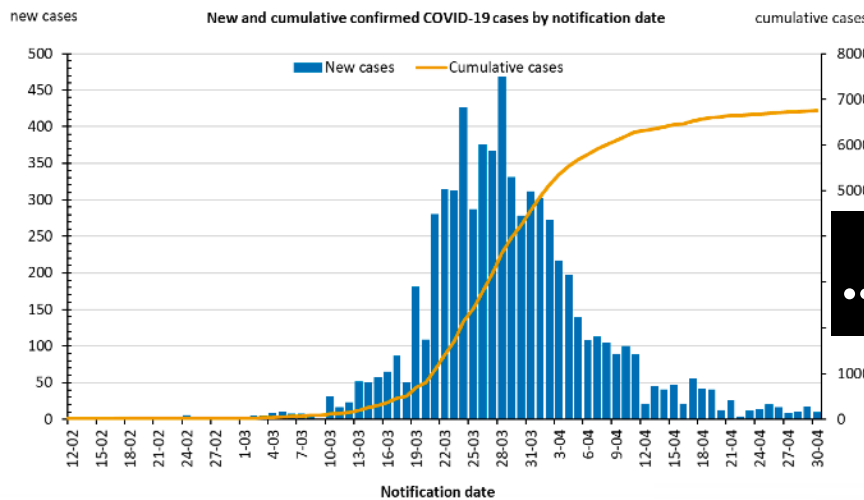
Puzzles & Crossword

So COVID-19 is a thing..



Coronavirus under electron-microscope, credit: US NIH, Nature.com

...pretty huge..

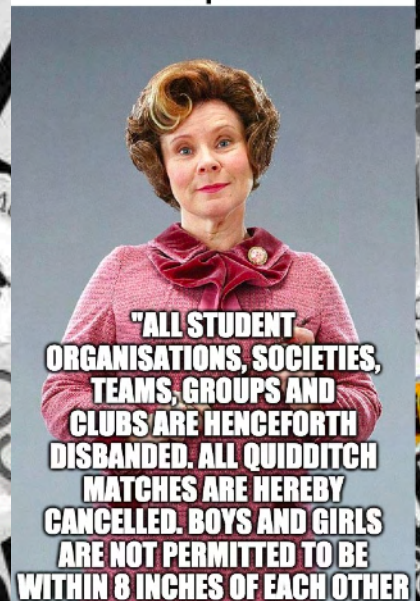


DHHS, 30 April 2020



...it's impacted our routine, stopped face-to-face learning, halted clinical placements, impacted loved ones, stopped sport, stopped live music, can't go to pub anymore, cancelled electives and locked us inside our homes...

If the coronavirus was a person:



...Whether COVID-19 has impacted you or your loved ones directly or not, it has had a massive impact on our lives in 2020.

At times like these it is important to support one another and recognise the impact it can have on mental health.

Reach out to family, friends and our SoM counsellor Jacqueline Payne (03 5227 1221).



Get in touch with community services like
Headspace <https://headspace.org.au/> or
BeyondBlue <https://www.beyondblue.org.au/>

What's Everyone Up to in Lockdown?

Sarah is baking sourdough...



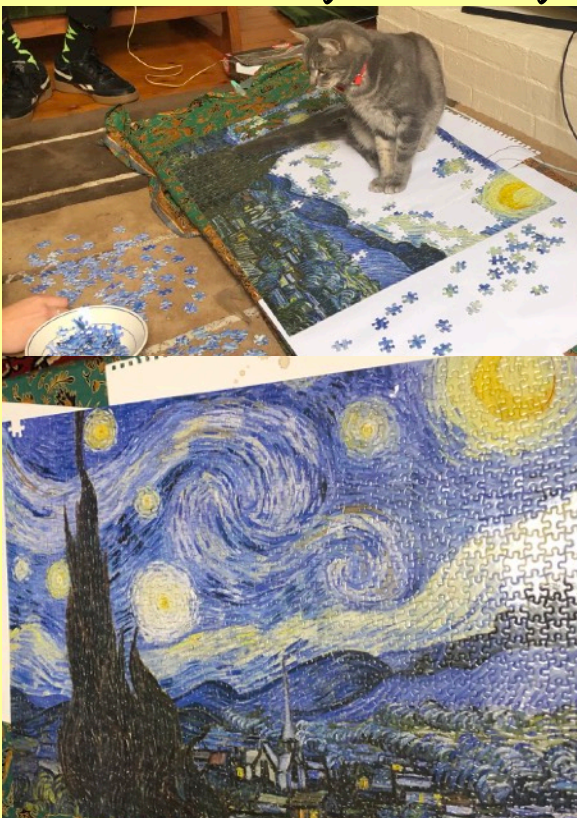
Credit: Sarah Barnard

Mel is painting pots...



...and she's painting with Bob Ross...

Oli is recreating Van Gogh...



Credit: Melinda Zsori

Beth is tying knots...



Nora is baking iso-cookies...



See other yum recipes at the back! *Credit: Nora Lam*

Nat is crocheting...



Credit: Nat Maher

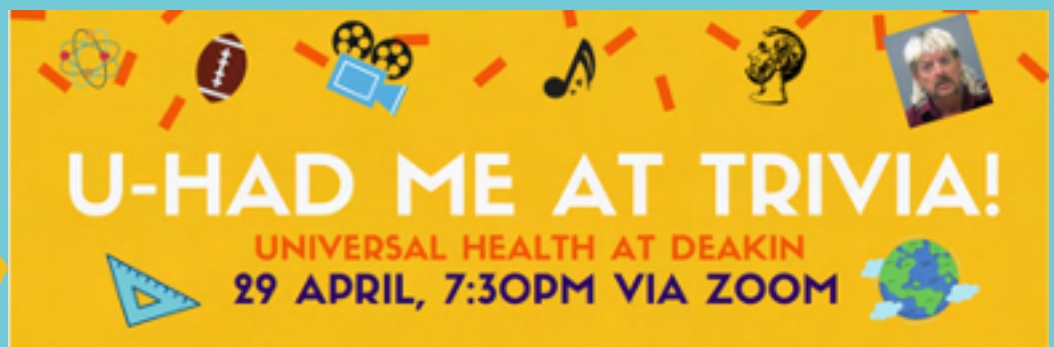
UHAD TRIVIA NIGHT

By Mariah Hoosenally (2nd year)

Hey you crazy cats and kittens!
At the end of April, UHAD threw together a brain twisting trivia night, hosted by Courtney and myself. It was a great opportunity to bring the med crew together, have some wine and scratch your head whilst competing for the coveted first prize- a custom puzzle of your zoom trivia team!

The turnout was great, with 12 teams trying to answer questions such as who the Simpsons rival town was, what were Paul Kelly's gravy ingredients, and a much-loved audio question from Joe Exotic. All in all, it was a great night in whilst supporting local takeaway business.

Thanks to all who made it!

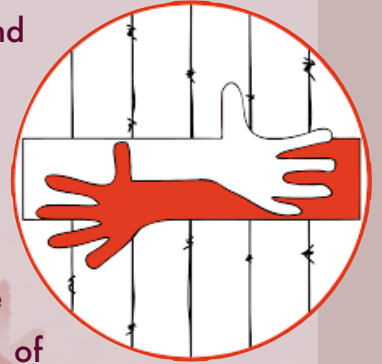


VIRTUAL PALM SUNDAY

By AMSA CROSSING BORDERS

Contributed by Melissa Allan (4th year)

On Sunday, April 5, AMSA Crossing Borders called for refugees and people seeking asylum to be released from immigration detention centres into community detention, in an effort to protect this vulnerable population from COVID-19. Hundreds of Australian Medical students engaged in the virtual Palm Sunday Rally. Supporters shared photos of themselves holding up posters with the hashtag “#detentionharmshealth” on social media platforms in lieu of marching in person. The rally also went global, with Medical Students from many countries including Bangladesh, Qatar, Rwanda, India, Tajikistan and Indonesia joining through the International Federation of Medical Students Associations.



This year's rally focussed attention on the impact of COVID-19 on refugees and people seeking asylum in Australia - particularly the risk of spread in detention centres and income support for those in the community. [1]

AMSA believes that all communities have the right to the best attainable health. In the current pandemic, the health of refugees and people seeking asylum in Australian detention facilities must not be neglected. AMSA therefore joins the Australasian Society for Infectious Diseases (ASID), the Australian College of Infection Prevention and Control (ACIPC) and Doctors for Refugees in calling for all detainees to be released from detention urgently to prevent rapid Covid-19 transmission. [2]

This is in line with AMSA's policy on Refugee and Asylum Seeker Health, which takes the position that “it is unacceptable for Australia to sacrifice the physical or mental health of any refugee or asylum seeker in order to achieve other political or policy goals,” and “The Australian Government must cease its practice of mandatory, prolonged, indefinite detention, in order to minimise the detrimental effects on refugee and asylum seeker health.” [3]

People in detention facilities are one of the groups most at risk of contracting the virus. The close proximity of living spaces and shared facilities is not conducive to adequate social distancing between detainees. As of 29 February 2020, there were 1440 people in Australian immigration detention facilities. [4] Furthermore, the employees of the centres risk transmitting the virus between the detention centres and the wider community. As Professor David Isaacs wrote in a recent petition to the Department of Home Affairs, "Failure to take action to release people seeking asylum and refugees from detention will not only put them at greater risk of infection and possibly death, it also risks placing a greater burden on wider Australian society and the health care system." [5]

Current measures including "increased cleaning of communal, high-traffic areas and common touchpoints" [6] are, in our view, insufficient to prevent the devastating impact of an outbreak in any of the centres. The "absolute minimum necessary step" according to Australian Infectious Disease experts is that "detainees should be held in single rooms with their own bathroom facilities." [7] Doctors for Refugees have an open letter with 980 signatories at the time of writing, calling the Government to start "immediately using alternatives to detention to provide those who are currently in immigration detention with appropriate alternative accommodation in the community." [8] AMSA endorses the expert opinion that release is the most effective way to mitigate the health impacts on detainees and the public health of all Australians.

The Australian Medical Students' Association (AMSA) is the peak representative body of Australia's 17,000 medical students. AMSA's Crossing Borders for Health is a transnational medical student initiative which aims to remove barriers to health care for refugees and asylum seekers.

Find out more about us and the Palm Sunday Rally through our social media outlets:

FB: AMSA Crossing borders

Instagram: @amsacrossingborders

[1] Palm Sunday Justice For Refugees – Virtual Event – 5th April 2020 – Social Media campaign and Online Actions. Refugee Action Network, 2020, April 4. Available from: <http://www.refugeeadvocacynetwork.org.au/?p=1820>

[2] Holt, R, Vasefi, S. 'We are sitting ducks for Covid 19': asylum seekers write to PM after detainee tested in immigration detention. 2020, March 24. Available from: <https://www.theguardian.com/australia-news/2020/mar/24/we-are-sitting-ducks-for-covid-19-asylum-seekers-write-to-pm-after-detainee-tested-in-immigration-detention>

[3] Policy Document Refugee and Asylum Seeker Health Position Statement. Canberra: Australian Medical Students Association: 2019. Available from : <https://www.amsa.org.au/sites/amsa.org.au/files/Refugee%20and%20Asylum%20Seeker%20Health%20%282019%29.pdf>

[4] Immigration Detention and Community Statistics Summary, 29 February 2020. Department of Home Affairs: 2020, February 29. Available from: <https://www.homeaffairs.gov.au/research-and-stats/files/immigration-detention-statistics-29-february-2020.pdf>

[5] Australian doctors call for refugees to be released amid coronavirus fears. SBS: 2020, April 2. Available from: <https://www.sbs.com.au/news/australian-doctors-call-for-refugees-to-be-released-amid-coronavirus-fears>

[6] Moore, S, Ton, W. Palm Sunday refugee rally goes online. AAP: 2020, April 5. Available from <https://www.news.com.au/national/breaking-news/advocates-rally-online-for-refugee-release/news-story/cb1badfa60f92ae268761502865cdfbb>

[7] Davis, J, Russo, P. ASID ACPIC Joint Statement COVID-19 and detainees. Australasian Society for Infectious Diseases: 2020, March 19. Available from: <https://www.asid.net.au/documents/item/1868>

[8] Open Letter to the Australian Government: Controlling COVID-19 in Immigration Detention and the Community. Doctors for Refugees: 2020, April 7. Available from: <https://docs.google.com/document/d/16M02AA9KvM1G45JM3iiP4xpP9JuAOzIEac8mneL03ms/edit?pli=1&fbclid=IwAR2rHeKMvISDkwape3QiSkTS3ae5UDD8SpY6946Sohw8KRSYquzdy6JcvM>

PLANT PARENTHOOD

By RYAN COOKE (4th year)

House Plants 101

G'day! I'm Ryan, one of the fourth years at Geelong Clinical School. I've got a reputation for knowing my way around a pot plant, so I'm here to help you launch into a full on addiction to get your home feeling as zen as possible!

The keys to success of your houseplants is down to watering and light. Water + Light = Happy and healthy plants. Without these two fundamentals sorted, no plants will survive.



Light

- No plant will ever thrive in low light. Any plant advertised as thriving in low light really just means that it's going to die slower in low light.
- Direct light is only good for hardy succulents and cacti. Otherwise, bright indirect light is your best friend - this means in a well lit room, close to the window but not in the sun! If you can easily read a book with the light level there, you can grow a plant there
- Your plant will not thrive without consistent sunlight



Watering

- Overwatering your plants is the biggest mistake after lighting for new and experienced houseplant owners.



- Stick a finger in the soil to the first knuckle. If it feels dry, it's time to water!

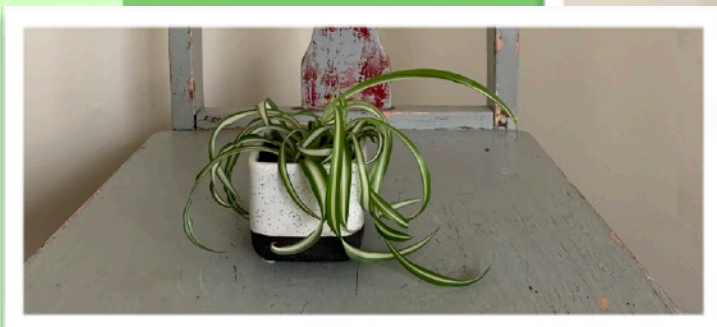


- I water my plants weekly in Summer, and fortnightly / triweekly for Winter (if needed)

- Make sure all your pots have drainage, to prevent root rot

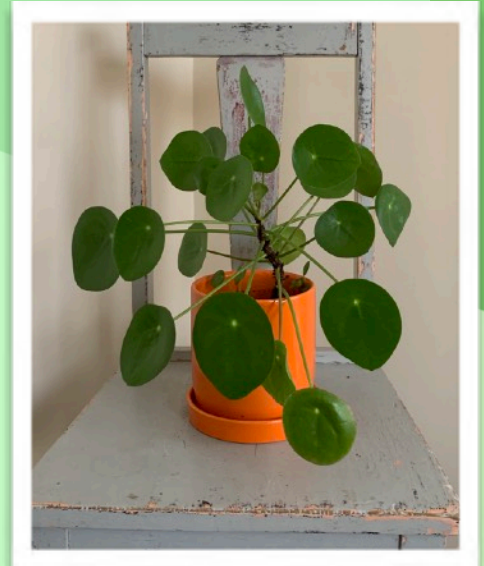
Fertiliser

- Less is more
- Seasol or equivalent to water in Summer (make sure it is dilute)
- Use fertiliser sparingly - can burn your plants! Treat it as medication.



Repotting plants

- Report annually to a larger pot to encourage growth (if needed!)
- Wait until soil is dry to do so
- Remove as much of the old soil as possible
- Leave a 1cm rim on the pot so you don't lose all the soil when watering

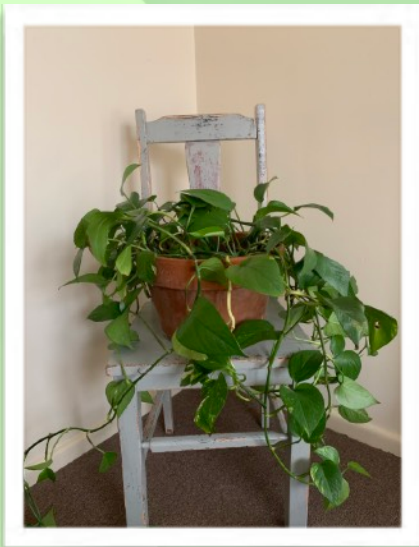


Pots

- Essential: Must have drainage holes - this will prevent root rot
- They are a great way to jazz up your room
- I love the Mr Kitly self watering pots, as they are a great price, designed and made in Melbourne, and lightweight.

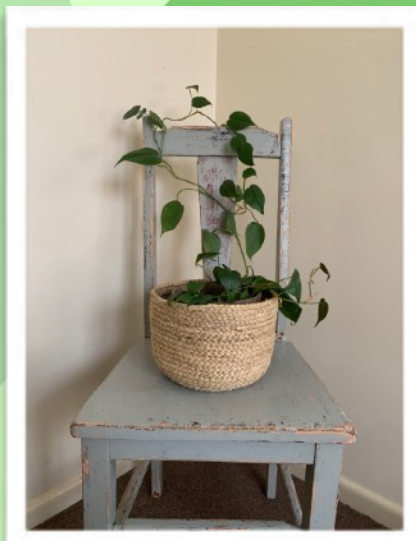
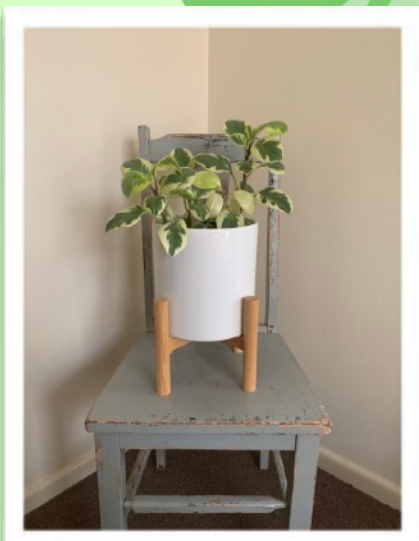


- Cloth pot covers and Baskets are great! You can keep it in the nursery pot you bought it in
- Kmart also does very affordable pots, just check they have drainage holes.
- Buy some concrete saucers (usually around \$1) for your pots so you can put them on the carpet no problems!



Choosing houseplants for you

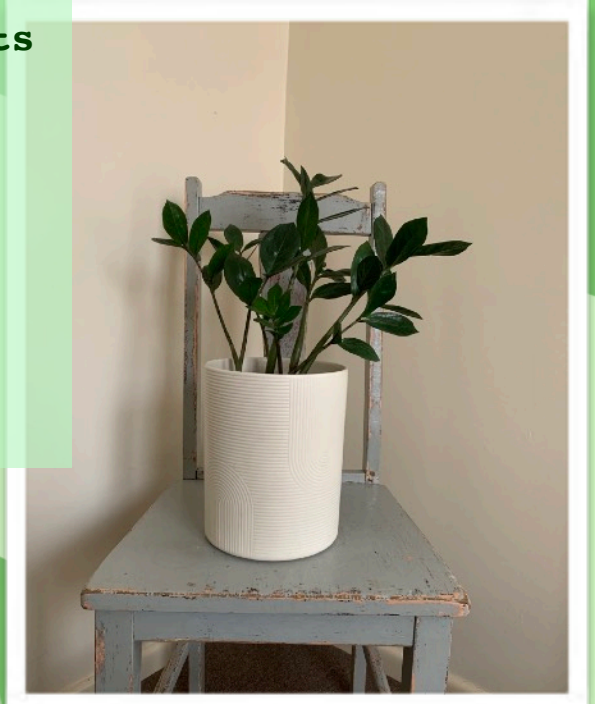
- Pick one you love. I tend to go for ones with cascading, impressive foliage. I love the idea of a plant spilling over the sides of its pot, growing all over. Other people prefer something more sleek and tidy.
- Think about the size of plants and the spaces you have – small plants are great on a desk, and larger plants work well for floors.
- Buy one at a time – it can be tempting to buy lots at once, but often you'll come home and struggle to find a spot to put them!
- They also make an excellent gift, but try not to give someone a houseplant that requires lots of upkeep!



Ryan's Recommendations for Houseplants

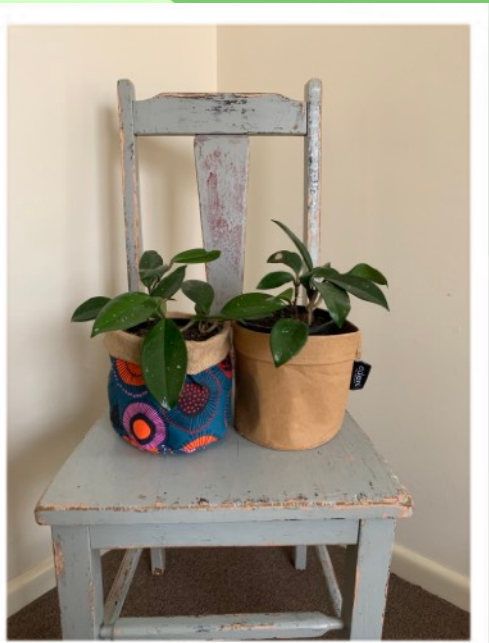
Beginner Level

- Peace Lily
- Hoya
- Pothos (Devil's Ivy)
- Ficus Elastica
- Spider Plant
- ZZ Plant



Experienced Level

- Monstera adansonii
- Pilea peropidemides - Money Plant
- Angel Wing Begonia
- Ficus Lyrata - Fiddle Leaf Fig
- Boston Fern



Where to source houseplants from

- I generally go to local nurseries or buy from Facebook Marketplace - supporting the local economy as much as possible, and usually get better deals!
- Read about how to propagate cuttings and you can grow plants for free! Google the plant name and how to propagate and follow the instructions
- If you can, ask your family / friends to take a cutting - more often than not they're happy to do it



MED MENTORS

By Emma Sutton (3rd year)

What is Med Mentors?

Med Mentors is a program created as an opportunity for medical students at Deakin University to pay it forward. Over 100 Deakin medical students volunteered to be paired with a Mentee last year, a fellow Deakin student studying any undergraduate degree keen to learn more about or the application process, what life as a Deakin med student is really like, and to find someone who has been in their shoes and provide a bit of support along the way. We also had volunteers help run many of our in-person information sessions at both the Geelong and Burwood campuses giving GAMSAT tips and tricks and doing Q&A's with



the undergrads about all things med school. Overall the pilot year of the program was super successful thanks to the generosity of all the volunteers who made the mentorship program so valuable to mentees.

This year we have students who attended our first ever Mock Deakin Medical School Interview in 2019 (under the support of Laura Grey and the medical school) who were

successful in being accepted to Deakin Med. We excitedly welcome our first handful of first years who tribute part of the reason they joined our med family to Med Mentors Mock Interview and having an amazing mentor to support them through their applications. We couldn't be more excited to keep this trend going! We received so much positive feedback from mentee's last year we cannot thank the mentors enough for their tremendous efforts, generosity and friendship!





Ultimately the program is about much more than helping our peers in undergrad get to where we are now.

Bullying and harassment has been described as 'the most destructive phenomenon plaguing medical culture'. This program was designed in order to longitudinally break down institutionalized bullying and harassment in our hospitals. Research into bullying in the medical profession, contributing to the horrific suicide statistics, shows that the competitive culture is one of the pillars that makes this plague so difficult to cure.

This competitive drive creates

divide, detachment, causes people to undermine one another in order to succeed, it is utterly destructive. This mentality starts long before we reach the hospital however, even before medical school it seems. This competitive nature stems all the way back to many undergraduate degrees such as biomed. Where many students have heard a similar speech to "look to the person on your left, and now on your right. Only one out of the three of you will make it to medical school". It is this culture that grows, becomes toxic and is carried into our medical schools and follows us into the hospital.



Med Mentors aims to diminish the distrust and secrecy around medical school applications. Deakin medical school is renowned for its supportive, collaborative, and friendly family of medical students. These family vibes can be propelled from us to our peers in other cohorts. If we can help foster a collaborative environment from our undergraduate degrees into medical school, we can foster this collaboration throughout medical school and into our hospitals to create more trust, better teamwork, stronger communication and an overall a more supportive work environment for all of us.

Med Mentors aims in the next few years to extend this program to other medical schools across the country, and also carry with it a mentorship between our Deakin interns and our 4th year students, which will hopefully also propagate into other medical schools in the future.

If you would like to get involved with this year's program please feel free to check us out on our YouTube channel <https://www.youtube.com/channel/UCK3isuHynrNQyoqQOI8ZM0w> where we are currently uploading medical student videos talking about their inspiring journey to medical school and any tips they would give their pre-med selves, if you would like to make a video we'd LOVE to put it up on our page!





If you would like to be a mentor this year sign-ups will be realised via a quick online survey in the coming weeks! There will be posts on our Deakin Med pages to keep you updated! We will pair you up with a mentee based on your time commitments and mutual interests! Any questions feel free to ask one of our lovely Reps, find us on facebook or Instagram @medmentorsdeakin or email us at medmentorsdeakin.edu.au

Executives:

President and founder: Emma Sutton 3rd year

Vice President: Bailey Vickers 3rd year

Social Media Manager: Brydie Clark 3rd year

Social Media Liaison: Jane Theophillia Wijaya 2nd year

Events Co-ordinator: Joe Ibrahim 2nd year

Events Co-ordinator: Bill Veitch 2nd year

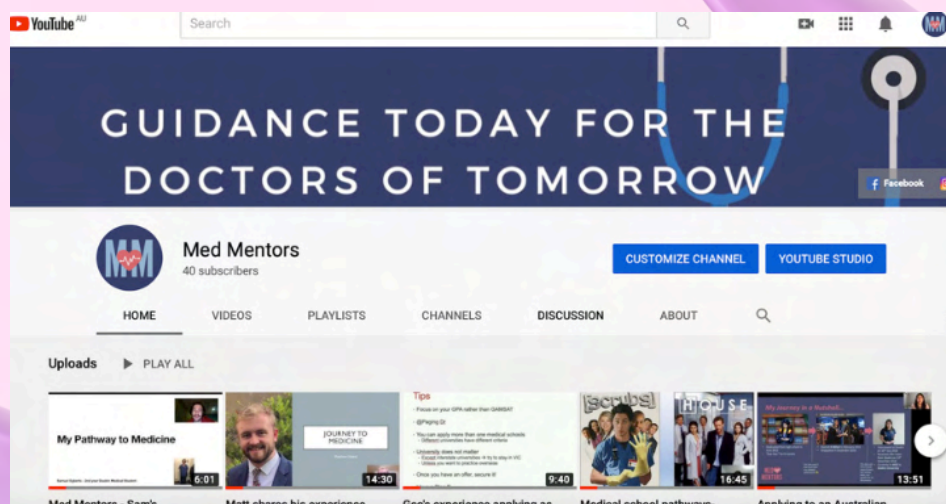
First year rep: Patrick Lickiss (former mentee)

First year rep: James Dudley

International Student Rep: Brianna Nickel 1st year



Our new YouTube so we are able to deliver our content online during the Covid pandemic



WHAT'S ALL THE FUSS ABOUT TIK TOK?!

By Ellie Smith (3rd year)

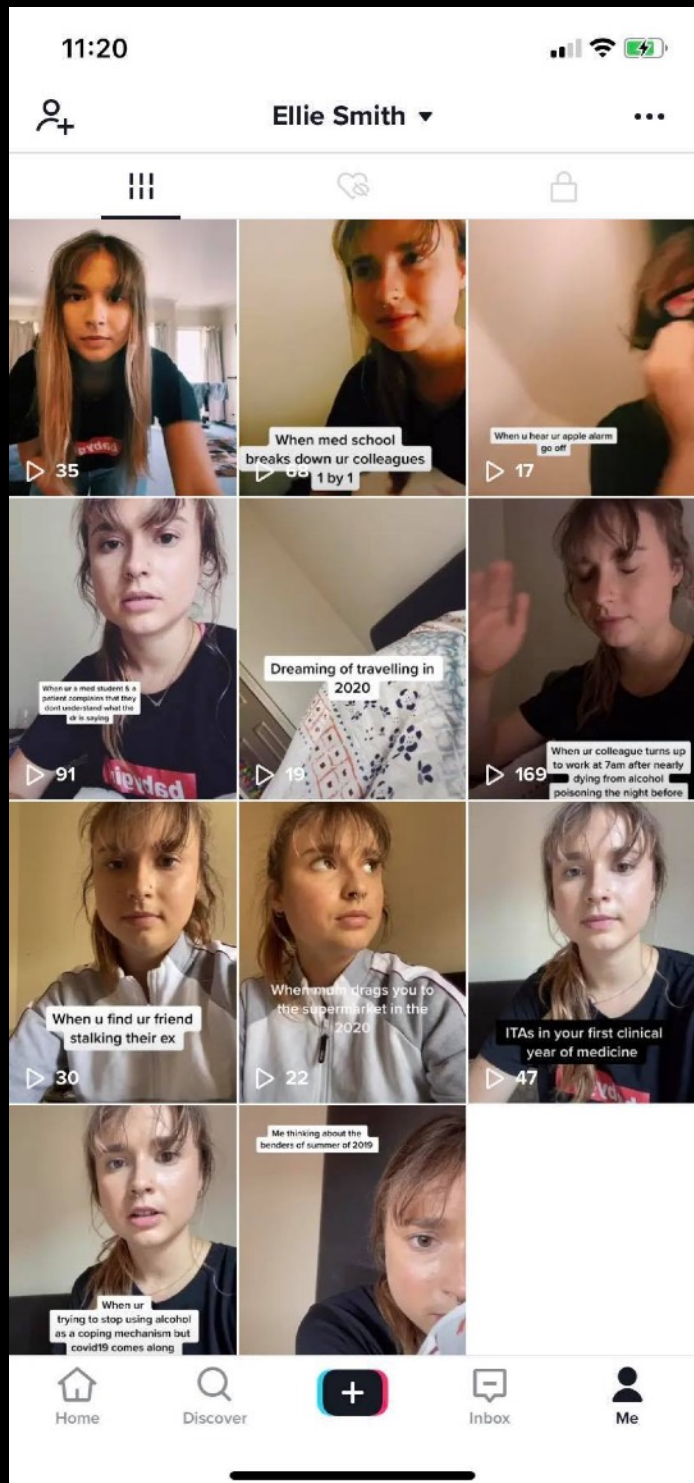
There are two types of reactions when I ask people if they Tik Tok. Those who respond with '... do I k\$sha?' And those who respond with a sequence of dance moves currently trending in the #foryoupage. For those who are still singing 'on the clock like the party don't stop', let me catch your attention and explain the Tik Tok craze.

Tik Tok is a social media platform where by users create 15 second clips with sound bites, captions and special effects as a way of expressing themselves/ passing time.

Some reflect comedic but relatable life scenarios (here I plug my page-ellesmith081), some are dance clips which begin challenges with other users following suit and some make absolutely no sense at all. It makes for hours of mindless scrolling and therefore it's not surprising that's its boomed in the current climate.

What was previously an app solely for Gen Z has extended to all generations as we increasingly see clips of bored millennial share

houses in their dressing gowns and wine in hand lip synching to Angel Eyes. Or whole families trying to coordinate a dance routine to Soldier Boy (grandma can't quite throw it back). Or dad doing a Sco Mo parody. The weird and the wonderful are quite fitting for these times but be careful, it's addictive.



Deakin Teddy Bear Hospital is excited to introduce...



Dr Jodie Fleming

Clinical & health psychologist



We are so lucky to hear from Dr. Jodie Fleming; clinical psychologist/incredible person. Jodie is an experienced psychologist, currently working in a secondary school, a hospital outpatient mental health service and in private practice. She cares for people from the age of 12 up to the end of their lives. She works with those experiencing life's speedhumps, treating patients with psychological disorders and motivates people towards helpful lifestyle behaviour changes to improve their overall health and wellbeing.

In her school-based role, Jodie works with young people as they navigate their way through adolescence, assisting in their development, transitions and optimising their academic outcomes.

While her work keeps her incredibly busy, Jodie also travels widely, organises group yoga and meditation trips overseas, runs amazing community events, has written and published a book, keeps active and healthy, is owner to her beautiful staffy, Morty, and looks after her large network of loved ones. She is genuinely superwoman!

Favourite ice-cream flavour?

Mint choc chip!

How did you get to where you are?

I returned to university at the age of 28 to begin my BA (psychology). I went on to complete a post-graduate diploma in psychology as my fourth year of study and then went immediately into a professional doctorate in clinical and health psychology. I worked as a project officer in the area of early psychosis whilst completing my post-graduate studies and once I became qualified and registered as a psychologist, began working at a children's cancer hospital, Headspace and in private practice, specialising in the area of psycho-oncology. Once I relocated to Victoria from NSW I began working in the hospital-based outpatient mental health service working particularly with young people between the ages of 12 to 25. Two years ago, I made the move to work part-time as a school psychologist and I have loved every second!

What do you enjoy about working with children/adolescents?

I've always believed that there is so much hope around the work you do with children and adolescents. They haven't fully developed their framework for the way the world works, how they fit

into and how the world responds to them. They develop at such a fast pace with major changes occurring every year or two and it's such a privilege to be invited in to play a role in that development. Children and young people have so much to teach us. Much of my major life lessons have come from sick children. They have such wisdom and can be so much fun to spend time with. Working with children and adolescents also keeps you young! It's how I know what music to listen to, which movies to watch. It's awesome. They communicate so much to you by showing you a YouTube clip.

What are some of the challenges you've encountered while working with adolescents?

A lot of the time they don't have the words to express what they'd like to which is why music, film, art, sport, etc. are such amazing methods for expression. Developmentally, they often don't have the skills to regulate their emotions and during adolescence can experience mood lability which is distressing for them and their families. The strong desire to fit in and be approved of by their peers can at times be detrimental and is often a significant component for the contagion of episodes of non-suicidal deliberate self-injury (NSSI). Self-harming behaviours and disordered eating are two big

challenges I come across within my role that obviously require referrals on to specialist services. Technology is super-addictive and fits right into the need for connection and sense of belonging. With that comes limitless contact (getting parents to set boundaries is harder than you think!) and often exposure to unhealthy messages around body image and sexual functioning. The other common challenge in my role is convincing young people to engage in good sleep hygiene practices (see note re: technology!).

What do you think are things that worry adolescents today?

In many ways, adolescents are worried about the things they've always been worried about – fitting in, being accepted and approved of by their peers, looking and acting a certain way, not being seen to be different. Bullying and cyber-bullying are major concerns for the families I work with and so is pornography. We understand that peer approval is big part of adolescent development. But with access to technology and a culture rife with porn, we are seeing children and adolescents coming in with very mixed messages about sexual pleasure, who it's for and how it's supposed to look. Messages around consent are blurred at best and many young women believe that they are to have sex with a boy in order for him to begin to consider whether he might like her.

What qualities or skills help you to build rapport with adolescents?

Authenticity is a must. Being trustworthy, turning up when you say you'll turn up, following through with what you offer to follow through with, showing you are reliable is very important in my role. I try to give the young people I work with time. I don't rush into the hard stuff straight up, I let them guide me. I start with general conversation and try to find common ground. Depending on how comfortable they are, we might begin by playing a game, painting or drawing. I'll ask them about their favourite bands or sports and try to find a connection that way. When they have been coerced to come and see me, I always let them know that they are in control and that if they decide that if

they don't want to come back and see me again, they don't have to. They love a sense of control. I'm upfront about confidentiality limitations in an age appropriate way and I never breach them. I match their language. When we do explore the harder stuff, I'm careful not to react in a way they might feel judged or ashamed. I'm conscious of having them feel my support is completely unconditional as I model for them how to have difficult conversations that don't lead to rejection. In my opinion, it's vital to have a good idea about the developmental stages of the children and teenagers you are working with. Parents often don't have a good understanding and so might have unrealistic expectations of their teenager who might look like an adult even though they are only 14 or 15, still developing cognitively in so many important ways. This will help you establish rapport and trust in an effective way. Teenagers hate to feel babied!

How do engage adolescents and maintain that engagement?

If you can establish rapport in much the same way I mentioned above, you are well on your way to engaging that person. Active listening, validating and empathising with their position will also help. Explaining the reason behind your choice of treatment, giving them information and asking for their consent will help them engage in the process. And the motivational interviewing technique of helping them see that the negatives to their situation outweighs the positives, building their confidence and self-efficacy to make the changes will also boost their engagement.

Extra tips?

Just be yourself. Don't be scared (of them or of silence!). Have a laugh at yourself. Be warm. Be aware that they might be scared of the pending procedure – how can you reassure them? Where you can, have your environment feel welcoming and age appropriate. Have something in the waiting room that might put them at ease or distract them.

Massive thank you to Jodie for her time!

Interview written and edited by Gaby Carty on behalf of Deakin Teddy Bear Hospital.

Deakin Teddy Bear Hospital is excited to introduce...



Shannon Johnson

(Henry the dog also pictured)

Childcare worker



Please welcome Shannon! Shannon finished school in 2014 and since then has diligently completed her Diploma of Early Childcare Education and Care (all while working). She has worked with kids for nearly 3 years and is rumoured to be their favourite teacher ever. Shannon is gentle and able to build a bond with kids heavily based upon mutual respect and understanding. She frequently goes above and beyond in her role; even constructing the kids a sleigh made from a refrigerator box at Christmas and a cardboard rabbit burrow at Easter.

In addition to being a kid wizard, Shannon is also an incredibly dedicated aunty, a killer hockey player, a beautiful friend and a frequent brunch haver. She's one of the most kind people I've had the pleasure of knowing. She has a wealth of experience and advice, and we're so lucky to have her share it with us!

Favourite ice-cream flavour?

I do like choc honeycomb. But then I like hokey pokey. And also choc mint.

What is the age of the children you work with?

At the moment I work with kids 18 month to 2 years old, but I have worked with those from 0 to kinder age.

What do you enjoy about working with children?

- › Seeing the kids enjoy themselves just being kids.
- › Letting them get to know me, even just remembering my name and wanting to hang out with me. They love to call me "Nannon" and it's really cool when they see you and smile.
- › Watching them progress and learn things that at first seem small but are actually really important such as gross motor skills and learning colours. Watching them hit new milestones is really cool!

What are some of the challenges you've encountered while working with kids?

- › It's hard when they're doing the wrong thing to try and get a reaction. They're small but they do understand when they're doing the wrong thing
- › Kids with behavioural difficulties can be a challenge and be quite hard work.
- › When aren't disciplined at home, it can be really tricky when they come to us.
- › Older children will pay attention and mimic you. You have to be so careful with how you speak and act because they will notice. That can be a really big responsibility.

How do you engage kids and keep them focused?

- › Being at their level is really important. For example, when you're working with them, never stand over the top of them. Be prepared to sit next to them and be at their eye level.
- › Work WITH them and be on a team. If you're trying to get them to do something, do it with them and do your best to be enthusiastic about the activity. Role model the behaviour you want them to display.
- › Talk to them as a human and listen. Do your best to stay calm.
- › Get to know them and what they're interested in. Talking with their family and getting their help can be a great start! Then if

- you can, just spend time with them, pay attention to what they gravitate to and see what they like.

What do you think are things that worry kids today?

- › They worry if their parents aren't there. It takes kids time to be comfortable with a new person in a new space.
- › In some ways, the same things that worry everyone (including adults). When they don't feel safe, listened to and valued, they become upset.
- › Sometimes they're just having a bad day and you can only do your best.

What are some tips you can give future healthcare workers based on your experience?

- › Be prepared to spend some time building rapport. If you can, really try to build that relationship before you do anything else in the consult.
- › Don't forget to address the child in the room as well as the parent. Even though they are children, you need to explain what you're doing and remember they are their own person with thoughts and feelings.
- › Be prepared to be flexible and change things to suit each child. It's all about making them feel comfortable and safe. If they child doesn't want to be on the bed, be prepared to get on the floor (if the setting allows).

How do you go about calming a child that's really upset?

Once again, every child is different and so different things work with different kids.

- › If you are going to comfort them, ask permission first. Always ask before you give them a cuddle or sit beside them. Let them guide you and have power over the situation when you can. Also, be prepared for them to

say no and respect their decision.

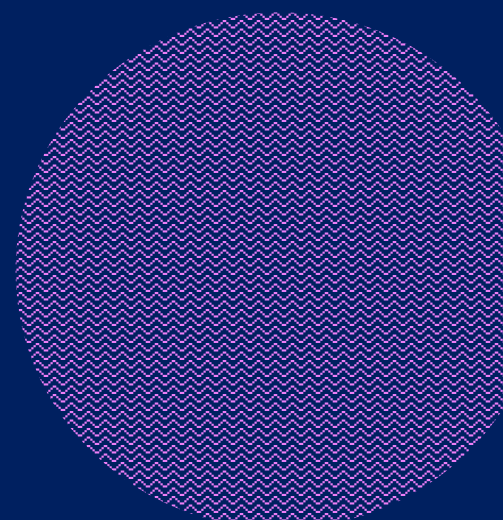
- › Something kids tend to really pick up on is something as simple as you being there for them. Let them know you are there when they are ready. The second part, and most important part of that, is following through. If you say you are there to help them, you need to keep that promise. Only offer them what you can realistically give them.
- › Accept help from the people the child is comfortable with. If they parents are there and the child feels safe with them, get their help. You don't have to do it alone and it's always about doing what's best for the child.

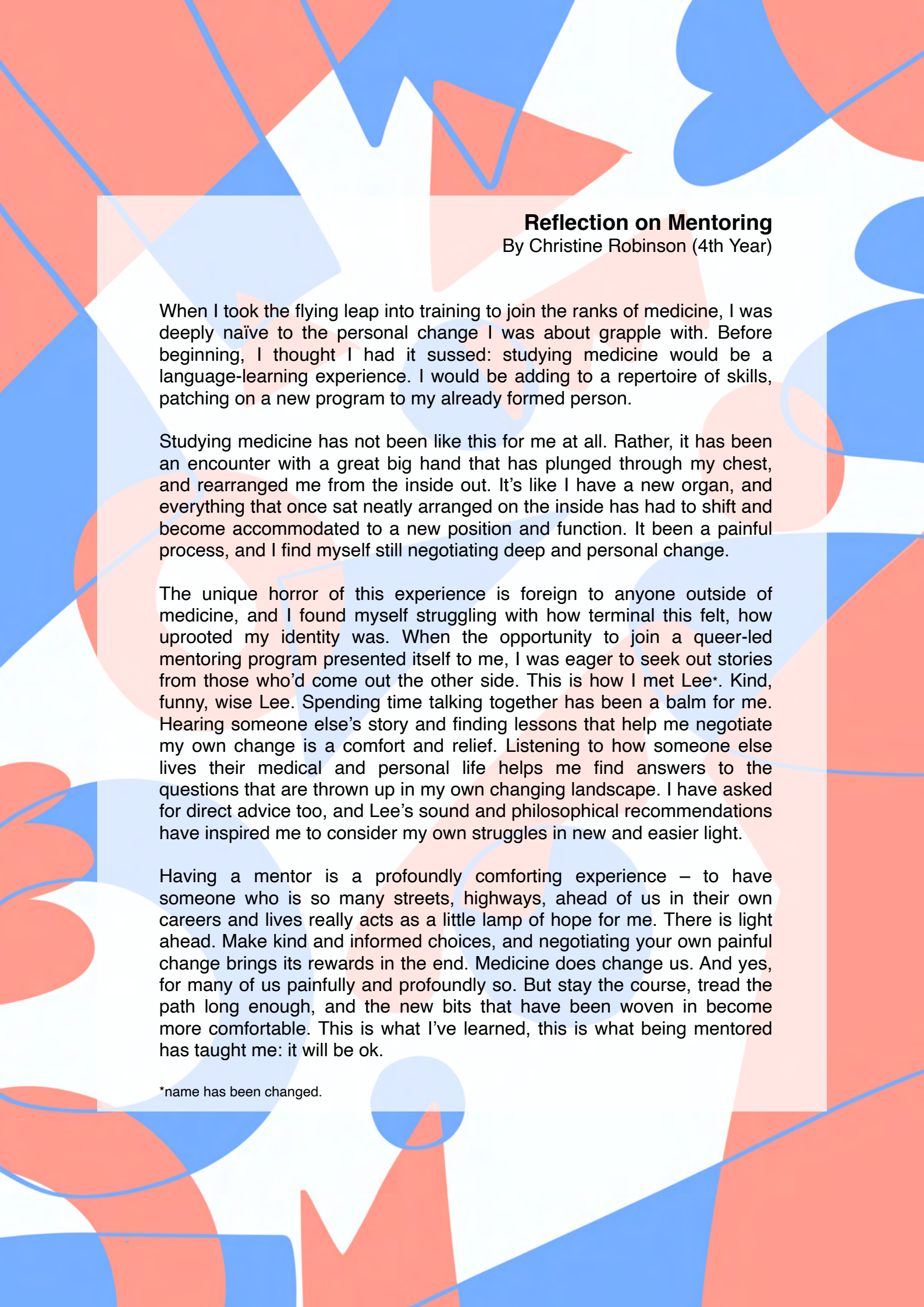
Working with children is great but can be really consuming and tiring. How do you deal with that?

- › Get experience and practice with lots of kids to figure out firstly what works with them, but also what works with you. Find where you feel comfortable so it's not so taxing.
- › You really need to look after yourself as best you can (for lots of reasons). If you walk in to work stressed and uncomfortable, kids really do pick up on that and can feed off your stress. This means your day really goes from bad to worse and it can be really exhausting. Do what you need to do to be able to walk in to work feeling comfortable and things will get easier.
- › Know when to ask for help or to take a break and don't feel guilty about it.

Massive thank you to Shannon for her time!

Interview written and edited by Gaby Carty on behalf of Deakin Teddy Bear Hospital.





Reflection on Mentoring

By Christine Robinson (4th Year)

When I took the flying leap into training to join the ranks of medicine, I was deeply naïve to the personal change I was about grapple with. Before beginning, I thought I had it sussed: studying medicine would be a language-learning experience. I would be adding to a repertoire of skills, patching on a new program to my already formed person.

Studying medicine has not been like this for me at all. Rather, it has been an encounter with a great big hand that has plunged through my chest, and rearranged me from the inside out. It's like I have a new organ, and everything that once sat neatly arranged on the inside has had to shift and become accommodated to a new position and function. It been a painful process, and I find myself still negotiating deep and personal change.

The unique horror of this experience is foreign to anyone outside of medicine, and I found myself struggling with how terminal this felt, how uprooted my identity was. When the opportunity to join a queer-led mentoring program presented itself to me, I was eager to seek out stories from those who'd come out the other side. This is how I met Lee*. Kind, funny, wise Lee. Spending time talking together has been a balm for me. Hearing someone else's story and finding lessons that help me negotiate my own change is a comfort and relief. Listening to how someone else lives their medical and personal life helps me find answers to the questions that are thrown up in my own changing landscape. I have asked for direct advice too, and Lee's sound and philosophical recommendations have inspired me to consider my own struggles in new and easier light.

Having a mentor is a profoundly comforting experience – to have someone who is so many streets, highways, ahead of us in their own careers and lives really acts as a little lamp of hope for me. There is light ahead. Make kind and informed choices, and negotiating your own painful change brings its rewards in the end. Medicine does change us. And yes, for many of us painfully and profoundly so. But stay the course, tread the path long enough, and the new bits that have been woven in become more comfortable. This is what I've learned, this is what being mentored has taught me: it will be ok.

*name has been changed.



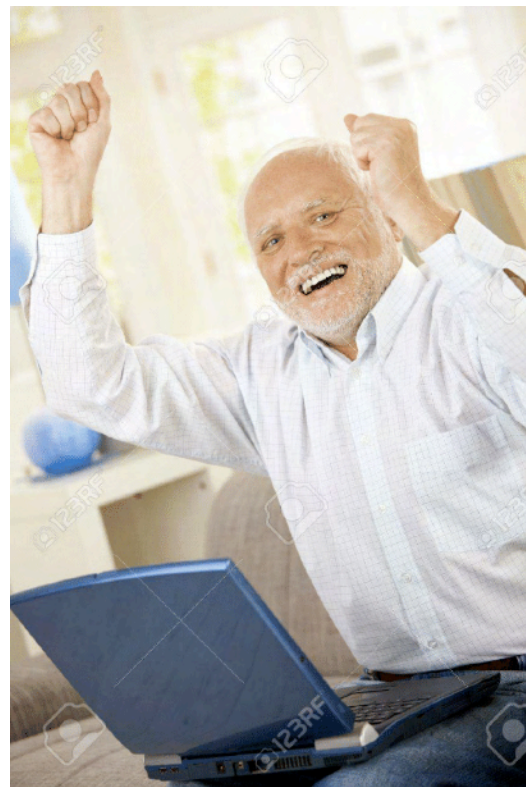
**The Inaugural Deakin Merit Award
to the Most Exciting progresses
Made During Lockdown...**

...GOES TO....

**Em Bellis' grass in her
backgarden!!**



BEFORE



Old Man Celebrating At Home,
Laughing And Raising Arms,
Havinga great time looking
at the before and after shots of Emily
Bellis' (2nd year) grass in her backyard

AFTER!!!!!!!





Wellbeing and COVID-19

By Joseph Gruner (2nd year)

Determinants of wellbeing.

It's felt like this pandemic pause and Australia's decent reaction have given a lot more time to think. It's also given a chance to stop and assess how we do things in our own lives, as a community more broadly, and as a society. Online-only learning has presented challenges but is not without benefits, one of which is time to take stock and consider our approach anew. Reading past this point, take everything with a pinch of sodium-reduced salt: it's about self-care and offering a few ideas, not instructions.

Contact.

Family and friends give us fuel to go out and challenge the world. Check in on an old friend or a new one you've just made. A parent, sibling, grandparent or cousin. With so much technology around we've got more options to do this than ever before. Certainly, more than in 1918. It's been fantastic to see groups spring up in our community offering supports ranging from toilet paper (I think this is coming to an end) to more individualised grocery shopping or cooking. We'll get through it together, but as things slowly return to normal, some are going to find the new normal more challenging than the old. Job uncertainty, kids and schooling, and our studies will all be affected to some extent. So reach out now to someone you miss, or someone who might miss you.

Sleep.

Moving into winter, the concept of getting up without an alarm probably sounds impossible, but it just means leaving the blind/curtain open a little wider, letting the light reach you in the morning, and incorporating a few sleep hygiene ideas; setting up good patterns or pre-bed routines. Sufficient sleep is something a lot of us struggle with, a YouGov study from 2019 showing a third of Aussies get less than 7-8 hours a night. Us students are no better. Online classes can make it easier to sleep in, but that makes the late nights justified to finish lectures, right? Envy not the early birds who rise at first light. Imitation is the sincerest form of flattery, and if waking refreshed becomes the goal rather than cramming in 'one last thing' before bed, we may find ourselves more efficient in the long run. This could require organising study so that revision or tricky concepts get covered when more alert during the day, and when the mind drifts in the evenings, switching to readings or more sponge-like learning. Some of us work best in the evenings, but like any habit this can change. Working in the mornings we make less mistakes, and if all goes to plan leave our evenings free to wind down.



Photo by [Louis Hansel @shotsoflouis](#) on [Unsplash](#)

Mindfulness.

You've probably heard about this in the context of apps, meditation or yoga. This is not just about being more centred or at ease but becoming comfortable with taking risks. 'Simply noticing' is a big part of this. Begin by paying attention to your breath and surroundings, allowing any other thoughts to come and go. If a thought comes along saying this is a waste of time, acknowledge it and let it drift on like a balloon. It can take a while to 'simply notice' our own thoughts, without getting tangled in them. Like insects hovering over a pond we can watch them as an observer, instead of latching onto them as each comes and goes. Once free of whatever feelings attached those thoughts to us, we can be more aware of how our thoughts and emotional reactions are in fact separate. Then, we can begin to challenge ourselves on something new, like presenting a case to a senior with a clearer head, or giving someone constructive feedback when they need more than an easy 'it was good.' Mindfulness is much more easily spoken of than put into practice, so don't give up. Acknowledging our emotions whilst focusing on the task at hand takes practice, and dismissing emotions is not the goal. Whether you think of it as khalwa, prayer or simply freeing yourself of 'mind-baggage,' most of us can reflect on where our head's at now and then.



Photo by [Monika Grabkowska](#) on Unsplash

Cooking and eating.

With more time at home and panic buying almost wrapped up, the shops are filling with ingredients for that masterpiece you don't even know you've got in you. Not only cheaper than home delivery, cooking can be a great activity to do together with a partner, housemate or family. Treating it as protected time, separate from work or study is a habit that once set up, can endure. This applies to the eating too, with two main reasons to protect meals from distractions: the first is not eating past the point of satiety and the second is just to enjoy what you're eating, focusing in a mindful kind of manner. Who knows how much time doctors actually have to eat lunch, but legends tell of those that delay or skip lunch, putting their patients above themselves. At first it sounds heroic, but it also looks like work is put above their own health. Starting good habits now will help in the long run and this goes for other aspects of health too. To combine this with the point on contact mentioned earlier, video call someone to follow a recipe together, and it can begin to feel like you are actually cooking together.



Photo by [Kari Shea](#) on Unsplash

You're only human after all, so don't blame yourself for not getting everything done! Focus on the present, on what you can change, and the factors beyond our control may become less daunting.

-End ramble-

JG

MedFit Exercises by Jen Cleary (2nd year): **SESH 1**

45 secs ON

15 secs OFF

**1 HIGH KNEES
2 PUSH UPS
3 SQUAT HOLD
4 MOUNTAIN
CLIMBERS**

**5 TRICEP DIPS
6 BICYCLE ABS
7 SKATER SQUATS
8 BURPEES
9 SPLIT SQUATS
10 ARM CIRCLES**

x 3





Photo by [Ayo Ogunseinde](#) on [Unsplash](#)

MedFit Exercises by Jen Cleary: **SESH 2**

50sec on 10sec off X3

Push ups

Lunges

Glute bridges

Squat press

Rotator cuff exercise

Single leg half squat

Triceps extension

Bicep curls

Low crab walks

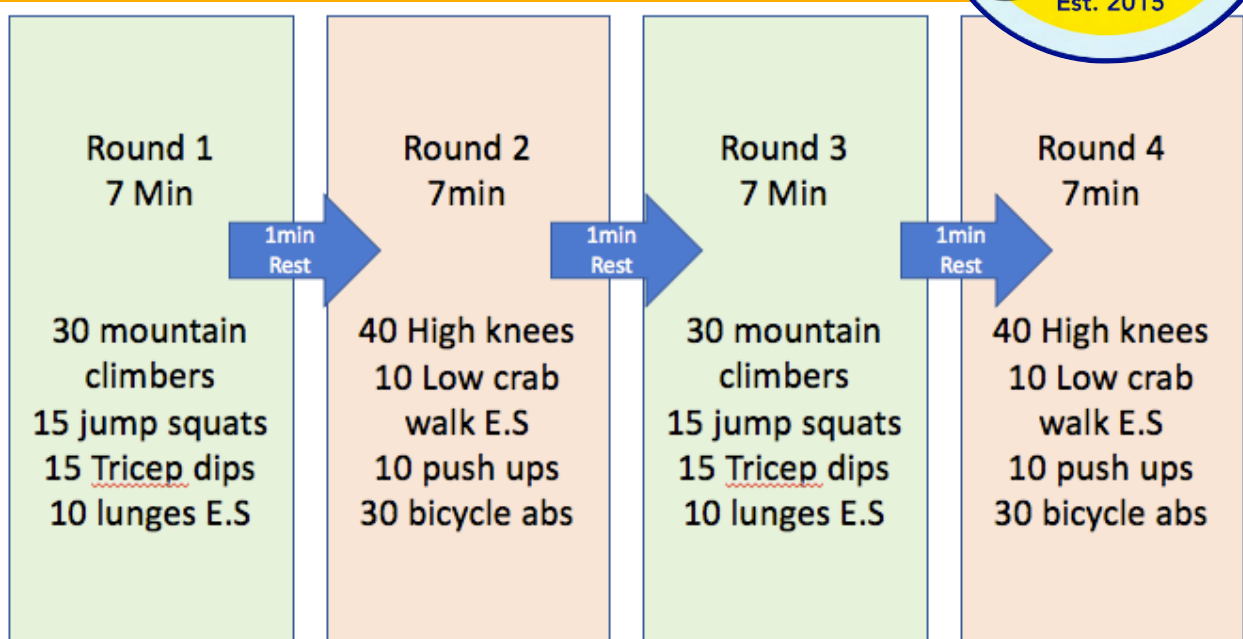
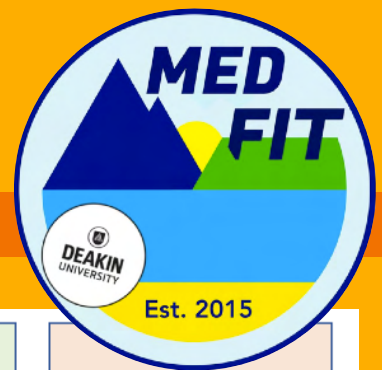
CORE 1min each exercise, 1 min rest, then repeat

1. Plank
2. Russian twist
3. Leg lowers
4. Crunches
5. Arm/leg extensions (on all fours)



Photo by Free To Use Sounds on Unsplash

MedFit Exercises by Jen Cleary: **SESH 3**



Anonymous Haiku.

Staring into the backyard
Bored yet so busy
There is that magpie again.

Technology Literacy in Medicine

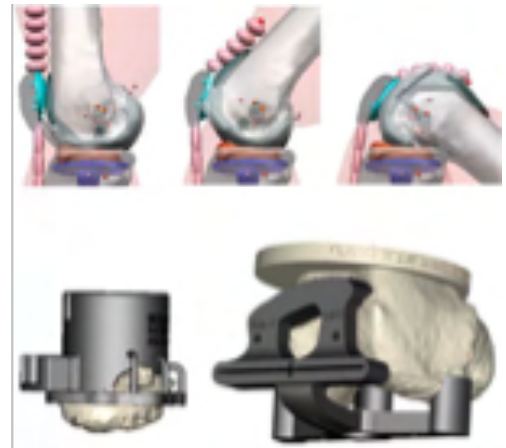
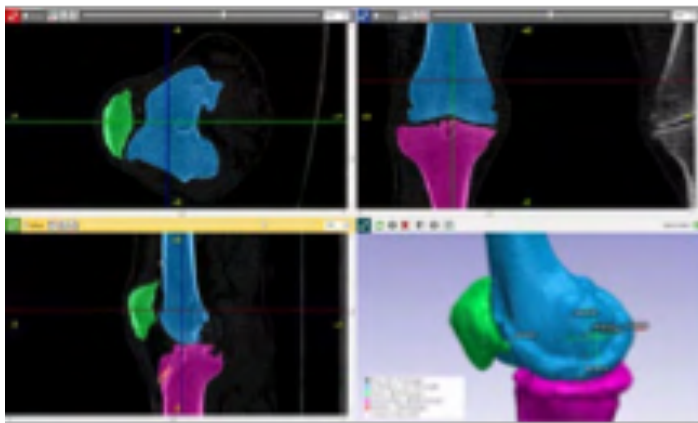
Chris Culhane, 2nd year, cculhane@deakin.edu.au

How many times have you sat in a GP appointment and watched the doctor struggle with their prescribing software? Doctors, and medicine at large, have moved slowly to take up the technological advances of other industries, and one key component of this is due to lack of technical literacy of the medical workforce.

It's understandable – with more than 10 years in training, most doctors enter the workforce having spent countless hours studying and practising medicine but almost none in a traditional office environment, and even fewer in a technology workplace. To spend more of your limited time learning complex medical records systems or prescribing software seems onerous, causing many to scrape by on the bare minimum, wasting both their own time and hindering further progress.

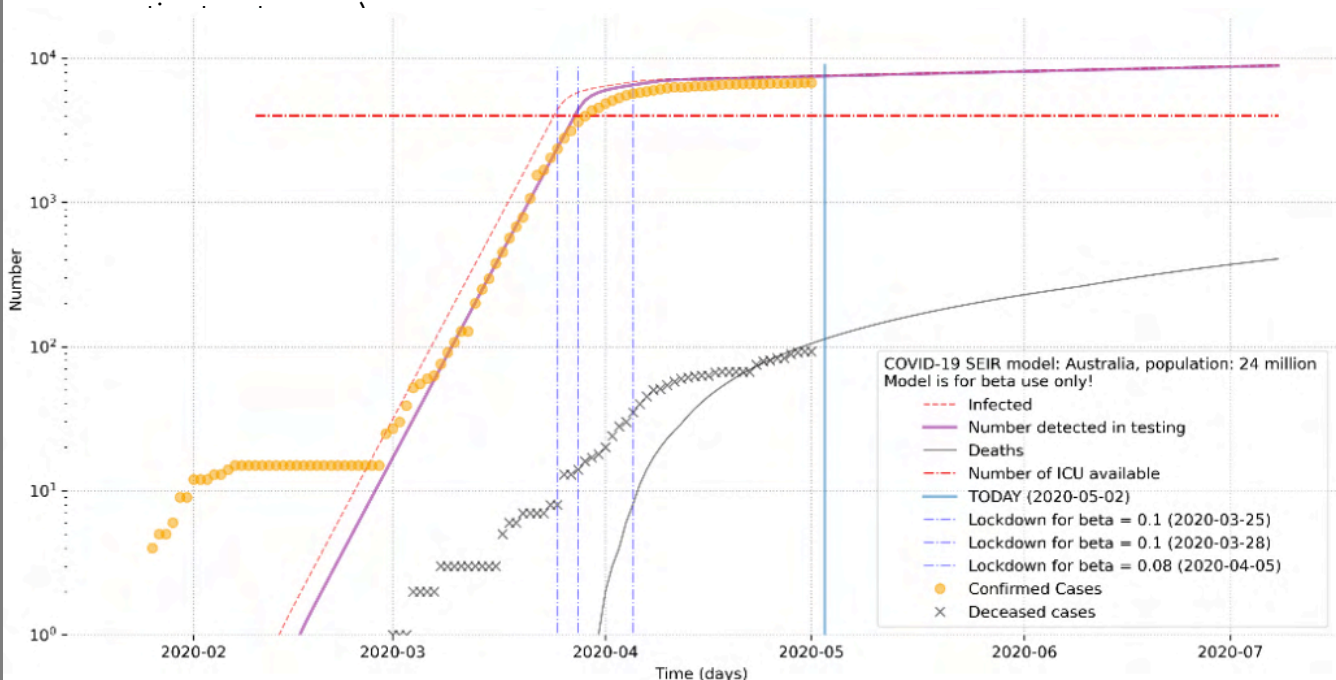


This status quo can be changed, and as a young generation that grew up on computers, we are well placed to change it. I am certainly biased – I have always been tinkering with computers, gaining my undergrad degrees in science and mechanical engineering. I worked for three years designing medical devices, beginning with orthopaedic surgical instruments and more recently moving into working on the software side of knee arthroplasty planning technology.



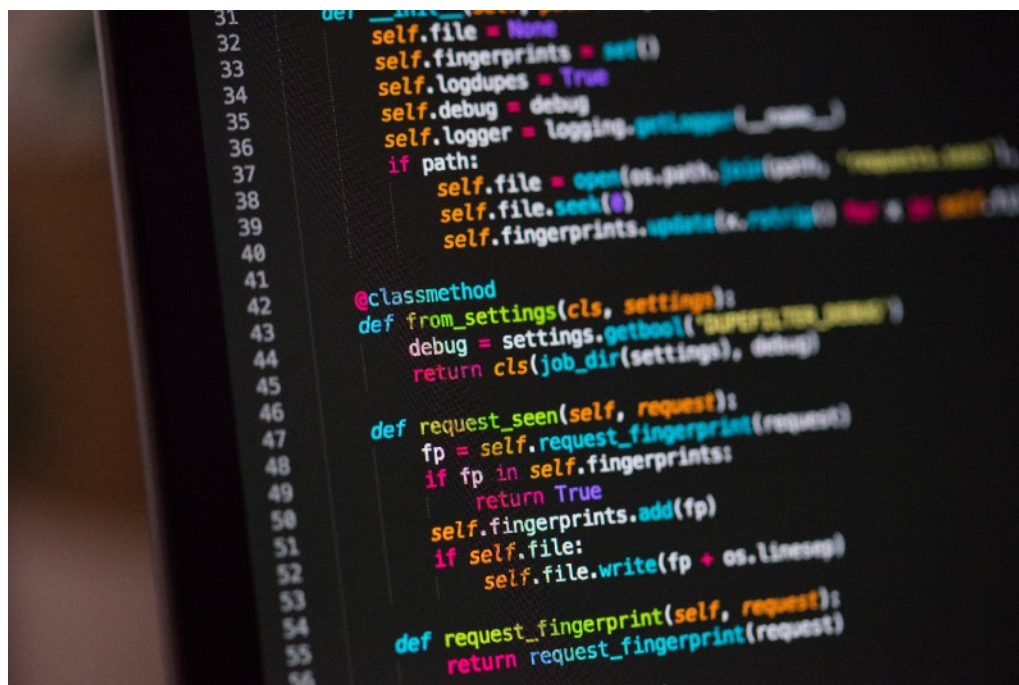
At work we can now take a CT scan, convert it to a 3D model, plan a virtual surgery and simulate the artificial joint within a few hours, presenting a surgeon with several different plans. By taking pre- and post-op assessments of the patient and combining the data with thousands of similar cases, we can research alignment strategies and sizing predictions for future patients. This is just one small applicable area of recent technological advancements in medicine.

Regardless of what speciality you plan to enter, high tech 'solutions' will be presented as magic fixes, so your ability to evaluate and take advantage of the few effective solutions will enable both better outcomes for your patients and create a more diverse practising experience. Already we are seeing the introduction of robotics into the operating theatre, and machine learning into radiology. If we as doctors don't understand the technology, we risk being left behind or worse, being sold technology that isn't better for the patient (robotic surgery case in point, with many studies showing no significant improvement in



If you are interested in software, there's plenty of fun projects in the meantime that help break up the density of med school. Shown below is a figure of a COVID-19 model I started work on, as I was unhappy with basic logistical and exponential models. I ended up writing an SEIR (susceptible, exposed, infected, resistant) model of the COVID-19 outbreak in Australia, importing real data to compare and fitting parameters to match. This is just a toy and has no predictive value, but still has long term worth in building knowledge of statistic modelling, worldwide data aggregation, and patterns of disease spread, which might end up being used in my RSP in fourth year.

I'm not arguing that we all need to know how to code, but we do need enough technical knowledge to interpret what's being researched and marketed to us, so that we better placed to offer our patients the best care available and to help in the technological development that will enable better care to take place.



Places to start with coding if you're interested:

Learning python from scratch

<https://www.tutorialspoint.com/python/index.htm>

<https://automatetheboringstuff.com/2e/chapter0/>

o Data science in python

<https://nbviewer.jupyter.org/gist/rpmuller/5920182#ii.-numpy-and-scipy>

<https://www.datacamp.com/tracks/data-scientist-with-python>

CODE BLUE

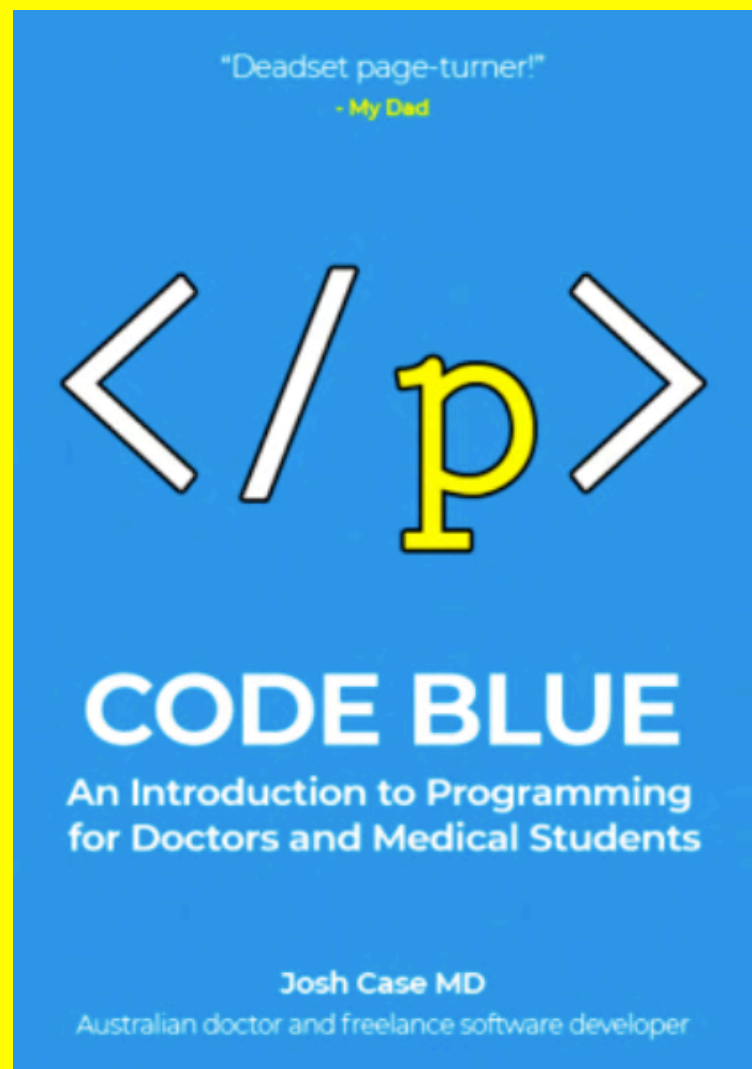
By Josh Case, MD

<https://gumroad.com/1/NMtSD>

If you're a doctor, medical student or healthcare worker and have always wanted to learn to code but never knew where to start - this book is for you.

"Using **7 real-world web development projects** as a framework, this book will teach you a *language-agnostic approach* to programming that will get you well on your way to:

1. Building robust websites from scratch
 2. Crafting web apps to launch as a Software as a Service (SaaS)
 3. Supercharging your research
 4. Automating the boring stuff (like paperwork)
 5. Launching your own tech startup
 6. Earning extra income
- and much, much more."

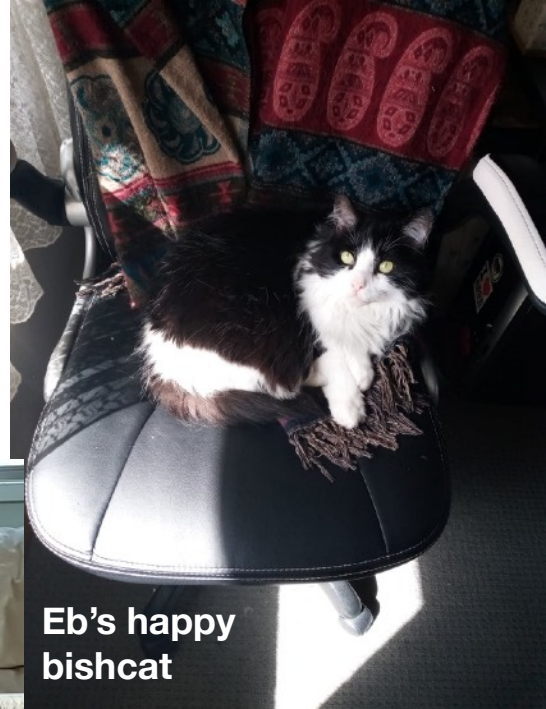


Whether your end goal is to become an expert programmer or merely dip your toes in to understand what's possible with tech skills, this book was intended for you. My goal is to take you from absolute beginner to capable amateur programmer.

FURRY FRIENDS



Grace's gorgeous pup



Eb's happy bishcat



Philippa's dog checkin out the surf!



Honey & Poncho



Liam's cool cat



Alex Wong's friendly fur ball!



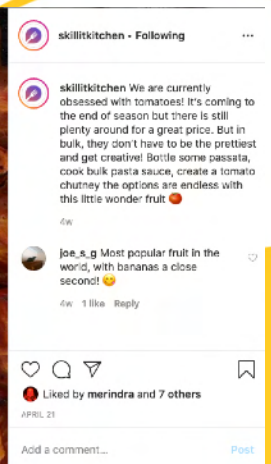
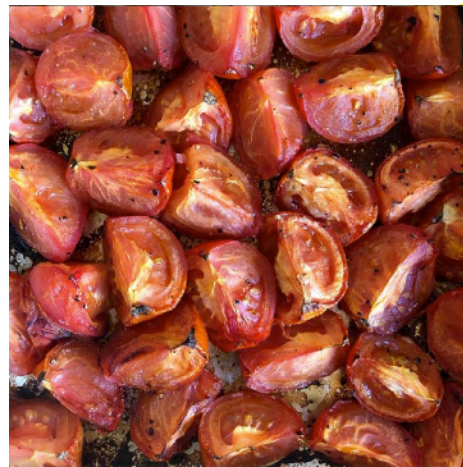
Mim's chilli cat plant



Skill-it kitchen is an organisation that is run by students for students. The focus of Skill-it is to supplement nutrition education within the Deakin Medical curriculum and other health

professional degrees. Currently, there is only 3 nutrition related lectures across the first two years of Deakin Medicine. Skill-it has created a purpose built kitchen which will enable students to enrol in classes that will have a focus on:

- Practical and healthy cooking skills
- Train future health professional to be clinically competent in providing lifestyle counselling
- Educate students about the interplay between food, the environment and health.



We are currently working on developing a curriculum for our kitchen which we will be excited to implement post COVID-19. In the meantime we are regularly posting delicious iso recipes and videos from students and members of the community! If you have learnt a new skill in the kitchen over iso and want to share it- we would love to hear from you!

By Mel Zsori (3rd year)

FB: <https://www.facebook.com/skillitkitchen/>

Insta: @skillitkitchen

Ellen's Choc Raspberry Brownies

If raspberries aren't your jam then replace them with almonds, walnuts or even a swirl of melted peanut butter. The best thing about this recipe is that you can mix and match to your taste.

Gluten Free? Just replace the plain flour with gluten free flour



Ingredients

Brownies

200g 50% dark chocolate
175g butter
325g caster sugar
125g flour
3 eggs

About 1/2 cup of frozen raspberries (optional - but highly recommended!)

Remember to snack in moderation!

Proudly Supported by:



Method



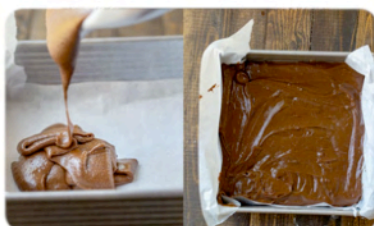
1. Prep. Preheat the oven to 175 degrees fan forced. Line a baking tray with baking paper.



2. Melt. Place the chocolate and the butter in a bowl and melt it in the microwave. Heat in 30 second intervals, stirring between each interval. About 90s in total should be enough. Make sure the chocolate does not burn! You should get an even and shiny mixture.



3. Mix. Stir the caster sugar into the melted butter. Then stir in the flour. Add one egg at a time, mixing well between each egg until well combined.



4. Pour. Once the mixture is well combined, pour it into the tray and spread it evenly using a wooden spoon. If you have any extras - raspberries, almonds or peanut butter, add it on top now.



5. Bake. Bake for 30-35 minutes - or a little less, if you like them a bit more gooey. Don't wait until they look cooked on top, as they will set further once you take them out.



6. Serve it up! Leave to cool on the bench, and you can pop them in the fridge for a bit to set further. The edges can be trimmed if they are on the drier side. Cut it up and serve with fresh fruit or perfect on its own!

Spinach and Chickpea Curry

with Basmati Rice and Homemade Flatbread

Cooking time: 30min | Serves: 4

Chickpeas, beans and lentils all count towards your daily 5 servings of veg. With this dish packed full of tomatos, spinach and chickpeas, hitting your veg count will be too easy!



Ingredients

Flatbread

1 cup full fat greek yogurt
1-1.5 cups plain flour
1/2 tsp salt
2 tsp baking powder
1/2 tsp oil

Basmati Rice

1 cup basmati rice
1 3/4 cups water
1/2 tsp salt

Spinach and Chickpea Curry

1 onion
400g tomatoes (canned or fresh)
2 x 400g cans chickpea
100g baby spinach
1 tbsp curry powder
2 cloves garlic
1 tbsp olive oil

1 serve of veg = 75g

Proudly Supported by:



Method



1. Prep. Chop the onion. Dice the tomatoes (if fresh). Crush and chop the garlic. Rinse and drain the chickpeas.



2. Flatbread. In a large bowl, combine flour & baking powder. Gradually add in yogurt and mix with a spatula. Add more flour if sticky. Knead dough into smooth ball. Divid into 6 even pieces. Roll each into a thin circle and place aside.



3. Rice. Wash basmati rice using a strainer. In a medium pot, bring water, salt, and rice to boil. Cover the pot with a tight fitting lid, then turn the heat down to a simmer and cook for 15-20 minutes, until all the water is absorbed and the rice is tender.



4. Cook onion and tomatos. Heat the oil in a large saucepan over a medium heat. Add onion and garlic and stir until soft (~3-4 min). Add curry powder, cook stirring for 1 min. Add the diced tomatoes and chickpeas and bring to a simmer. Reduce heat to low. Cook for 10 min then stir in spinach and set aside.



5. Fry the flatbread. Heat the olive oil in a saucepan over medium heat. Cook each flatbread for 2-3 min on each side (spread with butter or garlic for ext....)



6. Serve it up! Fluff the rice and serve with the curry and flatbread.

Best enjoyed with good company!



Date and Oat Slice

Recipe by Chantelle Valente (4th year)

- 1 cup oats (or Quinoa Flakes for GF)
- 10 Medjool dates
- 2 tbsp flaxseed meal (or seeds)
- 2 tbsp hemp hearts
- 1 1/2 tbsp cacao powder (for vegan) or cocoa powder
- 1 tsp vanilla essence
- 2 tbsp almond (or other nut) butter
- 2 tbsp of buckinis (buckwheat)
- 2 tbsp cacao nibs (for vegan) or dark chocolate chips
- 2-4 squares dark choc
- Pinch of pink Himalayan salt

1. Combine all ingredients in a food processor (except the buckinis and cacao nibs) until mixture is a bit sticky.
2. Add buckinis and pulse a few times
3. Add the cacao nibs and just mix through the mixture.
4. Press into a bread tin lined with baking paper; melt dark chocolate and drizzle on the top.
5. Set in the freezer for 1+ hours
6. Enjoy! (And pace yourself - these are delicious!)



Almond bread

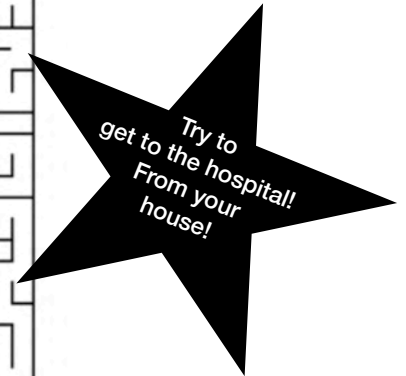
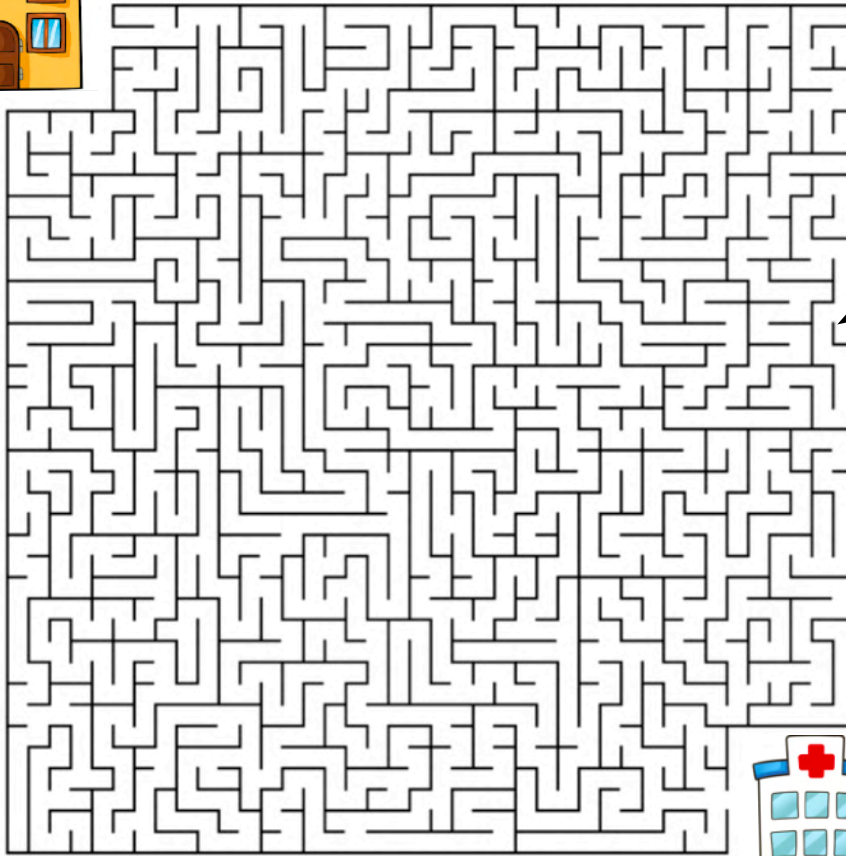
Recipe by Mandy Marcoionni (3rd year)

Ingredients:

- 16 egg whites
- 500g caster sugar
- Dash of vanilla essence
- 500g plain flour
- Almonds
- Glace cherries

Method:

1. Preheat oven to 180 degrees
2. Beat the egg whites with a pinch of salt until they form stiff peaks
3. Add a dash of vanilla essence
4. Slowly add in the caster sugar while still beating. Beat until can no longer feel the sugar grains.
5. Slowly fold in the sifted flour until combined.
6. Add the almonds and cherries and mix well
7. Grease 4 deep rectangular tins
8. Fill the tins with the mixture evenly
9. Cook for 40m at 180 degrees or until firm.
10. Let it cool completely. When cooled wrap in a tea towel and let sit overnight.
11. Slice the bread thinly with a sharp knife
12. Bake the slices at 180 degrees until brown and crispy



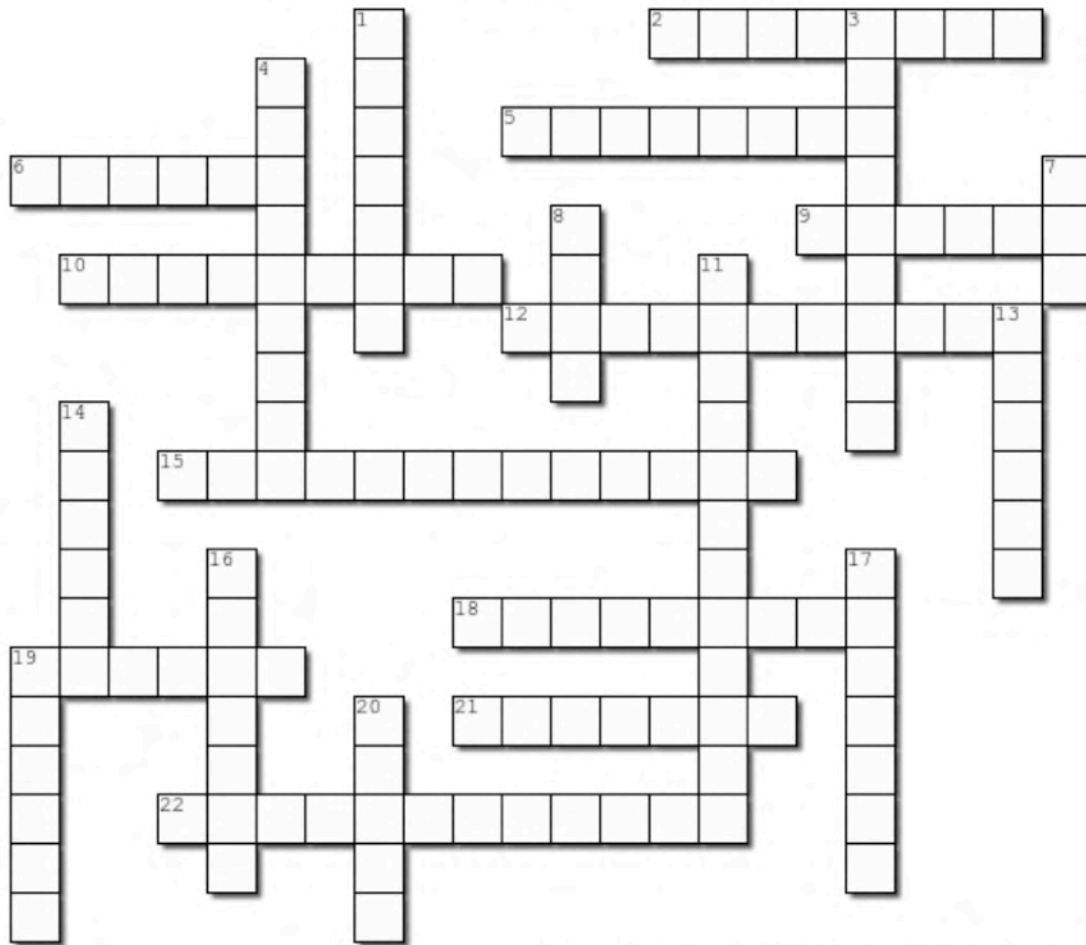
Cryptogram Puzzle

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z

11 21 18 4 18 22 1 6 19 1 6 22 17 26 21 6 25 11 10 11 18 4
 22 18 6 4 1 18 13 11 4 17 6 21 11 25 3 13 10 25 16 18 18 13

Med School COVID-19 Crossword

Complete the crossword puzzle below



Created using the Crossword Maker on TheTeachersCorner.net

Across

2. creative activity in isolation
5. activity done at night (and now sometimes during the day)
6. what uni are we at?
9. something we miss at the pub
10. a thing we do at a hospital
12. the microbe causing a state of emergency
15. what are we enrolled in?
18. movie starring Macaulay Culkin
19. them feels
21. activity at home with Nigella Lawson
22. companions other than humans

Down

1. activity at home
3. jaw dropping show on Netflix
4. Clinical placements have been...
7. feeling down
8. Online video platform
11. Ryan wrote an article about it
13. small morsels of food
14. a common feeling in lockdown
16. something we are forbidden to do
17. and chill
19. beverage of the morning
20. an inferior video platform to Zoom