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Foreword

It's far from a hot take to say that COVID has well and truly outstayed it's welcome. Even the most introverted of us that may not have loathed the repeated lockdowns would be more than happy to throw the crumpled fabric mask in the back pocket of our jeans into the bin once and for all. I'm pleased to announce then that this edition of the Pulse, despite it's ominous front cover, is relatively coronavirus free. Clearly, inspiration can be drawn from anywhere even in the face of an obnoxious pandemic which subjects us to the term "unprecedented" *ad nauseam*. With this in mind, I hope that the articles within this edition leave you richer after having read them, as they did me. Some of the advice contained within comes at a perfect time of the year for many of us who might be hitting those winter speedbumps after a long and relentless semester; thanks to all of those that contributed to make this issue a welcome relief from reading our textbooks.

Warmly,
Adam Walsh

The persisting challenges of being a woman in medicine

Leonie Shah

Women in medicine, you CAN be anything you want to, but there is going to be a plethora of obstacles standing in your way. Almost every female doctor has heard something on the lines of "Excuse me nurse, can you bring me a cup of tea," from a patient. Now, being mistaken for a nurse isn't an embarrassment, by no means are nurses considered insignificant and less impressive compared to doctors. Nurses are their own kind of superheroes; doctors would not be able to function without their support, and hospitals would simply fall apart without them. The bit that stings is being automatically thrown into a profession that is typically women dominated due to its caring and nurturing role. For a woman in medicine, wearing scrubs, having a name tag with the title "Dr" and carrying a stethoscope proudly around your neck is not enough to be identified as a doctor. The fact remains that even in the 2021, women in medicine are simply not considered equal to men.

We're living in a time where women's rights are thriving. The #MeToo movement is being embraced by an increasing number of industries. There is an improved awareness regarding the prevalence of sexual harassment, bullying and discrimination in the workplace. However, this trend has failed to translate into everyday life in medicine, particularly for male dominated fields like surgery. Despite efforts to increase women in surgery, the fact remains that it is a heavily male dominated field. With this comes the instilled culture of misogyny.
There are countless stories from female surgeons reporting crass sexual remarks about their appearance, patronizing comments, being constantly undermined, being inappropriately touched and being outright asked for sexual favours. When women stand up and object towards demeaning comments about their appearance or lack of skill because they are simply female, they are brushed off and labelled as 'sensitive or 'emotional.' The casual locker room banter that occurs in theatre iw often intended as light, non-offensive and 'just a joke'. But every time that joke is made, women are belittled, their credibility is undermined, and they're left feeling humiliated in front of their peers. The saddest bit is that this misogynistic culture of male dominated fields in medicine is not new, doctors have known about it for decades, yet very little has changed, because it is accepted that this is "just how it is." It has been accepted that bullying is simply part of the job and something that must be overcome to prove you're tough enough to thrive in the field. There is ongoing fear about committing career suicide if you report bullying, with many women claiming it was easier to just put up with it, than risk their career. How can we attract more women into surgery to dismantle this culture, when almost every female doctor has their own long list of stories about bullying and harassment? An exhausting environment that perpetuates inequity and instils fear isn't exactly enticing for young women.

Small steps to dismantle this toxic culture have been implemented. If we look back 50 years, it was essentially impossible for a woman to even train as a surgeon. Today, organisations specifically exist to support women in medicine, professional colleges are more open to listening to the voices of women; hospitals are implementing more and more professionalism, bullying and harassment policies and medical schools are changing the way they teach their students. Naturally, it takes time to abolish a culture that has existed for eternity, and ultimately generational change is key. More diversity is needed in the upcoming generation of surgeons, surgeons with different values, characteristics, and skills. With this, the system can change. The medical field can be one where leaders encourage, support, and recognise women for the skilled professionals they are. There is hope for the future. With the next generation of doctors and leaders I hope to see a change, where people are held accountable for their patronizing comments no matter how casual they are. I hope to see a supportive environment where women do not have to fear reprimand for reporting bullying. I hope to see an environment where women can thrive rather than just survive.

Seven Reasons why you should Give rural a go

Matias Fontealba Chamorro

The clinical years of medical school are critical for your learning. They are an opportunity to solidify and expand your theoretical knowledge, and they are also the time to gain the practical knowledge that prepares you for internship. Deciding where to do your clinical years is therefore an important decision to make.
Having spent an entire year (MD year 3) in Stawell (a rural town in Western Victoria) I'm here to tell you why you should consider going rural for your pre-clinical placement.

1) You will grow as a person

During my pre-clinical years, I was a rather reserved student. In class, by the time I gathered the confidence to raise my hand, the more keen, confident student had already answered the question and the class was over. Naturally, when it was time to put in my preferences for clinical school I was leaning towards a big clinical school: somewhere comfortable, big enough that I could hide behind the bigger personalities, so that it was less likely for the consultant to grill me with questions. However, after doing some thinking, I realised that I could miss out on valuable learning opportunities if I continued with this passive approach to learning. Therefore, I decided that it was time to jump out of my comfort zone: I would go rural.
Going rural for placement means that you will likely be in a smaller hospital, with only a handful of fellow medical students. It also means that you will have more one-on-one time with your consultant supervisors. The thought of being always on the spot in front of the consultant sounded scary! But it was a good kind of scary. By spending time with your consultants, you have access to a wealth of experience and clinical knowledge. Going rural pushes you to become an active learner, seek learning opportunities, and become more autonomous, confident, and more aware of your capabilities.

2) You will genuinely feel like you are part of the team

I can guarantee you that all medical students, at one point or another, find themselves in a situation where they are following a team, not knowing how to make themselves useful other than by not being in the way. There WILL be times where the sharps bin will be a more important member of the team than you are. Although this is inevitable in some rotations – and arguably a necessary rite of passage through your medical career – I can tell you that by going rural this will happen less often.
By being in a smaller hospital, with a smaller team, you get to know everyone - and, more importantly - they get to know YOU and what YOU can DO. After spending a couple of weeks with them, you will become great at assessing patients as they come in, taking their initial observations and even drawing bloods or putting in their cannulas. The nurses and the doctors will appreciate you for it, because you are saving them precious time.

3) You will feel welcomed and appreciated by the community

Australia has an ongoing problem when it comes to bringing its medical workforce into rural areas. University Rural clinical programmes aim to address this issue, and the community where you are based during your rural placement is aware of this. During your rural placement you will meet hundreds of patients from all walks of life. You will get to know them, and they will leave a long-lasting impression on you. Many of these patients are interested in your story too, and they will appreciate you for giving rural life a chance. Becoming immersed in a new community is a valuable experience that you will take with you wherever you end up as a doctor.

4) You will create long lasting bonds with your peers

During your rural rotation you will spend a long time with your fellow medical students. Together you will share both stressful and joyful times. It is likely that these shared experiences will bring you closer together, creating long-lasting bonds that will last the rest of your life. Going rural with friends is a great way to ensure you have the right support, someone to debrief with after a stressful day, someone to study with and someone to explore the region with during your downtime.

5) You will create long-lasting professional relationships with your supervisors

You get to spend a long time with consultants who are passionate about teaching and about rural medicine. After a whole year on placement, they will become your mentors. You will go to them for advice, and it is likely that you'll also spend quality leisure time with them. By the end of the year, they will have seen you grow from a fresh pre-clinical student into a confident, capable medical student who is one step closer to facing the medical workforce. As well as potential life-long friends, these consultants will make valuable referees when it comes to internship applications, having supervised you for an entire year.

6) You don't miss out on much compared to bigger hospitals

When I was deciding whether or not to go rural for my clinical years, I was worried that I would miss out on some key learning opportunities that can only be offered in big hospitals. This cannot be further from the truth. Although you might not get to see a fancy coronary artery bypass or an aortic repair, you'll still get to assess the patient and assist with their stabilisation prior to them being transported to a bigger centre. At this stage of your career that is more than enough in terms of what you need to know. Furthermore, any teaching that you miss out on, may be complemented with online tutorials run by experts in the field. It is likely that your rural town will be regularly visited by specialists, including surgeons (yes, elective surgeries might still be performed in your town), paediatricians, rheumatologists, and cardiologists. Thus, when it comes to exam time, you will be at the very least on par with your colleagues from bigger clinical schools.

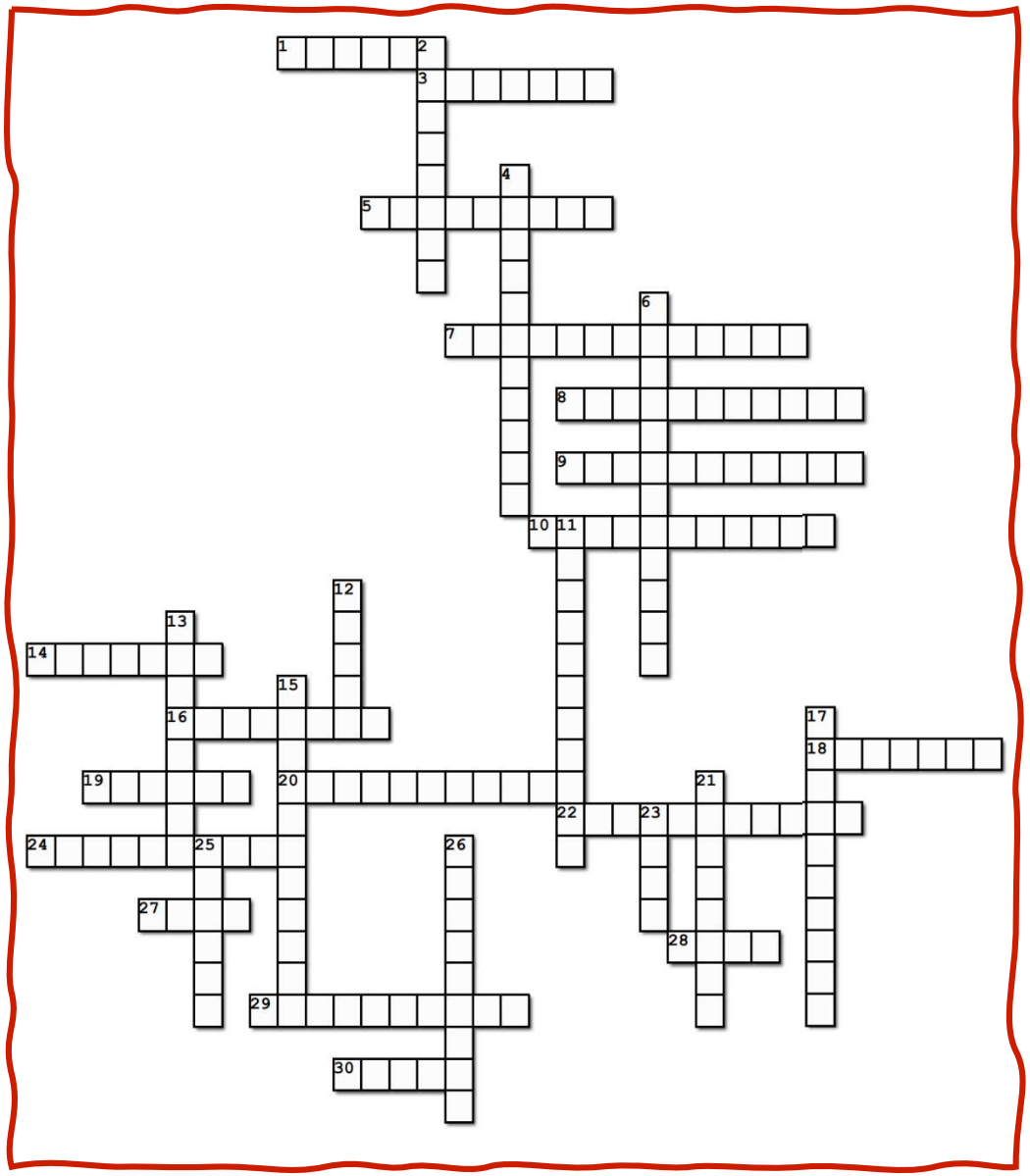
7) You will gain immense procedural confidence

Cannulas, venepunctures, catheters, ECGs, plastering, suturing, immunisations… The list goes on and on. In a small rural hospital you will not be competing against many other students to have a go at these procedures, and—what's more important—you will have many opportunities to prove your capabilities in front of the team, meaning that they are more likely to trust you and let you have a go. In bigger hospitals you will rotate through teams every 6 or so weeks, making it more difficult to get to know the team and prove your capabilities. Having sound procedural experience is a highly desirable attribute among prospective interns, and a rural placement will give you just that.

If there is one lesson that I would suggest you take from this, it's that going rural isn't just an experience in your medical career, it's a chance to build lasting bonds, create new relationships, and build on your medical knowledge in a setting that provides unparalleled opportunities for knowledge and growth. Going rural is a great opportunity for all of us, and whether or not you continue to pursue your career in this setting, it is an invaluable chance to develop, learn, and blossom at these crucial stages of your career.

EMD Crossword Challenge

Created by Gaby Carty (Warrnambool 3rd Year Rep) on behalf of EMD



Across

1. Glue ear occurs when there is a collection of fluid in the _____ ear.
3. The _____ nerve (important for breathing) originates from C3-5.
5. This type of IV fluid contains sodium, chloride, potassium and calcium.
7. The term for low sodium is _____.
8. In a primary trauma survey, C stands for _____.
9. A tension pneumothorax can cause _____ shock.
10. Cushing's triad consists of abnormal breathing, increase in pulse pressure and _____.
14. A sign seen in basal skull fracture is _____ eyes.
16. An acronym for taking a history involving pain is _____.
18. In patient's of childbearing age presenting with abdominal pain and/or PV bleeding, _____ pregnancy should be considered.
19. Loin to groin pain often features in renal _____.
20. _____ shock can occur following massive blood loss.
22. The antibiotic Augmentin contains clavulanic acid and _____.
24. Visceral pain from the foregut radiates to the _____ region.
27. The most common cause of PPH is _____ (Hint: one of the 4 T's).
28. Six R's of prescribing - right patient, right route, right medication, right time, right ____ and right documentation.
29. _____ are the most common cause of acute pancreatitis.
30. The minimum score for a GCS is _____.

Down

2. An _____ bleed is associated with a lucid interval following a loss of consciousness post head injury.
4. The word for coughing up blood is _____.
6. In a cricothyroidotomy, an incision should go through the _____ membrane.
11. Anatomically, the most common position of an appendix is _____.
12. It's important to listen for aortic bruits 'above' or 'below' the umbilicus?
13. Palpating the LIF and eliciting pain in the RIF is also know as _____ sign.
15. Ventricular _____ and fibrillation are shockable rhythms.
17. Patient has neck stiffness, photophobia and a fever. Your top DDx is _____.
21. The _____ bone in the wrist may undergo avascular necrosis following fracture.
23. Ottawa Ankle Rules help you decide which patient's should have an _____.
25. In the common abbreviation describing an abdo exam with little findings, SNT stands for 'soft non _____'.
26. AV block causes a _____ PR interval.

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Clinical Reflections: The Personal Side of Learning

Gabriel Lirios

Five weeks into my general medicine rotation and it's the second palliation our team has done that week. That's at least one a week for us, and this week, it's two. It's not uncommon for medical students to see patients deteriorate or pass during their training; in fact, it's very common. With these experiences come the inevitable questions that our friends and family ask: "Do you ever get sad when you see that stuff?" or "Oh my! That's horrible, does it ever affect you after?". I've been grappling with these questions for quite some time. I've never been one to be heavily impacted or invested in the emotional side of medicine, but this felt different. A consultant once told me that we're no good to the patient and their family if we are too emotionally affected by their illness or prognosis. Not that having emotions or feelings are bad, but the reason why we may not feel that level of sadness is that our role in their lives is different, and that regardless of what we may feel, their family and friends will be the ones who grieve for them and celebrate their life – and that's always stuck with me.

So why have I been ruminating on this concept in the last few months? It's easy to forget that the ups and downs of life don't always coincide with what's going on inside the four walls of the hospital – things happen in our lives that weren't meant to, or we're pleasantly surprised by things that we didn't expect. People get sick, relationships break down, we achieve goals we set ourselves, and we get to do cool things with our friends when Melbourne isn't sprung back into one of it's lockdowns, and all these things are somewhat independent of our experiences in the hospital.

So when my family found out that my grandma's breast cancer had returned 12 years after she was first cured, it was weird. On one hand I was devastated with what this meant for my family, especially the ones living with her overseas, but on the other I was pragmatic - too pragmatic I felt - patiently waiting for the details of her scans, biopsy, and treatment. I felt detached yet highly invested, and anxious yet calm. I had seen this on countless occasions in my short time in the hospital - patients and their families being told life-changing news, but this was different. I guess being five thousand kilometres away and not seeing her for three years because of COVID fed into that sense of detachment; perhaps it made it easier, but I couldn't help feel a touch of guilt over my seemingly numbed sense of sadness for the woman who played such a big role in shaping who I am today.

I've learnt a lot in medicine: from the intricacies of the human body to detailed physiological pathways, wonder drugs for countless conditions, and a rare glimpse into the inner workings of a great hospital. One thing that we aren't taught though is how to separate the ins and outs of the hospital from what goes on outside of it, albeit the notion that we are obligated to separate the two isn't unfamiliar - that medicine is what we do but it does not define us, or that we should leave work where it ought to be and not take it home. But how could we, when it forms such a big part of our lives? Medicine can often dominate dinner table discussions, catch ups with fellow medical students, or, case in point above, conversations with family and friends - it is deeply ingrained into what we do, who we are, and how others see us.

A common notion agreed upon by medical school applicants is that medicine involves a lifetime of learning - it's one of the responses we all give when asked why we're interested in the medical profession. We constantly have to refine our study techniques, keep up to date with research, and adapt to ever-changing models of care. What we didn't know back then was that part of this learning is deeply personal, that we have to navigate a world in which what happens in the hospital consequently affects what happens outside of it, and vice-versa. If I were to add one more lesson among the countless I've learned within this smorgasbord of ups and downs, it would be that fighting against this notion is futile. I think that we must somehow learn how to integrate who we are in the hospital with who we are outside of it, and in that process comes the uncomfortable and unfamiliar feeling we all get when experiencing something new. I realise now that wasn't pragmatic because I was apathetic, I was pragmatic because I had learned to appropriately compartmentalise the stresses and issues I am faced with, and the idea that our patient's palliation made me ponder my routine responses to those ever-so-familiar questions meant that I was still able to sympathy with their family while remaining objectively focused with my team.

Of course, there are lines I still shouldn't cross to maintain professional and ethical boundaries, and I have much to learn as I go through the rest of my clinical years, but there's no denying that my perspective of the world has inevitably been changed. I hope that we can all appreciate these new perspectives, and that they make us better grandchildren, children, friends, and medical students: a calming presence within the storm, yet capable of great empathy; ones who understand, appreciate, and respect the amazing stories of those we encounter.

Find any medical information you need with Onepagemed!

Who we are?

We are a group of overly enthusiastic medical students and doctors who came up with creating a website which would contain all of the relevant and up-to-date medical information on one page. We are passionate about medical education and we hope to make it simpler and more enjoyable.

Why?

When we went through medical school we were overwhelmed by the sheer quantity of content we had to read, understand and commit to memory. We soon realised it is unrealistic to use the study methods that are used by students in other disciplines of going through big textbooks, making neat and tidy notes. It is just not feasible. Hence we created onepagemed, a platform where you can read about any topic in medicine but get all the important information you need in a few pages.

Where?

The grand release of the website was on 1st of May however we are updating it everyday with more new and relevant information. Just simply go to https://www.onepagemed.com/. If you want to get involved, contact the founder of onepagemed Shahed Kamal on drshahedk@gmail.com

How to build lifelong habits: a guide

Bianca Crowder

1. Clearly define what you want and make it specific.
Set one very clear, realistic goal and reflect on why you want to achieve this, why it is important and what you hope to get out of obtaining this goal. Make it simple and plan small steps to achieve it. Identify what specific change is required.

2. Set up your environment to make it easy to achieve.
Modifying your external environment to minimise barriers and facilitate change will increase your chances of success! If your goal is to get fit by exercising in the morning, leave your running shoes near your bed. If your goal is to reduce sugar by avoiding snacks, remove them from areas where you can see them or eliminate altogether.

3. Start small. Very small.
If you plan to start running and have never done so before- aim to run for no more than 5 minutes! Work your way up gradually- it doesn't matter how small the action or how long it takes- any progress forward is achieving results and getting you closer to your goal than before you started. It all adds up over time, once your mind is conditioned to completing this habit regularly.

4. Consistency is key.
Make the habit regular and be strict- frequency is more important than duration of the task. This habit should become a routine part of your lifestyle, not a temporary change. You can aim smaller than expected on some days so you don't break the routine, but make sure once you commit to this, you don't stop until you complete it.

5. Identify your barriers.
If motivation is the main issue, aim simply to start the task, or perform the habit for 5 minutes- you can stop after that small goal is completed, as long as you do complete it. Chances are, you will follow through once you have already started. If procrastination is the main issue, consider why you are procrastinating and remove all known distractions by setting up your environment.

6. Create an identity based on the goal.
If your goal is to get up early to do something, tell yourself daily that you are a morning person. If your goal is to give up smoking, identify as a non-smoker and keep that mindset. Consider your language surrounding the habit- don't expect results if you tell others that you can't do it!

7. Recognise setbacks as part of the process.
Acknowledge that mistakes are an investment to a better future and learn by them. Don't hold yourself back with self-limiting negativity- there is always another opportunity to succeed.

8. Have a support network.
Having friends or family encourage you, give you feedback or hold you accountable can help you achieve what you want. They can also help you to enjoy the process! Depending on context, professional support may also be useful, but this is not always necessary. You can support yourself by reminding yourself of what you have achieved so far and see each step as closer to what you want.

The Science of Serendipity

Nic Pridan

Serendipity is one of my favourite words. It has a lovely sound, meaning, and as I've recently discovered, a fascinating origin story.

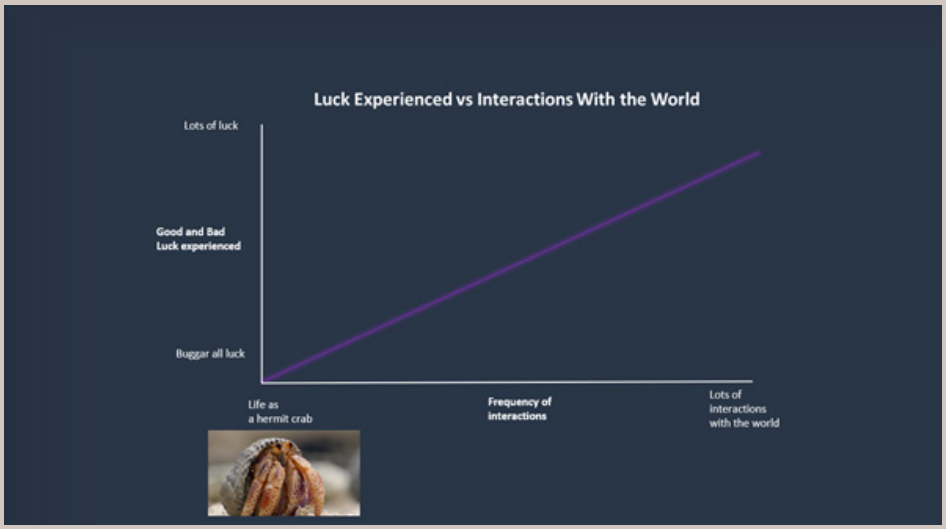
The word has its roots in an old Persian story, The Three Princes of Serendip. In the story, three curious and clever princes are travelling across a foreign land in search of adventure and one day happen upon the trail of a camel. Following the camel's trail, they come to learn the animal is blind in one eye, missing a tooth and carrying a load of honey. When later they encounter a merchant who has lost a camel, the princes report their findings to him. The merchant then turns around and accuses the princes of stealing the camel - how else could they know so much about it? And so he takes them to the nation's emperor for punishment

Fortunately for our trio, the emperor is wise and gives the princes a chance to explain themselves. The princes do so. They say they knew the camel had only one good eye because it had eaten grass from only one side of the road. They knew it to be missing a tooth because lumps of chewed grass no larger than camel's tooth followed the trail. And they knew the camel was carrying honey because they spotted a colony of ants attacking a long streak of honey which ran alongside the camel's path. Thoroughly impressed, the emperor showers the princes with gold and appoints them to be his personal advisors – the wayward camel was later found safe and sound.

The Three Princes of Serendip was written as a fictional tale, but there's some truth in what the story teaches about how we can influence our own luck. And so without further ado, let discuss.

Lesson One – Clearly define what you're chasing

Luck is an unavoidable, inescapable side effect of our interactions with the world. The more we engage with the people and places around us, the more luck, both good and bad, we're destined to have.



Of course, minimising bad luck isn't as simple as locking yourself in your room forever. Nor is the path to maximising good luck simply having as many random encounters as you can. These approaches will alter the amount of luck you experience but won't change the type of luck you enjoy. What this means is we're not actually interested in getting lucky, generally speaking, we're interested in maximising the amount of good luck that comes our way while minimising the bad.

To do this we first need to clearly define what we want so we can begin to make decisions and take action that brings us towards our goals. For our three princes it was adventure. For you it might be making friends or succeeding in school. I know this advice sound obvious, but without taking this simple step we can't go on to take any of the more sophisticated steps required to alter our luck. And the good news is even by simply setting goal and working towards achieving them, your luck profile will begin to improve. If you're new to goal setting I suggest giving the phrase SMART goals a google to learn good goal setting technique.
With goals in hand it's onto lesson two.

Lesson Two – Use choice architecture to improve decision making
You've probably heard before that your chances of being struck down by lightning far exceed your chances of winning the lotto. It's true. And it's not even a close race (1 in 500,000 vs 1 in 2,000,000). Yet you probably know more people who take a punt on the lotto than get truly worried for their safety during a storm. Why is that? Well part of the reason is it turns out humans aren't great at intuitively understanding probability. We're too often mislead by biases in our thinking when it comes to deciding what is likely or unlikely to happen. For those of us looking to influence the luck, this susceptibility to bias is a problem because it leads us to making non-rational decisions. Here are some examples of what I mean.

- *Your parents may have encouraged you as a kid to pursue a specific career or sport that you had no interest in because they knew someone who became really successful in that field. Their advice was well meaning, but an example of survivorship bias. A type of bias that gets you to focus on successful cases and brush over the failures.*
- *As another example, you make a decision that puts you on a path you're not happy with, but you decide to continue along that path because you've already started so why turn back now? This is a bias known as the sunk cost fallacy and it's a type of irrational thinking that gets people to ignore the voice in their head saying they've made a mistake. Us humans are susceptible to it because it's uncomfortable at times to admit we were wrong.*

There are dozens of unique cognitive biases out there, and falling pray to anyone of these can place us on a collision course with bad luck and steer us away from fortunate encounters. So what can we do to mitigate bias in our decision making as we work towards our goals?
Well, not much, unfortunately. At least according to noble prize-winning psychologist Danny Kahneman whose made a career out of studying decision-making. The problem is our brains are just hard wired for being susceptible to bias. The good news is that with a bit of effort we can flip the script. We can trick our bias brains into making decisions that align with our long-term best interests. The secret lies in a field of psychology known as choice architecture.
Choice architecture is all about managing the environment in which a decision gets made. Let's say you want to get into the habit of running first thing in the morning. You could improve your odds of success if you took your runners off the shoe-rack and gave them a new home by your bed right where you plant your feet as you get up each morning. By doing this your groggy, sleep-deprived brain doesn't have to work so hard in the morning to make the decision to get ready for a run. It has an environmental cue to spur it on.
Another example of choice architecture is the old-fashioned pros / cons list. If you've got a big decision to make – what to study at university, whether to stay at your current job or move on, etc. – then forcing yourself to weigh the upside and downside simultaneously is a great way reduce some of the biases you'll inevitably be taking into this decision. You can take this idea one step further by being super critical about what you allow onto your list. For example, are you saying "the job is in a good city" because your best friend who grew up there told you it's a good city, or because you've been there yourself to experience what it's like?

We'll never be able to eliminate all our biases when making decisions, but with choice architecture we can at least achieve some measure of control. We can push ourselves towards serendipity and away from foolish actions, like accusing innocent princes of grand theft camel.

Lesson Three – Pick the right environment

Having looked inwards to define our goals and reflect on sources of bias in our decision making, we're now ready to think broader.

Our environment plays a significant and often underrecognized role in the luck we experience. Here are some examples.

- *Scottish born Alexander Fleming made the move to England for work and study opportunities. Later in his career he would spend years searching for an effective antibiotic at London's St Mary's Hospital before one day returning home from a family holiday to discover the bacteria-smashing mould, Penicillin, had flown in threw his lab's open window and presented itself on a culture plate he had left laying on a bench.*
- *Charles Darwin was able to refine his theory for natural selection after he hitched a ride on a ship which was mapping the coastline of south America. While the crew of the ship did their thing, Darwin used the time to study animals and plants he had never seen before.*
- *Elon Musk moved to America partly because he thought that's where he would find the greatest commercial opportunities. He would later go on to start an internet company, Zip2, and manage to sell it for 300 million.*
- *And the three princes from our story travelled to a foreign land in search of adventure. They found mystery, danger a wise king and a reward, which I would say counts.*

In each of these cases someone made the decision to move to the environment which gave them the greatest chance of finding success. Once there they worked hard and eventually caught a lucky break. Good luck and success were never guaranteed, but by selecting the right environment the odds of landing a win greatly improved.

In each of these cases someone made the decision to move to the environment which gave them the greatest chance of finding success. Once there they worked hard and eventually caught a lucky break. Good luck and success were never guaranteed, but by selecting the right environment the odds of landing a win greatly improved.

Lesson Four – master your habits

Your habits are the number source of controllable luck in your life.

This lesson shouldn't be all that surprising. Research has shown than a majority of our day to day decisions are the result of habit. Naturally this means our habits provide us with the greatest surface area of contact with the world and therefore the greatest opportunity for running headlong into luck, good or bad. You've almost certainly ran into evidence of this in your life already. The top salesperson in your firm may have had an easy win with a big client during the year, but its safe to say if they're a consistently high performer its because they have established a system for success, aka, a collection of useful habits. In the case of our three princes, the men are shown to make a habit out of using deduction and logical reasoning as they stumbled upon the trail left by the camel. And on the other hand I'm sure you can think of a time in your life where you've repeatedly tempted fate only to be punished for it in the end. Bike riding misadventures as a kid come to mind for me.

The science behind habit mastery is a world unto its own, but if you're interested I have a book recommendation for you. Atomic Habits by James Clear is the definitive guide to habit formation. In this book James breaks down step by step how to cultivate good habits and eliminate bad ones. If you want something a little quicker I recommend checking out his website, James-clear.com. Hopefully his advice will help you achieve the final step you need to maximise your good luck.