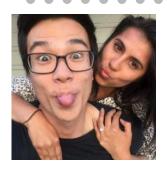


BACHELOR TIL FINDS LOVE





KESHAN REVEALS THE SECRET TO GETTING HER TO SAY YES IS -OSCAR'S BICEPS



RARE SIGHTING OF CLINICAL STUDENTS RAISES QUESTIONS



PRESIDENT'S REPORT

Wow, how is 2017 already over? I swear it just started!

Firstly, I would like to start by congratulating the 2016–17 committee for all the wonderful work they have done. It was a year unlike any other before it, with a new degree happening for the first time, and they did a fantastic job. Hope you are all enjoying having no responsibilities!

We started the year in traditional UNEMSA style, welcoming a bunch of freshers with hot pizza and overly helpful PowerPoint slides at Surviving Med Night. After getting them up to scratch on their sheep/deer knowledge (very important here in rural NSW), we got to know them better at First Incision Cocktail party where we introduced them to the rest of the lively Armidale bunch. Long lasting connections were made that night, and the students practiced their inept 'networking' skills.

Soon everyone was settled into the country bumpkin lifestyle, and we got into the swing of things, hitting the books. We let our SIGs take over for a bit, and welcomed some interesting and informative speaker nights, as well as skills sessions. Aspire held a thought-provoking Refugee Night which prompted much discussion, while our own Academic rep, Alex, invited doctors from all walks of life to our annual Futures in Medicine Night (continued on pg. 5)



BRENDAN IS STILL 19 AND AFTER A YEAR OF BEING SOCIAL REP HAS SWAPPED OVER TO VPI SO HE DOESN'T HAVE TO BE AS SOCIAL ANYMORE. COMING FROM THE NORTHERN BEACHES HE JUST-LOVES THE INLAND LANDSCAPES OF ARMIDALE. BRENDAN IS LOOKING FORWARD TO BEING ON UNEMSA AGAIN AND KEEPING YOU AS UP TO DATE WITH WHAT'S GOING ON AS FACULTY KEEPS YOU UP TO DATE WITH THOSE TIMETABLE CHANGES. BRENDAN IS A BIG FAN OF NETFLIX, FOOD AND HOLIDAYS BUT NOT OF BOWLING AND SKATING. IN HIS SPARE TIME, HE ENJOYS SCAVENGING LEFTOVER PBL FOOD IN THE COMMO, BANTER AS LONG AS IT ISN'T ABOUT HIM AND LOVES MARY WHITE DINNERS AS MUCH AS HE LOVES DOING HIS PBL LEARNING POINTS. BRENDAN AIMS TO KEEP UNEMSA MORE TOGETHER THAN HE IS ON A THURSDAY NIGHT.



CALL ME A WATCH, CUZ I KEEP YOUR MINUTES. HI, I'M ZOE, JUST A SIMPLE GIRL WHO SPENDS TOO MUCH MONEY ONLINE AND CAN TEACH YOU HOW TO LIVE OFF 87C FOR TWO WEEKS (GOOD THING I'M NOT THE TREASURER). DON'T EXPECT TO SEE ME MUCH IN WINTER, CUZ I'M FROM BRISSY AND ANYTHING BELOW 20 DEGREES DOESN'T EXIST FOR ME. MY LIFE AMBITIONS INCLUDE: PATTING EVERY DOG I SEE (EXCEPT SERVICE DOGS, RESPECT THE SERVICE DOGS, THEY RE DOING THEIR JOBS), GETTING 100% 100% OF THE TIME, AND SCAVENGING PBL FOOD. HMU, ACTUALLY NO, I'LL HIT YOU UP WITH SOME GREAT UNEMSA EMAILS.



SOPHIA HAILS FROM OUR NATION'S CAPITAL, CANBERRA, AND IT WOULD BE A LIE TO SAY IT WASN'T OBVIOUS. WITH A PASSION FOR TALKING TOO MUCH, AND SOMETIMES GETTING VERY SIDE TRACKED, SHE LIKES TO SPEND HER DAYS DOING INTERPRETIVE DANCES TO PBL CONTENT AND KEEPING UP TO DATE ON THE LATEST FIRE MEMES. FOR AN INTERESTING NIGHT WITH SOPHIA, ASK HER TO WATCH A HORROR MOVIE WITH YOU, SHE WILL QUITE HAPPILY DEMONSTRATE THE FULL RANGE OF HER VOCAL CORDS.



AMSA | LINNA HUANG



THIS IS LINNA. FOR SOME REASON SHE HAS TO WRITE ANOTHER BIOGRAPHY BECAUSE SHE CAN'T ESCAPE UNEMSA. IT DOESN'T SEEM LOGICALLY SOUND NOR REASONABLE FOR HER TO BE HERE AGAIN BUT WE MUST REMEMBER LINNA IS THE TYPE OF PERSON THAT WILL CLAIM LACTOSE INTOLERANCE BUT STILL EAT BRIE IN PBL WHILST ACTIVELY IGNORING STOMACH ERAMPS. REMEMBER THAT LINNA IS THE TYPE OF PERSON WHO WILL INSIST HER OPPONENTS ON FIFAT USE CLASSIC XI EVEN THOUGH SHE KNOWS SHE HAS NO CHANCE. FACED AGAINST IMPOSSIBLE ODDS WHETHER IT BE EVIL DAIRY PRODUCTS OR 90+ STATS ON A STUPID SOCCER GAME, OR [INSERT AMSA RELATED ADVERSITY] YOU CAN BE REST ASSURED LINNA WILL AND DO WHATEVER IS IN HER POWER TO PUSH THROUGH BARRIERS IN CRAMPS, BLOWS TO HER DIGNITY, AND TO WHATEVER ELSE COMES HER WAY TO ENSURE THE BEST EXPERIENCES FOR YOU, AND YOUR EXPERIENCE AS AN AUSTRALIAN MEDICAL STUDENT.

BEN (BETTER KNOWN AS
BARNABY) HAS COMPLETED 4
YEARS OF INADEQUATELY
INTERPRETING CHEST X-RAYS
AND ECGS FOR CONSULTANTS,
AND HAS DECIDED TO DITCH THE
CENTRAL COAST TO ENJOY ONE
FINAL YEAR IN ARMIDALE BEFORE
HE CAN START PRESCRIBING
ANTIBIOTICS FOR VIRAL
INFECTIONS. AFTER ROTATING
THROUGH A RESPIRATORY TERM,
HE IS DEFINITELY KEEN TO
IMPRESS THE FIRST-YEAR
COHORT WITH HIS THOROUGH
CHEST EXAM. ALTHOUGH HE
CONSIDERS HIMSELF AN ALBIES
LEGEND (JUST ASK HIM), HE IS
UNFORTUNATELY ALLERGIC TO
BEERS. THIS HASN'T STOPPED HIM
FROM POLLOWING IN THE
FOOTSTEPS OF HIS IDOL,
BARNABY JOYCE. SHADOWING
JOYCE'S ROLE AS VICE PRESIDENT,
HE PLANS TO MAKE MED IN
ARMIDALE MUCH MORE
ENJOYABLE, WITH THE MINIMAL
AMOUNT OF WORK POSSIBLE.

VPE | BEN BUCKLAND

ELIZA IS AN ARMIDALE ENTHUSIAST, AND WILL PROUDLY TELL ANYONE SHE PREFERENCED IT AS NUMBER 1. WHO WANTS THE BEACH, RIGHT? ELIZA IS PRETTY BUSY, YOU DON'T NEED TO ASK HER SHE'LL TELL YOU. WHEN ELIZA ISN'T SORTING OUT UNEMSA'S FINANCES AND SHARING HER OPINIONS ON EVERYTHING, EVEN ABOUT THINGS SHE DOESN'T REALLY CARE ABOUT, YOU'LL FIND HER PROBABLY NOT AT 8M CLASS, BUT POTENTIALLY AT THE STRO/GYM/FOOTY/WORK OR THE ONE OF THE OTHER COMMITTEES SHE'S ON. IN ALL SERIOUSNESS, ELIZA IS PASSIONATE ABOUT ADVOCACY AND LOVES REPRESENTING UNEMSAS INTERESTS AND ENSURING THE MEMBERS OF UNEMSA HAVE ACCESS TO, AND BENEFIT FROM, UNEMSAS RESOURCES.



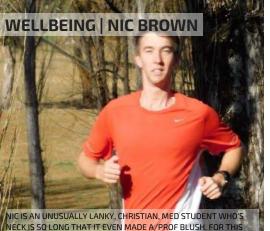
ACADEMIC | LAURA MALLET



ALPACAS. HER SECRET TALENTS INCLUDE WALKING INTO POLES AND GETTING HIT IN THE HEAD WHILST PLAYING SPORT – TWO THINGS SHE'S SURE WILL COME IN HANDY. LAURA IS KEEN TO BE UNEMSA'S NEW ACADEMIC CONVEN

AND HOPES TO HIT THE NAIL ON THE HEAD WHEN

ORGANISING ACADEMIC EVENTS IN THE COMING YEAR.



NECK IS SO LONG THAT IT EVEN MADE A/PROF BLUSH. FOR THIS REASON HE IS OFTEN MISTAKEN HIM FOR A LLAMA, HOWEVER HE DENIES ANY FORMAL GENETIC CONNECTION. ALTHOUGH PEOPLE OFTEN QUESTION HIS SANITY, GOING FOR CASUAL 24KM STROLLS TO URALLA ON SUNDAY AFTERNOONS AND AGREEING TO STAR IN VERY QUESTIONABLE MEDREVUE PERFORMANCES, HE IS EXTREMELY PASSIONATE ABOUT THE MENTAL HEALTH AND WELLBEING OF THE UNE MED COHORT. HE IS ALWAYS AVAILABLE FOR A CHAT AND AIMS TO GET TO KNOW EVERYONE ACROSS THE THREE YEAR GROUPS BY THE END OF THIRD YEAR.

2ND YEAR REP | OSCAR TACH

OSCAR IS ONE OF THE SECOND YEAR REPRESENTATIVES AND IS 50% MEDICAL STUDENT, 20% POLITICAL SPEECH WRITER AND 40% REGISTERED PHARMACIST. HE MAY LOOK YOUNG DUE TO HIS ASIAN GENES BUT IS OFTEN CALLED GRANDPA BY A SELECT (AND ANNOYING) FEW DUE TO HIS REAL AGE. HE IS OFTEN GRUMPY AND WILL OFTEN A<mark>S</mark>K, "HONESTLY, HOW HARD CAN IT BE?", WHEN TALKING ABOUT UPCOMING EXAMS IN ORDER TO FEEL MORE CONFIDENT. UNFORTUNATELY, THIS NEVER WORKS AS THE EXAMS ALWAYS MANAGE TO CRUSH HIS SOUL. OSCAR CAN OFTEN BE FOUND IN CLOSE PROXIMITY TO THE FOOD AT ALL UNEMSA EVENTS AND IS OFTEN RIDICULED BY HIS PEERS FOR HAVING OVER-ZEALOUS AND UNREALISTIC BODYBUILDING GOALS

2ND YEAR REP | WINNIE CHEN



PART-TIME VEGETARIAN, TWIN TO VICKY POON AND UNOFFICIAL PARKRUN PARTICIPANT RECRUITER. DESPITE COMMON MISCONCEPTIONS ABOUT HER SOUTH ASIAN BACKGROUND, SHE WOULD LIKE TO TAKE THIS OPPORTUNITY TO CLARIFY THAT SHE IS ACTUALLY CHINESE. NO, SHE DOES NOT PLAY THE PIANO OR THE VIOLIN BUT SHE DOES LOVE TO TAKE PHOTOS OF **EVERYTHING POSSIBLE AND WILL ALMOST ALWAYS BE CHEWING** GUM LOUDLY. SHE ATTRIBUTES HER SUCCESS AS THE SUPERIOR YEAR REP TO HER SKILLS IN WHINGING AND COMPLAINING AND HER GREAT PASSION FOR ATTENDING MEETINGS ON EARLY MONDAY MORNINGS. IF YOU WANT TO HAVE A CHAT, YOU CAN FIND HER IN THE MARY WHITE DINING HALL FROM 5:30PM ONWARDS, WHERE SHE WILL SURELY BE DEVOURING AWAY THROUGH HER SECOND AND THIRD DINNERS OF THE NIGHT.

\DOCUMENTCLASS{UNEMSA_INTRODUCTION} \BEGIN{DOCUMENT}

MY DISTINGUISHING FEATURE IS THAT I AM FOND OF CRABS. (CLARIFICATION: THE SUBS ET OF CRABS THAT LIVE ON THE BEACH, NOT ON YOU. BEEP BOOP.)

ARE PARROT TRAFFICKING NETWORK IN HIGH SCHOOL. NO RARE ARROTS WERE HARMED IN THIS VENTURE. MY HOBBIES NCLUDE CALIBRATING MY OPTICAL SENSORS AND DRINKING WD-40 BY THE GALLON.





I'm not a robot





YEARNS DESPERATELY FOR THE YOUTH OF HIS COHORT TO T THAT HIS JOKES ARE LIT AF. WITH A SEVERE HATRED FOR LEG AND FOOT PRISONS COMBINED WITH AN ABSENT LATERAL SPINOTHALAMIC TRACT BEN IS WELL KNOWN FOR HIS PASTY LEGS BEING ON DISPLAY IN FOOTY SHORTS AND THONGS ALL YEAR ROUND REGARDLESS OF ALL WEATHER CONDITIONS. BEN LOVES TO STAND UP AND COMMUNICATE WITH HIS COHORT SO THAT HIS (NOW ABSENT) GLORIOUS AND EXCESSIVELY ATTRACTIVE MOUSTACHE CAN BLESS AND GRACE HIS PEERS. BENS ASPIRATION FOR THIS YEAR INCLUDE SURVIVING ONE LECTURE WITHOUT ASKING A QUESTION, BEING TOLD HE IS SUPER HIP FLY AND STRONGLY PERSUADING KOSHY TO ATTEND ANY AND ALL EVENTS POSSIBLE. (KOSHY!!!!!!!). HOPEFULLY BEN CAN UTILIZE HIS EXPERIENCE AS AN "OLD MARRIED MAN" TO APPROPRIATELY RELATE HIS PEERS CONCERNS TO OUR EVIL OVERLORDS UPSTAIRS. #POWERPOINTS&DESKS



I'M AN UNEMPLOYED GARLIC BREAD ENTHUSIAST FROM MELBOURNE, I LIVE ON AN ENCLOSED VERANDAH AND DRIVE A 96' HONDA ACCORD BUT DON'T LET THAT FOOL YOU I HAVEN'T

I'M A MEDIOCRE MEDICAL STUDENT BUT A WORLD CLASS INSTANT COFFEE DRINKER/VICTIM.

WHEN I'M NOT, NOT STUDYING YOU'LL FIND ME COMPLAINING ABOUT THE UNREASONABLE IMPACT COMPULSORY CLASSES DON'T HAVE ON MY SOCIAL LIFE

I BLAME THE ALTITUDE IN ARMIDALE FOR PREVENTING MY SPORTING GREATNESS, BUT DON'T LET THAT BE YOUR EXCUSE-UNEMSA SPORT IS LOOKING FOR A HERO AND IT COULD BE YOU.

SPORT | JERE MY

DEEP SURFED HER WAY TO ARMIDALE FROM THE CITY THAT NEVER SLEEPS (GOLD COAST), TO PURSUE HER DREAM OF BEING YOUR SOCIAL CONVENER AND TO SHARE HER WISDOM ON SURVIVING 7 DAY BENDERS (ALONG WITH SOME STUDY OF MEDICINE). EVEN THOUGH SHE CAN BARELY SEE OVER THE STEERING WHEEL, SHE PLANS TO DRIVE ALL AROUND ARMIDALE TO FIND YOU THE BEST FOOD DEALS AND SHARE HER PASSION FOR BAR TABS. DEEP IS ALSO A PROFESSIONAL TV SHOW WATCHER (JUST HEAR HER FANGIRL OVER JON SNOW), PROFESSIONAL VEGETARIAN CHEF WITH HER TWO MINUTE NOODLES, HAS A SLIGHT DOG OBSESSION AND OWNS A 51% SHARE OF SEPHORA. EVEN THOUGH YOU MAY NOT FIND HER IN ARMIDALE ANY OF THE WEEKENDS, SHE IS ALWAYS UP FOR A CHAT AND A GOOD OLD RANT ABOUT HOW MATTY SHOULD VE PICKED TARA.

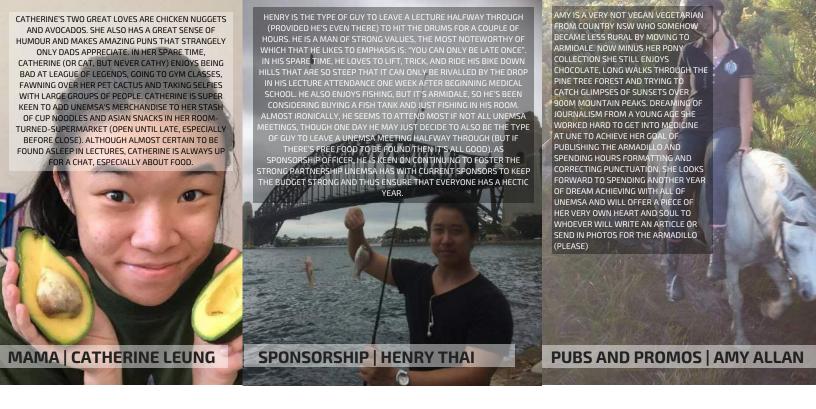


SOCIAL | DEEP BHANGOO

3RD YEAR REP | ISSY MARINELLI

YEAR (HOPEFULLY THIRD YEAR SOON OTHERWISE THAT WOULD BE AWKWARD) MEDICAL STUDENT FROM THE UNIVERSITY OF NEW ENGLAND, CANITAKEYOURPATIENTHIST ORYTODAYTHANKYOU. SHE'S PASSIONATE ABOUT HER **PROJECT** #KEEPTHECOMMOCLEAN, AND MAKING SURE THERE'S **ALWAYS CAFFEINE** AVAILABLE. SHE LIVES OFF A HEALTHY DIET OF MEMES. FANGIRLING, ANZAC BISCUITS, AND EVERY TEA UNDER THE SUN. SHE IS BASICALLY A MARINE ANIMAL, AND IF YOU DO CATCH HER LIKE A FISH OUT OF WATER, HER NOSE WILL NOT DOUBT BE BURIED IN A BOOK





UNESS proved yet again to be the most hands on of all the SIGs, teaching us valuable surgical skills. Although not all of us had our suturing up to scratch, we gave it our best shot and were incredibly thankful we weren't practising on real patients quite yet.

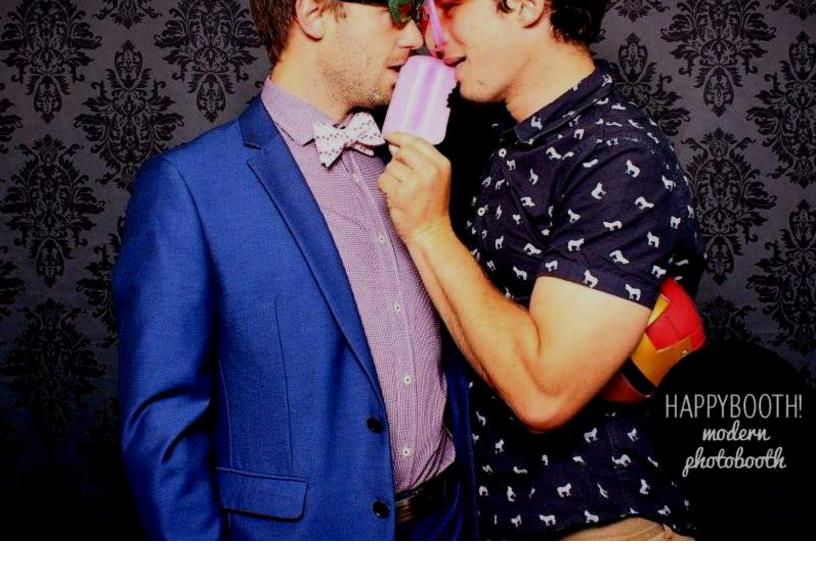
A quick break from work with Med Week and Med Ball, proved we all still knew how to enjoy ourselves, breaking out all the groovy dance moves we could. We were so enthusiastic we even had a couple of dance-related injuries, but where better to wreak yourself than in a crowd of really keen medical students who have only just learnt about the collateral ligaments?

A holiday was in order soon enough, and we all travelled back home, with several of us attending the annual AMSA convention in Sydney during the break where we met like-minded medical students and practiced our fantastic networking skills (again).

The beginning of second semester our students reminded us all that a couple of students actually have talent, performing in our charity play for RFDS; James Bond – 007: License to Heal. We also celebrated a successful Women in Medicine night, hearing from some very inspiring women in various fields of medicine.

We finished the year tearfully, saying goodbye to the third years and wishing them good luck in their adventures to come. We hope you all enjoyed HESS, and are quite happily enjoying your much-deserved break before you enter your clinical years.

Well I guess that's another year down, several more to go, but hey, who's really counting here? Thanks for the great year, Merry Christmas and a Happy New Year. Peace out UNEMSA.



End of Year Dinner

(END OF YEAR SAME TWO PLATES OF FRIED FOOD AND VEGETARIAN FOOD CIRCULATED TEN TIMES)

Jen Peng

The poorly named "End of Year" "Dinner" (I'm proposing a name change for next year) rounded up UNEMSA's social events of the year with yet another night of alcohol, gossip, soft music, dancing and more alcohol.

Here is my list of highlights for the night:

- Watching Henry muzz
- Liam FINALLY talking to Matea
- Deep and Will being cute and couply
- Return of awards after a one year hiatus
- Disha's tear-jerking acceptance speech
- Til winning Most Eligible Bachelor
- Til being at a UNEMSA social event
- The little pizza pastries
- Arriving at a LIT Newie
- Ending the night in my own bed

All in all, I've recently realised that I don't have many social events left in Armidale before the end of next year, so it's always great to see so many of your pretty faces at events. Happy holidays everyone and thank you for a fun year!





a message from A REAL LIFE DOCTOR

wait, there's life after med school?!

Where do you currently work? What has been the biggest challenge since graduating?

I'm currently working in the Central Coast LHD, where I spent both clinical years of my degree. The biggest challenge for me has been making sure I know what my scope of practice is, what's expected of me, and what's not. The LHD does what it can to try and formally orientate you, and even though these are the only hospitals I've ever known, knowing how my medical knowledge applies in a practical setting has been challenging at times. My suggestion would be finding PGY2 or PGY3 doctors that have done the exact rotation you have, and ask them what is expected, when and how to prioritise your time. Especially for the first few rotations. There are people in my own cohort that have done the rotations I'm on now, and that's been invaluable in being able to find my feet earlier in the rotation so I can get more out of it. Exhaust the resources at hand, through your RMOAs, experiences of your friends, and through the formalised handover systems in place in the hospital. And if you find yourself worried, ask earlier rather than later! Tell other doctors on your team you're struggling, ask for help from the RMOA, or even your DPET (Director of Prevocational Education & Training). All of these resources have been invaluable through the - what have been reasonably significant challenges I've faced this year.

What has been your most exciting experience?

Exciting? I'd say, more satisfying. When you're able to take more ownership of your patients and your role as you become more comfortable, you can engage more confidently with other doctors, nurses, allied health, and patients themselves, and it doesn't take much to feel like you're making a significant difference in someone's care. What can be even more satisfying than this is when your senior doctors notice and make note of your efforts. Those have been the best moments for me.

What do you enjoy the most?

I enjoy sending patients home, knowing that ultimately we've returned them to the community in a better state than we've found them. And seeing someone go can be either enjoyable because you've enjoyed caring for them, or you're just happy to see them go... take that comment as you will. But, whether you like them or not, you hope you don't see them back in hospital — so it's worth making sure they're medically polished as much as they can be, with all the right follow-up sorted before they're out.

What do you feel you gained from studying at UNE?

UNE specifically; I've found we're a cohort from a wider range of backgrounds than others, so learning with different people has helped me engage with different people I work with now, and our rural focus encourages the school to include more training and experience with patients of different backgrounds as well. As ultimately, it doesn't matter what you know about which receptors a class of anti-depressants acts upon if you can't form a rapport with a patient strong enough for them to trust you with their symptoms of a well hidden mental condition. And, cliche as it may be, as a true battler through University – studying in more than one cohort – and an opportunist in taking a year off medicine entirely after graduating, I've found myself with dozens of contacts and friends in multiple cohorts of which many are still working on the Central Coast, and nothing is more settling than a familiar face — one of the key reasons I chose to work where I studied.

It's not easy, but time spent on being self-aware and on self-evaluation is always time well spent. Always ask the people you work with what more you can do, and how they think you're going, and seek help before you think you really need it — that point I cannot stress enough. A little regular time making sure you're okay will allow you to not only be more effective at work, but your time more satisfying, as well as carefree when you're not at work.

Luke Charles

UNE Graduate - JMO



The evening was truly a night to remember. Who knew the Stro could look so classy with white tapestry and fairy lights draped across the ceilings? And who knew 110 scruffy, fatigued medical students could brush up so well? We had very accomplished doctors, leaders, women, mothers come to bestow their pearls of wisdom upon us. They included:

- Dr Ramona Sallins, a rural and remote GP and medical director of reality TV show, Survivor
- Dr Lauren Cone, a rural GP and clinical dean
- Dr Joanne Ging, Head of general paediatrics at Westmead Children's Hospital
- Dr Salma Ali, a GP who has worked in Sudan, Saudi Arabia, UK, Australia, UNE lecturer and one of our beloved PBL tutors!

Here are some of the most important messages I took away from the night.

- You can become the next director of Survivor. One opportunity leads to another. Dr Sallins was super involved in clubs and societies during medical school, took the chance when she received a phone call to become a doctor on Survivor and lo and behold, she became the medical director of Survivor!
- There is a life outside the hospital. Medicine is what you make it to be, each one of us has something unique that will change the face of medicine.

As our speakers have shown us, you could tap into business and own a medical company, go into educating the next generation of doctors, advocate on behalf of vulnerable children and work all over the world. These accomplished doctors are already onto their next big missions...hopefully we'll see one of them on the working with the United Nations or the World Health Organisation soon!

- Lucky we got into UNE and not Newcastle...phew! We learned that doctors and medical students are more valued and remembered by patients in rural and remote areas than city hospitals. You are not just another doctor in a sea of million. Dr Cone recounted the day she went through the entire city hospital level by level to ask if she could take a medical history from patients. All refused. In contrast, patients were very happy to let her practice with them in rural hospitals and that is when she was converted to the rural side. There is a great sense of community in rural areas, as seen in the tight cohorts here at UNE <3 Yes, the grass is definitely greener here in Armidale!
- Never stop learning. Don't ever go a day without learning something new. It doesn't matter if it's just reading an article, you never know where that knowledge can lead you or when you will need it. We heard about Dr Ali who decided to prepare for exams throughout the night while looking after her sick child.

She passed her exams which she only had a week's notice for. What immense dedication to her career and family!

- Don't just focus on what you want to become, but also who you want to become. Develop yourself while chasing your career. Who do I want to be, you ask? Find out and follow me on Instagram! #shamelessadvertising Apart from being a competent doctor, I hope to kind, caring, happy and someone who is passionate and fulfilled by what they do every single day
- And one final point... the speakers definitely convinced us that we should all become rural GPs!

A huge shout out to Alexandria and the subcommittee for organising such a lovely night. The delicious variety of canapes and cupcakes really had our stomach releasing that ghrelin, the fizzy dark blue and purple, galaxyresembling cocktails were quite literally out of this world and the open bar tab definitely made the night even better! Thank you for all your hard work gathering up 50 (!!!) raffle prizes and thank you to everyone (great to see so many guys) who came and supported UNEMSA, The Armidale Women's Shelter and celebrated the phenomenal achievements of women in medicine. Here's to a bigger and better future!





















GRASP ALL OPPORTUNTIES

A few weeks ago, I had the privilege of attending and presenting a poster at the Joint Annual Meetings of the Endocrine Society Australia and the Society of Reproductive Biology (ESA-SRB – could the name get any longer?) in Perth.

You've no doubt been told a million times to grasp all the opportunities that present themselves to you! The world is your oyster! I remember back in first year rolling my eyes every time an overly enthusiastic speaker said those things to me. And yet, I have become that person.

So how did I get here, you might ask?

Last year I was at GHC in Newcastle and attended a workshop run by Dr Katie–Jane Wynne on transgender health and the work that the HCSGD (Hunter Centre for Sex and Gender Diversity) had been doing. I was so inspired by her work that I went and spoke to her afterwards (and if you're a shy introvert like me, you'll know exactly how big a deal that is) and she agreed that I could do my fifth year SSO placement with her. Fast forward 3 months and Dr Wynne recruited me for data entry on the research she was doing. Fast forward another 6 months and we'd written an abstract of our research results so far, we got accepted to present a poster and Dr Wynne encourages me to be first author.

Our research essentially shows that if you educate medical students and GPs about issues of transgender health, their confidence in delivering such care increases. Specifically, the participants felt more confident in caring for children, adolescents and adults requesting transitional care, and were more knowledgeable about appropriate preventative cancer screening after the educational session.

Now, I absolutely hate public speaking so the prospect of presenting the poster was incredibly terrifying. What if I forgot what to say? What if they asked me a question I couldn't answer? With every intention of faking it until I made it, I prepared well: favourite outfit, check. Superman stance, check. I did everything I could to produce the confidence of a middle aged white man.

And it went great! It was incredibly satisfying to be able to explain the research findings to other likeminded individuals. Each time I presented the findings I felt my confidence growing, and that would never have happened if I hadn't put myself out of my comfort zone.



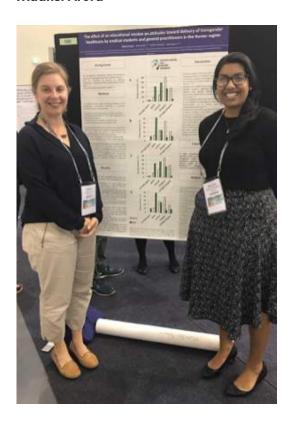
A confident man.

If you ever meet someone who inspires you, go and introduce yourself. You never know what opportunities will open up for you. And when the opportunities present themselves, say YES! No matter how scared you are, you won't regret it!

A huge thank you to UNEMSA for the funding I received to facilitate this opportunity. If you'd like to learn more about gender incongruence and dysphoria, here are some helpful links!

https://www.genderspectrum.org/resources/medical-2/#more-420 https://gendercentre.org.au/resources https://www.telethonkids.org.au/our-research/brain-and-behaviour/mental-health-and-youth/youth-mental-health/trans-pathways/

Maansi Arora

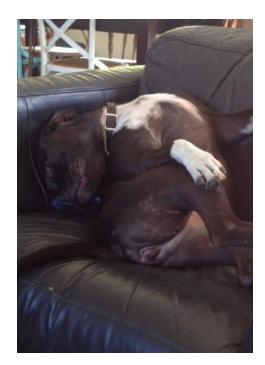


RSPCA CUPCAKE DAY

On the 4th of September UNEMSA hosted an RSPCA cupcake day on the med lawn to raise money for the RSPCA and promote their work with abandoned and abused animals. The day was a huge success, raising over \$250 for the RSPCA.

The bakers for the day did a fantastic job, producing approximately 150 delicious and extremely well decorated cupcakes and other baked goods, all of which were successfully sold on the day. UNEMSA would like to sincerely thank everyone who baked for the event, including; Alexandra Winters, Amy Allan, Amy Poon, Cindy Chen, Claudia Greenhalgh, Gihani Senadeera, Issy Marinelli, Karina Brown, Koshy Mathew, Laura Mallett, Matea Dominkovic, Natasha Hardikar, Paloma Ghosal, Rhea Darbari Kaul and Sophia Fitt.

As part of the day all of those who attended were also lucky enough to enjoy the company of 5 dogs that were brought in by people across the med cohort, with many people (including myself) considering this the highlight of the event. UNEMSA would also like to thank all of the people brought their dogs, including; Rashid Habib, Alan Richardson, Ivy Hodson and Ben Corbett.







Nic Brown



Bake like Gi

Anyone who was at the bake sale I'm sure remembers these magical cupcakes - now you can make them for yourself!

Gihanni's cupcakes

For cake

- 200g unsalted butter, softened
- 1 teaspoon vanilla extract
- 1 cup sugar
- 3 eggs
- 2 1/2 cups self-raising flour, sifted
- 1/2 cup milk You can also use any boxed cake mix still super tasty!

For buttercream icing

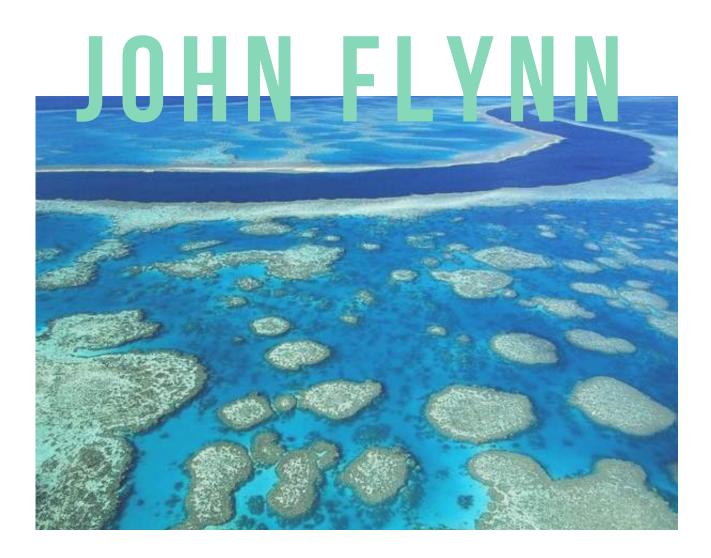
- 1 cup soft icing mixture
- ½ cup butter (add more butter if it becomes too firm)
- Food colouring
 Flavours (optional) melted chocolate/crushed oreos etc
- 1. Line the muffin tray with cupcake liners
- 2. Mix all the ingredients together (extra step beat the butter and the sugar before adding the rest of the ingredients if you have an electric mixer)
- 3. Get rid of any clumps and add 100's and 1000's/crushed Oreos/choc chips/any other cool extras
- 4. Use about two tablespoons of mixture per cupcake and top with some extra sprinkles 5. Bake for ~12–15 mins at 160°C 6. Cool for ~40 mins (or 20 mins in the fridge)

SOME CUTE DOGGIES FOR YOUR ENJOYMENT









COOKTOWN - URSULA COOPER

It's 3 o'clock on a Tuesday afternoon, still 37oC outside and all you want to do is go to the beach, but instead you're inside, nearing the end of a long shift in ED. It's been a pretty quiet day, so you're standing idly chatting to the triage nurse, waiting for 3:30 to come around so you can knock off.

Everything is slow and relaxed; a pretty standard day in a rural ED.

Then the phone rings. It's the dialysis unit. A lady has had a stroke and she's on her way over. At the same time, you hear the ambulance siren as it approaches. 2 minutes later, the ambulance officer is at the door. "Another stroke," he says. "And there's more 2 on the way."

All the staff in the emergency department suddenly start to move around you, like a well oiled machine

clicking into motion. Beds are cleared, ECG monitors wheeled in, the man from the ambulance brought in to the first bed. He doesn't seem too bad, he's sitting up and speaking, but even so, both doctors go to him and start their examinations.

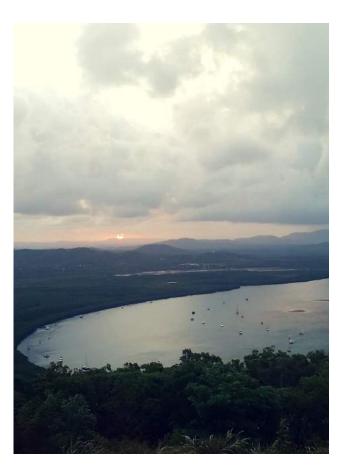
You turn and see the stroke patient from the dialysis unit being wheeled in. At first glance, she looks to be in worse shape than the man, her face visibly drooping on the left hand side and blood dripping down her arm from the dialysis fistula she has in place. She's lifted into a bed, and a doctor turns to touch her. "No," she says. "Only lady doctors touch me." The doctor calls you over, and with him standing by your side guiding you, you step up to examine the Aboriginal woman on the bed, hands shaking only slightly as you carefully place the ECG leads on her chest.



Not many first year students can say that they have been in the situation described to you above, but I have. As a John Flynn Placement Program student, I went to Cooktown last December to complete my first ever 2-week placement at Cooktown MPHS, a 16-bed hospital in a small tropical town in Far North Queensland, around 300km north of Cairns. While this experience was extremely confronting, it was also really enjoyable and something I would recommend to everyone if you ever get the chance.

Most of my days in Cooktown were spent in the ED, and while it was not always as intense as the day I described above (and most days were dominated by the common cold and kids with asthma), I did get to see some very interesting things. Highlights included feeling a 15cm ovarian mass, speaking to an Aboriginal Elder about her community's experience of the stolen generations and helping out in skin excisions at GP practice in town. I also learnt many practical skills, such as cannulation, doing MSSEs and, mostly excitingly, how to write a discharge summary (which I'm told will be useful during my intern year).

Another important aspect of my time in Cooktown was



the days I spent in outreach clinics in the Aboriginal communities of Wujal Wujal and Hope Vale. I will never forget my first day at Wujal Wujal when, after a very intense four wheel drive trip involving dirt roads, a flooded causeway and saltwater crocodiles, I was greeted with a huge hug from a tiny Torres Strait Islander girl who thought I was the doctor coming to "fix her mum". Almost every patient I saw that day had type 2 diabetes or rheumatic heart disease, or if they were particularly lucky, they had both. It was truly an eye opening experience and one that I am lucky enough to repeating again each year for the next 3 years.

The John Flynn Placement Program (JFPP) provides all expenses paid placements to medical students over 4 consecutive years of their medical degrees. For me, this included a free scenic flight over the Great Barrier Reef and 2 weeks accommodation in honestly one of the most beautiful towns I've visited. I can't emphasise strongly enough how amazing being a part of the JFPP is, and how much I recommend that everyone who can apply next year does so, because it will honestly "change your life" (quote: Disha Katiyar 2k17).





WHY BEING OFFENDED MAY BE GOOD FOR YOU

In the opening address of the 2017 Global Health Conference held in Adelaide the convenor of the conference declared that GHC was '…a world class conference that inspires delegates, that challenges comfort zones…'. Whilst I whole heartedly agree with the first part of that statement, the conference truly met the high standards that I was told to expect, I cannot agree with the second half. With the exception of one plenary, I remained firmly within my comfort zone and suspect that most of the other delegates (with some introspection) would agree.

I ask that you do not mix this frank evaluation as a poor reflection of the quality of the conference. I cannot impart in words the value of attending and the educational experience that it was. I attended lectures and workshops of such an extraordinary range of topics including: the illegal organ trade, psychological first aid, refugee health, women's health, global warming in relation to health, sex-worker rights, ophthalmology in South East Asia, the abortion debate, and artificial intelligence. The high quality of speakers and presentations was impressive especially given the conference was entirely student run and it placed the 19 months of preparation into context. I again come to the uncomfortable conclusion that I was sitting well within a certain set of values. I could hear the chamber echoing.

The offending plenary to which I originally hinted was 'Exit Strategy' by the infamous euthanasia advocate Phillip Nitschke. In 2014 Mr Nitschke (then Doctor) had his medical license suspended for his role in the death of a man who had decided to euthanise himself.



His suspension was later reinstated by the Medical Board of Australia with the condition that he relinquish his role in the 'pro-death' movement. In response, he dramatically declared his position with a public burning of his medical certificate. One can begin to understand why such a controversial man pushed the boundaries of many a comfort zone.

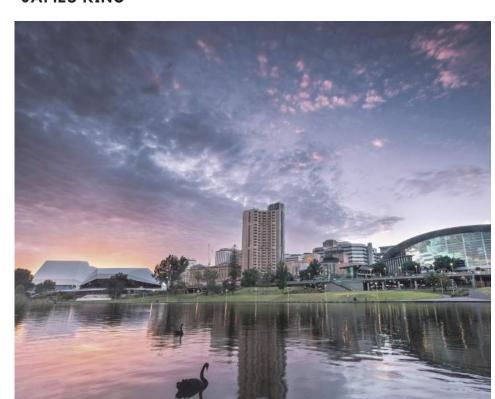
Euthanasia advocacy is not the aim of this article but I feel it important to outline the essentials of his argument: euthanasia should not be restricted to the realm of the terminally ill or chronically diseased but should be open to any consenting adult of sound mind. He was critical of euthanasia advocates or supporters who so quickly jump to qualify their position by placing restrictions and conditions on the patients. He claimed that this position is advocacy of a paternalistic and nonpatient centred form of care. Until recently I very much belonged to that group of 'traditional' euthanasia supporters, however I quite unexpectedly found my beliefs routed. I saw sense to his argument but I was cautious (scared?) of the conclusions that I was drawing and what many would view to be an extremist position.

So, this is what I took away from GHC 2017, the shattering of at least one of my belief circles. I am yet to reconcile my views on euthanasia but saw this exercise as indisputably valuable. It is quite easy to fall into a pattern of sameness when we are surrounded by people of similar views, visit websites of strict thought patterns, and are subject to algorithms that promote our continued attention by displaying relevant content. I believe there is great value in exposing oneself to a range of beliefs so that you can gain a better understanding of patients and the forces that drive them, and ultimately allow you to deliver better

For anyone on the fence or who had not previously considered it, I would highly recommend attending GHC 2018 (or any conference), to be held in Melbourne. Get out, step out of your own cohe chamber.

IT IS QUITE EASY TO FALL INTO A PATTERN OF SAMENESS

JAMES KING





By Linna Huang

WORLD HEALTH ORGANISATION

WESTERN PACIFIC REGIONAL COMMITTEE MEETING

From the 9th to the 15th October, the International Federation of Medical Students' Association (IFMSA) provided me with the incredible opportunity to attend the World Health Organisation's (WHO) 68th Regional Committee Meeting (RCM68) of the Western Pacific Regional Office (WPRO). I was accompanied by Bethany Holt and Tom Pearson from the University of Queensland, and Inhan Le from Seoul National University, Korea.



The Western Pacific Region is one of the WHO's most diverse and largest regions, reaching from China to the Pitcairn Islands, and is home to 1.9 billion people.

Despite the large differences between the nations and the health systems, there was to those of student conferences I had previously attended. Motility (dance) breaks mid-way through sessions, meal breaks, and relaxed side events contributed to the great environment for

meeting new inspiring people and hearing about their work.

The IFMSA attends these events to advocate towards ensuring the inclusion of young people's stances on these agenda items, particularly on items that are relevant to young people. We participated this year by submitting four statements.

I had the opportunity to write and submit the IFMSA's statement on the elimination of mother-to-child transmission of HIV, syphilis and hepatitis. Then – on the luck of a coin flip – I also received the honour to present an oral statement about youth mental health to the entire committee.

The main message focused on the large



amount of work that needs to be done to improve the mental wellbeing of young people in this region and around the world. As young people, we can have a substantial impact in prioritising our inclusion in discussions about mental health.

It is important to educate ourselves, breakdown stigma and to normalise seeking help. We need to make sure that we look after ourselves and check-in with friends, especially as exam time is coming up. As a global-health enthusiast, it was super exciting to have the privilege to talk to Dr Shin Young-Soo, the Regional Director, and Dr Tedros Ghebreyesus the newly elected Director General of the WHO! With Dr Young-Soo we talked about the future challenges of healthcare, and with Dr Tedros we discussed the new WHO leadership team and plans for future youth participation.

Participating in this conference was also very relevant to my honours project because I am researching the utilisation, social determinants and women's preference for care up to six-months post-delivery in the East New Brittan Province in Papua New Guinea. It was a great opportunity to able to update Dr Paison Dakulala, the Deputy Health Minister for Papua New Guinea about the project.

Regional Health ministers getting their dance

He also provided insight into how the larger project team could best engage the national government in future health policy discussions.

Overall it was an inspiring week and if you are also passionate about global health I would encourage you to get involved.

There are lots of opportunities in ASPIRE,

AMSA and the IFMSA, and you never know where these experiences could take you.

Finally, I would like to thank UNEMSA for providing me with funding that enabled me to participate in the IFMSA events throughout this year.

Stormie de Groot - 4th Year (Photos by Bethany Holt and Fabia Lonnquist)





COUNCIL #3 WRAP UP!

OVERVIEW

This council saw a record amount* of FIVE UNE delegates attend Council #3, with four of them being first time attendees! In attendance was our AMSA Jnr Francesca Zhu, our President Sophia Fitt, our keen as Treasurer Eliza Metz, keen guest to Council 3 Alycia Senthi, and your AMSA Rep yours truly! All policies passed this council, most by large majority. Some minor changes were made to some of the policies, and if you would like more information on this, please feel free to send me an email. This Council also saw a lot of our discussions turn towards how to take action on mental health issues of medical students, especially in response to recent medical student suicides. Read on to find out more.

*Definitely not fact-checked

AMSA AWARDS UPDATE!

Thank you to everyone who voted for UNE prior to the AMSA Awards ceremony!
UNEMSA went into AMSA Council #3 with two award nominations:

2017 Women in Medicine Cocktail Evening for AMSA Academic Award of the Year JMP Clinical Schools Guide for AMSA Design Award of the Year

Unfortunately UNEMSA did not win either of these awards, but we all know we do not need the national recognition to know what an amazing success the WIM event was and what an incredible initiative the JMP Clinical Skills guide was this year. Congratulations to Alexandra Winters, her WIM sub-com, and to Amir Tahir, and Sarah-Jane O'Brien for their efforts this year.

Congratulations to our MedSoc MVP of the year who was announced on Facebook shortly after Council, Nicholas Brown! Well done, and thank you for your contributions to UNEMSA over the past year.

2017 VAMPIRE CUP RESULTS

The 2017 Vampire Cup results were announced at Council #3 and you have most likely seen them by now! The Winners were as follows:

Most improved: Western Sydney University
Most number of donations (raw number):
University of Queensland
Most number of donations (% cohort):
Australian National University (official winner!)
Additionally the State that won the "State of Origin" competition was ironically Victoria!
UNE came 6th overall, 1st in NSW, and definitely demolished UoN in donations! Thank you to the everyday superheros who donated.

AMSA MENTAL HEALTH (HUMANS IN MEDICINE)

AMSA Mental Health launched their Humans in Medicine campaign which seeks to shed light on mental illness and health, through sharing real stories from real medical students. Seeing these stories not only raises awareness, and opens conversations about mental health, but also provides validity to students who may be going through similar things which can be extremely beneficial. You can see these stories on the AMSA Mental Health page on Facebook. AMSA Mental Health is additionally still looking for stories, so submit your story via their form linked if you have a story that should be heard.

AMSA Mental Health is additionally launching a campaign "Activ8 Mental Health" that will run between February - September 2018. This campaign will look to provide medical students with practical strategies to look

after themselves both physically and mentally. Each month of this campaign will focus on a different aspect of wellbeing: Food, Physical activity, Mindfulness, Social connection, and Sleep. Though this starts next year, the AMSA Mental Health team is looking for people to get people involved, so if this sounds interesting to you, please contact the National Coordinator for AMSA Mental Health, Ynez at ynez.howlettjansen@amsa.org.au

ACTION ON MEDICAL STUDENT SUICIDES

In response to several recent suicides of medical students around the country, AMSA Council #3 had a forum discussion on how we could as medical societies and as AMSA tackle this issue endemic in

Medicine.

We identified several things that could be rectified, and a few additional risk factors for increased mental health problems for medical students (including rural students, and minority students such as LGBTIQ students)

Medical students have very specific stresses and mental health issues and thus so AMSA believes medical schools should provide a specifically trained psychologist/counsellor individual to deal specifically with medical students. In the next few months AMSA will call on the MDANZ for this enquiry. You can expect UNEMSA and UNMS at this time to advocate for specialists to be employed by our universities too.

Linna Huang - AMSA Rep



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