

MUWSLETTER

Letter From The Editors

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A very excited hello for the real first edition of the year!

For the Class of 2011, it has been 2 years since that first day in Block K of Liverpool TAFE, before the School of Medicine - fondly named 'Son of a Mother' by certain students who had trouble working out what 'SoM' could possibly stand for - had been built. We've said our goodbyes to Julius Koevira and his associates in the 55 or so PBLs we've done. We've entered the clinical years where we try on our mature doctor faces despite the nerd excitement trying to burst out like an pus filled MRSA infected ulcer (Youtube: MRSA Explosion) when we wear those surgical scrubs, canulate a patient or do a rectal exam. That, and the fact that we're trying to prove that we're just that little bit better than those at USyd, and for that matter, UNSW too.

For the Class of 2012, it has been an exciting year of experiencing the first ever Med-camp; setting up shop in Building 30, remembering only balloons when trying to recall the Krebs Cycle, falling in love with Genetics Lecturer Jo Lind as a result, sneaking PBL notes off 2nd years, cursing Evidence Based Medicine, pushing their livers to the limits (Red Party '08 being the Gold Standard) and learning the joys of running from one end of the UWS Campbelltown campus and LTO6 for lectures. To these two year groups, welcome back (though we come weeks too late for that)!

For the Class of 2013, facility wise, you are the first year to have the full UWS SoM faculty at your disposal, from the brand new, slightly over-airconditioned lecture theatres to that faithful sandwich toaster in the Common Room. Along with the excitement of getting a hospital ID that identifies you as 'Medical Student', you will find yourself learning at a speed to rival the evaporation

rate of that glorious Aquium hand wash. You'll find yourself doubting the 'oh, you must be a smart child' comments when kind strangers/friends hear you mumble that you're a medical student; because frankly, according to yourself and also the doctor that asks you the differential diagnosis for the patient's pain, you don't know anything and you never will. You'll find yourself experiencing just a little tachycardia every time Brad Frankum opens his mouth and effortlessly establishes his excellence at life. Perhaps one thing about the world of medicine is that it almost teaches you to doubt yourself. So a message from us: Aim to be right and yet, revel in your wrongness - because in medicine, now is the only stage where it is ok. Keep that thirst to learn alive. More importantly, never take it too seriously (you're still at uni, bro).

That said, the team at Muwsletter would like to welcome the class of 2013 to the UWS Med posse that is growing faster than a small cell lung carcinoma in a 100 pack year smoker. In making your experience of med school just what you want it to be academically, socially, physically, emotionally, metaphorically, symbolically, gubernacually - we wish you well.

Missing the Med Building,
Sashie Howpage and Sabrina Kohler
Co-Editors of Muwsletter



UWS Meddies at Liverpool Tafe in 2007



Top 10 Med Events Of 2008

It's hard being in a new uni and trying to work out what events you're going to go to and weighing it all up against how much study you've done in the past week. So here's a guide to make your choice easier. The following events are the top 10 from last year, so if you hear a date for any of these, make sure it's in your diary as a definite.

1. Medball - this is always a stunner, everyone (and I mean EVERYONE) heads out in their very best outfit which they've been planning for the past 2 months in the hope that tonight will be the night that they can finally seriously hook in with the potential love that was put on hold over the exam period.
2. Medcamp - being the first major event of the year, everyone is eager to make a good impression and every word said or dance move made on Saturday party night could be possible social suicide.
3. AMSA convention - having never gone I can't say too much on this note but it should be noted the next 4 weeks after AMSA, convention goers wouldn't stop saying Yeah BOI, or wearing all their array of convention T-shirts and never stopped raving at its awesomeness.
4. Red party - this is the night to come dressed up in the most erratic (or erotic if you prefer) costume you can think of. An absolutely successful event raising hundreds of dollars for AIDS research.
5. 1st year cocktails - This is the perfect place to pick all the years' above yours brains on which textbooks to buy, which stethoscope, how much (or how little) study to do for each PBL, and which cute 3rd/2nd year is unfortunately already taken in a med-couple.
6. MSC cocktails - this is a great opportunity to prove just how tight UWS is, since we're always a majority proportion at these events. It's also a great op-

portunity to meet other med students from other med schools (and laugh about them with your friends behind their back because they left early to go home and study....pffft).

7. MSC sport's day -The ultimate event to show the other universities our togetherness with our chanting, our sporting skills, but most of all our matching hot pink shirts. And with an ever increasing number of students to choose from we can finally place our name on that trophy .
8. RHUUWS clinical skills night - this is an awesome hands on experience for plastering, suturing and a great way to hear from local doctors and allied health staff.
9. GPSN wine and cheese night - if you're a lover of cheese or wine or both, this is definitely the event for you. And as a bonus, you get to hear from real GP's their experiences and stories of what general practice has to offer.
10. AMSA debating series - these are really interesting and often give you a great laugh. Held towards the end of the year in 2008, the topics for debates are current AMSA issues. The best way to have some fun is to get involved (if not as a debater then as the audience) and help build up the rivalry that develops between the teams.

- Sabrina Kohler

Photobooth
snaps from
MedBall 2008



An Interview with Prof. Ian Wilson

One of our 2nd year students, *Chris Selvo*, recently interviewed a reasonably famous member of staff... here's some interesting snippets from that discussion:

We'll start with the simple questions:

Where did you go to med school ?

I went to med school in Adelaide and graduated at the end of 1971.

What sort of student were you? A study machine or a party animal?

I'd say a bit of both, probably a bit more on the study side than the party side. I wasn't a brilliant student, but I was able to get by comfortably.

What inspired you to get into General Practice?

Well, I moved and changed a lot. At one stage I was in the surgical training program, but I admit that I found surgery rather boring, and I much preferred talking to people. I thought about a lot of different careers, but I liked a bit of everything and didn't want to focus on one thing in particular. Hence, I decided to get into General Practice.

What is the most valuable piece of advice you've received in your medical career?

It's a common saying, "common things occur commonly". However, the skill of a GP is often to realise when it's not one of the common things. The thing about general practice is that you never know what's going to walk in through the door next.

What's the best decision you've made?

Well, it's quite recent in fact – deciding to come here to the University of Western Sydney. It was a big decision, and one that my wife and I talked about extensively for a long time prior. My wife has become quite involved in the local community in Camden, and I'm quite happy with the work I'm doing here in medical education.

What is your biggest regret?

My one big regret is that I didn't get into Academic Medicine at an early stage. I only completed my PhD in 2002, but I've enjoyed what I've done since then.

Your most embarrassing moment?

I think I've been lucky in the sense that I've had various small moments, but nothing major. A few wrong words at the wrong time... a few nasty hangovers in university... but nothing too embarrassing.

What's your favourite food?

My favourite food is probably tempura – I love my Japanese seafood.

Have any interesting hobbies?

My main interests are in wine, I have a 300 bottle cellar. (*Party at Prof. Wilson's house !*) I'm also interested in collecting Japanese art like woodblock prints and small statues.

So...Coffee or Tea? Coffee.

Boxers or Briefs? Boxers.

Doctor Who or Star Wars? Doctor Who.

Bourbon & Coke or Tequila? I rather enjoy high quality

tequila.

Labor or Liberal? Labor.

Counter-strike or DOTA? I have no idea what they are...

Professor Wilson, some might say you bear a striking resemblance to Santa Claus, can you account for your whereabouts on the 24th of December, 2008 ?

Laughs Yes I can, I was in a hotel in Flinders St, Melbourne with my wife and family. I certainly wasn't out flying.

How convenient, that's a solid alibi.

I have many witnesses.

What is your general impression of the students within our med school ?

A number of us have said at various stages that, for reason that we don't understand and can't explain, the students here are slightly above the level of students in other medical courses. It's something that I've noticed certainly, comparing them to the students in Adelaide. Every year has been somewhat different.

Would you care to elaborate?

Well, the current 3rd years are obviously the pioneers and have to deal with all the changes in the course and programs. The 2nd years appeared to be a bit more serious, but are probably a noisier group than the other years. The new 1st years appear to be very serious, however it's still early days.

Do you make a list of who's 'naughty or nice' in the med school?

I do. There are students who surprise me sometimes, whether it's because they are extremely dedicated students, or those who are consistently in trouble for various reasons. The majority of students tend to keep their head down and apply themselves to their work.

Who is the worst lecturer?

Student feedback points to one particular lecturer. However, feedback also suggests that he has improved. I probably shouldn't comment any further on that.

What's the funniest thing you've ever seen written in an exam?

One student in Adelaide once wrote that Pediculosis Pubis could be transmitted by having sexual intercourse with the axilla. Many of the staff were quite puzzled as to how one would actually go about doing that.

Professor Wilson, it's been a real pleasure.

Have you got one word of final advice?

Being a student is serious business, but you also need to have fun. I see students who struggle to find the balance, and it's getting that balance into your life that's truly important. Also, the second message I have for students is "don't make up your mind too early". You'll get interested in many different things, and may change your mind a million times – this includes those who believe they are committed to one particular interest. Likewise, when you graduate, know that it's alright to try different branches of medicine. Find a branch of medicine that you enjoy and don't be afraid to keep changing until you find something that suits you.

That was more than one word, but thanks again.

Dear Doctor

This edition brings you Dr Duplex from the famous television show, Duplex M.D. Now living in Bega NSW, he is an avid cheese enthusiast and is currently investigating the properties of blue vein cheese in management of varicose veins.

Dear Dr Duplex,

I was wondering if you could give me some advice for my first ICM tutorial. I'm worried that I won't know how to talk to the patients, especially seeing as I have no facial expression because of a stroke I had last year.

Mr James Ruse Guy

Dear Mr James Ruse Guy,

I fail to see the connection between knowing how to talk (usually a skill acquired before 36 months) and showing facial expression (which inherently develops during intrauterine growth). I would like to suggest that you must be a supremely intelligent foetus. Congratulations. May I enquire how you managed to contact me at all? Intra-uterine stroke, like intrauterine peanut allergy is a very serious prenatal condition; I suggest you stop writing to me about studying material well above your reading age and instead seek highly specialised medical care.

Good luck my prodigal colleague!

Dr Duplex.

Namaste Dr Duplex,

I am a International Student and whether it be in the hospital, or at university, I don't understand many of these Aussie colloquialisms. The other day, one local med student told me a common pasttime for young lads at the beach was to 'hold a banger in my thongs and watch the shiela's go by'. What does this mean?? Help me!

Ciao,

Asian Sensation

Dear Asian Sensation,

Having grown up in Sydney, I too found attending medical school in another country difficult (New Zealand), because I did not speak their language. Do not fear; you become accustomed, just like you do, to many of the street names given to drugs these days. They say noradrenaline, you say norepinephrine. And don't we all love to eat BBQ sausage in our rubber slippers watching the girls walk by? I suggest a visit to Bogan Gate, NSW. If not, watch a few episodes of 'Underbelly', or for classic Aussie drama, 'Bert's Family Feud', and that crazy Asian lady on SBS news.

Vegimite over Marmite,

Dr Duplex.

Yo Dr Duplex,

I was on a plane the other day, flying back from holidays in The United States of Obamarica, when a seemingly heavily pregnant lady's water broke. The flight attendant called for a doctor to help, and no one came. Although it turned out to be a grossly obese woman with severe urinary incontinence, as a first year UWS meddie, am I obligated to deliver a baby in a first aid situation?

NotInterestedinObGyn

Dear NotInterestedinObGyn,

I can only assume 3 reasons why you did not help:

- 1) Being elbow deep in bajingo would mean that you would have missed the umpteenth inflight entertainment re-run of 'Twilight' - and we all know that even airplane food goes down well when you're looking at Edward Cullen's face.
- 2) The lady was your mother, and seeing her delicacies is not included in any of the models of doctor/patient-who-is-your-mother relationships. This, of course, does not include the time you were born, but no one can nor wants to remember that - except perhaps if you're from Tasmania and your mother is your wife anyway.
- 3) You're a UNSW medical student and would prefer your female patient dead before you went anywhere near her hoo-haa.

And for all three reasons, I cannot blame you, but I must express my wish that you never contact me again if indeed Option 3 applies to you.

Necrophilia is wrong,

Dr Duplex

The Bachelor of Medical Research Degree

Samantha Lupton, a UWS med student currently taking the 'year off' to do the one-year Bachelor of Medical Research degree (available to UWS med students post-2nd year and onwards), writes about her experience so far...

Did you know that there is an opportunity available for you that will broaden your education, give you new skills and single you out as 'special' when you apply for a job during the medical student tsunami? You may not have thought of it before: it's the Bachelor of Medical Research.

I know what you're thinking. You came here to study Med. You want to study Med. You want to graduate and start earning some money. You don't want to take 'a year off'. Fair enough. But have you really considered the B Med Res? Relax, grab that can of V and let me take you into my world...the world of the medical researcher.

My day starts at 8am by meeting my co-supervisor, Dr Jost Preis, in the lab. It's PC2, which I think stands for Pretty Cool 2, because I have to have my fingerprint scanned to get in. In the lab we might do some qPCR, run a gel electrophoresis or spend time designing our project.

Then we might head on down to the animal house. It's the sanctuary for mice, rats and rabbits, and soon sea urchins. It also has monkeys swinging around...just joking. We've already created two new strains of mice by breeding different strains together, we've chosen mice to cull and then dissected them under the microscope. We harvested different tissues that we need to use later in our research, when we need to look at a special gene or the mRNA produced.

The rest of the day is spent analyzing our data, ordering supplies for the lab, attending research seminars or that vitally important appointment: having lunch. I head home at about 4pm to work on my literature review or study the other subjects which comprise the B Med Res.

We are researching the genetic influences on hypertension, which is a risk factor for cardiovascular disease. We will be ex-

amining mouse tissue and human blood samples for single base changes in the DNA, and whether this is influenced by hormone levels. In the future, this will hopefully lead to novel treatments for hypertension and cardiovascular disease. This will reduce the burden placed on the health care system, and also improve the care of our patients.

I know I'm biased, but I have to say it. Over the past four weeks I've had the time of my life. Working in the lab is interesting and exciting, and I've realized that it's definitely something I would like to combine with clinical practice in the future. It's changed my view of medicine, as now I see the cutting-edge treatments and diagnostic tests just as they are being developed. We are not just treating symptoms, we are designing the preventions and the cures.

So, if research sounds like something you would like to do, how do you get in? You need to have completed the first two years of your MBBS, and you usually need to have

a credit average. There are lots of fascinating projects on offer, just talk to your lecturers about their research or contact Prof John Morley.

You might not have realized it before, but by doing the B Med Res you will graduate with a whole extra degree. Always looks good on the CV!

Well, I hope that's given you a bit of an insight into what the B Med Res is actually about. Remember: anything you can do now to make yourself a more competitive member of the jobs market will work in your favour, and research experience is very highly regarded. So give it some thought...and let me know when you cure cancer.

"Over the past four weeks I've had the time of my life."



O-Week



Good Vibrations

While many would say it is about finding an excuse to search 'penis' on the internet, med school is also about learning who you are as you mature into a young doctor. While it was only 3 days, the VibeAlive Festival was one such experience that exposed me to people and places that I hadn't met or seen before. As odd as it may sound, I have never had the opportunity to hang out with and get to know Indigenous children before. Therefore, when the offer to travel 9 hours inland, beyond Dubbo, to an unheard of town called 'Coonamble' (aboriginal translation: 'pile of dirt', population 3000+) to encourage the mainly indigenous communities to eat well, live well, and finish school to go to university, I couldn't say no.

Alongside medical students from the rural health clubs of UNSW, USyd, and allied health students from Wollongong, 6 RHUWWS members (Eric, Manik, Sashie, Mercia, Chloe, Yashneel) spent 3 days representing the NRHSN (National Rural Health Student's Network). We found ourselves painting faces, plastering the arms and fingers, getting the kids to think about what they wanted to be when they grow up, and teaching them about healthy eating and lifestyle choices. Working at other stations were hundreds of other teachers and volunteers who were trying to give the children in these remote communities of NSW an opportunity to be inspired, to enjoy themselves, and most of all, believe that they could reach their dreams.

We met and saw performances by Sermsah and Vanessa from *So You Think You Can Dance (Australia)*, Casey Donovan (winner of *Australian Idol*), and Immortal Artie Beatson too. While some of the other health club students were reluctant to let their inner dancer come out at the fireworks display and disco, the RHUWWS members had a wonderful time breaking it down to R&B with the primary school kids, even if Sermsah and Vanessa were watching.

A pleasant change from the realities of endocrinology, it was a wonderful 3 days at RHUWWS's expense, where we gained a glimpse of life in rural Australia. I came back with Facebook friends in UNSW and USyd Med, and some memories of a new experience to add to my collection as I find my feet in medical school and make my way in the world around me.

- Sashie Howpage





GHAWS (Global Health Awareness at Western Sydney)

Some might wonder, 'What is the Global Health Group (GHG) and what does it have to do with me?' Although I could give you a long and drawn out answer to that, I won't. To summarise it in just one word - at the GHG, we 'care.' What do we care about? Now as the name suggests, we're about improving global health. But! As the humanitarians we are, we care about the bigger picture as well - we want to change the world for the better. Many of us wanted to do medicine to help other people and whilst we still retain our youthful ideals (the path to cynicism is not far away my friends) - the time to act is now. We're UWS Med, and we're talented, enthusiastic people for the most part. It is our responsibility to be the change we want to see in the world.

Abhinav Aggarwal

GHN Rep

Recent Events:

02/03/09 – Carnival Fanfare (operation seduction)/
International Women's Week Lecture (MSF)
05/03/09 – Global Challenges (Disaster Relief)
09/03/09 – Red Cross Lecture
10-11/03/09 – Telecross
14/03/09 – Tradeshow at Medcamp

Upcoming Events:

March '09 – MDGs/Mime to Make Poverty History
Ongoing – Mufti Days, Fundraising (BBQs, teas, lunches, can day)
Projects – soup kitchens/shelters, student exchange program, cross campus communication, local MPs and using scholarship/grant funds

Quotes...

She/He said what??? Some hilarious quotes from our very own meddies...

Sana & Caitlin were practising testicular exams and were trying to find the epididymis.

Sana: "Is that it? I think it's supposed to feel like a walnut."

Caitlin: "No Sana, that's the prostate."

Sana: "Oh whoops, I'm getting my nuts mixed up!"

"I've only been around for a few months so you haven't taken advantage of me." - Jost Preis

"I haven't done Carl Parsons yet." - Sashie (haven't interviewed him for Muwsletter, that is)

"The first time I saw a real penis was in first year med, and I thought 'yeah, mines normal.'" - Rishi

"You mean you could be talking to me, and be hemorrhagically bleeding at the same time??" - 2nd year on periods.

Radiology Lecturer tells a long winded story, to which he forgets the punchline 3 times, about a woman who has been married 3 times. "So, the point of my story is, keep an open mind."

"Why is the woman complaining? She's getting free milk!" - Rishi on a patient who had galactorrhea

Anisha: "Ron has changed since he started going out with Monica."

Paran: "What, he plays RPGs now?"

Dr. Jost Preis introducing himself to first years: "I like getting dirty, in caves, with friends."

Got more funny quotes?

Send them in to

muwsletter@gmail.com

Emerald City, Population 3000

For a largely city bred girl, all stereotypes indicated to me that while on my John Flynn placement in the 4 bed Emergency Department of Emerald Hospital (QLD), I could expect rickety beds, Paul-Hogan-in-Crocodile-Dundee-type patients, worn out staff and a general lack of resources. On some level, I was right about all except the rickety beds.

The two weeks spent there were most exciting, varied and a very daunting step for a second year student who had spent at most, 4 hours a week in the busy city hospital taking short histories from patients, taking red dye water from Alex the Dummy Patient's arm or catheterising a slightly anatomically incorrect female pelvis. Suddenly, I found myself cannulating a 19 year old lady with pancreatitis about 30 minutes after stepping off a propeller driven plane and dragging my oversized suitcase into the ED staffroom.

The nurses and the 6 doctors of the ED were extremely willing to teach me – despite my apparent lack of knowledge they talked me through exciting firsts: doing an ECG, lipoma removal, pleural effusion drainage, infected toenail removal, plastering, suturing, wound care, dog bites and radial fractures. There were the occasional emergencies where it was a simple matter of not standing to the side but getting involved in the rush. In down time, along with a JCU med student, I had countless opportunities to practice the clinical examinations that had been taught during ICM in first and second year, while the doctors continually asked for my opinion regarding possible diagnoses and management. With free reign in the hospital, my confidence with patient interaction increased exponentially. I found myself seeing clinical signs of rare syndromes, such as a young G6PD patient (PBL 1!) who was recov-

ering from a haemolytic crisis. For a girl with a little more than average interest in Obstetrics, I was stoked to follow a visiting Obstetrician as he did several D&C procedures (translation: removal of miscarriage products) that left me initially traumatised before joining a visiting Flying (General) Surgeon in theatre.

“...the variation was unbelievable— from a lady who had ‘forgotten’ to get seven lumps in her breast checked... and the fellow with 4 types of bacteria growing in a leg wound.”

The most peculiar experience was the two days that I drove out 50km from Emerald with a hospital doctor to a 3 room clinic situated amongst a throng of tin humpies. For lack of a better term, the variation was unbelievable - from a lady who had ‘forgotten’ to get the seven lumps in her breasts checked; the man who smoked 250 cigarettes a week; a girl who drank 1/2 a bottle of rum and a ‘few glasses of wine’ after her 5 month old baby went to sleep every night; and the fellow with 4 types of bacteria growing in a leg wound. Despite the terror and panic, I projected false confidence to the patients and rose to the challenge of seeing

patients in my own consulting room for the day, writing in their records, taking bloods, and finally presenting cases to the doctor.

In the evenings, to complete a hard day's work the younger doctors (who were within 3 years graduating med school) and I would play trivial pursuit, laugh and eat good food.

Rural medicine is exciting. It was challenging and daunting. Like most things, I found that taking the leap into unknown territory often leaves you with a little more maturity, life experience, and in this case, a little more confidence as a med student. More importantly, I got a tiny glimpse as to how the healthcare system is stretched and does its best to deliver to the population living well inland. For those in first and second year, take this opportunity to have your misconceptions broken and taste the life of a rural doctor. Did I mention that all expenses are paid, plus \$1000 per year for 4 years?

With nothing to lose, put yourself ahead and fill out that application form for a John Flynn Scholarship at www.accrm.org.au. Applications close 5pm 3/04/2009.

- Sashie Howpage



RHUUWS

Rural Health Union of University of Western Sydney

WHAT IS RHUUWS?

The Rural and Indigenous Health Club of UWS, established 2007.

RHUUWS' main aims are:

- to promote awareness of rural and indigenous health issues
- to support students who are interested in rural health careers

RHUUWS is part of a network of 28 rural health clubs at universities around Australia, called the National Rural Health Students' Union (NRHSN).

IF YOU ARE STUDYING A HEALTH-RELATED DEGREE, RHUUWS WANTS YOU!!

Don't worry if 'passionate about rural health' doesn't quite describe you - as a RHUUWS member you can get involved in a whole bunch of activities, such as:

- **RHUUWS events** – such as trivia, cruises, and Clinical Skills Nights...
- **Rural high school visits** – go somewhere a bit different and spend some time encouraging kids in rural areas to finish school and come to uni!
- **Conferences of National Significance** (Want to go to a conference anywhere in Australia that's related to your degree? You could have your travel, accommodation, and registration costs all paid for by the NRHSN!)
- **Networking** with students from all over Australia
- **Support & advocacy** to help you with rural placements and scholarships

And best of all, **MEMBERSHIP IS FREE!!**

HOW TO JOIN:

- at any RHUUWS event or general meeting
- by emailing rhuuws@hotmail.com
- by picking up a membership form the box in the foyer of Building 3

For more info email us or check out the NRHSN website: www.nrhsn.org.au

PPL who LOOK like PPL



Dr Sara Tancredi
(from Prison Break)



Danni Gregson
(3rd Year Med)

If you know any PPL who look like PPL (in uwsmcd), please email the pictures to muveletter@gmail.com for future editions!

Confessions of a Third Year Virgin

Being the first cohort through has its joys. We may not get the advantage of study tips off the older years, or excellent notes that define whatever cortical plasticity actually is, but one of the most exciting things is that you never really know what is coming. I'm aware that Bilbo Baggins said the same thing to Frodo before he went off and hit up the retirement village in Rivendell, but being on my surgical rotation, MY story begins in the surgical wards and theatres of Blacktown Hospital...

I have to say, it is an amazing phenomenon that occurs when Registrars only seem to ask the questions that you don't know the answer to. More ridiculous than Meredith in *Grey's Anatomy*, I notice my heart rate goes up, I'm on the way to getting an attractive pit stain, my face is too warm and I want to say something brilliant. It's funny how 'trying to remember the mechanism of action of anti-coagulants so I don't look stupid/lazy to my Registrar and Consultant' provokes a feeling similar to that experienced when an embarrassingly tipsy friend introduces you to a good looking man, spills her drink on herself and then leaves you both to stand around awkwardly commenting on the music.

Being in third year is a definite step into the 'melting pot' of medicine. 'Melting pot' in that the experience is varied depending on where you are; medical, surgical or community. 'Melting pot' in that your awareness of just how much there is to learn increases, thereby increasing your own stress levels. 'Melting pot' in that you're chucked in the deep end, and you get to watch each other drown if you're unlucky enough to get the mean Registrar on the ward, or Hi-5 each other if you're lucky enough to get the nice one who is incidentally, also quite good looking. All that, and it feels like a forced step into maturity because we don't get to see the whole cohort together regularly - the last time was more than 6 weeks ago.

The speed at which knowledge is gained is only increasing. And I am shocked to find myself actually retaining more than the 8% of the information that was unceremoniously thrown at me during the pre-clinical years. There is something about seeing a patient pre-admission with jaundice, assisting during theatre (suturing up the wounds, or realising that anyone with gaming abilities will be able to hold a laparoscopic camera better than me), cutting up and touching the stone-riddled gallbladder before sending it off to Pathology, and then watching the patient's post-op recovery whilst saying things like, 'you'll never get gallstones again, you had your gallbladder taken out' that makes you realise how logical the disease process is.

Another aspect of being in third year is that you learn what the hospital based workforce is like; how it operates and what the dynamics are. How some of the nurses can be on an unprovoked warpath. How the Intern tries too

hard to impress, despite knowing that the only way a more senior colleague will really take notice of them is if they make a mistake of the grandest proportion. How the Registrar, who never cracks a smile when you tell a joke, holds his sides as he laughs at the beyond sub-par jokes of the Consultant. How you begin to take the doctors off the pedestal that you put them on because you realise that they're only human and that they make mistakes too.

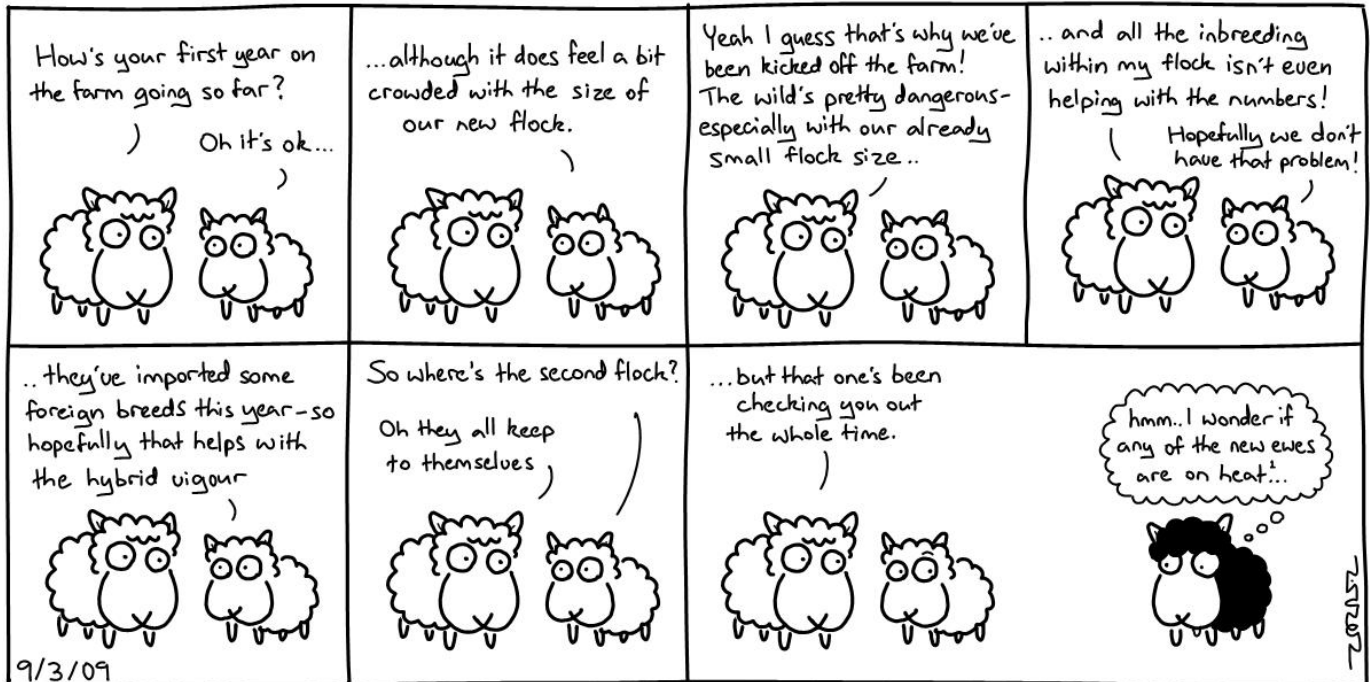
And yet, while I paint this intimidating picture, it's not as if the hospital is not without its fun. I have found the interns of my ward perfecting the art of shoeless moonwalking in the JMO lunch room, chatting in insanely long lunch breaks while eating the quality food of the staff café or shouting us coffee while giving us useful tutorials... on how doctors really only date each other. At other times I have been glad to stand back and watch as they run up and down the floors answering their perennially beeping pagers, or begging radiology to please squeeze another patient in for an ultrasound. I've found myself laughing almost everyday (mostly at myself and my apparent stupidity) at various events on the ward or things that patients say and do.

There are the memorable events, patients and surgeries that make the rotation worthwhile. Things like doing your first digital rectal exam; holding 30cm of large bowel with a mango sized tumour on it; getting your first needlestick injury and convincing yourself you don't have Hep B or HIV; your first intubation; first suture; first cannulation; first catheterisation; watching a manual disimpaction in a patient with a stoma (read: fecal matter that has been sitting in the bowels for several months) and then watching the Consultant get covered from hip to shoe in explosive diarrhoea; presenting your first complete history to a senior so badly that they laugh at you and say 'that was horrible' really are the things that med school is made of. Ultimately, I think I speak for all of third year when I say that we're having a great time and that while we might miss the social aspects of the med building, we really don't miss PBL + lectures that much at all. And with each day that passes, unlike Frank Abagnale Jnr, I feel less and less like a fraud wearing a steth around my neck, but more like someone who is embracing the fact that medicine has and will always be, a never ending pursuit of knowledge.

- Sashie Howpage



"More ridiculous than Meredith in *Grey's Anatomy*... Life imitating art?"



- Jonathan Nguyen

1. for the agriculturally illiterate, 'on heat' means 'receptive to mating' but let's pretend it means 'hot'.

MedCamp



A Word From The Publications Officer

Hi Guys!

Just wanted to say that I hope you enjoyed reading this edition of **Muwsletter**!! If you want to contribute to Muwsletter in any way, feel free to email us at muwsletter@gmail.com or contact me via vUWS.

- *Angelina Di Re*

UWSMS Communication and Publications Officer

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A Word From The Academic Officer

Hey everybody. The school has flagged they are really planning to crack down on attendance this year. I was reminded that third years are required to have satisfactory attendance in EACH of their 6 week rotations, not just overall. First and Second years must have 80% attendance in EACH small group not just overall, e.g. good PBL attendance doesn't make up for missing anatomy pracs. Just be safe and cover yourselves.

- *Kyle Sheldrick*

UWMS Academic Officer

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