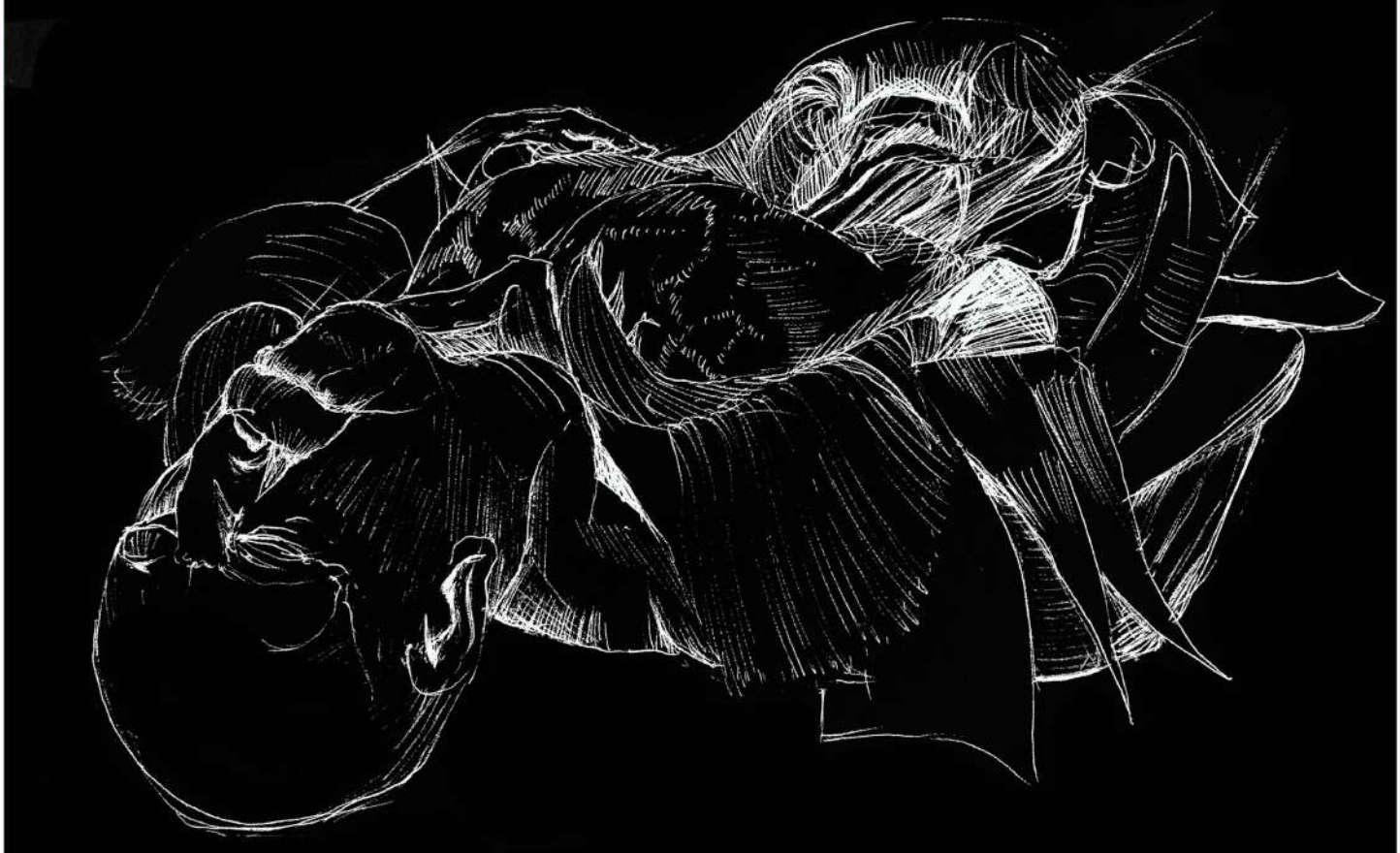
May 2018

FGAP / Rural GP / Unsung Heroes / Medcamp

PLACEBO

Influential People in Medicine

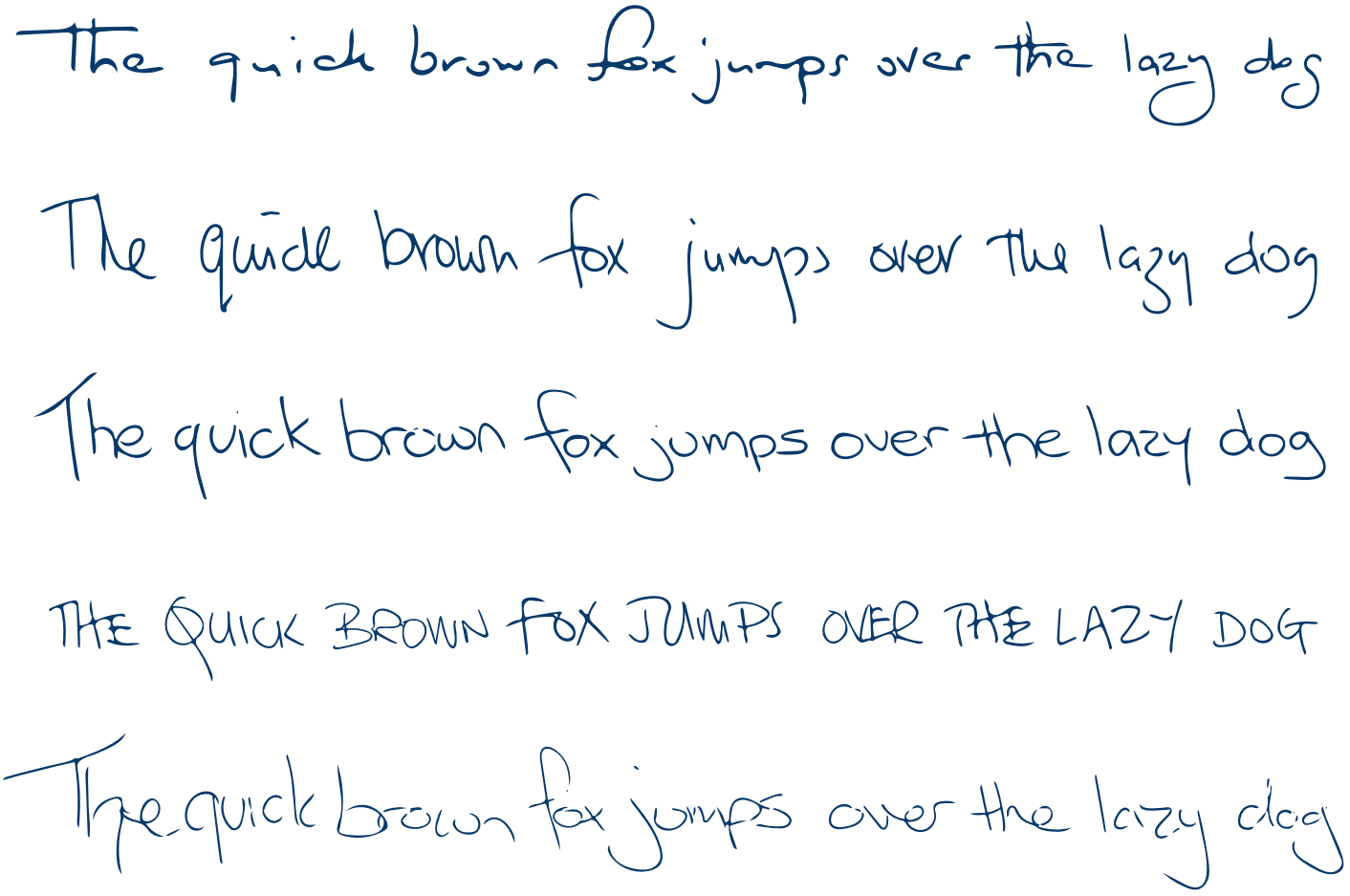


The body behind the face of medicine

BY LILIAN FELLNER

fmss.org.au

Good notes, good practice, good defence



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PLACEBO

ISSUE ONE, 2018

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Indian Republic Day Parade 2018 - Photograph by Anadpreet Ghataura

ON THE COVER

Cadaver drawing by Lilian Fellner

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KAURNA PEOPLE We would like to acknowledge the Kaurna people, the traditional custodians of the land on which Placebo is produced. We recognise their continuing connection with their country and pay respect to Elders both past and present.

MATILDA SMALE
Publications Director

Hi everyone, I'm your Publications Director for 2018 and I am so excited to be working with the fantastic (and larger) Placebo team this year. Welcome to our new MD1s, who seem to be settling into the medical family, weekly iRATs and bell curves with resilience and a positive attitude. Of course, a warm welcome back to the rest of our medicine family who are currently spread across South Australia, Northern Territory and overseas for our lucky MD4s completing their electives. This issue centres on all things that influence us as individuals, may it be a person, a place, an experience or a feeling. I also wanted to use this issue to highlight all of the amazing, influential things that members of our cohort continuously do each year in their (limited) spare time and also take the opportunity to thank some of our unsung heroes. I am still in awe at the diverse Flinders MD cohorts each year, who despite sharing quite similar qualities, have all been moulded by their unique experiences that have led them to begin their medicine journey. I think this issue of Placebo represents this diversity, with many individuals across the year levels sharing their unique take on our theme of influential people in medicine. While putting this issue together, I really had to reflect on what influenced me each day to get out of bed and give my all each day. It may sound very typical but of course the main influences in my life are my family (including my dogs), my partner and my medical family who inspire me to keep swimming through all the stress. Despite this, my main influence to pursue medicine was one of my high school teachers who told me if I was passionate about health, science, people, talking but also had this weird love of economics, then the answer was quite simply medicine. This was an incredibly foreign suggestion to me but six years later, I now understand exactly why he suggested it. I hope you all take some time to sit back, relax and enjoy this issue of Placebo as much as myself and the Placebo team did putting it all together.

YSABELLA TYLLIS Publications Officer

Hey guys! I'm Ysabella, your 2018 Publications Officer, and I am super excited to be working with the fantastic Placebo team to bring you this year's editions of Placebo. I want to begin by say a huge thank you to the MD 2s, 3s and 4s for accepting our new (slightly terrified) cohort into the MD program with open arms. You've made our transition into weekly Mahara posts, HPS and all things TBL much easier than anticipated, and we look forward to being part of the fantastic family that is Flinders Medicine. I know that I would have certainly struggled without a reassuring "we got your back" in the form of peer mentoring, peer teaching and Thursday tutoring. Your influence has gone a long way, thank you!

This brings me to this year's first issue of Placebo, where we're talking all things influential. I've reflected in particular at those influences on my experience in the MD. I could probably write forever about the incredible clinicians and researchers that have played major roles in shaping the medical profession. I strongly believe that every clinician before me has made an impact on where I am today, and on the world of medicine that I am about to enter into. I have chosen to look a little more deeply at my personal influences – those that have helped shape my dreams, goals and daily life. I'd be lying to you if I said I wanted to be a doctor from when I was a little girl (being a princess is a much more realistic career path at age seven). But without the invaluable support of my mum and dad, my closest friends, partner and siblings, my seemingly unattainable dreams of medicine at age 17 would not have come true. They have shown me just how important it is to have positive influences in my life, to have people that bring me up instead of down, and thanks to them, I will strive to be a positive influence on as many people as I can.

As previously mentioned, the MD cohort is probably one of the most incredible you could come across. Everyone has a different journey, and different influences bringing them to where we are right now, but together, we are a supportive network, a friendly face and ultimately, a family. This issue of Placebo celebrates each and every one of you, and the individual influences you all bring that make this family so unique.

MARKETING TEAM

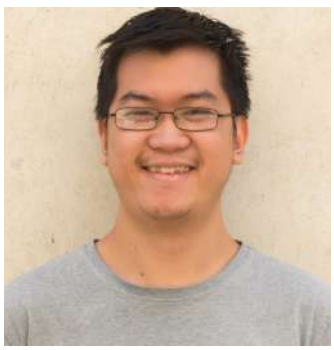
HARITI SALUJA
Marketing Director

Hello!

I am the FMSS Marketing director this year and I am very excited to welcome you to the first edition of Placebo for 2018. Together with the Publications team, we have designed this issue inspired from Time Magazine, with the theme of Influential People in Medicine.

The cover page artwork of a cadaver is drawn by Lilian Fellner. People who donate their bodies for dissection provide an invalauble resource for medical students to learn anatomy. As an appreciation of their contribution to our learning, we decided to portray them as influential people in medicine. Inside this issue, the design and layout is influenced by Time magazine.

We hope this issue influences you and inspires you!



MARKETING OFFICERS
Melinda Jiang, Shaun Goh & Conor Keely

Portraits by CONNOR MCPHAIL

A Message from the President

STEPHEN MCMANIS

This issue of Placebo asks us to reflect on our influences. It is timely to note that, especially for our clinical-year students, those pre-clinical years were guided by a program that formally no longer exists, and which was facilitated by dedicated professional staff, who have either moved on or had their roles redefined in the recent professional services changes – part of a broader restructuring of the Flinders institution. The medical course has been in the throes of this changes over the past few years; new assessment, a new clinical program and new methods of teaching, each implemented simultaneously, and each of which designed to improve the quality of the MD by introducing methods primarily supported by evidence from the Scandinavian medical programs – all in all, the transition has been tough for both staff and students alike, but the Flinders course will emerge, yet again, as Australia's most progressive program. As Flinders MD students and future graduates, there is so much for us to look forward to, and already strong tradition of innovation to be proud of. For FMSS, 2018 is well underway, and we're excited about what we're doing academically and professionally for our MD 1s especially. The mentorship program is a new FMSS initiative with wholeness in mind – the strain that studying medicine in such a fast-paced and intense program brings continues to illustrate the need to support students academically, professionally, and with the totality of students' health and well-being in mind. Our clearest goal for the society for this year is to rebuild a culture of Flinders Medicine in which every student is equipped with the tools and exists in a context that affords a feeling of wholeness, wellness and mastery – a sense that your professional and personal identities are well-integrated, a sense that you are well supported, and well enough to handle the challenges of medicine (and there will always be challenges), and lastly, that each of our ~600 members feels that even the littlest milestone achieves here represents a new level of mastery toward an emerging identity as a wonderful doctor – whatever that might mean exactly for you. To me, reflecting on my own influences here in medicine, I must honour the students around me, as well as those presidents before me who have laid the foundations of this society and worked tirelessly to improve its practices or invent new ones. Yet, as much influence I must attribute equally to the most senior consultants, whose apparent effortlessness in their work affords them the opportunity to be less "a doctor" and more themselves, to express their values, to manifest their passions through their practices, and whose own integrated personal and professional selves ultimately make them better clinicians. Considering the vast array of people who inform our thought only affirms the serendipitous nature of the influential encounters. For me, these are the people both within our medical school (it seems wrong to insist on calling it merely "a course", so we belligerently carry on with the preferred noun), as well as those doctors I've encountered (as we all have) in those moments of our own ailing health or those of the people we love. Observing exceptional doctors forces us to encounter ourselves as medical students now, and ask: how would you Be, as a practitioner; who inspires you, and how do these people show you their love of medicine, and of humanity, through their practice? Who will you emulate, and what will you create? It is just as important to understand how our influences affect our vision; and FMSS has an ambitious one for 2018. I'm so very proud to welcome in our new MD 1 committee members. As our committee works towards its goals (for some of us, four years-worth of big-picture committee dreaming) I see a realisation of those years of work, particularly around the presence and function of The Society, as we strive toward a more ethical, more caring, and more aspirational Flinders Medical Students' Society for 2018. To our members, this is indeed your society, it exists to advocate for, and support, you, so please make us of it; make it what you want. And new projects are only ever an idea away – so get in touch with us. This issue of Placebo asks you to reflect on your influences, but also offers you some of our own, so sit back, don your contemplation cap, and revel in another fine instalment of the best society magazine going 'round.

<3 Stephen

TRACY MILLER

Vice-president Internal

Welcome to 2018, medlings - especially to our newest recruits in MD 1 and Clinical Science. The first few weeks have probably been a bit of a shock to the system but hopefully by now you are finding your groove and your own inspiration to be amazing future doctors.
It's a big deal not only getting into such a competitive degree but even making the decision to apply in the first place, and everyone has their own motivations. Personally, I had found myself on a career path that, while comfortable, was not fulfilling and I realised I needed a change. It was at a family function that my aunt (a doctor herself) planted the seed of the idea to pursue medicine. Her encouragement helped me to ultimately decide to take the plunge. I suspect she will continue to be an influence in my medical journey as I progress into the clinical years, contemplating following in her footsteps with an elective in Canada and perhaps specialising in paediatrics.

I have also been inspired by last year's incredible FMSS crew to carry on as a committee member and am privileged and excited to be your Vice President (Internal) for 2018. This year is sure to bring more change in the College but hopefully also improvements as things settle after last year's restructure. I'm looking forward to supporting our FMSS team with all of the wonderful events and ideas they have planned for you that make med school a fun, supportive and engaging experience, including this inspirational issue of Placebo!

EVIE ALCROFT

Vice-president External

What a year 2018 has been so far! It has been great meeting and getting to know the new MD 1 students and help welcome them to the life of medicine through O'week and MedCamp. Of course, everyone is still adjusting to Programmatic Assessment for Learning, including the College, but we're slowly getting used to it - ciao PBL, block exams, having Friday's off... and into the new world of TBL, regular HPS SAQ and progress testing. However, this is all made easier knowing the amazing events happening soon that all the societies put on to make life that little bit sweeter. At the start of the year, FMSS decided to make mental health our big focus for the year and embed it in everything. As medical students and future doctors, we face higher rates of mental illness and suicide than the general population. Taking care of ourselves first is so, so important and this can include things like learning how you handle stress, eating well and activities to make yourself feel more like yourself.

One of FMSS showcase events of the year, Mental Health in Medicine Night, is becoming a month-long event with multiple themes featuring over the four weeks. This includes learning how to firstly handle your stress and then how to de-stress e.g. with meditation/singing/dancing, getting physical which of course features some good old MD 1 vs. MD2 sporting rivalry and exploring sexual health a bit more deeply. Lastly we will be having a serious reflection on what mental health in medicine means to us. On the 23rd of May, FMSS will have one of its premier events of the year, Mental Health in Medicine Seminar. This is an intensely personal but touching night that addresses the stigma and lack of awareness for mental health issues and mental illness amongst medical students and junior doctors. Of course, there are many other events coming up including merchandise release (now you can ensure that everyone knows you do Med!), post-Progress Test parties, Convention, GHC, and of course MEDBALL! Keep your eyes peeled because you don't want to miss out on the action over the next few months.

As always, you'll find me in the med library...

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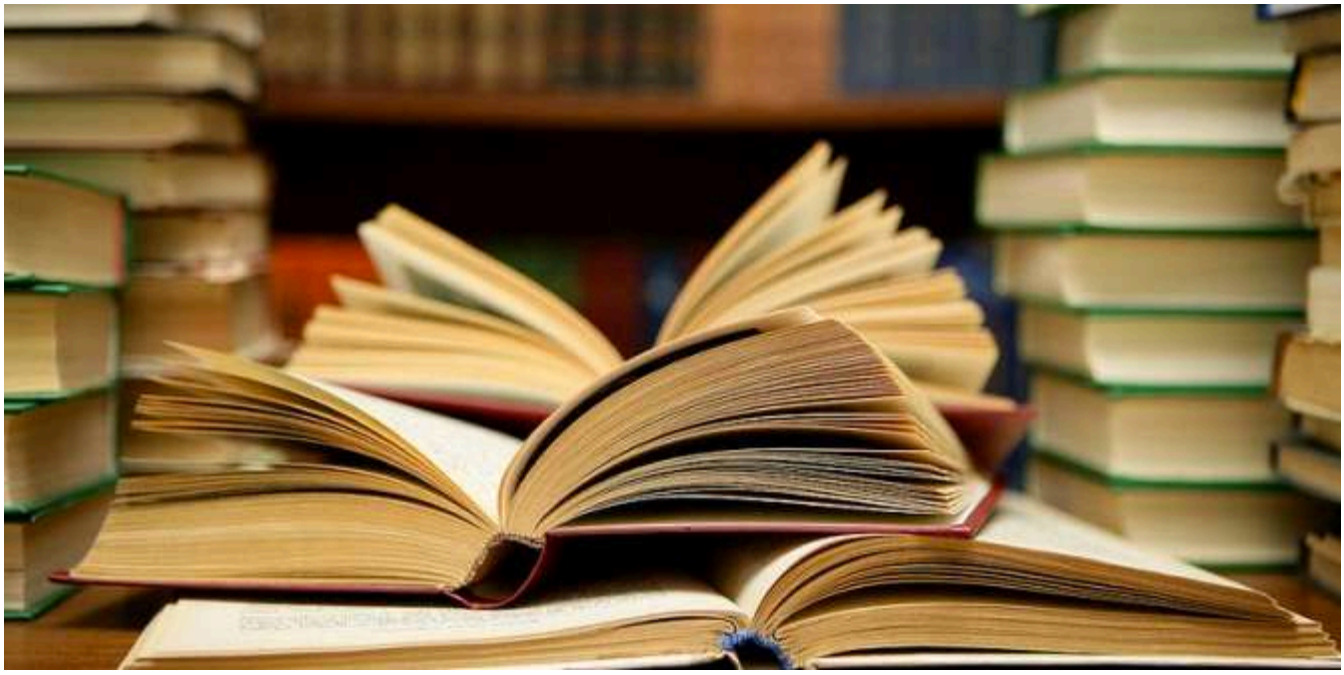

Influece and Medicine

MINH NGUYEN

I'm really glad the theme of this Placebo is "influence" in medicine rather than "leadership" in medicine. The word "leadership" tends to be used a bit too much, and therefore its meaning gets lost sometimes. People often see leadership as being a public figure, sitting on a committee, or holding an important position of some kind. But for me, leadership is about having a positive influence on your own little sphere, whether you're the president of a student society, editor of the student magazine, or just supporting a fellow student.

Many medical students don't really see themselves as leaders or people of influence. Most of us are focussed on the huge amount of study and just getting through medical school. But medical students are actually ideal candidates to be agents of change and to influence the world; most of us do medicine to make a difference, and are highly motivated to do so. At Flinders, you can see this in the strong culture of student altruism, where more than $30,000 is raised each year for various charities and communities by FMSS, HHRG and FUSS.

And you may not realise it, but later on as doctors, people actually expect us to be leaders beyond our role as clinicians; whether it's advocating for our patients, trying to improve the health system, or even just leading a team of health professionals. Doctors are given significant standing within the community, and we have a responsibility to use voice to help our patients.

So have you ever thought about how you will be a better advocate for your patients? Or about how you can prepare yourself for this kind of expectation? I know most of your focus is on medicine and passing exams. But I can guarantee with 100% confidence that you are capable of passing your exams – you have already shown by getting into Flinders that you have the aptitude and the perseverance for it; if you maintain this, then you will have no problems.

What I can't guarantee is that you will leave Flinders having made the most of the opportunities around you to develop the things you need to be a well-rounded doctor; how to be an advocate for your patients. It starts with getting involved in medical school activities and immersing yourself in the issues facing the profession and student body. Enrich your medical school

lives, through activities such as conferences, careers nights and research. Ask questions. Meet leaders of our profession. Meet medical students from other unis. Join a student committee, even if it's just in a minor role. Get involved in your curriculum, mentoring, public speaking. As you surround yourself with the issues facing students and doctors, you'll get a feel for how you can influence positive change and start to see opportunities to improve the system.

I started medical school with very few leadership aspirations - all I really wanted to do was study hard and pass, having sat the GAMSAT twice and the UMAT before getting into med. But after being inspired to get involved at Convention in my first year, I joined the FMSS committee in second year, putting my hand up to be Placebo editor. Even though this was a low-key role, being on the committee gave me a chance to get involved, learn how the committee worked, and discover the key issues affecting my peers.

One thing led to another, and somehow I ended up championing a campaign to raise awareness of medical student mental health issues – something I kind of fell into. It all started because I had wanted to do a "health and wellbeing" issue in Placebo, but back then, we didn't have a Health and Wellbeing representative, and in fact, student wellbeing wasn't a recognised thing - everyone in medical school seemed to be really happy, motivated, and high functioning. But as I spoke to more of my peers, it became apparent that there was a whole lot more going on than just your average exam stress – many students were actually suffering severe anxiety, depression and burnout. This was astounding to me because absolutely no one talked about it – in fact everyone in the cohort generally gave an air of indestructibility. This was prevalent issue with a massive amount of stigma; it was like a conspiracy of silence. So I came up with the idea of running a seminar to burst this issue into the open, and the first "Mental Health in Medicine Seminar" was born (the first medical student event of its kind in Australia). Academics, students and other organisations all jumped on board in support of the event, and the momentum grew. It was run that year, with a number of guest speakers ranging from psychiatrists to counsellors, talking about the very real issues of mental illness in medicine. It was sponsored by Beyond Blue who did a press release - the ABC and Channel 7 news crews came and the Advertiser wrote an article on it. We even had the Australian of the Year fly in from Melbourne to speak at the event (renowned Psychiatrist Pat McGorry), and AMSA gave us a national award in recognition. But beyond these accolades, the biggest impact of the campaign was the new awareness amongst the cohort of these issues, the open disclosure that had been achieved, and the beginnings of a change in culture and stigma associated with mental health in medicine. After the event, several of my classmates (some my close friends) came up to me telling me how important the event had been for them, and that they had been suffering their own diagnosed mental illness during their whole time in medical school (people in whom you would NEVER have suspected anything).

Looking back at the lasting legacy of Mental Health in Medicine is surreal - this year FMSS will be running its seventh consecutive Mental Health in Medicine Seminar, where a group of medical students will again volunteer to talk about their own mental demons in front of their peers. Whilst proud of the achievement, when I think about how it started, I still feel that I was just in the right place at the right time. It proved to me that you don't need to be a president of a committee to have a meaningful influence; you just need to put yourself in a position to get involved, be curious to learn more, and have a mindset of trying to improve what's around you.

And if you do this, I'm confident that any of you will be able to make a real difference to whatever area you choose. So don't aspire to be a "leader". Aspire to influence the world around you positively, and the rest will take care of itself.

A bit about Minh for those of you who have not been fortunate to cross paths with him yet:

Minh graduated from Flinders Medical School in 2013 and is now working as Doctor throughout CALHN and previously at FMC. He has a passion for medical student wellbeing having founded the Mental Health in Medicine Seminar at Flinders in 2011 to raise awareness and reduce stigma around mental health issues for students. He has published and presented extensively around resilience and wellbeing and is currently developing a peer-mentoring program for junior hospital doctors. In his time at Flinders Medical School, he was President of FMSS and also founded several other events including the infamous Scrubcrawl! He has also sat on AMSA committees, the AMA, chaired the SA Junior Doctors Forum and is a board member of Doctors' Health SA.

Always choosing your own adventure - the life of a Rural GP

DR LACHLAN MACKINNON
GPEX Registrat Liasion Officer

Ever since I was a child I have always been drawn to the idea of adventures. The excitement of heading out from your safe haven into the unknown, meeting a variety of colourful characters along the way, relying on your wits and improvisation to get out of sticky situations and of course learning invaluable life lessons as you go to enrich the rest of your life - who wouldn't want a part of that! Fortunately for me, the chance to have experienced and continue experiencing my very own adventures has been more than embodied through my medical training and early career as a rural GP. I hope that reading some of my experiences within five weeks of starting in a new rural GP placement can shed some light, dissolve misconceptions and encourage the adventurous part of your spirit to take the chance and set out on your own journey.

One type of story I particularly loved was the "choose your own adventure" novel. If you were reading the introduction to my rural GP adventure, perhaps it would go something a little like this...

Journey to the Forest of Januvia

Page 1

"Driving into the small town that will be your home for the next 12 months, you park your fully loaded car into one of the free spaces outside the local town's bakery. Looking around you notice the tidy street with bright green grass hosting a central rotunda. Sounds of birds chirping and a speedboat making the rounds on the river close by fill your ears. After stretching out your legs you enter through the door and observe the variety of locals going about their day. You notice a young child at the counter pointing at a colourful cupcake and begging their mother to buy it for them. You see a young teenager with long blonde hair working as a server at the checkout who must have only just finished high school. Glancing around at the tables you catch an elderly couple enjoying a cappuccino and overhear them talking about their upcoming bridge tournament. Lastly, you turn to see a stocky middle-aged tradie who you are not at all surprised to see head straight to the fridge and pick up a 600ml farmers union iced coffee.

You think nothing more of this encounter, order a flat white and pasty. Just as you are about to sit down the elderly lady has clearly become too excited about her upcoming tournament and has collapsed! Simultaneously you notice the young child's mother is panicking as they began to choke and splutter!

You have to think quickly as you have a decision to make, what will you do??

- If you decide to alert the bakery staff that you are a new doctor who has just walked into town and go and offer assistance to the elderly lady turn to page 27...
- If you decide to go attend the child who seems to be choking on a lolly turn to page 79...
- If you realise that nobody in town knows that you are a doctor and decide to ignore the events happening in front of you by quietly sneaking out the front door turn to page 161...

The reality of daily rural GP life

Ok, so perhaps you may find this scenario a little bit unrealistic and I may have added some poetic license! For myself only having moved to a new rural town in the Riverland of South Australia, more realistic scenarios of the variety of medicine you can experience on a daily basis would read like this:

Page 102

The tradie you noticed earlier presents to your clinic on a Thursday morning concerned about a recent episode of chest pain. You soon discover his father has recently had a heart attack at 52 and he is anxious about his own cardiovascular risk going into the future. You discuss modifiable risk factors, organise some baseline bloods and agree to make another appointment to address his keenness to stop smoking.

Page 72

A 52-year-old woman presents to you for her annual health check. You measure her blood pressure, describe the pros and cons of each test and chat with her about how long she has been in the town and what she enjoys doing. On the next visit to get the results of her blood tests, she brings in a huge bag of home grown peaches for you to enjoy.

Page 46

A 19-year-old girl presents with concerns about an ex-partner having told her she may have chlamydia. After exploring her concerns, you calmly explain about appropriate testing, treatment and follow-up and she looks and feels far more reassured.

Page 146

You have just finished a busy day of consulting and are on-call until 8am the next morning. You are alerted

that one of your inpatients, a 78-year-old man with new onset atrial fibrillation, is becoming more breathless and wheezy so quickly walk down to the wards to investigate. You immediately realise that something is not right and your patient has severely increased work of breathing. You call for help from several of your senior doctors and bring the patient down to the local resuscitation room. Over the next several hours you have been working as a team to stabilize the patient with a GTN infusion, CPAP mask, urinary catheter, dual IV access and MedStar is on the way to retrieve the patient via helicopter.

What I love most about being a rural GP

I already think that a career as a general practitioner is extremely rewarding and the diversity of medicine you will encounter can be found in any practice. However, being a rural GP has its extra challenges and advantages that simply enhance and enrich this experience.

To me some of the best advantages of practising general practice in the country include:

Up-skilling your procedural skills

As there are often no immediate full-time specialists within close distance to your town, you have the chance (and are actively encouraged) as a rural GP to develop and use your skills to better serve the community. This could mean doing extra hospital time in the always needed areas of obstetrics, anaesthetics and surgery or perhaps up-skilling in a non-procedural area such as mental health, palliative care, Aboriginal and Torres Strait Islander health, medical teaching or research. Once you have any of these qualifications you are immediately able to put them into practice and it can be a great way to break up days of consulting and add even more variety to your work life.

Appreciation within the community

It is well known that recruiting and retaining a strong health workforce is an ongoing challenge and at the same time vital to the future of rural towns and regional centres. Without access to basic health services, community members have to undergo increasing travel times or are forced to wait weeks to get an appointment with their regular GP. Community members genuinely appreciate the work you do within the town and in my experience have made every effort to make you feel part of the community. This could include anything from being invited along to the local lawn bowls night, to checking how you are settling into town in the local supermarket or loaning you a piano for the year. Some of the oldies may even bring out the big guns and try to marry you off to one of the locals to guarantee you will stick around!

Better lifestyle work balance

The old school mentality of rural general practice meaning you are on-call 24 hours, 7 days a week and never have a chance to get a break or leave town is a common misconception. Perhaps this was true back in the so-called “good old days”, but the life of a rural general practitioner has changed significantly since the mid half of the 20th century. These days you are much more likely to encounter practices with four to six doctors, rather than the solo or duo doctor practice. This allows more flexibility and less on-call time - all vital factors to avoid long-term burnout and to increase work satisfaction. With the work side of life being much more manageable I believe rural general practice to be more social and lifestyle friendly. With a less than five minute commute to and from work each day this already gives me over an extra hour not spent in city traffic with more time to enjoy life and recreational activities.

Financial bonuses

Working in a community away from the city and servicing rural areas is not only deemed valuable by patients, but the government also recognises and rewards this. Sure, you can make a good salary in many areas of medicine but, particularly for rural GPs, there are financial incentives which include a higher charge for bulk billing patients, generous hospital on-call payments and yearly rural medicine incentives which are paid as lump sums, the value depending on how rural and how long you have been practicing. If that wasn’t enough, the price of land and housing is far cheaper in the country so the money saved on a house deposit and mortgage can be freed up to spend on whatever you like - overseas holidays, travel or a new boat if that’s what you are into!

So what are you waiting for?

Having grown up and loved spending my childhood in a small country town I can appreciate it may be difficult to take the gamble and venture out from the city to see what is out there. All the reasons about why I look forward to a career as a rural GP have hopefully shed some light on the myriad of opportunities out there. Despite all this, at the end of the day, it is up to you to take the first step. Basically, if you have always had an adventurous spirit and yearning for something more than the regular working life, then life as a rural GP could be just the adventure you were looking for.

So why become a rural GP?

That’s easy - it’s the best way to start your very own adventure today!

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A roadmap for a collaborative student mentorship program between the AMA(SA) and FMSS

An update on the new program from F.M.S.S.

OVERVIEW

Since its inception in 1974, Flinders Medical Students' Society (FMSS) has fiercely advocated for the rights of student members. In 2018, mental health and well-being emerges more than ever as a major theme for both student advocacy, and as a point of concern for the institutions in which medical students, right across Australia, report and increasingly high rate of psychological distress, with isolation a major factor. Meanwhile, the medical professions rely on an established, but highly idiosyncratic, process of mentorship as a core component of global enrichment and training. What we have identified is a sequence of gaps in effective guidance and support across a medical student's journey through the degree; from each of the academic, clinical, administrative and existential spheres, and which could be best addressed through a long-term student mentor-mentee relationship.

This year, in collaboration with the AMA (SA), we have been able to establish a peer mentorship program within Flinders Medicine – the program continues to develop but there is no doubt that the potential is vast. Within the field of medicine, so much of our own personal learning and growth comes from an experienced other – perhaps even a 'mentor.' Mentorship is built on the sharing of these very experiences and knowledge, which in turn fosters a meaningful professional relationship founded on support, guidance and trust – the very substance of our medical profession itself. We extend our thanks and appreciation to the 2018 AMA (SA) council for choosing to engage with our program and most importantly for recognising that mentorship should begin, ideally within those first years of medical school which are crucial to the formation of a professional identity.

PROGRESS

We had an incredible response from our senior students, with more willing volunteers than mentors needed, meaning every year one student has since been assigned a senior student to embark on this journey with them. We also saw our mentors make excellent use of their medical knowledge, acting as tutors in a coordinated dance between Drs. Anna Vnuk and Johanna Jordaan and FMSS and our student mentors. The feedback has been overwhelmingly positive, and while we're trying to find the appropriate scope and level of responsibility for a student-run initiative, the sessions appear to be striking the balance between time investment from all parties and content coverage. Special thanks to the MD 1s who recently completed our preliminary survey, and whose feedback will help us shape these sessions in the future.

Furthermore, each individual mentee has now met with their mentor, beginning these relationships in earnest, and we are very excited to see how these evolve, and under which conditions these are a special success. At this stage, we only want our mentees to feel supported, and connected to the profession via their mentors. At the time of writing, the first of our AMA-led professional development sessions is right around the corner, and marks the beginning of the professional development program we have designed to provide our mentors with their own journey of growth through this process. If you're a mentor, make sure you mark these in your diary as each session will be invaluable to the many experiences and challenges we are yet to face on our various paths and career trajectories! And if you're a year one student, make use of your mentor, and their wisdom.
Watch this space!

Heroes don't wear capes

RICHE MOHAN
FMSS Grad Week Convenor

"Free car servicing! No wait, lounge access in airports! Or is it a union?...." That used to be my answer when asked if I knew what the Australian Medical Association (AMA) does, and I'm sure many students have the same response. We get so many foreign concepts thrown our way on day one in O'week, that it's not really a surprise. Indemnity, MedSoc, AMA; mate, I just want to pass first year. As we get through our degree, our grip on that white scroll begins to tighten, and we get a chance to finally think forward towards life as a doctor. In my opinion, engaging with the AMA is one of the most important non-clinical things we can do during our careers, and here's how I reached that conclusion. And no, I'm not being paid to say this.

I successfully ran for Senior Vice President of FMSS in 2017, and acting as the Flinders Medical School student representative on the AMA (SA) council was part of the gig, so I went along. I prepared a list of things I could speak about if the opportunity occurred; internship placements and the reduction of clinical placements due to closing of the Repat were hot topics. What I found during my first meeting was incredible: Doctors from all over South Australia (SA), metropolitan and rural, from different specialty groups, heads of department and clinical practice leaders, were all giving up their time FOR FREE, to sit together and discuss issues which shape health care provision in SA. They discussed everything from improving access to doctors in rural and remote areas, problems with the new RAH, why EPAS was failing and the fallout from transforming health. Then came the kicker; these weren't just idol conversations designed to make the members feel important, they had meetings with ministers and heads of departments for which the agenda was being formed before my very eyes.

As the year went on, crisis were slowly being averted by AMA (SA) without praise or celebration. The 2018 SA interns got their places despite fears of many people missing out. Towards the end of the year, Vice President of AMA (SA), Dr Chris Moy, addressed the FMSS committee to educate as well as learn about the students. Dr Moy is a decorated general practitioner who sits on various committees and working groups both locally and nationally. He describes his involvement with the AMA beginning with his boss in PGY1 mandating he sign up and he has been a passionate and involved member ever since. He describes the AMA as a body which advocates for Doctors as well as patients; an important difference between the AMA and a Union. It's not just about working conditions, hours and pay, it's about nurturing and guiding a health care system which provides excellent patient care by excellent doctors. To me, that's real talk. I wanted to see more, learn more, so I asked Dr Moy if there were any elective places available with the AMA(SA). He told me "this is small fry, you should check out Federal AMA", so off I went to spend six weeks in Canberra.

What I saw blew my mind. Occupying the fourth floor of AMA House in Barton, Canberra was an office space buzzing with activity. The policy groups were split into Medical Practice, Public Health, Media and Public Affairs, Ethics and GP, Legal Services & Workplace Policy. I had the opportunity to meet with the managers of each division and learn about some of the work they were doing. Some were working on the implementation of My Health Record, an eHealth system that we will all likely use in our practice. Others were fighting BUPA for trying to take away patient's choice surrounding their health care. There were people defending the Fees list which forms the basis of doctors billing. Every day, news clippings from the day would be sent out to staff, Dr Michael Gannon would be briefed by the relevant policy advisors and off he'd go, to TV or radio, to advise the public on what Doctors think about immunisations, private health insurance or that days trending topic. The people occupying these offices were non-medical, but had spent countless years working for politicians, lobby groups and as strategists. They were doing the grunt work for Doctors sitting on the various boards and councils informing the government about policy at the highest level. Name another group big enough to be able to get a seat at the table to advise the ministers at COAG (Council of Australian Government); it's okay, I'll wait.

The crazy part is, the work that's getting done now, directly effects how medicine will be practiced in Australia in ten years' time and there are real threats to the system as we know it. There are some groups out there that won't be satisfied until Doctors are glorified Uber drivers who work where they are told, for the cheapest price possible and get ranked against each other. Others want patient care to be driven by cost, efficiency, and convenience, instead of best practice, clinical judgement and compassion. It is hard to look further than our next exam, but it is important that we pay some attention to the system we will work within and where it is heading. I also understand that not all of us are able to pick up a placard and advocate on the front lines, but the least we can do is lend our support towards those who chose to do so on our behalf. Believe it or not, the AMA is struggling to engage students and doctors in training during a time where we are the ones with the most to gain or lose. Let's take the AMA from Christian Bale Batman to Ben Affleck Batman; something we need, but don't deserve, to the leader of a bunch of heroes keeping this whole thing safe from the bad guys.

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Adelaide Vascular Trials

KAY HAN
MD4

On Thursday the 22nd March, fifteen Flinders medical students were invited to the Adelaide Vascular Trials (AVT) Endovasculopathies Open Session at the National Wine Centre and I was luckily enough to have been one of them.

The AVT is an annual fellowship trial examination targeted at vascular surgical trainees and other candidates who are due to sit their upcoming FRACS exam. It is a four-day intensive exam preparation course consisting of Viva examination, written examination and tutorials on various vascular surgery topics. Every year advanced trainees from all over Australia and New Zealand travel to Adelaide to attend this event and over the years it has seen many successful admissions to the Royal Australasian College of Surgeons.

We heard from Professor Benjamin Starnes who is the Professor of Vascular Surgery, program director for the Vascular Surgery Fellowship and chief of the Vascular Surgery Division at the University of Washington Medicine. He enthralled the attendees with his experience working with Bill Russell and his work with Aortica's AORTAFIT™ automated case planning software which has seen highly favourable results with low morbidity and mortality in patients needing surgical management of abdominal aorta aneurysm (AAA). The software allows the exact anatomical mapping to create an accurate multi-vessel fenestrated graft plan in a just few minutes.

After the keynote, we then sat on the edge of our seats as the surgical trainees performed in the Endovasculopathies Problem-Solving Session in front of an audience of vascular surgeons and allied health professionals. The trainees were given a case in advance and were expected to give a brief impression and management plan on the stage as well as to respond to any questions raised by the panel, all whilst being watched by 100 people (Imagine OSCEs but with a big audience). We were also shown video clips of procedures relating to the case being presented such as a 13cm carotid body tumour that was operated on by Professor Benjamin Starnes.

Dr Peter Subramaniam is an accredited vascular and endovascular surgeon who works in both in private and the public sectors. He is the director of Adelaide Vascular, and holds the position as a visiting medical specialist at the RAH. He is involved in undergraduate and postgraduate medical training amongst all the other things he does which includes:

- Member of the Board of Vascular Surgery
- Chairman of the Relationships and Advocacy Portfolio for Australia and New Zealand Society of Vascular Surgery (ANZSVS)
- Secretary to the RACS SA 2010-2012
- Chair of RACS SA 2014-2016
- RACS ASC 2017 convenor

Did you always know that you wanted to be a surgeon?
Yes, I had my aspiration to be a surgeon quite early on in life. I remember having my appendix taken out as a boy back home in Malaysia, even though I was scared as an eight-year-old boy who was about to have surgery, I was very curious on how the surgeon was going to fix me up by taking out a part of me that wasn't working. My parents were both teachers and they instilled the importance of education in my siblings and me in the early stages. So, after high school I moved to Australia to undertake my medical degree in Melbourne as an overseas student and the rest is history.

If you were not a surgeon, what would you be?
I think I would be working in a field that I could engage and contribute to the community in some ways. I have strong interest in politics and public policy, so I suspect that I would have probably done law if I did not do medicine. I believe that legal training might have helped me to better understand what needed to occur for a society like ours to strive and to be preserved.

Given your interest in politics and public policy, do you think that SA health restructuring has affected medical training?
I think the changes has focused primarily on service delivery, on how we can provide better services to the citizens rather than medical training. Along the way we have made some impressive improvements

however we have also had some setbacks. It is a complex situation as there are many aspects in healthcare delivery. However, it is important to recognise that the bricks and mortar of our hospital, the facility, the services would be of no use if we do not have good people who are well trained, compassionate and ethical. Essentially, I think we have good training program in place that needs to be complimented with support from hospitals.

How did you come about the idea of AVT?
I remembered studying my fellowship exams back then and I was fortunate enough to have passed the exam, but my colleagues did not. I was confident that it was not due to the lack of competency or effort, but it may have been a lack of experience with the examination process as you are well aware of the stressful nature of exam. During my first year as a consultant at the Queen Elizabeth Hospital, I decided that I could help my colleagues by simulating the exam. They found value in the simulation and pleasingly was successful in their exams.
Since then we have been organising AVT every year with great success.

Was there any difficulty in setting up the AVT?
No, not at all! Everyone has been supportive since the inception of the AVT – fellow surgeons, administrative staffs, nursing staffs and patients who have kindly volunteered to help out. At the end of the day, I believe that human beings are programmed to help each other, and it is really just having to figure out how to best do it. AVT is a small way to do so.

Kay with Dr Peter Subramanian at Adelaide Vascular

Besides being a surgeon, you are also very involved with teaching, mentoring and leadership with the college. How do you keep yourself well rested and have time for your loved ones?
I believe a balance is always needed – I have three teenage sons and a wonderful loving wife. It does not matter whether you are male or a female, as long as you are part of the equation you can't do what you want to do without the support of your family. In order for your family to support you, it is important that they actually understand what you are doing. That means a lot of talking, a lot of emailing, texting, taking my kids to conferences and when they were younger I would take them to ward rounds and introduced them to my patients. This has helped them to have a sense that when I am not at home there is a purpose to it.

On the topic of work-life balance, do you have any hobbies?
I started distance running about five years ago, I have done over twenty half marathons, but full marathon is definitely in my horizon. I play tennis, attend church activities and was also playing in a band until 12 months ago. I think my favourite activity is just hanging out with my family as they bring me the greatest joy

Lastly, what would you say to medical students interested in surgery?
There are no barriers.
Royal Australasian College of Surgeons is internationally renowned for having a well-planned program. The curriculum and pathways for surgical training is very well constructed and the people involved in surgical training are very high-quality individuals. We welcome and encourage medical students aspiring to be surgeons as we want as many of you to learn and progress. Training is a very interesting concept, we actually learn as well while teaching the younger generations. As a trainer myself, I have learned so much in the fast few years from my trainees. Good luck.

Opinion

The Humble Rural GP

MATILDA SMALE

When you think of influential figures in Medicine, what is the first thought that crosses your mind? Some recent experiences of mine on the John Flynn Placement program (JFPP) have heavily influenced my first thoughts to be of GPs working within rural and remote areas of Australia. I am allocated to a town called Bingara which is located two hours north of Tamworth in New South Wales. It has a population of approximately 1300 people and one General Practitioner (GP) to service the medical clinic, hospital and aged care home. When Bingara is fortunate enough, they have a locum or two to assist the GP with these services, but given its geographical isolation, a locum may not always be willing or able to come. The limited medical professionals and geographical isolation is further compounded by the elderly population of the town (the Gwydir Shire council area has the highest average age in New South Wales).

My three weeks of JFPP in Bingara were incredibly action packed. My days varied between giving injections, learning (which consisted of many failed attempt) to take blood, suturing my first real patients, assisting with the excisions of skin cancers (and excising a skin lesion myself in my final week), pap smears, observing the podiatrist fix an ingrown toe nail, conducting ECGs and spirometry testing, obtaining many vital signs, triaging patients at the clinic, experiencing some odd (and stressful) presentations to the Emergency Department, organising my first patient transfer and most importantly getting to know some fantastic local people and amazing staff in Bingara. One fantastic thing about the JFPP is that you can confidently say to the community that you will be back, especially a community who is so used to locum doctors, often faces that they never see again. It was a lovely feeling to watch their faces light up knowing that I would be back each year for the remaining years of my degree and I am really looking forward to being able to come back to contribute to the community as my skills grow. As a result, many patients would say “well you have to learn at some point and we want you to come

back to us" as they offered their arms for injections or bloods to be taken.

I was amazed at the GP's ability to bounce between paediatrics, women's health, men's health, managing chronic conditions and anything else that would walk through the door on a daily basis whilst also showing an immense level of compassion and empathy for the patients. I was equally impressed by the locum practitioner's ability to assimilate to a new environment almost instantly, adapting their practice style to each individual patient encounter. I also spent a lot of valuable time with the practice nurses who were highly skilled and eager to teach me. The benefit of being able to rotate between them was that they all taught me in their own unique and effective manner which enabled me to absorb a large magnitude of information. While I gained a plethora of clinical knowledge and skills, I learnt some valuable lessons about living and working in a rural area. The health and medical professionals had to be incredibly careful as often their social and professional lives would overlap – it really put all that HPS law and ethics learning about confidentiality in context. They also had to be incredibly resilient and have a high-level of self-care as a simple activity like going to Fays (the local IGA) to do their food shopping, would turn into someone asking for medical advice.

Further to this, I was amazed at the level of medical care which could be provided in a rural area that had very minimal resources. The Bingara community had to travel approximately one hour for an ultrasound as Bingara hospital only had an x-ray machine. The town also had limited allied health staff, with one permanent physiotherapist and a podiatrist and audiologist who would visit once per month. Despite this, there was a high level of communication between the medical professionals between the towns to ensure that patient results were obtained in a timely manner and care could still be provided relatively quickly. For me personally, the Rural GP and our rural and remote communities are some of the most influential people in medicine. They are resilient, strong communities who support one another and never complain despite their lack of access to health care resources.

For those interested in rural health, the Flinders University Rural Health Society is a society for like-minded medical, nursing and allied health students to come together and advocate for rural health. Contact the Medicine Co-President Matilda Smale at smal0075@flinders.edu.au for further details or check out the FURHS Facebook page.

< Matilda at the Bingara Medical Centre

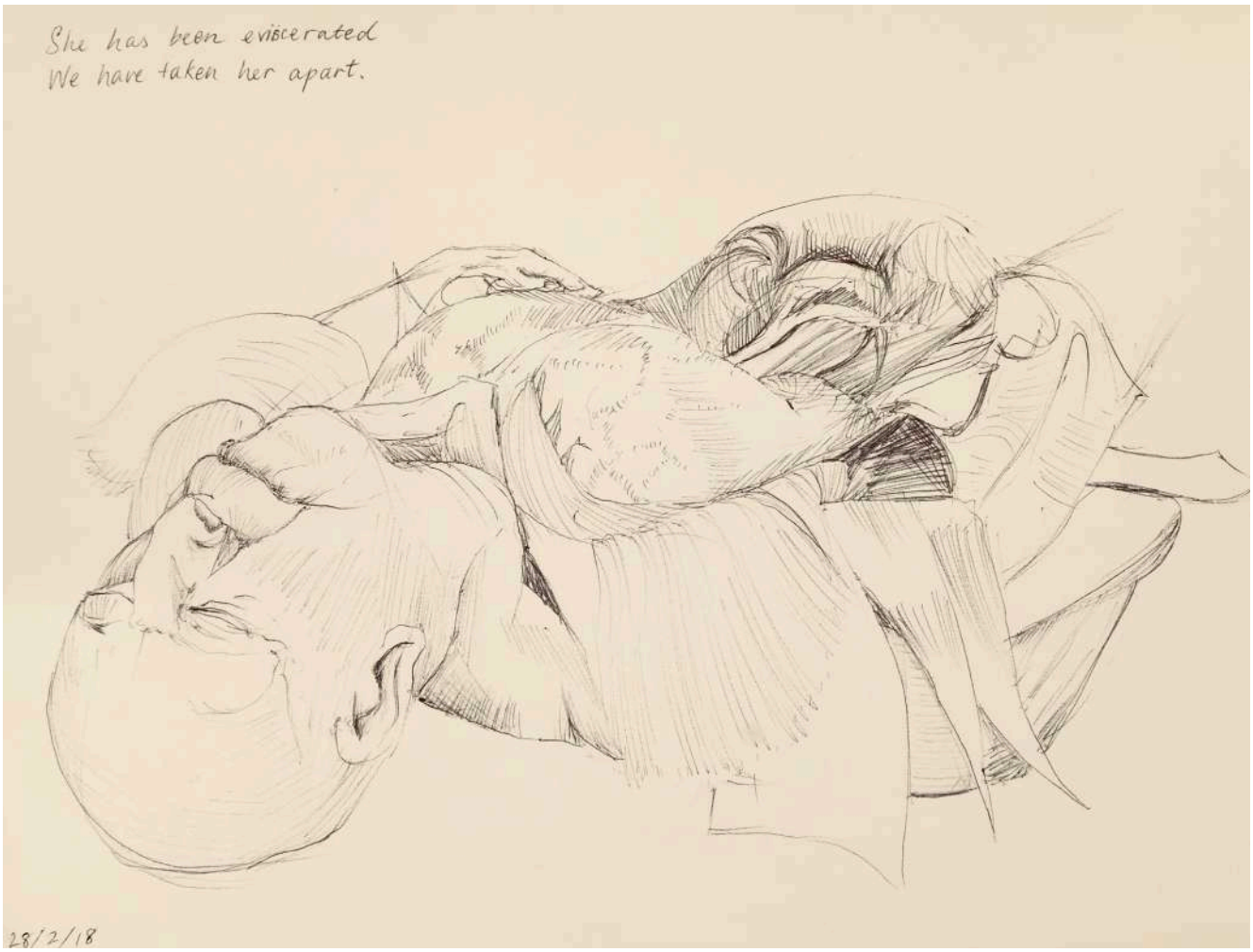
LOCAL LOOKOUT

Lilian
28/3/18

SUPERFICIAL MUSCLES OF THE BACK

The body behind the face of medicine

LILIAN FELLNER



It's a funny thing to realise that the mass of muscle, fat and bone under your scalpel was once a real person. To all the unnamed people who have donated your body to science (or had it stolen), throughout the centuries, you are the most influential people in medicine. From your bodies, our understanding of anatomy has grown. From your bodies, comes our understanding of pathologies. Is Netter credited for his fantastic anatomical drawings? Yes. Is the person he drew from? No. You are the body behind the face of medicine.

We could say that learning from cadavers is outdated. We have textbooks, and anatomy applications, and the Anatomage table - what more could you want? Well, a lot actually. You would miss seeing all the human variation or the feeling of holding someone's heart in your hand.

What we do is not dignified, it does not look respectful to the outside eye. We are cutting up people's loved ones. However, we do (I hope) cut with respect for the person our cadaver once was. A person who ate, slept, breathed, laughed and loved. Who had a family, children, grandchildren, parents, aunties and uncles. A person just like you, except that they chose to donate their body to science when they died. They are the most influential people in medicine.

Thank you.

Artwork by Lilian Fellner

Unsung heroes in Medicine: Les Scott

MATILDA SMALE

One of my key aims for Placebo this year was to highlight the people who are critical to the functioning of our Medical degree but may not necessarily be in the spotlight. I was fortunate to be able to ask Les Scott, our amazing Managing Director of Anatomy some questions about his career and also his life outside of his role at the university. I am almost certain that Les has saved almost every medical student at least once, especially as we begin to learn the craft of dissection and are eager to identify all of those red words. Personally, Les has helped me develop confidence in dissecting which has helped my learning immensely, especially throughout the dissection component of MD 2.

I hope that all of our Placebo readers have gotten to know Les a little bit better through this interview and that as a result, you have a greater appreciation for him. Make sure to have a chat and say thank you to Les when you are next in the Anatomy Lab – we are so fortunate as a Medical school and University to have these facilities and people like Les who are working to enhance our knowledge and one day our medical practice.

What is your role at Flinders University?
My role at Flinders University is Managing Director of Anatomy and I have been in this role for the past five years. This consists of setting up all the practicals for the different courses such as Medicine, Speech Pathology, Optometry, Body Systems, Human Musculoskeletal, Paramedics, Advanced Studies and many more. In the role I am responsible for dissecting the cadavers for teaching, assisting the medical students throughout their courses, conducting school tours, preparing new pots and maintaining the old ones and the general running of the anatomy museum.

How did you find yourself in your current position?
Prior to my current role, I was the manager of the Flinders Medical Centre Mortuary. I was in this position for 28 years. My role here was to conduct any autopsies and arranging death certificates in order for the bodies to be released to the funeral directors and/or Coroner. I also used to remove the brain and spinal cords for the brain bank on request. As the autopsy rate declined, my role became less rewarding and more like an administration role, so I applied for the position with the Flinders University and was successful. I was able to continue working with a wider group of people and to enhance my skills still working with the cadavers but in a more detailed way. It also enabled me to continue learning about dissection and Anatomy rather than just working with the main organs under autopsy.

What do you like to do in your spare time?
In my spare time I enjoy 4 Wheel Driving, camping and flying drones for arial photography, mainly in the outback, and spending time with my wife and kids.

What type of movies and music do you like?
I don't have a favourite movie, but I like any action movies. My favourite band is AC/DC, and The Beach Boys, but enjoy a wide variety of music.

If you could give one piece advice to medical students what would it be?
My advice to any medical student would be please take the dissection course very seriously as from past medical students and friends who are now Doctors, they have told me that by doing this course they are better doctors today. This is because they have a better understating of the body and anatomy, than the ones who chose not to, back then it was not a compulsory subject.

Can you share with us one of the most memorable moments of your career?
My most memorable moment was having to conduct seven Autopsies in a row with two other pathologists. Completing my first full body dissection for teaching was also very memorable, as coming from doing autopsies the techniques are very different and Greg was very impressed with what I had produced.

What is the most interesting pathology you have ever come across in a cadaver?
The most unusual pathology I have come across was a liver that weighed 4.5 kilograms, when they should be about 1.2 kilograms. There were also a number of autopsies that were carried out where no cause of death was determined - just old age.

Any final last words you would like to add?
Just respect the cadavers you are working with as these are provided for you as a gift from many families so you can be the best physician you set out to be.

Process

Process
Just focus
Work with
Thoughts to
Keep notice
Of all this
Emotion
Mind sparks
Crack in
Motion
To work in
The feeling
Of new
Information
Sensations
Too raw
Too many
Keeps my
Sedation
Impatient
To make
Sure I'm
Not wake yet
Mistakes that
Were made
Before
To create
The state of
Mindlessness

Stay present
Please.

Anonymous, Written the night before the first day of first year

Spotlight on:

MD1 REP

MIA SHEPHERDSON

Interviewed by Ysabella Tsyllis

Q: Where is home for you, and what was your work/study background before medicine?
I was born in Adelaide and started a Bachelor of Medical Science in 2014 after graduating high school in 2013. I completed Honours last year studying the effect metabolic stress has on breast cancer cell communication, specifically the release of exosomes and changes in miRNA expression.

Q: Do you have any interests/hobbies/ favourite activities outside of studying human homeostasis? If so, what are they? How did you first get involved in these?
I love getting involved in lots of activities, probably too many! Volunteering with Edmund Rice Camps has been a hobby for a few years, this organisation runs recreational camps and day trips for disadvantaged children who otherwise may not be able to attend. I've been involved in fashion for eight years now, which is a great creative outlet and allowed me to work overseas. I work at a GP clinic on weekends and teach French Horn once a week. I also love horse riding and playing soccer, and watching the cricket during the summer.

Q: What did you expect med school to be like, and has your experience reflected your expectations?
I expected medical school to be a lot of work and quite overwhelming, which is has been, but I'm so lucky to have such a great cohort. Everyone is so supportive of one another and a lot of fun, which has certainly made the transition a lot easier.

Q: What is your favourite textbook?
Grey's Anatomy Season one.

Q: Tell us about the most surprising thing that's happened to you in the past few years?
I was volunteering at the Los Angeles Mission to serve lunch for the homeless living in Downtown LA for their annual 'Skid Row Christmas' event. We each served an item of food and passed it down a line and surprisingly the volunteer I was passing to was Pharrell Williams!

Q: When you were eight, what did you dream of one day becoming?
I wanted to be a vet until I did work experience with a spinal surgeon in year 10 and was fascinated by how interesting his week was and his capacity to help people. From that day I couldn't imagine myself doing anything apart from medicine.

Q: What was your first job?
Working at the GP clinic that I still work at as a receptionist.

Q: Who inspires you, and why?
My boss is a huge inspiration to me; she owns and works at a GP clinic, has brought up three children and is happily married. She has achieved a great work life balance and that is something that is very important to me. Another person who inspires me is the surgeon I did work experience with. Despite his busy schedule he demonstrated a lot of patience to teach and accommodate me into his week and has continued to mentor me since leaving high school.

Q: What is your favourite piece of clothing?
Probably my leather jacket or black jeans.

Q: Have you done much traveling? What is your favourite place to travel to? Where would you like to travel in the future?
I've travelled a lot with my family when I was younger and for work since leaving school. I recently travelled to Europe this Christmas with my boyfriend which was incredible. My favourite destination is probably Los Angeles because I have friends living there but I found France and Italy very culturally rich and stunning. Next on the list is hopefully South America at the moment, or maybe Tokyo.

Q: Tell us about an experience that you enjoyed.
Climbing to the top of the Asinelli tower in Bologna, I'm terrified of heights but the view was incredible.

Q: How do you think doing medicine will change you?
I think it will make me more resilient and hopefully a better listener and communicator.

Q: What are you listening to right now?
Biochemistry lectures at 2x speed! At the moment I'm listening to Vance Joy's new album "Nation of Two" or any of Lana Del Rey's songs. I also love listening to rap music if I'm at the gym or need some motivation.

The Future is Female

EVIE ALLCROFT

Dr. Constance Stone was the first female doctor to practise medicine in Australia, although she was not permitted to study medicine here in Australia. Instead, she had to move to America to study medicine at the Women's Medical College of Pennsylvania in 1884. She didn't return to Australia until 1890, where she was the first woman to be a registered medical practitioner. In 1896 the ten female doctors who were then practising in Melbourne decided to set up the Queen Victoria Hospital, run by women, for women. The hospital hired female pharmacists, administrators, dentists and consultants, as well as having a predominantly female board. The original building these doctors used was converted into the now QV shopping complex in Melbourne's CBD. The central tower and the name stands as a reminder of the hard work and vison these women had in their pioneering efforts towards equity in the medical field.

Dr Constance Stone

Times have changed and are still changing in medicine. In 1998, 44% of medical students at Flinders University were female, in 2008 48% of the cohort were female, and now in 2018 53% of the cohort are female. However, whilst women are now the dominant group in medical schools, there is still underrepresentation in leadership positions, and in certain specialities. In 1986, 25% of GPs and 16% of specialists were women, and in 2011, 43% of GPs and 34% of specialists were women- and whilst this is a big increase, there is still so much change needed, particularly in certain fields. Ninety-four percent of orthopaedic surgeons, 89% of vascular surgeons and 88% of cardiothoracic surgeons are men. There are numerous factors as to why there are less females in surgery including the associated lifestyle, training requirements, and most sadly, the culture within the surgical work environment. On the bright side, there are some amazing female surgeons in Australia looking to inspire and encourage junior doctors and the next generation of doctors. Dr Gabrielle McMullin is a senior vascular surgeon in Sydney and recently shined a light on sexism and sexual harassment in surgery. Dr Mary Langcake is a Flinders graduate and now the Director of St George Trauma Service and Squadron Leader of RAAF. Lastly, Dr Nikki Stamp is one of only eleven female cardiothoracic surgeons in Australia. Dr Stamp is the new face of women in medicine and is passionate about giving women and girls a strong, smart and real role model in a field that is traditionally dominated by men. She is a media queen with last year seeing her have her own ABC Catalyst episode on Heart Surgery, and she most recently released her first book, 'Can you die of a broken heart?' She is paving the way for the next generation of female doctors and surgeons and is one inspiring women. She will also be speaking at Convention in Perth this year!

Historically, there has always been more male doctors than female, however the profession is undergoing a gender shift. Currently 57% of doctors aged under 30 years are female, and before we know it there might be the long-awaited flip in male: female ratios in specialty training programs... the future is looking pretty exciting.

#GirlstotheFront
#theFutureisFemale
#IlooklikeaSurgeon


FLINDERS MED REVUE
Charlie
AND THE
DOCTOR
FACTORY
COMING SOON

GivingBack

Remote Australia - Blackstone, NT

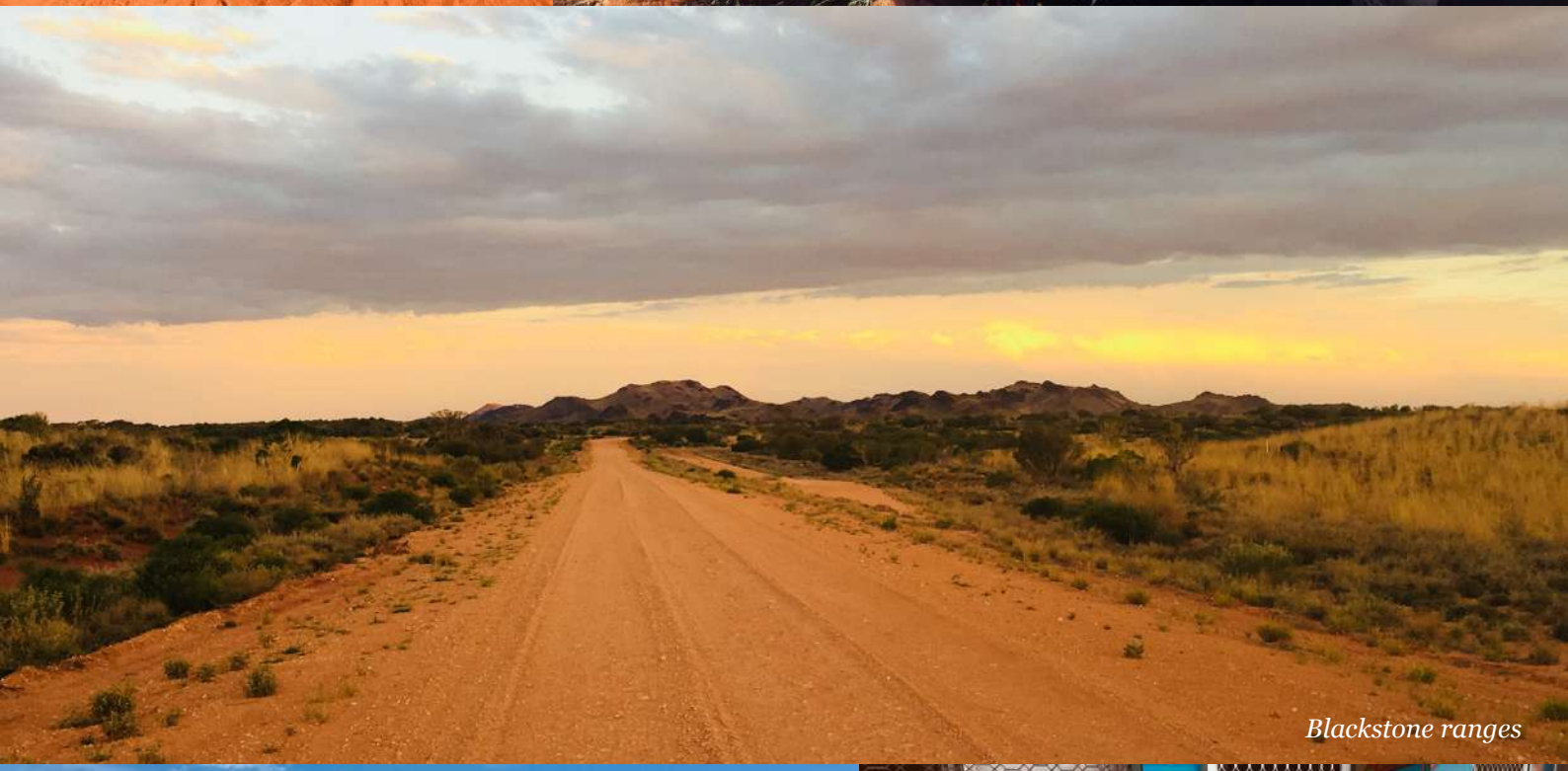
NICOLE FOX

In early December I journeyed to Kalgoorlie in the Northern Territory to board a 10-seat mail delivery plane that would take me to Blackstone in Western Australia. The Blackstone community is at the foot of the Blackstone ranges and is home to the Papulankutja people. It is one of twelve communities that make up the Ngaanyatjarra lands (eleven of those have health clinics). It is approximately 200kms from Warburton, which is one of the largest of the communities and usually always has a doctor on site. The other smaller communities rely on a visiting doctor. I was allocated to work with Dr. Peter Power whose job was to travel each day to the various communities and provide medical care. Each morning Dr. Peter and I would travel between 200-300 kilometers to a different community on the lands and liaise with the Remote Area Nurses (RAN) rostered at each health clinic to follow up on any patients that required medical officer input. We would stay the night in that community before heading out the next morning toward the next community.

Working alongside Dr. Peter was an invaluable experience. It was an excellent opportunity to practice physical examination skills; in particular the otoscope became my best friend. Many patients were reluctant to present to the health clinic and I would often accompany the RAN in the ambulance to drive around the community trying to locate a patient of interest. Specialist care on the lands is limited to phone consults and the occasional visiting specialist. Many patients need to leave the community by plane in order to receive this type of care.

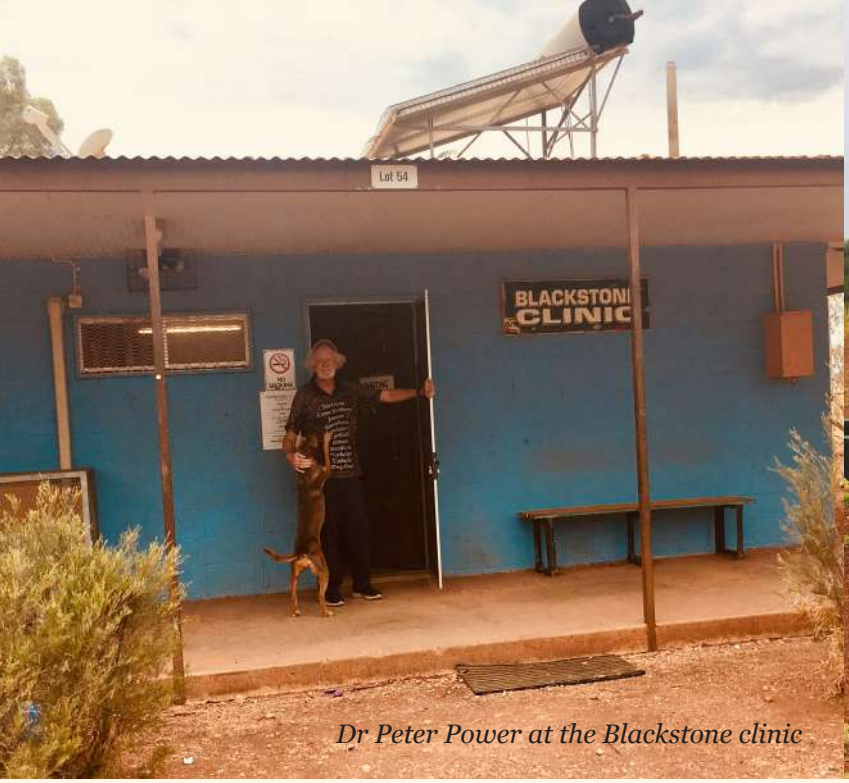
I felt this experience gave me better insight into the difficulties faced in the aboriginal communities living away from urban centres. What most shocked me was the lack of access to fresh fruit and vegetables as well as the cost. In some community general stores, the main consumables were soft drink, chips, frozen pizzas, and meat pies. If you wanted vegetables they came in a can. In Blackstone I met two women who had identified this problem and sought to remedy it. They observed that even when they stocked their shelves with fresh produce and basic cooking staples, the people of the community would often not know how to make a meal from these ingredients because they had never been shown. These women not only offered to teach these skills, they also made meals that they sold at cost to the community. They also only let children into the store in the afternoon if they had a stamp on their hand to show they had attended school that day. I was really impressed in the difference these women were trying to make.

I would highly recommend this placement to anyone who wants to gain an insight into the difficulties faced by Aboriginal Australians as well as what health care delivery is like in a remote community.



Blackstone ranges

These rocks behind me are referred to as the "Singing Rocks" as they each make different noises when a rock hits them



Dr Peter Power at the Blackstone clinic

Blackstone RAN Jane and clinic ambulance

Blackstone clinic

FGAP - James and Nathan's trip to Uganda (Maranatha Health Clinic - MHC) in 2018

NATHAN LANG

James and I travelled to Fort Portal in Uganda to complete an FGAP Placement in the Maranatha Health Clinic. The MHC was set up by a couple originally from Adelaide, who had been in Uganda for the about the past years. There was a GP working at MHC (also from Adelaide) who was our tutor and mentor for the two week placement. Having people around, from Adelaide, made our transition into the local culture easier.
NOTE: all patients photographed provided permission for such to occur.

Our placement in Fort Portal, Uganda, Africa gave us an opportunity to experience a health system in a different culture and society. A few quick notes on local culture:

- Homosexuality is illegal
- Religion is a big part of the culture, a common question when meeting someone was 'what religion are you?' The 3 main ones are Protestantism, Catholicism and Islam.
- According to the locals, men don't drink water, only beer and soft drink.
- A lot of food and drinks have sugar in it! (bread, peanut butter) - if you want bread with no sugar, you have to ask for 'salty bread' or 'diabetic bread'.

Teeth (loss of incisor) – 'Ebino'
It was interesting to how some local beliefs/ practices were effecting the population. The practice of Ebino was a great example of this. Ebino is the name of a traditional practice that entails a 'traditional healer' digging out pre emerged tooth/incisors with wire or a bike spoke. There is a high risk of infection, especially Hepatitis B and C. Although this practice seemed high risk and ineffective to me and my culture, I appreciated that parents are under a lot of pressure in their communities to use traditional healers.

This community pressure was also evident in the staff - they talked about traditional medicine and its negative consequences to patients, but you could see some doubt and resistance on the patient's faces when such issues were discussed. Education on an individual and community basis seems like the best way to approach this issue. It seemed like educating about the positive outcomes of western medicine was a better approach than discounting traditional medicine. Offending the locals and the community by saying their traditional methods didn't work may create conflict - which is not going to improve the health of a community. The best approach (at this stage) would be to encourage some western medicine, even if it is taken alongside traditional medicine - this is better than nothing and a good starting block.

Public Health
Public health campaigns and education take time and money. I didn't see much in my time in Uganda, but then again I couldn't understand what was on the radio or TV (and didn't watch or listen much of it). There were lots of advertisements about soft drink, junk food, cigarettes and alcohol - but not much on public health compared to Australia.

There was some evidence of public health campaigns in the form of pamphlets and posters at MHC. The information was about:

- Contraception (sexual activity safety)
- AIDS (the effects of AIDS and how it is spread).
- Maintaining a healthy diet
- Sleeping with mosquito nets (malaria prevention).

The staff at the clinic were also educated about the above and also the poor outcomes of traditional medicine. These seemed like the top priority health issues in Uganda.

Overall our time in Uganda was an incredible experience. The time in the clinic was valuable as it reinforced some of the theory we learnt in first year, we got to practice some 'hands on real medicine' and we learnt about a health system in another culture. Apart from that, we got to have some great adventures along the way!

Tool used for teeth extraction. SOURCE: Girgis et al 2016.

Reaching the summit of KJ

First day at the Clinic

Scrubbing up for surgery

FORT PORTAL LANGUAGE

Musibire muta – A greeting to many people
Osibire ota – A greeting to one person
Karinge - fine
Webale muno - thank you very much
Impora impora - little by little (getting better)
Nuena - all of you.
Nayonka - breast feeding.

James checking a child's sinuses

Bwindi National Park

Warburton Health Centre

Kangaroo tail dished up ready to serve

Some local delicacies. Bardi grub (witchetty grub)

RFDS arriving to take the first patient evacuation I helped coordinate

FGAP - WARBURTON

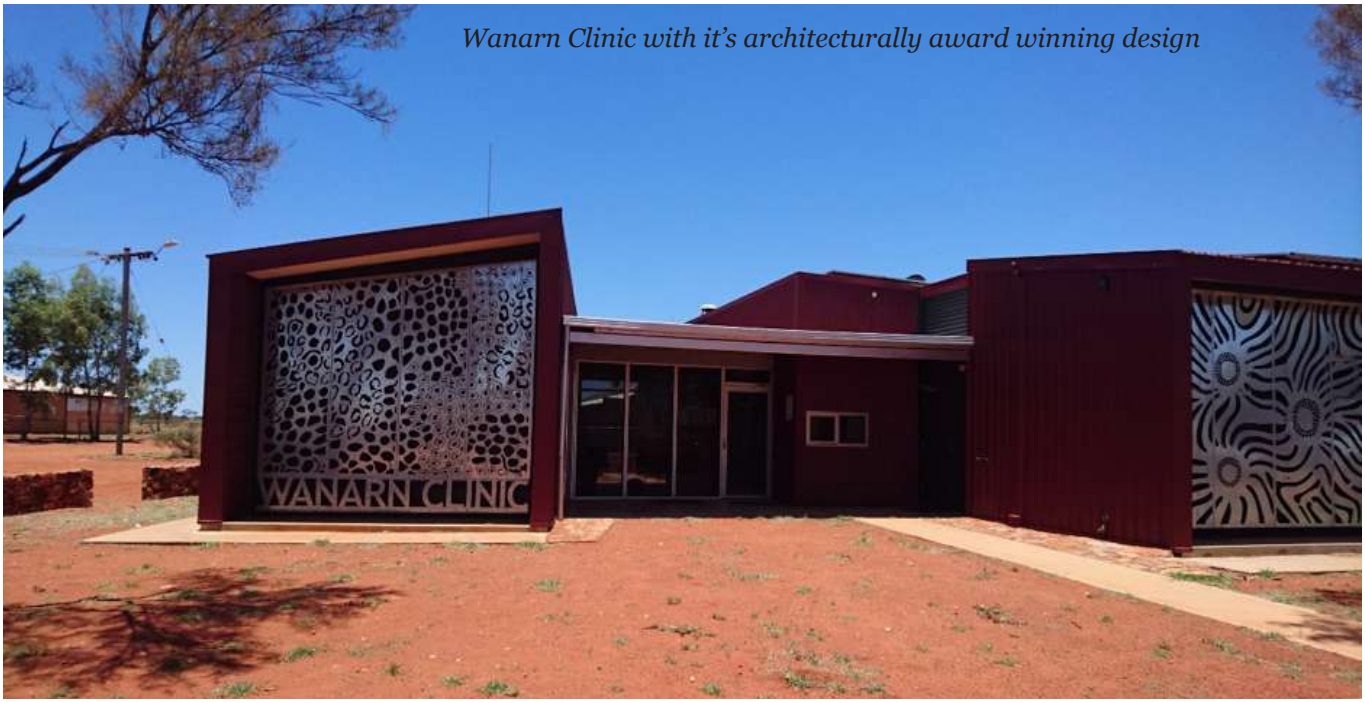
BRIAN CH'NG

It was only a couple of days post end of the university semester and I drove the 1500km from Darwin to Alice Springs over a couple of days to begin my FGAP placement in Central Australia. I along with my fellow second year Nicole Fox had been fortunate enough to be selected to undertake the FGAP placements at the end of 2017 in the Ngaanyatjarra Lands in Western Australia (WA) near the corner of the Northern Territory (NT) and South Australia. After a quick introduction and orientation at the Ngannyatjarra Health Service HQ in Alice Springs, it was into the hotel and a quick nights sleep before heading off to the airport early in the morning with the senior medical officer of NG Health.

I was to spend the next two weeks in Warburton, WA at what is the largest community on the NG lands where the health service provides primary and emergency health care to the community. Having spent eight years before medicine in my previous life as a paramedic in the NT I was somewhat prepared for what was to come. I was welcomed with open arms by the health centre staff and the community there. I was really fortunate to have a relatively new two bedroom unit to stay in for my two week stay in the community and prepared for the onslaught the next day.

The NG health service was an amazing experience. For myself as a student at the end of my second year when I went it was a great solidifying experience for everything that we've done thus far. It was a good eye opener of what real medicine was like in a general practice setting with every patient consult like a OSCE station. It was someone walks in with back or shoulder pain to post-surgical reviews, vaccinations, otitis media to attempted suicide cases. I was fortunate enough to be allowed quite a free reign in seeing patients whilst parallel consulting and had many firsts, such as the first time I've sutured someone, to spotting murmurs and a plethora of other things. It was such a great experience working with the remote area nurses there and they really let me take the lead in things such as coordinating the evacuation of a critically unwell patient while they stood back and provided support and supervision where necessary.

I'd highly recommend the FGAP program to everyone, especially those at the end of their second year. It's a great test of your skills and knowledge prior to hitting the community or wards full time in third year and it puts all your lessons from HPS on social determinants of health and Indigenous health in perspective. It was a great experience which I will carry with me for the rest of my medical career.



Wanarn Clinic with it's architecturally award winning design

FGAP NEPAL

TRACY MILLER

Thanks to HHRG and Anand (HHRG FGAP Co-ordinator 2017) in particular, I was lucky enough to visit Kathmandu over our summer break on the Flinders Global Action Project (FGAP). It was an incredible experience to see first-hand how a developing country manages its health care, while also getting to explore a new city and culture.

One of the many reasons I chose to apply for medicine was seeing the work of Medicins Sans Frontieres (MSF) on TV during the recent Syrian refugee crisis. When people are in such desperate need, I would like to be able to help them. FGAP seemed an ideal opportunity to gain some experience of medicine in a resource-poor system, but in a safer environment than I expect in MSF.

Nepal was a popular FGAP destination this year so we went over in a few groups - I joined the January crew. Travelling via China on my first solo overseas flight was interesting... I didn't see much of the city of Guangzhou (only staying overnight) but I certainly became very familiar with its airport's immigration area! Pro tip 1: try to get your transit visa in advance if possible. Arriving in Kathmandu was also an experience, with lengthy delays at the baggage claim and my first encounter with the chaotic Nepalese traffic. The rest of the crew arrived over the next 24 hours and the following day we got to start our hospital placements.

By default, I had ended up placed with the orthopaedic team, which made me a little nervous about seeing gruesome surgeries, and elicited many exclamations from doctors of "Wow, we don't see many women in orthopaedics!" (I didn't have the heart to tell them it wouldn't have been my first choice). However my concerns were unwarranted - I actually enjoyed surgeries more than anything else once I got used to the theatre environment. Pro tip 2: theatres are well-heated so don't wear multiple layers under your scrubs, and you are definitely not allowed to wear socks with the designated "OT thongs".

Given my lack of clinical experience, I had been worried about being forced to perform procedures, because in this hospital the patients pay for all consumables in advance and if you stuff up, they have to buy more. Thankfully my placement was as hands-on (or off) as I wanted, so mostly I observed and asked lots of questions. I joined in for surgeries, ward rounds, and out-patient clinic so I got to see a good range of patients and many, many x-rays. Plenty of broken bones from traffic accidents, back pain from manual labour, and a few children being treated for club foot. One child was brought into the out-patient clinic with a foot that slightly dragged - top of the differential list was polio, which stunned me. As it turns out, it was developmental dysplasia of the hip, which was likely not detected at birth due to being a home delivery. Pro tip 3: ask lots of questions of the doctors when they have a break in talking to patients, because most of the conversations will be in Nepalese.

It will be interesting to look back on this experience in my clinical years and compare Nepalese to Australian practice. Hearing from Maxine about the "no touch technique" in the ED hit home just how strapped for resources they are. They were certainly very appreciative of the supplies HHRG sent over with Jon, which were purchased using the money raised at the annual HHRG quiz night. Here we don't think twice about using nitrile gloves but over there they were only used if strictly necessary. Even tuberculosis patients apparently didn't always warrant them!

The working day at the hospital usually finished at 2pm. Our group was then free to grab some lunch (mmm, katti rolls!) and look around Kathmandu. Some of our many extra-curricular highlights included:

- bartering in the shops and hunting for dinners in Thamel, the tourist district
- cataloguing the countless street doggos of Nepal, especially with our resident doggo fanatic, Nikki
- celebrating Sinead's birthday at a traditional "Irish" pub, complete with reggae music and Bob Marley mural
- trying all the local foods: momos, thukpa, masala chai, and Taylor's favourite, chowmein. At least we eventually found out what "buff" really is! And thanks to the team for getting me through after the mistake that was the Dirty Street Samosa.
- visiting the Monkey Temple that overlooks the Kathmandu Valley and lives up to its name
- seeing the sunrise over the Himalayas before a hike through the countryside, complete with crashing the jeep on an icy patch of road – thanks for breaking my fall Eloise!
- and for me (since the rest had buggered off by then), surviving my first ever motorbike ride, helmetless through the crazy Kathmandu streets no less, to see the temples of Patan which were still being rebuilt from the devastating 2015 earthquake.

In all, it was an amazing trip both from a medical and cultural perspective. I would highly recommend FGAP and Nepal to anyone with a couple of free weeks over summer who wants to expand their horizons, challenge themselves and make some great friends!

Forget separate consulting rooms, two of the senior doctors shared a desk!


Handing over the donated supplies to the doctors


On the mean streets of Thamel

Team (minus the sick one) in front of Kathmandu Model Hospital


January Nepal Crew


Himalayan sunrise


The smallest patient I saw, being treated for club foot


Momos and masala tea

FGAP India - A Pictorial Journey

ANADPREET GHATAURA

Images from Denny Ridwan's and Anandpreet Ghataura's camera.

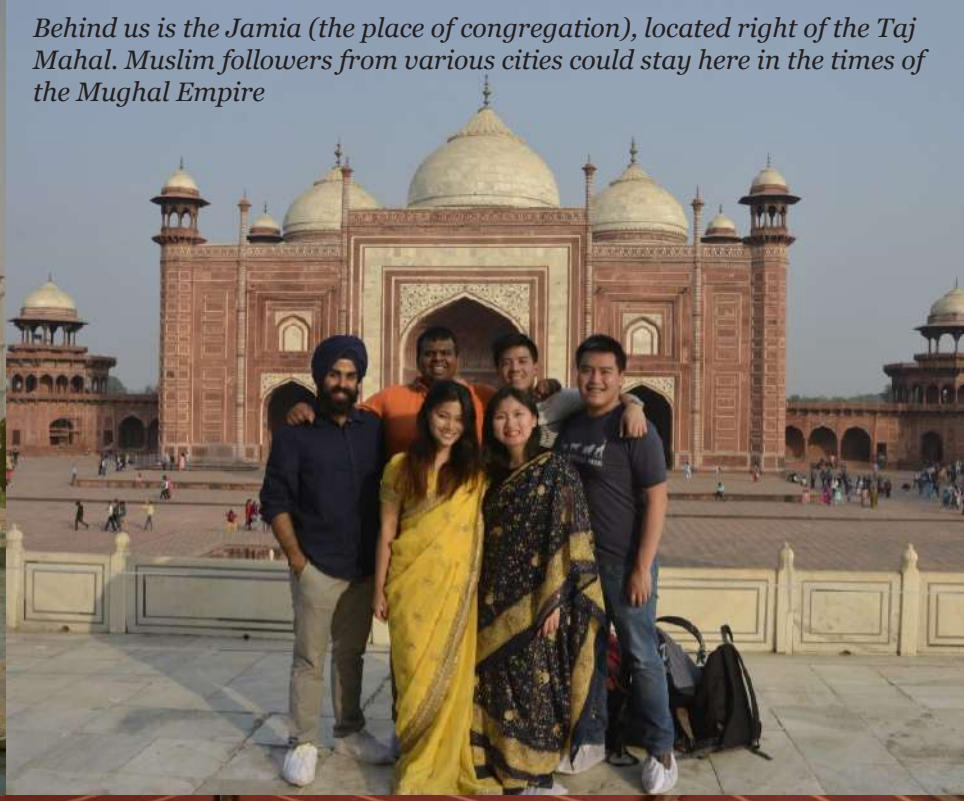
Delhi on tuk-tuk - horns everywhere, however the driver's simplicity and this innocent smile reflecting the hard work captivated me.

The India Gate - a war memorial to 70,000 soldiers of the Indian Army

The beautiful Taj Mahal

Moment of stardom - broadcast on Indian TV News channel for a concert promo that I did not even get tickets for. Alas!

Michelle loves saris and the Taj Mahal

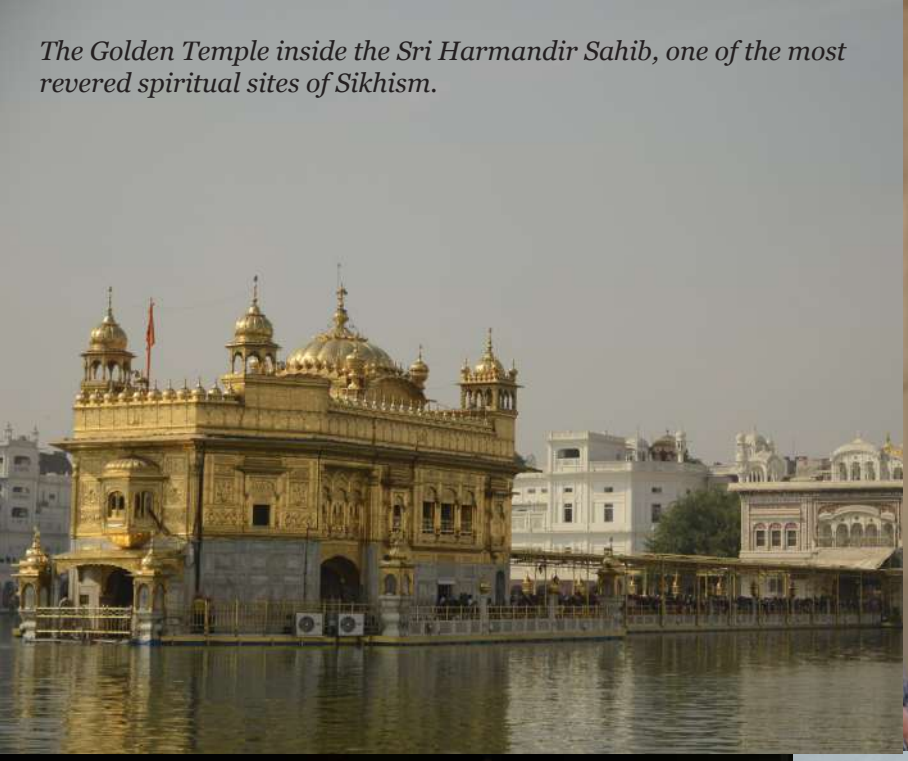


Behind us is the Jamia (the place of congregation), located right of the Taj Mahal. Muslim followers from various cities could stay here in the times of the Mughal Empire

Throngs of people come to witness the architectural masterpiece, that is the Taj Mahal.

Vitamin D by the roadside

Was Ivy posing or was she actually clicking a photo? The real Q!

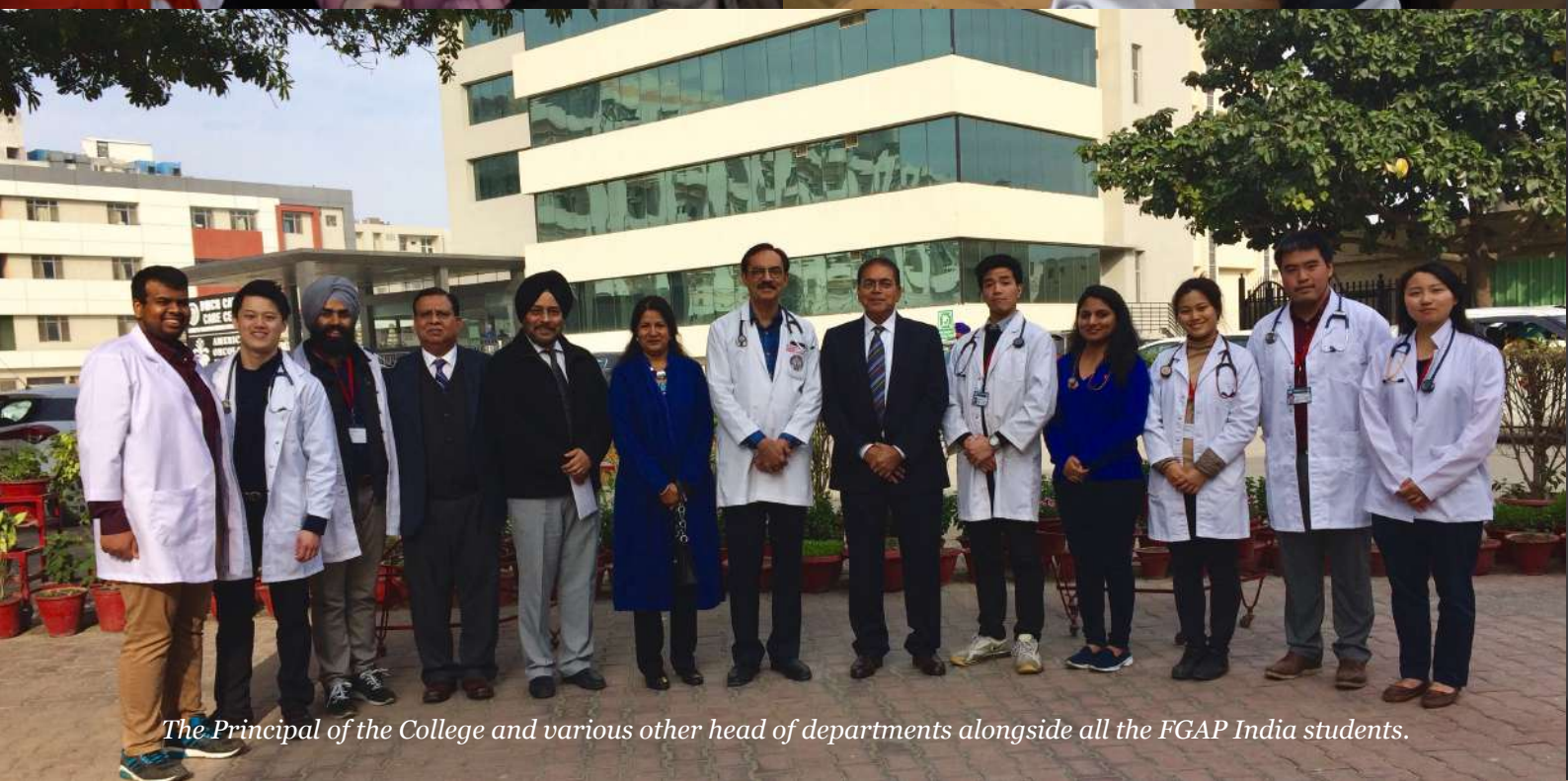


The Golden Temple inside the Sri Harmandir Sahib, one of the most revered spiritual sites of Sikhism.

Hue covered his heads before proceeding into Sri Harmandir Sahib

Caught her

The daily customers at the cafe in the hospital.



The Principal of the College and various other head of departments alongside all the FGAP India students.

Societies

FCCS - Flinders University Critical Care Society

EVENTS

On April 17th Flinders University Critical Care Society held its first event for the year - Advanced Airways Night. This event was exclusively available to third and fourth year students, and was added to the calendar this year in response to feedback from the cohort. The teaching at the event focused on clinical reasoning, anatomical considerations in airway assessment, clinical decision making, and troubleshooting an airway with various difficult airway scenarios integrated into the skills teaching. We would like to thank the ED doctors from FMC who kindly gave up their time to make this event possible. We would also like to specifically acknowledge Dr Anil Seshadri for his support in recruiting facilitators and organising the curriculum for the evening. Thank you to MIPS and Medtronic for their sponsorship of the event. We hope that those that attended had a great experience and enjoyed the opportunity.

Over the course of the year, FCCS will be continuing to run high-quality events such as our Trauma Skills, Cardiac Emergencies, and an Airways night for first and second years. In addition to this, we are in the process of organising an internship information night for final year students. This will be an opportunity for students to hear 'tips and tricks' from consultants and current interns across Emergency, ICU, and other domains, so watch this space! We are still in the early stages, so if there is something that you think would benefit the cohort that we could add to the event, please get in touch!

DRESS YOUR BEST FOR A CAUSE

FCCS is also continuing its charity fundraising efforts this year through 'Dress Your Best for a Cause' - a themed fortnightly dress up for a gold coin donation toward a charity. In the first semester, we are supporting PNG Anaesthetic Aid Project, an initiative aimed at providing quality medical education to local health workers in rural areas of PNG. To keep up with the various activities of the society, follow us on Facebook and Instagram!

FUSS - Flinders University Surgical Society

GASTROINTESTINAL TRACT MEETS MD2s

On Monday the 12th of February, FUSS was fortunate enough to organise an Expert Anatomy Tutorial given by Dr. Andrew Luck, a Colorectal Surgeon. He introduced us to the anatomy of the gastrointestinal system, starting from top through to the bottom covering the macroscopy and microscopy. Dr. Luck went through some embryology on the way highlighting how important the embryology is and how mishaps can influence the function of the gut. He finished with a fantastic video of a hand assisted laparoscopic hand resection which not only reflected the complexity of the GIT but also how incredibly important it is to know the anatomy and your way around!

MD1s GET SUTURING ON MED CAMP

The Flinders University Surgical Society organised an introductory suturing event for our new MD 1s on MedCamp in the beginning of March. We were fortunate enough to have Stephen and Mekha come down for the morning and show the MD 1s the basics of completing a simple interrupted suture. It's as easy as one, two, three! We then all split off into small groups, where along with Stephen and Mekha some FUSS committee members helped to guide the MD 1s through the suturing of a pigs trotter. This was a great experience for the MD 1s and a great refresher for us MD 2s as FUSS prepares for its annual Suture Night in May.

"Listen to your patient, he's telling you the diagnosis" ~ William Osler

General Practitioners have the unique opportunity to be the first point of call for patients, to listen to their needs and be part of their long-term management. General Practice is the centre of our primary health care system and integral to all aspects of clinical practice.

Breathing new life into General practice...

GPSN Society Aims:

To promote General Practice and encourage everyone to support and advocate for general practitioners at all stages of our medical careers. We hope to help you learn more about the variety and skill that exists within this speciality.

LOOK OUT FOR OUR EVENTS IN 2018!

/GPSNFlinders @gpsnflinders

*Follow us on Instagram for our weekly **5 minutes of Medicine!***

FURHS - Flinders University Rural Health Society

MATILDA SMALE
FURHS Medicine Co-President

The 2018 year has started off very successfully for FURHS. The new committee would to extend a warm welcome to all of our new members and welcome back our existing members.

The year has been busy for our committee, who have been organising various events including:

- Speaking at orientation sessions for several different health disciplines across the university. We also held two O'week stalls at both Sturt and Main Campus which helped us to reach nursing, allied health and medical students. The MD 1s enjoyed an orientation lunch whilst being introduced to the John Flynn Placement Program by one of our wonderful partners the Rural Doctors Workforce Agency (RDWA).
- Thirty FURHS members from Medicine and Nursing have been selected to participate in the Royal Flying Doctors Service (RFDS) Ride Along Program. Now that they have attended their orientation session, they eagerly await their rostered flight on a weekend later this year.
- The Inaugural RFDS Tour for Allied Health which has been a work in progress for the past few years by the FURHS committees. Twenty-five Allied Health students have been selected to participate in our inaugural RFDS Tour at the RFDS Hanger in Adelaide. Students from a variety of disciplines were selected including Paramedics, Speech Pathology, Physiotherapy, Occupational Therapy, Health Sciences, Disability Studies, Optometry, Clinical Rehabilitation and Psychology.
- Shade McClymont, Sarah McArthur and Matilda Smale spoke about their John Flynn Placement Program experiences in 2017 to the incoming MD 1s. Good luck to the MD 1s who have applied for the program in 2018.

Upcoming events for 2018 include:

- Wilderness Health Night to be held on Tuesday May 8th.
- We continue our relationship with HHRG to support organising events for Close the Gap Day.
- Keep an eye on our Facebook page for student helpers to assist with our Rural High School visits and Indigenous Community Engagement trip – dates to be confirmed.
- The Rural Doctors Workforce Agency will once again be holding their annual clinical skills weekend trip to Quorn. Keep an eye on our Facebook page once the date has been confirmed and applications are open.

< COMMITTEE
Mei (Social Media & Marketing Officer), Mikaela (MD Representative), Jess (Senior Rural High School Visit Co-ordinator) and Alison (Allied Health Co-President)

Are you interested in using your medical degree in a different and exciting ways?
Are you passionate about global health issues, the global community, or even issues right here in Australia?
Do you want to volunteer overseas, choosing from four various locations?
Are you a budding environmentalist?

Well then, **HHRG** is the committee for you!

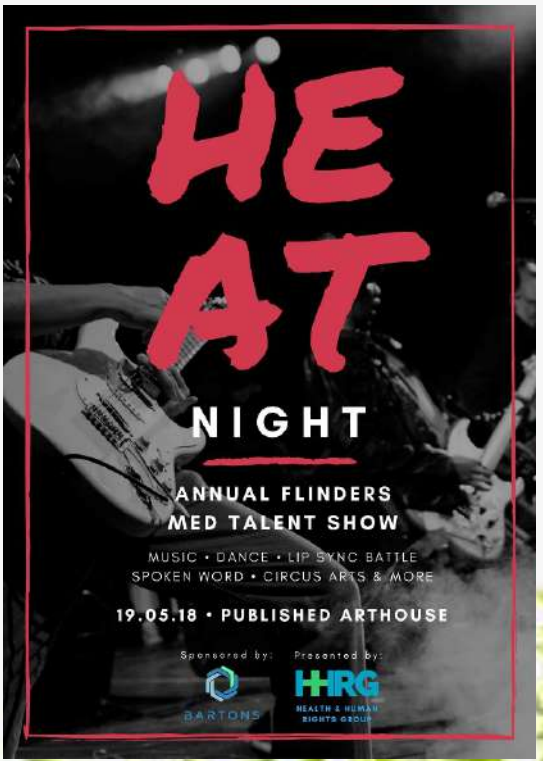
HHRG has had an exciting start to the year, hosting an introductory lunch for the MD 1 cohort with lovingly-made baked goods that went down a treat! Currently in the process of finalising our junior committee after our election, we're working towards our first big event… **HEAT Night!**

The much-loved and hotly anticipated social night in the Semester one calendar, HEAT Night is set to sizzle this year! Featuring singers, musicians, dancers and just about anything else you can think of, HEAT Night is the talent show that doubles as a charity fundraiser. Come along and raise money for our HEAT grants, which fund self-starter projects to better the community through health-inspired initiatives.

So why don't you come along and don't feel guilty for buying a drink or two because it goes to a fantastic cause!

Here's some details for Heat Night;

When?	19th of May
Where?	Published Arthouse, 11 Cannon St Adelaide
How much?	Tickets TBA



Social

O'week 2018 - Welcoming MD1s

DRINA NG and KEVIN HU
O'week Convenors

O'week is always one of the most important times for new students to orientate themselves, especially to the highly stressful medical student life. This year, we organised it in a way that created opportunities for the whole batch of MD 1s to mingle, as well as for the MD 1s to meet the MD 2 cohort and several MD 3s and MD 4s. We hoped that this would help foster intra-cohort bonds, as well as inter-cohort friendships, and we think this was very successful.

The MD 1s started the year with a bang, with back-to-back activities and events to integrate them into our big medicine family. From the Meet and Greet, to Family Fun Day, to the Pubcrawl, we ensured that everyone in MD1 would enjoy some parts, if not all of the o'week program organised for them. We kick-started O'week with the Meet and Greet at The Saracens Head Hotel. It was the perfect way to relax after a long day and for the MD 1s to get to know each other. The bar was electrifying and everyone was engaged in exciting conversations! That weekend at the Family fun day, we had a small get-together with several family members of the new students, who are as excited to be part of this amazing new journey as the students themselves! Our competitive spirits blazed at the Tonsley Hotel Quiz Night on Wednesday, despite having our Progress Tests just hours before. Peoples' brain and brawn were put to the test with weird and whacky questions as well as a planking challenge! Finally, we ended o'week with our Pubcrawl! With three fabulous venues and drink specials, and the attention-grabbing loud tees, everyone had a blast and it was great to see people who were strangers at the Meet and Greet become so familiar with each other over this week.

We hope MD 1 enjoyed O'week as much as we did organising it. The people you meet in O'week are most likely going to be the ones you stick with throughout medical school. Rely on each other to make it through together, and although medical school can be stressful at times, it will be the best years of your life. Enjoy!

Any feedback on what parts of O'week you thoroughly enjoyed, or areas we can improve on for next year would be greatly appreciated. This will help FMSS give an even greater start to our future students.


CELINE

MDA MEDCAMP 2018

LIAM RAMSEY AND DYLAN RAFTERY
Social Directors

The sun rises over Camp Dzintari, many a student without foresight lay outside, damp on the dewy grass overlooking the picturesque Normanville coast. High heels, wigs, fake moustaches and sad looking suit jacket decorate the once pristine camp ground, MedCamp 2018 has finished. A weekend, neigh, a concept, encompassing academic events to stimulate the mind, to chilli challenges to stimulate the bowel.

The wait for buses was a sweaty one, but it wasn't long before the eager MD 1s were shipped off to Normanville. A team of stunning MD 2s had long been at the camp ensuring all was ready for the fresh chooks to be inducted into Flinders Med culture. SO FRESH kicked off following a satiating Burrito blowout, Julian and Ethan, the resident DJs pumped out tunes, while welfare picked up the pieces.

The resilience demonstrated by MD 1s was awe inspiring, from a denim laden social they transitioned into the three academic stations run by FMSS, FUSS and FCCS. From the shrieks, spilt blood and regurgitated (I have no idea what that fake vomit was made of) of the emergency response station, to the technical skills of suturing to the basics of blood pressure, MD 1 enjoyed a variety of teaching.
The scavenger hunt that ensued following the GPSN lunch (thanks Pam for money), was a successful one. The introduction of the giant slip 'n' slide was welcomed by MD 1/2, perhaps not by Welfare who ran out of band aids, but at least blood 'n' bone makes a good fertiliser for the grass. The classic sweaty sports and irons ensued, but the standout was the addition of the Chilli Challenge.

There is something disturbingly instinctual about a Chilli Challenge. Watching your peers consume chillis in an arena setting, all the way up to the world's hottest chilli, The Carolina Reaper is frighteningly satisfying. Their tears, their sweat, their pain... all brought great satisfaction to the crowd. Daniel Sil ended up victorious, however, in hindsight all those who competed won... because they all got a detox eventually. Genders were bent, and the gender identity spectrum used as a figurative slide, with people literally becoming unrecognisable. A surprise wedding (absolutely gorgeous), some abrasive dresses and some handsome chaps graced the dancefloor as the final night of MedCamp came to a close.

It was an absolute pleasure to organise and coordinate an outstanding group of MD 2s this year, who all made MedCamp what it was. We are so grateful for all their effort, in particular the kitchen staff; Mumtilda, Lewis and James. Without you three the kitchen would have fallen apart, thank you.

This year I learnt two things in particular. You should always grease the flagpoles and apparently bush fire education needs to be included in next year's MD 1 handout... what a scare lmao.

Liam and Dyl x

Which MD Society are YOU?

1. Your go-to lunch would be:
A. A socially sustainable meal, probably vegetarian or vegan
B. Pasta and Champagne
C. You don't have time for lunch, you're too busy saving lives
D. A pie from the local bakery
E. Lunch? More like meetings, meetings, meetings

2. Your daily uni outfit would usually include:
A. Comfy clothes, probably something you bought while travelling and volunteering overseas
B. Your RMs
C. A Flinders University Paramedics course top or your SAAS jacket (how else will people know you did paramedics?)
D. Laidback and casual, dressing too clinical makes you stand out in rural areas.
E. Your FMC ID Badge

3. What event are you most likely to attend?
A. Focuses on social issues like climate change, aboriginal health...
B. Listening to amazing surgeons tell you about their careers (and how long they had to study for)
C. An intense, hands-on clinical skills workshop
D. Listening to a rural health professional talk about their experiences
E. You love attending all the events to support everyone and learn as much as you can

4. What is your normal coffee order?
A. Soy latte (single origin of course) in a keep cup
B. Short black
C. Grande quadruple shot long black to get you through night shift
D. You bring your own coffee in a thermos from home
E. Anything from Up-Co with your FMSS key chain. (Take inspiration from our VPe Evie's coffee order: large double ristretto latte with skim milk)

5. Your go to textbook is:
A. New Public Health
B. Essentials of general surgery
C. Emergency Medicine: Clinical Essentials
D. John Murtagh's general practice
E. Oxford handbook of clinical medicine

6. Your friends would describe you as:
A. Wholesome
B. Exclusive
C. Easily bored
D. Practical
E. Organised

If you picked mostly

A — HHRG

Health and Human Rights Group

B

Flinders University Surgical Society

C

Flinders Critical Care Society

D — FURHS / GPSN

Flinders University Rural Health Society / GPSN

E

Flinders Medical Students' Society

Eleventh August

SAVE THE DATE

MEDBALL 2018

BE THE HERO

Of your year

Donate blood

Register as per the Flampire Cup facebook page on FMSS before donating to make it count!