

Good notes, good practice, good defence

The quick brown fox jumps over the lazy dog

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TITLE DEED

WELCOME

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EDITORIALS

MATILDA SMALE

MD2, Publications Director

Hi everyone, I write this editorial filled with pride and sadness as this is my last Placebo issue as a member of the Publications team. For the past two years I have been able to contribute to four issues of Placebo, each with their own unique themes and contributions. FMSS has helped me to make my own contribution to our wider Flinders MD family and culture. Our family has shown immense resilience through the numerous course changes that we have faced on top of trying to have a life and I am sure at times this may have affected your own individual mental health and wellbeing.

As a team, FMSS set goals for 2018, one of which centred around the mental health of medical students and we felt it was only appropriate given the climate within our cohort that we focus on mental health and wellbeing within this issue. Mental health is a particular issue for medical professionals, with doctor burnout a common experience for many. I hope that our openness to discuss our mental health and wellbeing in this issue of Placebo can be applied to our future practice as we work together to reduce the stigma in regards to mental health in medical students and professionals.

Our cover and theme of this issue was inspired by Connor McPhail (MD2) and his unique interpretation of mental health and wellbeing in medical school. We can consistently find ourselves bargaining with our time and experiencing a repetitive cycle of high and lows (kind of like a game of Monopoly).

So, grab a cup of coffee, treat yourself to some time off and enjoy this issue of Placebo.

YSABELLA TYLLIS

MD1, Publications Officer

Hello, and welcome to what I think is one of our most important issues of Placebo yet – Mental Health and Wellbeing. Bringing this issue to you has been an absolute pleasure to be part of, as this topic is something that I hold so dearly close to my heart.

It is no secret that the Medical School journey is every part stressful as it is exciting, with a constant influx of information, Mahara, frequent deadlines, Mahara, and pressures both inside and outside of university life. Finding out how to recognise and deal with stress is such an important component of a successful medical career, and unfortunately something that we are not really taught how to do. I think that the topic has only recently started getting the true attention that it deserves, and I hope that this issue of Placebo can truly honour the importance of Mental Health and Wellbeing, and encourage you all to speak up, and help break down the stigma of Mental Health. FMSS has set some fantastic Mental Health goals for 2018, and I really hope that in future years, the Flinders Medicine family can continue improve, educate and uphold these values to make a positive university environment for our current and future students.

Creating this issue has given me a chance to reflect on my own stressors and mental wellbeing, and to be quite truthful, it has been a huge influence for me start involving some healthier practices to my everyday life. I hope that reading this can do the same for you, so please sit back and enjoy this issue as much as we have enjoyed bringing it to you.



CONOR KEELY, MEL JIANG, SHAUN GOH

MD1, Marketing Officers

Hi everyone, this year the 3 of us have been the FMSS marketing officers.

With only a smattering of design experience between us we have been able to develop our skills over the course the academic year to a point which has allowed us to compose this fantastic edition of Placebo.

We have worked tirelessly with the Publications team over many hours and some long, hard nights to best display the talents of so many of our peers who have taken the time to write articles for this long-standing magazine. Placebo is a platform that can reach so many people within and outside of the medical cohort. It is our role to make this magazine accessible and visually engaging for everyone who will read it. The design choices for this volume reflect this goal but also represent a new wave of ideas as traditionally Placebo has utilised templates from existing and prominent magazines in pop culture. The choice of a monopoly inspired theme goes hand in hand with the central topic of mental health as it reflects the highs and lows that wait for us around every corner of our lives.

This year for marketing has been a successful one with this edition of Placebo being a brilliant way to cap all of that off and to sign off in style.

MONOPOLISING YOUR MENTAL HEALTH

HARITI SALUJA

MD2, Marketing Director

Welcome to the second 2018 issue of Placebo! Designing Placebo for the past two years has been a fantastic opportunity, one I've truly enjoyed doing, but all good things come to an end. Placebo has been a fantastic creative outlet for me and provided a sweet hobby in the busy world of being a medical student.

Mental health has been a big focus for FMSS this year and it's only fitting to centre the student magazine around this theme. This idea of "Monopolising your mental health" was by Connor McPhail (MD2). In conversation, we expanded on this idea and decided to tailor a monopoly design for this issue. The Placebo logo on the front cover features a female surgeon which intends to empower women in medicine. The monopoly design also helped us create a colourful issue and promote fun and happy vibes. The monopoly board incorporates various motifs from medical school and social events throughout our MD journey including highs and lows that can affect our mental health. The full version of this board is in the middle of the magazine and can be torn out to play Placebonopoly! The game is a fantastic reflection of medical school - highly stressful; tests your relationships with family and friends, training for the real world; involving team work, strategy and planning; luck-of-the-draw!

We hope the articles inspire you and provide some strategies to help you take control "monopolise" your mental health in medicine.

PLACEBO TEAM



ACKNOWLEDGEMENTS

As always, we would like to acknowledge our hardworking contributors. Placebo would not be possible without you.

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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.

From L to R: Matilda Smale & Ysabella Tyllis (Publications); Hariti Saluja, Shaun Goh, Mel Jiang & Conor Keely (Marketing)

PRESIDENT'S ADDRESS

STEPHEN MCMANIS

MD4, FMSS President

Hearing from Matilda (your editor in chief) that this issue was to be focussed on mental health and wellbeing, I was a little curious (read: shook!) as to the choice of a Monopoly-themed cover - it is absolute fact that Monopoly - the game of capitalism - will ruin all your familial relations and (ironically) undo any chance you had of winning your grandmother's good-graces. A hotel on Mayfair is practically akin to an abandonment of the very values of common decency your (my) Grandma Sylvie ever tried to imbue within you (me), even as you (I) chased a decrepit excuse for a dog around the yard with a water pistol in your (my) youth. Indeed, I asked Matilda if this short column (who even reads the president's address anyway...) could include my reservations about where health and wellbeing sit alongside our neo-liberalist political ideology, and she, not without understandable reservations of her own, agreed.

Addressing his colleagues in the early 2000's, lauded professor from Harvard Medical School, Richard Levins, implored his junior charges to try to understand health and illness not only on an immediate, bio-physiological level, but at an ecological, structural and societal level. Writing *Is Capitalism a Disease?* (2000) for the *Monthly Review*, he unpacked the process of the return of infectious diseases to the research agenda, from which it had been overzealously removed, after the realisation that increasing irrigation for commercial agriculture produced a new hive for mosquitoes to multiply, evolve, and spread malaria and yellow fever. He lamented that yet more research dollars are spent every year on new pharmaceuticals to combat established epidemics, than on exploring ways to suppress and eradicate disease, and susceptibility

to disease, in those underprivileged communities made vulnerable by the very post-industrial upheavals to living arrangements and community structures which capitalism produces.

The ways in which capitalism affects and restricts access to wealth, which restricts access to, for example, geographical (i.e. the suburb in which you live) and institutional (i.e. the kinds of education and healthcare you can access) factors governing a person's life, are myriad. Since FMSS had the chance to meet with Dr. Sue Wareham (featured in this issue), the President of the Nobel Peace Prize-winning organisation, the Medical Association for the Prevention of War (MAPW), let's take armed conflict as a case study.

At the risk of sounding like our venerable professor of anatomy, how much money do you think the Australian government spends on warfare every day? 1 million? 27 million? 50 million? The figure is actually a staggering \$100 million AUD, every day, as per the *Aus. Financial Review*. This cost of course covers the upkeep of the defence forces as well as research and development - the government is expected to spend \$20 billion on the Joint Strike Fighter project over about a 15 year period alone - and the work of our defence personnel, and their right to their livelihoods, is no small matter. But if we consider that armed conflict is also the precipitant for the displacement of non-combatants (currently over 65 million people worldwide) producing the refugees we, as a nation and society, have a complex relationship with, and is the generating force for theatres of war from which our service women and men return with unacceptably high rates of psychiatric illness, and which supports a monumental weapons industry which is highly deleterious to the environment we live in, and



which drives money away from an already throttled health budget, we must consider the role global warfare plays in the health of our population, even in our own backyard. The cool 100mili per-day doesn't even include the \$6 billion dollars the government has spent on relatively expensive (compared with onshore community housing programs) offshore detention of refugees in the past 5 years alone. This extraordinary amount of money lines the pockets of Wilson Securities, a private firm who contract out incarceration "services" (as well as running car parks), and who stood to make incredible profits off successive governments' decisions to detain a small number of asylum seekers offshore. Although arms manufacturers and security firms (i.e. Raytheon, Boeing Aerospace, Wilson's) are infamously adept at avoiding taxation, they still make huge profits and do contribute tax dollars, which, coupled with privatisation of government assets, further entrenches national economies in a position of reliance on military and paramilitary industries, which of course themselves can't exist without armed conflict.

Indeed, such is the reliance now of global economic systems on the industries built around warfare, that the military-industrial complex represents an inescapable intertwining of our capitalist economy with ongoing war. On a micro, macro, and even global scale, class-struggle as an outcome of capitalism remains a profound predictor of health and illness, both in what it restricts access to, and what it produces, in the case of war; and

we, as future medics entering an into a world where the division of wealth has never been more inequitable, and where the means to control the use of wealth is increasingly restricted to the few, occupy an important and privileged position as public health advocates.

MAPW remind us of this important role medics play in social and global issues; and that our doctors of the future from Flinders have a right to be a significant part of that effort to produce a world which will not accept war, which will not abide the preparations for war, or the efforts to perpetuate war; both as a global, public health initiative, but even for the good of our own communities. MAPW had huge success in the early 2010's abolishing the manufacture and deployment of landmines, by producing a treaty that almost all countries have now signed, and which all countries, including the US, China and Russia (who, God love 'em, won't ever sign anything remotely binding) abide by. MAPW, and their subsidiary the International Campaign

to Abolish Nuclear weapons (ICAN), are currently engaged in a similarly momentous campaign, which, with Turbo-Trump, Putin, and "little rocket man" (help me) at the button and waiting to flex, has never been more urgent. Nevertheless, organisations like MAPW demonstrate that change is not only essential, but possible; and with roughly 30% of FMSS members recently joining MAPW at another of our health and wellbeing events, the willingness of Flinders students to engage with these complex issues and propel a culture of change was clearly demonstrated. Thank you.

Broadly of course, this issue of Placebo encourages you to consider where you find your comfort; what you do to soothe your mind amidst the turmoil of the medical program, and what perspective you can cast across your life both within, and beyond, medicine. For me, there is a daily tension between addressing the very real and immediate needs of the patients in front of us, with that aching feeling on the way home that maybe something more could

be done to help prevent so many people reaching the health crises we encounter them in; to examine with that same fierce, scientific ardour the society and its policies that support illness the same way we examine the petri-dish containing the organism that might produce it. If we accept that oath, as intellectual descendants of Hippocrates and Aesklepios, we can't also accept a societal status-quo which produces the kind of harm that turns people seeking asylum into patients needing treatment for physical and psychological trauma, which allows a stream of profit and economic growth to govern access to healthcare for our most vulnerable communities, and which pervades a narrative that is inward-looking and which actively discourages critical analysis of the social contexts in which our medical practice and research exists. Medicine, above all, is the quest for truth, and we mustn't stop that odyssey at the bedside when our patients exist in a world we might heal; for what could be more fulfilling, more enlightening, and more soothing than that.

VICE PRESIDENT INTERNAL



**TRACY
MILLER**
MD2, VPI

As we wind down the year that was 2018, our Publications team have wisely chosen to put the spotlight onto an issue close to our hearts: mental health and wellbeing.

FMSS have been working through the year to make mental health one of our key focus points. We have been constantly communicating with staff to address the challenges brought by the College restructuring and changes to assessments, so that hopefully these stressors are reduced for next year. We have also run several events to promote

student mental health, largely thanks to our amazing Health, Wellbeing & Anti-discrimination team but with contributions from the whole committee.

A recurring theme I have taken from the expert and student speakers at our mental health and leadership events is that self-care is critical to becoming an effective doctor.

Some tips I have picked up in the last couple of years of medical school for self-care are:

Keep the bigger picture in mind.

Failing an assessment can seem disastrous at first, but resitting it will help your learning and make you a stronger doctor in the end.

Making small changes can have a big impact.

If you are feeling run down and everything is getting on top of you, subtle tweaks to your diet, exercise, sleep pattern, time with family or friends, or

meditation/mindfulness can be all your body needs to recharge and you will find your problems more manageable. Seek help.

Obviously speak to staff if you need allowances in your studies, but there are many other options outside the College. The Flinders Health & Counselling service or your own GP may be convenient. There are also the medical indemnity companies who can provide confidential advice. And please do not forget Doctors Health SA (also known as Doctors for Doctors).

Of course one of the best sources of help day-to-day are your friends in medicine. In the blur of orientation, for me the most significant advice we received was: "Remember that you are now surrounded by people who want to help others, so don't be afraid to ask". Hopefully you find some useful information from your peers within this edition, and feel encouraged to talk more openly about mental health with your friends.

Together, we will get through this as strong and capable doctors!

VICE PRESIDENT EXTERNAL



EVIE ALLCROFT

MD2, VPe

2018 has probably been one of the toughest on record- a new course, new teaching methods, new (+/- less) staff, new document procedures... new everything. It has had such an impact on the medical program, that I have seen a massive decline in the student cohesiveness and culture in my near two years here- too much of a decline. Students' mental health has never been more at risk. The new structures have put an unsustainable

amount of stress on all students, and many have reached crisis point. So many of us have tried to establish some semblance of a study/life balance, but it has felt near impossible when there is an assessment every week. And to make matters worse, when there are less support systems that we so desperately need, that we have been so desperately crying out for.

FMSS has tried to fill some of these holes that were left when the university shifted to a college structure with new programs. Late last year, the executive made some goals for the year, with the two main ones focussing on mental health and wellbeing and becoming a more sustainable society. We have introduced meat-free meals, reduction of single use plastics at events and

encouraged people to bring their HHRG keep-cups and even cutlery to events! We are also in the process of divesting- HOW COOL! We have had a very busy year on the mental health and wellbeing front. Our aim was to try and foster a positive culture amid the absolute chaos surrounding us- and I think we've done this quite well. Initiatives include the societies inaugural Mentorship Program, Mental Health in Medicine Month, feel good lunches that involve doggos, Random Acts of Kindness, plant sales and many more events to come.

Outside of Flinders, AMSA has made huge strides with advocating for medical students and junior doctors mental health. I'd encourage you all to have a look at AMSA Mental Health 'Humans of Medicine' campaign, which shares personal stories of medical students and physicals and their encounters with mental illness. Flinders University has always promoted its small medical school size and how it is conducive to a friendlier, non-competitive environment, however this identity is at threat with the new assessment structure. We're at a unique time where we can institute a new culture at Flinders Medicine, and I implore you all to not play into the competitiveness surrounding our assessment structures- let's be supportive of each other, and supportive of other people's achievements. I hope you all learn to celebrate your successes, find your balance to live a good life, and actually enjoy your time in medical school- it truly is a precious and enjoyable time.

Lastly, today take a moment and check in with yourself.

SENIOR VICE PRESIDENT'S ADDRESS

MEKHA JOHN

MD4, FMSS Senior

Vice President

2018 was a massive year on all counts. Our medical school became a course and with it came the programmatic and institutional changes which have made for a very demanding transition period - we've all felt it. It was evident that now more than ever we needed to focus on looking after each other and ourselves - and with that in mind, the 2018 FMSS committee set out with a firm focus on promoting mental health and wellbeing which would be modelled not only by our events, but something that is embedded deep into the culture and ethos of Flinders Medicine.

Recently, at the BMJ conference on Improvements in Healthcare, we were all asked a simple question - how do you find joy in your work? Far too often we hear "I'm just trying to get through the day." But why survive medical school if we can thrive?

So where is the joy in medicine? Medical school and specialty training can be gruelling, the hours long and stakes high. I felt that we were at a tipping point this year, where almost everyone I talked to reported symptoms of burnout and stress at some stage. In the midst of all this change, we have to be intentional about cultivating joy in medicine.

Our responsibility to each other, and as FMSS is to support a scaffolding which ensures our school environment is fair and efficient, where the culture is nurturing and relationships are protected and most importantly, allows students to find meaning in their journey through medical school.

Within our profession, joy is instrumental. The very nature of our work invites people who are unwell, suffering and at their most vulnerable to share their pain and stories with us, with the hope that we might be able to help them in some way. If any work ought to give joy, satisfaction and meaning to the workers, well I would say this is it. What we get to do every day touches the highest aspirations of humanity.

This year, FMSS has continued to perpetuate a culture of family, support and celebration of each other which is evident in the work of the committee - from promoting mental health awareness to creating a sense of belonging through various events like Med Revue and Peer Teaching. 2018 also saw us embark on a partnership with AMA(SA) to establish a peer mentorship program which has become an important avenue of support and guidance as we navigate the many opportunities and challenges of medical school. It all adds up, and it is shaping a culture which engages students and allows them to do medicine with a sense of empowerment and connection to purpose.

Finally, thank you to an utterly brilliant and relentlessly focussed 2018 committee - for the experiences shared, the conversations had and friendships made - the very ingredients for creating a bit of joy.



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MEDICINE AND THE ART OF JUGGLING

ASSOCIATE PROFESSOR TINA NOUTSOS

Director of Medical Education and Training Flinders NT

I don't remember the nitty gritty details of my medical school days. I remember the friendships I made. I remember PBL (it was brand new back then). I remember the long dredge of the workload and the pressure of exams, and the strange new world that was performing for things like the OSCE. I remember being a pretty average student. Mostly I remember the desperate quest to learn all those FACTS. But feeling very detached from the meaning of it all.

My internship is Burned. Into. My. Brain. All of those first times. Feeling like I'd never master IVCs or LPs. The first code I attended when I was first on site and the immediate sense of doom I felt in realising that this young woman was pulseless, followed by the mad panic in my head as I rushed through my ABCs during a strange time warp where an eternity was in every moment. Or even worse, that time I attended one of many C section deliveries in theatre on paediatrics, going through the motions of feeling the umbilical pulse like I'd done so many times before. But this one was different: this tiny human's pulse rapidly dropped off under my palpating fingers to 60... 50... 40... 30... I was all alone just outside of the operating theatre (OT), and on the opposite side of the theatre door and those in scrubs with all the know-how and sound airway skills. I still remember my holler "I NEED HELP OUT HERE!!" Oh what that new mother on the OT table must have heard in my voice and its contained panic. I still wonder about her now. And how her baby fared. And in some weird way, although I had empathy for all of that back then, being a parent too now, I have a different sort of empathy, an even greater sense for how very terrifying that must have been.



I do also remember how much I learnt that first year or two practicing medicine, and a growing sense of competence (I promise, assuming you are not feeling it now, that it does in fact come). My very first medical ward shift call was a profoundly hypoglycaemic man. I nussed through how to manage him feeling incredibly out of my scope (which formulation of IV dextrose, how much do I give, what percentage concentration, holy cow his GCS isn't great, I need to act so fast to protect him from long term harm). When I got called for the very same thing in the exact same patient four days later I knew just what to do. But the real "why?" (why this patient at this time)



and the deeper thinking as to what was causing those recurrent hypos, what to do about them, how to prevent them and avert the complications of them – that sort of competence – that was still to come. But it did come.

My registrar days (once I gave into the concept of a specialty that required two college fellowships, more than the average number of big exams to get those letters and the sometimes gruelling hours) actually flew by when I look back. But I'd spent a year prior to making that career choice backpacking around Africa not sure of what I wanted to do, and trying to talk myself out of haematology and its extra-long training and exams. Why had I been so reluctant to take it all on? I think I actually needed space from my medical schooling years and the intensity of all that learning during university and internship; space to wriggle my toes and space to make those longer term decisions. (Side note: your training years are not dead years in your life. They are BUSY. But they are also periods of intense learning and development. Amidst the madness I really enjoyed being a registrar. They were also years of immense personal growth. So don't do what you think may be the easier path, do what you love, and what you will still love in five to ten years' time. Do something that stimulates you and challenges you).

When I look back the real flashpoints in my career seemed to come in ebbs and waves. My most intense year (post physician's exam and into the pathology exams) was filled by a busy registrar job, my first pregnancy, losing my dad unexpectedly when I was 36 weeks pregnant, being a new mother, living in a newish city, juggling a full time job and on call, getting up at

three am to study for yet another exam before my baby woke up as I'd made a seemingly impossible pact with myself that I'd get my next college exam almost no matter what but that I would not let it impact on my awake time with my new little bundle of a human. So in the spirit of that Annabel Crabb quote: "the obligation for working mothers, in particular, is a very precise one; the feeling that one ought to work as if one did not have children, while raising one's children as if one did not have a job," I spent all of my short breaks at work expressing breast milk in strange secluded corners of the hospital and cramming in study for exams during baby nap times. It all came a bit crashing down one morning when I awoke from sleep and almost collapsed getting out of bed. But my husband was out of town, I had a bone marrow biopsy theatre list I had to do so I needed to press on. By about lunchtime I ended up in my own ED in resus with a peritonitic surgical abdomen. I realised sitting in that resus as I called my husband to come home asap, whilst it was still "office hours" and I tried to work out what on earth I could do to get my ten month old out of childcare with my husband hours away still – that I'd been too busy, too buried in exams and child rearing and trying to keep it all together – that I'd not made any friends; nor done much to keep those that I already had. I pretty much had no one to call for help. And I'd never been good at asking for help anyway. When I look back on that year now, why had I put so much immense pressure on myself to keep all those balls in the air? Why couldn't I have allowed the space of maybe one extra year to achieve some of it? One extra year seems inconsequential now in 2018 with my retrospectroscope. I've learnt those lessons now (I think).

There are some things that are and will always be incredibly challenging about medicine. The immense knowledge you must acquire to practice well. The huge risk if something goes wrong in patient care. There are others that are getting better: cultural and paradigm shifts at multiple levels; dialogues around safe work hours; students, clinicians, the general public, AHPRA, Beyond Blue, Specialist Colleges and others' national agendas on the mental health and wellbeing of doctors. The female registrars just a year or two before me were at times asked if they intended to get pregnant during their training job interviews. That question would not be asked now.

In some ways (well, many ways), the challenges I face now are so much bigger than before. The immense weight and trauma of patient care going wrong, the serious and weighted discussions with patients and their loved ones facing cancer, dealing with death and dying. Coroner's cases. Making decisions when I don't know the answer now is an enormous undertaking (as a specialist the things I really don't know are usually the largely unanswerable questions – navigating that and all its uncertainty – is huge). The weight of calling bad behaviour, bullying, or perhaps even harder still, managing self and self-regulation and also calling it when you see it slip in a colleague practicing around you. These things are massive. But as I've got older and acquired more experience

under my belt (and perhaps just space in time) I've somehow developed a tool kit to manage them as I've grown. There was a time when I didn't think I'd ever have that level of assurance, it seemed like something others had that I'd always be too full of whispers of self-doubt to achieve. But really to some degree it takes time and experience, just like the development of good clinical reasoning does, and that is hard to prospectively envisage.

So why do we do it this complicated thing called medicine? Because it's interlaced with the most amazing and beautiful experiences. And an understanding of the breadth and depth of life when you share these experiences with your patients. And the growth of competence and expertise and confidence in your practice. And it is true life long learning (I'm still learning. So much). The people you meet - that you would likely never come across otherwise. The opportunity to make a real difference in the lives of others. The hugs from patients in clinics years and years after you first met them after a cure. A simple thank you card. The elderly lady that no fail brings a Christmas cake to the emergency department of an evening in December every single year because some 20 odd years ago they saved her son. Looking after the last speaker of an Indigenous language and all the history and culture that is carried within him alone. That elderly Greek lady that stops in her tracks if you run into her at the shops and religiously crosses herself madly because your chemo unit looked after her husband with colon cancer back when you were just an RMO. The things that will stop you in your tracks - sitting with a World War two stretcher bearer for the Red Cross as he lay dying in the hospice (just in him alone - the enormity of the life experiences he would carry with him when he passed). The young woman dying of lymphoma with her laptop open by her beside on your ward round and that screensaver of her children pretty much the same age as your own. The first time you come across an adolescent dying of osteosarcoma and have to have a DNR discussion with him. The beauty that you see in getting to know patients and their families and walking with them through it - diagnosis, treatment, good outcomes or poor - and doing it as best you can with dignity and respect for the enormity of their life. The places you can go - parts of the world that few others will see. The constant stimulation of a profession that is so human and scientific all at once and the constant learning and challenges that test and stimulate you. I wouldn't do anything else.

Dr Maxine Moore established a medical humanities stream in the year two MD this year. In it was a medical memoir elective. It was filled with beautiful books written by medical doctors - from their perspective as practitioners; and from their perspective when they become patients themselves (including dying patients - read "When Breath Becomes Air" by Paul Kalanithi.... it is as beautiful as it is sad). In "Beyond the Stethoscope" by Lucy Mayes, Dr Glenn Colquhoun wrote "How do you make somebody see something?... (this) sort of stuff is hard to teach at med school because really, let's face it, medical students - and I was one of them - they just want to know what's on the exam..." "I need to know the knowing before I can concentrate on

the touchy feely stuff"... That's the way we think. It's a currency. Most of them are ripe for it, most of them are quite open hearted; they're idealistic, they care. But it sort of dies for a few years while they focus on all the science which needs to be learned. People tried to teach me this but I needed to know the root of the twelve cranial nerves... So I'd have two medical schools: the traditional med school, and then another one after two or three years of practice. They tried to teach me consultation skills, but I didn't have consultations under my belt so people talking to me about consultations didn't make sense - I didn't understand that they have a life of their own. I'd love to have taken a year and then gone back to med school, because then I would have had more of a chance to know what I really wanted and needed to know.... In the second med school, I'd say to young doctors: "Trust your feelings. Talk to people. Have a mentor. Have someone you can ask fearless questions of, with whom you can pick up the phone and be vulnerable. Develop a relationship with someone who doesn't make you feel stupid, or that you're an imposition. At some point also accept the power that comes with your position and use it with some wisdom. Hang out with people with Alzheimer's. Go spend the day with Auntie Kate chopping firewood. Just look at all of life. What is it that makes us us?" How amazing would that second medical school be? That is what I'd love for all of you (us). But I understand that it is oh so hard and that there is so much of the science and knowledge for all of you to learn. And that for many of you, you likely feel that you are in the absolute thick of it. And the next progress test.

"But that second medical school, and the times in your life when you have space to breathe it in: therein lies medicine."

- Tina Noutsos



THE IMPERATIVE TO CHANGE

ASSOCIATE PROFESSOR WILLIAM TAM AMA(SA) President

Times are changing in medicine. More than before, recognition is growing that we need to do much more, and be much better, at fostering and supporting mental health and wellbeing in the profession, and in having the right supports in place for when we, and our colleagues, are in difficulty.

As AMA(SA) president, from the outset of taking this role, many of the issues I have been speaking on have been laid out by circumstances – decisions taken by government, or others, and impacts on patients and the profession. Radiology outsourcing; pathology job cuts; EPAS; the wash-up of Transforming Health; the opening of the new RAH.

It is a privilege to speak for the profession at these times. But one of the issues that to me is the most pressing is one that is not made for us by politicians or policy makers, or our sick patients. It is one that the profession makes for itself, and it extends across all our specialties and in every location.

The World Medical Association's Declaration of Geneva spells out our calling:

I solemnly pledge to consecrate my life to the service of humanity ...

It also says ...

My colleagues will be my sisters and brothers;

They are telling words. Medicine is a tough profession, and there is a school of thought that we need to raise our doctors to be tough. But the work is tough enough. We need to be much kinder to ourselves, our families, and each other.

Some years ago, a member joining the AMA(SA) scrawled a note on the membership form in the section where it called for a pledge to do many things, including putting patients first. The note reminded us that doctors must first look after themselves, in order to be able to look after patients best. At the time, it seemed a bit literal. The oath was not meant to indicate that our shingles would be out for patient calls at any and every hour, at the expense of our health, our families. But we do need to recast how we talk about these things, and how we do them.

The AMA(SA) has called for a “people-first” health



system for South Australia. That has partly been a response to government enthusiasm for new building projects, sometimes at the expense of the services, and people, they should house. But a people-first system is also about culture and work conditions. The AMA has long campaigned for Safe Work Hours, but we are not there yet. We are also not there yet on the conversation about doctors' health overall. The medical profession is privileged in so many ways. Yet, too often, we apparently can't ensure for ourselves the basics of a balanced healthy life – physically or in spirit. Our sphere of achievement cannot just be the care we deliver patients, the research wins, the treatment innovation. Even with the good works many seem to take up in addition to everyday practice or study – volunteer work, charity marathons. It is laudable and excellent; but it is not the sum total of a good doctor.

We need to recognise and promote that to be a good doctor you must also be a good colleague, mentor, leader or teacher. And, a good patient. Increasingly, we will be judged on this.

That is where medicine is going; and it is where it must go to stay relevant, to stay healthy, and to retain the respect and trust of the community. If medicine is meant to be “in the service of humanity”, we need to remember that our patients are not the only humans who need our care. I see the responsibility that rests with those of us in leadership roles within the system now, to do better. I also see a lot of promise in you – those who are coming after us – to carry on the ongoing change that is needed. Ultimately, the future of medicine is not up to us, it is up to you. Be brave, be bold, and be kind, and it will be better yet again.



Flinders Medical Students Fundraisers

Seeds of Hope

All funds raised will be donated to Flinders Foundations
to support their continuous dedication to cancer research

Medical Students Arts Exhibition

FMC Level 2 (Courtyard) Community Gallery
12 November 2018 – Mid January 2019
All artworks will be available for purchase*

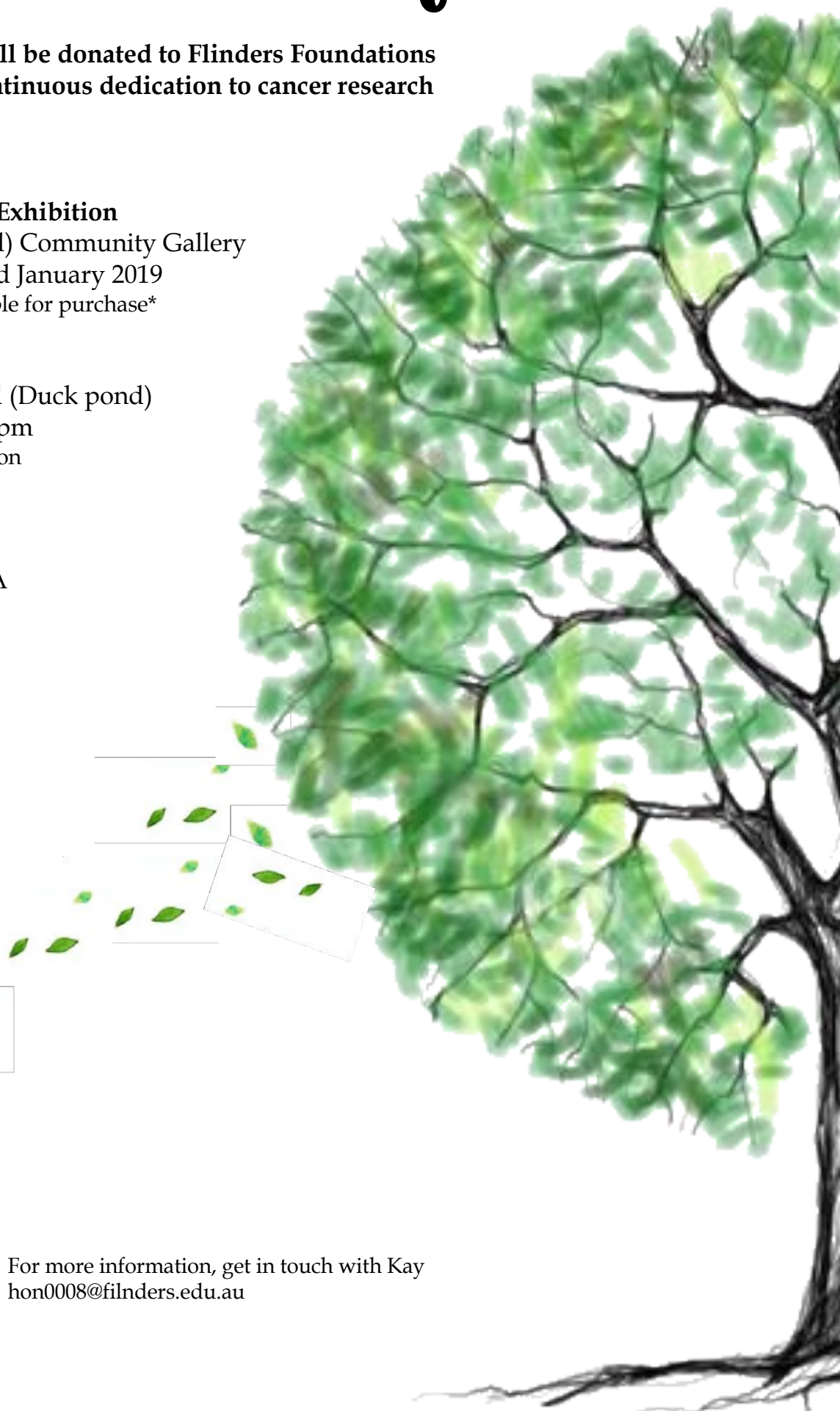
Lunchtime Concert

FMC Level 2 Courtyard (Duck pond)
21st November 2018, 12 pm
Voluntary gold cold donation

Bake sale – TBA

Merchandise sale – TBA

ID cards badge reel



For more information, get in touch with Kay
hon0008@flinders.edu.au



NUCLEAR WEAPONS AND MEDICINE

DR SUE WARHAM

President, Medical Association for Prevention of War (Australia)

Board Member, ICAN Australia

Last year, an historic breakthrough was made in the struggle to abolish the world's most terrifying and destructive devices, nuclear weapons. On 7 July 2017, the UN adopted, by a strong majority of member states, the Treaty on the Prohibition of Nuclear Weapons (TPNW). This is the world's first treaty to comprehensively prohibit the development, testing, production, acquisition, transfer and possession of these weapons, and assistance with or encouragement of any of these activities. Its goal is to stigmatise the weapons, as other weapons of mass destruction have been stigmatised, as an essential step towards their elimination.

The Treaty has particular significance for medical professionals in Australia, because the campaign which was pivotal in achieving it - ICAN, the International Campaign to Abolish Nuclear Weapons - was born here. In 2007 the Medical Association for Prevention of War (Australia) launched ICAN, with medical doctors in Melbourne taking the lead. ICAN was awarded the 2017 Nobel Peace Prize for its ground-breaking achievements. However the Australian government has consistently opposed the Treaty and refused to sign it.

The urgency of this issue has been recognised in many forums around the world. On 26 January this year the hands of the Bulletin of the Atomic Scientists' Doomsday Clock were advanced to two minutes to midnight, the closest they have been since 1953. In November 2017, the International

Red Cross and Red Crescent movement reiterated its "longstanding and deep concern about the catastrophic humanitarian consequences of any use of nuclear weapons", and welcomed the new Treaty's "historic adoption".

In April this year the World Medical Association also welcomed the adoption of the Treaty and called on all states to promptly sign and ratify it.

Founding chair of ICAN and Melbourne physician, Assoc Professor Tilman Ruff, most recently co-authored an article in the 9 May, 2018, New England Journal of Medicine, "The 2017 Nobel Peace Prize and the Doomsday Clock - The End of Nuclear Weapons or the End of Us?" The article concluded "ICAN's Nobel Peace Prize is a step toward mobilizing citizens worldwide to help ensure that humanity survives the existential threat posed by nuclear weapons. The Treaty on the Prohibition of Nuclear Weapons lights a path that all countries can take. The stakes could not be higher."

There is much that individual medical doctors, other health professionals and students can do to address this most grave threat to public health. Endorsement of MAPW's Health Professionals (and students) statement, which you can find here, calling on the Australian government to sign and ratify the ban treaty, and distributing the statement to colleagues, are valuable steps. Ensuring that medical bodies such as AMSA have a policy in support of the Treaty will also add to the momentum here in Australia. MAPW Australia also values new memberships to strengthen our advocacy on this and other issues.

In addition to its work for nuclear weapons abolition, MAPW works also to reduce the impact of armed conflict generally. Australia has been at war so long - continuously for nearly 17 years - that this has become the "normal" state of affairs for us. Currently, as a nation, we spend approximately \$99 million every day on war and preparations for war. However our wars are fought elsewhere so that, by and large, other people pay the price, and most of them are civilians. Decisions to go to war can be made by one person alone, the Prime Minister, and are not even debated in our parliament.

As well as the human death, injuries and ill-health on a huge scale which wars bring, we must add to the costs the destruction of health services, floods of refugees, environmental devastation, and the huge amounts of fossil fuel burnt by modern military machines. War is anathema to health.

The Australian government plans to drastically increase our weapons exports, which means Australia will be increasingly reliant economically on warfare. Weapons makers and their money are cropping up in many places including our universities, prompting students in a number of unis across the country to initiate the Books not Bombs campaign. MAPW's "Australia: Stop Arms Promotion" campaign is also addressing Australia's support for an increasingly militarised world.



SHIPS IN THE NIGHT: You are not alone in your journey through medical school

DR JAMES PADLEY

Clinical Educator

I have come to think of medical training like a long sea voyage, and students and doctors-in-training like explorers setting off from one shore to find another. We might have an idea of what the distant shore will be (graduation, becoming a surgeon, or even a rural GP) but we don't always know what to expect on the journey. We set off optimistic under blue skies. Then inevitably we encounter dark skies and storms that threaten to sink us in our little ships. Whether it is the constant assessment during medical school, the steep learning curve of internship, or the challenges of training programs, as doctors we are human too and all too frequently encounter feelings of anxiety, depression or burnout. Like a prevailing wind, medicine has a culture of silence around mental health issues in doctors. Few have spoken up publicly about the issue. But rather we are left to read heart-breaking letters in the paper from families who have lost loved ones to suicide; doctors who have invariably been hard-working and cared deeply for their patients. I can count more than three whom I knew personally or through one degree of separation. I have known other talented junior doctors who also lost their battle to addiction.

I know the feelings personally as well. I was a junior registrar working at a regional hospital away from home, and my son had just been born; he was only a few weeks old. I was working long shifts and nights and studying hard for an exam. I was feeling incredibly guilty at being away from home, let alone adjusting to being a new dad. Fatigue and guilt crept up on me until one morning I awoke at 3am and broke down in tears. Not knowing who to turn to, I rang the beyondblue hotline and heard myself finally admit that I wasn't coping. It was a hard few weeks and months and I took time off to heal and achieve a better balance. But up until then I had just been plugging holes in my rickety boat, ignoring the signs, not wanting to reveal that I was struggling. Poor mental health in medicine is a story about what happens when doctors are forged rather than nurtured. Medicine remains a culture in which there are many unwritten rules and a pervasive belief in the "rite of passage". A spotlight has been shone on bullying and stress particularly in specialty training programs, but there is still an implied suggestion that we should "feel free to cope". As junior doctors we are reluctant to speak up if we are struggling because we feel it might jeopardise our progression through training. But on a deeper level we believe it might reveal chinks in our armour, that we might not be good enough. At times when we need most support, as doctors we tend to make islands of ourselves, ignoring signs of distress in ourselves as well as our colleagues.

When I spoke up about my own struggles, I was humbled by experiences of other doctors, particularly senior colleagues. Doctors who I had looked up to, who appeared incapable of being rattled, confided in me about their own challenges through training. Doctors who I had respected as expert caring practitioners told me about their own experiences with mental health issues, stress or burnout, dealing with clinical errors, or family problems. This was astounding to me that they were human too, and an incredible comfort. As students and doctors, we are all on the same difficult journey through training, weathering the



same difficult storms. But like ships in the dark of night, we pass each other feeling isolated and alone.

How do we navigate the storms and challenges of medical training? Particularly when around us life is also trying to happen; getting married or raising a family or buying your first home. There has been much emphasis placed on developing resilience or internal strength. However, many doctors and families of doctors who have lost their lives to suicide have spoken up about the "resilience myth". Junior doctors are faced with long working hours, competitive training schemes, fragmented care and patients with more complex chronic conditions, which are challenges to even the most resilient. The system and culture in medicine also need to be addressed.

On our long journey there are sources we can turn to for help. Sometimes we need a lighthouse – a meaning or purpose. Why do you want to be a doctor? What sort of doctor do you want to be? Talking to a colleague or GP is very helpful. Sometimes we need to ask tough questions. Is a certain specialty right for me? Is medicine right for me? You wouldn't be the first person to change from medicine to an entirely different career. Think about writer Arthur Conan-Doyle, creator of Sherlock Holmes, or filmmaker George Miller who wrote and directed Mad Max, both one-time doctors.

Sometimes we need a life raft – things to rescue us when we are feeling at our lowest. Exercise. Socialising. Rest. Doing something completely different. Art. Playing music. We get so lost in the constant expectations to study, revise and perform that we forget that we are also human, with biological imperatives to eat and sleep well and feel socially connected.

Sometimes we need to prioritise being human first and being a student or doctor second. Dr Geoff Toogood, a cardiologist in Melbourne who started crazysocks4docs asks us to consider 'how can we help others unless we are well ourselves?'

As students and doctors, we can be a voice for change in how the profession moves forward in dealing with doctors' mental health. This must start with how open we are about both the culture of medicine and how accepting we are of being vulnerable within it. Many students and doctors thrive under pressure, and many of us demonstrate extraordinary resilience in everyday situations often with little support. In a tribute to Sir Edward 'Weary' Dunlop, who created a mobile surgical unit on the frontlines and became a prisoner of war in 1942, fellow prisoners wrote that "when death and despair reached for us, Dunlop was a lighthouse of sanity in a universe of madness and suffering". We might not all be as resilient as Weary, but we certainly need a lighthouse in times of despair.

For all those reading, please read more. Read about doctors who have spoken up – like Geoff Toogood, a vocal champion for doctors' mental health and Nikki Stamp, a young cardiothoracic surgeon in Sydney who is equally vocal on doctors' mental health issues and gender equality in medicine. As a medical community we need more Mental Health Champions like them who will put up their hands, so it's not just footy players and billionaires who can share their mental health journey in a public forum.

Studying medicine
will open many doors,
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TITLE DEED

OPINION

When You Worry, You Suffer Twice	\$18
How to Survive Internship	\$19
Mature Med Student Mumma	\$25
How to Care for Medical Students	\$27
Mama Chu's Wine of the Week	\$27
Mindfulness Meditation	\$28

WHEN YOU WORRY, YOU SUFFER TWICE

RICKI BYAS

MD1, Junior AMSA Rep

Without a doubt, medicine is a stressful course. It asks so much more of the students than any other degree, and sometimes it can be hard not to let it get to you. Stress may affect us all differently, and we all know some people who are laid back before a test, and others that are complete stress-heads. I like to think I'm one of the former, and as such I've been asked to share a few of the approaches I have for dealing with study-related stress.

Firstly, make a to-do list. Knowing what you need to do and being able to allocate time to do it means you won't be stressing about fitting everything in. When I was doing honours in my previous degree and nothing was going right, and I didn't know what to do was when I've been the most stressed in my life. After making a plan going forward with my supervisor, it was amazing how much better and less anxious I felt.

I make sure I take breaks from study... probably too many. I'm a horrible procrastinator (in fact I'm writing this instead of studying). I make so many cups of tea when studying at home as it's a little three minute break from studying. I'll also make sure I do



something every few hours that's a longer break, and more distracting from what I'm doing. Whether that's taking the dog for a walk or watching an episode (or two or three) of Brooklyn 99. Even if I'm feeling overwhelmed by the amount of content I need to cover, those breaks are necessary to stay focused when actually studying.

Sharing the load of your burdens is very helpful in relieving study-related stress. That could be just discussing it with a friend or family member. Even if they can't offer any help, venting your frustrations can reduce the stress. A new study strategy I have adopted this year as opposed to in my previous degrees is studying with friends. It makes studying seem less like work and more fun, and also you can pick up on each other's gaps in understanding or lean on each other's areas of expertise.

Lastly, don't worry about what you can't change. If you haven't studied as much as you would've liked, stressing is only going to make things worse. I get a nervous stomach before exams, and yet as soon as I head into the exam it goes away. I know I can't do anything more, so why worry about it. And if you don't end up doing as well as you wanted, at least you have something meaningful to write about in your Mahara portfolio.

These are just a couple of ways I prevent getting stressed from uni. You may have other strategies that work for you, and I implore you to seek out advice from each other. Remember that when you worry, you suffer twice.



HOW TO SURVIVE INTERNSHIP

DR HANNAH SZEWCYZK

Chair of the AMA(SA) Doctors in Training Committee

You're going to be given a lot of advice when starting internship. About fifty percent of that advice is going to be people telling you to be nice to nurses. Another twenty percent is going to consist of people telling you to exercise regularly, get enough sleep and eat well. The former is annoying as it seems unnecessary to tell a group of adults that they should be nice to other people. The latter is frustrating as it is equally as obvious but implies that you will have the time and energy to live this ideal lifestyle, and that it's your deficiency if you don't.

The reality is, internship can be tough. You'll be working long hours (likely including a lot of unpaid overtime), have new responsibilities and probably suffer with imposter syndrome. You may feel pressure to be perfect with expectations from others to be thorough, know exactly what's going on with all your patients, be able to answer their questions as well as making sure that you leave on time. Not to mention you'll be trying to juggle your work with family commitments, social events and any other hobbies or interests you have.

As you go through your RMO and junior registrar years you're probably going to claim a bit more of that overtime and your clinical confidence will improve, although it can be very difficult for some of us to shake that imposter feeling. With the current issue of the training bottleneck there also exists the need to study, work on research and build your cv in your "free time" to give you an edge when trying to get in to your desired training program.

It's not all doom and gloom though. Your first years working as a doctor can be very rewarding. When a person comes to the hospital seeking help, and your management or simply the way you interact with them leads to a significant improvement, you'll get the warm and fuzzies and remember why you wanted to be a doctor in the first place. You might have moments where you realise that you actually know what you're doing which can give you a burst of pride. A hospital is also a social and buzzing place to work and there's a huge sense of camaraderie amongst the junior doctors.

The truth is, no one can tell you "how to survive internship" as everyone's experience is going to be very different and so many different factors contribute to what your internship year will be like. As a PGY3 doctor in the thick of the junior doctor years, what I can do is share some insights relating to my experiences in the hope that they might be helpful.

Carry a cheat sheet. As an intern I had a little pocket book containing common drugs I prescribed and their doses. This was a handy way to be able to chart medications quickly without having to look up doses every time and was particularly useful in emergency situations. I'd add to it as I went and eventually I learnt the doses and didn't need it anymore. Although my pocket book has changed, I still carry one, more as a security blanket now than something I frequently look at.

Take your time. Initially you might feel overwhelmed by your workload and feel like you are being too slow. Try to ignore the pressure to be quick and focus on one job at a time and do it properly. Even if it takes a while to look things up and get the job done, you'll do it properly and learn so that you know what to do next time. Everyone else is too busy to notice that you might be taking a little bit longer to get things done.

Ask for help. If you're not sure what to do and can't find the answer, ask for help. You might feel like it's a silly question, but it probably isn't. Even if it is, no one is going to remember. What they will remember is if something goes wrong because you didn't ask

for help. Plus, internship is the time to ask questions. Ask them while everyone knows that you're junior, then you'll have the answers for later.

Don't sweat it if you make a mistake. When you make a mistake at work it might feel like a huge deal and like others are mad at you. You'll probably go home worrying about that mistake and stressing about going back to work the next day. I've had that experience plenty of times. Chances are, when you go back to work the next day everyone has forgotten about it and everything is fine. Even considering the importance of our work, most mistakes won't have serious consequences. Try to look at your mistakes pragmatically as learning experiences. You'll never make those mistakes again. Getting asked about clinical errors is also a pretty common interview question so take note and hold on to those stories for later.

Make your home a haven. You'll be spending a lot of time at work so home should be a place of comfort and relaxation. A place that makes you happy, that you look forward to coming home to. Set it up in a way so that you enjoy spending time there. Personally, I'm a fan of candles and flowers.

Treat yourself. You'll finally be earning some decent money so reward yourself for all the hard work you're doing. Get a massage, go out for a fancy dinner or order that nice glass of wine. You've earned it.

Use the supports around you. There'll be a large group of people in the same boat as you, whether it be other interns at your hospital, or friends from medical school who are working elsewhere. Talk to each other, grumble about people who were rude to you at work, share stories about interesting cases or a funny thing a patient said. Share the experience of what it's like to work as a junior doctor and laugh or cry as needed.

Don't go it alone. Working as a doctor can be difficult and overwhelming. There are plenty of doctors out there who struggle with burnout and mental health problems. No one is alone in this and over the past few years awareness of these issues has greatly increased thanks to people sharing their stories and campaigns like Crazy Socks 4 Docs. Services have also increased and timely, confidential support from doctors who specialise in caring for other doctors is available through Doctors' Health SA.

The most important thing I can tell you is to survive internship in whatever way works for you. Whether you love every minute of it or find it a struggle, you'll come out on the other side with new friends, increased confidence and the opportunity to pursue a myriad of different career options.

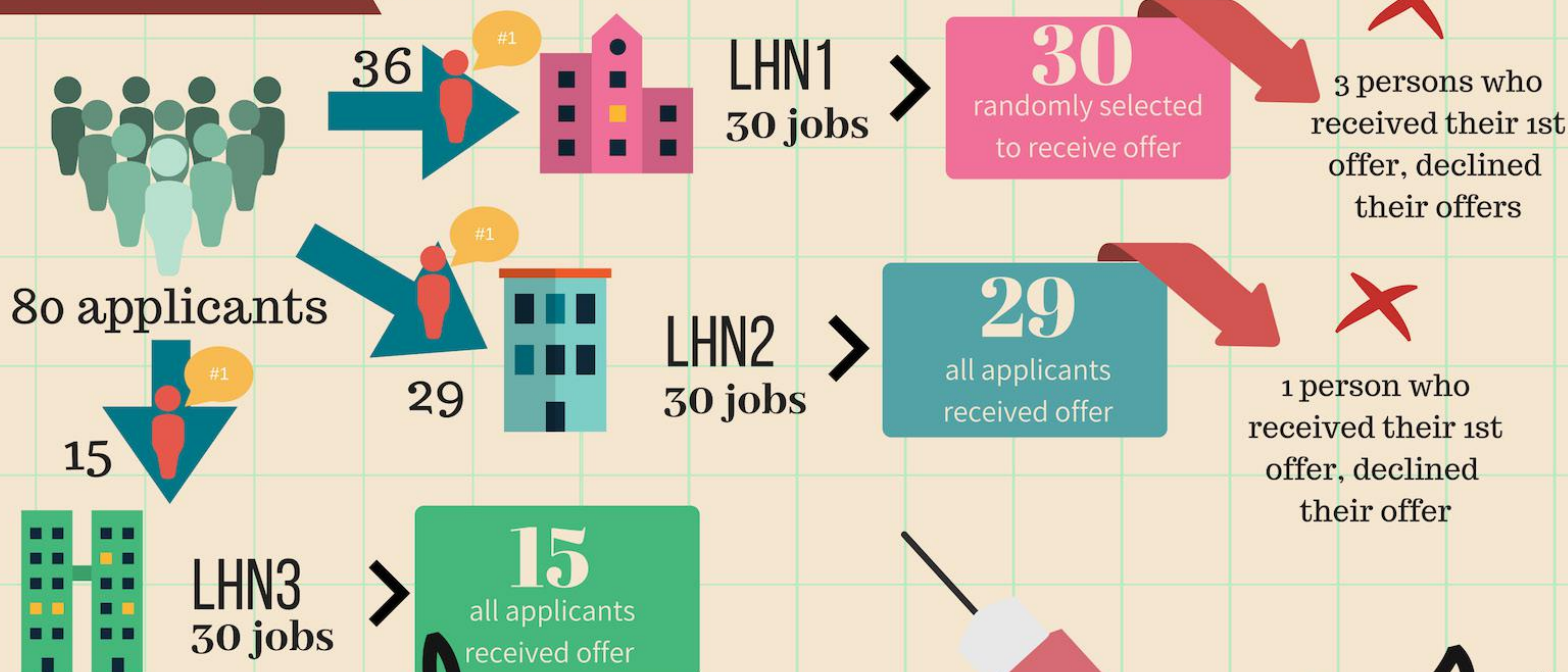
If there are things about working as a doctor or our health care system that get your goat, make your opinion heard and team up with other like-minded people to shake things up and improve the system. There shouldn't be the need to talk about how to "survive" your job. The AMA(SA) has a Doctors in Training Committee that exists to advocate for doctors throughout all levels of training from internship through to fellowship. If you are an AMA member and want to raise an issue or get involved feel free to get in touch with me at DITChair@amasa.org.au. If you are interested in the services provided by Doctors' Health SA go to <http://www.doctorshealthsa.com.au/> where you can book after hours appointments or find the phone number for their 24 hour advice line.

Good luck for your internship! You've got this.

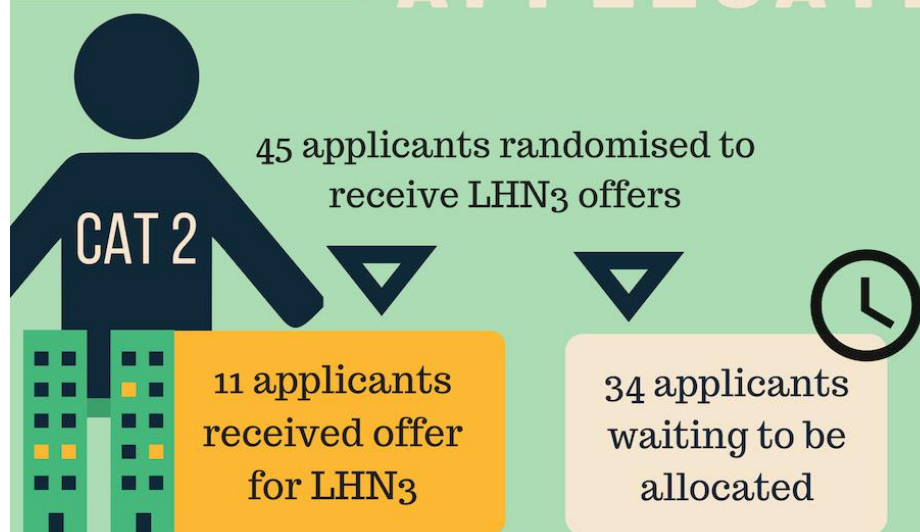
ROUND 1

maximise 1st preferences

1st preferences:



SA Internship APPLICATION PROCESS



...subsequent rounds

every person will receive only ONE offer from SA Health. Once you have received/declined any offer, that's final as per SAMET 2018. You will not receive any further offers for this year.

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ROUND 2



LHN1
2 jobs



LHN2
5 jobs



LHN3
15 jobs

preferences

1 2 3

STEP 1

Applicants 1-6 are
randomised to
receive LHN1 offer

STEP 2

if LHN2 is
available,
applicants will be
randomised to
receive LHN2
offer.








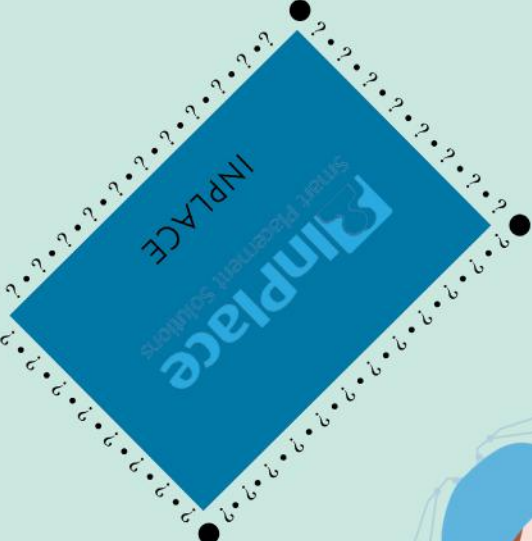






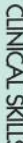







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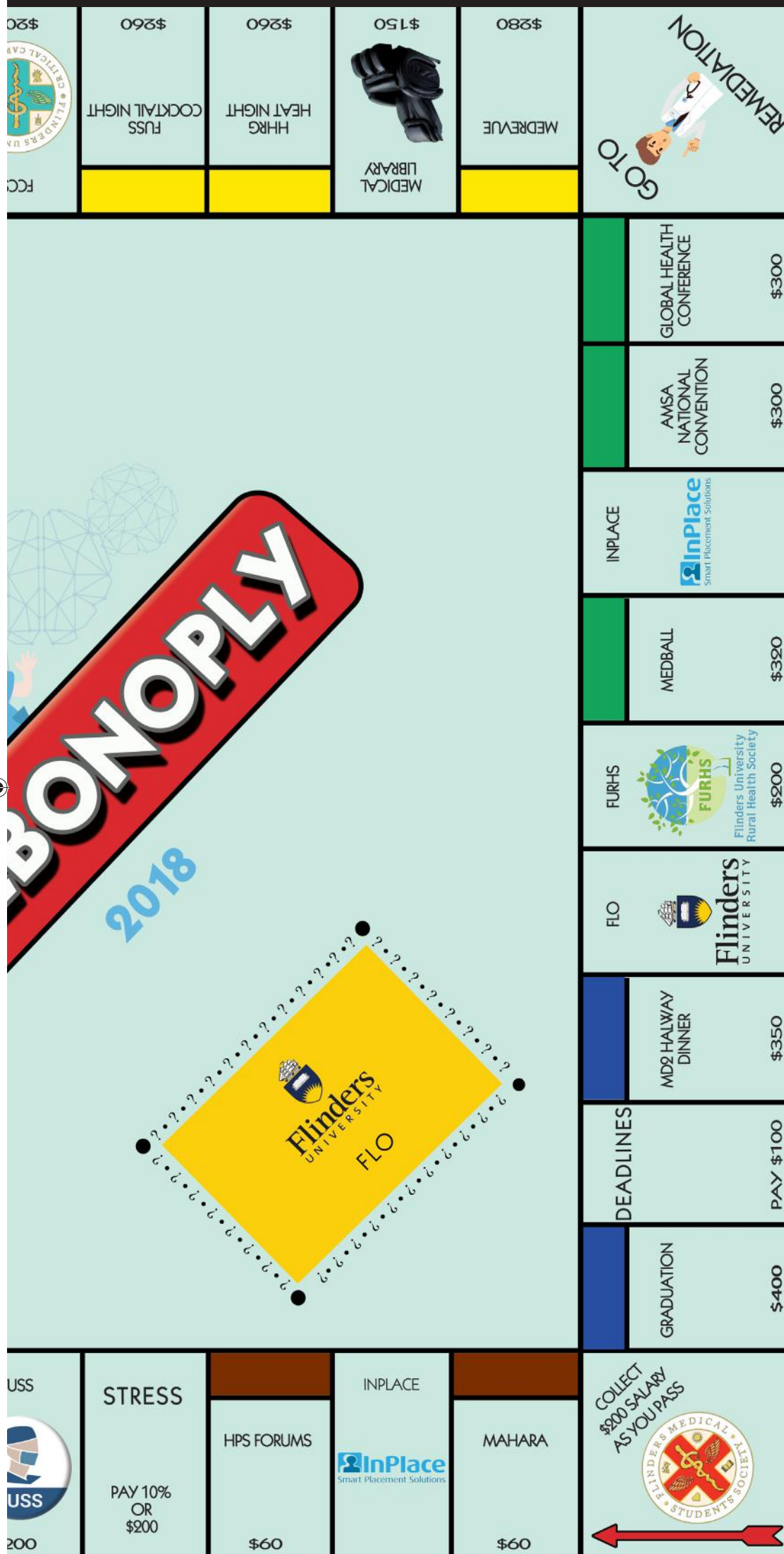
APPLICANT



Information relates directly
to 2018. Further informa-
tion can be obtained from
samet.org.au

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ROUND 3

 FUSS \$200	 FMC \$240	 DARWIN \$220	 FLO \$220	 TREAT YOURSELF \$220
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 FUSS \$200		 TBL \$100		



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BEING A MATURE MED STUDENT MUMMA

ANGELLA CAMPBELL

MD2

I am an extremely busy person; mum of three, two jobs, all the while maintaining friendships, chores, family life and passing Medicine. Many of the younger students are curious as to how I seem to manage it all. To be honest, how well I manage fluctuates on a day to day basis. I come from a nursing background. The first thing you learn to do in nursing is time management. It is a critical skill and one that continues to get me through each week. I'm also a multitasking queen. I often drive or get my housework done with the lectures playing in the background and I am subscribed to a series of YouTube channels that summarise course content wonderfully.

Being busy is somewhat of an asset. They say that busy people achieve a lot and its true, it's pretty much an attitude of just getting on with what needs to be done because you don't have a choice. But I can be the most amazing procrastinator too, it's my way of coping with anxiety. The truth of it is that I am a jack of many trades and an expert at none. Life fluctuates. Some days I am a better medical student than mother and I have to accept that.

I struggled in the first few months of Medicine and so I'm not sure whether I am in the position to give advice but here is what I have learnt personally along the way.

1. Check your expectation. My experience with expectation set me on the war path to disappointment from day one. There was a lot of expectation placed upon me (by myself) that I would thrive studying Medicine. It was my passion after all, I was fulfilling the dreams of a 17-year-old and I already had such a wealth of knowledge coming from a nursing background. Trying to achieve everything was a nightmare. In May last year, I needed to re-evaluate what was achievable for me. Expectations in life can really set you up to fail, as will comparison. Create realistic goals and remember to take the time to celebrate and congratulate yourself. You have to acknowledge your achievements along the journey.

2. Be okay with the feeling that you're never going to complete everything to your satisfaction. Most of us are of the A personality type. People like us love to strive for the best, do the best and be the best; it's what makes us such amazing people and doctors. But in Medicine there is so much to learn and do, and at times it's just not sustainable to be giving your all to everything, every day. This will deplete you; so know when it's time to aim high and when it's ok to simply get the task done. Medicine is a

profession of lifelong learning and the best physicians will tell you they have accepted to never knowing it all.

3. The sooner you surrender to Medicine taking over your life, the sooner you can get on with it. I find that reminding myself that there are others out there dreaming of being in our position helps me to check myself when I want to whinge and moan about the workload. I give myself permission to immerse myself in my passion and think about all the skills and knowledge I am acquiring for my tool box. This analogy assists with ownership of my learning, only I can be responsible for adding to the toolbox and by the time I am done with the four years studying, I hope to have an array of good sturdy tools to choose from.

4. Be prepared to get it wrong. This is your time to make mistakes and grow through them. Recall the last time you really learnt something thoroughly. Was it because you got it right and were commended? or was it because you were wrong and the weight of that really shook you to your core? Often our mistakes are our biggest learning moments, so go out on a limb, take a risk and have an educated guess. Embrace your student status and be open to being taught through constructive criticism. Learn to not take things personally.

5. Don't compare yourself to others. Everyone will have challenges; Academics, patient interaction, skills, team environments, interpersonal skills etc. The only competition you should care about is you and as long as you are making progress, it's enough. Remember other students are generally too stressed or too focused on how they are performing to judge what you are doing; besides, what others think about you is none of your business (ie. you can't be responsible for how people choose to see you, if they are of the opinion type, they will have opinions either way, and you have no control over that).

6. Habit forming will be your saviour. When motivation wanes (and it will) habit is what will keep you on track. Learn to manage your 'feelings'. You are rarely going to 'feel' like studying, but habits and consistency get the work done. Consider reading 'The Five Second Rule by Mel Robbins', counting down and engaging the prefrontal cortex will be your saviour when procrastination has taken over.

7. Getting up early and prioritising my needs first. I get up around 5.30am, this gives me time to read a non-medical book, exercise, journal, meditate or walk the dog.

I really enjoy my time watching my favourite lifestyle YouTubers and a relishing a quiet cup of coffee. Setting your day up positive and attending to your mindset fosters good mental health and acts as a reminder that you are more than just a medical student.

8. Have routines for things. Like Mahara Mondays, packing bags or lunches, getting exercise done first thing and blocking out your calendar. Decision fatigue is a real thing, so automate as much as you can. Things like laying out my clothes, meal prepping and having routines relies on patterning and conserves your energy for the real decisions like whether or not should write that Mahara.

9. Don't isolate yourself from your cohort. In my first few weeks I thought I was the only one struggling. I isolated myself thinking I was 'the weakest link' in my group and I missed the opportunity to connect with others who felt the same, confirming that I wasn't alone in my struggle. Being open in feeling overwhelmed is OK, I am much better at admitting my vulnerability and I think it makes me a more transparent and approachable student and colleague. People connect better with those that are authentic and honest. It takes a lot more energy to pretend to be something you're not, than owning who you are.

10. This goes without saying; be respectful of staff and lecturers. These are your future colleagues; the Adelaide health community is very small, and they hold a lot of say when it comes time to recommending your progression. This means being mindful of titles. Professionals make a lot of sacrifices and work hard to achieve their success. Out of politeness people will often ask you to address them by their first name, however demonstrating integrity and professionalism sometimes means addressing them by earned titles. This is probably ingrained in me since I have a Military background, but I personally think it's important.

11. If, like me, you have children; Remember they want quality over quantity. You would be surprised how quickly children lose interest in an activity once they have your full engagement and attention. I find that 20 minutes most days of dedicated, focused one-on-one time is all mine need most days to feel validated in my life of crazy.

And finally.... **12. You don't have to have it together all the time.** If you drop the bundle it's OK. What we are learning is overwhelming. I'm sure most of us put an immense amount of pressure on ourselves to do well. I've become very good at juggling lots of balls (in the air so to speak) but better yet I have learnt that it's ok if they fall to the ground. It's life, so give yourself permission to let them fall, take a breath, pick them up and juggle them all over again.



HOW TO CARE FOR MEDICAL STUDENTS

A Pro-Positive Cohort Study

Mental health has been a focus point for FMSS in 2018, and the MD1 cohort has been lucky enough to have had several excellent events on the topic. The year has been a roller-coaster ride of excitement, emotion, and examination, and it's now more important than ever to look after ourselves and one another.

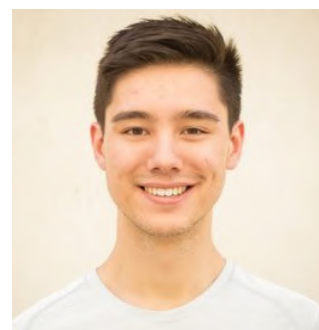
My experience this year has brought about a number of questions to mind regarding our well-being and what it means for us as we progress through the medical program. How will we set the mental health stage for our medical student lives? What role do we play in mental health in medicine? What everyday things can we do to make ourselves well beings? The answer to these questions is truly up to what we make them, but here's my take.

Our experience of mental health is unique to every member of the cohort, and there will be those with more run-ins with it than others. What should be shared is the empathy we show each other, and the effort we put in to support our fellow students – the simple 'are you okay?' can be so powerful here. I believe our role in mental health is much wider than

we might think at first. As first-year students, our engagement with each other and the older year levels is powerful in setting a tone of fellowship and family in the school, and I hope we take the opportunity to make our mark. Finally, the things we do every day to keep us well

don't matter too much – it's the 'doing' bit that matters. Whether it's reading, gaming, stitching or just sleeping, learning how to take care of ourselves is as important as learning how the heart pumps. I challenge everyone to care for themselves well, and to be mindful enough to notice the signs and symptoms of stress and 'treat yo self'.

I look forward to watching these answers develop over our time in the school, and seeing everyone develop into happy, and healthy, health professionals.



EMERSON KRSTIC
MD1, Education Officer

MAMA CHU'S WINE OF THE WEEK

CHULA MURRAY MD2

With the beginning of September, a change is in the air. The change of season can only mean one thing: the joy of progress testing. Whilst the jury is still out on whether this method of longitudinal assessment is beneficial to a medical student's HPA axis, the unfortunate reality is that we must continue to bow down to the medication gods and pray for mercy.

Some top tips to get through the rest of the year:

Be kind to yourselves, and to others. Medicine is a marathon, not a sprint, and the only winners in this horrific car crash that we call post-grad med should be your patients. Remember that you're not learning to be better than anyone else; you are learning to be better doctors to your patients.

It's easy for us to compare ourselves to others, especially when marks are broken down into minutiae. Take a step back and remember that your journey is different to everyone else's, and everyone adds something unique to the rich tapestry of our amazing vocation. If you bomb out on a PT or an iRAT, it's not the end of the world. Have a wine, Mahara about it (#triggered), and remember that life is more than med school.

Don't forget the work-life balance! Quality vs quantity. If you find yourself studying 100 hours a week, stressed and burnt out, ask yourself: is this benefitting ME as a human? Is it going to make me a better doctor? Or do I need to take some time off and watch the Honey Badger as he navigates the tricky world of corporate-sponsored polygamy? Go back to the first point. Medicine is a marathon, not a sprint. We don't need to cram our little skulls with every step of the Krebs cycle all day erryday. Watch The Bachelor, pm. It's good for you.

Finally: enjoy yourselves. Med school is just about the only time that you can actually enjoy the learning process. We have no responsibilities, it's virtually impossible for us to stuff something up, and there is always someone to ask for help. RMOs, registrars, consultants – they all KNOW that we know nothing. That's expected. So enjoy the journey – it's one hell of a ride.

Mama Chu's wine of the week is Lloyd Brothers' 2017 Grenache Rosé. The days are getting longer; and this means Rosé Weather™. This cheeky little McLaren Vale number will set you back \$20 (I know, way more exxy than a cask) but its floral notes and dry finish are the perfect accompaniment to some goat's cheese, maybe some prosciutto and, of course, Lloyd Bros very own olives. Treat yo'selves – summer (and summer holidays YAY) are on the way.

For those of you who know Chula, her KeepCup is labelled with "there's a rather large chance this is wine", so it was only right that we got her current wine recommendation for when you next have the time to relax and enjoy a beverage (in a responsible manner and within recommended guidelines)



NOV 2018 27

MINDFULNESS MEDITATION

LEWIS HEWTON

MD2 Representative (FMSS)

Most of us are aware of the benefits of preventative measures towards our health, be that eating well, exercising regularly or even maintaining personal hygiene. Something that often gets overlooked though is our mental health. It is a misconception to think that self-care for mental health is only for those suffering with mental illness - the reality of medical school is that it is at most times a highly stressful environment, and we all need strategies in our self-care 'toolbox' to look after ourselves. These 'tools' can be things we enjoy doing (sport, seeing friends, cooking, mountain biking etc.) but can also include self-care routines, including meditation. Learning to use these tools in 2018 is easier than ever with a myriad of online resources available, including a number of apps that guide you through the process.

I myself was pretty sceptical of the concept of mindfulness meditation initially. I'd never been a fan of 'meditation' which for me conjured images of sitting cross-legged in studio somewhere, trying to clear my mind while I struggle with my inflexibility and the shooting pain through my coccyx, reminding me that I haven't sat on the floor since grade seven. However, one of the apps had come highly recommended by a close friend of mine who works in a high-pressure sales environment, who had sworn that he was sleeping better, feeling more energetic and far less stressed since commencing using the app. I decided to give a trial version a go - what is there to lose?

The first day was a bit strange. I plugged in the headphones and listened to a man with a soft, soothing voice talk me through a ten minute meditation session. To my delight, I could do this sitting in a chair in the library (no yoga pants necessary! Although they may help - stay tuned). The process of clearing the mind and paying attention to the sensations of where I was currently sitting was also strange and quite difficult - something that the app had warned me about but encouraged me to proceed. Day two was much the same, as was day three, but by around day four I noticed the process getting a little bit easier, as it continued to for the following days. Fast forward a few weeks and while I'm not going to be teaching meditation classes any time soon, the process no longer requires any real effort on my part and is something I look forward to in my daily routine. The benefits of including daily mindfulness meditation have been huge too. Overall, I feel a lot less stressed, I wake up feeling more energetic and perhaps to my greatest benefit while studying, I find myself able to focus for longer periods of time which has greatly improved my study.

Some of the apps are a tad on the expensive side if you don't manage to catch them during a sale period - thankfully though many offer free versions of their app with some reduced functionality, or a trial period so you can try before you buy. They may not be for everyone, but each app offers a slightly different user experience and has something to suit most people. And hey, if you still aren't sold, you can always give it a try and then Mahara your attempt at improving self-care!



PODCAST RECOMMENDATION

FOCUSED AF

A podcast by Zach Valenti focused on prioritisation and self-care. Each episode ends with a guided mindfulness session. It provides a rare moment of stillness in all the noise of med-school life. It is aimed towards those in creative fields - so a good break from medicine. He also uploads videos on self-care on his YouTube channel.

- Anonymous student



TITLE DEED

GIVING BACK

Healing Garden	\$29
Community Update	\$32
Mental Health in Medicine in May	\$33
A Fresh View on Mental Health	\$34

HEALING GARDEN

CHRIS HOWARTH

MD2, ATSI Officer

We spend a lot of time inside the walls of FMC and most of us can say we feel instantly better the moment we step outside the doors. Just being outside can have a rejuvenating effect and this idea is backed by studies showing that just a few minutes of looking at some natural colour or at something growing can reduce anxiety, relax the body and even alleviate pain. Medical centres all over the world are starting to catch onto this and they're creating more gardens and green spaces within hospital grounds. Here in Kaurna country we have the additional advantage of drawing upon thousands of years of experience and culture to create something special.

So, back in 2016, the Poche Centre for Indigenous Health contacted student societies HHRG and FMSS with an idea to transform a patch of dirt into a place of cultural significance and healing. First Nations people have always had a strong connection to their Country, on a level that is sometimes difficult to understand. When the environment is so interwoven into every aspect of life

and over so many generations, it takes on a deeper meaning. This garden would be an attempt to demonstrate what these concepts might mean to someone unfamiliar with them, to reconcile different cultural perceptions.

In times of stress or sickness, returning to country is a vital aspect of the healing process. Reconnecting with Country can be like a reset button for the mind and body. We had plans of creating a place here at FMC where students and staff could sit and relax, get some sun, and wipe away some of the pain of perpetual assessment, if only for an hour. One day we even hoped to have a place so rich in plant and culture that we could bring Indigenous patients up to experience it.





We started with perhaps some overly ambitious plans. Wooden decking, vertical gardens crafted from recycled pallets, a waterfall 10 metres high. We got started with something easy. We broke ground and planted some trees and grasses that still thrive today. Except the ones that died. Still, it was great to get started and it was a lesson in actual garden work and how time consuming the process would be. Good thing it takes at least 4 years to do medicine.

Over the past three years we've held a dozen workdays and we were constantly surprised at how good the turnout was. People came with shovel and axe ready, rocking up on their weekend to get their hands dirty. People gave up their Saturdays and Sundays in weather conditions that alternated between bloody hot and just-starting-to-rain. We couldn't have gotten to where we are today without the help of these volunteers and we hope that everyone who earned a blister or a splinter feels a greater connection to this place. We knew we wanted to commission an artist to paint the sail poles and concrete planters, so we wandered the aisles of Bunnings, pretended we knew what we were doing and bought stuff to prepare. We gutted, painted, and tore up the dirt with plans to create a riverbed. It was all ready to bring in our local artist Liz, who toiled over the summer. It was the first time we saw the space come to life.

This brought us to our hardest workday by far. The delivery of eight tonnes of pebbles, dumped in a pile not close enough to where we wanted them. With shovel and stolen wheelbarrow we got them spread out, and afterward we cracked stubs to celebrate a job well done. FMC security were onto us within minutes but they were too late, we'd smashed those beers down.

Over the millennia, the Kaurna people developed an intricate knowledge of the plants in the area. Whether as food or medicine or both, the plants of the area connected the people to the country. And we wanted to do the same. So with some quick research and consultation we have planted apium, salt-bush and native fruits including emu-apples (*Kunzea pomifera*), native-raspberry (*Rubus parviflorus*) and sweet-apple-berry (*Billardiera cymosa*). We're still working out which ones are good to eat, and which ones might have you running to the FMC toilets - it's a work in progress. Feel free to experiment in the name of culture.

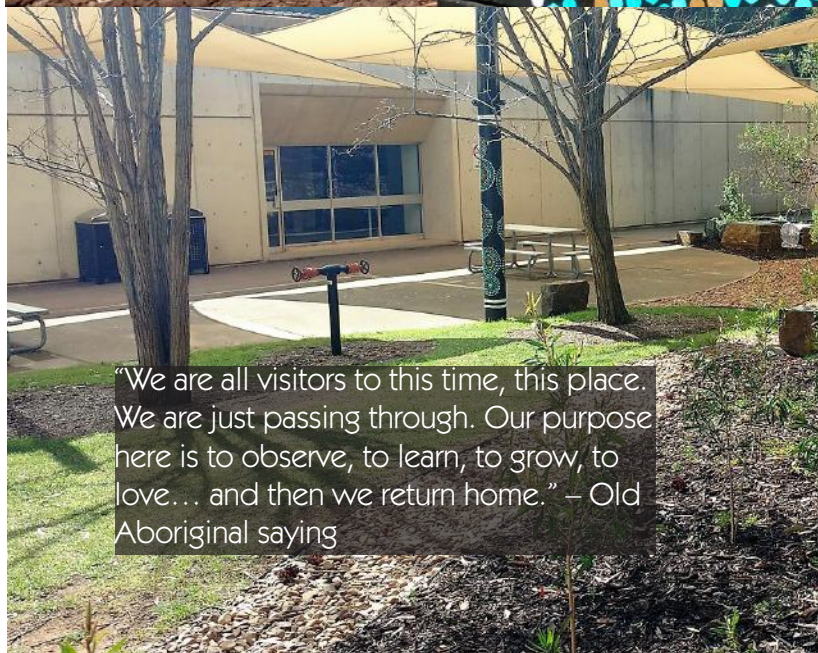
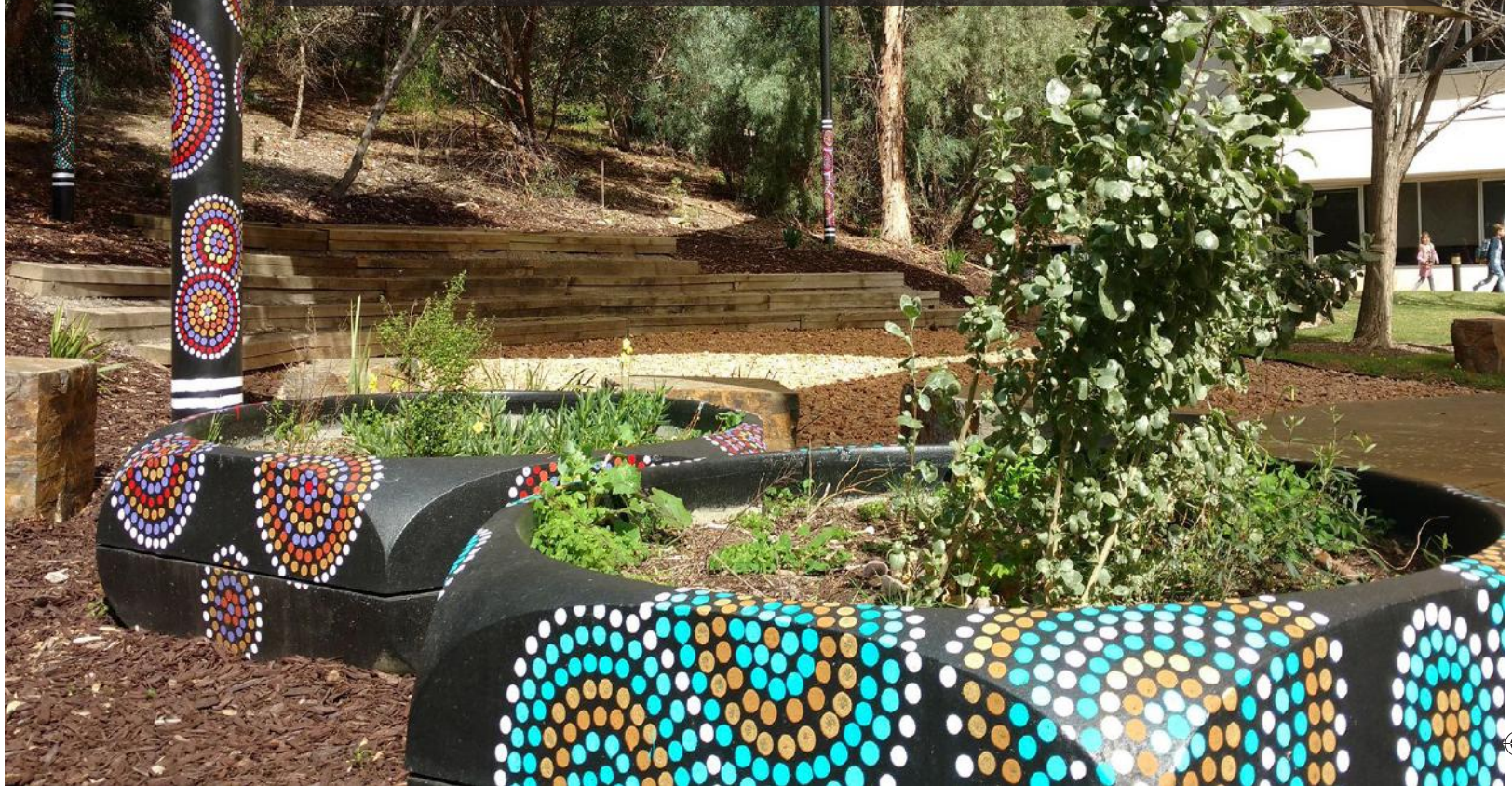
The garden is home to lots of animals. Like all First Nations of Australia, the Kaurna people feel a special bond to the animals that share the land they live on and we invite you to as well. The magpies are generally friendly and appear to have no fear of humans. This might be an issue come swooping season. The ravens are often mistaken for crows but are very similar. They're smart and they remember faces too so don't throw stuff at them. Koalas are common in this part of Kaurna country and we've had some visit the garden during workdays. All around the university the males can be heard grunting and bellowing during mating season and sometimes you can hear the koalas as well.

Early this year we sourced some blue granite boulders from the Barossa Valley. With the soft and subtle touch of a bulldozer, they were scattered across the garden to symbolise camp circles and a place to sit and yarn. We added some final touches in July with wheelie bins of mulch and we planted some *Diannela* and *Lomandra* grasses. We celebrated our hard work with dommies and pats on backs.

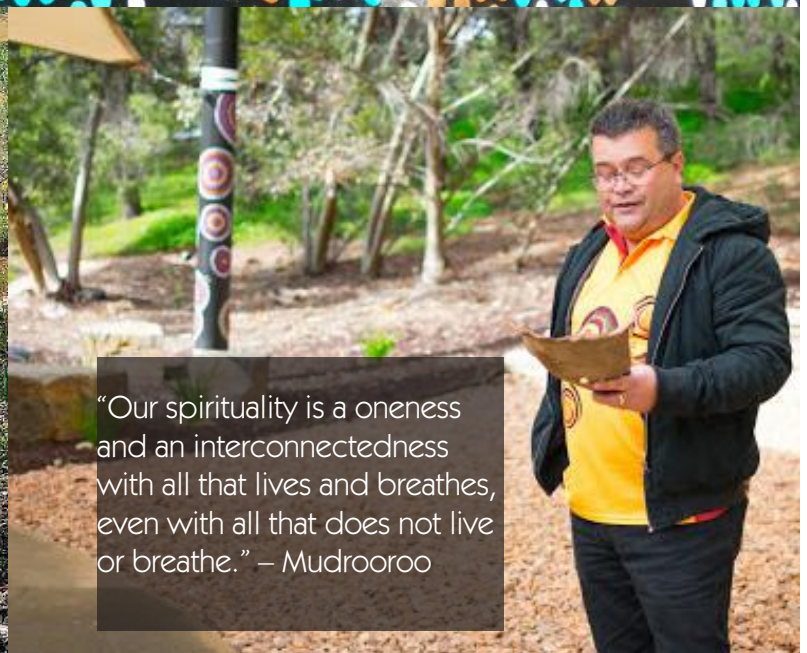
The garden was officially opened in August with Kaurna Elder Tamaru Kartinyeri. He started by welcoming to Country and inviting everyone to come to the space when they need to chill from the world of medicine. Tamaru is a cultural officer just down the road at the Living Kaurna Cultural Centre, offering workshops and walking tours of the Warriparinga wetlands. We had some food, and some teas that got stuck in people's teeth. Good times.

"To us, health is about so much more than simply not being sick. It's about getting a balance between physical, mental, emotional, cultural and spiritual health. Health and healing are interwoven, which means that one can't be separated from the other." – **Dr Tamara Mackean**

"We cultivated our land, but in a way different from the white man. We endeavored to live with the land; they seemed to live off it. I was taught to preserve, never to destroy." – **Tom Dystra**



"We are all visitors to this time, this place. We are just passing through. Our purpose here is to observe, to learn, to grow, to love... and then we return home." – Old Aboriginal saying



"Our spirituality is a oneness and an interconnectedness with all that lives and breathes, even with all that does not live or breathe." – Mudrooroo



Profile:

ELIZABETH CLOSE is a Pitjantjatjara and Yankunytjatjara woman whose street, mural and canvas artworks are well known in Adelaide. Elizabeth was commissioned due to her reconciliation of contemporary and traditional styles, symbolic of the different cultural backgrounds of the medical staff and students who come to the garden. Her artworks reflect her experience and journey as a First Nations woman and as a registered nurse.

COMMUNITY UPDATE

GARIMA KAPOOR, KIMBERLY LAI, ANIKA ILAHEE

FMSS Community

FMSS Community has continued to grow our connection with the wider community. We started the year on a sweet note with a bake sale to raise money for 'Share the Dignity' which provides sanitary products for women in need. Thank you to everyone who baked and came along! It was a fantastic event, made better with James Killian's amazing performance. We raised over \$550 for the charity. Our next event was The World's Greatest Shave which was a great day, with five very brave medical students, donating their beautiful hair to raise money for the Leukaemia Foundation. These brave medical students included Nicola Robinson (who had a rocking, red mohawk look on the day), Ricki Byas (yes, the legendary Ricki Byas donated his hair, who raised lots of money, partially due his widespread notoriety and fame), Emerson Krstic (who looked like a model be-

fore and after), Aidan Norbury (whose friends had a mission to shave him down to absolutely bald) and Shade McClymont (who was the first person who volunteered to shave his head and partly the reason this whole event could exist this year). Altogether, they raised \$6200 which was an amazing contribution to help give patients with leukaemia all the practical and emotional support they need and to help fund vital research that will save lives. The event itself was a fun time with free pizza, people bringing in baked goods to help raise a little bit more money for the event, and dogs that we got to play with, who warmed our hearts and souls. We are endlessly grateful to those who donated their hair, those who donated money and those who came to the event and made it a wonderful time.



MENTAL HEALTH IN MEDICINE IN MAY

MARYAM KHAN, ELLE ROBERTSON, NISHA KAPETAS

FMSS Health & Wellbeing

This year in May, FMSS dedicated the month to advocating for mental health. Each week had a different theme, with the ultimate aim of the month to open up a much-needed conversation about the health and wellbeing of medical students and professionals. Special thanks must go to the Flinders Medical Student Choir, with Dan Ring coordinating a fabulous promotional clip with fellow medical students to highlight the events in May.

We started the month off with a well-attended, early morning mindfulness session applicable to everyday life, led by Rebecca Short, a psychologist from Flinders' Health, Counselling and Disability service.

The theme of the second week was 'Stress Less', and FMSS Health & Wellbeing team collaborated with FMSS Community team to channel this vibe by organising an afternoon bake sale for charity in the FMC courtyard. To our delight we had the soft acoustic music of James Killian (FMSS Clinical Science Representative) play in the background. A total of \$500 was raised for Share the Dignity, an Australian charity who works to provide sanitary products to homeless individuals and empower domestic violence survivors.

Seven brave and courageous student speakers shared their own experiences with mental health and provided trusted and relevant advice during the annual Mental Health in Medicine seminar. We also had a powerful, anonymous student account of their mental health experience read to the audience. I am proud to say that this event is unique to Flinders Medical School and was initiated by one of our own graduates, Dr Minh Nguyen.

The last week in May was the time to show the physical prowess of those in MD. "Let's get physical" sports evening created some friendly MD1 vs. MD2 competitiveness. Soccer was by no doubt the MD1s game. They had a coordinated line of attack from the start and defeated MD2 with a score that we have chosen to forget. The rain may have been sobering for some. But for those who continued on, the touch game redeemed MD2s sporting abilities. The idea of a rematch in future months has been toyed with and may be needed to settle the score.

Medical students are far less likely to seek help from a health care service for mental health related issues compared to the general population. The pressures we face as students are different, as are our attitudes and expectations of ourselves. I believe that too often mental health issues lay dormant, only to come to a head in the later stages when things become overwhelming and unbearable. So, as a committee, FMSS decided that having a greater focus on mental health was an important goal to strive for in 2018.

As I reflect on the events in the FMSS Health and Wellbeing portfolio this year, I believe we are well on our way to reaching our goal. I hope that each year we build on the attention we allocate to mental health in medicine and set broader goals with far-reaching outcomes for students' health and wellbeing.

Remember to lend an ear and share a hug.



A FRESH VIEW ON MENTAL HEALTH

ELLE ROBERTSON MD1, FMSS Health & Wellbeing Officer

Possibly one of the saddest and most ingrained aspects of the medical field is the continuing stigma around mental health. The view remains that mental health issues are weaknesses and reasons that doctors should not be allowed to practice. It is such a sensitive topic and mental health should never be something that people should feel the need to neglect or hide from.

The importance of mental health should never be underestimated. In the same way that good mental health and positivity can raise us up, struggling with mental health and feeling paralytically numb can bring us to breaking point. It takes enormous courage and bravery to carry on living and managing the daily struggles of mental health issues - but this is not a sign of weakness. It is an incredibly raw sign of strength and something we should all acknowledge.

For those who are experiencing the struggle - don't be ashamed or afraid of your story. You have the power to inspire others. It is perfectly okay to admit you're not okay and it is equally okay to take things one day at a time. Be gentle with yourself, know your worth, breathe through the darkest parts of the day and stay strong.

For those who are witnessing the struggle - share love and understanding, and realise that nothing is in spite of you. You are a source of strength in someone's fragility. Watch for the signs of a struggle and realise someone's dependence on you. Understand that there will be times to hold them and times to give them space.



"It's okay to not be okay"

Whether you are physically sick, struggling silently with your own thoughts, sleep deprived, stressed about assessments, anxious about making new friends, not coping with your emotions, I urge you to tell someone, anyone, how you feel. Don't keep it within you, don't let it consume you. Write it down, shout it out, take this step today.

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Take a break!

Solution

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6	7	2	1	4	5	3	9	8



TITLE DEED

SOCIETIES

Flinders University Rural Health Society	\$35
Flinders University Critical Care Society	\$36
Flinders University Surgical Society Scrub Crawl	\$36
AMSA National Convention 2018	\$37

FLINDERS UNIVERSITY RURAL HEALTH SOCIETY

MATILDA SMALE MD2, FURHS Medicine Co-President

Flinders University Rural Health Society (FURHS) has had a very exciting, busy year in 2018. This year we have had 34 nursing and medical students receive places to spend a day with RFDS, provided the opportunity to some of our allied health members to have a tour of the RFDS base and recently nine of our MD1 students attended the RDWA's Clinical Skills weekend in Quorn.

We would also like to congratulate our lucky MD students who were successful in receiving a place in the John Flynn Placement Program. Some of our allied health committee members attended the SARAH conference in Darwin, whilst our Co-Presidents attended the National Rural Health Students Network Council in Adelaide to meet with like-minded students from around Australia.

SAM PAULL MD1

The Rural Doctors Workforce Agency (RDWA) Quorn clinical skills weekend provided me with an amazing opportunity to gain insight into the life of rural generalist. Along with 8 other Flinders MD1's and 9 Adelaide second years I got to experience a number of interesting and educational activities and got to see some of the beautiful Quorn country side as a bonus. We heard from Drs Tony Lian-Lloyd, Steve Holmes, Kasia Strojek and Vikram Chellaboina about the experience of working as rural generalists. They also gave us a tour of the Quorn hospital, followed by crash courses in radiology and suturing. Tony then led us on a hike through the beautiful Warren Gorge, while testing us on our first aid skills. We also got to enjoy a great meal at the local pub, with the bonus of two of the local netball teams celebrating their grand final wins in the front bar. On the Sunday morning we hiked up the aptly named devils peak, which provided us with some spectacular views of Quorn, all the way to Pt Augusta. Tony then put on a BBQ at his house and taught those who were brave enough how to crack a whip. The weekend was an incredibly valuable and positive experience which I would strongly recommend to anyone who can afford the opportunity!

LIAM RAMSEY MD2

What I liked most wasn't the actual flying, the cool gadgets or the somewhat egotistical buzz you get strutting off the plane as it lands...it would be the overarching ethos of the Royal Flying Doctor Service. They service the needs of the Australian public tirelessly. The long hours worked, selfless dedication and compassion demonstrated by the staff was inspiring.



FLINDERS UNIVERSITY CRITICAL CARE SOCIETY

ADAM OVERWEEL MD2, FCCS President

FCCS held their second airways event for the year, this time targeted at orientation to airway manoeuvres and equipment. Special thanks goes to Dr Bruce Paix, Dr Luke English, Dr Faowaz Al-Shammary, and Dr Jezreel Blanco for donating their time and expertise to make the event possible. Dr Paix gave a humorous and informative presentation on airway management principles, which was then followed with four separate teaching stations focusing on various aspects and equipment. Students enjoyed the valuable input of practicing clinicians in the small group setting, and we are looking forward to running the event again next year. If you attended the event and have any feedback, please don't hesitate to get in touch!

We hope everyone enjoyed themselves, and thank you so much for your support in attending the event.

FCCS has continued its DressYourBest themed Fridays in support of the PNG Anaesthetic Support Project. We have had a load of fun organising it this year, and our most successful theme was definitely funky socks. There were some serious sock game on display! Thank you to all who got on board to support a great cause. If you would like to donate or find out more about the work we are supporting, just search 'PNG Anaesthetic Support Project' on Facebook.

Stay funky!



FLINDERS UNIVERSITY SURGICAL SOCIETY







TITLE DEED SOCIAL

Med Ball 2018 - Botanical Ball \$38

Med Revue 2018 - Charlie & the Doctor Factory \$40

MED BALL 2018 - BOTANICAL BALL

LIAM RAMSEY & DYLAN RAFTERY

MD2, FMSS Social Directors

It was the eve of MedBall, email notifications played like a pan flute in the wind, tears dropped onto the table like a beat, and our iRAT scores dropped nearly as low as the bass. The FMSS event of the year had been in the figurative oven since December 2017, ironically by the night it was Dylan and I who were the roasted ones, charcoaled even.

The event was made possible by Wright Evans and the flexibility of the FMSS budget. We literally didn't hear the word "no," once. The theme was botanical, and the beautiful National Wine Centre venue, paired with the table displays by Seriously Succulents on hand chopped wood by Michael Robb (MD2) worked a treat. It would have all been in vain if tickets hadn't sold, but thanks to the fantastic marketing team and FMSS executives ideas we sold out in record time.

The National Wine Centre begged us to not begin the night outside. But with our steely determination and unwithering demands we both watched a single IT man frantically move all the lights and IT outside in under an hour. Despite the weather warnings all was dry, albeit the IT man's sweaty forrid. We were

blessed with the presence of Flinders Staff members on the night, it was lovely to have them there, even if many of us destroyed any chances of being consultants one day. We were graced with tunes by

Sher, then overwhelmed with the beats of the Zabba brothers. Noise issues were raised, but these were silenced by the time Rainer had taken the dance-floor, hydration in hand. All eyes were on Diana and Max, the best dressed, whom both travelled down from the Riverland and NT respectively. It was fantastic to see previous social directors attend events, PTSD who.

The night concluded, some of us too "exhausted," to continue, others d a r t e d to Zhiwies for a boogie. Med Ball ended, but our memories will ... we have photos which is lovely. We sincerely hope everyone enjoyed the night, it couldn't have happened without FMSS, especially Grace and Dan our rocks... our muses x

MedCamp18 has bowed out, MedBall18 was sold out, now

Halfway Dinner and the End of Year Progress Test Party remain. The question is will Dylan and I burn out







MED REVUE 2018 - CHARLIE & THE DOCTOR FACTORY

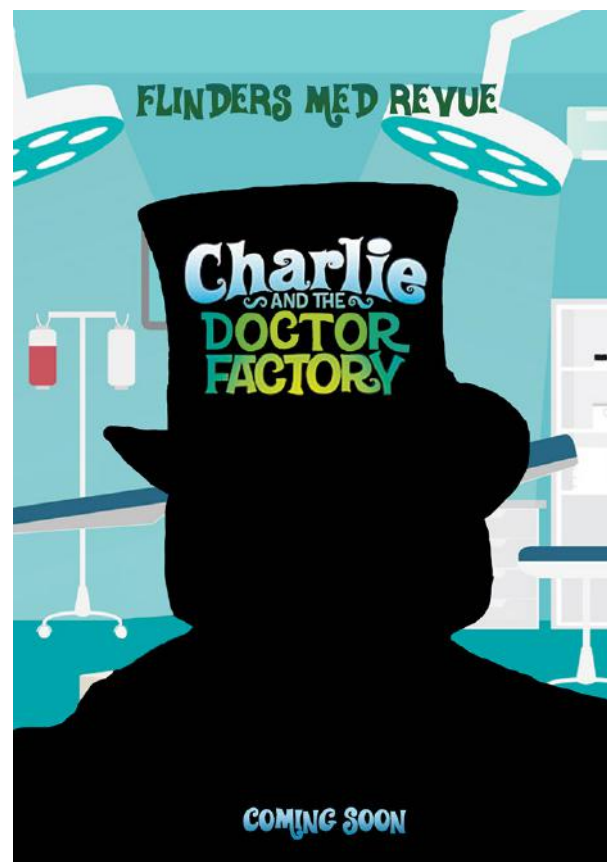
HOLLY COLTON & DAN RING

Med Revue Directors

In November of last year, a small group of students came together with enthusiasm and an idea. Over the course of several months, the production family grew to include an incredibly talented pool of writers, producers, directors, musicians, singers, actors, dancers, artists and carpenters and on the 29th of September, the Doctor Factory was open to the public. Charlie and the Doctor Factory explored the journey of five students venturing through experimental machines and innovative testing procedures led by the enigmatic Dr Wonka. Although set in a fictional land, the story parallels the student experience at Flinders and how at the heart of us all, we are our own worst enemy and greatest supporter.

MedRevue is a unique opportunity in the calendar, allowing medical students to show off their creativity and collaborate on a project quite out of the hospital sphere. Every year proves a challenge for overworked medical students and no expense was spared with production value above and beyond the quality of our budget. Special mention needs to go to Michael Robb, who made entire rooms and set pieces on wheels from scratch whilst studying!

Noticeably this year, it's allowed many people to vent and express their frustration with coping with course changes in a (somewhat) healthy way. We have been incredibly proud to watch the medical students from all years, including Clinical Science students, come together and follow the MedRevue from conception to completion. A big

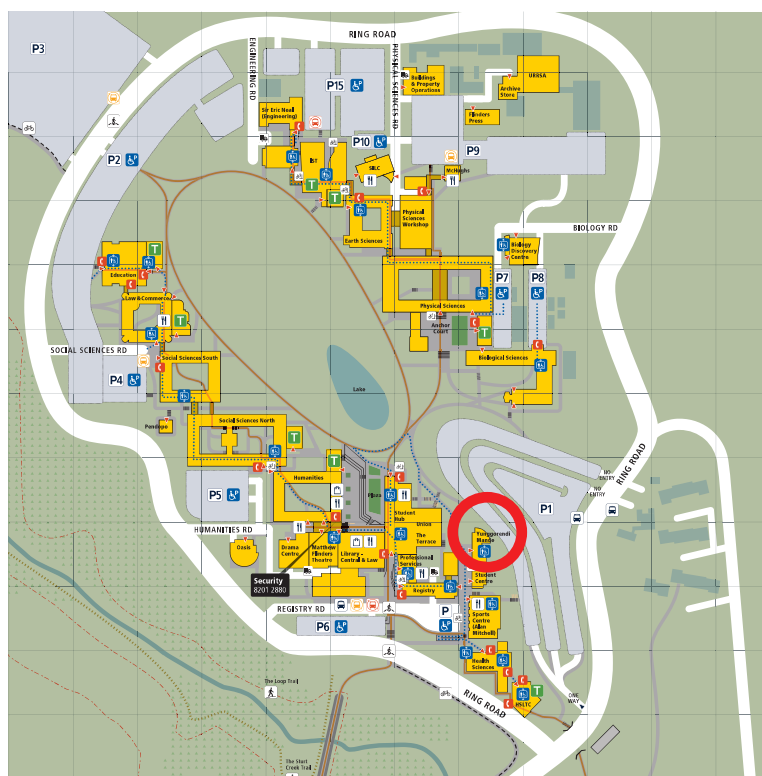


thank you to everyone that came out and supported us on the night, the atmosphere was infectious. The show is a testament to the entire team who've been working for several months with weekly rehearsals, working bees and multiple planning meetings. We hope that this show will help build a legacy of the Flinders MedRevue for years to come.



Health, Counselling & Disability Services (HCDS)

The service is open Monday-Friday, 8:45am to 5:00pm at the Student Centre (level 3) on the main campus, Bedford Park. Face-to-face counselling appointments can also be provided at the Sturt and Tonsley Park campuses. For those who are not on these campuses, counselling appointments can be accessed via telephone or Skype.



Why do students come for counselling?

Students attend counselling for a number of different reasons, including:

Academic issues

- time management / procrastination / productivity
- motivation / study stress
- performance / exam anxiety
- oral presentation anxiety / managing group work
- workload management

Personal issues

- relationship issues
- self-confidence
- depression / anxiety
- managing Uni-Life balance
- stress management
- problem solving / decision making
- managing a crisis
- bullying
- building resilience
- developing coping strategies

If you are new to the counselling service, please email us on counselling@flinders.edu.au and leave your full name, phone number, student ID, and the best times of the day to ring you and a counsellor will contact you by phone to discuss your support needs and make an appointment for you.

Other Contacts:

Disability Advisors: disability@flinders.edu.au

Student Equal Opportunity Advisor: studenteo@flinders.edu.au

** Appointments with our GP's and Disability Advisors can also be booked online via the HCDS page on the university website

For those students in rural locations, the following local counselling services can also be accessed:

- Northern Territory (Alice, Darwin, Katherine) - EASA Counselling Services 1800 193 123
- Mt Gambier - Liz Moriarty & Associates 8723 1999
- Victor Harbor & Murray Bridge - Robin Tottman & Dr Charlotte Tottman 0407 794 359
- Hamilton, VIC - Janet Austin 0458 110 992
- Riverland - Robyn Size 0477 550 223

If you need to speak with someone urgently, and it is between 8.45am and 5.00pm (Monday to Friday), please call 8201 2118.

If it is out-of-hours (5.00pm to 9.00am, weekends, public holidays), contact the dedicated Flinders Out-of-hours Crisis Line by calling 1300 512 409 or texting 0488 884 103.

Counselling support services outside the university

beyondblue

phone and online chat services available 24/7 - 1300 22 4636

Headspace

(for those under 25yo) - phone and online chat services - 1800 650 890

Crisis Support

Lifeline

phone and online chat services available 24/7 - 13 11 14

Mental Health Triage

available 24/7 - 13 14 65



Crisis Support. Suicide Prevention.



Additional Support Resources at Flinders:

Newsletter and Student Health & Wellbeing Blog

To stay up-to-date with the latest news, current events and programs from the Health, Counselling and Disability Service, we encourage you to subscribe to our newsletter:

<https://blogs.flinders.edu.au/student-health-and-well-being/2018/05/14/welcome-student-health-wellbeing-blog/>

The Student Health & Wellbeing blog is written by our eMental Health Project Officer, Dr Gareth Furber, and is packed with tips, tricks and resources to help enhance your wellbeing at uni, beat procrastination, study better for exams, build mental fitness and much more. All of this helpful information is available in the one resource hub and can be accessed at any time.

www.flinders.edu.au/studenthealth

Quick Tips & Info on how to manage feeling stressed?

<http://www.flinders.edu.au/current-students/healthandcounselling/feelingstressed.cfm>

Current Programs

• Mindful Yoga

<https://blogs.flinders.edu.au/student-health-and-well-being/2017/09/05/mindful-yoga-sessions-at-oasis-at-flinders/>

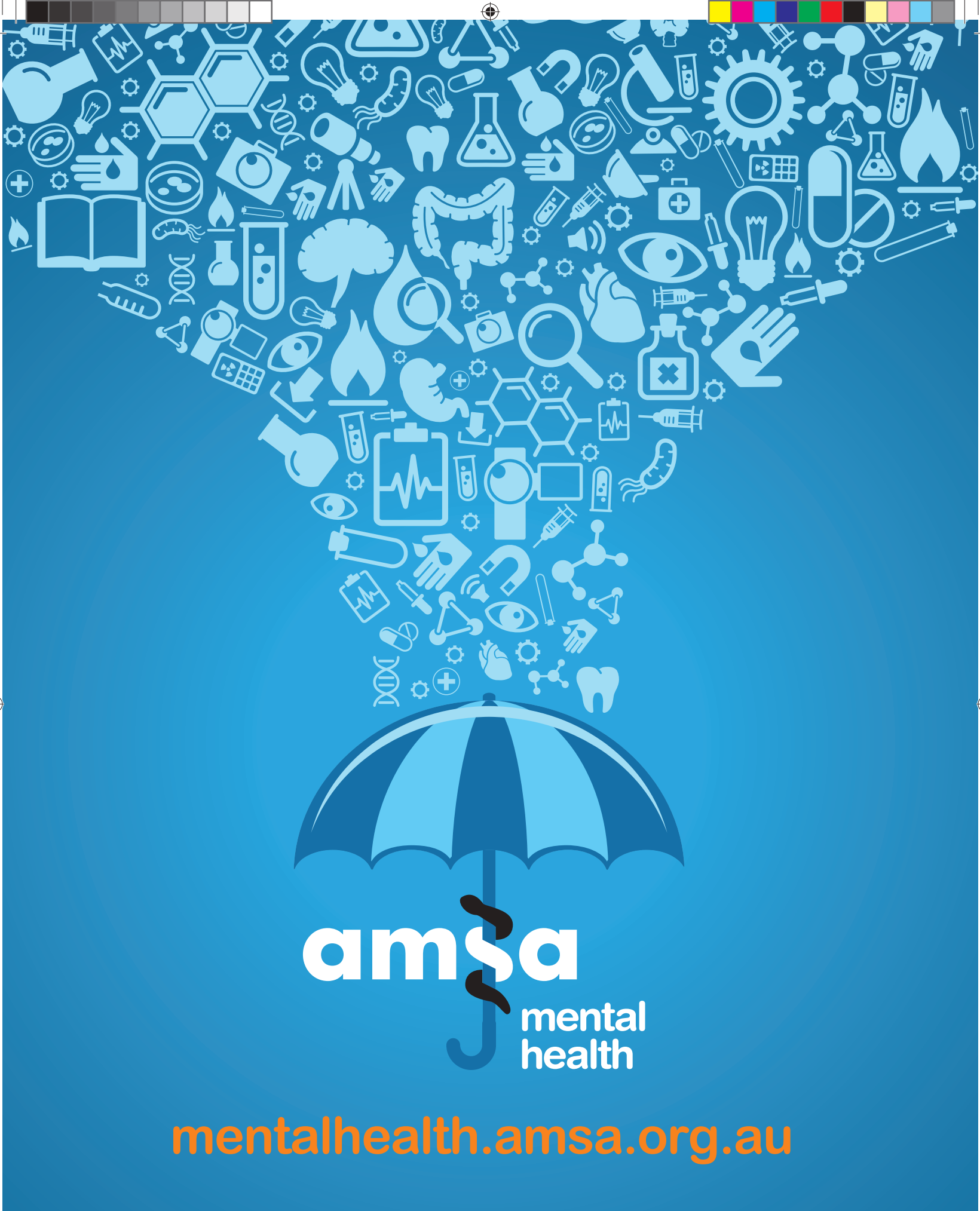
• Studyology

<https://blogs.flinders.edu.au/student-health-and-well-being/2018/08/28/an-update-on-studyology/>

SURYA NAMASKAR // SUN SALUTATION



The Sun Salutation is a sequence of simple yoga poses that can be performed quite easily in the comfort of your own home (or university if that's where you currently feel to be living!). The repetitive nature of the Sun Salutation provides meditative qualities, helping to calming the mind and body, reducing stress and anxiety. The moves can be done as quickly, or as slowly as you desire, and are designed to build heat and improve circulation, energise the body, and stretch and strengthen muscles. Controlling breathing throughout the cycle will help keep the mind in the present moment, improving focus and mental clarity. Practicing the sequence in the morning can help wake your body and mind and prepare you for your day, while doing it in the evening can relax your body and aid a good night's sleep. Repeating the flow once a day for around 10-15 minutes provides all the benefits of yoga.



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