

Achalasia is a failure of the lower esophageal sphincter (LES) to relax that is caused by the degeneration of inhibitory neurons within the esophageal wall. Boerhaave syndrome is the transmural rupture of the esophagus following an episode of forceful vomiting/retching or increased intrathoracic pressure. Abdominal hernias are defined as the abnormal protrusion of intra-abdominal contents through congenital/acquired areas of weakness in the abdominal wall. Carcinoids are small, slow-growing neuroendocrine tumors. They are most commonly located in the gastrointestinal tract and can synthesize a variety of hormones (especially serotonin). Acromegaly is a condition in which benign pituitary adenomas lead to an excess secretion of growth hormone (GH) and insulin-like growth factor 1 (IGF-1). Statistical analysis is one of the principal tools employed in epidemiology, which is primarily concerned with the study of health and disease in populations. Deep neck infections include peritonsillar abscess (PTA), parapharyngeal abscess (PPA), and retropharyngeal abscess (RPA). Neuroblastoma is a malignant neuroendocrine tumor of the sympathetic nervous system that originates from neural crest cells. Benign prostatic hyperplasia (BPH) is a non-neoplastic glandular and stromal hyperplasia of the transition zone of the prostate. Alzheimer disease (AD) is a chronic neurodegenerative disease and the leading cause of dementia. Migraine is characterized by recurrent episodes of typically unilateral, localized headaches that are frequently accompanied by nausea, vomiting, and sensitivity to light and sound. Cerebral palsy (CP) is a heterogeneous group of disorders affecting the muscle tone and the development of movement and posture. Amyotrophic lateral sclerosis (ALS), also known as Lou Gehrig disease, is a neurodegenerative disease with upper and lower motor neuron dysfunction. Poliomyelitis, or polio, is a disease caused by poliovirus, a type of human Enterovirus. Poliovirus spreads via fecal-oral transmission. Astrocytomas are neuroepithelial tumors (gliomas) that arise from the supportive tissue of the brain. Meningiomas are almost always benign, slow growing brain tumors that arise from arachnoid cap cells of the arachnoid villi. Bulbar palsy and pseudobulbar palsy are rare types of motor neuron disease that affect the cranial motor nerves. Polyneuropathy is a systemic disease which involves damage to multiple peripheral nerve fibers. Cirrhosis is a condition caused by chronic damage to the liver, most commonly due to excessive alcohol consumption or hepatitis C infection. Cushing's syndrome, or hypercortisolism, is an endocrine disorder that is most often caused iatrogenically by the exogenous administration of glucocorticoids. Wernicke encephalopathy is an acute reversible condition caused by severe thiamine (vitamin B1) deficiency, often due to alcohol use disorder. Wilson disease (hepato-lenticular degeneration) is an autosomal recessive metabolic disorder in which impaired copper excretion causes copper to accumulate in the body. Subarachnoid hemorrhage (SAH) refers to bleeding into the subarachnoid space. Subclavian steal syndrome (SSS) is a condition in which the subclavian artery proximal to the origin of the vertebral artery narrows or becomes occluded, usually due to atherosclerosis. Intracerebral hemorrhage (ICH) refers to bleeding within the brain parenchyma. Ménière disease is an idiopathic condition affecting the inner ear. Antiphospholipid syndrome (APS) is an autoimmune disease that increases the risk of thrombotic events as a result of procoagulatory antibodies. Endometriosis is a common benign, and chronic disease in women of reproductive age that is characterized by the occurrence of endometrial tissue outside the uterus. Antepartum hemorrhage is a serious complication of pregnancy occurring within the third trimester. Ectopic pregnancy occurs when an embryo attaches outside of the uterus, most commonly in the fallopian tubes. Angioedema is a self-limited, localized swelling of the dermis, subcutaneous tissues, and/or submucosal tissues caused by fluid leakage into the interstitial tissue. Atopic dermatitis (AD) is an inflammatory skin disease that typically manifests for the first time in early childhood. Basal cell carcinoma (BCC), a malignant neoplasm, is the most common type of skin cancer and primarily affects individuals with light skin. Cataract is a condition characterized by clouding of the lens of the eye. Diabetes mellitus (DM) describes a group of metabolic diseases that are characterized by chronic hyperglycemia (elevated blood glucose levels). Giant cell arteritis (GCA) is a type of autoimmune vasculitis that causes chronic inflammation of large and medium-sized arteries, in particular the carotid arteries, its major branches, and the aorta. Horner syndrome (HS) is a neurological disorder characterized by a symptom triad of miosis (an abnormally small pupil), partial ptosis (drooping of the upper eyelid), and facial anhidrosis (absence of sweating). Actinomycetosis is an infection caused by Actinomyces bacteria (especially Actinomyces israelii), which is ubiquitous in the oral cavity and usually transmitted infection (STI) caused by Haemophilus ducreyi. Chancroid (also known as soft chancre) is a highly contagious sexually transmitted disease caused by the bacterium Staphylococcus aureus or less commonly Streptococcus pyogenes (group A Streptococcus). Gonorrhea is a zoonotic disease caused by the non-pathogenic Neisseria meningitidis. Direct transmission to humans occurs when broken skin and mucous membranes come in contact with the urine of infected animals such as rodents. Creutzfeldt-Jakob disease (CJD) is a neurodegenerative condition that is caused by misfolded protein particles (prions). Amyloidosis is a collective term for the extracellular deposition of abnormal proteins either in a single organ (localized amyloidosis) or throughout the body (systemic amyloidosis). Multiple endocrine neoplasia (MEN) is a term used to describe three autosomal dominant syndromes that are associated with certain hormone-producing neoplasias. Paraneoplastic syndromes are a set of clinical features that are caused by either an altered immune response to a systemic malignancy or because of substance (e.g., hormones, cellular proteins) produced by tumors. Acute leukemia is a malignant neoplastic disease that arises from either the myeloid cell line (acute myeloblastic/ myelocytic/ myeloid leukemia, or ALL) or the myeloid cell line (acute myeloid/ myelogenous/ myelocytic leukemia, or AML). Alport syndrome is a genetic disorder that is characterized by glomerulonephritis, often in combination with sensorineural hearing loss and sometimes eye abnormalities. Pyelonephritis is an infection of the renal pelvis and parenchyma that is usually associated with an ascending bacterial infection of the bladder. Gout is a common inflammatory arthropathy characterized by painful and swollen joints resulting from precipitating uric acid crystals. Osteitis and osteomyelitis are infections of the bone and bone marrow, respectively. Classical epidemiology is the study of the distribution and determinants of disease in populations. Charting an infant or child's growth and development plays an important role in the monitoring of pediatric health and is therefore an important tool of pediatric screening. Puberty refers to the phase of development between childhood and adulthood in which complete functional maturation of the reproductive glands and external genitalia occurs. Acute hyperglycemia, or high blood glucose, may be either the initial presentation of diabetes mellitus or a complication during the course of a known disease. Hypothyroidism is a condition in which the thyroid gland is underactive, resulting in a deficiency of the thyroid hormones triiodothyronine (T3) and thyroxine (T4). Acute bronchitis is a self-limiting lower respiratory tract infection (RTI) characterized by inflammation of the bronchi. Asthma is a chronic inflammatory disease of the respiratory system characterized by bronchial hyperresponsiveness, episodic exacerbations (asthma attacks), and reversible airflow obstruction. Croup (laryngotracheitis) is one of the most common infectious pediatric emergencies seen in winter. Acne vulgaris is a common skin disease that affects most individuals at some point in their lives. There are three species of lice that affect humans: Pediculus humanus capitis (head louse), Pediculus humanus corporis (body louse), and Pthirus pubis (pubic or crab louse). Helminth infections are caused by worms of various species and are typically transmitted in one of three ways: ingestion of parasitic eggs or larvae in contaminated food, water, or feces; penetration and entry of worms through the skin; or entry via the bite of a vector species, such as a fly. Necrotizing enterocolitis (NEC) is a dangerous hemorrhagic inflammation of the intestinal wall that most often affects premature infants. Hemolytic uremic syndrome (HUS) is a thrombotic microangiopathy in which microthrombi, consisting primarily of platelets, form and occlude the arterioles and capillaries. Thalassemias are a heterogeneous group of hereditary blood disorders characterized by faulty globin chain synthesis resulting in defective hemoglobin, which can lead to anemia. Down syndrome, also known as trisomy 21, is the most common autosomal chromosome aberration, occurring in approximately 1:700 live births. Conjunctivitis is a very common inflammation of the conjunctiva (the mucus membrane that lines the inside of the eyelids and the sclera). Chorioamnionitis is defined as an intrauterine infection of the fetal membranes and amniotic fluid caused by bacteria ascending from the vagina. Neonatal respiratory distress syndrome (NRDS), or surfactant deficiency disorder, is a lung disorder in infants that is caused by a deficiency of pulmonary surfactant. Diabetes mellitus (DM) is a condition in which the kidneys are unable to concentrate urine. Testicular torsion is the sudden twisting of the testis within the scrotum. Polycystic kidney disease (PKD) is an inherited disorder in which multiple cysts develop in the kidneys. Febrile seizures are one of the most common febrile convulsions, more usually associated with high fever in children between six months and five years of age. Botulism is a life-threatening condition or neuroparalysis that is caused by a potent neurotoxin produced by the spore-forming bacteria Clostridium botulinum. Meningitis is a serious infection of the meninges in the brain or spinal cord that is most commonly viral or bacterial in origin. Retinoblastoma is the most common primary intraocular malignancy in children. Wilms tumor (nephroblastoma) is the most common renal malignancy in children, typically affecting children 2-5 years of age. Multiple pregnancy refers to pregnancy with two or more fetuses. Acid-base disorders are a group of conditions characterized by changes in the concentration of hydrogen ions (H+) or bicarbonate (HCO3-), which lead to changes in the arterial blood pH. Malignant hyperthermia (MH) is a subclinical myopathy in which general anesthesia triggers an uncontrollable contraction of skeletal muscle that leads to a life-threatening hypercatabolic state and increase in body temperature. Anticholinergics are a heterogeneous group of drugs used to treat various causes of nausea and vomiting. Pregnancy begins with

ISSUE ONE

JUNE 2019



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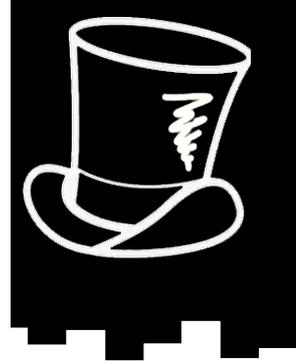
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Editor's Letter



My friends, colleagues or fr-olleagues, welcome to the mid year edition of the Notre Damus 2019. The ever changing magazine contains the faces, places and sometimes boat races of medicine, as well as the punners and gunners of each cohort.

Entering the role of media rep, I cast my stalking net wide to find as many old versions of the Notre Damus as possible. I found multiple email threads from the MySpace ages, an absence of meme content and stumbled upon several bottles in a glass cupboard the library labeled "Expired 1895," from which you are now seeing the outcome of.

Delve deep into this edition, whether you are reading it in sunny Broome, a distant RCS site, the prison-like PBL 1 or are like me and living your best life from the comfort of your bed, I wish you all the best or your exams, physical and academic, and the year ahead.

If you want to Contribute anything to Eddition 2,
Email me on media@msand.org.au

CONT

EXECUTIVE

- 3 LETTER FROM THE EDITOR
- 6 PRESIDENTS NOTE
- 8 DEANLEY DELIBERATIONS
- 10 MEET MSAND



YEAR EVENTS

- 17 LAWN BOWLS
- 24 MAY SOIRÉE



ARTICLES

- 15 RESEARCH! THE WHAT, WHY AND HOW!
- 25 PUBLIC HEALTH REFLECTION
- 30 NEPAL 2018



EVENT

SPECIAL INTEREST GROUPS

- 19 GPSN
- 21 PHYSICIAN SOCIETY
- 21 VOLUNTEER VIETNAM
- 22 NDASS
- 23 EMERGENCY MEDICINE GROUP
- 38 TEDDY BEAR HOSPITAL



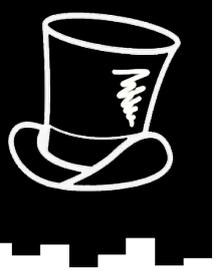
YEAR LEVEL

- 28 100% SOMETIMES TRUE
- 34 4TH YEAR LIBRARY TOUR
- 37 NEW COHORT WHO DIS
- 39 RCS REPORT



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PRESIDENTS REPORT

For those of you who have not met me my name is Sam Cherian, and I have the distinct privilege of being MSAND president in 2019. In the role, among other things, I have had to brush up on my year 12 English skills, writing a number of articles about the student body. In these I have reflected (triggered) on how I believe that Notre Dame Fremantle is the best medical school in Australia. I believe this because Notre Dame Fremantle gave us all an opportunity.

If I could indulge myself, my road to medical school was not completely linear. Four Gamsat sittings, four quintessentially average Gamsat results, a year spent finding myself, flooding thoughts of self-doubt and a failed interviews thrown in as well all happened before I got the e-mail that sent me from old home in Brisbane to my new home in Fremantle. UNDF took a chance on me as it did all of us. My story is not unique, but rather, it is the norm. In the medicine cohort at Notre Dame, as a result of this struggle, I see students humbled and hungry to make use of the opportunity afforded to them.

The first year cohort have embodied this wholeheartedly, accepting the whirlwind that is starting a new degree, having musculoskeletal block and immunology blocks back-to-back and the wheatbelt trip in their stride, being fantastic ambassadors for the school lead wonderfully by Jarryd and Christine. Our 2nd and 3rd year cohorts are on a grind. Our second years are grinding through their optimism of the PBL process, and 3rd years through our hospital placements, with the RCS students grinding through content to flood our feeds with to make us all jealous of their year away (along with their truly unique medical experiences across WA too!). Finally, our 4th year students are filled with dread, excitement and expectation as, amidst intern applications, research projects and elective organisation (along with life generally) they can see the light at the end of the tunnel that is getting paid to be on hospital placement.



MSAND in 2019 hopes to advocate with the same humility and hunger, embodied by our student body through advocacy, transparency and inclusivity. We hope we have started strong this year through the events we have run and been involved in starting with O-Camp, 1st year Survival Night, RCS farewell drinks, mentoring, Physicians Night, Uniform Party, Lawn Bowls, Mindfulness for clinical settings workshop, Electives Night, May Measurement Month, Refugee Palm Sunday March, Friday Friendlies and May Soiree along with MSAND soccer and footy. In addition, in our representation on AMA WA, AMA DIT, Staff-Student Liaison Meetings, Academic Governance Committee Meetings, Curriculum Committee meetings we hope we have voiced your concerns.

Amidst the difficulties, of medical school it is important to look out for one another and to be present with your families and friends. If anyone reading this has any issues at all, large or small, about university, life or anything in between, myself and anyone else on MSAND would be more than happy to help.

Final mention must go to our media representative Michael McKendrick, who in the throes of 4th year has put this fantastic magazine together.

Sam Cherian
President MSAND 2019



DEAN DELIBERATE

One of the joys of being the Dean of the School of Medicine Fremantle is that I get to see the best (and sadly the worst) of our medical student cohort and thankfully there is far more of the former than the latter. Through various means including direct contact, reports from staff, applications for scholarships and nominations for awards, I get to hear about the lives and contributions of what is a remarkable group of young people (Yes you are all young from my perspective). So that is what I want to address in this first MSAND newsletter.

I know that for many of you it has been a difficult journey to get into and/or then progress through the MD program. Many of you do this with other serious commitments and challenges including your own health or disability issues, family/dependents – both with and without partners, care roles for older family members or siblings, distance and separation from friends/family/supports and/or financial pressures. Despite this you fight on through a long and challenging program and still bring a very positive contribution to the School and your year group.

I want to acknowledge the extra-curricular contributions made through MSAND, AMSA, NDASS, GPSN, EMIG, etc, that reflects the excellent engagement of the students in all years. I also note the great history of the School sporting teams that have been a mostly very positive way of developing student camaraderie and School spirit.

CHANLEY CONTRIBUTIONS



Many of you have made and continue to make wonderful contributions to social justice and the community, both locally and abroad. In 2018, following discussion with the MSAND's social justice

Instead we have looked at a more positive recognition of social justice and community contribution by students – including retaining the Social Justice Prize and incorporating social justice and community service into major School prizes including the School Medal, the Student Contribution Prize, and the PPD prize. So I encourage those of you not doing so already and with the capacity to do so, join your colleagues and engage in community service, it makes your life and the lives of others so much better.

So to finish, we do understand that every student's situation is different and whatever your extra-curricular contribution is, it is very welcome.

Professor Chaney
Dean





Meet the Team



Each year the Medical Students Association of Notre Dame welcomes a host of new members to its committee. These are your people.

Meet the Team



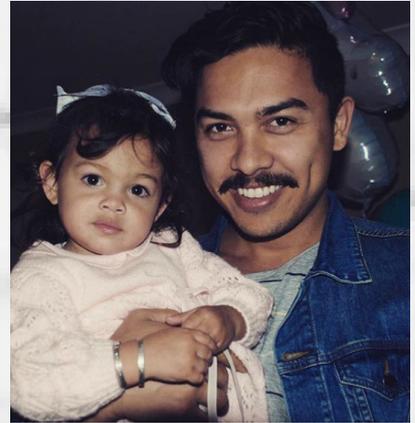
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ternal**



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The Exec



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Meet the Team

The Committee



Ned D'Souza

Social



Justin Taheri-Chivers

Sport



Michaela Ross

Wellbeing



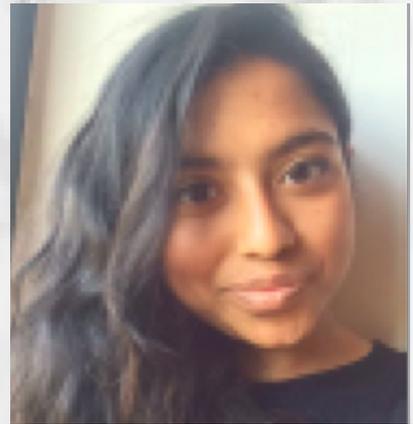
Breanna Hollow

Education



Monica Zheng

AMSA



Reesha Cornelio

Social Justice



Michael Hussey

Rural



Georgia Pansini

Equity



Michael McKendrick

Media



Meet the Team

The Committee



Seth Wolff

I.T.



Jarrad Zylstra

Med 100 Rep



**Christine van De-
venter**

Med 100 Rep



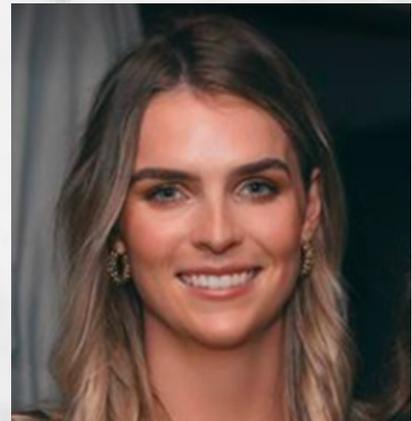
Joseph Curran

Med 200 Rep



Brittany Webster

Med 200 Rep



Poppy Gilfillan

Med 300 Rep



Simone Isaacs

Med 300 Rep



Sylvia Rienks

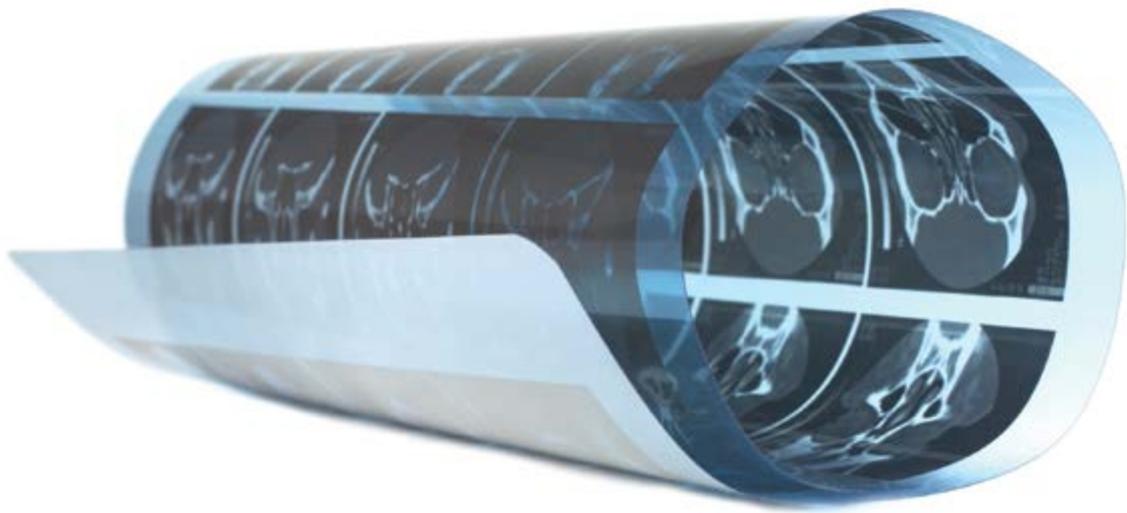
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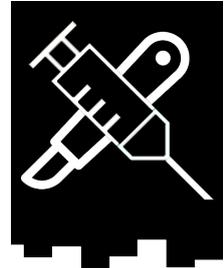
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Research!

The what, why and how!



By Greg Beazley and Melanie Cussó

Medical Student Association of Notre Dame: Research Special Interest Group

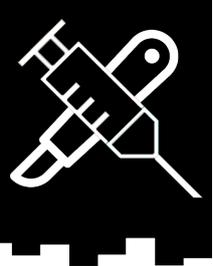
Research. We've all heard of it, but not all of us have had the chance to get involved. We caught up with two eager Notre Dame medical students to discuss how they are involved in research that has the ability to save lives. Victoria "Tori" Hall is a final year medical student who is currently the president of the Notre Dame Association of Surgical Specialties (NDASS) and enjoys movies, reading, cooking and music. Angela Stojanoska is a first-year medical student with a strong background in psychology. She did her honors thesis around cognition and thinking skills of older adults, and enjoys live music and film festivals. Let's begin...

Tell me about the research you have been involved in?

Tori: I suppose it all started when I was doing my honours project in kidney pathophysiology. This opened my eyes about being involved in research. Since then, in medical school, I've been involved in both laboratory as well as clinical research looking at anaphylaxis and upper gastrointestinal tract surgery, respectively.



Angela: I am currently a Research Assistant with the Autism Team at Telethon Kids Institute and have been involved in a variety of projects looking at the effects of assistance dogs to developing a national diagnostic guideline for individuals with autism.



Research! The what, why and how!

What fascinates you the most about research?

T: I really enjoy testing the current scientific knowledge on a topic and challenging it, trying to better understand the human body and therapeutic intervention. Ultimately, research improves the management of our patients. Research is also a great way to meet like-minded and passionate people who are experts in their fields.

A: I love being shown patterns and trends that are unexpected, and then revolutionary in how they later translate into the real world. You can say I am fascinated by the unexpected that only research can reveal or prove.

What benefits has research had on your studies?

T: The most beneficial skill it has taught me is critical thinking, which I regularly have to use at university. This skill is hugely important for all areas of academic and clinical practice.

A: It's helped me develop so many useful skills like report writing, critical thinking, evaluation of academic literature and team work. It's been a great way to hone my skills in a practical kind-of-way.

What advice do you have for students who may be interested in research but are unsure how to start?

T: Find something you are interested in and find people in that field. Going to research seminars and research information nights can be a great starting point to find like-minded individuals to find avenues for research. We are also fortunate to have both Notre Dame's Research Interest Group and NDASS advertising research opportunities to their members.

A: Do not hesitate to send out emails to researchers in the field you're interested in, they're generally more than happy to hear from students. If you're not 100% on a topic yet, it may help to volunteer your time with simple tasks and data entry to get a better taste for what project you may like to work on.

For further information on ways you can get involved in research visit:

<https://www.facebook.com/MSAND-Research-Interest-Group-1519211035074115>

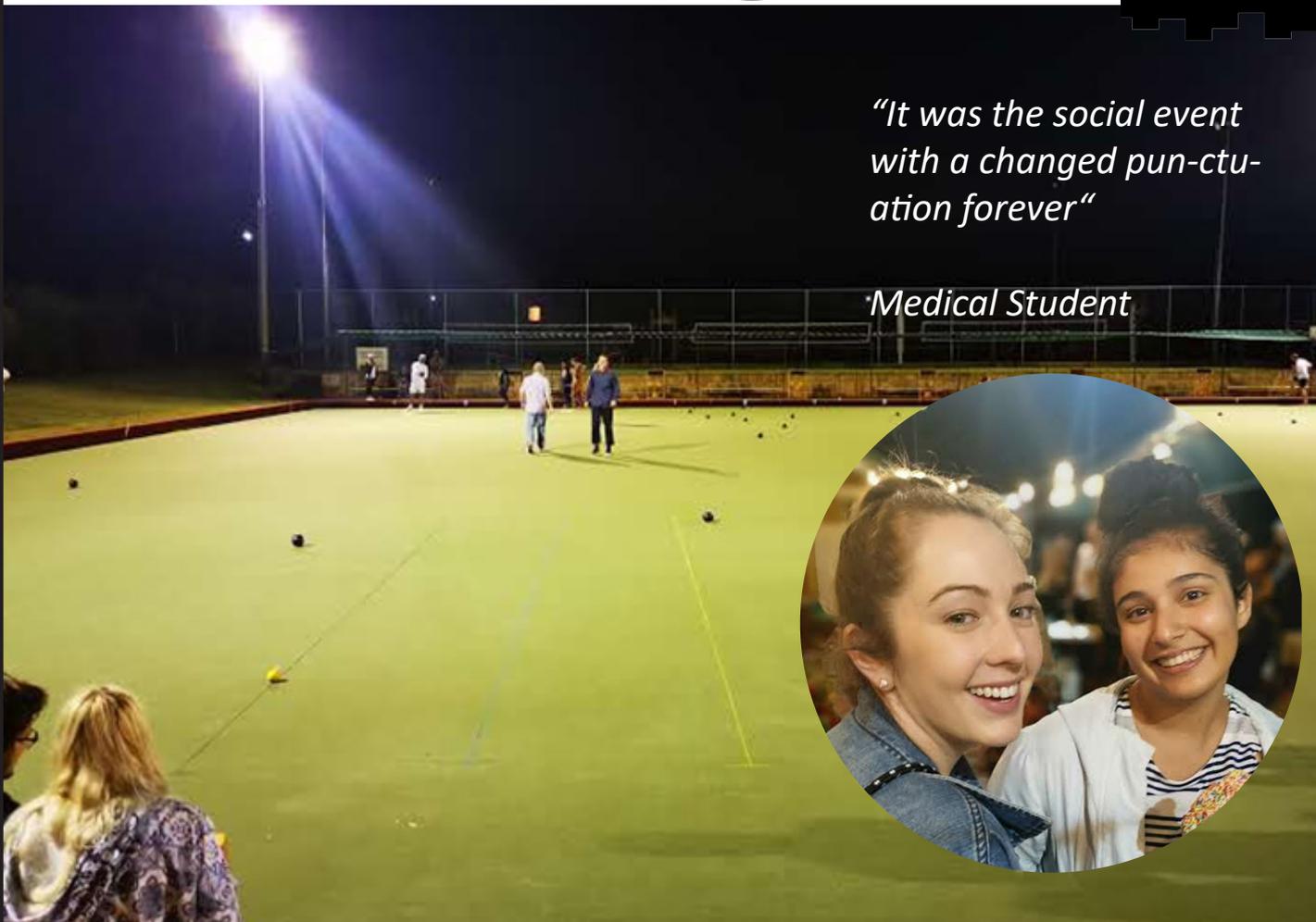
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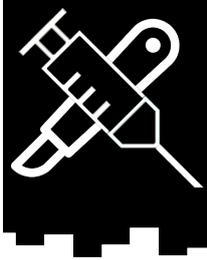
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GENERAL PRACTICE STUDENTS NETWORK



Breathing new life into general practice

The first ever Western Australian, General Practice Student Network (GPSN) event with the compilation of the three-medical universities was held on Thursday night the 11th of April. The University of Western Australia (UWA), The University of Notre Dame Australia and Curtin University teamed up to create an event that was immersive and educational providing an insight into the general practice speciality. The event was a large success with approximately 75 people attending.

The night was held at UWA and started with students enjoying delicious food provided by Brothers Gozleme before heading into the lecture theatre to listen to some of the facilitating doctors introduce themselves. The students were then separated into educational clinical skills rotations which included: patient history taking, analysis of urine samples and a suturing skills station.

Dr Catherine Douglas from Ellen Health Fremantle explored what it meant to be an effective general practitioner (GP). Doing so by providing essential information on how to look after patients from a holistic point of view. She did an amazing task of running a history taking tutorial where students learned how to critically think about each patient's presentation into the GP room.





We also had Dr Michael Watson, a GP registrar who enlightened students on the processes involved to get into a WAGPET training program. This was done through exploring the selection criteria, entrance exams and placements involved throughout the training. Also, whilst facilitating the urinalysis station, Dr Watson shared his knowledge on the importance of being able to accurately interpret a patient's urine sample for overall effective patient management.

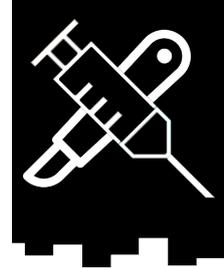
Thank you kindly to the student led GPSN organisations from the three Western Australian universities for coming together to create such a fantastic event. Especially the sponsors and the doctors for sharing their knowledge to educate future medical practitioners. Finally, thank you to all of those who attended on the night.

Emma Johnson (UNDF GPSN Vice Chair)

The third clinical rotation was suturing practice, which was facilitated by UWA medical students. Suturing practice is a vital skill to learn as a medical student and this clinical rotation provided hands on practice that would be highly beneficial to all future doctors.



Overall, this event positively encouraged medical students to seek an interest in the diversity that general practice has to offer and the possibilities of working as a general practitioner.



THE MSAND

Physicians Society

VOLUNTEER VIETNAM



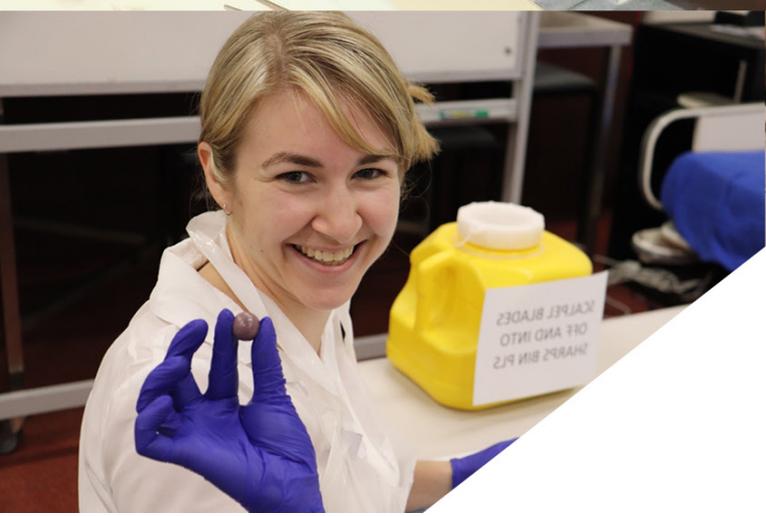
Allied in health

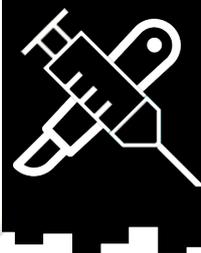


We have assembled our new team for 2019!!! This year we have James Berry, Nick Mamas, Jason Montelone, Oliver Taylor and Jade Dixon who will be fundraising and donating medical equipment to Dr Phan's HIV clinic in Ho Chi Minh. Check our Facebook page for updates and fund-raisers throughout the year. If you would like to donate, please follow our link: <https://chuffed.org/project/volunteervietnam2019>

Don't hesitate to contact us if you have any questions. We thank you in advance for all your support and feel to free to share our page to your friends!

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The Notre Dame Association of Surgical Specialties (NDASS) has had an exciting and eventful first semester in 2019. This year NDASS have been blessed and honoured to have a fantastic committee who has and still is constantly striving for excellence in order to produce quality events and opportunities for our members.

Our most recent event, Diversity in Surgery, got off to a great start where ticket sales sold out in under 10 minutes! On the night we had a fantastic talk from the world-renowned Orthopaedic Surgeon and pioneer of Osseointegration, Associate Professor Munjed Al Muderis. The night was jam-packed with workshops ranging from laparoscopy to fracture fixation, cyst removal to basic suturing. And as always, there a delicious dinner.

With the hard work of recruitment from the NDASS committee as well as having a large number NDASS affiliates, we were able to achieve a small demonstrator to student ratio of 3:1! We received great feedback that this allowed our members to get the most out of their practical hands on sessions.

We have suture packs for sale, available online or form your NDASS year rep, and a freely accessible online eLearning platform for all NSASS members. Keep an eye out for our final event later in the year, Complications in Surgery!

NDASS

Notre Dame Association of Surgical Specialties



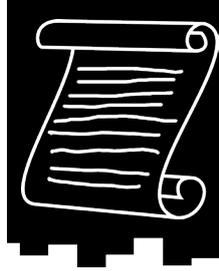
MAY SOIREE



An Elective Reflection

A Month at PHAIWA

Written by Sid Sharma



No persistent pesky noises from patient monitors, nor smell of disinfectant consuming the atmosphere or glare from artificial lights that parade hospital corridors. Instead of wards there were cubicles; each with workstations in the corner supporting two-screen desktops, not dissimilar to offices depicted in popular screenplays. Peculiarly, the staff too were different- they wanted to get to know you! The primary stakeholders normally patients, were replaced by projects, though still requiring comparable cognitive processes to address.

There were essentially two departments at the Public Health Advocacy Institute of Western Australia (PHAIWA); research translation and capacity building. Research translation encompasses PHAIWA's evidence-based direct work to create healthier environments for the public. The name highlights the growing issue of the difficulties of translating research into practice and policy (Grimshaw, Eccles, Lavis, Hill & Squires, 2012). In tandem, capacity building empowers community members with the skills and knowledge to advocate effectively.

My first patient presented in the research translation space. 'We were hoping to implement a nudge in cafés across Curtin University!' Okay.... ummm, What? A presenting complaint that didn't fit any of the algorithms that I had generated over four years. I then did what we are taught to do when faced with uncertainty- take a better history. What is a nudge? Why implement a nudge? How do we do it?

A nudge is a concept in behavioural science that influences decision making by altering one's environment (Thaler & Sustein, 2003). It provides a tangible intervention for the often ambiguous 'create supportive environments,' section of the Ottawa charter for health promotion (Potvin & Jones, 2011). Recently nudging has gathered much interest, particularly from governments as it is often seen as an ideal alternative compared to other ways of changing behaviours such as education and regulations (Halpern & Sanders, 2016). Even the term 'liberal paternalism,' was coined to demonstrate how nudges provide a solution to the ideological divide between autonomy and paternalism.

This tool has been used across hospitals and recreation centres in Victoria to help address the obesity epidemic (VicHealth, 2018). The initiative was simple. Remove sugary drinks from display in cafes or re-arrange them in such a way that they are difficult to identify. It worked surprisingly well with more people making healthier choices while retail sales remained steady - a win for everyone. Accordingly, PHAIWA sought to trial the nudge at an institution that primarily serves young adults, given the rapidly rising rates of obesity in this age group (Australian Institute of Health and Welfare, 2016).

A targeted examination always follows a history. We surveyed all the cafés on campus to gauge suitability and explored their governing structure. On investigation, we found health promotion students had previously attempted similar initiatives on campus, allowing us to learn from their experiences. The information gathered retrieved one primary problem, persuading the representative of the Food and Beverages department at Curtin University.

To improve our chances, we prepared rebuttals to common concerns... well largely one concern - profits. It involved outlining the success of previous trials, higher profit margins of bottle water and emphasising the ability to stop when desired. With our artillery well prepared, we fired. Initially with an email, then after no response, a call. The anticipated concerns arose and were nullified effectively. However, another concern surfaced that we were unable to address - timing. Why would the food and beverage department adopt any interventions in November when a large portion of their cafes would be shut for the university break? The stars did not align unfortunately as it was the only time I could do my elective. Hope remains, as the representative kindly offered to bring up the proposal at the first executive meeting next year.

Importantly, the relationship has been established. Cullerton, Donnet, Lee & Gallegos (2018) explain that investing in relationships strategically underpins the process of policy change. It facilitates trust building, increases credibility, provides an insight into the values of decision makers while helping further understand their stance. Additionally, advocacy in any form requires persistence (Cullerton et al., 2018). It takes time to change the minds of governing bodies who would be carefully weighing up the pros and cons of new ideas.

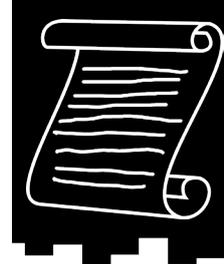
Evidently the experience has provided a deeper understanding of behavioural science and the strategies that underpin effective community advocacy. PHAIWA's advocacy toolkit has many other valuable insights to offer (PHAIWA, 2013). Besides theoretical appreciation, the experience also introduced a practical initiative that can be implemented in a variety of settings. This prototype has spurred critical analysis of my future work environment and ways it can be manipulated to promote the health of our communities.

For example, the Healthy Options WA policy, requires all food and drink outlets under WA Health to sell and display a certain percentage of healthy options while prohibiting the marketing of unhealthy options. Peeters (2018) urges clinicians to enquire through the right networks about its application and evaluation, ensuring that hospitals are health enabling role models for other institutions and work places. The same pertains to the growing issue of environmental sustainability. Hospitals have been identified as having extensive carbon footprints with estimates suggesting they contribute to 3% of Australia's total carbon footprint (Malik, Lenzen, McAlister & McGain, 2018)! Bearing in mind the relationship between climate change and human health, Doctors for Environment Australia have constructed a comprehensive guide for health practitioners to follow to help cultivate sustainable hospital environments (Doctors for the Environment Australia, 2018). One reading it is also able to perceive a wider appreciation of effective advocacy techniques.

Other projects piqued my interest in political advocacy with opportunities to co-author pieces concerning the 'Nanny State,' trope and NSW's recent decision to use their tallest structure to advertise a Big Mac (Stoneham & Sharma, 2018). Political advocacy is an integral skill to nurture, particularly in a neoliberal environment, that sees our democratic system heavily influenced by corporations, ideologies and ulterior motives (Kickbusch, Allen & Franz, 2016). With carefully thought out arguments, doctors can help inform the public and policy makers to make better decisions about a society they desire.

The attempt to metaphorically represent my time at PHAIWA to a placement in a hospital was to signify the introspection it inspired in my role as a doctor. I see that as a pivotal goal of any medical rotation - to help make sense of this revered occupation in our increasingly complex society. It has helped me appreciate the breadth of the public health enigma, providing palpable opportunities to engage in next year to constructively address the social and commercial determinants of health. Further it has left me with many questions to ponder.

Therefore, I would thoroughly encourage medical students to undertake a rotation in public health. Investigate the local network, to form lasting relationships that bear fruit to much needed inter-disciplinary enterprise. For often, as Ben Franklin's adage reads, an ounce of prevention is worth a pound of cure (Kiel, 2010).



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Always be nice to patients, 82% will be nice back. Tell the rest you have an ophthalmology tute, then refelct on it.

82%

Recycled Memes from Medstudent Teens

 **Cytotoxic T. Cell**
@realCytotoxicTCell

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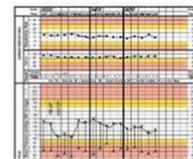
To Invading Pathogen Rubella: NEVER, EVER THREATEN THE BODY AGAIN OR YOU WILL SUFFER CONSEQUENCES THE LIKES OF WHICH FEW THROUGHOUT HISTORY HAVE EVER SUFFERED BEFORE. WE ARE NO LONGER A BODY THAT WILL STAND FOR YOUR DEMENTED ANTIGENS OF VIOLENCE & DEATH. BE CAUTIOUS!

When someone asks you why you're not wearing your RMs:



On theatre days we wear cross

@medsketches

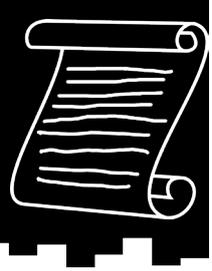


HR 70 BP 120/80
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OBS STABLE
AFEBRILE

MAN'S NOT
HOT





Elective Reflection, Nepal 2018

At 4 am on Monday the 12th of November, a keen group of 5 embarked on their medical elective to Nepal. This Elective was like no other run before at Notre Dame, and we were the guinea pigs. The excitement and anticipation in the group were palpable at the airport, despite most of us being severely sleep deprived from our post-exam festivities. We flew to Kathmandu, arriving late at night, and finding out taxi nowhere to be seen, a great start. After some serious Nepali negotiations, we managed to get to our guesthouse for the night at "the best price." The tone had been set for the elective. For the first week, we spent time in the beautiful Annapurna Ranges, climbing 3210m of altitude and about 60km of distance to Poon Hill. It was a great time to reflect on the year so far, the deconditioned state the exam period had left us in, and how much we took toilet paper for granted back home.



Figure 1 Against all odds and bowel motions, young medical student makes it to 3210m at Poon Hill

Upon our return to Kathmandu, we were exhilarated and exhausted by our short trip in the Himalayas. But there was no time to rest. We began our 1-week Research intensive course, organised by Dr Wallace the mastermind behind the whole trip. Here we learned the intricacies of the Demographic health survey and SPSS Program to manipulate the data. Our mentor for the week was the enthusiastic Dr Prakesh Pant, an esteemed statistician who had worked with DHS Data for many years.

The knowledge we gained over that week was incredible. We started with the bare minimum of statistical knowledge and had advanced to mathematical masterminds by the end of the week. This was all done in the sophisticated new program we had learned, SPSS. At the completion of this course, I felt both empowered by the new knowledge I had gained and could see a lot of potential in where I could apply my new skills. I am really looking forward to working with the DHS Data for my research project, and I really hope that it can be utilised in Nepal (Ministry of Health - MOH/Nepal, New ERA/Nepal et al. 2017)



Figure 2 Dr Savitree Thapa Guring, Commissioner into Corruption / Queen of Medical Students

Dr Savitiri gave us an inspiring talk about women’s rights, and the power imbalance in Nepal between men and women. She spoke about some of the policies Nepal had implemented to try to change this imbalance, and the programs they had implemented to empower women. Similar to Australia a social and cultural shift is needed which will take time and continued action. Being interested in this area I asked Dr Savitree Thapa Guring what events or policies had been most influential in aiding her mission. She said the people movements seemed to have caused the most change in Nepal which reminded me of a book I had read on cultural change (Wagoner, Jensen et al. 2012). After her talk, I downloaded a new book called The Social Animal by Elliot Aronson to try and broaden my horizons in this area (Aronson 2012). It would be an amazing tool to be able to hasten large cultural shifts like this for the betterment of the people in all societies.

Throughout the week we met 5 interns who worked at Patan hospital. We got to know them all very well by the time the course had finished. They invited us out to play futsal with the other interns, we went out to dinner, and they introduced us to their friends, despite being 2 weeks out from sitting their internship exams. We will be working with them in the hospital and hopefully seeing them after they finish their exams. It has been a fantastic way to meet local Nepalese people and forge new friendships.



Figure 5 Day 1 vs Day 5 of Statistics Course

Elective Reflection, Nepal 2018

After the course, we spent 2 days working in a health camp which was run by CORD and ITC. There, with a team of 2 doctors, 1 dentist, 2 pathologists and 2 nurses we saw over 350 patients over 2 days. There was no concept of patient privacy, and with so many people in the room, I ended up sitting on the Dr's table to take notes for him. All of the consults were done in Nepalese, but it was reassuring to be able to make some spot diagnosis of goitres, jaundice and various prolapses which afflicted some of the patients. Other diagnoses usually took an ex-



tensive 4 minutes to figure out differentials, often headaches, joint pain or hypertension. These were treated with a 5 day supply of the available medications including Panadol, ranitidine, antihistamines, ibuprofen, various vitamin supplements and a lot of referrals to the local hospital/health centre. We helped "administer" physical education to many of the children through the hacky sack Olympics, and I got to help the dentist extract several teeth of various patients. One tooth came out so suddenly it shot out of the patient's mouth, hit me in the face and bounced into my lap. It made me appreciate the PPE I was wearing at the time.

Tomorrow is Sunday, it is also our first day of hospital placement, I now appreciate the 2 day weekends we get at home even more. I will be on paediatrics where I hope I can be of some use and not be on the receiving end of any projectile body parts. I will also be bringing all my PPE gear with me. This trip, while not over yet has been incredible, I have learned so much about the Nepalese people, statistics and I'm sure I will learn a lot of medicine in the weeks to come. After talking to many of the doctors who spoke to us during the research week, I was relieved to find that working in Nepal as a foreign doctor is relatively easy. I hope I can return to Nepal very soon, and hopefully put some of my skills to good use. If I'm lucky, some of my research might even be published by then. I know this will be an unforgettable trip for me and I feel it has help shaped what kind of doctor I hope to become one day.

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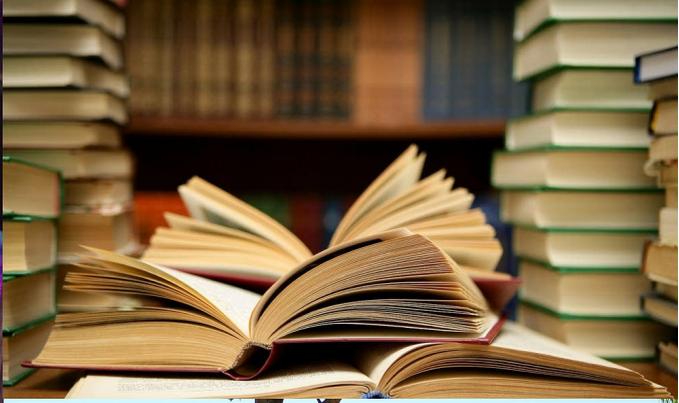
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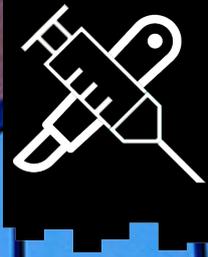
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NEW COHORT WHO DIS:



It's only been 17 weeks and hooly dooly the School of Medicine are asking some serious questions about how some of us diffused our way through the interview membrane. From tearing Nanga a new one at O-Camp, to cutting some interesting shapes at Uniform Party, and drinking half the Wheatbelt dry in week 8 (sorry Merredin), the PPD domain is definitely being neglected. Fortunately for the public, there's been plenty of wholesome bits amongst the less so.

I can't start a recap of the semester thus far without firstly paying homage to what was undoubtedly the highlight of O-Camp (and possibly my life). If anyone has a video of Cameron Scott lip-syncing Shallow from A Star Is Born, email me at jarrad.zylstra1@my.nd.edu.au. This is worth wasting my word count on. It had it all. Cowboy hats, wigs, cricket-bat-guitars, chairs being punted. I'm emotional just thinking about it. A life-changing experience and we're all better people for having witnessed it.

After deciding we hadn't caused enough damage in Dwellingup, Darcy Norman took it upon himself to blemish our reputation in Kellerberrin. While unwittingly in the presence of the local GP's wife, he decided to draw a caricature of the GP with what we'll describe as larger-than-average ears. Needless to say, the humour was lost on some. While some spent their time offending the locals, others were busy learning about what it takes to run a farm. As the farmers talked about putting lime on the wheat paddock, poor Laura Sullivan's guacamole-craving brain imagined the farmers squeezing thousands of limes onto the field.

Rumour has it her PBL added 'Liming' to the SLO's the next week.

It took 16 weeks but love was finally in the air at May Soirée as we got our first med couple. Who knew love could bloom from a simple powerlifting class? It was the cherry on the cake for a top-shelf night where the first years were finally let loose on the other year groups, proving to them that we're not just pretty and smart, but also know how to get down.

On a serious note, the first years have been an awesome bunch. There's been a countless number of people getting involved in all the groups, helping to organise events, fundraising for charities, putting up memes (mainly Oli), and most importantly coming down to footy training. The commitment everyone has shown not only to their spiral learning journey, but to the comradery that is our cohort has been a wonderful experience to witness and be apart off (tearing up as I type this). Here's to 7 more semesters with you beautiful lot!

Authorised by MSAND First Year Reps, Fremantle



Local MEDI6100 Forgets Her Mindfulness Training As She Eyes Off Her Sixth Arancini



MSAND Teddy Bear Hospital (TBH) is a community medicine strategy that assists children in becoming more aware and accustomed to hospitals and medical treatment, whilst developing the clinical skills of medical treatment. Our Teddy Doctors demonstrate the entire process of a medical consultation in a fun, non-threatening environment.



Teddy Bear Hospital



The first event was during the first year's Wheatbelt immersion program with Curtin University students, in various primary schools. Our second event of the year was run at Queensgate Medical Centre on Saturday the 4th of May. This project was run by first and second year students. 110 children rotated through five stations including 'GP check-up station,' 'MRI/X-ray imaging,' 'nursing station' involving glitter immunizations, 'surgery to suture teddy,' and a 'relaxation and recovery station.' Gold coin donation was accepted to attend the event, which raised over \$350, all proceeds going towards the Smith Foundation.

We are extremely grateful for Dr. Andrew Leech, and the team at Queensgate Medical Centre, as well as the University of Notre Dame students who volunteered to make the event such a success!

Isabella Ellison and
Tara Bacovic

Teddy Bear Hospital
Co-Chairs





RCS Report



Geraldton Student: Ruth

Highlight: Great exposure to a variety of specialties and a real chance to experience medicine in a rural hub that services many small surrounding places. Gero is far away enough from Perth but also close enough that a few trips in the year are easily feasible. Being accepted into medical and wider community was a highlight. Great mentoring opportunities with Medical Co-ordinators who become friends more than teachers. Great beaches and windsurfing. Trips to Kalbarri and Shark Bay.

Lowlight: Being the Solo ND student was lonely sometimes!

Lols: Great hangouts! A 90km bike ride to Horrocks in September. All the boys took up fishing. Wing-Slayer competition at the local pub, with first female winner from our crew!



Carnarvon Students: Jed, Kirby, Sarah D

Highlight : Frequent trips to Gnaraloo, Exmouth and the Bluff. Epic snorkelling, fishing, surfing and camping on weekends. An incredibly welcoming town. Unique adventurous doctors that taught and looked after us very well. Lots of practical ED exposure.

Lowlight: Roadkill. Clogged Instagram. Multiple reef cuts.

Lols: Too many bananas. Fighting fires. Heli spearfishing. Knowing 55% of people when visiting Woolworths.

Kalgoorlie Students: Amy, Todd, Saranya, Ally, Starkey, Sarah,

Highlight: Mckendrick coming to Kal for a weekend

Lowlight: Leslie

