

37 SPORT REPORT

LETTER FROM THE EDITOR

DEAR READERS

I think I speak for everyone when I say that 2017 has flown by. Exams are around the corner and I hope you all enjoy this magazine as part of some well-earned procrastination and relaxation in between study.

It was deeply saddening to learn of the loss of one of our MED100 students in September. It shocked the entire medical school community, the effects of which were felt 500kms away, and farther. I encourage you all - especially MED100s - to spend time with each other and support each other as best you can through this difficult time. Support is there if needed, with counselling services available on campus and peer support wherever you turn - just ask.

This edition of the *Notre Damus* includes some cracker articles from MED200s detailing the annual Kimberley adventure, as well as the inaugural Broome PBL experience. The MED400s celebrate the end of exams forever (... until BPT starts?). Jealous as we are, MSAND congratulates you all on your fabulous efforts and wishes you safe travels for your electives and summer holidays.

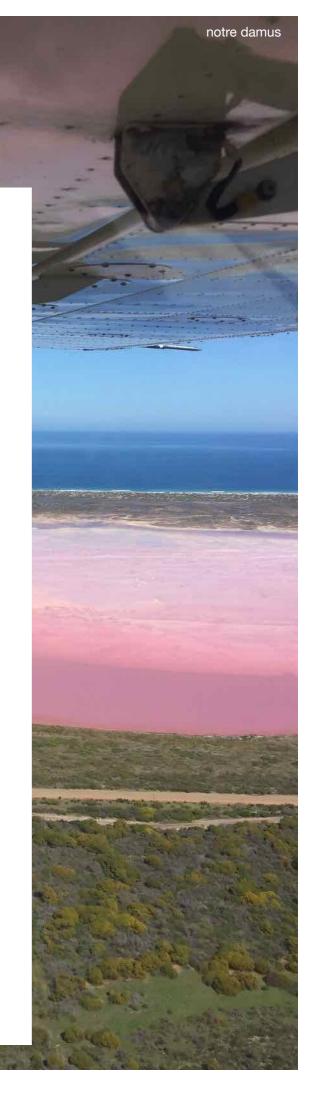
RCS has proven to be an amazing year, and I encourage all first years to consider applying to do third year in the country. Even if you're not a country bumpkin, it's a guaranteed incredible year, both academically and otherwise (especially otherwise). I have definitely grown a huge amount as a person and a baby doctor, and ultimately disproven the whole "missing out on city teaching" thought. If anything, the country is chocker-block full of keen young doctors who are enthusiastic and passionate teachers. The camping, surfing, 4WDing, SUPing, hiking, free rent, free parking, walking-distance beaches, fishing and chartered outreach flights are also not bad.

I have really enjoyed working on the *Notre Damus* as a way of keeping in touch with Freo life. A big thanks must go to the rest of the MSAND committee who work tirelessly to create the community vibes that UNDF med school is famous for. I have enjoyed working with all of them this year, be it from a bit of a distance.

Good luck for exams folks! Remember to have a break (have a KitKat, go for a jog, meditate and SLEEP)

With love,

Anna Clark, editor



PRESIDENT'S REPORT

Little fish are sweet.

The 29th of October 2013. Almost to the day four years ago. This was when the current final year class received their email offers of a place at the ND School of Medicine. The only med school in Australia situated just 200m from the beach *and* a brewery. The decision to accept almost made itself. Despite being on the other side of the country (or *south* of the river - considered a similarly imposing distance to many native West Aussies) from many of our friends and family, it's been an amazing four years.

I remember this date so well because a year on from then, I was doing whatever I could to steady my nerves before our cohort sat our first end of year exams. Someone far wiser in the ways of the world than me, suggested that instead of thinking about all the things I didn't know, perhaps calming things down to a mild panic and reflecting on just how far I had come in the space of the year would be a slightly more optimistic and useful approach.

They were right. It's an approach I've continued to use every year since, whenever I can feel a pre-exam meltdown coming on – tap out for half an hour, find somewhere peaceful and cut yourself some slack. Your brain has wrapped itself around an exceptionally large amount of 'stuff' these past twelve months and your clinical skills are immeasurably more advanced than they were at this point a year ago. You are an entire year more 'student doctor' than your former self. This fact is not insignificant.

It seems to be something to do with the way med students are put together. We're exceptional at identifying what we don't know, to the detriment of acknowledging the progression that is often blatantly obvious to those who train or teach us. All of us have imposter syndrome to some degree and I think it's important to realise that this is not in any way an accurate indication of our capacity to become good doctors.

Earlier this year I was chatting with a radiology registrar who said that despite being out of med school for five years he still regularly has moments where he thinks he's totally useless, certain he's about to be found out as a complete Muppet and just wants to go home. I'd spent a week with the guy and was convinced he was a genius with a brain the size of a watermelon. The point being that this feeling we don't know or aren't good enough recurs regardless

"Medicine is infinite and will swallow you whole if you let it"

of where we are in our medical careers. Medicine is infinite and will swallow you whole if you let it. Acknowledging the small victories, realising the progress you have made and being comfortable with not knowing everything, are skills that I believe are just as essential to becoming a good doctor as anything else you will learn during the rest of your time here.

Please be kind to yourself in the next few weeks and take some time to realise how far you have come.

Before finishing what will be my last ever article for this esteemed publication I'd just like to thank a few dozen people – The editor Ms Anna Clark – To my knowledge Anna is the first ever remote editor of the *Notre Damus* and she has done an absolutely bang up job. Her saintly patience with my complete inability to meet a deadline has been greatly appreciated. Thank you so much for the work you have put into this over the year. The rest of the MSAND committee - you are champions.

Alex Wright, president

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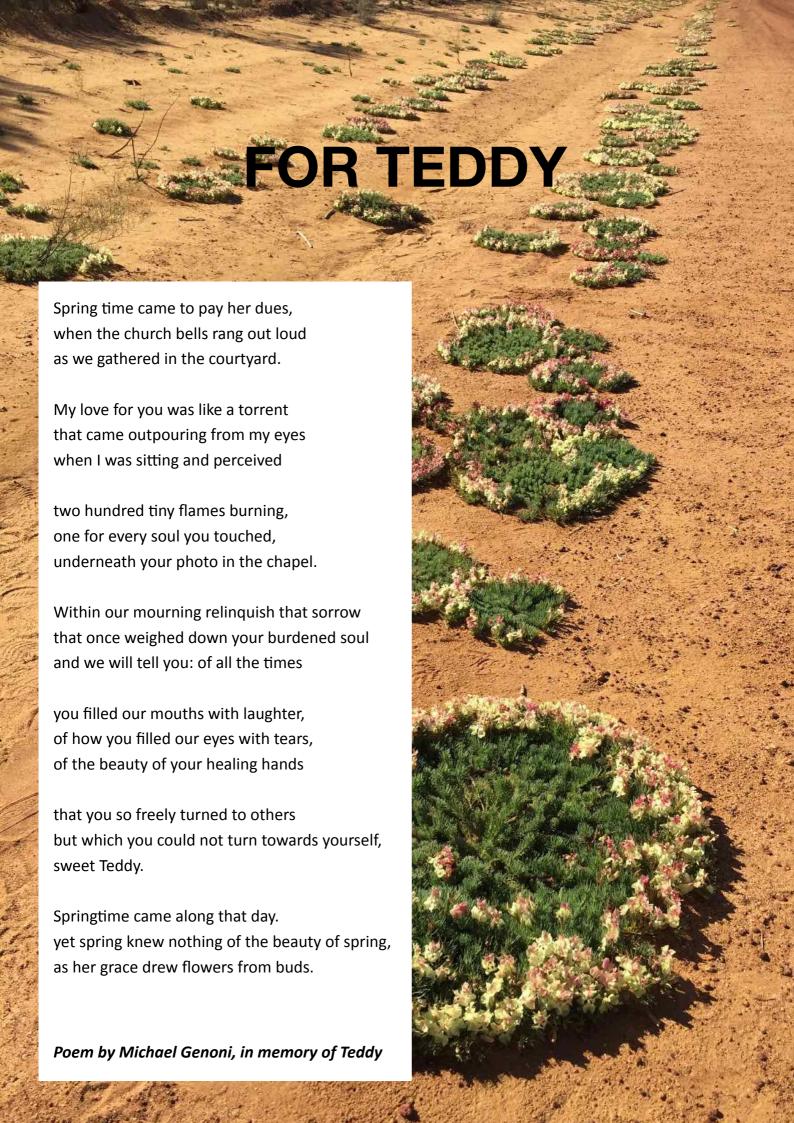
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MED 100

Well, that went quickly! It only seems like last month when we were completing our Toolkit week, yet here we are, prepping for our end of year exams in only a short few weeks.

The first year of Medicine has been a massive whirlwind of concepts, events, emotions and content! If we take a brief look in the rear-view mirror, let's try and summarise the happenings of the past 10 months of 2017!

January saw the arrival of 117 fresh, bright faced MEDI6100 students as they embarked on the Toolkit week, and O-Camp. Everyone developed a lovehate relationship with Wikipedia, and the beginnings of friendships were formed.

February saw the concurrent delivery of the Diabetes block and a spadeful of stress. It was at this point that the volume of content hit home for a few of us, and we quickly realised that working together was much easier than going at it alone.

We continued to work together, sharing resources and knowledge and the feel throughout the cohort is one of unity, which is refreshing given the journey we are on together.

June saw our midsemester exams approach, and the welcome return of Jules 'High-Yield' Vitali back into our midst following a mid year hiatus. In July came the mid year break – and much needed break from study! Many took the chance to head home to see family, whether that be on WA soil, or back behind enemy lines to the eastern states. The 2 week break came and went, in the blink of an eye, and we were straight back into it with the completion of the Respiratory block, and the beginning of Semester 2. Cardio, Neuro, Mental health and MSK to finish the semester, and that's first year done!

Throughout the last 10 months, the first year cohort have had a number of events that have worked to bring the cohort together, give insight and educate, or let our hair down. We've had events ranging from O-camp to the survival night, emergency night to the ball, and May soiree to PBL games, and many more. These have really helped shape the way our cohort functions, and really build on the culture of ND.

Whilst on topic, the culture and unity at Notre Dame is obvious, but no more so than over the past month. On behalf of the first year cohort, we would like to extend a massive thanks to the university, and the 2nd, 3rd and 4th years for their support during a difficult time. As a cohort, and a university, we came together to say a very sad farewell to Teddy. While she is no longer with us, we will carry her memory with us in our hearts and minds as we continue on through our degree.

In summary, the year seems to have flown by. So much has happened, yet there remains so much more to achieve. As a cohort, we are thankful of the support and guidance, and look forward to the years ahead!

MED 200

Can you believe it's already been almost two years since we embarked on this emotional roller coaster that is medicine? These past years have flown by, unlike the microwave line at 12:30 on a Thursday. The demands of being #BabyDoctors has been both a challenge and a joy that has been peppered with highs full of laughs and banter and lows marked by elevated levels of cortisol. As the curtain falls on our time as pre-clinical students on the verge of being thrown into the vast unknown, it's sometimes easy to forget how far we've come. Not only have we accumulated a handsome student debt but also some pretty handy knowledge and nifty skills that will serve us well in our years to come.

It was only a few months ago that we wrote our welcome back article and here we are writing our final entry as Tram Rocket. It seems juggling the workload of MEDI6200 can be likened to the Kubler-Ross '5-Stages-Of-Grief'. We began the year in denial that we would ever need to submit the monster portfolio, and then came anger when it became unmistakable that we would have to actually complete it... on top of a bioethics essay. Next came bargaining when we tried to push for two instead of three Aboriginal health reflections due to a typo in the portfolio guide. This led us into a state of depression and swift acceptance when it became apparent that it was inevitable we would in fact have to complete it.

It's been an exciting time for the year as a collective; the Kimberley Trip was a chance for a lot of us to get our hands dirty. Some donned the flannelette and Akubra whilst on a station, some created Picasso like works of art and some went back to school. Most importantly, we were able to get the Instagram snap to show how rurally immersed we had become and make all our family and friends extremely jealous. The inaugural learning-on-country Broome trip was a fantastic opportunity for the lucky students who went and one we hope will be continued in years to come. Having both gone we can assure you it was all strictly business during our time there and the Snapchats of our regular visits to the beach were in no way a reflection of what actually occurred.

Individually, our cohort has experienced both thrilling and difficult times. We have had engagements, marriages, birthdays, illnesses, surgeries, pregnancies, births, relationships, and stresses, but as always the MEDI6200 family has come together to show support and be there for one another. It is a privilege to be a part of such a compassionate and empathetic cohort.

As we approach the exam period and embrace the stress that accompanies it we would like to wish the MEDI6200 class the best of luck in their exams. It has been a pleasure to represent you and we will miss our time together as we all begin to head off in different directions. Good luck to those of you on RCS! Here's to a drink(s) after exams and some well deserved rest!



ROEBUCK PLAINS, KIMBERLEY

Roebuck Plains... where the Indian Ocean meets the cattle station's Pindan dirt, there is something so quintessentially Australian about this place. The 6000 square kilometres, its absolute vastness, naive medical students with little idea this was all pastoral land. In broad brimmed Akubras, with worn denim and leather boots, the Jackaroos and Stockmen rising at first light, begin a hot day tending cattle. On Aboriginal land, given back to rightful Aboriginal owners and staff, the station was a beacon of some aspect of reconciliation.

The chopper circles overhead, swinging back and forth, pushing the cattle in the direction wanted, as if by an invisible force. Mist rises from flared nostrils on this cool, brisk morning. They trample over the highway, grey nomads curiously stopping to eye them, as all 1500-head, pace along the highway's shoulder. A quick live-birth, leaving a medical student covered in amniotic fluid. Holding the new-born, the poor heifer affectionately named Lorraine! Another student receives a warm surprise in the cold morning, a calf suffering from what could only be called stress-incontinence. After entering a new paddock, we glimpse a young buck and two calves escaping the main herd. Flooring the 4-wheeled buggies we give chase. They're quick, but long tails let them down as when snatched they instantly drop. Back to their irate mothers they go.

The gates bang shut with a crash as another quick buck beats the stockman and hurtles into the wrong pen. Dust kicked in the air, the roundhouse team are in full action. Each cow destined for a different yard. The Jackaroos, peering through the dusty haze, dodging flying hooves, do their best to guide them through.

"Crack goes the stockman's whip"

Crack goes the Stockman's whip as it whirls over-head, crashing down like a thunderbolt. The simple city-slickers trying, with limited success. The Filipino Prince, giving it a valiant effort, but not quite achieving that satisfying snap.

Off to muster again, this time with the revving of the land-cruisers in our ears, the humming engine beneath our seats. The herd trots together toward greener pastures, but there is always the rogue determined to forge a different path. The land-cruisers scramble, cutting the loose cow off and then the horses canter in to usher it back to the main pack.

Fresh from the city, these wet-behind-the-ears students would assist throughout the day. They did the best they could, no doubt making more work for everybody. A tired team returning with empty stomachs, contentedly knowing that Margie the Cook has a hot meal prepared.





INAUGURAL BROOME PBL

17 lucky MED200's were granted the ultimate opportunity: switching 6 weeks of cold drizzly winter, congested freeways, expensive Fremantle parking and inept Perth drivers, for 6 weeks in Western Australia's northern paradise, known more formerly as Broome. As we descended into the airport over the seemingly endless stretch of turquoise water and white sand, we realised the enormity of how blessed we were to be in Broome. The Notre Dame Campus in Broome is very different to Fremantle, with a delightful spread of tropical gardens, a barista coffee machine and a library with a courtyard that perfectly balances the shade of a palm tree with a warm hug from the Kimberley sun. Despite



living on campus, it didn't take long for the 300-metre walk from our beds to PBL to seem laborious.

As our mid year break concluded and our Fremantle body clocks were wiring up to delve back into the books, the only thing we were concerned with delving into was the glistening water at Cable Beach. Needless to say it was a difficult first few weeks trying to balance the complexities of rheumatoid arthritis and osteosarcoma with the stunning Broome sunsets. Eventually though, we did manage to remember that we are actually medical students, and that rheumatology and renal medicine are things we should probably know a thing or two about.

For all of us, Broome provided an unparalleled experience to expand our understanding of Aboriginal culture, language and health. We learnt about Yaruwu language, skin groups and family from Dianne Appleby, a respected elder who was kind enough to arrange for us all to go fishing at a beautiful and secluded creek on country. Dr Kim Isaacs, a highly respected Yaruwu woman from Broome and a GP, help to link us up with many community placements during our time in Broome. These placements allowed us to open our minds to the many complexities, issues and barriers that Aboriginal people in rural and remote areas face. At The Healing Foundation, we heard some heart wrenching stories from members of the Stolen Generation. The Broome Regional Aboriginal Medical Service (BRAMS) was a fantastic introduction to how Aboriginal Medical Services function.

Those of us who thought that living on campus would provide more time for study, could not have been more wrong. Paradoxically, we discovered that we were able to be more social in a rural town than in the city, which didn't allow for any extra study time at all. Living rurally, the stresses of having a busy schedule are non-existent, freeing up more time to send a bicycle convoy out to Gantheaume Point to see dinosaur footprints, hosting Game of Thrones gatherings, Taco Tuesday dinners and dare I say it, congregating for the season opening of The Bachelor. On a more academic note, there were also many opportunities for us to attend presentations at the 'Hot North' health research conference.

Without a doubt, the Broome Learning on Country experience will remain one of the most phenomenal parts of our medical school journeys. It must be mentioned that the experience wouldn't have been possible without the assistance of the School of Medicine, the lovely local Notre Dame Broome campus staff, and the teaching staff from both Fremantle and locally from Broome, who taught us PBL and clinical skills. They were outstanding and gave us incredible insight that we would never have been able to obtain elsewhere. Many important lessons learnt in Broome will remain with us throughout our careers. We learnt an enormous amount about Aboriginal health and how medical services function in the Kimberley. We learnt that it isn't impossible to live without a car, and that cycling with 5 bags of shopping from Woolworth is [only just] possible. We learnt that the concept of 'time' is just a construct for city folk, and that arriving at least 5 minutes late to everything is a requirement of living in the Kimberley. The opportunity to apply for this program is something that you should consider seizing, because Broome time is not something that can be captured in a clock or a calendar, it is recorded in your heart where it will forever remind you to smell the flowers.

HALFWAY DINNER

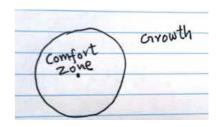
On the 15th of September, the Class of 2019 celebrated (almost reaching) the end of pre-clinical years with the traditional Halfway Dinner. This year's event was held at Coast, North Fremantle and students were joined by staff, partners, parents and friends. The dinner was also an opportunity for students to meet incoming School of Medicine Dean Dr Gervase Chaney before heading off to hospitals next year. The Halfway Dinner organising committee would like to thank all those who attended and wish you well in the upcoming exams!



MED 300

"Growth happens outside your comfort zone," - Google images

This quote sums up our year. A year in which we could no longer reside in the comfort of the ancient post-textile factory walls of Notre Dame Medical School. Instead, we had to venture out in the deep jungle that is clinical placement, striving for competency. It takes courage to approach a consultant to present a case, to stab another human without (much) practise



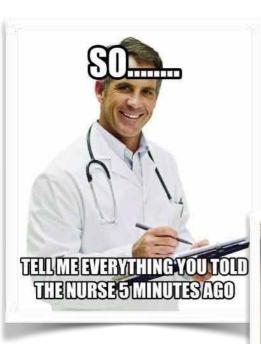
and to scrub in whilst the hawk-eyed scrub nurse is watching. Many a times we got it wrong and a feeling of embarrassment and frustration would be consuming. However, it was at these times, we learnt the most and developed one of the most important skills a doctor must acquire – resilience.

Being able to step out of your comfort zone is only possible if you have a strong support network. We are truly blessed to have had this support which largely stems from the safety net that is provided by our peers and the staff within the school of medicine. Looking out for each other is something that appears to be engrained in the ethos and culture of Notre Dame students and whether that is through the sharing resources, teaching each other important concepts or even just asking how someone is going. It all helps and make this journey easier and more memorable. The clinical sundowner was a perfect example of the unique relationship we have with our staff and thank you at all who attended.

Good luck to all for your end of year exams and to our RCS friends, we look forward to running around the city hospitals with you next year. We have thoroughly enjoyed being your reps for this year, many thanks for this opportunity. Lastly, to the graduating year of 2017, on behalf of Med300, we wish you the best of luck as you start your (income generating) careers in the field of medicine.

Much love.

PS. enjoy some of our favourite med student memes











Me, trying to say generic drug names...







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MED 400

Hello for the last time!

To our amazing cohort:

By the time you'll be reading this, we'll be done and dusted and off doing "medicine" (aka lying on beaches, exploring, drinking wine!) around the world!

Who would have thought we'd make it this far? It really has been quite the journey. Ups and downs with that inevitable feeling of stagnation in between. But hey, that's all part of the milkshake, right??!! Could not imagine doing it with a better bunch, so thanks for being such amazing people!

It's been an incredibly busy year - learning all the medicine, completing job applications, registration, organising electives the list goes on. Big thanks to those that, amongst all of this, volunteered (both willingly and unwillingly!) to help us out with year group stuff... we really appreciate it.

Also, a massive congratulations to the most amazing woman who had just sat exams with us after bringing a tiny human into the world only a month ago. Cat Bassett you are amazing!

Can't wait to see you on the wards next year as we all fumble our way through together!!!
See you at graduation!!

To 1st, 2nd and 3rd years,

We all remember sitting exactly where the rest of you are, dreaming of the feeling of walking out of the OSCEs for the last time. We made it, and you will too! As we're at the end of our ND journey, we do have a little bit of institutional knowledge and

advice that might help you all ride out the years to come. First and foremost is the importance of looking after yourselves and those around you. Don't forget to take a step back. Medicine is an incredible undertaking and can be all consuming at times. But don't forget about all those amazing things outside of uni... family, friends, the beach, a cold beer, books (fiction!!), learning new skills... and so much more.

Liesl and Ryan









PEARLS FROM MED 400

Aaron:

How to survive 4th year: Don't miss the opportunities to take histories and examine patients with a variety of common conditions - you'll remember the 'first patient' you properly assessed with the condition, which is helpful in exams!

What you'll miss most about med school: being able to justify frequent coffee breaks

Mia:

How to survive 4th year: Recognise when you need time out and take it, it's a busy year, it flies by, prioritise you. Also enjoy the last year as a student and ask as many questions as possible! Next year comes with more expectations, but this year you still get to ask the 'dumb questions'.

How to survive pre-clinical years: Go back to the PBL case and go through the triggers, each bit is there for a reason, go back and try to make connections and understand why you've been given each bit of information. Making these connections helps it feel less like a million pieces of random information that you need to remember and more like a clinical picture that you can remember and apply in different settings (like the exam) .

What you're most looking forward to about intern year: Not having the 'you should be studying' fairy on my shoulder anytime i'm doing something other than study

What you'll miss most about med school: The people, and Fremantle

What you wish you knew when starting med school: A wise someone who is now our soon to be Dean once said to me "Medicine is a marathon not a race, pace yourself." this feels like very sage advice.

Justin:

How to survive 4th year: Get yourself a good study group and get the audit done early! **What you're most looking forward to about intern year:** Getting back to paid employment and no med school exams!

How to survive pre-clinical years: Get the balance right between study and leisure time.

Jade

What you're most looking forward to about intern year: Well as long as exams get passed (help), apparently there are daily free treats including donut and pizza day so that'll be nice and healthy. Also knowing that there will hopefully be a place for me to stand not as awkwardly in a patients room on ward rounds and being called a doctor once or twice (lol who allowed this) will be exciting.

What you wish you knew when starting med school: That I was going to be in for 4 years of my hair turning grey, sponging off my parents until the end, and that without having med friends you are lost in the world. Also that study life balance is a real thing, and that naps are routine

Charlotte

How to survive 4th year: think of how great it'll be to have a salary next year.

How to survive pre-clinical years: Support your friends and don't lose sight of the big picture. it's not about learning the minute details!!

Mauli

What you're most looking forward to about intern year: Finally being able to put into practice what I've learnt is very exciting! I am looking forward to hitting the ground running and being a part of the medical team.

What you wish you knew when starting med school: The importance of looking after yourself is sometimes undervalued by us high achieving medical students. It is so important to surround yourself with positive people through your med school journey and ensure you have a good GP you can debrief with on a regular basis. I would also suggest taking breaks regularly, whether it is an afternoon, a day or a whole weekend. Med school can be tough and its important to recharge your batteries.

Ayala

How to survive 4th year: ENJOY IT!! Its your last year and its definitely the best one yet. Get started on your audit early and get it out of the way ASAP - also do it with a buddy, it makes all the difference! Things sort of start coming together. See lots of interesting patients, enjoy your med student chats with them and then leave early! Leave as early as you possibly can! Enjoy these early afternoons off - use it to study effectively whilst checking out all the new delicious Perth coffee shops & fuel your addiction.

Anna D:

How to survive 4th year:

- #1. Be organised!! Figure out what's due when and what it's worth early on. This is the most jam packed year ever!
- #2. If there's something you've always wanted to do for elective, get on it early. It'd be sad to miss out because you ran out of time to arrange it.
- #3. Keep note of all the sneaky 'this would be a good exam question' tips from lecturers from day 1
- #4. Look after yourself and keep an eye out for your mates, as per usual Notre Dame policy

What you're most looking forward to about intern year: Finishing the day and not going home to study! Going home to eat expensive cheese instead.

Shelley:

How to survive clinical years: Get started on long cases and get them in as soon as possible as they can be rather time consuming. Be organised and make good, well ordered notes for when it comes to exam preparation. Revise your rotation topics by doing lots and lots of practice questions and clinical cases. Make regular exercise non-negotiable and part of your study routine as it will make you more clear and productive. Create boundaries to study and make sure you schedule in a regular time to relax and catch up with friends or family.

What you're most looking forward to about intern year: Contributing and growing rapidly in skills and knowledge... and to be honest, finally getting paid!

What you'll most miss about med school: The privilege of entering peoples lives, moving around hospitals and between placements seeing a wide variety of medical fields with only a responsibly to learn. Also times with the clinical teachers and consultants that put quality time and effort into you.

What you wish you knew when starting med school: Medical school is going to go very quickly. Everything is going to be OK! Work wholeheartedly, make the most of each other, trust in the whole process and things will come clear.

Tall Dan:

Advice on how to survive 4th year: Get an early start on life admin/assignments etc. and keep in touch with everyone!

Advice on how to survive clinical years: Prioritise your time on placement and take the initiative to create learning opportunities; but don't take yourself too seriously!

What you're most looking forward to about intern year: Putting everything into practice and guilt free weekends

What you'll most miss about med school: The events, the people and the footy!

WE FINISHED!!! ** ** ** *** ****





















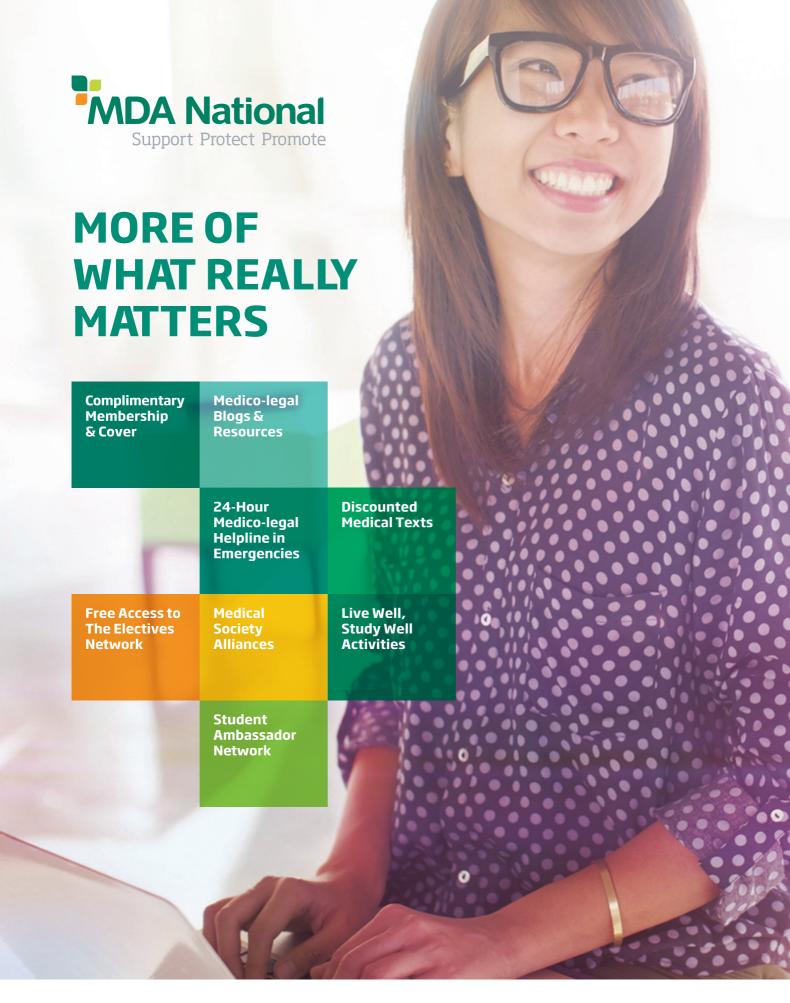
EDUCATION

It's been an interesting year for the students of Notre Dame since the unexpected and saddening departure of our former Dean Prof. Shirley Bowen. It goes without saying that Prof Bowen had an immense impact on promoting positive a culture within the School of Medicine and clinical practice, and she has been sorely missed by many of the students. That said, the School could not have been passed to better hands than those of Professor Jane Courtney. We thank Professor Courtney for taking up the mantle of Acting Dean in the interim and truly appreciate the work that she, and all the rest of the staff of the School of Medicine have undertaken in the last few months.

It our pleasure to now welcome our new Dean of Medicine, Dr Gervase Chaney. Dr Chaney graduated from the University of Western Australia in 1990 and become a fellow of the Royal Australian College of Physicians in 1998, and has been practicing as a paediatrician since 1999. Throughout his career Dr Chaney has held many clinical and leadership roles at PMH, the Postgraduate Medical Education Council, and the soon to be opened PCH. Dr Chaney was involved in the original Curriculum Committee of our School of Medicine and has been a clinical teacher associated with Notre Dame since then.

Dr Chaney has been seen around campus on multiple occasions since his appointment, most notably on the dance floor of MEDI6200's halfway dinner! In August when Dr Chaney was appointed Dean of Medicine he was listed as number one in an article by *Campus Morning Mail* entitled "Winners of the week at work." We are pleased to welcome Dr Chaney to the School of Notre Dame and look forward to his years ahead!

Sid Narula, Med 300













all cohorts within UNDF to celebrate diversity, herald acceptance, and simply, be a good person.

Love is love, and this world needs all the love it can get.

this world needs all the love it can get."

Finally a huge thank you to this year's subcommittee members, Connor Blackmore, Daniel McKintyre, Kate Langton, Charmi Perera and Tammy Walters, this year's incoming AMSA rep. Thank you for everything!

Ruby Osman-Mulraney, Med 200



GLOBAL HEALTH CONFERENCE

This year I made the trek "over east" to my hometown, the World's Fifth Most Liveable City, for the 2017 Adelaide GHC. Despite Western Australians constantly trying to convince me that the three hour interstate flight is extremely short, I was anxious to land and join around 600 other delegates for one of the largest student run conferences in the world. And to see my dog. This year's GHC continued its legacy of recruiting an impressive calibre of speakers. Some highlights included Senator Richard Di Natale telling us about his



journey from GP to leader of the Greens: the Honourable Michael Kirby discussing his opinions on the "illegitimate postal survey" that we are undergoing to determine whether or not same sex couples should have the right to marry (PSA: they should); Professor Munjed Al Muderis, a pioneering orthopaedic surgeon, speaking about his journey fleeing from Iraa to come Australia by boat and spending nine months in the Curtin Detention Centre; Clementine Ford, feminist activist and author, educating us on the incredible difficulties that many women still face accessing abortions in Australia; and Kon Karapanagiotidis, founder of the brilliant Asylum Seeker

Resource Centre, inspiring and informing us on how we can do better for those who have suffered trying to start new lives in Australia. Other speakers of note included Mick Dodson, Stewart Condon (President of MSF Australia), and Philip Nitsckhe. As someone who was traumatised by Adelaide's nightlife in her youth,

my main focus for GHC was the academic program and not the social nights, a concept that was poorly understood by the frighteningly enthusiastic and energetic undergraduate students in attendance. However my pre-10.30PM social appearances were made better by a silent disco, a DJ old enough to be my dad and enthusiastic enough to be a Labrador, and an afternoon at Plant 4 Bowden making terrariums, weaving baskets, tasting gin and patting dogs. Despite my stamina being seriously tested by day two, it was sad to end the five-day conference which was beautifully rounded out by an evening at the Adelaide Oval.





FIJI VILLAGE PROJECT

In January 2017 we had the pleasure of volunteering in Fiji as part of the Fiji Village Project.

The Fiji Village Project is a trans-pacific health student initiative that aims to promote substantial health development in remote Fijian villages. We worked with medical and nursing students from Australia and New Zealand as well as local Fijian students. Together we performed health screening and provided health education to the adults and children in the village. We also worked with local nurses to provide woman's health checks and education. As a group we also constructed new water tanks to provide the villages with clean water.



We were lucky enough to be able to spend some time in the Colonial War Memorial Hospital in Suva. Here we got to spend time in ED, pediatrics and obstetrics, literally catching babies. The staff would let you do as much as you felt comfortable doing and we really got the opportunity to get our hands dirty. The majority of medical equipment and basics, such as gloves, are donated from Australia or The World Health Organisation and made us so much more appreciative of what we have here in Aus.

The Fijian villagers were so welcoming, putting on traditional Kava ceremonies full of food, dancing and endless amounts of kava to drink. The local students also made sure we got out and about and really experienced Fiji. We explored the city, got a taste of the Fijian nightlife, went rope swinging over waterfalls,

swimming in gorges and sat on the beach drinking coconuts. Take us back!

At the end of first year it can be easy to lose sight of the reasons you wanted to do medicine, the 40+ weeks spent in the classroom doing PBLs followed by grueling exams... what fun! But this reminded us of why we are here. This was one of the best and most eye opening experiences we have had and we would recommend it to everyone.

Ally Butt and Fiona Spencer

VOLUNTEER VIETNAM

Volunteer Vietnam is a not-for-profit organisation run by first and second year medical students from the University of Notre Dame, Fremantle. The group has hosted numerous fundraising events throughout the year and have reached their goal of raising over six thousand dollars. All proceeds raised throughout the year go directly to supporting several poorly funded clinics to help medically disadvantaged and marginalised people living in Ho Chi Minh City, Vietnam.

The group of six medical students will travel to Ho Chi Minh City in November to deliver the much needed medical supplies and equipment that has been collected throughout the year, as well as to



provide practical assistance to multiple centres, including Xom Moi HIV/Aids free clinic, Ben San Leprosy Hospital, Nhat Hong Center for Blind, Mai Tam Shelter, Phu My Orphanage for the disabled.

All funds raised goes directly to the free clinic and all student travel expenses are personally funded. Fundraising will continue until the trip in November, if you would like to contribute you can donate via our online fundraising platform https://chuffed.org/project/volunteer-vietnam-2017.

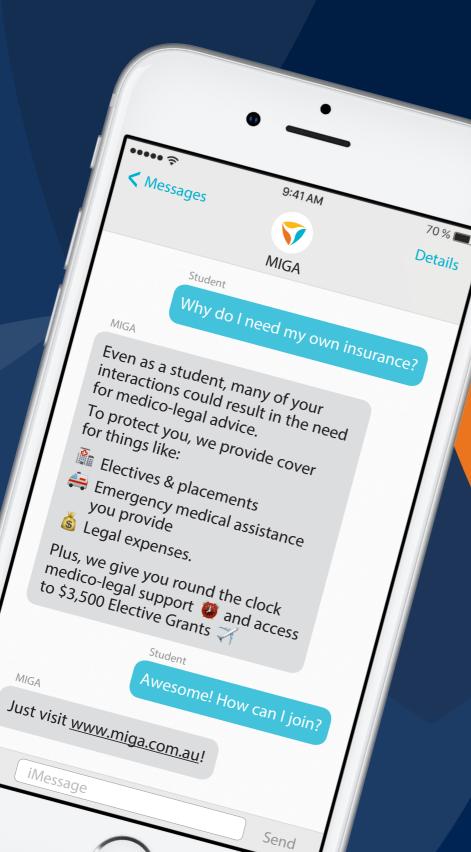
Student team members for 2017 are Antony Boynes, Lara Franklin, Lucy Andrews, Lauren Kerr, Christopher Pink and Laura Werman (pictured below).

Lara Franklin, Med200





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TRACHOMA CLINIC

Last month, my classmates Ryan Cohen, Sally Andrighetto and I, were fortunate to spend half of our MED400 rural GP rotation with the Kimberley Population Health Unit doing trachoma screening. Trachoma is a contagious eye infection caused by specific strains of the bacteria *Chlamydia trachomatis*, with recurrent infection resulting in preventable blindness if not treated. Australia is currently the only developed country to still have endemic trachoma and is part of the WHO initiative to eliminate trachoma by 2020.

Our role in the communities was to: screen for active trachoma, treat index cases and community contacts (with azithromycin), mass drug administration (community wide treatment) where indicated, assessment of clean faces, screen and referral for trichiasis in adults over 40 years and undertake health promotion activities such as school and community education. This involved visiting eight remote Aboriginal communities across the Kimberley region over a two-week period. The first week was spent screening children aged 0-9 years for evidence of trachoma infection and the second week was spent screening adults aged over 40 years for evidence of the complication of trachoma infection, trichiasis.



The trachoma placement was without a doubt my highlight of medical school. From a clinical perspective, it was a tremendous learning experience, as through screening we were able to identify a case of each stage of the trachoma grading system. The screening also provided a great opportunity to develop our practical ophthalmology skills. Along with the clinical learning came a better understanding of Aboriginal culture. The Aboriginal colleagues we worked with, along with members of the different communities, were really keen to teach us about their traditions and laws and shared with us the local hot tips for places to visit.

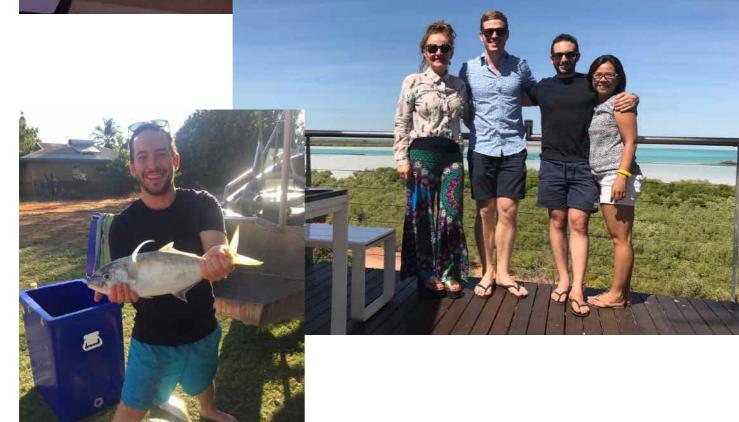
To balance the academic aspect of the placement, there was plenty of time for adventure, as we managed to plan our days to fit in plenty of sightseeing. We spent a few lunchtimes swimming with the crocs in the Fitzroy River, caught sharks while fishing off Broome, went stargazing through fancy telescopes and even managed a private boat tour up Geikie Gorge. The Kimberley is an absolutely spectacular place and it is one of the unique perks of Notre Dame that we all get to experience the stunning region at some point during our degree.

While many Australian doctors aspire to volunteer for organisations such as MSF, witnessing the health challenges in these remote Aboriginal communities really illustrates the responsibility we have as future doctors to help those in our own country. We met some amazing people





doing incredible things in these communities, with simple interventions making a meaningful difference to their health and wellbeing. The Trachoma Screening program was a brilliant way to explore and learn about the health issues facing remote Aboriginal communities. I'd encourage those in both their preclinical and clinical years of study to put their hand up for the program if the opportunity arises.



RURAL

MSAND Rural have had a busy year in 2017, with a new leader and new committee members bringing fresh ideas and a renewed vision.

Returning from RCS in Kalgoorlie, our fearless leader Darielle Brown took the reigns, recruiting some fresh blood and ensuring a good mix of students from clinical and non-clinical years.

One of our biggest focuses for this year was establishing a buddy system for students applying for RCS and JFPP. Applications for the John Flynn Placement Program (JFPP) take place early in the year when the firsties are still wrapping their heads around LOs, PPH and CD, and trying to figure out why Vincent is off colour. Likewise, second years interested in RCS are faced with a long application process and site preferences all in the midst of training for the PBL games pushup competition. The way these buddy systems work is that we recruit first and second years applying for JFPP or RCS, and pair them with willing current or previous RCS students and JFPP scholars. The buddies are able to provide sage advice about applications and site selection for both programs, as well as share their experiences with prospective students. We hope to expand this buddy system next year to ensure that all students interested in applying for these programs have someone to turn to for advice and assistance with applications. For RCS, this also includes sitespecific tips and tricks (best schnitty, which consultant not to piss off, dodgy bits of town, decent coffee etc.).

In addition to this, ND joined forces with UWA and SPINRPHEX to host a networking event for RCS alumni and prospective students. Wine and nibbles were shared by all before separating into breakout groups organised by site.

Our 'Red Dirt, Red Blood' rural inspo evening featured engaging talks from Duncan Wright (photographer and community in WA's Ngaanyatjarra Lands), Sally Edmonds of RFDS, Nurse Practitioner and rural extraordinaire Melissa Barrett, and Dr Angus Turner of Lions Outback Vision.

Grand plans were made for a camping trip to Mundaring, however galeforce winds and torrential rain meant we had to stay indoors and search for other excuses not to study. Another achievement we are proud of is the design of our new logo, courtesy of the creative talents of our committee members.

It has been an exciting year for MSAND Rural and our dedicated committee. Next year is sure to bring many more opportunities to engage in rural medicine and hopefully the promised camping trip.

Tessa McCormack, Med100



Red Dirt, Red Blood

The Medical Student Association of Notre Dame's Rural team hosted their first event of the year this week, which featured an assortment of rural practitioners and bush tucker. The aptly named event, 'Red Dirt, Red Blood' sought to explore all things rural and aspired to encourage medical students to think about a career in rural medicine.



The opening speaker of the night was Melissa Barret, a nurse practitioner who currently works in Fremantle. She spoke of her experiences working in the Kimberly, Pilbara and many islands off WA. Melissa was followed by Duncan Wright, a documentary photographer and community development officer who works in Warburton. This town is home to 400 Indigenous people and can only be entered by invitation. He offered valuable perspectives about the disparities in health and access to social support between those in rural and remote communities.

Stephanie Jones spoke on behalf of WAGPET about her experiences as part of her GP registrar training in Kattaning. She spoke about the recent and important advances in Telehealth, a program that offers support to those practicing in rural communities where team assistance is non-existent.

Associate Professor Angus Turner spoke of how he too utilises telehealth as an ophthalmologist with the Lions Outback Vision (LOV).



He spoke of the many kilometers he and his team drive and fly over to provide ophthalmology services to patients who are otherwise unable to access specialist care. He is accompanied by his wife Ceire, an actress-come-chef-come-teacher who provides exciting nutritious meals for the team and who kindly catered the event with amazing salt-bush, kangaroo stew and wattleseed damper. Ciere heads the LOV foods program, which aims to educate children in remote communities the importance of healthy eating.

Lastly, Sally Edmonds shared her insights into life as a doctor for the Royal Flying Doctors Service. The RFDS began in 1928, as the vision of John Flynn who sought to provide healthcare to the furthest corners of Australia. Today, the RFDS own a fleet of 66 fully instrumented aircrafts that operate from 23 bases across Australia with their pilots annually flying the equivalent of 34 round trips to the moon!

The event was a resounding success and undoubtedly provided inspiration to many students thinking about a potential career path in the country. MSAND Rural hope to inspire medical students to become active participants in bridging the gap in rural and Indigenous health disparities. The Team at MSAND Rural would like to thank those who took their time to come speak for 'Red Dirt, Red Blood' and WAGPET for providing valuable insight into GP training. Lastly, we would specifically like to thank the local businesses in the Fremantle area who sponsored prizes for the night: Acai Bro's, Ancient Earth Crystals and Gems, Chalky's, Japingka Aboriginal Art Gallery, New Editions Bookstore, Ohana Acai Bar, Tamara Yoga.

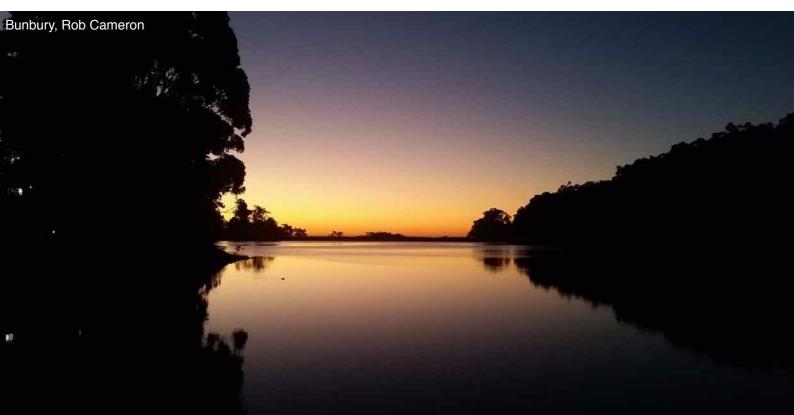
Darielle Brown & Joshua Briotti, University of Notre Dame



SNAPS FROM RCS...







CONTINUED...







ONE MORE PAGE...







Kalgoorlie, Rachel Croker





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SPORT & WELLBEING



With all of the events completed for 2017, it's time for the S&W wash up.

The last Friday in September brought a huge crowd down to witness MSAND host WAMSS for the final touch and football game for the year. What started as a promising football campaign, with a Founders Cup win earlier in the year, unfortunately ended in heartbreak for MSAND touch and footy with very close losses in both games. The football gods were not kind to us late in the year and delivered us some untimely injuries allowing WAMSS to retain bragging rights for another year.

Losing to our rival med school is one of the toughest things to deal with and is something that will haunt me all holidays, however with a strong pre-season on the cards for next year, it won't be long before we have time for payback.

Outside of this result it was an extremely successful year for the Sport and Wellbeing portfolio:

- Kyle's boot camp sessions got a whole bunch of students out on the oval burning off calories and building some serious muscle.
- Karen's yoga had us feeling calm and stretched out around exam time (though my flexibility leaves a lot to be desired).
- 26 students ran the HBF Run for a Reason and we managed to raise \$400 for Support Marc.
- MSANDFA had an undefeated season (and didn't actually look close to losing)
- Matches were organised by MSANDFA for first years Jules and Teddy and were hugely attended, showing the strength of the ND culture.
- MSAND Touch saw mixed results: they trained unbelievably hard all year round and were unlucky to only come out with a win, a draw and a loss.
- MSAND won the Tri-varsity netball tournament, regaining the trophy from Curtin
- The footy team went through the NDSA Founders Cup competition undefeated gaining status as the best footy team at Notre Dame.

I've had a great time organising all these events and it makes me very happy to see the attendance and participation continue to grow. I look forward to what next year holds so until then a huge good luck to the 100s, 200s and 300s with the exams. You'll all crush them and be feeling like the $4^{\rm th}$ years in no time.

Peace

Matt Thomas, Med 200

A GREAT YEAR FOR MSANDFA

Some teams were destined to make history. MSANDFA entered the 2017 interfaculty season with a mix of new signings and seasoned veterans. How would this outfit fare against the big faculties at UWA? Well what a time we had: A record shattering 12-1 result against UWA Podiatry, a thrilling victory against the bitter rivals WAMSS in May and massive wins at mixed interfaculty night against the faculties of Science Union and ECOMs. Seven games, seven wins, a staggering 43 goals scored. This year MSANDFA became the MIPS Cup Champions and topped the Interfaculty Association rankings.

Pundits have asked how this little team soared to its heights. I think we just found the right bunch. Perhaps it was the robust defence with energetic wingbacks. Or the geniuses in midfield who's vision and control of the game guaranteed goals and wins. Or was it a particularly intimidating MSANDFA attack? We've always been known to produce good forwards, but this was a new machine. Abasszade, McDonnell and Cherian: Even the "unbreakable" WAMSS defence could do little but watch these boys create absolute havoc.

Two greats of the game have announced their departure at the end of this year. Eamon McDonnell, who has amassed a huge tally of 15 goals in two seasons. And Charlotte Rydstrand, who led as the captain of the mixed team, motivating us to our huge wins with back-to-back goals and absolute class up front. These legends have helped build MSAND soccer from its early days and this year's clean-sweep is certainly a fitting way to see them off. We wish them the very best as they head back over East!

Finally, a job well done to captain Josh Abasszade and vice-captain Alex Das. They've been integral in the running of this team. To the spectators who have come down to support us, my biggest thank you, hope you've enjoyed the journey. I've had a fantastic time seeing this team grow and achieve its success. There will be more trophies soon to come!

The 2017 MSANDFA Team

- 1. M. Dallo
- 1. R. ZhengAn
- 3. C. Woollard
- 4. D. Cameron
- 5. C. O'Connor
- 6. J. Vitali
- 7. J. Abasszade (c)
- 8. E. McDonnell
- 9. A. Das (vc)
- 10. B. Poe
- 11. S. Beh
- 11. C. Rydstrand
- 12. M. Dorkhom
- 14. Dan Nguyen
- 14. J. Mudie
- 15. A. Marulli
- 16. J. Alexis
- 17. A. Stuart
- 22. Juan
- 22. G. Kate
- 24. J. Hanna
- 25. Bup Phaengnoi
- 30. S. Kerrigan
- 41. S. Cherian
- 42. D. Henalla
- 80. L. Wheeler
- 89. N. Agbinya
- 99. P. Youn





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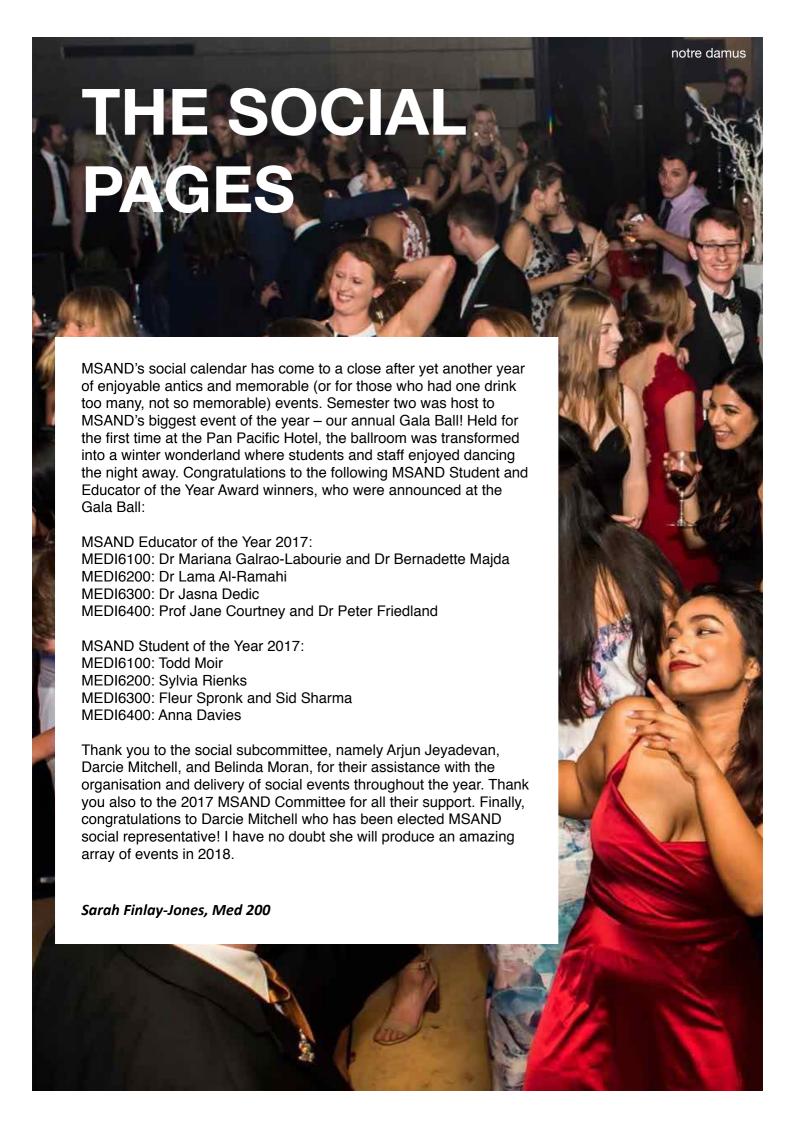
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PROCRASTINATION PAGE

WORD JUMBLE



target: 50 words, must include central letter. There is one 9-letter word.

SPOT DIAGNOSIS:



ејетепта тегсигу

Lebanon, 4. Macedonia, 5. Bussia Bloodletting. Influential physicians like Hippocrates maintained that the human body was filled with four basic substances, or "humors"—yellow bile, black bile, phlegm and blood—and these needed to be kept in balance to maintain proper health. With this in mind, patients with a fever or other aliment were often diagnosed with an overabundance of blood. To restore bodily harmony, their doctor would simply cut open a vein and drain some of their vital fluids into a receptacle.

- the practice.

 7. Montenegro (4125 cigarettes), 2. Belarus (3832), 3.
- been replaced by an identical imposter

 The US army used DDT to delouse soldiers and minimise the spread of typhus lice after WWII. This was a demonstration of
 - 3. A delusion that a friend, spouse, parent, pet, loved one has
 - Limbal Dermoid

d. a disease named after a place. Hendra, Ross River,
Bairnsdale, Murray Valley and Barmah Forest are all Australian
place with diseases named after them.

WORD JUMBLE: ventricle, cervine, enteric, enticer, lectern, recline, reticle, tiercel, center, centre, clever, crenel, cretin, entire, envier, invert, levier, lierne, linter, recent, recite, relent, relict, reline, relive, revile, tenrec, tercel, tierce, venire, verite, creel, crine, elver, enter, erect, evert, inver, inver, nerve, never, niver, nerve, relic, revel, revel, revet, riven, never, nivet, recti, reive, relic, relit, retie, revel, revet, riven, rivet, terce, tiler, treen, trice, trine, viler, cire, cree, erne, ever, leer, rivet, terce, tiler, treen, trice, trine, viler, cire, cree, erne, ever, leer,

FUN TRIVIA FOR OVERLY KEEN MEDLING KIDS

- 1. What is a toponymous disease? Name two examples.
- 2. what is this?





- 3. What is Capgras Delusion?
- 4. What is going on in this photograph?



- 5. According to the most recent WHO data, which 5 countries top the charts for smoking the most cigarettes per person per year?
- 6. What is this painting depicting?



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Med400 reps - Nicola Tarnowski and Sai Arshan

Med300 reps - Travis Chong and Steph Gassner

Med200 reps - Gaby Catanzariti and Sam Cherian

Shaun Hontomin - inaugural Equity Rep!















Thank you to all contributors. If you would like to contribute to the next edition of the *Notre Damus* email media@msand.org.au Front cover: photo by *Clare Reichstein, Med300*Back cover: photograph by *Josh Baker, Med300*