



# KYPHOSIS

WINTER EDITION 2020





## MESSAGE FROM THE KYPHOSIS EDITORS

Dear Reader,

**Welcome to the Semester One 2020** edition of the School of Medicine student magazine, Kyphosis. The magazine we are presenting to you is not the one we expected to deliver. Our university experience has been completely different to what we ever could have expected. The COVID 19 pandemic has been an incredibly challenging time for our community, and the world at large. Although there have been some setbacks, we have risen up as a school to be stronger and more resilient than ever.

The aim of this edition is to update you on what has been happening within the Notre Dame community and its encompassing committees. We may not have held the events and activities that we expected to enjoy, but there has been an incredible show of ingenuity and creativity from many of our societies as we have connected virtually.

We would like to acknowledge and appreciate all the individuals who have assisted in contributing and supporting Kyphosis by providing content for the magazine. Without you, the magazine would not be the fantastic piece that it is.

We hope you enjoy reading this edition of Kyphosis as much as we did creating it.

Enjoy,  
**Poppy Heffernan and Javaria Chaudhry,**  
*Publications Editors*



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The publishing team would like to acknowledge the expertise and brilliant work of our Graphic Designer: Hykie Breeze.  
Visit: [hykiewong.com](http://hykiewong.com)

## MESSAGE FROM THE ACTING DEAN

Professor Steevie Chan

### A belated welcome to 2020 – and what a year it has been already!

It is always special to meet our new Year 1 students each year and this year was no exception. One of the School's special traditions for Year 1 students is the "Blessing of the Hands" which was held on 6 March and is a highlight on the academic calendar every year. This year we had the Most Reverend Vincent Long Van Nguyen help us celebrate this very special event – using the "no touch" technique in response to the pandemic. I also wish to thank all the Year 2 students who on the night were responsible for being the "Hand Sanitation" police. We had a wonderful evening including some refreshments and drinks afterwards, and I enjoyed having the opportunity to meet your family and friends who must be so proud and very excited for you. Little could we predict that the "Blessing of the Hands" became the last public event held on the Darlinghurst campus in 2020 (to date).

Welcome back to our Year 2, 3 and 4 students continuing the journey through the medical program – somewhat differently because of COVID-19. I'd like to commend your patience and your ability to adapt and work flexibly. A substantial amount of work behind the scenes took place to ensure that quality online teaching are delivered, and I want to acknowledge the hard work of the Medical Education Unit for ensuring your LOs continue to be achieved. Rest assured that we are working in collaboration with all the other medical schools around the nation to share best practice ideas in delivering the medical curriculum during these calamitous times. The Australian Medical Council has already noted and approved the School's response to COVID-19 and our revised delivery of the program.

I hope that the COVID-19 pandemic will in itself be a great learning experience for us all, including the importance of our own physical and mental health and



well-being. We need to continue the sense of unity among staff and students so that we are a constant support for each other. My advice is to prioritise looking after yourself and others. In closing, I can recommend a range of wellness resources to consider for staying healthy in a virtual world:

*Kelly McGonigal Ted Talk – How to Make Stress Your Friend*

*How to Boost Your Immune System*

*Beyond Blue: Relaxation Exercises*

*Effects of Diet on Sleep Quality*

*The Way Up online courses*

Best, and stay well. My very best wishes for the remainder of the year, and I look forward to seeing some of you as we partially return to campus.

**Professor Steevie Chan,**  
*Acting Dean, School of Medicine, Sydney*



## PRESIDENT'S ADDRESS

Deyan Momirovski

It was late last year when I found out that I had become MANDUS president for 2020. I had never imagined that I would take on such a role when starting my medical studies, especially when having to follow in the footsteps of presidents and other committees before me who have done such an impressive job in developing and establishing MANDUS into the entity it is today. I am honoured to be in the position I am in with my team to help enrich the medical school experience through events, extracurricular activities and advocacy work.

Entering 2020, we had a few goals to elevate MANDUS to bigger and greater heights without losing the core values of community and friendship that already existed. One of our major goals for the year is to support and engage all cohorts through advocacy and smart and effective event planning. We all know the feeling of event fatigue and general burnout, so we aim to create events and opportunities for students to ensure high participation without exhaustion by the end of it. We have also expanded our committee further to foster inclusivity and amplify student voices through the addition of International and Indigenous Representatives, who act to represent, support and advocate for international and Indigenous medical students respectively. We also established Clinical School Representatives to channel key information from clinical students. Furthermore, we all know how great UNDS and MANDUS is and we want to show that to our local community and beyond. It is through our redeveloped website and increased social media presence where we aim to do this.

Something we all didn't expect however was the COVID-19 pandemic. A lot of our plans for the year



have unfortunately had to be either put on hold, cancelled or changed to accommodate the social distancing and restrictions placed on society. Whilst it was challenging at the beginning, I am extremely proud, humbled and in awe of the hard work put in by each and every member of the MANDUS committee in adapting to this new normal, whether it has been via hosting information, speaker and trivia nights via Zoom, constructing fitness programs and running yoga, hosting an online suturing event or rallying online for important issues. Although what I am most proud of is how as a medical school community, we have become stronger and more united than ever, even in a time where a sense of isolation is so prevalent. An example of this comradery is the near-peer tutoring established to support all years on their clinical skills education and training in a time where physical classes are not possible.

I would also like to take this opportunity to thank the School of Medicine, Sydney on the tremendous job they have done to move the entire medical curriculum for the foundation years and some elements of the clinical year's curriculum, online in a matter of days during these unprecedented times. We are very lucky to have their commitment to our education. Finally, I would like to thank our healthcare workers, public health officials and their families who have been on the front-line fighting this pandemic. It is with their hard work and efforts that we have the ability to return to some form of normality in the latter half of 2020.

On that note, I would like to wish each and every one of you a safe, healthy and productive rest of the year. MANDUS and I look forward to continuing enriching your medical school experience. If you ever need any assistance, we are always here for you.

Deyan Momirovski  
MANDUS President, 2020

## SANDUS

By Faisal Kilani



Hello everyone and welcome to SANDUS 2020! It's been an interesting but fantastic year for SANDUS so far, and I'm really excited for what we've got in store for the second half of the year as we resume face-to-face contact.

The year started off with the annual Australian Students' Surgical Association leadership convention. During the two-day event, Rayan (co-chair) and myself met with the Surg Soc presidents from across Australia and New Zealand. In the morning sessions, we heard from esteemed and highly-decorated surgeons about their various paths in surgery as well as delving into the various issues and challenges we will face as the next generation of surgeons coming through. The afternoon sessions involved us introducing each of our societies to the group, discussing some of the events we were planning on hosting throughout the year and any issues we were facing. It was an awesome learning experience and hearing some of the events planned by the other surgical societies gave us great ideas for future events in 2020 and beyond. Overall, it was a fantastic weekend and we hope to continue to nurture our relationships with the other universities throughout the year.

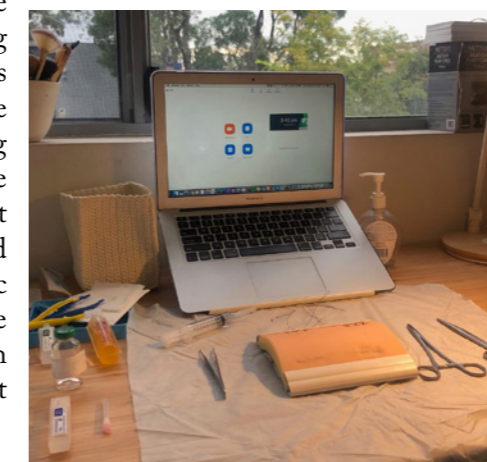


Our big event planned for the first semester was the Diversity in Surgery speaker night, inviting surgeons of all different backgrounds to tell us about their fascinating journeys in their specialties as well as key pointers for us as medical students and aspiring surgeons. Unfortunately - due to COVID-19 restrictions - this event had to be postponed but we plan on hosting something very similar (either in person or via the internet) in the second semester, so watch this space!

Our next event was the SANDUS Suturing Workshop where ten second year students very kindly volunteered their time to help the first-year cohort with their suturing. The event kicked off with our very own Francesca Clark demonstrating the use of local anaesthetic, wound debridement and the simple interrupted suturing technique to the audience. Next, we broke off into smaller groups of ten demonstrating to the first-year cohort the technique of a simple interrupted suture and some pointers for their suturing OSCE. Although there are inherent challenges with demonstrating how to suture through a computer screen, the feedback from the event was very positive. We hope that with restrictions slowly easing we can have something similar but in-person in semester 2.

Overall, it's been a fun year for us at SANDUS and I'm very excited for what we have in store next semester. I hope everyone has a lovely and relaxing break and I hope to see you all on campus.

Faisal Kilani  
SANDUS co-chair 2020





## RANDA

By Melad Farraha  
and Rania Masri



### The Research Association of Notre Dame Australia (RANDA)

committee has hit the ground running with events and initiatives in the slow and gruelling start to 2020.

The MD degree at Notre Dame has been purpose-built to develop the knowledge and skills required to become excellent doctors, which includes critical foundations in research. Now more than ever, it has become crucial that research is conducted in all aspects of medicine, and RANDA this year has focused on helping all our students start their research journey.



Our focus this year has been to assist the foundation year students with everything related to the applied research project. Together with Rania, we have spent countless hours in the background assisting students with their research proposals, fielding questions and directing students to the most appropriate contacts. We have also expanded the simple research explainers that RANDA has developed, adding an email template

which students could use to contact potential supervisors and basic tips for MD meetings. RANDA aims to continue developing appropriate resources for our medical students, especially for those who have minimal research experience, so that they can undertake their exciting projects as part of their MD.

We were also very lucky to welcome two new members to the committee, Katarina Needham and Ryan Tonkin, who have both earned their stripes in research and are set to become excellent clinician-researchers in the future. They have been an excellent addition to the team, providing invaluable assistance and feedback over the past few months.

In June, RANDA held its first event for the year – the formative exam trivia night. Braving the newly trialled platform Quizizz, seventy first year students battled it out in teams for the top spot, with our talented Quizmaster Katarina running the show. It was an excellent way for the students to consolidate their learning and continue their studying for the mid-year formative exam. In the end Team 1 including: Janet, Joshua, Aalia, Andrew, Mia, Sidney, Yan and Austin won the night and Nicholas took home the prize for the bonus individual battle round.

COVID-19 has really dampened RANDA's event roster for 2020. However, for the remainder of the year we are committed to providing the medical student body with a few other exciting events and opportunities. And we will of course still be working in the background with all things research.

We hope that this will continue to be a rewarding year for medical students in their pursuit of research interests and opportunities, and we look forward to meeting with you all very soon.

**Melad Farraha and Rania Masri,**  
*RANDA Co-Chairs, 2020*

## PANDA

By Zack Rutenberg, Rachel Zhang,  
Lily Davis and Emily O'Shea



### Hello and welcome from PANDA!

At the beginning of this year we had expected this article to describe all the wonderful things PANDA had done, however this is not the case. Twenty-twenty, as I am sure you are well aware, has been a roller coaster of a year. The lock down laws and public restrictions introduced to combat COVID-19 have proven all too limiting to what PANDA has been able to do.

PANDA is the Paediatric Association of Notre Dame Australia, and in our humble opinion is the best club at the university. PANDA aims to advocate for the health and wellbeing of children by organising and partaking in a heap of events both internally and through other organisations.

Events that we normally partake in include the Bob 'Tug' Wilson walk, Jeans for Genes and Tracky Dack Day. The Bob 'Tug' Wilson walk, and Jeans for Genes day aim to raise money to fund research into childhood diseases, while funds raised through Tracky Dack Day aim to directly support sick children in hospital. Unfortunately, the walk was cancelled this year, however this didn't stop us from participating virtually where we managed to raise \$300. Still to come will be Jeans for Genes day on the 7th of August and Tracky Dack Day on the 28th of August.

Other than these events, a large part of what PANDA normally does throughout the year is to run several Teddy Bear Hospital events at local primary schools to promote health literacy among year 1 and 2 students. Although this year has had a rocky start, we hope to get this back

on track as soon as possible. Finally, we are also looking forward to hosting a speaker night to hear from alumni who are paediatricians in training.

We hope you're keeping safe and sneezing into your elbows. We are looking forward to seeing you soon.

**Zack Rutenberg,**  
*PANDA Chair*

**Rachel Zhang,**  
*PANDA Vice-Chair*

**Lily Davis,**  
*PANDA Pup*

**Emily O'Shea,**  
*PANDA Pup*



## UNDFEM

By Alyce Finch



UNDFEM kicked off the year with a bang with the launch of the inaugural International Women's Day event on the Darlinghurst campus.

Nursing and Medical students came together to promote the advancement of equity for women through student-initiated pledges. The event well exceeded the forecasted fifty attendees and demonstrated the commitment of the student body to a health workforce and a world where women and men can be equal. #eachforequal #IWD2020.

This was complemented by the official launch of the UNDFEM Instagram page which has exploded thanks to the hard work of our social media representatives Lauren, Hannah and Yousef.

After welcoming 3 amazing first years; Yousef, Monica-Rose and Zilin to the Committee that already included; Ash, Hannah, Lauren, Tina and myself we have big plans for the rest of the year for virtual (and hopefully face to face events) and some fantastic advocacy projects to be launched with a brand new committee name and charter in July. We look forward to welcoming you all to join us in our efforts to gain new knowledge about and work towards equity in the medical profession.

Alyce Finch,  
UNDFEM chair, 2020



## GPSN UPDATE

By Giselle Capacchione



The first semester of 2020 has been a little different than GPSN anticipated. After kicking off the semester by meeting the new first-year cohort at Orientation Day, our subsequent plans have been side-tracked by a little virus named Rona.

Despite all of the COVID craziness we have been busy working alongside MANDUS to run the CCS masterclasses. These have been valuable opportunities for first years to receive some extra tutoring on examination and x-ray interpretation skills. We plan to continue these workshops throughout the year with positive feedback from all participants.

This semester GPSN NSW also ran a great zoom Q&A on GP perspectives on the COVID-19 pandemic. The GP speakers provided interesting insight into the pandemic as well as useful tips regarding PPE and examining patients in the current climate.

Next semester is looking good for GPSN. Alongside CCS masterclasses we plan to run our 'Not Just a GP Speaker Night' via zoom. This will be one to look out for as we will be exploring all of the unexpected and interesting places general practice can take you, and how to get there. Social distancing permitting, we also hope to run our mock OSCEs in the lead up to final exams. Keep an eye on our Facebook page-GPSN at Notre Dame Sydney-for more details.

Giselle Capacchione,  
GPSN Co-Chair, 2020





By Archit Vora



## The 2020 year for UNDS AMSA has begun with a bang!

We had a great turnout at stalls day with a huge number of the incoming 1st years showing great interest in their national student body, the Australian Medical Students' Association (AMSA). We had the pleasure of being joined by Sophie, the national engagement officer, who was ecstatic to see what a buzz UNDS students could create.

The 1st official event of the year was kicked off with Think Tank – where national ASMA policies are discussed allowing all the students of UNDS to have their say and drive change. Our Think Tank had the

BIGGEST turnout in the history of UNDS Think Tanks and was the envy of all the medical schools in Australia at Council 1! The passion from everybody that came to the Think Tank shone through resulting in robust and extremely productive discussion around the current climate of medicine.

We hit another exciting milestone for UNDS AMSA in 2020, with Janet Mirzaei being appointed our inaugural AMSA junior representative! She also had the role of being the Vampire Cup which ran for 8 weeks from March through to May. Janet did an amazing job organising and co-ordinating the blood drive which ran smoother than ever. Furthermore, a HUGE congratulations needs



to be extended to every single donor that went out and donated blood in this time of need. Team UNDS saved an incredible 192 lives from just the 8-week period which is an unbelievable effort by all! And the good news continued with team UNDS being ranked 3rd in all of AUSTRALIA for improved donation rates!

As with every organisation in Australia, AMSA has been hit heavily due to COVID19. Academic events such as National Leadership Development Seminar have been postponed and AMSA's premier yearly event, Convention, due to be held in Melbourne in 2020 has also been cancelled to everyone's great disappointment. However, COVID has not resulted in a slow down of AMSA's advocacy work – with Council 1 being held online and a record number of people attending to discuss and debate policy.

AMSA has been working very hard with all the deans of Australian medical colleges and the AMC to represent all of the student body and our best interests. AMSA subcommittees such as Global health, code green, gender equality and well-being have also been hard at work with their own initiatives.

Looking forward in the future, AMSA UNDS has a great slate planned for students! One of the major upcoming events being organised by all the AMSA representatives from all around Australia is the "journeys in medicine" week. The event will involve different medical streams, such as; emergency care, surgery, paediatrics, cardiology, and many more, each present on a night of the week. This week long festival of medicine will bring together students from all over Australia that share in the same passion! An event such as this has never been done before and is shaping up to be one of the best that has been put together by AMSA. The best part is, that IT IS FREE! It is set to happen during August – so make sure you keep an eye out for it!



^  
A cake made by 2nd year student, Alyce Finch dedicated to the Vampire Cup - team UNDS blood donors.

There are a huge number of other AMSA events that will be happening throughout the year too! Events such as the AMSA Rural Health Summit and AMSA Global Health Forum are still yet to come and are fantastic opportunities for students to get involved in AMSA and embrace their passion. If policies are more your thing, Think Tanks will be continued throughout the year allowing you to shape the future of medicine, one policy at a time.

Join our Facebook group at "AMSA UNDS" to keep up to date with all the information.

This has been one of the best years for AMSA at UNDS! Come along and be a part of the biggest medical student body in Australia!

**Archit Vora,**  
AMSA Representative 2020

 Upcoming events	"Journeys in Medicine" week	AMSA Rural Health Summit	AMSA Global Health Forum
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Left to right: Sophie, Dilini and Archit at the 1st year stalls day.



## WELLBEING

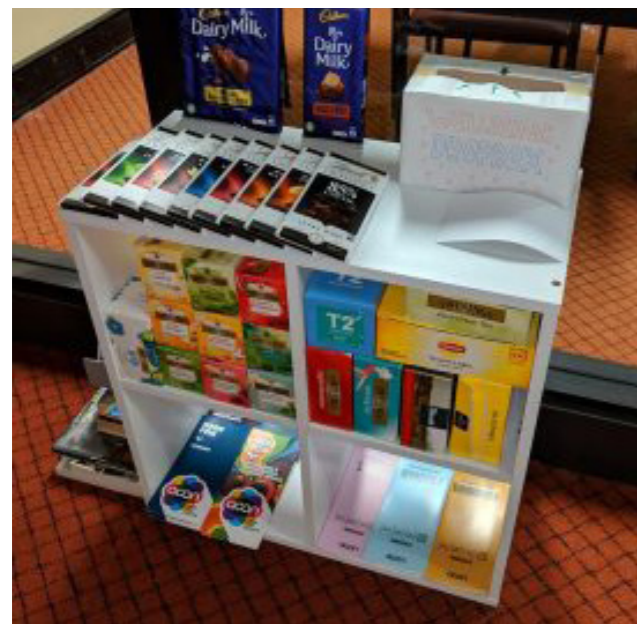
By Daniel Mezrani



The past few months have presented challenges to our collective wellbeing, but I am proud to report that the Notre Dame community has worked hard to adapt to online learning while continuing to prioritise our welfare.

For Katie and I, this has meant shifting how we deliver the wellbeing portfolio. Think yoga and mindfulness sessions over Zoom, working-from-home guides, equipment-free workouts and virtual PBL dress-ups. The latter was received particularly enthusiastically (please enjoy some of the entries below).

That being said, a real takeaway from the past few months has been the importance of self-care – learning to take stock in the midst of uncertainty and difficulty. Again, I am proud of how our community has promoted a culture of self-care and made sure it is considered essential and not an optional extra. Here's how some of our first and second years have been looking after themselves lately:



**"I've learned a lot about how much I need to put systems in place to make me stay healthy and externally accountable. When the days blur together it's easy to fall into a slump otherwise."**

– Aidan, First Year

**"My wellbeing tip is to always listen to your body, even at your most stressed and overwhelmed. It can be difficult at times, but if you're tired then sleep! If you're hungry then eat! I can't stress the importance of this enough."**

– Yousef, First Year

**"I've been spending lots of quality time with my housemates and cooking lots of yummy meals that have been on my bucket list that I hadn't had time to cook pre-COVID...I actually cherish a lot of the memories that we've had in the house since COVID."**

– Annie, Second Year

**"I had a few Saturday night dance parties with my housemates where we spent hours learning a TikTok dance routine, and I've been going on long indulgent walks through Centennial Park."**

– Katie, Second Year (Wellbeing Rep)

I can't wait to start seeing everyone's lively faces back on campus in Semester 2. Stay tuned for more wellbeing initiatives and know that you can always reach out for a chat!

**Daniel Mezrani,**  
*First Year Wellbeing Rep*

**P.S.** Don't forget to follow MANDUS Wellbeing's Facebook page to stay in the loop.

 @manduswellbeing

## GLOBAL HANDS

By Victoria Hadlow  
and Dilini Imbulana



**Global HANDS is the global health and social justice committee at the University of Notre Dame Sydney's School of Medicine.** As a group, we focus on improving health and achieving health equity for all people worldwide.

This year, our team consists of the following second year representatives: Victoria Hadlow (MANDUS Co-Chair), Dilini Imbulana (AMSA Co-Chair), Samira Ryma (Maternal & Child Health), Anei Thou (Refugee & Asylum Seeker Health), Will Atkins-Brown (Code Green) and Santini Subra (Gender Equity & Sexual Health).

We started the year off with a great stall at O-Week, where lots of first year students were interested in learning more about Global HANDS and how they could get involved in our unique focus groups. After the MANDUS elections, we were pleased to welcome a talented and passionate group of first years to our team: Serena Hope (Code Green), Bahia Chahwan (Maternal & Child Health), Aalia Siddiqui (Refugee & Asylum Seeker Health) and Lily Claringbold (Gender Equity & Sexual Health).

One of the focuses of Global HANDS this year has been to increase our social profile and get more students involved in global health issues. As luck would have it (if you can call it that), a major global health issue literally brought the world to a standstill in March. The first pandemic in 100 years, COVID-19, was announced by the World Health Organisation and with it we have been challenged as a university, and as a committee, to come up with novel ways to engage people in Global HANDS events.

In addition to regular online committee meetings, we have started a new initiative called 'Woke Wednesdays' where we recommend a podcast about a global health issue. So far, we have included podcasts about sexual health, 'eco-anxiety', and female leadership. In addition,

we are promoting a #MeatFreeMonday campaign by featuring a healthy meat-free meal each week! Check out @globalhands on Instagram and Facebook for regular updates.

Most recently, Global HANDS held a successful lunchtime session for first year students where a panel of second years discussed their amazing Social Justice Projects (SJP). This provided a great opportunity for students to get some ideas for their SJP projects and answers to questions they had about the assignment.

In addition to our school-level initiatives, global health on a broader community scale could not be more relevant than it is today. The Australian Medical Students' Association (AMSA) Global Health has had an even bigger role in Global Hands this year. Although AMSA Global Health could not host some of the yearly highlight events in person, we have harnessed the power of Zoom and social media to connect MANDUS students with global health enthusiast/medical students around Australia. In particular, MANDUS students participated in this year's Crossing Borders' 'Detention Harms Health' and Code Green's 'Climate changes health' online rallies, showing their support from home. Across the country, hundreds of medical students posted online to show their support for these important issues. The solidarity of medical students and our collective drive for change remained strong!

AMSA Sexual & Reproductive Health group hosted the first webinar for International Menstrual Hygiene Day that included inspiring talks by Dr Nina Lansbury Hall, a Senior Clinical Lecturer at the UQ School of Public Health, and a fierce advocate for eradicating menstrual health inequities in Indigenous communities, and Florence Potter, the community representative for OneGirl, a charity aimed at removing barriers to health and education for girls in Sierra Leone and Uganda.

This year AMSA Forum 1 took place in the form of a virtual gathering of passionate global-minded medical students around Australia to engage in discussions of global-health related policies. We were able to present ideas and discuss the AMSA response to the COVID-19 pandemic. Since the meeting, AMSA COVID-19 Taskforce has published regular weekly content on Facebook, informing students about COVID-19 related issues such as, the environmental impact, protecting healthcare workers and the impact on minority groups such as refugees and asylum seekers.

Global HANDS is looking forward to the second semester where we hope to engage students further through a mix of collaborative speaker nights, online events and (fingers crossed) the annual fundraiser, Red Party! Watch this space.



## SPORTS

By Miles Greenberg  
and Pat Benson

Despite a global pandemic, nothing stopped the **MANDUS Sports team** from achieving its dream goal of keeping med students fit, healthy and happy.

There were admittedly some minor hiccups – the famed cricket match against the arch nemesis USYD had to be postponed due to a lack of hand sanitiser – but for the most part ND Sports did its best to maintain a sense of normalcy in during a tumultuous 2020. Unfortunately a zoom swimming carnival couldn't quite get off the ground.

But if we cast our minds to before COVID had picked up speed and hit the world with pace, the MANDUS sports team was working away at securing local gym memberships for its students. One of the common themes from our year and years before us when we first started back at University, was the eagerness to see if we could get cheap deals at gyms and fitness centres close by. One of the primary goals we had this year was to really effectively engage with local gyms and strike up good deals for students to promote a healthy, balanced lifestyle from day 1 at university – i.e. amidst some of those 12 hour days at Uni just prior to exams, making it easier to duck across to the gym for an hour because it's just around the corner and get some exercise in! City Gym, Darlinghurst and Adonis Gym in Paddington have both expressed a lot of interest to maintain an ongoing relationship moving forward, which is very exciting. Another milestone in 2020 was the release of the inaugural MANDUS Bugdy Smuggers & Smugglettes. With a stunning design by Victoria Hadlow & modelled extensively by Pat Benson, these once-in-a-lifetime items proved to be very popular.

Despite COVID "throwing a curve ball", we didn't let that get in the way of encouraging our ND family to maintain a healthy lifestyle, especially amidst the craziness of the pandemic. The sports team teamed up



with the likes of Annie Tasker, Christian Abhayaratna, Matt Dowsett and Seb Trevaskis to create the "Self-isolation, Body transformation" fitness program, containing lots of "stay-at-home" workout sessions that we then distributed through years 1-4, amongst our Nursing cohort, and made available with other medical universities across NSW and Australia.

Despite uncertainty during these times, the MANDUS sports team optimistically hopes sporting events like Netball, Football and Rugby are able to get off the ground at the tail end of 2020. Above all, the MANDUS sports team hope all students stay safe & healthy no matter what's going on in the world & can't wait to be bleeding ND on the field or screaming from the sideline sometime very soon.



MEDICAL ASSOCIATION OF  
NOTRE DAME UNIVERSITY SYDNEY

ALUMNI

## WHERE DID THEY COME FROM, WHERE DID THEY GO?

By Nicola Murphy

### Dr Daniel Waugh (2013-2016)

#### Tell us about your journey before entering medical school at the University of Notre Dame Sydney?

I joined the Army out of high school in 2000 and did Civil Engineering through the Australian Defence Force Academy, graduated the Royal Military College (Duntroon) and worked as an Army Engineer through to 2012 before changing to medicine. Currently, I am an Army Medical Officer at Enoggera Barracks in Brisbane.

#### What does the specialty pathway look like in a Military context? Do you get the same options (and opportunities) as elsewhere to specialise in a field of your choice?

It is a bit limited, which is good to know before you commit to it. For now, almost all Army MOs are directed down a GP pathway straight out of the hospital.

I'm currently working two days a week in a civilian GP clinic and three days on base while I study for my GP fellowship. Most of my cohort are somewhere along their GP training pathway. That said, we do have a couple on an ED pathway, so there are some different opportunities out there. It's looking like Army will begin to prefer ACRRM-qualified doctors because of the nature of our role when we're not on base.

#### How does your experience as an Army Doctor differ to that of a civilian Doctor?

Aside from being paid a salary during med school and not having a HECS debt?! We have some interesting opportunities and variety in our role which is pretty unique. Most full-time Army doctors are encouraged

to pursue fellowship through RACGP or ACRRM, because a majority of our role is actually primary care. That said, we have a few distinct roles within our job as an Army Medical Officer.

**On-base primary care:** Soldiers need GPs just like regular people do, so in our day-to-day role we provide that on an Army base. This is a lot of musculoskeletal conditions, mental health and occupational medicine.

**Deployed primary care:** When we deploy into the field / on exercise / overseas, we still need to provide general primary care. In that sense, we provide a bit of a 'rural GP' role, where we may be required to manage patients without ready access to specialists or hospitals.

**Deployed acute / trauma care:** As an Army MO you are in charge of a 'Treatment Team', comprised of a Nurse and 3-4 medics, who are responsible for advanced life support and early management of trauma. This tends to be pretty rudimentary (imagine running a country ED out of a canvas tent) but can triage anything from acute back pain, motor-vehicle accidents, gunshot and blast injuries and sometimes be a few hours from the nearest trauma centre. We are trained in Advanced Trauma Life Support and Tactical Care of the Combat Casualty, which gives a worrying picture of the type of patient we are expected to manage.

You are required to manage three separate careers – that of a doctor within your AHPRA-recognised training program (e.g. RACGP), that of an Army Doctor and that of an Officer in the Army. That does bring some great and interesting opportunities – we get sent on unique



courses to prepare us for our role (Early Management of Severe Trauma, Helicopter Aeromedical Evacuation, Underwater Medicine, Tactical Combat Casualty Care), we get to do our job in interesting locations (Christmas Island, on ships / boats, Pacific Islands, Indigenous communities, exercise areas, battlefields)

#### Would you be able to tell us about the day in the life of an Army Doctor?

On a regular field task:

**0600h:** Unzip your swag, cook up breakfast from a ration pack before Orders for the day

**0700h:** See walk-in patients at a 'Sick Parade', like a GP clinic in a tent where people present with injuries or illness to be seen by a doctor or nurse

**1000h:** Run a lesson on managing DKA for the medics

**1100h:** Ward Round of the patients in the Recovery Tent: Acute Gastro, Altered Mental State

**1200h:** Lunch

**1300h:** Receive a patient from the back of a Bushmaster in full spinal precautions after his Armoured Personnel Carrier rolled over with him standing out the turret; stabilise and arrange for AME transfer to the nearest trauma centre

**1400h:** Manage a chemical burn to the eye of a fuel operator

**1500h:** Sit in on a lesson by one of the senior medics on managing lower-limb catastrophic haemorrhage on the battlefield

**1600h:** Squeeze in a quick PT session – Jerry Can squat session led by our Nursing Officer

**1700h:** Evening 'Sick Parade'

**1900h:** It's dark, so zip back into my swag for some reading; I have a Radio shift at 3am and my fingers crossed there's no injuries in the night firing activity I can hear going on in the next grid square!

#### How did you prepare for entry into your specialty pathway? How long before getting into your specialty program did you start preparing?

I always knew I was going to start the GP Training Program in my PGY3 year, so my Intern / Resident year were built to prepare me for that: Surgery, Paediatrics and plenty of ED time to get the requisite experiences. I also completed my Certificate of Emergency Medicine as a Resident, which has been really helpful.

“  
The first thing you need to think about is being a good fit for the ADF – you are an Officer first, doctor second.  
”

#### What advice would you share to students/interns aspiring to be part of ADF that you wish you knew when you were in that stage of your career?

The ADF is a great opportunity to experience a really unique career in Medicine. But do remember that the day-to-day job for most of your ~5+ year commitment after residency will be primary care. The deployed role may sound exciting, but it is only a small part of the job. Make sure you've discussed with your family the fact that you will likely be posted to Darwin / Brisbane / Townsville for a majority of your career, and that you can be sent away for long periods of time at short notice.

#### Tell us about any non-medicine related pursuits you have been a part of?

I have a 2 year old daughter, so I don't get many non-work related pursuits!

#### Which graduate extracurricular activities benefited your entry into your specialty training? (i.e. formal anatomy teaching, research, society membership)

It's important to show a commitment to teamwork and your community in applying for both Hospital jobs and College training positions – much like getting into UND. It's nice to have a little bit of published research to fill a box on your application, but I don't think it holds that much weight with RACGP. If you intend to follow a different specialty pathway, the extracurricular requirements may differ.

#### For the students aspiring to get into ADF as a Medical Officer, could you recommend any resume building activity to take part in?

The first thing you need to think about is being a good fit for the ADF – you are an Officer first, doctor second. Team sports, leadership roles, fitness and work in the community will all look good. For the interview stage, it's important to demonstrate that you know what you're getting yourself into.

## IMPROVING INDIGENOUS HEALTH: INSIGHTS FROM INDIGENOUS HEALTH WORKERS

By Mia Holman, Acacia Steel, Danielle Bradd



On Wednesday 20th May, the **Rural Health Organisation of the University of Notre Dame Sydney (ROUNDS)** held a special Aboriginal and Torres Strait Islander Health Night. This consisted of a panel discussion with Aboriginal and/or Torres Strait Islander and non-Indigenous medical professionals that provide care to or work with Aboriginal and/or Torres Strait Islander people.

This night gave medical and nursing students from the University of Notre Dame Sydney (UNDS) a chance to anonymously ask any questions they may have about Aboriginal or Torres Strait Islander health and what positive impact students can have in the hospital and on health.

The panel consisted of A/Prof Frankie Merritt (Head of Aboriginal and Torres Strait Islander Health, UNDS), Sarah Michael (Psychiatrist/Deputy Director of Medical Services, St Vincent's Health Service), Rebecca Davison (Drug and Alcohol Registrar), Brylie Frost (Psych Registrar), and Kristy Smith (Clinical Nurse Specialist).

Below is a summary of the answers to student's anonymised questions we received on the night tying in with the theme of National Reconciliation Week: 'In This Together'.

### 5 actions YOU can take to be an ally:

#### 1 GET EDUCATED ABOUT ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES AND CULTURES:

##### Books you can read:

*Dark Emu* - Bruce Pasco

*Am I Black Enough For You?* - Anita Heiss

##### Movies or TV shows you can watch:

*The Sapphires* - Movie

*Bran Nue Dae* - Movie



*Rabbit Proof Fence* - Movie

*In My Blood It Runs* - documentary

*Utopia* - documentary

*ABC's Black Comedy* - TV series

*Ask Us Anything: Aboriginal and Torres Strait Islander people* - USYD YouTube video: <https://www.youtube.com/watch?v=SHVbVBLlhCM>

##### Theatre you can watch:

*Nakkiah Lui* (actor, writer and comedian): <https://www.sydneytheatre.com.au/magazine/posts/2019/february/Q-a-playwright-nakkiah-lui>

*Bangarra Dance Theatre* - can view their dances via Sydney Opera House: <https://www.sydneyoperahouse.com/digital/season/dance/bangarra-terrain.html>

##### Music to listen to:

*Dr G Yunupingu* - discography: <https://www.creativespirits.info/resources/music/geoffrey-gurrumul-yunupingu>

*Thelma Plum* - discography: <https://themaplum.com/>

##### Online Learning:

*Birthing on Country Project* - Australian College of Midwives (any health professional can complete): <https://www.midwives.org.au/shop/birthing-country-e-learning-resource>



## 2 CELEBRATE ABORIGINAL AND TORRES STRAIT ISLANDER CULTURES:

Find out about your local Indigenous community and get involved in the events they run. For more information about Indigenous communities around Sydney, visit: <https://www.aboriginalheritage.org/>

## 3 ADVOCATE FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES:

Not sure where to start? Check out this ultimate list of ways you can support Aboriginal and Torres Strait Islander Peoples and Cultures: <https://www.creativespirits.info/aboriginalculture/ultimate-list-of-things-to-do-to-support-aboriginal-culture>

## 4 INCLUDE AN 'ACKNOWLEDGMENT OF COUNTRY' IN YOUR PRESENTATIONS AND SPEECHES.

If you are unsure what to say, look at your local council or your institution to see how they word their acknowledgments.

An Acknowledgment of Country is performed by:

A non-Indigenous person, OR

An Indigenous person not from that land you are currently on, OR

An Indigenous person who IS from the land you are currently on BUT has not been granted the privilege of performing a Welcome to Country.

A 'Welcome to Country' is only performed by a select few and never by a Non-Indigenous person.

## 5 JOIN AUSTRALIAN INDIGENOUS HEALTH ASSOCIATIONS:

Including the Australian Indigenous Doctors Association (both Indigenous and Non-Indigenous medical students can join). For more associations see: <http://www.weenthunga.com.au>

## 6 GET PRACTICAL EXPERIENCE:

Contact your local Aboriginal Medical Service - you may even be able to do placements with them. For example:

Durri Medical Centre - placement in Kempsey, NSW

The Purple Truck - a self-contained dialysis unit on wheels. Email or call for a placement.

Contact UNDS Head of Aboriginal and Torres Strait Islander Health Programs Associate Professor Frankie Merritt about potential placements in Indigenous communities.

## KEY MESSAGES:

### Simple ways doctors can help Indigenous patients feel more comfortable



1. Consider an offer to the patient to consult with an **Aboriginal Liaison Officer** if you have an Aboriginal and/or Torres Strait Islander person as your patient.
2. Hospitals and medical practices should **employ Aboriginal Healthcare workers** and/or Aboriginal Liaison Officers. By having more Indigenous people working in healthcare, medical teams will become more culturally safe, Indigenous communities will begin to trust the healthcare system and may perhaps seek medical treatment earlier, and more Indigenous people may want to work in healthcare. "You can't be what you can't see" - Brylie Frost.
3. **Have a yarn** (chat) and, if possible, offer them a cup of tea before you start the consultation. Be conscious about the inherent power differential between you and the patient and ensure your conversation and approach is person-centred.
4. **Get to know your local Indigenous community and be aware of their cultural practices and beliefs.** Undergo 'Cultural Awareness and Safety' training where possible and educate yourself on Aboriginal and Torres Strait Islander cultures. Understand the importance of spiritual health to physical and mental health.
5. If possible, ensure consult rooms are large enough to accommodate whole families to be in the consult room with you and the patient.
6. Write '**CTG**' (**Close the Gap**) on prescriptions if they qualify to ensure their medications are more affordable, if possible.
7. **Ethically source, buy and display artwork by local (if possible) Indigenous artists**, with an acknowledgment to the artist, their community or particular place or country where they are from, and their description of the artwork. This helps to show that your practice is a safe space for Aboriginal and Torres Strait Islander patients.
8. Understand that **being Indigenous isn't a risk factor for disease.** Rather, it is the chronic stress and grief caused from intergenerational trauma, racism and other social determinants that negatively impact the health of Aboriginal and Torres Strait Islander peoples.

## KINDER

By Dorsa Banihashemi

We did not believe in a Second Coming so soon,  
Or the fragility of a world, where none are immune  
To this rough beast - that cares not for status or power,  
Slouching over lungs, too young, from hour to hour.

Like robots we marched from our nine to five,  
United by capitalism - the only way to thrive!  
Spell-bound by our screens, our data is mined,  
To fuel a silent dystopia of the Orwellian kind.

I wish I could tell you this world is righteous and good,  
But I fear, skin and sex are still misunderstood.  
When gunshots fire, we no longer bat an eye,  
To learn the last words uttered were "For Allah, I die".

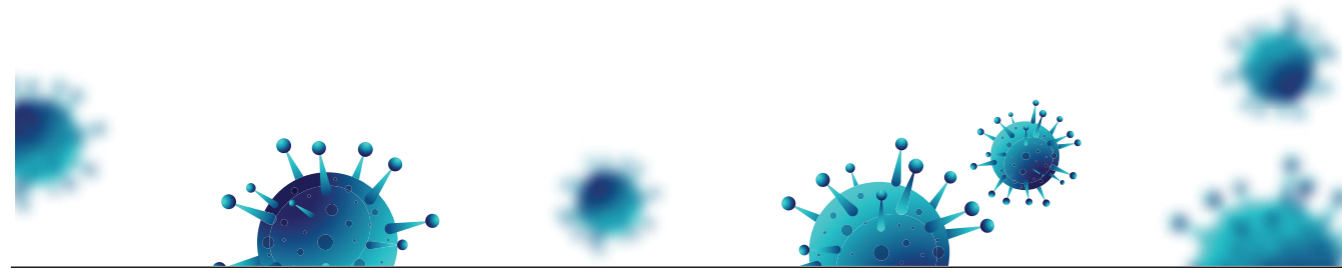
When forests and lakes are being ravaged by greed,  
We see only the fruits of our labour and do not heed.  
Shall we worship Mammon, then drink from the waters of Lethe  
To quench our conscience - until we are sans eyes, sans teeth?

Throughout history, we repeatedly endure, then forget  
The error of our ways, which we come to regret.  
May the acid of experience now serve as a reminder,  
That we must create a world far, far kinder.



# BEAR MARKET: CORONAVIRUS AND THE THREAT OF A HEALTHCARE RECESSION

By Tom Frawley



The modern post-war era may be defined as a general appreciation of the human condition, at least for those countries fortunate enough to be considered 'developed'. Australia and her liberal relatives have spurred and harnessed the technological, social, and medical advancements underpinning such an appreciation. The fruits of public health, education, surgical innovation, antibiotic development, have all culminated in the current generation inheriting a reasonable expectation and endowment of twenty extra years on Earth. Simultaneously, as if a testament to this very phenomena, the perceived centrality of medical professionals as a pillar of the societal structure has become more peripheral. As health and education have flourished, patriarchal medicine has waned, banished to the moribund corner of poorer health outcomes. Indeed, the egalitarian progression of medicine has been crucial to a more engaged, healthier population. Care hitherto, has perhaps never been more patient-oriented, multilateral, and autonomous.

Whilst the 'god-complex' permeating hospitals of the 20th century is largely a fossilised memory, the general expectation of good medical outcomes has become more central. The novel coronavirus has scratched the thin veneer of our perceived contemporary autonomy over the pendulum of health and pathology. Rolling footage throughout the former half of this year has shown repeatedly, a leitmotif in multiple countries when braced by the virus. Ubiquitous scenes of doctors and nurses, frantically, yet frequently in futility, attending to patients. Such a futility is perhaps best displayed in the obsequious attitudes towards

The novel coronavirus has scratched the thin veneer of our perceived contemporary autonomy over the pendulum of health and pathology.

ventilators. Consistently triumphed in the media as part of a repertoire of life-saving interventions, the reality reflects more of a Hobson's Choice. Studies conducted in Wuhan, Northern Italy, and London, thus far have shown ventilation fatality rates, that is, mortality after mechanical ventilation between 50-90%. There seems a widening disconnect, between the perception of the ability of the medical staff and system to help patients, and the reality to achieve as such.

The resurgence of cases in Melbourne threatens to displace the contemporary centrality of patient autonomy, as Hospital Ethics Committees are nudged in the direction of potentially utilitarian deliberations and allocations. Concurrently, medical professionals may be forced to mirror their international colleagues, subsiding into their own form of clinical unilateralism in the morass of competing treatments, trials, guidelines, and anecdotes. The case, therefore, for a robust and systemically integrated bioethical philosophy across

our healthcare system is inherent. The novel coronavirus arguably presents the greatest modern challenge to both the public confidence in and central values of our system. In such conditions it is imperative that certain norms be unwaveringly upheld. One must be the continuing transparent humility of clinicians in the limitations of the unknown. The latter must be a conservatism of a patient-centred approach to care, so far as possible. If these criterion are maintained, we may weather both the current storm and continue the familiar contemporary condition of excelling amongst our counterparts, in better health outcomes.

# NOTHING GOOD COMES EASY, SO SINK OR SWIM

By Charles Hanigan

It has taken some time to admit that learning isn't meant to be easy. Up until now, I have taken pride that I could get by in academics with apparent ease and have generally been labelled 'smart'. I liked the idea of not putting in full effort, it meant I was a 'natural'. Having been recently surrounded by the right people at Notre Dame, I have come to notice that investing time, energy, and effort is something to be proud of, and that one cannot simply get by in medicine if they wish to be a good doctor. It feels like society values the 'natural' to the point that I, and I presume people like me, have limited their investment in some endeavors because we idealise effortless talent. This is no original idea of mine. Researchers such as Carol Dweck (2008) have demonstrated that people with a 'fixed mindset' believe that one's innate ability determines their success more than one's effectiveness in developing their abilities. Having a fixed mindset predicts disappointing outcomes because these mindsets have an aversion to hard work, thinking you either have a skill or you don't so why waste your time trying to grow. While I don't believe I fully embody this mindset, it is worth carving out hints of it within myself through this reflection.

I want to be a good doctor. I won't get there without putting my head down and dismissing the hesitation to fully commit to studying. Realising this came after revisiting notes that I barely recognized – it seems I don't have a natural photographic memory. I have to admit that my brain works the same as everyone else's: it takes effortful rehearsal and elaboration to really remember and understand things (Atkinson & Shiffrin, 1968). It would be a better story if I had an identity crisis grappling with this fact, however, fortunately for me, it makes obvious sense to the point that I was able to warm up to it quite quickly. To now hold this notion in my hands, I actually feel a lot more hopeful about my future in medicine. With a new approach toward my humanness, I will swing it into practice.

I have planned to commit my brief notes to memory by revisiting the previous three weeks each week, so that I can rehearse the content three times. I will read and recall my notes on paper, testing myself with quizzes and self-made questions. There would be no point only covering new content if I will just forget it, and there is too much of it for that. I will plan a weekly study routine and embrace the learning experience as a challenge and a process rather than a necessary evil, and certainly not a symbol of my not being a 'natural'. Since learning isn't only for university students – Mark Twain said, "don't let schooling interfere with your education" – I will employ the same mindset for growth into the best that I can be as a doctor: learning from feedback and keeping up to date with research, as well as in my personal life: from sport to relationships.

To involve and benefit others in my cohort, I should be aware of my propensity to understate how much work I'm doing. I should be encouraging them to work hard too. Steering away from labelling people as smart, gifted or otherwise, I will praise hard work and pull others along with me in the process of having a real go. I'm glad it didn't take four years to truly accept that abilities and achievements will only come from getting stuck in, and this realisation is not one-off but must be ongoing and be maintained. From a more existential perspective, I don't want an easy life anyway, I would rather the strength to conquer a difficult one. I am not a finished product with or without intelligence, I am a work in progress, and progress requires hard work.

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# SUDOKU

Medium difficulty

	7	4			9	5		
1				7		8	3	4
3		2			4			1
		1	9	4		6	7	5
	8	6	3	1				
		7	5					3
	2			6	3			
			2		5			
9					4			

Very difficult

		2						
8	9			4				
			5				1	
		5				7		
				8			3	
					9			
								8
					2		4	9
	6	7						

		1				9	4	
4		7	8	3		2	1	
9		6	5			8		3
8			6					
				2		1	3	
					3	5		
5	7				2	4	8	
1	6			9			5	
			4	1				7

						7	9	
8			5					
	1							
7								
		1	4			8		
2		9						
					6			
	6			2		5		
				7	9			

# DERMATOLOGICAL TERMS FIND-A-WORD

g b g r q k s a r h p e s c l e r o s i s o t a r e k r e p y h p o r t a y n u  
x f v z k v t x s t l v l l e e g f k u u i r c i h t a p o l u c s a v t z f c  
k n i s z w g n x f h n y j a b q r o o e f p q s z t j k r c k f s w v s i q  
n w l p p u m k y u j k e k i i i t a c l m e n n l a u q c f g h h n c e t b w  
c v u w t b w x h v t b s x h c a h j n l r a l u c i t e r o s i o n r h h f f  
b g x c t m h p r k a f k l c m p r a r u p r u p r y z c n e n v g p p n j z  
q g c c m g s t d a s u g l e o j u b s b l j n q u i s z e w i m i f q b f f b  
m y f t r a k w b g l r a h t n r z s u o e o b b s c i t o i g n o p s h g u r  
n p y r b j j j h k j u t m e z d i e t l x d m t t o p k r v g d t d l j p i l  
d e h z u z y e b e v n n q p u f m a c u l o p a p u l a r i m n y u i c m d y  
t h n o s h g j o d a c o n f l u e n t c l a t r t d w u n v a w a d c m k l x  
b h i u s q r x e x a l d h a c d u x z i h e c g s o c o p n s e c l h h b f a  
w s i q h o m i e y q e u j q e b n x x s o y f e t a u c r a i f t r e d d m a  
d i y t t f r x r q y p l h e r k b m p e f n m t l s e s b r p c x r n t r j a  
b o x e r o m a w h s e l a c s n r g v z f s o o u l s i n u s u d i o l e k  
a x i v g x f r n c x z u c b b v s b c g r m i s c l p r y b v l f c w r q  
f s h r u f o a o u j a f a k x a o d d h e j l d q e i a l h u v z a i i h w v  
j a b f l m e t r n x f m s w x x h s z e j k m x s i s a m r o f i r e t s o z  
j g q o u m s z q r e v n w g s c o f m g w a s t k e q k y h r c d d o i t v  
d h m e p r h c b r j a f w d q r w f i d f k r l d v u k v o u n t f t h s f  
r n q s v h t d j n w r h m e q e r b n d c w f d k o n d q s n s y z e a j v x  
b g t l r b t i j y l p u j j m r k l u d z b k e m x a g p a p u l e v r k e h  
m g m z v i f b w r b d c w b p q q x w p n t w j u g s t a l n l g k e u t o  
f i g n y o q p g g y z o b t c u x v c n w q u i b k u e j x i p a c t k w e m  
p s q e c n v j t d g h p f m l u t u a t c l i i d a q l v c j t t b h q g j f  
o m v t p x h i b b o s q k m j r p j m n z p u n e q g x c y h a e p w z u v j  
f y w c u g e t j d u g y h z y l j c s y x v s q q j g s t i q v u m u f n u n  
a c c r u q m x c t h h t q g r y g x p w r d j j a e l x d q x d y b i a x j x  
x s y s j d o h n k z n n n m r j b s u z z z o b g b l y u b z c n r w p w i a t  
u o k s p e r t k h y j j a c c w v b d z y o k a v p f e w e k c y v f o y s  
a d p y f c h f o s s p t n k n c e p j m m l t u k j m j n q s r z l c l e u o  
v b c x b q t d c o z p r g z q o x l k c a a y y g h o d c y g f i c u z g y n  
a p t x w l i v z f z a e l z j o j j y x i v a n g w k x n f g w i p r z b r e x  
h c u m l g y r m r d v a f g l m d w v s n y i p c o l h d j q h p a b t a m  
u q q z h f y f k m f i o z g a i k f y p q r g u y f j k k y c v q h b c s k a  
p j h z d o o d b y i f z c j z h m k g n d x t c c w q o q x y o f u m m d b v  
i d t v n k s y i r y g i u g n f k c l r v s f u j p l p q b g q k g l e m a h  
l x r c z j g q z u c l g c y x g k p n y w o o d p u b g o e d o h l l r f e  
y f s g y v j h j h a n h z t m e p q u z b p t r i j p n s p e k u k  
s w g x x r z l h q z d n k m g n v k d z g z i f i m t d y q m n k w k l x v j

- abscess
- annular
- arcuate
- atrophy
- bulla
- burrow
- carbuncle
- circumate
- confluent
- crust
- cyst
- granulomatous
- horn
- hyperkeratosis
- keloid
- keratotic
- lichenified
- macule
- maculopapular
- nodulopanniculitis
- papule
- papulosquamous
- petechiae
- plaque
- psoriaform
- purpura
- pustule
- reticular
- scales
- sclerosis
- serpinginous
- sinuspongiotic
- striae
- targetoid
- telangiectasia
- ulcer

