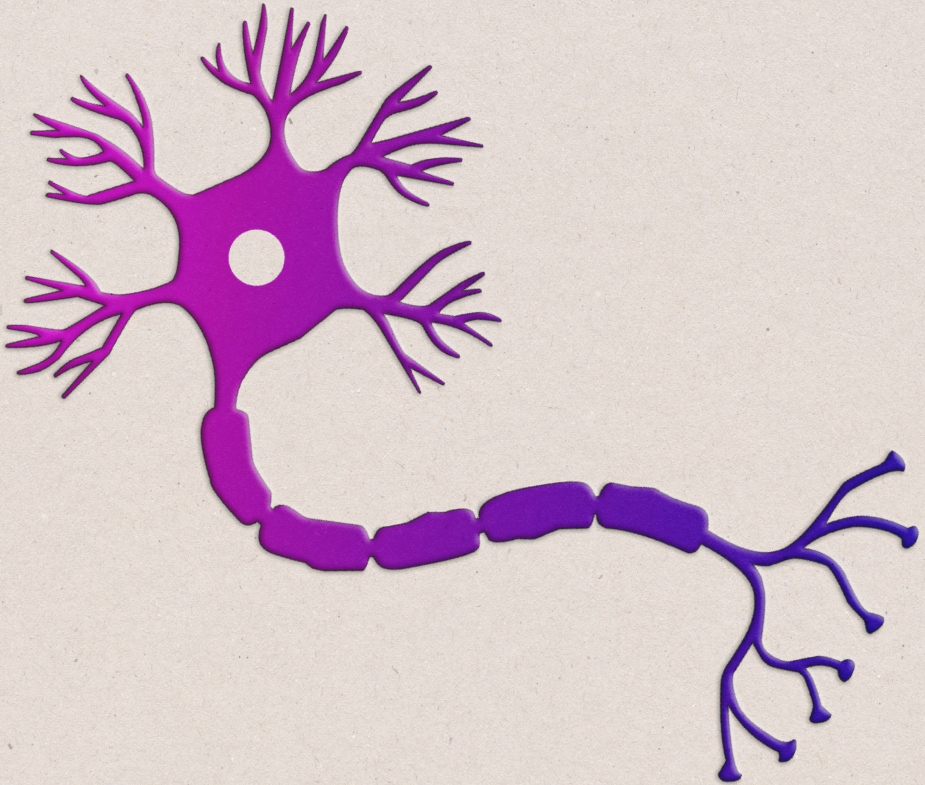


# IMPRINT



President's address

The fire of 'why'

The cost and benefit of integrated care

Return of the sport

Dylan Grebert-Wade

Dr Ben Bravery

Jerath Head

Brandon Ziegenfuss

# From the editor

**W**elcome to year two of the new-look MANDUS student magazine, *IMPRINT*—formerly known as *Kyphosis*. While the vicissitudes of the academic year have, as always, meant this edition is a bit different and a bit shorter than initially intended, I am eternally grateful to everyone who contributed their time and energy to its content and am proud of the result. I am particularly appreciative of Dr Ben Bravery and Dr Emma Skowronski, two physicians who kindly agreed to share some of their insights and experiences regarding finding your purpose as a doctor and learning about the intersection between climate change and healthcare, respectively. I hope *IMPRINT* provides some insightful reading, some beautiful procrastination, and some happy reminiscing.

Wishing everyone the very best for the rest of 2023, whether you're fighting the overwhelm of first-year finals, tentatively readying yourself for the start of clinical years, wearily pushing through the end of third year, or steeling yourself for internship. ✨

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# President's address

## Dylan Grebert-Wade

### *Looking back on 2023*

**H**owdy all. I just wanted to take this opportunity to reflect on how valuable I found working with the 2023 MANDUS Committee.

I am super fond of, and inspired by, the effort everyone went to in representing their subcommittees. The advocacy, education, socialising, and awareness generated through your work made a huge difference to the student experience, which otherwise would have been pretty sterile if left to the School. pre-war level.

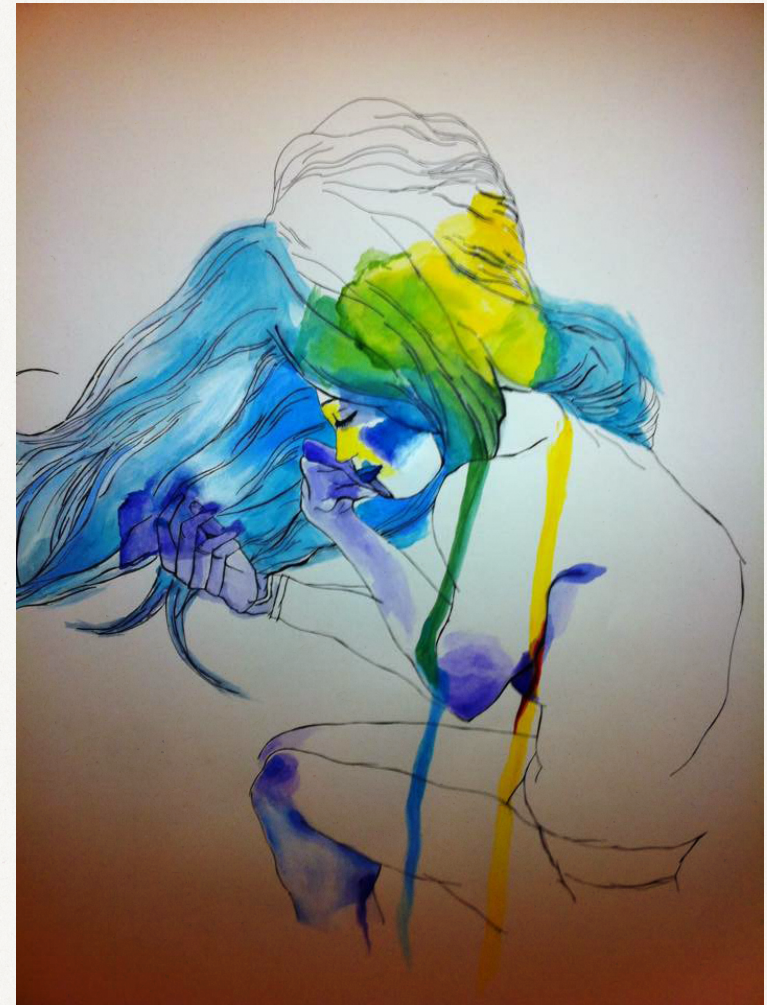
Presidency was a challenge for many reasons. However, having the opportunity to work with some pretty incredible people made the experience even more valuable. Would I do it again? Hard to say. The reasons I did it are probably the same reasons that I wish I hadn't. Admittedly I am a bit of a 'gut-instinct' type of person when it comes to making decisions like this. It felt right, so I figured why not! I always knew that I wanted to get more out of medical school than the degree alone and the past two years have certainly challenged me to evolve as an individual.

Of course, I want to wish Maggie and the incoming Committee all the best as they take over the reins. I have

no doubt they will steer MANDUS in the right direction, for the sake of its members. I think we're at a fairly pivotal point in time for the University and the student body. The cohorts will be expanding significantly over the coming years, bringing with it a raft of new challenges, but also opportunities.

I look forward to being a member of MANDUS—just from a distance this time!

Take care, hooroo. ✨



*Untitled, ink and water colour on paper, Maggie Sambuco 2023*

# The fire of 'why'

## Asking what kind of doctor you want to be is important fuel for a medical career

I started my medical career as a patient. It's not the normal way of doing things, but neither was getting cancer at twenty-eight. Bowel cancer to be exact. Stage three to be precise. After radiation, chemotherapy and surgery, I knew I needed a career change, so I dived straight into the system that had saved me.

As I progressed through my student doctor years, I sometimes found it hard to hold on to my purpose. There was so much to learn, and under intense conditions, often trying to meet other people's needs at the expense of my own. During internship, I actively re-focused on my purpose and passion. I was terrified of course, but I found my feet. We all do. And just when I grew comfortable with a particular illness signature, cluster of medications and consultant expectations, it was time to rotate and start again. The only constant was my reason for doing all this in the first place. I entered medicine to make things better—for patients and those looking after them. We are as dependent on patients as they are on us. But change is difficult, slow, and non-linear.

Last year I published *The Patient Doctor*, a book about transitioning

from cancer patient to medical student, to junior doctor. In it, I describe aspects of patient care that desperately need improving and how the health system needs to do a better job of caring for those providing the care. After a recent book talk, a junior doctor who had left medicine asked, 'Have you ever wanted to quit? Have you



ever doubted your decision?' Another junior doctor, still in the system but clearly dissatisfied, asked, 'How do you stay positive?' They aren't alone. This year's Medical Training Survey of over 23,000 doctors-in-training found that around one in five doctors are considering or have considered leaving medicine in the past twelve months. There are lots of reasons for this, some of which you may already be aware of, the rest of which you'll become familiar with as your careers progress. But one reason we don't often talk about is a lack of purpose. Medical schools do a good job of teaching facts (the what) and skills (the how), but they are not as good at teaching, reinforcing, and nurturing the why—why one is a doctor in the first place.

Many students enter medical school with high grades and on autopilot. Often, they do not think about the why. Medical school is intense and there is a race to learn everything as quickly as possible. Many get through it by keeping their heads down, going through the motions and ignoring the why. I encourage students, and junior doctors in particular, to switch off autopilot as much as possible. To work out who you are and what kind of

## Dr Ben Bravery

doctor you want to be. Spend as much time checking Amboss and UpToDate as you do thinking about your purpose. Watch your colleagues. Observe registrars and consultants. Learn from nurses. Find the part of the job that fuels your fire. Then protect that fire and look after yourself. Defining your why now will help you down the track, during rough patches and times of heightened stress. Medicine is a long game, after all.

Remember, your purpose is your greatest asset. It will be with you long after the glow of passing an exam wears off. Your purpose is the key to showing up every day and authentically connecting with patients and colleagues. Purpose is what makes a good doctor become an amazing doctor. ✨

*Dr Ben Bravery was diagnosed with colorectal cancer when he was 28 years old. After treatment, he decided to enter medicine, and completed a MBBS with Honours from the University of Notre Dame Australia in 2018. He is currently undertaking speciality training in psychiatry. Dr Bravery's memoir, The Patient Doctor, was published in 2022 by Hachette.*

# PBL room portraits

Maggie Sambuco



Untitled, marker on paper, Maggie Sambuco 2023

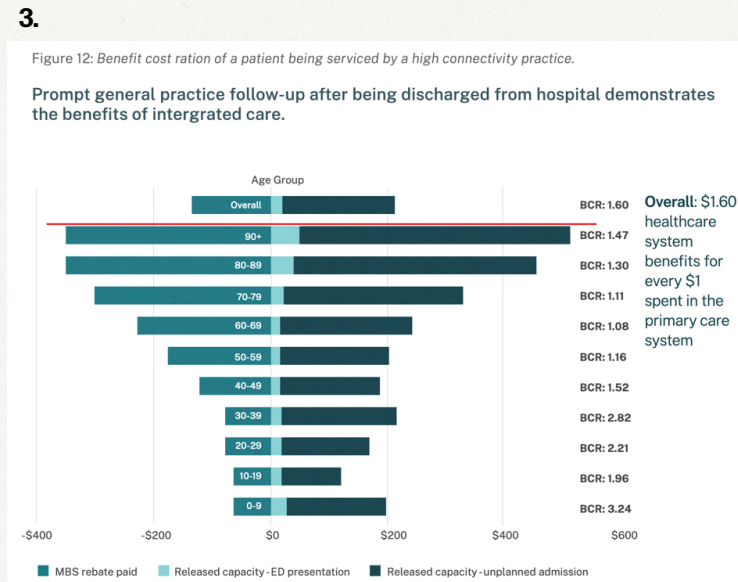
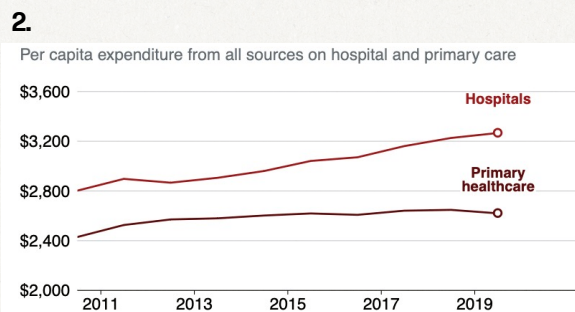
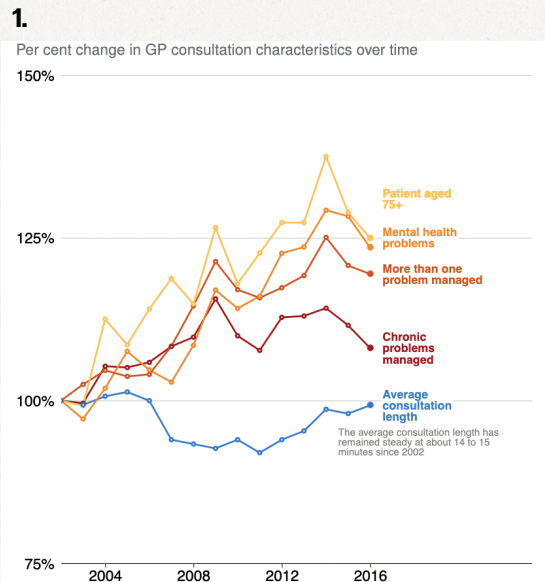
# The cost and benefit of integrated care

Jerath Head

## Funding general practice and primary care services is essential for tackling the modern burden of disease

Australia is facing something of a reckoning in regard to general practice. Since Medicare was first introduced in 1984 to make healthcare accessible for a much greater proportion of the population, the nature of that healthcare has changed considerably. Rates of chronic disease and mental ill-health have soared, people are living longer, and disparities in access to care are rife. However, the health system has not adapted in kind. General practice clinics are crucial for managing these changes in the population's health needs and can have a tangible impact on improving patient outcomes, especially in reducing hospital visits for chronic disease, yet successive governments have neglected to ensure their viability. Instead, they have poured money into hospitals that are not equipped to provide the kind of integrated, continuous care many people require, meaning the system is in a perpetual state of playing catch-up.

To make this point a little more visual, consider the following graphs. The first two point to the problem facing general practice in Australia, and the third highlights why it is so important to get right.



The first two graphs, 'Per cent change in GP consultation characteristics over time' and 'Per capita expenditure from all sources on hospital and primary care', are from a Grattan Institute report titled *A new Medicare: Strengthening general practice* (Breadon & Romanes 2022). They identify the problem at the heart of Australia's general practice reckoning: the growing complexity of a GP's work has not been met with an increase in the standard consultation time or available funding. The third graph,

'Benefit-cost ratio of a patient being serviced by a high-connectivity practice', is from the *Lumos Evaluation Report 2* (Lumos 2022). Lumos is a NSW-based program that links de-identified data from general practices with other health service data to provide a more comprehensive view of patient pathways. The graph is little trickier to interpret,

but it shows an estimated \$1.60 benefit—in the form of reduced emergency department visits and unplanned hospital admissions—for every \$1 spent in the primary care system when patients attend 'high-connectivity' GP practices. (General practices are the backbone of primary care, which also includes Aboriginal community-controlled health services, community pharmacies, allied health services, mental health services, community health and community

nursing services, and dental and oral health services.) According to Lumos, 'high-connectivity practices account for one in five practices and are defined as having over 30% of patients visiting at least twelve times in two years' (Lumos 2023). This implies that a greater proportion of returning patients equals better GP care, and better GP care equals less patient time spent in and government money spent on hospitals.

All this begs the question: if we can see the problem, and the value in addressing it, why are general practice and primary care in such dire straits?

**'The medical profession doesn't deal well with change,'** Professor Charlotte Hespe tells me. Professor Hespe is the head of General Practice at the University of Notre Dame Sydney, and Chair of the Royal Australian College of General Practitioners (RACGP) NSW and ACT. I am speaking with her in an attempt to better understand the state of general practice in Australia, and what might be done about it. 'There's a real cultural shift that's needed,' she says. 'General practice wasn't seen as sexy or challenging, wasn't championed when I was going through my training. This has improved, but misguided ideas about general practice still persist today—and the state of Medicare funding has only made it worse.' The issue of Medicare funding highlights an aversion to change also present in governments.

'Medicare was born in the 1980s and was intended to fill a gap of unaffordability,' says Professor Hespe. By

offering a rebate to physicians that covered 85% of the cost of a given procedure, bulk billing made accessing medical care affordable for many more Australians. In the process of determining the value of the many 'procedures' that constitute medical care, in order to determine what the rebate for each would look like, the GP consult was consigned to the lowest tier. This likely reflected the cultural bias of the day, a lack of understanding as to the importance of the kind of integrated, holistic care a GP consult can facilitate. This relatively low remuneration fuelled the development of corporate general practices, which began to emerge in the 1990s, says Professor Hespe. By expanding the size of clinics and opening multiple under the same company, some practice owners found they could amass overheads and increase their profits. For them, primary healthcare soon became an issue of volume: the more consults you could fit into, say, an hour, the more Medicare rebates would swell your ledger. Corporate GP clinics started to become the referral centres they are often disparaged as being today.

Compounding this was the fact that indexation of Medicare rebates has not kept pace with inflation, year on year. Most recently, in 2022, 'the government increased Medicare patient rebates by just 1.6%, equating to a \$0.65 increase on a standard consultation, whereas 'inflation over the same period was 6.1%' (RACGP 2022). What began as an 85% rebate certainly no longer accounts for 85% of the cost of a consult. This is the

origin of the six-minute consult, says Professor Hespe—the idea that, in order to break even on that 85%, on what has functionally amounted to a substantial pay cut over forty years, you need to get a patient in and out in six minutes.

The next part of the perfect storm was COVID-19, Professor Hespe says. Governments had been stop-gapping the GP shortages, particularly rural GP shortages, with international



medical graduates, to the extent that they now provide more than 50% of GP services in Australia. COVID-19 prompted a substantial number of these doctors to return home, adding further strain to a system that was about to be stretched to its limits. Over the course of the pandemic, GPs faced ballooning workloads in addition to their vanishing remuneration. They were forced to bulk bill, but were only reimbursed for approximately one-sixth of the cost of administering vaccines, whereas staff in the public health system were paid their regular wage. The wave eventually

broke. In NSW, once the worst of the pandemic had passed the RACGP began encouraging GPs to charge what they are worth, what makes their businesses viable, which for many meant ceasing bulk-billing services (or shifting to mixed billing) and raising their consult fees. The general practice reckoning became national news.

**The above is only a snapshot** of the many and varied contributors to the problems facing general practice in Australia today. Issues with medical education and training also abound, governments have been mired in, well, politics, and the medical profession has yet to begin facing a cultural bias favouring partialists (otherwise known as specialists) over generalists.

It would be remiss of me to end on such a pessimistic note, though.

There is plenty to be optimistic about. Primary care reforms are underway at the national level. My Medicare has been rolled out in an attempt to incentivise continuity of care and improve outcomes, in particular for chronic conditions. The government's ten-year primary health care plan (2022–32) has committed \$1.7 billion to services provided through general practices other primary care services, and aims to help integrate primary health care with hospitals and other parts of the health system, aged care, disability care and social care sys-

tems to facilitate more holistic care. New, blended GP funding models are being proposed that aim to ‘liberate GPs from the financial micro-management of the MBS,’ ‘cover the costs of activities that improve health and prevent disease, but which are not currently funded,’ and ‘encourage more care for the highest-need patients’ (Breadon & Romanes 2022).

It is also important to remember that, despite the funding issues, being any kind of doctor in Australia means you will never struggle to make a more-than-adequate living, as Professor Hespe reminds me. And general practice continues to be an endlessly rewarding career for her. ‘There is never a boring day in my office. I still regard myself as a clinician first and foremost, and it’s such a privilege to be able to be on a journey with someone, getting to see them and their family members, seeing their quality of life improve.’

Dr Ranjana Srivastava OAM, an internationally renowned oncologist and award-winning writer, illustrated this beautifully with an anecdote in a recent article for *The Guardian*. ‘In emergency, I overhear a specialist telling a patient that her GP probably made a mistake. “Excuse me”, the patient retorts, “you have no idea what my GP does and how good she is.” Her full-throated defence silences the room.’ The best GPs, Dr Srivastava observes, aren’t ‘just’ GPs—they ‘have a profound grasp of the human condition’. ✦

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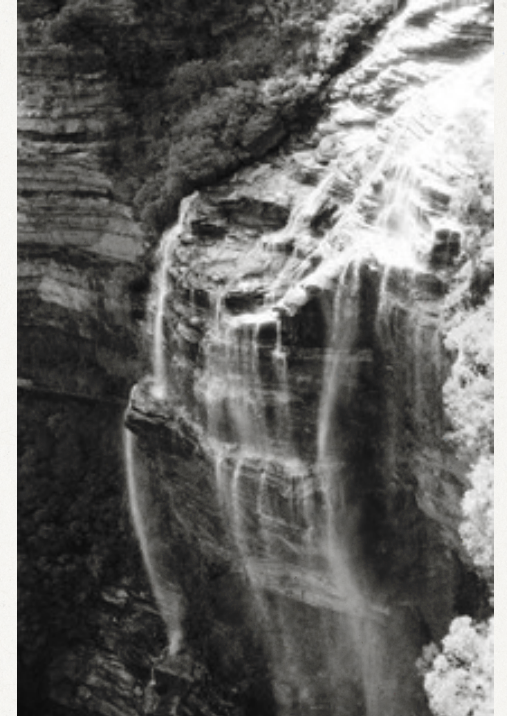
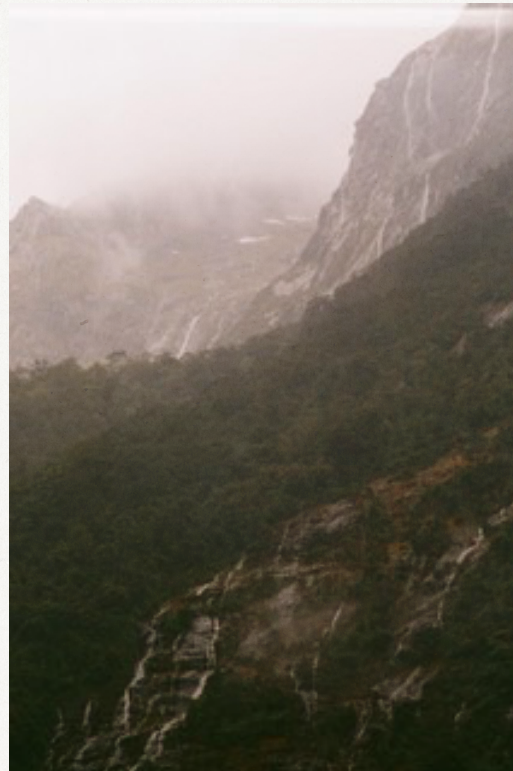
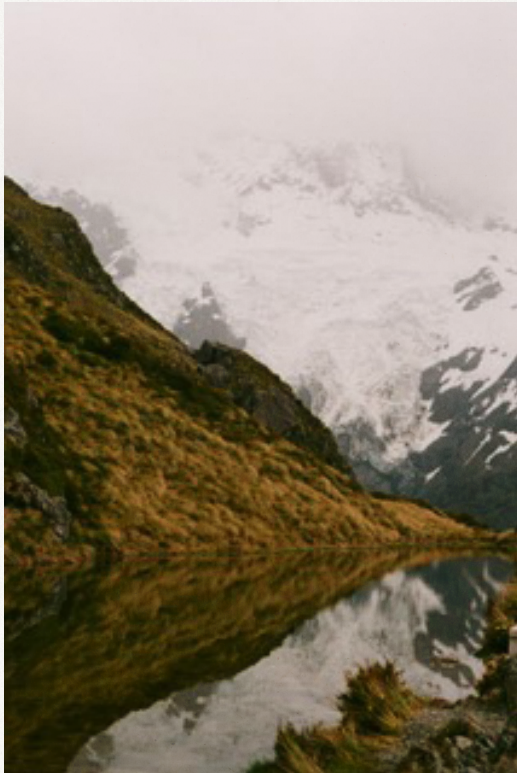
Untitled, digital art, Jordan Topolynski 2023



# Mountain, waterfall, sea

Olivia Lal

*Some film photography to remind us that the world outside is beautiful*



# Breaking barriers in dermatology

Amlan Chowdhury

## *We need to ensure equitable care for patients of colour*

**A**s a person of colour, I have always been acutely aware of the glaring health disparities that persist within our healthcare system, particularly for minority communities. Dermatology, in particular, has been marked by an inherent disregard for cultural nuances and an unconscious bias that perpetuates colourism. By this, I refer specifically to the default portrayal in medical education resources of disease states occurring on Caucasian skin. Not only does this set the foundation for inadequate medical care, but it also has a broader effect of silencing the voices and erasing the lived experiences of patients from diverse racial and ethnic backgrounds. It is disheartening to realise that the amount of melanin in our skin often correlates with the level of microaggressions and systemic prejudice we face in all aspects of life, including healthcare.

As a medical student, I cannot help but notice how the tools and educational resources we use fail to adequately represent patients of colour. The suture kits and plastic mannequins we practice on are based solely on Caucasian skin, erasing people of colour from the equation. This lack of

diversity is further reinforced by the Fitzpatrick scale, which classifies skin types. The Fitzpatrick scale includes various shades of pale skin; however, there is minimal representation for individuals with brown and black skin. These oversights not only hinder accurate diagnosis but also compromise patient safety. Even pulse oximeters,



vital in life and death situations, have been calibrated based on data from primarily white patients, resulting in oxygen levels in dark-skinned individuals being consistently overestimated by up to 7%. Such variations are unacceptable when lives are at stake. The truth is that the experiences of people of colour within the healthcare system are overshadowed by bureaucratic red tape and systemic prejudice. The remnants of colonialism and colourism continue to cast a shadow on medicine, impeding progress and perpetuating inequities. Despite the repeated use of terms like 'holistic and culturally appropriate care', the question arises: how applicable are these concepts in clinical practice? Limited exposure to the manifestation of common conditions, such as psoriasis and skin melanoma, on darker skin tones leaves healthcare practitioners ill-prepared, increasing the risk of medical errors and compromising patient outcomes. This failure of medical education is not only concerning but also downright dangerous.

We, as future medical practitioners, bear the responsibility to confront these disparities head-on. We need to proactively educate ourselves on skin pathologies across a wide range

of skin shades, rejecting the assumption that whiteness is the norm. By acknowledging our biases and blind spots, we take the first steps towards making necessary changes to establish therapeutic partnerships with underrepresented and forgotten communities within the healthcare system. Personally, I have committed myself to go beyond textbooks and delve into clinical presentations on patients with coloured skin, broadening my knowledge and understanding. An example of one of these texts is *Mind The Gap*, a handbook of clinical signs in black and brown skin.

We must break the barriers that hinder equitable care in dermatology. By recognising the importance of representation, education, and awareness, we can foster a field that embraces diversity and provides culturally sensitive care to patients of all backgrounds. Only through concerted efforts and a collective commitment to change can we build a future in which healthcare disparities based on skin colour are eradicated. ✖

# Healthcare in a changing climate

*Global Hands Code Green representative Syd Jantos discusses climate change and healthcare with Dr Emma Skowronski, from Doctors for the Environment Australia*

**S**yd Jantos: What sparked your interest in the sustainable healthcare movement and the relationship between health and the climate?

**Emma Skowronski:** I was always concerned about the environment and climate change, but after I had my children I became increasingly anxious about their future and started taking more interest in environmental issues. I attended an event at which Fiona Armstrong from the Climate and Health Alliance was speaking and I started to see how human health is already being affected. I also realised that as a doctor I had a different voice, and I could use that voice to protect my children's future.

**SJ:** Is there anything in particular you wish had been taught better (or at all) about this relationship when you were a medical student?

**ES:** I don't think I was taught about the relationship between planetary health and human health at all!

**SJ:** It's promising, then, that we're at least getting a few workshops on the subject now. Are there any resources

you would direct students to for more information and inspiration?

**ES:** It depends where you're at in your green-doc journey! If you don't have a lot of energy for this but want a few facts at your fingertips, there are some great fact sheets and articles on the DEA website. If you're more interested in advocacy, I think Rebecca Huntley's book *How to Talk About Climate Change in a Way that Makes a Difference* is helpful. I'm currently reading *Life and Death Decisions* by Lachlan McIver, who was a keynote speaker at our last iDEA conference, which is the annual conference held by Doctors for the Environment Australia. If you're looking for fiction with an environmental slant, I really enjoyed *Migrations* by Charlotte McConaghy, which is really a dystopian drama but it's a bit inspirational too!

**SJ:** As a practising medical professional, are you seeing any clinical presentations that seem to be changing due to climate change?

**ES:** I can't say I'm seeing presentations due to climate change, but I'm seeing respiratory illness that is related to smoke inhalation, indoor

## Dr Emma Skowronski & Syd Jantos

gas use, and pollution. As we head towards what is expected to be an especially hot summer, I'm also keen to prepare my elderly and at-risk patients for heat waves.

**SJ:** What do you think are some of the most pressing issues regarding sustainability in Australia's healthcare system?

**ES:** I think single-use items are really problematic. The amount of waste we're producing is pretty confronting. Lots of hospitals have sustainability units now, and the various medical colleges and the AMA and DEA are doing a lot of work on this issue. But at the end of the day, real change on a bigger scale comes from system change, which really requires greater political advocacy. too!

**SJ:** Are you hopeful about Australia's capacity to shift to a more sustainable healthcare system?

**ES:** I am, actually. I think there is increasing pressure to move to green power and back to reusable items. I think the biggest barrier is apathy among doctors. I'd love to see more doctors learning about the correlation

between planetary and human health and sharing that knowledge with their patients. If doctors could minimise over-investigation, switch up their puffer prescribing, and educate their patients, we could move along much faster.

**SJ:** How can medical students play a role in Doctors for the Environment Australia?

**ES:** Students are so important for DEA! They can help engage and educate other young people. We always need new ideas and perspectives. We don't need everyone to be a trailblazer. There are so many occasions when we just need a pair of hands or another face to attend an event and it is great for us to have some young people clearly invested in these issues. I also think that a lot of young people feel pretty negative and even despairing about environmental issues, and it can really help to be involved with other people who are working to make things better. We can lean on each other. ✖

# Return of the sport

## MANDUS Sports

### *Outgoing chair Brandon Ziegenfuss reflects on an epic year for our fastest-growing subcommittee*

**F**or the MANDUS Sports committee, 2022–23 was all about rebirthing the once prominent sporting culture within Notre Dame's Sydney Medical School. COVID-19 did a number on it, and we figured this year warranted a significant rebranding and resurgence. I am proud that we can safely say this has been achieved over this past year. We were listed as the fastest growing subcommittee within MANDUS, but more importantly, were recognised for our efforts in peeling students off their desks by encouraging them to be active no matter their fitness level or sporting prowess. A lot of hard work has been put into setting up the blueprint for sport's future years at UNDS—here's a quick snapshot of what we got up to.

We conducted the university's first ever interstate Medvarsity Sport Tour (rugby, touch, and netball) at the Gold Coast, which was organised in conjunction with our newly partnered universities Griffith, UQ, and Bond. Notably, a quarter of our preclinical students went on this tour, which was branded a great success. The NSW Medvarsity Cup (rugby and touch) was hosted by USYD and featured a tri-uni tournament with MANDUS

and the University of Wollongong. In addition, our students organised events for City2Surf, golfing days, CrossFit open days, a Cook & Philip open day, first vs. second years netball and touch competitions, and a UNDS vs USYD Med Netball Cup. In addition, we organised and facilitate other groups for running (RUNDAS), Bondi Salties Swimming, touch, rugby, cricket, netball, rock climbing, and golf.

MANDUS provided a generous cash investment to help us build an inventory of equipment and sporting attire (on the background of BoQ Specialists removing their sponsorship of medical school sport). In addition, MIPS and the Beacham jumped on board as sponsors. Cook and Philip (under the Belgravia Sporting Group) provided our students with a discounted membership deal. Moreover, through the above events we have built an active sporting network with the University of Queensland, Griffith University, Bond University, the University of Sydney and the University of Wollongong.

It has been an absolute privilege leading the subcommittee this year, along with our two first year representatives, Eric Saba and George

Alex. I am so proud of what we have achieved as a group and cannot wait to see where we go from here. Eric—all the very best for next year as you take over the reins. I have no doubt you will do a phenomenal job. ✨



# Med Camp 2023

## MANDUS Social



# Our powers combined

## MANDUS subcommittees

### Wrap-ups and sign-offs from the 2023 chairs

#### AMSA

**Xanthe Cerutti:** The University of Notre Dame had impeccable involvement with the Australian Medical Association (AMSA) this year. We had a team of fourteen students work on policy reviews, in addition to having our very own policy authors (including one lead author). The authors were Ashley Molloy, Bjorn Margon, and Alexandra Liu. This team was instrumental in providing UNDS a national level. Our second big focus of the year was the Vampire Cup, in which we had more than twenty blood donations and one of our very own students, Jackson Siskovic, donate five times in eight weeks.

It has been a special year, and alongside the executive and the MANDUS committee we have seen a resurgence of events both social and academic. Thank you so much to our team and good luck to the incoming AMSA representative, Alexandra Liu.

#### Global Hands

**Madeleine Lee and Alessandro Sarimiento:** Global Hands have had another rewarding year, furthering our goal to raise awareness within



the MANDUS community and beyond about the intersection between social justice and health. We have been able to run numerous events in person across our four subcommittees: Gender and Sexual Health, Refugee and Asylum Seeker Health, Maternal and Child Health, and Code Green.

Our Gender and Sexual Health subcommittee, led by Beejay Ma & Cedar

Smith, worked to raise over \$750 dollars for St Vincents through hosting our annual Red Party. This was a fantastic event in second semester that worked as part of a nation-wide AMSA initiative to raise money for HIV/AIDS research.

Students from our Refugee and Asylum Seeker subcommittee, led by Connor O'Brien & Diana Barez, attended the Palm Sunday Rally for Refugees, where they protested policies aimed at denying refugees their legal right to have their claims for residency processed. Our Maternal and Child Health subcommittee, led by Adeline Thomas is currently working to establish a bra drive within the school, which will provide dignity and support to those in need while reducing textile waste.

Code Green was guided by the passion and expertise of Sydney Jantos and Sneha Arora. Code Green hosted 'Make a Change May'—a competition encouraging people to choose more sustainable options for the month, with the prize of sharing a beer with the incomparable Peter Carrol. This initiative successfully got students to consider their carbon footprint and find inventive ways to be more environmentally conscious. Students also attended the Global Climate

Strike with AMSA Code Green to raise awareness of climate issues.

In June, our subcommittee hosted a social justice project info night, which aimed to provide information for first year students of the process of applying and undertaking their social justice projects throughout first and second year. This information night was a fantastic opportunity to raise awareness of the fantastic programs operating around Sydney and beyond and urged first years to take part in projects that benefit the broader community.

#### PANDA

**Molly McNamara and Vas Koutoulas:** This year was a big year for PANDA, our first full year back on campus after COVID-19! PANDA kicked off the year by hosting our annual speaker night, where we were fortunate to hear from four fabulous paediatricians. This gave students a taste of a career in paediatric medicine. We had the pleasure of hearing from Dr Leila Sawaqed, Associate Professor Kathryn Currow, Dr Amber Seigel, and Dr Marion Mateos. The event was a huge success, and we even managed to convert a few students!

We were lucky to continue our tradition of visiting several primary schools throughout Sydney to run our ‘Teddy Bear Hospital’ workshops with Kindergarten, Year 1, and Year 2 students. These workshops aimed to teach young kids the importance of healthy eating, what’s in a doctor’s bag, and what to do in an emergency. They also learnt to bandage their teddy bears, and showed off their knowledge of the human body...even showing up our fellow medical students!

We finished the year on a high as we hosted a bake sale to raise awareness for Red Nose Day. This cause was close to our hearts this year as it touched some of those close to us. We encouraged everyone to dress up in red and donate this amazing cause and ended up raising more than \$750.



Overall, we’ve loved representing Notre Dame University as PANDA co-chairs. We look forward to the opportunity to engage in more paediatric medicine advocacy, and further advancing our clinical experience in our paediatric rotations next year in both Melbourne and Sydney.

## RANDA

**Emily McKinna and Natalie Vear (first-year reps):** The Research Association of Notre Dame Australia (RANDA) had a fantastic year of providing exam preparation and research guidance to many UNDA students. A highlight of our year as the first-year representatives was planning and holding the formative trivia night, combining high-yield exam prep with fun-filled trivia. We had a great turnout with impressive results seen across all teams. The top score, bragging rights and Gelato Messina vouchers went to the ‘COX Blockers’, whilst the ‘Adenosine Cry-phosphates’ took home the crown for best team name. Blake and Eva, the 2023 RANDA Co-chairs, kept the momentum going with another impressive turnout for the second-year formative trivia night.

We look forward to continuing the formative exam trivia nights for the first- and second-year cohorts in 2024. As the incoming RANDA Co-chairs, we also aim to bring back speaker nights with clinician-researchers to hear about their exciting research, as well as ARP Q&A sessions. With ARP proposals due early next year, we hope we can



address some of the questions and concerns people may have about research and help everyone get excited about their future research projects!

## Social

**Valentina Buay, Hansel Lee, and Michael Nolan:** If there’s one thing Notre Dame students are known for, it’s knowing how to live it up outside of uni. This year, the Social Committee embarked on a mission to give everyone an excuse to get their nose out of the books, organising an exciting line up of events and activities to make 2023 a year to remember.

This year saw the grand return of the Year 1 Med Camp for the first time since before COVID. Shy little first years turned into victory-hungry predators as they competed in round after round of med-themed activities. From a nail-biting trivia

and a ROUNDS First Aid Challenge, to a tug of war, and a dangerously fun slip-and-slide competition, everyone had a phenomenal time and many long lasting friendships were made.

Scrub Crawl was another great success, with the night starting out with a delicious Thai feed followed by a (tipsy) leap from pub to pub along the infamous Newtown strip. Med ball also was an incredible night, with everyone dressed to the nines amid the sparkle of Sydney’s beautiful Darling Harbour. Our very first Paint and Sip event went unbelievably well too, alongside a stunning view of the Harbour Bridge at sunset. Thirty of our very own Picassos whipped up gorgeous artworks, fuelled by many glasses of bubbly. Truly, the talent of our med students extends far beyond the textbooks!

Altogether, 2023 has been a magnificent year for the Social Committee.

In particular, we've been proud to witness many blooming friendships between first and second years. It's been a pleasure being your MADSOC Social Committee for 2023. Stay tuned for the post-exam drinks and Med Cruise... As we always say, we're here for a good time, AND a long time!

## SANDUS

**Jennifer Novo and Aubrey Wood:** As we close the chapter on another remarkable year, it's time to reflect on the outstanding accomplishments and memorable moments that defined the Surgical Association of Notre Dame University Sydney (SANDUS) in 2023. This year, we continued to foster a passion for surgery, promote diversity, and provide valuable and enriching educational opportunities for our members.

Our journey began with an inspiring speaker night focusing on 'Women in Surgery'. We were privileged to host distinguished female surgeons who shared their invaluable experiences, challenges, and triumphs. The event not only celebrated the significant contributions of women in the field but also encouraged young, aspiring female surgeons in our community. Additionally, SANDUS hosted an informative evening dedicated to elucidating the SET program and the pathways into a career in surgery in Australia. This event served as a roadmap for our members, equipping them with essential knowledge and guidance to navigate their future in



the field of surgery.

Collaboration was a key theme of the year as we proudly partnered with the Australasian Students' Surgical Association (ASSA), Macquarie University and the University of New South Wales to organise the inaugural NSW Surgical Hub event—a major highlight of the 2023 SANDUS program. This event brought together students from various universities, facilitating networking, knowledge exchange and skill sharing among budding surgeons. Of course, we again collaborated with the amazing ROUNDS and GPSN teams to run the eagerly anticipated Surgical Challenge. This annual competition allows students to showcase their surgical skills,

strengthening camaraderie among our members.

To keep our members engaged, we introduced a reinvigorated weekly anatomy quiz on Instagram. This initiative not only enhanced our anatomical knowledge but also fostered a sense of friendly competition within the SANDUS community. In the second semester, we introduced surgical skills workshops that provided a platform for students to practice skills beyond the university curriculum. These workshops were not only fun and engaging but also provided a valuable opportunity for students to develop surgical abilities essential in clinical years.

Thanks to these initiatives, we've observed our members grow, learn, and excel throughout the year. Their dedication, enthusiasm and feedback have been instrumental in making SANDUS a vibrant and educational platform. Looking ahead, we are excited for the 2024 team to build upon this year's successes and continue to empower the next generation of surgeons. Here's to another year of passion, learning, growth, and community within SANDUS!

## SSUNDA

**Christopher Katsinas:** This year was an incredibly exciting year for SSUNDA and I'm proud of how the committee managed to pull together two fantastic speaker nights as well as excelling in our social

media presence. Our Pathways After Medicine night was our very first one, and I'm very happy to say that it was a resounding success. We were able to have three great speakers from a variety of specialties (cardiology, nephrology and oncology) to share lots of wisdom and plenty of laughs.

This year saw the grand return of The Critical Care Night has always been a hallmark to SSUNDA and, again, it was one of the best nights I've experienced. All of our speakers were brutally honest (some more than others) and gave us very realistic expectations of the pathways into critical care. If the opportunity ever arises for Dr Stephanie Giandzi to speak again, I would highly recommend coming





along to her talk about anaesthetics – it was one of the most informative and genuinely honest presentations I've ever experience (absolutely no bias here).

I think the best thing about both of these nights was to see how much people got out of them. I wasn't sure how many people would turn up but both nights exceeded our expectations, and I'm so grateful to everyone who showed their support. I'm hoping that in the future the society will be able to gain traction for these events and begin to implement more specialty speaker nights to give the students a wider scope to draw from (no pressure at all Johnny).

Lastly, I would like to thank the first-year reps in Jordan Topolynski (our favourite CANadian and swiPEY expert) and G&T enthusiastic (also the future Chair of SSUNDA) Johnny Vogiatjis. Your help was ever present, and we couldn't have smashed it this year without your problem-solving abilities and selflessness.

## UNDSEM

**Victoria Adams and Matthew Brunet:** UNDSEM started off our year with a collab with WANDA for International Women's Day where we hosted a panel with 4 incredible doctors who shared their experiences of being a woman in medicine. We talked about the progress, the highlights and the work which still needs to be done to ensure that there is gender equity achieved in healthcare.

For the rest of 2023 UNDSEM played a bit more of a behind the

scenes role working on policies and statements regarding curriculum updates and changes. With the AMC looking to update their graduate outcome for medical programs we worked on a statement which expressed support for these changes and UNDSEM can help the school navigate teaching about diversity and inclusion. Additionally, UNDSEM provided lived experience contributions to the AMC reaccreditation report for Notre Dame in sections about equity and teaching about marginalised groups.

We are looking forward to what 2024 looks like for UNDSEM hope that this year has shown that your experience on this committee can range from student facing to behind the scenes working with the medical education unit and everything in between!

## WANDA

**Zoe Koroneos and Lucy Mathias:** What a year 2023 has been! We both started the year with much anticipation and excitement for the opportunities we would have to promote women's health. The first event of the year was our International Women's Day Panel, which we collaborated alongside UNDSEM. Our speakers were both inspiring and brutally honest about what it is like to be a woman in medicine and how their experiences may vary from their male colleagues and counterparts.

An impromptu decision to host a bake sale to raise awareness for Endometriosis in March resulted in both the first- and second-year cohorts tre-

mendously rising to the occasion and embracing the yellow theme. The sea of yellow baked goods saw WANDA raise \$1,305 for Endometriosis Australia, which I think may be a MANDUS record for fundraising!

The year's highlight was our O&G speaker night. We had many amazing speakers including Professor Gabrielle Casper (surgical gynaecologist), Dr Rachel James (rural generalist obstetrician), Dr Kieran McCaffery (obstetrician/gynaecologist), Dr Hugh Porter (obstetrician/gynaecologist), and Dr Samantha Carr (obstetrician/gynaecologist). This night provided a fantastic insight into what is required to become an O&G specialist. It was not without its drama, with setbacks caused by rescheduling due to a State of Origin night clash and speakers not being available—or pulling out last minute on account of babies arriving outside the 9–5 hours of the working day!

We also had our Paint A Pot session, in honour of women's health week and the theme of 'Grow your knowledge'. It is safe to say if medicine doesn't work out for all of us, at least some of them would make amazing artists. Our final event of the year was our inaugural Pink Ribbon Breakfast bake sale for Breast Cancer Awareness month. Everyone enjoyed embracing their inner Barbie, with many wearing head to toe pink. We successfully raised \$492 for the National Breast Cancer Foundation.

Overall, being part of WANDA throughout the past year has been an absolute blast. Sure, it was busy and there were times when we questioned whether or not an event would work out in the way that we had hoped. However, we wouldn't change a thing and are interested to see what 2024 will hold for WANDA and her new co-chairs. Thank you to everyone for getting around all of our events this year! ✨



# Out of context

## Choice words from Notre Dame students and staff

Friday arvos are for sticking knowledge in neurons. Friday nights are for destroying those neurons. The perfect cycle.



What do you call those big outlier things in PPH?

An outlier?



Glomerular filtration happens all the time—it's happening right now... If you think really hard you might just feel it.



I need to spend some time in my thymus.



The bleeding is from the blood vessels.

Are we looking for anything other than liver cirrhosis?

Maybe cirrhosis of the liver?



Why is Bradford Hill haunting me?



You should touch each others backs... For medical purposes.



Any more questions about female condoms?

I have many but not for this class.



I'm running out of neurons to stick things in.

# Med Ball 2023

## MANDUS Social



# IMPRINT



**MANDUS**  
MEDICAL ASSOCIATION OF NOTRE DAME UNIVERSITY SYDNEY

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