

AIDA

The Indigenous students'
guide to medical school





This guide was a project of the AIDA SRC.

2014 SRC: Benjamin Armstrong (AIDA Student Representative), Ngaree Blow (University of Melbourne), Sarah Bormann (Flinders University, South Australia), Natahlia Buitendyk (University of Queensland), Guy Dennis (University of New South Wales), Ben Doyle (Australian National University), Timothy Haynes (University of Wollongong), Bianca Howard (University of Western Australia), Jamee McBride (University of Western Sydney), Patricia Murphy (James Cook University), Kylie Parry (Flinders University, Northern Territory), Mailaab Rind (Deakin University), Blair Rasmussen (University of Sydney), Kerby Siemsen (University of New England), Gene Slookee (Griffith University), Nicole Whitson (University of Newcastle)

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Introduction

Welcome to medical school!

You've undoubtedly worked hard for your spot in medical school, and all that effort has finally paid off. Now the road to becoming a doctor begins – this will be a strenuous but exciting and very rewarding chapter in your life.

No matter what walk of life you have come from it will prove very different to medical school. It is a confusing time for many, but maybe more so for Indigenous students. Many of us enter university having left family and community behind, travelling long distances from rural areas, and the first year for us includes significant amounts of change.

In 2014, the Australian Indigenous Doctors' Association (AIDA) Student Representative Committee (SRC) felt it was important to create a resource to help their fellow Indigenous medical students' transition into and succeed in medical school. *The Indigenous Medical Students' Guide to Medical School* is a compilation of lessons learned first-hand, and of tips and tricks that we collectively found useful, across the diverse medical schools of Australia. There are many 'guides to medical school' released in Australia by other organisations, but this is the only one written for Indigenous medical students, by Indigenous medical students. We believe that some issues that many of us have experienced are specific to being an Indigenous person in medical school, and are common across medical schools. We hope we've filled this guide with plenty of advice that is not only helpful, but specific to you.

Of course, you will still learn some lessons the hard way, but hopefully this guide will help you avoid some of the traps that many of us before you have occasionally fallen into.

On behalf of the AIDA SRC, I hope you find *The Indigenous Medical Students' Guide to Medical School* useful and I wish you the best of success in your medical studies and future careers.

Benjamin Armstrong

Former AIDA Student Director



About AIDA

The Australian Indigenous Doctors' Association (AIDA) is the peak body representing Aboriginal and Torres Strait Islander medical students and doctors in Australia. AIDA's membership includes doctors across a wide and continually growing range of specialities.

AIDA is a major contributor to the leadership agenda in Indigenous health, influencing and informing policy and making meaningful change. We work within the medical, health and medical education systems to increase the number of Indigenous medical professionals and to improve the health equity of Aboriginal and Torres Strait Islander Peoples through the provision of AIDA's unique medical and cultural advice, stakeholder engagement and advocacy.

Since the graduation of Australia's first Aboriginal doctor in 1983, some 100 years behind that of Indigenous doctors in other comparable countries, the number of Indigenous doctors has grown. When AIDA was first established in 1998, only 15 Aboriginal and Torres Strait Islander Peoples had graduated in the field of medicine. Through collegiate support, advocacy, strong partnerships and community engagement, AIDA's focus is largely on improved Indigenous recruitment, retention, recognition, professional development and pathways into, and through, medicine. As the peak body for Aboriginal

and Torres Strait Islander medical students and doctors, we are well placed to support and grow the current and future Indigenous medical workforce and to drive efforts to close the gap in Aboriginal and Torres Strait Islander health and life outcomes.

Australian Indigenous Doctors' Association

The Australian Indigenous Doctors' Association Ltd
ABN: 84 131 668 936

Postal address

PO Box 3497
Manuka ACT 2603
Australia

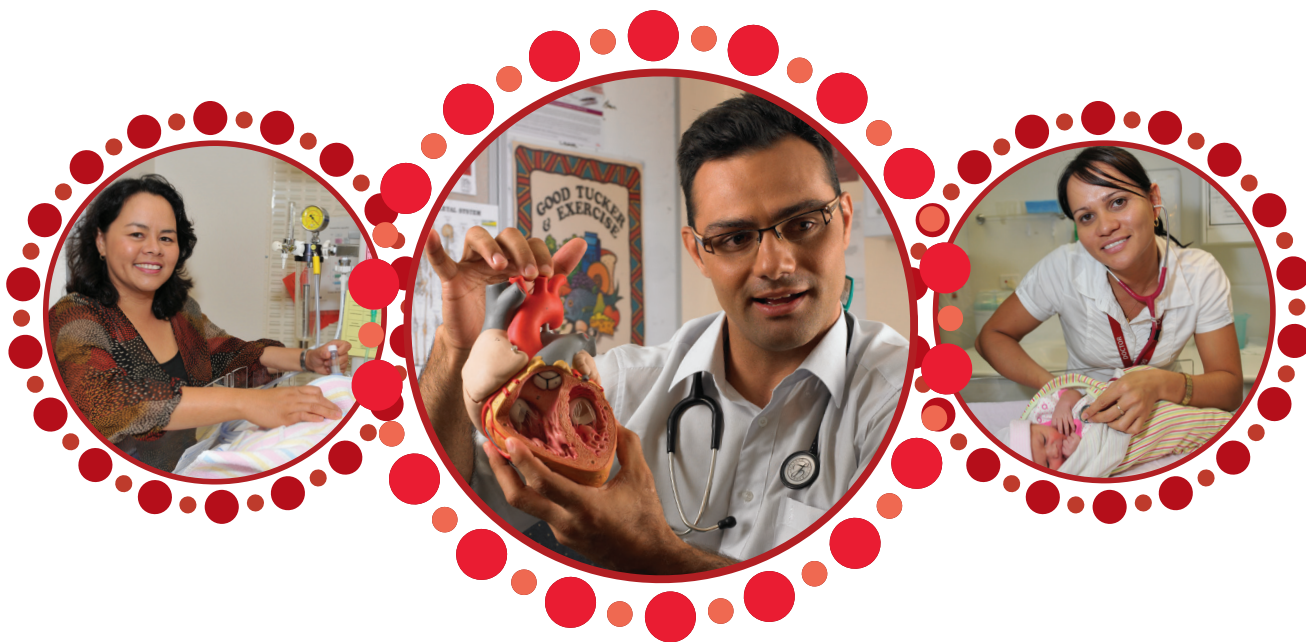
Street address

Old Parliament House
18 King George Terrace
Parkes ACT 2600
Australia

Phone 02 6273 5013

Freecall 1800 190 498

Email aida@aida.org.au



Resources

Textbooks

Choosing the right textbooks to buy can be one of the most difficult tasks in your first year of medicine. Medical textbooks are expensive, so deciding which ones to purchase is important for both financial reasons, as well as ensuring that the textbook covers what is required from your course/unit of study.

A medical degree is unlike most other degrees that normally provide a list of textbooks or readings for each subject. A medical school is likely to provide a long list of recommended textbooks that could easily cost \$5,000, well beyond the income of a medical student. You don't need to spend this amount.

You will find as you go along that textbooks are required for each medical topic you study. Each university has a different course, but generally in your first year you can expect to study anatomy, physiology, pathology, microbiology and clinical examination.

Many medical students have made it through university without purchasing textbooks and have relied on university libraries for all their textbooks and resources.

Generally, it is a good idea to browse through any textbooks before you make a purchase especially if you plan to purchase them online. You could browse books either in the bookstore or library or borrow the book from a fellow student. You could also borrow a book from the library for a semester, however it may require you to renew the book regularly.

Tip! Make contact with students from your cohort and other year levels, sometimes they loan/provide second hand copies.

Student notes

The medical student community is a great one to be part of, particularly because there are many versions of condensed notes being passed from person to person that you can use. Past student notes might look appealing at first glance, however medical schools like to change the content year to year. You might be learning the same topic, but the focus will likely be different. Current student notes on the other hand, can be a great resource. These will likely be released leading up to your exams, by the author themselves, and they can be a good resource for you to review. You might even consider making your own notes available to share.

Campus services

Most universities have a space set aside just for Indigenous students, such as an Indigenous student support centre. Often this place is for Indigenous students across all disciplines, not just medical students. This is a place where you can go have a cup of tea, chat to a staff member and access a computer. You can also connect in with other Indigenous students at these centres. If you need tutoring, this is the place to get this organised. We highly recommend you seek out the Indigenous student support centre and drop in for a visit early on in your first few weeks of university.





Electronic resources

There is a vast amount of electronic resources available to support you through your medical degree. If you are using a tablet or computer, you will need to consider virtual storage. One method highly recommended is online storage via Google Drive or Dropbox. Both back up your work so you only need to access a computer or tablet to access your documents.

It is important to organise your notes and files in a logical order. We recommend the following:

- Make a folder for each subject.
- Within each subject, make a folder for each week or module you will be completing.
- When saving your files, label them appropriately (e.g. Week 1 Study or Pre Reading 1).

There are also many mobile applications (apps) for downloading that you might find useful during your studies.

Our favourite apps are all available at your online app store:

- Instant anatomy flash cards
- Best practice
- Evernote
- iAnnotate
- eyehandbook
- Medscape
- Medical mnemonics
- Lab Tests online
- Inkling app
- MIMS
- Google Drive
- Dropbox
- Microsoft Office

Online resources

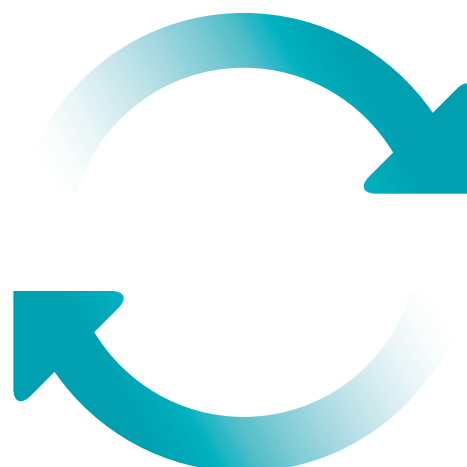
Facebook can be your friend or your foe when it comes to studying medicine. You can easily organise group assignments with it and stay on top of your social calendar, but it can also lead to a great deal of procrastination. There is an app you can download called 'Stay Focused' which puts a timer on your usage.

You should always ensure that your privacy settings are set to 'high' on any social media platform you may use. You should always be careful of what you post on these platforms. Inappropriate photos and comments may end up being seen by university staff and/or future employers.

YouTube has some great resources you might want to consider when you are learning medical fundamentals. We recommend videos from Dr Najeeb, Anatomy Zone, Geeky Medics and Khan Academy.

There are many websites with relevant information. However you should always be wary of the quality of the websites which you reference. Some sites are:

- RCPA manual: www.rcpamannual.edu.au
- Electronic Therapeutic Guidelines (eTG): www.tg.org.au
- Life in the Fast Lane (Emergency Medicine): www.lifeinthefastlane.com
- Fastbleep (medical notes): www.fastbleep.com
- Medscape: www.medscape.com
- British Medical Journal (BMJ) Best Practice: www.bestpractice.bmj.com/info
- Radiology Masterclass online: www.radiologymasterclass.co.uk
- Drugbank: www.drugbank.ca



Financial resources

Finance can be a major source of stress to students during their study. We highly recommend you review your finances regularly. Putting in the time and effort to apply for scholarships, part time jobs, Abstudy or youth allowance is greatly warranted as it can save you future stress. We encourage you to review your resources again until you are 100% certain you will be financially stable during medical school.

Research the variety of scholarships that you may be eligible for. Some scholarships are only open to first-year students. Apply for every scholarship available to your situation. Put the other scholarship opportunities that are not available to you yet (but may be in future years) into a file that you can access later. You will get so much information thrown at you over the next few years that you may not recall at a later date all the opportunities that you have already found. Think outside the square when researching scholarships as well. For example, McDonalds offer a leadership scholarship that can be applied for by medical students, as you will become a leader in your community.

The Puggy Hunter Memorial Scholarship Scheme is a popular scholarship amongst Indigenous medical students. Visit www.acn.edu.au/scholarships/indigenous-health-scholarships for more information including application dates. Your university may have specific scholarships available for Indigenous students. Also be aware of other scholarships that you may be eligible for. The Aspiration Initiative list these on their website: www.indigenousscholarships.com.au/

AIDA promotes scholarships and other opportunities to its members in Ward Round and social media.



Tip! Remember that scholarships and bursaries may have an impact on your Abstudy or tax implications, be sure to research these before accepting any scholarship offer.

Medical resources

If you are doing an undergraduate degree you may not need a stethoscope upon commencement but you will if you are starting a postgraduate degree. Search online stores or visit local medical and surgical supplies stores and see if they have any specials available. It may be worthwhile to see what other medical equipment you may need such as tendon hammers, torches and sphygmomanometers as you will need these eventually. A recommended site is www.steeles.com

Sometimes medical supply shops will do a bulk deal. If you can get group of medical students together you may be able to get a great discount on medical supplies like stethoscopes and sphygmomanometers.

“One of the biggest challenges I found as a medical student was financial, because as a medical student there is little time to commit to ongoing employment. I worked really hard in my early years and got a really good grasp on anatomy, then I began to tutor students through the medical school and the Indigenous Tutorial Assistance Scheme to supplement my ABSTUDY. I found this very beneficial, as it works two ways in that I get paid and I am required to revise earlier material. On several occasions, I have impressed my peers because I have ‘remembered’ something from an earlier year but it was because I had recently revised that material with the students I was tutoring.”

Patricia Murphy, James Cook University, Queensland



Professional resources

Medical school will likely be one of the most stressful but rewarding times of your life. It is a time when you can lay the foundation of who you want to be, who you associate with and where you are going. To make the most of this time we highly recommend you make the most of the opportunities that are given to you during this time. Some of the opportunities our Indigenous medical students have had in the past include:

- attendance at conferences (such as the annual AIDA conference) symposiums or meetings
- volunteering for charity or community
- community events such as career expos
- mentoring
- participation in focus groups.

We understand that 'spare time' is limited as a medical student. Keeping in touch with your AIDA representative (see right) is a good way to keep abreast of current extracurricular opportunities.

“I’ve had many opportunities to attend and speak at conferences and it’s something I really enjoy now. Going to conferences such as the Pacific Region Indigenous Doctors’ Congress (PRIDoC) Conference and AIDA Conferences are always very exciting and inspiring.”

Ngaree Blow, University of Melbourne, Victoria

AIDA

We encourage all Indigenous medical students to become members of AIDA. There are many benefits to becoming a member of AIDA, the most important being collegiate support offered by the other members of our organisation. AIDA also offers leadership and professional development opportunities exclusively to Indigenous medical student members of the organisation.

Membership for Indigenous medical students (and first year Indigenous medical graduates) is free. More information regarding AIDA membership can be found on the AIDA website: www.aida.org.au

Each university has an AIDA Student Representative, who represent AIDA at the university level. They provide support to AIDA’s Indigenous medical student members, as well as recruit Indigenous medical students to join the organisation. Together, the AIDA Student Representatives form the AIDA Student Representative Committee (SRC) and report to the AIDA CEO on any challenges faced by Indigenous medical students, as well as provide advice toward AIDA’s policy work.

“The biggest challenge for me was moving back to the city and away from a workplace where I knew my job and where I was surrounded by a welcoming and supportive Aboriginal community. Being thrown into an environment like medical school where I was suddenly the little fish again at the bottom of the rung was very difficult for me to get my head around. It was also hard not having an Aboriginal community support network around me. Being a part of the Australian Indigenous Doctors’ Association has given me a supportive Aboriginal community and maintaining contact with other Aboriginal medical students has definitely helped as many of us have the same issues and we can find support in each other.”

Sarah Bormann, Flinders University, South Australia

Getting ready for university

Accommodation

There are many benefits and disadvantages to living on and off campus when you are going to university. If you're living in an on-campus college the rent can be expensive, however, depending on the option you choose, part or all of your food, electricity and internet expenses are covered. You will often be accommodated in a room that consists of a bed and a desk and cupboard and possibly extra bookshelves and air-conditioning. Living off-campus can be expensive, depending on the location and accommodation type, and you will need to consider that you will likely be paying for your utilities such as electricity and internet. Group dynamics in shared off-campus accommodation can be an issue.

Expenses can be offset both on and off campus in several ways, such as obtaining a casual job, receiving a scholarship or cadetship or living in a shared arrangement off campus. You should contact Centrelink and find out what entitlements you may be entitled to.

If you have a car, living off-campus can be just as easy as living on-campus when it comes to accessing services at the university. If you don't have a car, you will need to consider public transport. We encourage you to explore these options in detail, such as

finding out if the public transport runs in the evening when you may have late classes or are required to undertake evening study groups. Make sure you consider your safety when making these decisions.

There are some on-campus accommodation options that can allow for mature age students with no children to live and study that are quieter than the college setups with students who may have parties during the week and on weekends. Some of the suburbs close to university may contain houses that are purposely set up as shared housing for off campus living where rent covers utilities.

Your university may have access to accommodation services that can provide permanent, temporary and even emergency accommodation for students in need.

In the end, the final decision about whether or not you live on or off campus while you study should be made by you researching and considering all options and financial outlays. It is important to think about your options in great detail and ensure you are comfortable before you sign a document such as a rental agreement.



The following table is just an example of some of the issues that could be considered when deciding between on and off campus accommodation.

	On Campus	Off Campus
Costs	<p>Can be expensive</p> <p>ABSTUDY residential cost option can pay rent</p> <p>Food is usually covered</p> <p>Electricity paid</p> <p>Internet paid</p>	<p>Can be expensive</p> <p>Living in shared housing can sometimes make it cheaper</p> <p>Have to buy own food, may do shared food setups</p> <p>May have to pay for electricity</p> <p>May have to pay for internet</p>
Distance to travel	<p>Relatively close to Lecture theatres and other classes</p>	<p>May have to travel long distances</p>
Vehicles	<p>Not necessary but can generally have one with you</p>	<p>May need a car to get to and from classes</p> <p>May have to use public transport</p>
ABSTUDY	<p>Can cover residential costs</p> <p>Selecting the 'away from home' option can pay for your travel home depending on distance to university</p> <p>Can get start-up scholarship payments and some people may be able to access relocation payments initially</p>	<p>Can get travel home if you put away from home</p> <p>Rent assistance</p> <p>You may be eligible access relocation payments</p>
Access to Services	<p>University services on campus at your fingertips</p> <p>Most on campus shops close by 5pm and you may need to use a vehicle to do late night shopping</p>	<p>May have to go to University to access Internet and other services</p> <p>Some public transport may end early in the day and so may lose late night access due to services</p>

Before your first day of medical school

Your first day of medical school can be rather daunting. Prepare yourself for this day by considering the following:

- Get organised! Purchase a diary (or score one for free from your student association!) or use a calendar app on your phone or computer.
- Buy a wall planner! If you are a visual person, you may like to get a wall planner and these are often available free of charge at your university union or Co-op bookshop.
- Write down important dates: enrolment, term dates and introductory lectures.
- Write down important dates when assignments are due and exam periods.
- Find out where to go! Before your first day either ask the University to send you, or go online and print out a campus map. See if the University has an app to download.
- Work out how to get there. If you're planning on using public transport, explore your options to find the most accessible and safest route for you.
- Get involved with O-Week activities. These are a great way to meet other students and join clubs and societies to network with fellow students in your cohort and in other cohorts. They may have useful information to share with you about the course and how to cope or get by.
- Get involved with a hobby or sport. It is important to have downtime while you are studying medicine. Decide on a regular activity and put it into your schedule. Medicine can be very full on and is important to have a hobby or sport that can take your mind off medicine.
- Obtain course outlines for all your subjects so you have an idea of what each subject is about and an idea of what/when assignments are due.
- Find a tutor. The Indigenous student support unit at the university should have some recommended people for you and their contact details. Make sure the tutor suits your learning style and is familiar with your course content.



MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8am start	Check out uni soccer club			
Enrolment	Library		Meet Prof	
	Lunch	Co-op shop		
		Check out swimming club		

After your first day of medical school

- Write down lecturer and student names and contact details in your diary or planner.
- Get to know what resources are available to you. Some university cohorts gather notes onto a central database to share with future cohorts.
- Get involved in groups that interest you and find out what you have in common with other members of your cohort. You are all going to go through medical school together so they will often be the only ones that truly understand the stressors and pressure you are under.
- Go to the information sessions on offer from the university. They are invaluable. There are also a lot of 'get to know you' BBQs etc. these can be quite useful if you are new to the area and would like to meet people.

Checklist

The following checklist is provided to assist you in identifying some basic support mechanisms over your first few days at university.

- ☐ Calendar/wall planner
- ☐ Timetable
- ☐ Campus map
- ☐ Transport options
- ☐ O'Week events calendar
- ☐ Clubs and societies information (including University Medical Society)
- ☐ Visit Indigenous Student Support Centre
- ☐ Meet AIDA Student Representative
- ☐ Identify a tutor
- ☐ Classmate contact details
- ☐ Lecturer/tutor contact details
- ☐ Join collegiate Facebook groups
- ☐ Attend course information sessions
- ☐
- ☐
- ☐
- ☐
- ☐

Clinical years

For many of you, these years will be the most exciting and strenuous time of your degree. The long days and many competing interests will be tiresome, however this time is finally giving you a taste of the real job. This is where you will find out what it is like to be a real doctor!

Your first day in the hospital as a senior medical student will be daunting at first, but hopefully our tips (most of them learned first-hand, the hard way!) will help alleviate some of the stress.

Learning on the wards is significantly different to learning from books and lectures, back at your medical school. There is a lot more to navigate here, and your time is a lot more limited. It must be remembered that you will still need to be studying from didactic sources (books, journals and lectures), so you will need to be efficient in managing your time and extracting as much as you can from each learning opportunity in the clinical environment. Your supervisors and their trainees are experts in the whole range of their field, so it's your job to push them (as much as is reasonable!) to give you as much teaching and as many tutorials as possible.



“One of the best things about being a medical student is the clinical experience gained during your degree. I've really enjoyed being in the hospital and seeing patients. Nothing beats a moment when patients tell you that you will make a great doctor.”

Bianca Howard, University of Western Australia

Dress Standards

Before you arrive for your first day, it's really important to work out what is considered appropriate clinical attire for the placement. Standards are very different based on the type of placement that you're undertaking, and also different for men and women. A general rule is that it's much worse to be under-dressed. It may be acceptable to wear jeans and a polo-shirt at a rural general practice, however this would almost always be considered inappropriate in the hospitals.

Generally for both men and women, nice dress pants and a shirt is considered appropriate. Shoes should be closed-in dress shoes, but should be comfortable – you're going to be working long hours some days, and if you're on a surgical rotation, you could be 'scrubbing in' to theatres and be standing in the one spot for hours at a time.

Ties can be a problem. They can be considered necessary by some consultants and hospitals, and then considered 'disease carriers' by others. It's a good idea to check the policy of your placement. If you are going to wear a tie, make sure it is contained by a tie clip or something similar (so that it does not touch patients when you're trying to do examinations or procedures).

For women, clothing should be carefully considered as to how revealing it could potentially be.

An easy way to determine what is appropriate is to consider how it might sit if you were to be asked to jump on a bed and perform CPR in a cardiac arrest.

A new way of learning

Your time on the wards is important in turning your theoretical knowledge into useful, practical skills that you will use on the job. These years are the best time to learn. Use every opportunity that you can to practice your skills in history taking, and especially in physical examination.

It's important to spend time doing things you are good at, and enjoy them. This will keep you excited about medicine and learning, but you should take the time to work on any weaknesses that you've identified in your knowledge and skills. For example, if you're not confident in reading X-rays then why not try to spend a day in the radiology department, or if you're struggling with phlebotomy, complete a morning round with the collection sisters. The vast majority of hospital staff are happy to teach, and non-medical staff (nurses and allied health in particular) often don't get a lot of interest from medical students, so they are often excited to help you learn.

First day on the ward

You'll probably be immediately presented with challenging situations, but among all the activity there are people who are going to make life easier for you and provide you with the information you require. Nurses are a great source of information as they know all the patients, the staff, and exactly what is going on in their wards.

Within each hospital team there will generally be one or two people that enjoy teaching. This person may be at any level of training within the team (consultants to interns), but it is very worthwhile to befriend them. Some consultants may seem to just attend for ward rounds and then disappear for the rest of the day; in this case it's often a good idea to seek out the registrars for training as they're well on their way to being experts in the content of your specific rotation, and are often much more accessible. Also, be aware that some clinicians teach more in specific environments, for example surgeons may race through a busy ward round without paying you much attention, but will be very happy to teach you between cases in theatre. Consultants who have private rooms or clinics are often very happy to take you along to these and may similarly teach you between patients or even allow you to practice seeing patients yourself (under their supervision).

Treat everyone with respect

The clinical setting, whether it is a hospital or a general practice consulting room, is somewhere that you will encounter people of all different ages and backgrounds. What they have been through in the past will greatly shape their outlook and approach to life in general. It is important to treat all patients and their relatives with dignity and respect. They are often in a very vulnerable position and are in an environment that is not their own. Hence, the experience can be very daunting. We should treat everyone in a way that we would want to be treated, but it needs to be remembered that we live in a multicultural world and respect should be given the patient's cultural norms and background. Remember, when in pain, patients can express their pain in multiple ways.

As medical students we need to have the interaction with patients to be able to take histories, examine, and enrich our learning. So here are few pointers when it comes to approaching patients:

- Always close the curtain even if you are just taking a patients' history. It creates a sense of privacy even though voices can still be heard through the curtain.
- Don't be afraid to talk to a patient. They are often just happy to have someone to talk to, and if they are not keen they'll tell you. The worst they can say is 'No'.
- Always introduce yourself as a medical student and try to avoid letting them think you are a doctor. If you don't let them know then they will often assume you are a doctor and may not be happy when they find out that you are not.
- Always be appreciative for their time and thank them when leaving.
- It is also the polite thing to ask the nurse looking after them, or the Nursing Unit Manager (NUM) on the ward, if it is ok to see the patient. You may be interrupting a very important time of their day. Also if the nurses don't know who you are, they may think that you are a doctor and don't want to interrupt you either.

Take every opportunity to practice or ask a question

The clinical years are the time to practice. You will be on the wards caring for people and you are an integral part of the team. There are plenty of patients just waiting for someone like you to have a chat with, and they are usually more than willing to let you listen to that great murmur or bronchial breathing.

Be proactive and ask to be involved with the procedure that the registrar may be performing. Ask to take bloods and the cannulas for the intern. This is going to be the bread and butter of your job as an intern. The more practice you have now, the less stress it is going to be later on.

Don't be afraid to ask questions. You may have a burning question that you need answered, or you may like some clarification on the treatment that a patient may be receiving. You may feel that you are bugging them but most doctors do like to demonstrate how much they know and pass it on. Asking questions is encouraged, but consider the setting and timing. For example, if the team are discussing delicate treatment with a patient then you should probably hold on to any questions.

A good time to ask a question would be when you are being the helpful medical student and writing in the notes on ward rounds. It is quite important to clarify what has been said by the team if you don't know what they are saying. It is important to disseminate the correct information or instructions in the notes otherwise crucial things may be missed or not captured. Accuracy in medical documentation is important.

It's okay to not know

In the hospital, consultants and registrars are used to teaching their junior doctors as well as medical students. They love to ask questions and test your knowledge. Some people may find this quite daunting and others love to be challenged in this way. Try not to be afraid to answer these questions when they are directed at you. There will be answers you do know and plenty that you don't, but this is not a bad thing. Often doctors ask questions about a topic until you no longer know the answer. They are there to push your learning and give a perspective on the practical side of medicine. You often can't get these answers from books. So it is ok not to know, and it is better to say you don't know than to make something up and dig yourself a hole that you can't climb out of. Remember you are a medical student and you are not expected to know everything. The doctors teaching you are specialists or trainees in that area.

How to say 'no'

This is a difficult thing to do. You will often feel the pressure to stay all day with your team and be involved with the daily ward routines and teaching. It is important to be involved but not at the expense of being able to study for exams and attending compulsory teaching set by the university. The teams don't know your university timetable and it is important to let them know early so you can plan. It is important to let the team know when you are not going to be there for classes or other reasons. In general the doctors know what it is like to be a medical student and understand that you are required to attend classes. You may come across some doctors who will treat you like cheap labour and get you to do some of the 'boring' tasks such as discharge summaries. It is important to know how to do these, but if you feel like that is all you are being used for then you should try and talk to them or a senior staff member about rectifying this situation.

Get to know doctors in the field you are interested in

This can be quite a useful thing to do. If you have a keen interest in a field of medicine it can be helpful to get to know people already in the field. It first and foremost will assist you to obtain experience in that field and assist you to gain an appreciation for what the job entails. This is great as it will either help cement your interest in that field, or it will make you realise that the career path is not for you, before you start to invest too much time and energy. If you still have a great love for that area then you will be showing how keen you are and if you go about it the right way, you will create good contacts in that field. Other medical professionals may be able to point you in the right direction and give you ideas to help you get on the training program, and you might get a great referee as a result of your networking efforts.





“The best part of medical school for me has been my year-long placement at an Aboriginal Medical Service. As a senior student, I started to gather my own regular patients and develop relationships. Being able to see people returning each week, to see that I was actually beginning to make a difference for people absolutely cemented for me that I'd chosen a profession that would continue to be satisfying for the rest of my career.”

Ben Armstrong, University of Wollongong,
New South Wales

How to speak up in hard situations

This can be one of the hardest things to do, especially if the doctor is quite busy. If there is something that you are really uncomfortable with or feel that you do not have the skill for, then you need to let them know — for yours and the patient's safety. For example if you have never cannulated and they tell you to go and do it by yourself then you need to let them know that you need to be supervised and taught how to do it. For the most part they will have probably assumed that you would have done this before and will be more than happy to guide you.

There will be times that you may hear or see things that are inappropriate and you are not quite sure about. If you are not comfortable discussing it with the person involved then there will always be someone from the university like your clinical school dean, or the clinical school administration office will always be able to point you in the right direction. Your university peers are always more than willing to give advice.

Practice on your friends and family, and don't avoid your weaknesses

Practicing on your family and friends is very important. Not only does it help you reinforce those new skills you may have learnt, it also helps you realise what a normal – or 'healthy' – examination is. It is likely that many of the patients you will see on ward rounds will have abnormal examination results, because they are ill. It is very important to examine healthy individuals and hold them in your mind as a reference point.

Medical students will have performance examinations at some point, whether these are OSCEs or a long case scenario, practice helps you develop a flow and routine. Because it is so rehearsed, your technique will become polished and you will be less likely to miss things. A nice flowing examination with good technique will always impress the examiner.

More practice helps with your approach to the patient. Start with people you know, like family and friends. Your confidence will slowly build and this will not only put you at ease, but also the patient who is observing your new found confidence.

Exams



“Before I commenced medical school, I wish I was told to study with friends more. I didn’t work this out until my third year and it has proven to be so much more effective than any learning I did by myself at home. It’s important to find what study methods work for you.”

Ngaree Blow, University of Melbourne, Victoria

Studying

There are many different ways to approach studying. Most importantly, you should find a way that works well for you. There are pros and cons to each study technique, though a key to success is starting preparation early, managing your time well and actively engaging your course (such as your Case/Problem Based Learning (CBL/PBL), clinical skills, lectures). Talk to students from other years and other universities.

Each university will have different modes and structures (and different support systems). A great approach at any University is to understand the ‘how and why’. This can apply to any of the content and gives you a good foundation of the key principles. Start broad and then narrow down to specifics.

A good approach some students have recommended for Disease Facts is the mnemonic:

‘Dressed In A Surgeons Gown A Physician Might Make Some Significant Progress.’

- Disease/definition
- Incidence
- Age
- Sex
- Geography
- Aetiology
- Pathology (micro and macro)
- Signs
- Symptoms
- Prognosis

This gives a good summarised template that is particularly useful when it comes to revising and having an outline for exam answers.

Lectures

It will depend on your course or program, but it is important that you attend lectures. This is your opportunity to actively engage and question lecturers, get an introduction and summary of a particular topic. There are a few different approaches to taking lecture notes, and again it is up to you to find what works best for you. Some universities provide lecture summaries with learning outcomes, lecture slides and readings in advance of a lecture. One approach is to just actively listen to the lecturer (perhaps jotting down the key points that are made, or really good explanations they might give, also words or concepts you need to follow up on). Another approach is to have the lecture slides in front of you (adding comments or interesting points that the lecturer makes that are not on the slide).

One highly recommended system is the Cornell note taking system (available online at: <http://lsc.cornell.edu/notes.html>). This allows you to write the key points (cues/questions/outcomes) in one column, a quick note taking column next to this using short concise sentences and use pictures (you can insert key slides/diagrams in directly from lecture notes). There is a bottom section for you to summarise the lecture. The great thing about this system is that you can use it for exam preparation. It allows you to develop questions from your notes, it is like a ready-made flashcard (you just cover the notes or the cue and try to recite an answer), and you can keep going back to this to review regularly. The summaries are great as they provide you with a great simple basis for review and for a ready-made answer to possible exam questions.

Most universities provide lectures on audio/video afterwards. This is a good opportunity to review the lecture and see if there are any key points that you might have missed or listen to parts you may have tuned out in and you can skim through at your own pace. A good approach is that you should view/read a lecture three times to get an understanding of the content.

Case/Problem Based Learning

These are incredibly important and often underestimated or not well done. They provide a great opportunity to test your knowledge in comparison to your peers, and also to fill in any gaps that you may have (alone you can't cover everything, but as a group you might be able to). Importantly it is up to you to get the most out of these cases, so actively engage with this process. Sometimes there can be more dominant people that take over the group, there may be people that have a great knowledge of things but do not explain things well, or it may just be that there is something really simple that no one understands and no one asks about.

In regards to learning targets/outcomes it is important that you cover them all. In a group situation it is easy to divide the work and not worry about the stuff you haven't been allocated. A great approach is to not divide/allocate the targets/outcomes until the final session, that way everyone covers everything and it tests your knowledge more effectively. It also prevents the dominant people from running the group and it allows everyone to have a go, which is great for those of us who are a bit quiet. Try to share your knowledge without using your notes on first attempt. A suggested rule is no notes/laptops/textbooks on the table. This is a good opportunity to test your understanding of a topic and see if you can teach/explain it to someone.

Studies have found that we recall things easier when we relate it to a story or experience that actually happened. Use the case/person the problem is based around to associate what you learn.

Clinical skills

This can vary between universities. Many universities have simulation sessions and we encourage you to make the most of these when you get the opportunity, especially if there are volunteer patients that want to enhance your learning. When covering clinical skills, use the 'how and why?' approach again, as it helps with understanding the process. Take note of things you need to follow up or are interested in. Above all, be confident and be quick to volunteer to go first.

Preparation for clinical competencies is about having a confident and systematic approach. As mentioned before, treat each patient with respect and the key is to practice, practice and practice. The more practice you do, the more the skill becomes innate. Don't be afraid to ask any of your classmates to practice as chances are, they probably want to demonstrate their knowledge and skills as well.

Exam revision

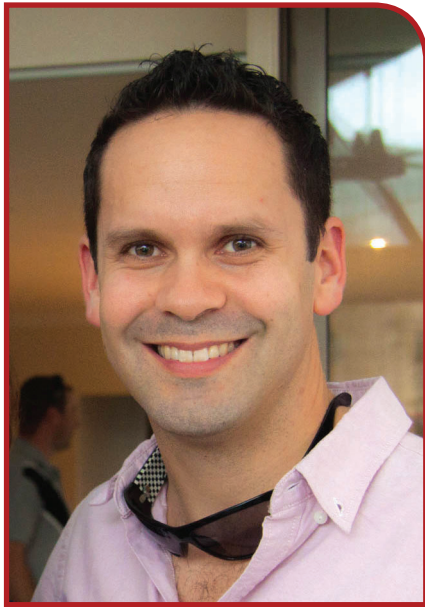
There are a number of different ways to prepare for your exams. You need to work out what works well for you. The most important thing, and key to performing well, is to start early and use short, frequent study sessions (the brain is designed for this). Studies have shown that people who studied one hour a day for twenty days outperformed those people that studied ten hours a day for two days before the exam. If you do have to cram focus on the information you do know rather than learning new concepts. If you have time, spread the study out and focus on one topic in detail at a time.

Make sure you are balancing life away from the exams and study, get sufficient sleep, eat well, see a movie or do something you enjoy in the lead up to your exam period. On the day you may want to avoid people that are stressed out. A good idea might be to walk to the exam venues get some fresh air and drink water. Make sure you know where you are sitting in advance, take everything you need (pencil, pens, eraser, water, snack) and dress in layers so you can feel comfortable. Another key is planning your study ahead of time. A good template is the five-day study plan (see below). If you have prepared well during the semester then you already have the notes and revision tools required.

The five-day study plan

1. Space out your learning over a period of five days.
2. During each day, prepare a new chapter or chunk of information, and then review previous material.
3. Divide material so you can review it in chunks.
4. Use active-learning strategies (writing and reciting) to study the material.
5. Use self-testing techniques to monitor your learning.

The spacing/chunking technique gets you to study the content for a block of time (30-60 minutes). After this, you should do a ten minute review (either answer questions at the end of the chapter, write a summary off the top of your head on blank paper, explain/teach it to someone on a white board). Say it out loud so that you hear it. Then take a break before starting a new topic. You can then revise that topic the next day.



“My advice to new medical students would be to relax and enjoy the journey that is medicine. We are medical students and still learning everything about the many diseases and clinical processes. You could study for twenty-four hours a day and still not know it all. Learning is a lifelong process and you will continue to learn long after you graduate.”

Blair Rasmussen, University of Sydney, New South Wales

Examples of preparation strategies

- Develop study sheets
- Develop concept maps
- Make word cards
- Make question cards
- Make formula cards
- Make problem cards
- Make self-tests
- Do study guides
- Re-mark text material
- Summarise material
- Predict essay questions
- Plan essay answers
- Write essay answers
- Answer questions at the end of chapters
- Prepare material for study group

Examples of review strategies

- Recite study sheets
- Replicate concept maps
- Recite word cards
- Recite question cards
- Practice writing formulas
- Work problems
- Take self-tests
- Practice study guide info out loud
- Recite steps from memory
- Answer essay questions
- Write essay answers from memory
- Recite answers
- Explain material to group members or study partners

Exam types



Multiple Choice Questions

Multiple Choice Questions (MCQs) can be a great way to pick up marks, though they test very specific detail. There are a number of different approaches. The key thing is to be aware of managing your time. Work out how long you should spend on each question. One of the biggest and most common pitfalls is that students run out of time and don't answer all the questions. Potentially, you could lose marks this way.

Make the most of any reading time you have. A good technique is to use a few minutes at the start of the exam to read from the last question back. This means that you will have an idea of these questions if you start to run out of time. Use the rest of your time to read through the remaining questions. A good technique is to cover the answers and just read the question, see what pops into your mind first of all.

As you are answering questions you can use the above technique, or do the opposite (cover the question, look at the answers and think about each of them). Importantly don't get stuck on a question, if you know the answer mark it, if you have an idea draw a light mark around it and move on and come back at the end.

Most universities are now using MCQ/best of five questions throughout the semester – make sure you complete these. Write your own or get classmates to write some up for you. Also use review books that are recommended by your university. Some universities have questions that are either straight out of these books or modeled similarly.

Short Essay Questions/Extended Matching Questions

Make the most of your reading time and be aware of time management. Be aware of the time that is allotted to the question or the marks that they are expecting (this is a good guide to the depth that is expected). You don't want to under, or over, answer the question. Another important aspect is to ensure that you read the question fully and underline the key words (for example: describe the **absorption** of fats in the small intestine; you do not necessarily need to discuss the entire **digestion process** of fats).

A lot of your approach will depend on the preparation you did throughout the year. As mentioned earlier revision strategies will help with this.

A useful tip is to write a little box in the corner with a plan of the key points. This will help prompt you and also demonstrate to the marker the stuff you wanted to cover and the depth of your knowledge (which is particularly important if you run out of time). The more you practice writing summarised answers or explaining and discussing the concepts in the lead up, the more comfortable the exam will be.

Objective Structured Clinical Examinations

Objective Structured Clinical Examinations (OSCEs) are an anxiety-provoking experience for many students, while others relish the chance to demonstrate what they know. It is important to be prepared, be calm, and keep a smile on your face.

The scope of the content you will be asked to perform is always within the limits of what you've been taught by your university. It's a great idea to find out from cohorts above you what types of situations have been presented in OSCEs in the years prior at your university. It's likely that at least some of these cases will be re-used either in entirety or in a modified fashion.

It's very important to remember that you are not only trying to demonstrate to the examiner what you know and can do, but also that you are 'playing a game' of sorts. Although it's different for each university, many OSCEs are marked in a 'tick-box' fashion, and you'll lose points for forgetting things that may seem irrelevant, but will cost you marks. Not confirming a patient's date of birth, Aboriginality, obtaining informed consent, or forgetting to wash your hands at the beginning and end of each station can lose you vital points. Along the same line, time yourself well. If a station asks for a particular number of tasks, and you run out of time, then you will definitely lose points for the tasks that you missed. For example, a psychiatry station may have a number of points each for the mental state examination, the risk assessment and the presentation or formulation at the end. You are likely to score better by completing all the tasks, even if you cut one section short.

Before each station you will usually have a minute or two to read and prepare yourself mentally for the task ahead. Make sure you read the task thoroughly – twice if time permits. Take a mental note of each separate task required of you, what you'll need to do in the station, and plan a rough timeline for you to complete all allotted tasks.

If you're a person that struggles with anxiety from being put on the spot, then perhaps you might benefit from some exercises in remaining calm under pressure. Some graduates recommend meditation, a walk, or other exercises prior to the OSCE.

Whatever happens, remember that each station is not the end of the world. The focus is on assessing your overall abilities, across all stations. It's almost



guaranteed that you will make a mistake. Ensure that you don't carry that mistake around with you to the next station – studies have shown that students who stress after scoring poorly in one station often perform poorly in the next several stations. When you move on to the next station, pause, take a breath and try to 'reboot' before moving inside the room. Your score will be better for doing this.

To prepare for OSCEs, it's best to find a group of three or more with whom you can practice regularly (if it's just two of you there's less variety and less feedback). Most importantly work with others who will be honest and blunt with you. Meet well in advance of your exam time, and increase the frequency of these meetings as the OSCE gets closer. Take turns playing the patient, examinee and examiner, and make sure you give honest feedback. It is impossible to learn from mistakes unless someone tells you about them. OSCE textbooks can be a good resource of potential stations that you can use to test each other with. In some student groups each group member obtains a copy of a different book, so that they have increased variety of cases. These books can be helpful as they often have a marking schedule attributed to each case. If you don't want to buy books, or even if you do, writing your own cases for each other is another great way to test yourself and your classmates.



Research

Research, no matter the topic, can be a challenging but rewarding process. A lot of factors if managed correctly, can make this process easier. The three components discussed in this section will include literature reviews, ethics applications and supervisors.

Literature review

Usually when starting a research project or leading up to one, a literature review is performed on the chosen topic. A literature review is simply a description of the literature relevant to your chosen field in the form of a report. The report usually includes an introduction, body and conclusion. The structure of the literature review can be whichever you choose (e.g. chronological, topical etc). However, often you write in a similar format to the journal articles published in your chosen field.

A literature review serves as a good starting point for your research as it allows you to identify key writers, hypotheses, prevailing theories, established evidence and current questions being asked in your chosen field.

As the name suggest you review the literature surrounding the topic, ensuring you try to cover as much literature as you can. This can be done a variety of ways, but involves researching across a number of databases and search engines for journal articles. Once you have found the relevant journal articles, you usually summarise their findings and think about what knowledge they have contributed to the field and form your own questions, or your own queries as to what you could add to the field.

By the end of your literature review you should have summarised the major agreements and disagreements within the literature, summarised the general ideas and findings and provided a contextual summary of where your research project or thesis sits in the literature.

Ethics application

Ethics can be a challenging process to negotiate, but often it helps having some direction from your supervisor or even working on this application collaboratively with a team helps. If you have never done an ethics application before, it is often good to commence with your universities own guidelines for your topic, as this can vary from one university to another. Another factor you should consider from the beginning of your research project. Often ethics

applications can be a long and time consuming process, and the ethics committee of your university may meet infrequently. So in preparing your ethics application, plan ahead for when you think it may be approved or when you would like to submit it for consideration.

When writing your ethics application, make sure that you cover all bases and are thorough. Your application, if relevant to human research, will be heavily analysed by a Human Research Ethics Committee (HREC) who will provide you with questions and feedback. Thus it can save time for both you and the committee if you write clearly and in a manner that may be understood by someone who is a non-expert in your chosen field of research.

HRECs are responsible for the ethical review of research. They check whether research proposals respect basic human rights and shared values, have high quality methodology, skilled people and resources to undertake the research. HRECs are usually located within universities, research organisations and hospitals.

After you have submitted your research application, your HREC will give you feedback and either an approval or disapproval. If your project is approved you may commence your research. Remember to stay in touch with your HREC throughout the research. If your application is not approved, they will give you feedback and ask you make adjustments to your research design. You will then re-submit your ethics application after making the adjustments and the process will occur again. Because of this process, it is important you factor in enough time and start your application as early as possible.

For more information see the Lowitja Insititute Ethics Hub at <https://www.lowitja.org.au/page/research/ethics/ethic-hub>

Supervisors

When it comes to supervisors, having the right relationship with them can make your research experience a rewarding one. Your supervisor has a broad knowledge of the field you're interested in, or they may have prior research experience. Whatever the case they are of great use to you and you should make an effort to develop a good relationship with them.

If you are only approaching or talking to them about research for the first time it is a good idea to have read and become familiar with the literature surrounding your interest. Within the first meeting they may ask questions to gauge your level of interest and to assess how serious you are about this research topic. If you display your interest within the first meeting this can mean the difference in the supervisor choosing you for their research over another student, or simply leaving a good first impression which can enhance your relationship with them throughout your research project.

Throughout your research project you should maintain regular communication with your supervisor. Often you will be the one summarising ideas or collecting data. Generally you will have more time to work on the research than your supervisor, so it may be up to you to keep them updated. How regularly you should meet depends on your project and context, however it is good to have a meeting weekly, if not in person then by teleconference or phone.

When it comes to writing the report for your research, gather ideas and expectations from your supervisor including on how they would like it structured. Often your supervisor is very keen on receiving draft versions for comment. So utilise this opportunity and send plenty of drafts to your supervisor to ensure that you are on the right track.

Ultimately you will spend a lot of time with your supervisor, so try and be as useful as you can and always display interest and enthusiasm. In turn this can help you achieve your research goals with less difficulty.



Tip! The following publication is worth a read if you are specifically interested in Indigenous research: Alison Laycock with Diane Walker, Nea Harrison and Jenny Brands 2011, *Researching Indigenous Health: A Practical Guide for Researchers*, The Lowitja Institute, Melbourne www.lowitja.org.au/lowitja-publishing/L009



Indigenous medical students

Although improving, it remains an unfortunate fact that there are not large numbers of Indigenous medical students or doctors in universities and the workforce. Because of this, it's quite common for us to be singled out for a number of reasons. Compounding this, a lot of 'mainstream' doctors and medical students come from walks of life where they may not have had a lot of interaction with Aboriginal or Torres Strait Islander Peoples, and so may be curious, or even misled about our mob.

Many of us have been subjected to discrimination, racism and made to feel unsafe throughout our lives as Indigenous Peoples. In medical school, one of the most common complaints that students have is that they are frequently called upon to give an expert opinion on matters surrounding Indigenous Peoples or their health.

Although often well-meaning, what people are often asking is for you to speak for all Aboriginal and Torres Strait Islander Peoples, and give them an answer that will explain everything. What they don't realise, is that this in itself is culturally unsafe.

When others place us in the awkward position of having to be spokespeople, educators and broad spectrum problem-solvers, we are effectively being subjected to a form of discrimination. By definition, if an institution or individual makes one feel uncomfortable or 'different' due to their race or culture, that institution or individual is being culturally unsafe.

Taking on this responsibility can place a great burden on you, in what is already a busy and demanding time. Remember that compared to our non-Indigenous colleagues, we not only have the obligations placed upon us as part of our education, but also cultural and community obligations as well as and suddenly playing educator to our peers.

AIDA has a firm viewpoint on cultural safety, and you can find the AIDA position paper on the AIDA website: www.aida.org.au/. It's a great point of reference if you're wondering if you or your institution are doing the right thing in regards to cultural safety.

General advice

It is important to realise that you don't have to stand up and teach non-Indigenous people, or help out at every opportunity. Some students find it best to see what their fellow students have to say about the topic, then to speak up – either to correct or confirm what they have said. It's always helpful to make a point of explaining that what you know about this topic is only from your own people and region and therefore may not be applicable to all Aboriginal and Torres Strait Islander Peoples. It is fine to say that Aboriginal and Torres Strait Islander culture is very diverse and made up of hundreds of different Peoples, Nations and language groups, so it would be impossible for you to know everything about Aboriginal and Torres Strait Islander cultures.

There are some excellent resources to refer other medical students or doctors to. These include the resources on the AIDA website, Indigenous student support units or health groups at your university. Organisations such as the Leaders in Indigenous Medical Education (LIME), Indigenous health research institutes, e.g. Menzies Institute and the Lowitja Institute, as well as libraries are also valuable centres of information.

Pick and choose your battles and opportunities, and remember that your primary objective through medical school is to succeed, pass, and graduate as a doctor who will take good care of our people, and all Australians.

It is also important to know what you feel comfortable with and to be aware that there is sometimes a power imbalance, such as when interacting with clinicians or lecturers. There are times when you may feel that what a doctor or lecturer has said is inappropriate or offensive to you or other Indigenous medical students. Read the situation where you can and if it is appropriate to share your own knowledge make sure you have support in doing this. In most universities there is an opportunity to give feedback through your clinical school or faculty. Utilise these avenues when you feel that you may be in a culturally unsafe situation, you can refer to AIDA's Cultural Safety position paper for support in this as well.

Other supports include your Indigenous student faculty at your university and you are able to bring these issues up with your AIDA student representative if you want further advice or support.

Expectations/family demands/community

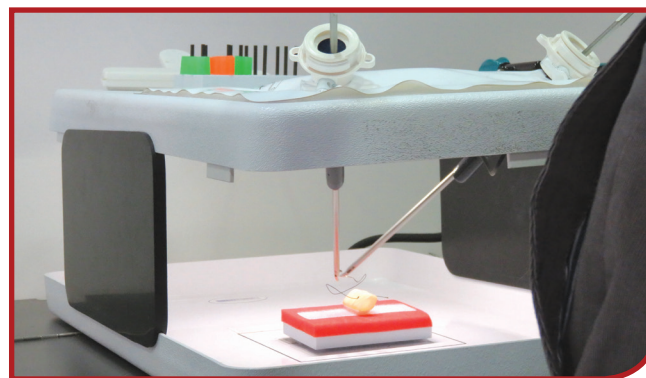
Medicine is a challenging and demanding course that requires you to put in a lot of hours. However you are not expected to be on top of everything all the time and no one ever is at all times, which is important to remember. Everyone has stressful moments and periods when they feel overwhelmed. This is natural and should be recognised. Once aware it is easier to find ways

of dealing with it and processing your next steps. Some good methods include finding friends in the course that you study well with and creating a study group and mixing up your style of studying so that you aren't always doing the same thing. For example, use creative ways to display your notes or have days in which you are just doing practical things in the hospital.

On top of this as Indigenous medical students we have other commitments to our families and communities that may take time out of studying. It is important to find a good balance and the methods that work for you to relax and unwind. This may mean scheduling in specific days or times to spend with family/community or even saying no sometimes. By explaining what you are trying to accomplish by studying medicine and our important role in Indigenous health for the future, our families and communities will often understand. If there is a situation with family or community that is unexpected or putting extra pressure on your studies, don't be hesitant to contact your university and apply for special consideration in those circumstances.

Many aspects of your life change when you start studying medicine, and you need to learn how to prioritise the parts of your life that you reserve energy and time for. Medicine can be very demanding, especially around assignment due dates and exams. Pressure is also added with family and friends as well as our community and cultural commitments and it can sometimes be hard to meet all these commitments as well as maintain our grades.

Family and community demands can be challenging for many during semester. Family is very important to us; they are there for us when things get tough. Some families have strong commitments and traditions that we continue to be part of, however it is important to know that saying 'no' is okay. Studying medicine is an opportunity to create a better future for ourselves, our families and our communities, so it is important to have the conversation with family that you are not going to be available for every family commitment. But let them know you will always be there for them



especially when it is most needed or when you don't have three exams and multiple assignments due. However, don't let medicine become your life. Make sure you know how to balance your studies so you do have time with family and friends or community obligations. If there are family problems at home, do not hesitate to contact the faculty and put in for special consideration, especially if you think it is affecting your studies.

Men's and women's business

Men's and women's business can be a problem for some Indigenous students once you enter clinical years. Sometimes on clinical placements, students can feel pressured to do things that make them feel uncomfortable, and sometimes can compromise their cultural safety. If this occurs, and you feel comfortable with the supervising clinician, perhaps inform them that as an Indigenous medical student, you do not want to compromise cultural barriers and would prefer not to see patients of the opposite sex.

It is important to remember that not all Indigenous Peoples abide by gender segregation and some patients may not have an issue with you sitting in on their consult or being in the room on ward rounds. It may be appropriate to try informing the patient who you are and ask if they are comfortable with you being there. You may find that most patients don't mind you being in the room and are happy to help with your learning experience.

Sometimes medical students find themselves in situations where they meet a patient that they know personally, outside the hospital. If a patient comes in and you know them personally it is always best to leave the room while they are being consulted by the doctor, or don't enter in on the round and perhaps see them after when they are alone. All doctors/clinical staff should be accepting of why you may not want to be in the room. If they force you to stay then it may be best to bring it up with the coordinator of the rotation later so that it can be resolved at a higher level.

Indigenous pathways into university

If you have entered medicine through an Indigenous pathway you should not feel embarrassed or ashamed of your entry process. In fact, you should be congratulated for being accepted into medical school! These pathways are created to encourage Indigenous Peoples to study medicine and give us the access required to gain entry into a course that will ultimately create a stronger workforce to cater for the healthcare needs of Aboriginal and Torres Strait Islander Peoples.

These pathways have been established to combat the disadvantage and inequity of Indigenous Australians in education due to multiple factors that stemmed from colonisation. This can be misunderstood and there is often rhetoric around 'easy access' from these misconceptions. In the first few weeks of medicine it can be very confronting having the conversation with fellow students who are talking about their high scores that got them into medicine and it is hard to know what to tell them.

The most important thing you can do is own your spot in medicine. You are there because you worked hard in your bridging course or pre-medicine program

to get into medicine. Although we have these pathways available to us, **once we are in medicine, we sit the same exams and receive the same treatment as everyone else.** We give justice to the pathways provided by studying hard and passing our exams and assignments like all other students. Often when we are under pressure that others cannot even begin to imagine.

Most students are open to learning more about the pathways that we have taken and are very encouraging about us being in medicine, however there may be students that seem to be unsettled or think it is unfair that we were given alternative entry. If students have a problem they can take it up with their Dean of medicine. If they continue to make remarks don't make it your issue, put in a complaint. The faculty of medicine should address students that cannot accept the pathways available for Aboriginal and Torres Strait Islander students. You can always contact your AIDA Student Representative for advice and support on relevant issues.



Personal health and wellbeing

Medical school can be a challenging time, both mentally and physically. It is important to take care of yourself as a medical student. Maintaining a healthy study-life balance is vital for getting through medical school. It may be difficult to find a balance when study and family commitments arise, but don't be afraid to take some time out to prioritise your own health and wellbeing. The following advice is recommended to ensure that you take care of yourself during your medical studies.



1. Get active

Buddy up with someone and get to the gym. Or, if there are people in your course who love the outdoors tag along on any hikes, beach days or anything else that gets you outside and exercising. It really does help and gets you into a routine and is really beneficial when it comes to exams and the stress increases.



2. Have a hobby

If there was something that you had as a hobby, a sport you played or a special interest before you started studying, keep doing it. When you enter medicine you can get caught up in medical school issues and sometimes forget to have a life outside of study. Maintaining these activities will also help you to de-stress and allow you to have friends that aren't involved in medicine.



3. Get a GP

Get a regular GP that can provide comprehensive health care during any illness or times of stress that you experience during medical school.



4. Get sleep

Make sure you get a good seven hours sleep, even during exams. Cramming one to two nights before an exam and only surviving only three-four hours sleep does not mean that you will pass the exam. Nor will you be able to remember everything you have learned functioning on such little sleep.



5. Maintain friendships

Maintain friendships with people outside of medical school. These friendships will be with you for a long time outside of medicine and throughout your life. They will help you to maintain balance. These friendships allow you to talk about subjects outside of medicine and ensure you don't get too caught up in medicine and the stress of medical school.



6. Make yourself a priority

Make time for yourself. Whether it be going for a run, a phone call with a friend or meditation, tell your family how you're going and keep them in the loop. Family and friends will be a great help for you during your studies and they're always interested in what you are learning. They can help to keep you grounded.



7. Find a mentor

Your university may have a mentoring program or you may know someone you could ask to be your mentor. AIDA is also able to connect its members with other members for mentoring purposes.

Where to go for advice

AIDA

AIDA provides support to Indigenous medical students and doctors. You can join AIDA in your first year and maintain your membership throughout your university degree and beyond. An AIDA Student Representative at your university will promote networking events and other opportunities that may be of interest to you. AIDA also host regional membership gatherings and an annual conference, which is a great way to meet fellow Indigenous medical students and doctors. As a member, you receive AIDA's promotional material which highlights exclusive opportunities that benefit Indigenous medical students.

AIDA has a dedicate resource who you can contact for information about scholarships or if you require support during your studies.

Visit AIDA: www.aida.org.au

Contact AIDA at studentsupport@aida.org.au

University Indigenous student support centre

Most universities have an Indigenous student support centre. These centres provide tutoring services, a common room for studying and are useful in providing advice on scholarships and financial issues. Staff in these centres are also able to assist with any issues you have throughout your studies.

Medical mentors

Mentors don't have to be in the field of medicine you are interested in however they understand the pressures that you are under. If there's no formal program of mentoring at your university, AIDA is a great place to start with enquiring about doctors (particularly Aboriginal and Torres Strait Islander) that are available to mentor students in your city/town.

Indigenous medical students

Other Aboriginal and Torres Strait Islander medical students – those in other years have already experienced what you are going through and can be a great source of knowledge in terms of the road ahead

and what the major worries can be. Make contact with your AIDA Student Representative. They understand the pressures Indigenous students face entering medicine and trying to juggle family and community responsibilities. They will be able to make time to talk through any issues you may have.

Hotlines

Every state has different health centres/advisory hotlines that can be accessed by medical students as well as doctors when they need support.

- New South Wales – New South Wales Doctors Health Advisory Service – www.dhas.org.au
- Northern Territory – Use the New South Wales Doctors Health Advisory Service – www.dhas.org.au
- South Australia – Doctors Health South Australia – www.doctorshealthsa.com.au
- Tasmania – Use Victorian Doctors Health Program, Victorian Aboriginal Health Service – www.vdhp.org.au
- Queensland – Doctors Health Advisory Service – www.dhasq.org.au
- Victoria – Victorian Doctors Health Program, Victorian Aboriginal Health Service – www.vdhp.org.au
- Western Australia – Doctors Health Advisory Service Western Australia – www.dhas.org.au

University contact

Some universities have a support person within the medical school that you can speak to directly to assist you. You may be able to find them in a staff directory as a Student Support Officer.

Other contacts

Lifeline: 13 11 14 (24 hours)

BeyondBlue: 1300 22 4636 (24 hours)

Gay Lesbian Counselling Community Services Australia:
1800 18 GLCS

“For me, the biggest challenge of being a medical student has been the work-life balance. In my first year, I felt it was important to give up as many extra-curricular activities as possible, so that I could give myself the best chance of adjusting to the new routine. I'm in my second year now and confident with my study ability, so I feel confident enough to take time for myself, my family and friends.”

Natahlia Buitendyk, University of Queensland



Frequently asked questions of Indigenous medical students

The purpose of this section is to bring awareness and provide practical advice to students about the racially-discriminating questions that Indigenous students are occasionally asked during university life. Whilst this list is not extensive, it covers the most common questions that students have encountered and our suggested responses in these situations.



Often people don't mean to be racist or offensive when they ask these kinds of questions. If you are asked a question like this, before firing back a response, it is important to acknowledge that the person felt comfortable enough to ask you this question and may be looking for an answer that makes sense to them. You should be aware that people are shaped by the history we came from and are not privileged with the knowledge we have and so may just be ignorant of this question being offensive. This is a perfect opportunity for you to educate them on these generalised perceptions. However, if these questions are being asked in a way that you find offensive or unsafe, then you should walk away. Remember, you are not meant to be the expert on all Aboriginal and Torres Strait Islander issues nor are you obligated to educate your peers.

'Oh you don't look Indigenous!'

Aboriginal and Torres Strait Islander Peoples don't define themselves by their appearance but by relationships and kinship connections. You could always use the coffee and milk analogy. Coffee, no matter how much milk is added, is still coffee.

'What percentage Aboriginal/Torres Strait Islander are you?'

This question is often asked of Aboriginal and Torres Strait Islander Peoples. You may wish to explain that percentages or ratios were used in an attempt to systematically eradicate Indigenous cultures, families and identities.

'Do you get extra time in exams because you're Indigenous?'

No. Indigenous students do not get extra time in exams.

'Did you get into medical school because you're Indigenous?'

Most universities have pathways established for Aboriginal and Torres Strait Islander students to enter any course offered by the university. These pathways and enabling courses for Aboriginal and Torres Strait Islander students are put in place by universities to increase the number of tertiary students who identify as Indigenous, which is one of the targets of the Australian Government. Medicine is a difficult course and some Aboriginal and Torres Strait Islander students may have entered through an Indigenous pathway. However, the university is required to

ensure that the entry process was as rigorous and fair as it was for non-Indigenous students. Once in medicine, all Aboriginal and Torres Strait Islander medical students sit the same exams and receive the same treatment as everyone else.

'Do Indigenous students really find it more difficult to get through medical school than others?'

The general response is yes. Graduation rates for Aboriginal and Torres Strait Islander students are not as high as non-Indigenous medical students, but there are many relevant factors. Indigenous students generally do not have greater difficulty with the coursework, but face significant pressures ranging from financial, family, community and cultural responsibilities. Even racism inside and outside of universities can be a factor for success. Generally, non-Indigenous students do not deal with the issues that Indigenous Peoples are dealing with every day. Some Indigenous students are the first in their families to attend university and this can be a challenging factor as well.

'Why do Indigenous students need their own 'safe place' at university?'

Most people have a 'safe place' at university. Some people use a coffee shop, others a gym or a library. Aboriginal culture provides a lens for how we interpret the world around us. This puts us, as Aboriginal and Torres Strait Islander medical students, in a very select group of people in this culture. In our safe place we are surrounded by people who have shared similar experiences in life and we are able to share this with others who

would more likely to understand and appreciate our experiences, culture, communities and families.

‘Indigenous culture is a very slow evolving culture isn’t it?’

Aboriginal and Torres Strait Islander culture is an evolving culture. Aboriginal culture is the oldest living culture in the world. Aboriginal culture is a source of resilience, identity and strength for medical students.

‘Where can I find out more about Aboriginal and Torres Strait Islander Peoples?’

We encourage interested people to access the available resources online and in libraries.

- The *Little Red Yellow Black Book: An introduction to Indigenous Australia* is a great place to start and is available here: <https://lryb.aiatsis.gov.au/>.
- You can access the SRC AIDA 2016 project on *Debunking the Myths* at: <https://www.youtube.com/watchv=TT8ZQ2mJGc>
- You could even contact Indigenous organisations like AIDA for more information.





Australia Indigenous Doctors' Association Ltd

Old Parliment House
18 King George Terrace, Parkes ACT 2600

PO Box 3497, Manuka ACT 2603

Phone: (02) 6273 5013
Freecall: 1800 190 498
Email: aida@aida.org.au
Web: aida.org.au

ABN: 84 131 668 936

