Welcome to the inaugural issue of “Laminas”, the Austin General Surgery Training Newsletter. The newsletter is primarily aimed at supporting the General Surgery training program and will be published as quarterly editions. The publication is supported by an editorial team consisting mostly of General Surgery trainees.

The newsletter will contain a number of sections, not all of which will grace the pages of every edition. Sands of Time will contain articles of historical relevance to surgical training, Austin Health and the RACS. It is very appropriate that the inaugural edition details briefly the biography of the foundation Professor of Surgery at Austin, Prof Howard Eddey. Training Corner will contain information emanating from the Victorian Training Committee of the Board in General Surgery relevant to both trainees and trainers. With the upcoming changes to SET program it is hoped that this would be an additional way of clarifying those changes to both trainees and surgeons. In Halls of Learning we showcase the individual training units and regional centers to which our trainees rotate. Pathfinder is an article from a personal perspective of one’s first experience either in the workplace or in a social setting. Courses will cover surgical and other related courses from the experience of a trainee undertaking it while Events will cover relevant functions. An important aspect of the newsletter is the New Blood section which will progressively introduce our trainees both new and old in their own words. It is planned that the new SET trainees are introduced in the first quarter, the valedictorians fare welled in the last quarter and others introduced in the intervening issues. Vox Populi will contain any comments, criticism, opinions and suggestions from the readership and Pot Pouri covers all others.

It is hoped that the content of these newsletters would be both useful to trainees in relation to undertaking their surgical training at Austin, to our surgeons in learning about our trainees as well as the Training Committee issues and perhaps give us all pause to look at the non-clinical aspects of our lives and build this community of General Surgery that appears to be growing at Austin Health.

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Yet Another Newsletter?

A community of surgical trainees at Austin Health

Yet another newsletter to clog your server and stress your spam filters. I am sure many of you will wonder at the necessity for an E-newsletter in the era of Facebook, Twitter, Facetime, Skype, Whatsapp and Viber. How many ways can one be in touch with their colleagues and friends? Besides, at 20 pages this may well be called an E-Zine than an E-Newsletter.

So it is likely that the quintessential question on the need for a newsletter/E-zine will remain at the forefront of your minds for a brief period of time and I shall attempt to answer to the best of my abilities.

The Austin General Surgery Training Program currently boasts 22 accredited SET2+, six SET1 and seven Non-SET General Surgery Rotations along with six Relieving rotations and four Night Surgical Cover rotations split between Austin and Northern. This has resulted in the employment of 48 General Surgery Trainees including 22 Non SET, 21 SET2+ and 5 SET1, the discrepancy in numbers caused by three trainees undertaking only a six month term in 2014. This large number is compounded by our rotations where by less than 50% of our trainees are based at Austin or Northern hospitals at any one time.

While contemplating the large number of trainees which lends itself to the development of a General Surgery Trainee and Trainer community the difficulty of interactions between trainees brought about by the physical separation of our rotations became quite obvious. The art of medicine has long fostered learning from the community of practice where the whole is far greater than the sum of its parts. So the question arose as to whether we could build a community centered on surgical trainees at Austin.

A key factor in this process is the gradual empowerment of our trainees in to roles of responsibility. This started with small steps whereby two trainee coordinators were appointed a few years ago to coordinate the surgical education program and subsequently two more appointed each year to develop the “Gratias Cena” Trainees Dinner. The fact that our previous trainees excelled in these roles, demonstrating independence and leadership has led to the creation of a formal Surgical Trainees Education Committee in 2014 with representatives from Non-SET, SET1 and SET2+ trainees.

This newsletter or e-zine fills a small role on the road towards the building of that community. Originally intended to disseminate important information in relation to the training program and the Board in General Surgery it was rapidly expanded to be also a vehicle for learning more about our trainees and our surgeons.

I hope that many of you will participate, share and contribute to this newsletter and hopefully develop this community towards establishing a General Surgery Trainees Society at Austin & Northern Hospitals. Any comments & feedback you send us will be published without alteration in the Vox Populi section.

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With the regularity of monsoonal change the general surgical training program continues to evolve leaving in its wake change for the better and occasional bouts of utter devastation. It is that time again as the clouds roll thicker to the distant rumbles of thunder lit occasionally by the flashes of illuminating lightning. Yes, the next change in the surgical training program is well at hand.

Taking in the feedback from both trainees and trainers and having assimilated the overwhelming evidence that the first year of SET training was failing to deliver the expected teaching a number of changes have been brought about. These changes will phase in over the next two years and will affect the next two intakes of surgical selections.

By 2016 all SET1 positions will be phased out with a few good ones being upgraded to SET2+ positions and the others reverting to Non Accredited status. In order to achieve this and balance the trainee intakes the SET1 intake for 2015 has been halved with only 50% of positions being expected to fill. The intake for 2016 will fill the remainder but will be entering directly into the SET2+ positions.

The impact for our trainees hoping to enter general surgery is significant as the number of allocations will be halved for both years. Those who enter training in 2015 will complete their SET1 year and then move to SET2+ in 2016. Those who apply in 2015 and enter in 2016 will go directly to SET2+, joining those who entered in 2015. Competitiveness of the selection process will undoubtedly be very high for the next two years but this is also affects other sub-specialty selections.

In parallel with these have come other positive changes. Surgical Science Exam (Specialty Specific) which was the bane of our trainees accounting for a number of dismissals from training, has been abolished. This has been replaced by Surgical Education & Assessment Modules (SEAM) which comprises of 8 modules two of which are expected to be completed each term. This is an online e-learning module with a summative online assessment of MCQs. Trainees must score 80% to pass and have four attempts. Failure to complete the 8 modules by the end of term 4 in their training will lead to dismissal from the program.

Trainees do also need to complete the SSE - Generic exam and the Clinical Exam as usual.

There have also been significant changes to selection commencing in 2015 whereby 26 weeks of general surgery registrar experience has become a prerequisite for selection. In parallel the SSE-Generic Exam may be attempted prior to selection and while this is an option at present it will also become a prerequisite for those applying in 2016.

These incremental and important changes signify a new era of change which are being introduced in a responsible and progressive fashion.

Austin Health is well equipped to meet these demands as all our Non SET rotations include a 6 month term in General Surgery. We have few SET1 positions that will not be upgraded and our training program remains robust with up to 23 SET2+ and 8 Non SET General Surgery available in 2015.

Not SET in Stone!
Changes to selection and SET program
Howard Hadfield Eddey was born on 3 September 1910, in Box Hill, Melbourne to Charles Howard Eddey, a manager, and Rachel Beatrice née Hadfield, the daughter of a teacher. After attending a local primary school he completed his secondary education at Melbourne High School. He was awarded school colours for rowing and held the position of Captain of the Boats, featuring in many winning crews. He was also a talented lacrosse player on the school team and subsequently at Melbourne University where he won a university blue. He was also awarded an All-Australian blue in that sport.

Howard Eddey shone academically winning many honours, exhibitions, prizes and scholarships on the way to graduating with honours from Melbourne University in 1934. He achieved first class honours in chemistry, physics, physiology, pathology and medicine. He also won the physics exhibition for Victoria in 1927. He commenced his residency at Royal Melbourne Hospital and in 1937 travelled to England to work at St Bartholomew’s Hospital. He gained the fellowship of the Royal College of Surgeons in 1938, winning the prestigious Hallett prize in the process. He became a fellow of the Royal Australasian College of Surgeons in 1947 and the American College of Surgeons in 1964. Demonstrating a great penchant for work-life balance he courted and married Alice to whose love, loyalty and support he attributed much of his success in his distinguished career until her untimely passing in 1987.

During the Second World War he served in the Australian Imperial Force with the 2/13 Australian General Hospital, becoming a Major in the Australian Army Medical Corps. He was captured by the Japanese and spent time in prisoner of war camps in Changi, Sandakan, Kuching and then in North Borneo. Demonstrating strength in adversity and gaining the acquiescence of the guards he was involved in ‘Kangkong’ harvesting and the treating of a local wild vegetable, to produce a drink that was rich in vitamins, particularly riboflavin. Howard made sure the soldiers drank this frequently, as it reduced the incidence of beriberi and pellagra. During his time in captivity Howard and colleagues taught basic medical skills. His notes on anatomy and detailed diagrams which he wrote on scrap paper provided by a sympathetic guard became the draft of a text book on anatomy called 'Professor Emeritus Howard Hadfield Eddey CMG; MRCS; FRCS; BSc MB BS; FRACS; FACS.'
“Anatomical Abstracts” which became a key text for medical students and those sitting the primary examinations of the RACS. Despite the horrors of prison life, Howard’s humanity was demonstrated when he gave evidence at the war crimes trial of a guard, who had treated the prisoners humanely. His evidence at those of other prisoners resulted in a favourable outcome for the guard.

He returned to the Royal Melbourne Hospital after the war as an honorary surgeon along with appointments at the prince Henry’s and Alfred Hospitals. Howard practiced as a General Surgeon with a special interest in diseases of the head and mouth. He was dean of the clinical school at Royal Melbourne Hospital from 1965 to 1967. As a clinician he gained an impressive reputation as a head and neck surgeon. In particular his parotid gland surgery and cancer work with radical neck dissection gained considerable prominence. He authored numerous publications particularly in relation to diseases of the salivary glands and malignancies of the oral cavity.

Howard Eddey was a passionate educator being appointed independent lecturer in surgical anatomy at the University of Melbourne (1950-65) and Dean of the RMH Clinical School (1965-67). In 1966 the University of Melbourne decided to establish a third clinical school at the Austin Hospital and Eddey was invited to become the foundation professor of surgery. He had no background in research, but recruited a team of young surgeons with research skills and the research reputation of the department of surgery was rapidly established. In 1971 Howard Eddey became Dean of the Austin and Repatriation Clinical School until 1975.

As foundation professor and Dean he was faced with an insurmountable task of establishing a fledgling teaching facility from a poorly maintained clinical facility. Newspaper reports of the time described sparrows flying through some of the wards. His success as Dean of the Clinical School was demonstrated by the number of medical students attending, which rose from 16 in 1968 to 197 by the time of his retirement in 1975. The new theatres at Austin Hospital were named The Howard Eddey Operating Suite in 1984 as a permanent recognition of his contribution to the institution.

Similarly the library in the department of surgery was also named after him. He was a member of the board of management from 1971 to 1977, and was vice-president from 1975 to 1977.

Howard Eddey was regarded as an outstanding teacher and, through his role with the Royal Australasian College of Surgeons (RACS), helped surgical education in South East Asia. He was a member and subsequently chairman of the board of examiners at the RACS from 1958 to 1973, and was chairman from 1968 to 1973. He was a member of council from 1967 to 1975 and served as honorary librarian from 1968 to 1975.

Howard Eddey was involved in medical education and training in South East Asia and paved the way for much of the educational activities of the RACS. Formal teaching and examinations commenced in Singapore in 1957 under the Colombo Plan when three lecturers from Australia conducted a ten week pre-examination course for the primary examinations. This included Anatomy by Howard Eddey, Applied Physiology by WS Simmonds (Western Australia) and G Christie (University of Melbourne) He conducted the Surgical Anatomy part of the course from 1957-58 which were the first educational activity of the RACS in South East Asia and set the mold for subsequent activities.

From 1965 to 1968 he advised on teaching and examination of anatomy and surgery at Paduan Medical College which led to the RACS being acknowledged as a Faculty of Medicine in the University of Papua & New Guinea. He then established a surgical registrar secondment program from RMH to Port Moresby General Hospital. With far reaching vision Howard also promoted the appointment local teachers to the Board of Examiners further cementing the relationship between the RACS and the University of Singapore. This success led to similar courses and examinations being held in Hong Kong from 1967. In recognition of Howard’s work in SE Asia the RACS Council created the “Howard Eddey medal” to be awarded to the student who obtained the highest marks in the primary examination each year held in Singapore, Kuala Lampur and Hong Kong.
Howard held a number of prestigious academic appointments including the Hunterian professor of the RCS (1960), visiting Professor University of Singapore (1962), Leverhulme Fellow University of Melbourne and Visiting Professor of Surgery, University of Hong Kong. He served on many other bodies, including the Cancer Institute and the Anti Cancer Council. His service to the community was recognized by his appointment as honorary surgeon to Prince Charles during his visit to Victoria in 1974 and he was made a Companion of the Order of St Michael and St George (CMG). In the twilight years of his career he was involved in medico-legal work and gained high regard for his opinions. Despite his exemplary career he never lost sight of the purpose of medicine, that of the welfare and wellbeing of his patients.

Howard enjoyed football and was a member of the Melbourne Cricket Club and was an avid supporter of the Demons. He was also a member of the Kew Golf Club but it is said that his golfing ability was nowhere near his surgical skills and he abandoned the sport in time. He continued his medico-legal work until he retired to Geelong following the death of his wife Alice. He remained in good health until the last years of his life and died peacefully on 16 September 2004. He was survived by his three children, seven grandchildren and great granddaughter.

Articles by Howard H. Eddey published in the ANZ Journal of Surgery:

Radical Dissection of the Neck. ANZJS 1954, 23:3, 175-183

Subtotal Parotidectomy for Mixed Silvary Tumour. ANZJS 1951, 21:1, 13-19

Carcinoma of the Colon with Spontaneous Faecal Fistula. ANZJS 1948, 18:2, 129-132

Tumours of the Salivary Glands. ANZJS 1957, 26:3, 214-221

Combined Neck and Mouth Dissection for Oral Carcinoma. ANZJS 1957, 26:3, 161-172.

Radical Pancreato-Duodectomy for Ampullary Carcinoma: A Case Report. ANZJS 1954, 24:2, 106-108

Cervical Lymph Node Metastases from Epithelioma of the Face, Lips and Mouth. ANZJS 1958 28:1, 34-41

Anatomical Abstracts
Howard Eddey’s anatomy notes were published as a book. This is available for download as a PDF file from the ANZJS web site.
The 2013 Gratias Cena (meaning, for our non-Latin speaking colleagues, thank you dinner) could more appropriately be renamed discipulus et magistum in bibent iunctis cena, as student and master set aside their daily worries and picked up a glass to toast each other’s company and remind ourselves that the gift of teaching is as selfless as it is indispensable to the education of our trainees. Carpe diem!

And if our gratitude could be measured by the amount of toasting that was going on, then on behalf of all trainees I dare say that an unforgettable evening may have been made forgotten as each glass of gratitude was refilled by another thankful sangiovese, its beaded bubbles winking in admiration of the skill and knowledge before us. Nunc est bibendum!

The Italian’ on Collins Street became a fitting venue for such an occasion and helped provide inspiration for any further attempts at Latin proverbs that may follow in this article. A home-style Italian menu featuring a rigatoni in ragu as well as duck roasted in a rosemary jus provided a comforting gustatory experience, just begging to be washed down with some appropriately matched Italian reds. And then there was dessert...

Andrew Bui was presented with a gift of appreciation in the form of a designer labelled tie clip to mark handing the baton of trainee supervisor role over to Murali. Then Zeng Yap gave a few words on how to pass the fellowship exam which seemed very reassuring, but may have been less reassuring for those who are about to sit – best of luck to Ray, Rhiannon and Synn-Lynn!

Of course some of our gratitude must be directed toward our sponsors – Doquile Perret Meade, Investec, Meridian Travel, Capital Radiology and Healthscope. A $700 voucher from Doquile Perret Meade to eat at Vue de Monde was won by none other than our esteemed breast surgeon Su-Wen Loh, who is rumoured to have taken his wife out for an anniversary dinner – I’m sure that will keep him out of trouble for at least another 12 months.

Finally a small note of thanks to Lawrence Lau and Ray Yap who organised such a successful night. And if our jobs ever taught us the value of carpe diem then I’m sure the night taught us to carpe vinum!
Where's the rest of the wine? Give it up!!
When I listed my preferences for rotations previously, I had put Alice Springs last as the “unwanted rotation.” Everybody agrees on that! It is not because it is a bad rotation. It is just because it is so far away and we have not heard much about it before. For most of the registrars (including myself before coming to Alice Springs) being exiled to Northern Territory was the last thing one would think of.

You are going to Alice Springs! I still remember Mr. Murali telling me over the phone that it is a good place. This is despite the fact that I had put it as the least desired placement, he still strongly recommended that SET3 registrars (which I was at that time) to go there. Reluctantly, I said yes.

The flight is about three hours. It is much easier to fly these days compared to few years ago. Qantas and Tiger airways have daily flights in and out of Alice.

Truth to be told, shortly after starting this rotation, I felt like I was at home! The staff were very welcoming, so much so to the point that you would love coming to work every day.

The Surgical Department Head and the Trainees Supervisor is Mr Ollapalil Jacob. There are two more surgeons here Mr. Deutschmann and Mr. Nair. All are very pleasant to work with. The Surgical Department works in a very smooth fashion and in unprecedented harmony. Mr Jacob would make your rotation extremely interesting and enjoyable.

I have changed my views on Alice Springs now. This is a unique place! The Austin's trainees are actually privileged to be sent there.

The Hospital
The hospital is a small in size but in general it is busy. It serves a vast area of the NT. There are 6 wards: Surgical, Medical, Paediatric, Maternity, ICU and CCW (Continuous Care Ward, like a rehab ward).

The theatre is located near the surgical department on level 2. There is a brand new Emergency Department. Again, it is usually busy and hence that in turn makes us busy. There are a lot of junior doctors in ED who will need your expertise and kind advice. You have to understand that it’s expected of you to guide all these junior ED doctors to what is appropriate and what’s not appropriate to refer. If you are helpful to them, you would definitely find them extremely helpful when it comes to asking them to help you in return.

Apart from general surgery, the other surgical specialty that runs in full dedication is the orthopedic service. ENT in general is a rudimentary service! They take calls only during working hours. After hours, it is the surgical registrar (you) doing general surgery, ENT, Maxillo-facial, Urology, Vascular, Paediatric, and even Neurosurgery at times! Mr Jacob is working on a guidelines document to clarify the responsibilities of the surgical registrar.

What is really interesting in Alice Springs is that you get to see a wide range of surgical conditions. You also get interesting cases that you would not ever see anywhere else in other Austin hub rotations. A previous trainee did comment that Alice Springs is the place to go when it comes to completing a “pus fellowship.”
The Residence
Usually it is a walking distance (if not in the campus itself). There is a nice swimming pool on the hospital campus. The weather is beautiful and the sun is almost always present, so you can swim every day!

The Weekdays Routine
Usually we start doing the ward round with the consultant at 7.30 am unless we are post take in which case we might start earlier.

Monday: Tute between 0730 and 0830. Then you have ward round. Clinics in general start 0930 but I usually go immediately after finishing the round and start seeing patients. In the afternoon, there is usually a minor operation list.

Tuesday: normally is a busy operating day (whole day). After I finish theatre, I would sit with the intern and help prepare the Audit for the previous week. It is the interns’ job to collect information, and our job to check it out.

Wednesday: 0730 to 0830: ward round, then audit meeting. After audit, there is a fistula list (AV fistula is generally done under local anesthesia in theatre 6), usually there are 2-3 fistulas to be done. This will usually take the whole morning and a bit of the afternoon list. Student teaching is from 0330-0430 pm. There is a roster for student teaching that you can get from Vini.

Thursday: 0730-0830 ward round, then outpatient clinic for the rest of the morning session. There is a surgical foot clinic on Thursday after our clinic. It is generally a good experience attending these clinics. There is not much in the afternoon otherwise.

Friday: Tute from 0730 to 0830. Then ward round. There is a minor op list on Friday morning. Again, there is not much of Friday afternoon.

All the registrars would help each other if help was needed in theatre, clinic, ED or the ward. It is generally advisable to maintain a cooperative and helpful attitude to each other.

The Roster
There are four registrars in general. Two accredited registrars comprising of one from the Austin (you) and another from Adelaide. The ones from Adelaide are usually SET2. There was one unaccredited registrar employed by Alice Springs Hospital but since 2014 this position has also been offered to Austin trainees. There is another unaccredited registrar from RPA (Sydney). They are usually junior registrars. So generally speaking, you are the senior-most registrar. That would mean your junior colleagues would rely on your experience in both clinical and non-clinical fields.

The RPA registrar is usually affiliated to Dr Nair. Adelaide’s registrar on the other hand is affiliated to Dr Deutschmann. You (and the local unaccredited registrar most of the times) are with Mr Jacob. The roster in general is one in four. It is much better from continuity of care point of view to be with Mr Jacob whenever he is on-call. There is no night registrar. We do 24 hours shifts. Generally speaking, when we are on call, we get to finish around 10-11 pm, and rarely do we get called in the middle of the night. In the morning post-call, I suggest that you call ED at 6.30 am and ask them about any possible referrals. It’s much more efficient to plan your day when you know what is there.

The weekend roster is over Friday, Saturday and Sunday. On Friday afternoon, we tend to take the handover from other units. On Saturday and Sunday, we do a round to see all surgical patients.
There are Multi-Disciplinary Meetings every couple of weeks. Lynda (the clinical support coordinator) will inform you. If there are any cases, then the resident needs to submit an e-referral, and you would present the case in these meetings. They can be over the phone or videoconference with oncologists from Adelaide or Darwin.

**Alice Springs: The Town**

Although the town is small, it is a lively place. There are a lot nice restaurants and places to go to. K-Mart, Coles and Woolworths are within walking distance. In general, you would have plenty of relaxation and enjoyment time. There are lots of walks and sightseeing that would appeal to the majority.

The town is constructed on the banks of the Todd River (which is dry now)! It flows from time to time when it rains a lot. I did not have the luxury to see it flowing. If it flows, then it would be a sight for sore eyes.

In the town itself, there is the Botanical Garden which is a nice place to relax after a busy day. It is only a walking distance again from the hospital. If you have more free time, you can visit the Telegraph Station, it is a nice park where there are nice walks and relaxation areas. Anzac Hill (might need a car to go there) is a good place overseeing the whole town.

If you like car racing and speed, you can go to Arunga Speedway Park, there is usually weekly races there. In addition to the hospital’s pool, there is a swimming pool in town. Tennis courts, football and Bowling facilities are within walking distance.

I personally fell in love with the Aboriginal Art. I would encourage you to visit the Mukmuk Gallery. It is located within town. I loved the (Bush Medicine) type of it. I bought few for my house and also brought back a few presents to my friends. Some of the artists would even come to the hospital bringing some products. You can also find them on Sunday Markets. It is only open on alternate weekends in town. You can get a good bargain there! I got to meet some of the artist there, like Margaret Scobie.

**Must Do In Alice Springs**

There are a lot of places that you can visit around Alice. I would strongly recommend couple, but there is definitely much more.

If you have a weekend off, you can drive to Ellery Creek Big Hole. It is about 70 minutes drive from Alice. Ellery Creek Big Hole is a spectacular waterhole in the mighty Ellery Creek which cuts through a gorge in the West MacDonnell Ranges -Tyurretye. Thousands of years of massive floods have carved out this beautiful waterhole and unlocked some amazing geology. You can do walks there, swim or even camp overnight.
If you have a four-wheel drive car, then Alice Springs is your heaven! If you don’t have one, you can still hire one. There are so many nice off-roading places. The ones which I really liked include the Binns Track. It starts near the West McDonnell Ranges. You will need to plan how much you want to do in terms of the off-roading as it is a long track (2191 km!). You would need 10 days to do the whole track. There are four stages in it. I would strongly recommend that you do this with a friend or another car, and to have a satellite phone.

Ayers Rock and Uluru is a must see if you are there. To be honest, you would need a long weekend (or you can ask Mr Jacob for an extra day off, he would not mind)! You can take the car. It is about a day drive. Or you can fly there too.
New SET1 Trainees
2014 SET1 Intake to Austin Health

Alexander Craven

Alex trained and worked as a radiographer in Melbourne, before he moved to Brisbane to study medicine at the University of Queensland, where he graduated with honors. He moved straight back to Melbourne in his intern year to get away from the humidity and bad coffee.

Initially interested in physician’s training, Alex soon discovered surgery to be his true passion and never looked back. In his spare time he used to enjoy rock-climbing and afternoon naps, but that might change when his first child (due any day now) is born.

Juristine Daruwalla

Juristine Daruwalla completed her Honours project with the Department of Surgery in 2003 on “The effect of thalidomide on colorectal liver metastases” for which she was awarded H1 and received a Deans Honours List Award. She continued on to a PhD with us on “Selective drug therapy in colorectal cancer liver metastases” and her thesis has been nominated for the Vice Chancellors Prize an award. Juristine completed the graduate medicine course at the University of Melbourne in 2010. Following an elective in Trauma in Johannesburg she undertook her intern and residency at the Alfred Hospital.

Her time in Johannesburg along with climbing Mount Kilimanjaro has made a lasting impression and she hopes to return there in the future. She returned to the Austin because of her interest in HPB surgery and the strong value for research. She is passionate about research and has had close ties with the department of surgery since 2003.
Osamu Yoshino

Hello. My name is Osamu Yoshino. I am originally from Japan, where I also attended Tohoku University medical school in the northern part of the main island (Honshu). While at the university, I learned not only about medicine, but also a great deal about skiing and snowboarding. My medical career officially began in Tokyo at one of the busiest general hospitals, International Medical Center of Japan, Shinzyuku, Tokyo. After completing my internship at this hospital, I trained in traumatology and acute medicine. In 2008, I began working towards my PhD degree under professors Balogh and Deane at the University of Newcastle in Australia. During this period, I was fortunate to meet various researchers, scientists, and doctors who encouraged me to become an academic surgeon. I met Dr. Fred Moore, a very unique trauma surgeon from Colorado, who also does laboratory work for scientific research and the improvement of practice. I had a lengthy and entertaining conversation with him about how to survive as an overseas doctor.

While in Australia, I began working as a general surgical registrar at John Hunter Hospital, Newcastle. My five year goal is to complete training, which is very challenging given cultural and linguistic differences. I have already been told by a consultant, to whom I was speaking English, that he enjoyed my Japanese and what he described as my “beautiful accent.” My wife and children are enjoying their time abroad; they would like to go swimming, hiking, and skiing. We may travel to New Zealand, although my younger son is still only 18 months old. I am enjoying my first rotation in 6 months with great colleagues and consultants in Bendigo. I look forward to meeting and working with you in the near future.

Maree Loveluck

My name is Maree Loveluck. I’m a PGY6 this year originally from Hobart Tasmania. Grew up in Tasmania on the Channel on a small country farm and went on to study medicine at the University of Tasmania. I never had great aspirations to become either a surgeon or doctor but was fortunate enough to be assigned a mentor at one of the local hospitals while I was in year 12 and they opened up my eyes to the possibility of medicine and surgery as a career. I was even more fortunate later on in my career to be working under this mentor on the general surgical unit in Hobart. I started at the Royal Hobart Hospital in 2009 as an intern and for the last 2 years worked as an unaccredited registrar in Plastics, Paediatrics and General Surgery.

Outside of the hospital I have an interest in Japanese culture and language and was fortunate enough to do an exchange visit to Japan in my younger years. It was here I developed a passion for skiing as well.

When I’m not studying or working I like to chase the snow. I also enjoy swimming and water sports to keep fit and travelling and love to play my guitar when I have some downtime.

Career wise I am interested in upper GI surgery both in regards to General Surgery and Paediatric General Surgery and therefore aim to head in one of these directions in the future. I am passionate about Tasmania and love the island and hope to establish my practice back there someday, after gaining experience in other hospitals and from other surgeons around the world. I’m excited about my opportunity to work at the Austin and look forward to my time here.
I chose to do my elective at Chris Hani Baragwanath hospital in Soweto, Johannesburg - a city buzzing with excitement as the host of the upcoming World Cup. The hospital is reputedly the world’s largest with 3,200 beds and 2,000 patients checking in daily, half of which are HIV positive.

Upon arrival at the hospital, I met with the head of trauma, Professor Degiannis who is very dedicated and passionate about the provision of medicine to the less fortunate. He explained that students were treated as a member of the trauma team and would be expected to attend handover meetings at 8am daily. Team members would also undertake two 24hr shifts per week. My first 24hr shift was on a Thursday. Thursday in Soweto is pay day for the locals, many will go to the local pub and some cause trouble. During my first 24hr shift, we admitted 39 patients between 6pm and 7am the following morning. Theatre is always busy and is run by the registrar, a theatre nurse and an elective student who takes on the role of assistant surgeon.

Elective students are encouraged to work the 24hr shift on New Years day as it is the busiest day of the year. I will never forget what it felt like to enter the trauma pit at 7am that morning. There were beds and stretchers everywhere, the floor was strewn with blood and blood stained gauze, empty IV bags, and the corridors were filled with patients slumped over and bleeding through their gauze compresses.

The resuscitation area which is equipped to treat up to 13 critical traumas was filled with over thirty patients. Doctors were repeatedly saying “this is like a war zone!” Patients were injured with gun shots, axes, multiple stab wounds, glass bottle, whip, pangas (a sickle-like farming instrument), machete and acid attacks.

They were also the victims of home-made fire cracker and paraffin wax bombs. We worked very hard that day and the number of patients did not diminish until 5:30am the next morning.
As elective students we were given autonomy and the responsibility of managing of patients from the point of presentation.

We were actively involved in the resuscitation of patients, taking them to theatre, follow-up during ward rounds, working through complications and were involved in patient discharge planning. In terms of procedural skills, there was ample opportunity to perform basic skills such as cannulation, catheters, venupuncture, injections and draining abscess.

We were also trained to perform chest drains, central lines and intubations. The most refreshing aspect of the elective was the hands on experience. I felt like a useful member of the Trauma Team.

After five weeks in Trauma I traveled for three weeks. The highlight during this time was climbing Mt Kilimanjaro in Tanzania. At 5895masl, Mt Kilimanjaro is the tallest mountain in Africa and proved to be quite a challenge!

I learnt three important lessons during my elective. The first was that the human body is very resilient. Despite the amount of trauma I was exposed to and helped treat, there were only two deaths. The second was the strength of the human spirit. During the summit night of Mt Kilimanjaro, there were times I felt like I could not go any further. I was so determined to climb that mountain and so I kept going, one foot in front of the other. The third and most poignant truth for me was the reinforcement that treating patients, spending time with them and following them through to recovery is exactly where I want to be.

Prior to departing for the elective there was a lot of apprehension about doing an elective as a female, alone in a dangerous city. Although I did not have any bad experiences, it is important to acknowledge the danger and to be vigilant and savvy.

I hope fear of violence does not preclude students from embarking on what could be an amazing and valuable experience. Such an elective is great for students who want to be challenged and have hands on experience.
Mount Kilimanjaro, with its three volcanic cones, Kibo, Mawenzi, and Shira, is a dormant volcanic mountain in Tanzania. It is the highest mountain in Africa and the highest free-standing mountain in the world at 5,895 metres or 19,341 feet above sea level. Kilimanjaro is composed of three distinct volcanic cones: Kibo, the highest at 5,895 m (19,341 ft); Mawenzi at 5,149 m (16,893 ft); and Shira, the shortest at 3,962 m (13,000 ft). Uhuru Peak is the highest summit on Kibo’s crater rim.

Kilimanjaro is a large stratovolcano. Of its three peaks, Mawenzi and Shira are extinct, while Kibo, the highest, is dormant and could erupt again. The last major eruption has been dated to between 150,000 and 200,000 years ago. Although dormant, Kibo has gas-emitting fumaroles in its crater. Several collapses and landslides have occurred on Kibo in the past, one creating the area known as the Western Breach.
The initial publication of the poem “If—” was in the “Brother Square Toes” chapter of the book Rewards and Fairies (1910), a collection of Kipling’s poetry and short-story fiction. In the posthumously published autobiography Something of Myself (1937), Kipling said that his poetic inspiration for the poem was the military actions of Leander Starr Jameson,[citation needed] leader of the failed Jameson Raid (December 1895 – January 1896) against South Africa to overthrow the Boer Government of Paul Kruger some 15 years prior to its publication. The failure of that mercenary coup d’état aggravated the political tensions between Great Britain and the Boers, which led to the Second Boer War (1899–1902).

With the upcoming changes to the SET program and the anxieties, trials and tribulations that our trainees will face, this poem may be of some help through the hard times.

If you can keep your head when all about you
Are losing theirs and blaming it on you,
If you can trust yourself when all men doubt you,
But make allowance for their doubting too;
If you can wait and not be tired by waiting,
Or being lied about, don’t deal in lies,
Or being hated, don’t give way to hating,
And yet don’t look too good, nor talk too wise:

If you can dream and not make dreams your master;
If you can think and not make thoughts your aim;
If you can meet with Triumph and Disaster
And treat those two impostors just the same;
If you can bear to hear the truth you’ve spoken
Twisted by knaves to make a trap for fools,
Or watch the things you gave your life to, broken,
And stoop and build ‘em up with worn-out tools:

If you can make one heap of all your winnings
And risk it on one turn of pitch-and-toss,
And lose, and start again at your beginnings
And never breathe a word about your loss;
If you can force your heart and nerve and sinew
To serve your turn long after they are gone,
And so hold on when there is nothing in you
Except the Will which says to them: “Hold on!”

If you can talk with crowds and keep your virtue,
Or walk with Kings—not lose the common touch,
If neither foes nor loving friends can hurt you,
If all men count with you, but none too much;
If you can fill the unforgiving minute
With sixty seconds’ worth of distance run,
Yours is the Earth and everything that’s in it,
And—which is more—you’ll be a Man, my son!