

Victorian Medical Women's Society

e-Newsletter



Founded 1896

Celebrating our history, advancing our future

February 2015

afmw.org.au/vic

Volume 13 Issue 1



President's Report

A/Professor Deb Colville

President's Report to be added in

In This Issue

Upcoming Events

Committee Meetings

Monday 16th February

Monday 13th April

Monday 1st June

Monday 3rd August

Monday 5th October

Monday 7th December

How We Do What We Do

Thursday 12th March

Details TBC

Connect over Coffee

Thursday 26th March

5pm

Baretto Espresso Bar

Alan Gilbert Building

Melbourne University

CV Writing and Interview Skills

Saturday 9th May

Details TBC

Lyceum Lunch

Wednesday 15th July

Details TBC

Annual General Meeting

Saturday 7th November

VMWS Committee 2015

A/Professor Deborah Colville

Dr Rosalie Cooper

Dr Marissa Daniels

Position Vacant

Dr Kate Duncan

Dr Skye Siskos

Dr Sarah Lonie

Dr Zoe Dorevitch

Dr Francesca Bridge

Dr Magda Simonis

Dr Desiree Yap

Dr Rosalind Terry

President/AFMW Representative

Vice-President

Treasurer

Secretary

Public Officer

Newsletter Editor/ Social Media Liaison

Social Secretary

Social Secretary

Social Secretary

VMWS Immediate Past President

AFMW Immediate Past President

Senior Members' Representative/AMA

Dr Raie Goodwach

Dr Allison Hemenstall

Dr Elysia Robb

Dr Natalie Yap

Dr Adelle Storch

General Committee Member

General Committee Member

General Committee Member

General Committee Member

General Committee Member

Ms Hui Ling Yeoh

Ms Nishani Nithianandan

Ms Michelle Li

Ms Ashleigh Clark

Ms Emma Kelso

Ms Jade Tregoweth

Ms Sylvia Ye

Ms Tiffany Lin

Ms Anisha Haseeb

Ms Annie Rose

Ms Anna Stanaway

Ms Cara Beck

Ms Emma-Leigh Rudduck

Ms Aurora Killey

Ms Kelly Hughes

Ms Asika Pelenda

Student Representative - Monash

Student Representative - Monash

Student Representative - Monash

Student Representative - Notre Dame

Student Representative - Notre Dame

Student Representative - Deakin

Student Representative - Deakin

Student Representative - Deakin

Student Representative - Deakin

Student Representative - Deakin

Student Representative - Melbourne

Student Representative - Melbourne

Student Representative - Melbourne

Student Representative - Melbourne

Student Representative - Melbourne

Student Representative - Melbourne

Newsletter Editor 2015

Dr Skye Siskos

Please contact me if you have any feedback, articles, photos or advertisements you would like to contribute to the newsletter.

PO Box 202
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Victoria, 3002

vic@afmw.org.au

VMWS Newsletter is going

GREEN

and moving towards an electronic newsletter platform.

If you opt to still receive your VMWS newsletter via post, please contact us at

vic@afmw.org.au

or contact Senior's Representative

Dr Rosalind Terry on
0427 366 516

Rural Obstetrics & Gynaecology: A Student's Perspective

By Ms Jade Tregoweth
*VMWS student representative
Deakin University*

I love Cairns – the never ending sugar cane fields, the tropical flora and fruits, the beaches and the laidback lifestyle. Cairns is an outer regional city, home to more than 150, 000 people and approximately 1, 700 kilometers (or 20 hours drive without toilet breaks) north of Brisbane. There was definitely no mistaking that I had stepped out of the plane and into a far north Queensland wet season as I arrived to commence a placement as part of the John Flynn Placement Program (JFPP) run by the Australian College of Rural and Remote Medicine.

The JFPP aims to expose medical students to life in a rural community whilst providing positive mentorship with a rural practicing doctor in an attempt to attract more doctors to work rurally. As a female medical student, the importance of such a program has even broader implications.

Research has shown that greater than 70% of general practitioners (GPs) working in rural and remote locations are males¹ consequently, females residing in such areas are left at a disadvantage. For example, it is known that rural women are at increased risk of mortality from cervical cancer compared to women living in the city. If a town lacks a female GP, many women especially Australian Indigenous women may not access important preventative services such as pap smears. Initiatives such as the JFPP are important in encouraging more female doctors to work in the country. I would encourage anyone interested in becoming a John Flynn student or mentor to access the website².



From top, left to right: view from Port Douglas, QLD, in theatre scrubs at Cairns Private Hospital, view from Palm Cove, QLD.

I spent my placement with Dr. Thomas Wright, an extremely busy obstetrician and gynecologist who spends most of his time at the Cairns Private Hospital delivering babies. I was very excited at the opportunity to gain an insight into Obstetrics, based upon unforgettable natural birth that I was privileged to observe in my previous life as a nursing student. I was very happy when Dr. Wright offered me the chance to start my first day early, in theatre, for a planned cesarean section. It was an awesome experience and set the scene for a week of emotion-filled, often challenging experiences that I was about to be a part of under the thoughtful guidance of Dr. Wright.

I spent 12 busy and thoroughly enjoyable hours a day with Dr. Wright. The majority of our time was spent in his rooms as I observed antenatal appointments throughout all stages of pregnancy and the odd patient presenting with a gynecological problem. I observed many ultrasounds, amniocenteses, PV exams and pap smears, colposcopies and biopsies. Dr. Wright was a positive mentor and dedicated educator, including me in every aspect of the patient's history/examination, rationale for treatment, medical concerns and proposed outcomes. The highlight of my week was

scrubbing in for cesarean sections where I was able to watch up close as a baby was assisted from its cramped world into ours.

It was an amazing week, although I do implore women considering a career in obstetrics and gynaecology to evaluate the impact upon your personal life, including relationships and family time. The days are long and there is no shortage of work during the nights, which if you do not maintain balance will take its toll. The up side is that it is the only medical specialty that can allow you the opportunity to care for 3 or even 4 generations of women, from the foetus, the mother, the grandmother and possibly the great, grandmother³. In addition, to possibly caring for women during all stages of her life - from neonate to post menopause and beyond³.

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) offers various options for doctors, including a diploma (DRANZCOG) for GPs, an advanced DRANZCOG which is particularly useful for rural GPs, specialist training and subspecialty training. See the RANZCOG website for further information³.

References:

1. Australian Rural and Remote Workforce Agencies Group (2003). ARRWAG Minimum Data Set Report – 30 November 2002. Canberra: ARRWAG.
2. The Australian College of Rural and Remote Medicine: John Flynn Placement Program. Accessible online at: <https://www.acrrm.org.au/about-program>
3. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) (2005). Introduction to the practice of obstetrics and gynaecology. Victoria. RANZCOG. Accessible online at: <https://www.ranzcog.edu.au/the-ranzcog/about-specialty.html>

We would love to hear
your experiences.

If you are willing to share
write to VMWS at

vic@afmw.org.au



Rise up Australia... above xenophobia and misogyny

**By Ms Nishani Nithianandan
VMWS Student Representative
Monash University**

As an observer, I can attest to how capricious Australian media and public opinion can be, how prone to hysterics and trigger-happy we are in readily firing bullets of accusation. Writing this has as much to do with addressing my own helplessness as demonstrating solidarity with Australian Muslim women, in the same vein as recent social media movements, #Illridewithyou and WISH: Women In Solidarity with Hijabis. I write this because even in reflection, I shudder to think of how close we came to legislating how Muslim women should dress and know that those pushing this discriminatory agenda have retreated only temporarily.

2014 witnessed a rise in verbal and physical attacks against Muslim women, precipitated by events that were outside of their control. The great irony and injustice is that Muslim women here in Australia, despite enduring the brunt of public rage and xenophobia manifested in assault, hate crimes and persecutory policies, are not the culprits behind terrorist attacks, hostage situations or attacks against police. Waleed Aly summarised this in his opinion piece, asserting that 'in this, we obey what seems a diabolically universal principle: that whatever the outrage, whatever the fear, and whatever the cause, it is women that must suffer first and most.'^[2]

The intersection of gender and race is strikingly evident here. Headlines like 'Woman's head bashed in racial attack' point to the obvious motivation behind the crime but this is an assault that also falls under the umbrella of violence against women. A complex analysis of almost all issues requires us to understand that individuals can experience multiple oppressions, a concept known as 'intersectionality'. Anti-Muslim sentiment



Beauty and Brains: Still A Novelty

By Ms Hui Ling Yeoh
*VMWS student representative
Monash University*

“When I became a medical student, people didn’t think I could also be beautiful.”

American emergency room physician, Dr Aasim Padela, offers this sage advice: ‘The health care system may not always be able to fulfill all of a patient’s requests [for instance, regarding preferences for same-sex doctors], but the providers should at least explain what can reasonably be done and what the limits are... This way the patient feels heard, and cared about, as opposed to, ‘You’re in my hospital, this is how we do things.’^[7]

Safety and respect may be increasingly elusive for Australian Muslim women on our streets but at the very least, they should find it in our clinics and hospitals.

Let’s together embrace Tasneem Chopra’s words – ‘When communities are continually under siege to explain, condemn and disassociate themselves from atrocities they have no link to, there’s a tendency to view them only within that paradigm; reactive. In fact we are a diverse, accomplished, strong and capable entity who continue to thrive despite setbacks, structural barriers and systemic privilege of the mainstream; we’re proactive.’^[5]

References:

[1] <http://www.smh.com.au/comment/sydney-siege-why-my-heart-sank-when-i-saw-an-islamic-flag-20141216-128gsx.html>

[2] <http://www.smh.com.au/comment/burqa-ban-a-political-excuse-for-persecution-20141002-10p0mc.html>

[3] <http://www.vichealth.vic.gov.au/our-work/preventing-violence-against-women>

[4] <https://twitter.com/mediakoo>

[5] http://www.health.qld.gov.au/multicultural/support_tools/islamgde2ed.pdf

[6] <http://www.icv.org.au/index.php/publications/caring-for-muslim-patients>

[7] http://www.nytimes.com/2010/11/01/health/01patients.html?_r=0

[8] <http://tasneem.com.au/reactive-fatigue/>

This was the opening statement of Miss Indonesia Tourism’s address to the nearly 300 medical students gathered for the East Asian Medical Student Conference (EAMSC) held in Jakarta.

“But all I wanted was to be a Barbie, and I love high heels and make-up.” I felt a palpable cringe shiver across the room and I exchanged awkward glances with the other Australian delegates.

Miss Indonesia Tourism very rightly acknowledged a reality of many medical women – that we are not expected to be beautiful, or to express and celebrate our femininity. She isn’t the first female medical student or academically-driven woman who has participated in a beauty pageant. But her entire novelty and celebrity was suppose to be based on this “unconventional” combination of beauty and intelligence.

Women medical students are taught from the very beginning to censor our appearance, to feel shame and fear about how we look. When we’re lectured about professional dress, it’s usually only women who are addressed, advised to perform the “bend test” when we choose our clothing: no displayed cleavages, no tight or short skirts. Men are not addressed in this way.

On placement, many of us have will have stories about patients who inappropriately address us:

“Oh, my blood pressure will be high if it’s being taken by such a beautiful girl.” While performing a monofilament test of the foot:

“While you’re down there, how about a nice foot massage from a pretty girl?”

These experiences are not frequent, but they are daily and they are not uncommon. They are every day, mundane stories that women medical students tell each other. And in those situations, we are all expected to play along – to laugh politely, to keep the peace, to stay silent. In the back of our minds, we wonder: “Have I been inappropriate? Was my skirt too short? Should I not have worn make-up?” and importantly, “Does my supervisor think I have done something inappropriate?”

And then there are the stories about how our seniors treat us. Students who are asked out and hit on by seniors who then go on to be our assessors; students or junior doctors who get preferential treatment that is accompanied with flirtatious behavior. Not only is this uncomfortable and undermining for the obvious reasons, it breeds resentment and jealousy amongst colleagues. It gives medical students a free pass to tear down their peers, to undermine each other and to perpetuate a medical culture that is competitive and unsupportive.

All of this serves to make female medical students nervous, ashamed and scared about how they look. Women are expected to deny their femininity – to downplay their looks, because if they get special attention, whether it’s positive or not, it’s their fault for not acting “professionally”.

The professional expectation to dress “professionally” seems reasonable enough, but until this is accompanied by acknowledgement and support for medical students before and when they experience sexual harassment, this will always be a double standard that blames victims and contributes to women feeling like they do not belong in this profession.

Miss Indonesia Tourism spoke with a tone and variation of voice that can best be described as “ditzzy”. She took on a hyper-femininity, while consciously and repeatedly separating herself from the medical profession. So, rather than celebrating her intelligence, she denounced it.

She had come so close to providing actual inspiration to young women, to challenge the status quo and foster solidarity amongst women. Instead, she bought into the very tool of oppression she had claimed that she wanted to challenge – that women cannot be both beautiful and smart. Watching this happen was disappointing and heartbreaking.

When she finished her speech, there was an awkward applause. The host, a male Indonesian medical student, thanked her – and then proceeded to “hit on” her with rehearsed and intentional jokes about her body, her looks and his attraction to her. It was meant to be funny – this public reduction of a woman to her appearance. If there was supposed to be any pretense that Miss Indonesia Tourism was there to inspire medical students, to challenge the double standard women face, he completely undermined it.

It is easy to dismiss this experience as a difference in culture and to take the moral high-horse that Western society is more progressive with gender equity. While culture may play a part, the story resonates locally, and this experience was met with equal discomfort by almost all countries in attendance.

Although this experience was uncomfortable, it has sparked discourse and thought about the impossible expectations placed on women by the medical profession, and by each other. I hope for a day when the combination of being “beautiful” and intelligent is no longer a novelty to be exploited, when women can just be women – whoever they are.



The EAMSC and International Federation of Medical Students' Associations (IFMSA)

conferences are invaluable experiences for medical students to learn first-hand what it means to be a global citizen. I would encourage all medical students to attend. There are upcoming applications for these conferences. For more information about how to apply, please contact me at [huiling.yeoh@amsa.org.au](mailto:huilong.yeoh@amsa.org.au)

VMWS Connect Over Coffee and Mentoring Program

By Dr Elysia Robb
VMWS General Committee Member

Late last year the University of Melbourne VMWS Student Representatives Allison Hempenstall and Elysia Robb began two programs: "Connect Over Coffee" or "COCO" and the "V.M.W.S. Mentoring Program". The aims for both programs are to enable and encourage conversation and relationships between medical women at all stages of their careers – students, doctors-in-training and established medical women, in a casual environment.

This year we aim to continue both programs. We are hoping to run C.O.C.O. events once per two months all over Melbourne and in Geelong and Ballarat. We would love to see you there so please see the invitation, included in this newsletter, for details of our first event and look out for further invitations in the coming VMWS newsletters. Our plan is to run these events on different days of the week and at various times, in order to try to suit as many people as possible. Please let us know if you have any feedback about times/days. Also, please let us know if you would like to be contacted about future events.

The Mentoring Program aims to put female medical students (and/or doctors-in-training) in contact with established medical women thereby providing mentorship opportunities to junior medical women. We are in the process of recruiting both medical students and medical women who are interested in participating. Applicants are matched based on their specialties, medical interests and locations. Please contact us if you are interested or have any questions.

Email:
Dr Elysia Robb: elysiarobb@yahoo.com.au
Dr Allison Hempenstall: ahempenstall7@gmail.com

V.M.W.S. Mentoring Program

The V.M.W.S. Mentoring Program aims to put female medical students, and/or doctors-in-training, in contact with established medical women thereby providing mentorship opportunities to junior medical women.

We are in the process of recruiting both medical students and medical women who are interested in participating. Applicants are matched based on their specialties, medical interests and locations.

Please contact us if you are interested or have any questions.

Allison: ahempenstall7@gmail.com



C.O.C.O. CONNECT OVER COFFEE

Inviting all female medical students and female medical practitioners to connect over coffee in a casual environment and exchange experiences and support.



Thursday March 26th 5 p.m.

Baretto Espresso Bar, Alan Gilbert Building, Melbourne University

Run by the Victorian Women's Medical Society

R.S.V.P.: elysiarobb@yahoo.com.au

** Please keep your eyes peeled for future C.O.C.O. events. This year we plan to run them approximately once every two months in Melbourne, Geelong and Ballarat. See V.M.W.S. newsletter for details or contact us.**

2015 西太平洋區世界女醫師大會

WESTERN PACIFIC REGIONAL CONFERENCE

of Medical Women's International Association

APRIL 24-26, 2015

TAIPEI, TAIWAN

The 2015 Western Pacific Regional Conference of Medical Women's International Association, organized by Taiwan Medical Women's Association (TMWA), will be held at the Evergreen International Convention Center in Taipei, April 24-26, 2015,

The main theme is "Juggling and Balancing," with the sub-theme "Prevention and Elimination of Domestic and Sexual Violence." The conference will focus on the following six topics:

1. Juggling and Balancing the Careers of Women in Medicine
2. Prevention and Elimination of Domestic and Sexual Violence
3. Healthcare and Rehabilitation of the Elderly
4. Frontiers in Aesthetic Plastic Surgery
5. Women in Child Healthcare

6. New Advancements in Dentistry

The major focus of the conference will include abstracts on above mentioned topics. We encourage all participants, who have an interest in these areas to submit abstracts for consideration before December 31, 2014. With the knowledge you bring to this conference, a meaningful discussion in your respective disciplines will inspire fresh perspectives on various issues.

This is a great opportunity to present your advances to a supportive audience of professionals. Abstracts are invited in a range of topics related to the theme. For more information on the conference and the procedures for submitting an abstract, please visit: <http://www.tmwa.com.tw/2015mwia-wprm>

If you have any questions or need further assistance, please contact the Conference Secretariat Ms. Sasha Wei by phone at [+886-2-8797-7333 ext 116](tel:+886-2-8797-7333) (during office hours, Taipei time 9:00 AM - 5:00 PM from Monday - Friday), FAX [+886-2-8797-1777](tel:+886-2-8797-1777), or e-mail sasha@arteck.com.tw.

Meet The Committee

Each newsletter will feature a bio about each of our amazing committee members so you get to know your VMWS.



Nishani Nithianandan is a Monash University MBBS Student, currently undertaking a Bachelor of Medical Sciences (Honours) in perinatal mental health. She is currently AMSA Global Health Education Officer and Recruitment Officer for Embrace Education. Nishani is interested in thoughtful, respectful debate and welcomes your correspondence which may be published in a future VMWS NL as a letter to the editor, as for all our pieces.

To add in:

Hui Ling Yeoh
Jade Tregoweth

Rosalie Cooper
Marissa Daniels



The Victorian Medical Women's Society Inc.

Membership Invoice 1 July 2014 – 30 June 2015

ABN 67 120 250 797 - Inc A0061560B
(MEMBERSHIP PERIOD IS FROM 1 JULY TO 30TH JUNE)

Membership Eligibility: Full membership is open to registered female medical practitioners (FMP); non-registered FMPs can join as an associate member, and Student membership is open to female medical students.

(NOTE: this invoice becomes a tax receipt upon payment, please retain the top section for your records)

Full Members	Rural Members (>100km from GPO)	Senior Members	Retired Members (>65 yrs)	Student Members
1 yr \$160	1 yr \$70	1 yr \$120	1 yr \$120	1 yr \$35
3 yrs \$432	3 yrs \$189	3 yrs \$324		
5 yrs \$680	5 yrs \$297.50	5 yrs \$510		

Donation: \$ _____

Please complete and send the bottom section of this form to the VMWS Inc. via email or mail.

1. PLEASE TICK WHICH TYPE OF APPLICATION YOU WISH TO REQUEST:

I am applying for new membership. Please complete the Membership Declaration and make payment.

I am changing my membership category. Please complete the Membership Declaration and make payment

I am renewing my membership. Only renewal payment is required.

Date payment made:

2. MEMBERSHIP DECLARATION:

I wish to become a member of the Victorian Medical Women's Society Inc., and will support the purposes of the Association and agree to comply with the Rules of the Association (available here).

Signature: _____ Date: _____

3. MEMBERSHIP DETAILS

Membership Type: _____ Duration: _____ Amount: \$ _____

Title, First name & Surname: _____

Mailing address: _____

Phone: _____ Text _____ Date of Birth: _____

Email: _____

Specialty/Area of Practice: _____ Year of Graduation: _____

Car-pooling: Potential driver: Potential passenger:

NOTE: When you join the VMWS you get 3 memberships for the price of 1!: the Australian Federation of Medical Women (AFMW) and the Medical Women's International Association (MWIA). You will automatically be subscribed to all three mailing lists and your email address may be shared with other AFMW members.

VMWS newsletters are distributed electronically, unless you request otherwise.

4. Membership Payment: CHQ to Victorian Medical Women's Society. Post: VMWS Secretariat, PO Box 202, East Melb VIC 8002; Electronic Transfer to Victorian Medical Women's Society; BSB: 033 089; Act No: 297664.
Please **include your name** in the **transfer info**

Donations are gratefully received. Please advise if you wish for your donation to be used for a specific purpose.

<http://www.afmw.org.au/vic>

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