

Victorian Medical Women's Society Newsletter

Founded 1896

Celebrating our history, advancing our future

March 2018

afmw.org/vic

Volume 16 Issue 1

President's Report

Dr Magdalena Simonis

March traditionally heralds the beginning of the United Nations Commission on the Status of Women (UNCSW) which happens annually in New York. This was the 62nd CSW and took place at the United Nations Headquarters in New York from 12 to 23 March 2018. This year, the review theme is "*Participation in and access of women to the media, and information and communications technologies and their impact on and use as an instrument for the advancement and empowerment of women,*" from the conclusions of the 47th session of the CSW in 2003. Some of the many important topics discussed at high level included:

- the role of media in promoting women's rights
- freedom of religion and expression
- women as subjects, consumers and thought leaders of media
- media and information technologies: a double-edged sword for women's advancement
- the anatomy of technology-related violence against women.

We look forward to reading the updates from the VMWS student members who attended in subsequent newsletters.

The Rickards Family, the Australian Federation of Medical Women and the Sydney School of Medicine, University of Notre Dame Australia, donated a portable ultrasound unit to the Connaught Hospital, Sierra Leone, where they deliver more than 5200 babies per year. It was presented on Wednesday 14th March during the CSW meeting at the UN in New York, by AFMW's own Professor Gabrielle Casper, also a former MWIA president.

Through this program MWIA has provided both equipment and expertise. An ultrasound machine was given in Tanzania (2014) and in Afghanistan (2015), four ultrasound machines in Nigeria and one in each of Ghana, West Indies, Tanzania and Rwanda. In 2016, 16 more ultrasound machines were provided to Nigeria, along with training in obstetric ultrasound to 40 medical practitioners there. In 2017, an ultrasound machine was donated to Solomon Island, and this year already, one has been given to Sierra Leone.
(cont..)



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Upcoming Meetings and Events

Monday 9th April VMWS Committee Meeting

**July 25 – 28,
2019**

**Medical Women's
International Association
Centennial Congress, New
York**

Being a part of MWIA is very exciting and as many of our members already know, it grants us international reach as this demonstrates.

Closer to home, VMWS committee members Anne Stanaway, Elysia Robb and I attended a meeting with Greens Senator Janet Rice at her office in North Coburg on Friday 9th March to discuss the matter of government financial assistance for parents who are studying. It was a very productive meeting and Senator Rice has agreed to raise the issues through the appropriate channels. We will keep you posted as we receive more information from her office.

I hope you enjoyed being a part of the International Women's Day (IWD) celebrations in some way, as a small number of us met at the Lincoln Hotel in Carlton on the night of IWD for a relaxed, casual dinner. We enjoyed seeing many of you at our premier networking/skills event this year which took place on the 20th March, titled: "I don't know how she does it". Our panel speakers and facilitators discussed gender issues in medicine and how to navigate a career, family and study. Job sharing is being talked about increasingly more and it seems that this is a fair and practical way of continuing education/ training whilst also working and raising a family. We have a long way to go before this becomes an accepted option through training programmes and work appointments, but we will continue to strive for an optimal outcome for female trainees and students in this space.

VMWS Committee 2017/18

| | | |
|--|---|----------------------|
| President | Dr Magdalena Simonis | |
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| Secretary | Dr Elysia Robb, Dr Anne Stanaway | |
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| | Dr Natalie Yap (Tas) | Dr Desiree Yap (Vic) |
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| | Ms Rhea Navani | Ms Anna Mitchell |
| | Ms Elena Marini | |
| Student Representative -Deakin University | Ms Laura Tate | Ms Laura Constable |
| Student Representative – Notre Dame University | Ms Sarah Lorgier | |
| Student Representative – The University of Melbourne | Ms Tehreem Rawal | |

VMWS Walking Tour on February 3rd, 2018

Dr Heather McKenzie

Late morning a group of VMWS members and several friends set out from the steps of Parliament House to retrace some of the history of our pioneer members who, together with several like-minded non-medical women, were pivotal in setting up until then non-existent health services for the women and children of late C19 Melbourne, in particular those with little or no financial resources, but soon many who wished to consult with a female.

We were led by Dr Anne Stanaway who had done considerable research on the sites where these women had lived, worked or met together. I can recall only one site (and interestingly the first) which today remains largely untouched; the hall at the rear of The Welsh Church in Latrobe Street where outpatient consultations and dispensing were carried out. Most others have been demolished or only the façade remains.

We crisscrossed Melbourne from Spring Street to Queen Street, Flinders Lane to Little Lonsdale Street viewing these sites with Anne giving a short informative commentary at each. She had also produced a detailed brochure with a photo of most sites together with brief text.

At the Church Hall demand for the services rapidly increased and it soon became unsuitable. Also a place where surgery could be performed was urgently needed. Some limited surgery was performed in the patients' homes often in less than hygienic conditions.

The Governesses Institute in Mint Place became available and was purchased with funds the women had raised, together with Government help, becoming the forerunner of The Queen Victoria Hospital. In 1947 the hospital moved to the vacated site of The Melbourne Hospital on the corner of Swanston and Lonsdale streets. In 1964 the hospital became part the Clinical School of Monash University initially for the teaching of Obstetrics and Paediatrics. 1987 proved to be a momentous year and the end of an era for the original Queen Victoria Hospital in all its iterations. On its relocation to Clayton on the site of McCulloch House and amalgamation with Prince Henry's Hospital there was a name change to The Monash Medical Centre.

If our VMWS pioneers could see the great institution their tiny dispensary has become I hope that would be amazed and feel pride that their great struggles had been well rewarded.



VMWS Walking
Tour

In photo - Heather McKenzie, Brian Stagoll, Nancy Nicholls, Anita Payne, Anne Stanaway, Rosalind Terry, Magdalena Simonis, Lydia and Marylin Di Stefano, Christolyn Rajakulenthiran (Rosemary Dixon, Deb Colville, Rosalie & John Cooper not in photo)

“I Don’t Know How She Does It”, March 20th 2018

Dr Claire Felmingham, VMWS Newsletter Co-Editor

Medical women from around Victoria gathered together at the charming Kathleen Syme Library and Community Centre in Carlton on the evening of Tuesday March 20th for the annual VMWS career progression event, ‘I don’t know how she does it.’ Throughout the evening we discussed many topics pertinent to the careers of medical women, including the importance of mentorship and the barriers of inflexible training.

Dr Anna Dunn, consultant respiratory physician and co-founder of Doc to Doc – a community of medical women set up to support and inspire each other – was our entertaining and insightful facilitator for the evening. She opened the discussion with an astute observation of the irony of the title of the event, drawing attention to its tongue-in-cheek intention, which set the tone nicely for a night of reflection, questioning, and challenging the status quo.

The panel was comprised of an inspiring variety of successful medical women, each with unique experiences and perspectives to share. We had the great pleasure of hearing from Associate Professor Sally Bell, gastroenterologist and Deputy Director of Gastroenterology and Women in Medicine Lead at St Vincent’s Hospital; Dr Anjali Dhulia, Director of Medical Services at Monash Health and paediatrician; Dr Gayle Ross, dermatologist and Director of Training for the Victorian Faculty of the Australasian College of Dermatologists from 2014-2016; and Dr Jazmin Eckhaus, cardiothoracic surgical trainee. We were indeed lucky to be in such excellent company.

Mentorship was a popular topic of discussion for the evening, and something that seemed to play a significant role in every panel member’s career. A/Prof Bell met an influential gastroenterologist as a junior doctor in a country hospital. Dr Ross was inspired by a dermatology lecturer as a medical student. Dr Eckhaus had an enjoyable intern experience in cardiothoracics. A boss of Dr Dhulia’s at a paediatric intensive care hospital in India recommended Australia as a good place to get further training and experience. Dr Dhulia and her family had planned a two-year trip to Australia, which turned into a far longer sojourn!

We very often hear that the people we meet will inspire us to pursue certain career paths or specialties. Beyond this temporary flash of inspiration, ongoing mentorship can provide invaluable support and encouragement, and continually set us off on fulfilling and interesting paths. Unfortunately, junior staff can find it difficult to access senior doctors in this capacity, or may be intimidated to approach them when the opportunity arises. These barriers to developing fruitful relationships can be overcome by practicing approaching seniors and carefully selecting mentors. Our panel identified that the key attributes to look for in a mentor include rapport, availability, and a genuine expression of interest towards you and your career. They also emphasised the benefits of naming and identifying this mutually rewarding relationship as ‘mentorship’.

Inflexible training and its effect on medical women was another important issue addressed. Some women can be deterred from certain specialties due to the inflexibility of training and the potential difficulties that it would pose for them and their present or future families. The panel members, many of whom have leadership roles in junior doctor training, explored the barriers to part time, flexible training. One of these barriers is a lack of college recognition of part time training – which is now changing in some colleges which count training in weeks or months (such as the Royal Australian and New Zealand College of Obstetrics and Gynaecology). The other key barrier addressed was that of funding. Solutions include job sharing, which can avoid the cost of an extra trainee. If you are interested in job share please refer to Dr Elysia Robb’s piece, ‘This Job Share Business’ in this same issue of our newsletter.

Another, sometimes controversial solution to the medical funding debacle is to encourage the claiming of overtime. This is key to increased funding and improved working conditions. Junior doctors work a great many hours that they never claim, and there are a variety of reasons for this, but hospitals and governments will never know how much funding is really needed if junior doctors are prepared to work for free. The solution here is understandably complex, involving cultural change. The panel summarised their key advice by encouraging us to push boundaries, ask for what we want, and demand what we need.

I appreciated the varying pathways and approaches that have brought these panel members each to their own successes. It is reassuring to be reminded that diverse personalities and attitudes can thrive in the field of medicine. While some will set their sights on a goal and work tenaciously to achieve it, others allow their careers to form organically and unfold over time. Dr Dhulia reminded audience members to 'look wider'. The traditional pathway need not always be followed. We agreed that some of the key ingredients for success are welcoming new experiences, embracing opportunity, and following passions.

A recurring takeaway from every event like this, although not always explicitly a topic of discussion, is the importance and benefit of community, support and friendship among medical women. While the panel speakers generously shared their inspiring experiences and wisdom, I found myself perhaps equally inspired by all of the other women in the room sharing their insights and awareness. The discussions by the finger food table or with the women sitting beside me are often among the most exciting. I enjoy hearing about people's side projects and passions, their career hurdles, strategies and solutions, and how they are achieving work-life balance and finding happiness and meaning inside and outside of work. Feeling supported and inspired by my medical women peers makes me excited for the future, and grateful for these events.

Thank you to all of those involved in organising the event, the wonderful panel speakers and facilitator who shared their thoughtfulness and insights with us, and also to MIPS, one of the sponsors who made the evening possible.

MWIA Centennial Congress

Mark your calendars now – the MWIA Centennial Congress will be held in New York July 25-28, 2019, where we will continue to celebrate women in medicine!



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This job share business – to share or not to share? Success in the job-share junior medical world

Dr Elysia Robb, VMWS Sponsorship Officer/Student Coordinator

As a current PGY2, I have spent the majority of my junior medical career working part-time. It enables work-life balance. Five to ten years ago I wouldn't have dreamed of working part-time... and then I had children, and my world was flipped upside down, and around about.

My internship was a stand-alone part-time supernumerary position. I applied directly to Austin Health with a lot of support from the PMCV in the process. But after my internship, well, the part-time world seemed even more difficult to navigate. No hospitals were advertising part-time positions, many would not consider them. I also wanted to try full-time work, and so I did so for six months. I enjoyed these six months, and had an amazing experience in obstetrics and gynaecology, however it was also extremely stressful and not for me in the long term.

So, back to the drawing board I went... and again I was faced with many rejections to my part-time requests.

Thankfully, about the same time, another of VMWS' part-time medical internship/residency navigators, Dr Anne Stanaway, was in the same boat. As a part-timer, I have been a bit of a magnet for medical students and junior doctors seeking part-time work. Anne has found herself in a similar position. Anne came up with a magnificent idea to arrange a meeting of part-timers/job-sharers to attempt to create opportunities amongst us to apply for job-share positions together over the coming years.

In July last year, six of the eight of us part-time-junior-medicine-job-hunters met for coffee and chats, networking and negotiating. Aspects considered during these discussions were: medical interests, training intentions, training requirements, family life, extracurricular commitments, timetable/roster/days able to or not to work, and location preferences. As you can imagine, it can be very tricky finding a job-share match.

I was unable to attend this meeting, but through the same network, I was put in contact with a like-minded woman, with whom I applied for HMO positions in a job-share arrangement. Because we were applying for positions for

the second half of 2017, we had missed the official application process/computer match. So we sent our details ad-hoc to Hospital Medical Workforce Units of interest. After many emails back and forth, we were fortunate to be offered a position at Northern Health, in the Emergency Department. Northern Health has been incredibly

supportive and accommodating through this process, and in our employment there. Although we originally applied to job-share, we ended up in standalone part-time positions. i.e. we work independently of each other in a 0.5 FTE capacity. This arrangement is much easier to facilitate as individuals, but is usually only available in shift-work departments such as the ED.

If you are interested in job-sharing, please get in touch with Anne or myself or see our job-share advertisement in this newsletter and send your details to be added to our confidential job-share database. We are extremely eager to expand this group and to increase part-time opportunities in junior medicine, so we hope to hear from you!



Alternative contact:

Dr Anne Stanaway – annemstanaway@gmail.com

Birthing Story

Dr Rosalind Terry, VMWS Senior Members' Representative/AMA Representative

Whilst living in Papua New Guinea, early one annual Show day, labour ward called me to say I had a patient in labour. I went to the hospital and assessed her as being in very early labour with her first baby. On returning home, my husband was just about to head off to run the Lions Club stall at the Show and asked whether he should stay home instead to be with Megan, who was kindergarten age, if needed. I said to go to the Show and be useful.

A few hours later I went back to labour ward, as a friend had called in and stayed with Megan. I noted there was still not a lot of progress.

Just before the Show was due to end they phoned again to say she was fully dilated. I packed up Megan and a couple of books, dropped her at the only desk in a very small office and told her to stay there until I came out.

On assessment, this patient obviously needed an instrumental delivery, as her labour was obstructed. I was just ready to do a ventouse extraction, when Megan marched in and announced "You didn't bring enough books so I am staying here until this baby comes out". My reply was, "Stay against that wall, don't say a word and I shall explain when we get home".

Delivery occurred a very short time later. Megan rushed across to me, hands on hips and said, "This baby is covered in blood, would someone wash it right away?" A nurse quickly responded and took Megan and the baby into another area. Delivery of the placenta and suturing the episiotomy occurred without her looking on. She and the nurse had brought the baby back to the head of the bed and given it to the mother.

As all of this occurred without air conditioning, as usual I needed a cold bath on reaching home. Megan said she would join me, sitting facing each other in the bath I asked if she had any questions and she replied, "No, but I want to say something". That was, "To think I thought babies came out of the tummy!" Pointing to her umbilicus, she continued, "Of course there is no room for them to come out there!". Then she said, "Yes, I do have a question, what was that thing you put on the baby's head?" I explained that sometimes mothers could not push enough for the baby to come out, so by the mother pushing and me pulling, we could bring the baby out.

En route to kindergarten on Monday Megan wanted to see the baby from Saturday's delivery when I did my hospital visiting. I told her there would be two babies as another woman had had a baby during the night. The first woman had been a Papua New Guinean and the second a very blond English woman. As we entered the ward, the English patient was in the first bed and Megan immediately asked her "Was yours a push baby, or a push and pull baby?" The patient looked rather confused and I quickly said to her that I would explain when I returned in the evening.

Dropping Megan off to kindergarten, I called the teacher aside and said "if you hear any strange conversation from Megan today I'll phone you later and explain".



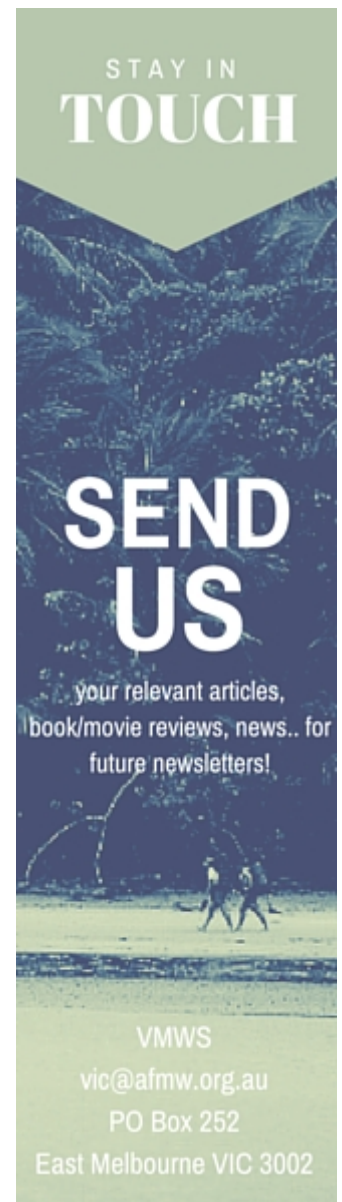
Recommended Reading

Recommended by Dr Rosalie Cooper

Article: A mindfulness-based intervention to increase resilience in to stress in university students (the Mindful Student Study): a pragmatic randomised controlled trial

Authors: Julieta Galante, Géraldine Dufour, Maris Vainre, Adam P Wagner, Jan Stochl, Alice Benton, Neal Lathia, Emma Howarth, Peter B Jones

Journal: The Lancet Public Health, 2018, Volume 3, No. 2, e72-e81



VMWS Archive Collection – A Call for Archive Materials

With the preservation of your valuable stories, so much can be learned and cherished now and in the future.

The VMWS is fortunate to have their archives located securely at the State Library of Victoria. These are available for public viewing upon request.

We would love to add more VMWS or medical women's memorabilia to further enrich this collection.

Do you have any material to contribute?

Examples of items of interest: Photos, letters, newspaper articles, books, newsletters, meeting minutes, posters.... It doesn't have to be original material – paper and digital copies are also welcome.

If you have any questions or something that you wish contribute please contact:

Dr Anne Stanaway
E: annemstanaway@gmail.com



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Invitation to Participate in MWIA Centennial Scarf Design Competition

The Medical Women's International Association (MWIA) Centennial Congress will take place from July 25-29, 2019, in New York City, USA. It promises to be an exciting time for MWIA members to commemorate this wonderful occasion of one hundred years of our existence.

The MWIA centennial scarf will be worn by our members as a symbol of our unity and as a means of identifying with the Association.

As part of the preparations for the centennial, we are inviting members of national associations or individual members to participate in a competition for the design of the scarf. Each member will be eligible to send in **ONE** design by **July 1, 2018**. The design is to be sent as a **high resolution jpeg in both colour and black and white** electronically to the chair of the Public Relations (PR) Subcommittee, Dr. Eleanor Nwadinobi, at elenwad@yahoo.co.uk. The 16 member PR subcommittee, as well as members of the MWIA Executive, will participate in voting for the winning design, and the results will be communicated by **August 31, 2018**.

To be eligible for participation in the scarf competition, individual members or the member's national association must be in good standing and up-to-date with their dues for at least one triennium, including the current 2017-2018 year.

The prize for the best design will be the honour of designing a beautiful scarf as an emblem of our centennial, as well as a free ticket to the gala dinner at our centennial celebrations in New York City in 2019.

The **specifications** of the scarf are 100% silk or micro fibre, 110cm x 110cm in size. It should have on it somewhere the MWIA logo (see below) and the years 1919-2019. It should be in the MWIA colour, which is a purplish blue, as indicated in the logo.

For further enquiries please contact the Chair of the PR Subcommittee, Dr. Eleanor Nwadinobi, at elenwad@yahoo.co.uk. We very much look forward to receiving your entries!





Victorian Medical Women's Society Inc.

Membership Invoice 1 July 2017 – 30 June 2018

ABN 67 120 250 797 - Inc A0061560B

(MEMBERSHIP PERIOD IS FROM 1 JULY TO 30TH JUNE)

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Please complete and send this form to 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 Membership Declaration and make payment **I am renewing my membership.** Only renewal payment is required.

2. MEMBERSHIP DECLARATION:

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

Signature: (digital or type name) _____

Date: _____

3. MEMBERSHIP DETAILS

Membership Type: _____

Duration: One year

Title, First Name & Surname: _____

Alternative Surname (if applicable): _____

Postal Address: _____

Phone/Mobile: _____ Date of Birth: _____

_____ Email for VMWS/AFMW: _____

_____ Date PG year/s: _____

Email for MWIA: as above; or alternate email: _____

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

Car-pooling: Potential driver:

Potential passenger:

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

4. Membership Payment Method and Amount (Please indicate ✓)

EFT to VMWS; BSB: 033 089; Act No: 297664. Include your professional name (as above).

Credit Card/PayPal: Logon to <http://www.afmw.org.au/joomla/vic> use the **DONATE** button, choose **Pay with a card** or use your account.

Cheque: VMWS Secretariat, PO Box 252, East Melbourne, VIC 8002 **Contact Email:** <mailto:vic@afmw.org.au>

Member Pro Subscription Website (currently unavailable, under development).

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