

MASTERING THE MULTIPLE MINI INTERVIEW

- WRITTEN BY TWO MONASH MEDICAL STUDENTS**
- 50 PRACTICE SCENARIOS AND MODEL RESPONSES**
- PREPARATION, SPEAKING AND TIMING TIPS**
- PHRASE BANKS**
- NOTES COVERING TOPICS AND THEMES**

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Admissions Note

Gaining entry into medical school is difficult. This publication does not guarantee you entry into a medical program, nor are the tips, scenarios and responses perfect by any means. The contents of this resource have been solely created by the authors and this publication is not affiliated with or endorsed by any medical schools. We encourage you to do your due-diligence in regards to any preparation that you may undertake for the medical interview process, including the use of this free study guide. The great thing about living in Australia is that you always have options to get where you want to be - for medical school entry there's the option to take a gap year and apply again or first complete an undergraduate degree and then apply for a postgraduate medical program. As cheesy as it sounds: when there is a will, there is a way! Good luck on your journey and we hope you enjoy this resource! :)

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Hey! My name is Emil and I'm one of the co-authors of this book! I have wanted to study medicine ever since I was a child as I was inspired by the contributions of my father, who is a doctor himself. I did not fully understand what it meant to be a doctor at a young age, but as I grew older I began to develop an intrinsic desire to study medicine - at 15, a close family member of mine fell ill and passed away. I observed the actions of doctors that lead treating teams and I was motivated by their ability to guide patients through their illness journey. At 16, I was privileged to be offered an opportunity to volunteer at a hospital in Sri Lanka, which gave me a fresh perspective into the role that doctors play overseas and in lower socioeconomic areas. These experiences inspired me to pursue medicine as I also wanted to provide the medical and emotional support my family had received and target health-disadvantaged regions. The combination of my natural inclinations and my formative experiences at hospitals have allowed me to realise that medicine was my vocation.

- Emil Edirisinghe (Medical School Youtuber, Medical Student)

Hey! My name is Sahil and I'm one of the co-authors of the book! I struggled a lot with learning as a child. When I was 7 years old I required speech pathology because my ability to communicate and learn was poor - I was unable to construct and deliver proper sentences and I constantly mumbled in my speech. I felt really helpless. It is for this reason why I wanted to study medicine at university - I know that every sick person walking into a hospital feels helpless. I'd love to be part of a community that can resolve these feelings of helplessness :)

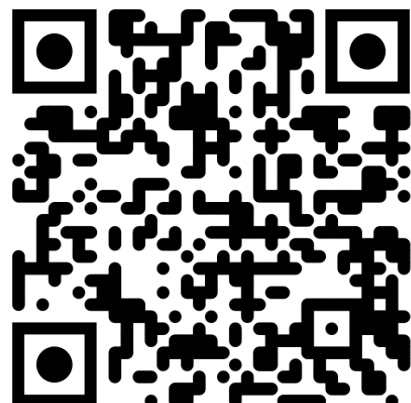
- Sahil Bhatia (Founder of VCEWeb, Medical Student)

Emil has a popular youtube channel with over 1500 subscribers. He posts weekly videos on content ranging from UCAT preparation to MMI tips and vlogs! If you are interested in learning more about Emil's videos, feel free to click on the hyperlink below or scan the QR code and you'll be directed to his youtube channel!

Click to go to
Emil's youtube
channel!

<https://www.youtube.com/c/EmilEddy>

OR



Scan to go to
Emil's youtube
channel!

Thank you so much for picking up a copy of this MMI guide - it means a lot to us! We have spent approximately two months writing this book and we're excited for you to read through it. We hope that you gain insights that you may not have been aware of before!

If we had to describe the process of achieving success in the MMI in one word, it would be *consistency*. The MMI can be pretty dreadful to prepare for at times! There will be times where you have to grind and times where you do absolutely nothing - this is completely okay and is a normal part of the learning process! For some of you, the MMI may seem like one of the easier components of the medical application process and for others, the hardest. Regardless of your position, ensure you stay consistent throughout your preparation!

We encourage you to approach this guide chronologically! Chapter 1 contains a plethora of tips to 'prone' you into the MMI mindset. Chapter 2 contains interview notes which you can read through to learn about important topics in the medical industry. Chapter 3 contains fifty practice scenarios which we encourage you to attempt with a friend or family member under timed-conditions. Chapter 4, undoubtedly the most significant part of this guide, contains suggested solutions created by both of us - there aren't a lot of free MMI guides or resources with sample responses, so you should carefully read through and annotate solutions after working through a specific scenario! Chapter 5 contains a phrase bank with sentences that you can incorporate into your own responses!

After working through a scenario, reflect on how you thought you went and jot down any criticisms in an error book! You will be less likely to make the same mistakes in a future scenario if you are aware of your common errors. You should also spend some time planning how you would approach a scenario again!

Just remember that undergraduate medicine is not the be all and end all - there are so many opportunities to pursue medicine and, as cheesy as it sounds: when there is a will, there is a way!

Now that you are aware of how to use this book, we hope that by the end you will be able to successfully *Master The Multiple Mini Interview*. Good luck :)

- Emil Edirisinghe and Sahil Bhatia

1

TIPS

PREPARATION TIPS

TIP	EXPLANATION OF TIP
TYPE OUT RESPONSES FOR THE FIRST FEW SCENARIOS	<p>If I was to ask you to explain what the Schrödinger equation is in simple terms, then you may struggle to do so (as would we cause what even is that...)! You have likely never prepared for something like the MMI before in your life and so, you may struggle to form sound responses right away! We recommend spending your first few scenarios planning out your responses with unlimited time so that you can slowly adapt to the MMI structure!</p>
CREATE A PHRASE BANK	<p>A phrase bank is simply just a collection of really nice phrases! Although not necessary, creating a phrase bank allows you to improve the way you phrase sentences - so that you can come across as more insightful to the examiner! It can also be used as a light revision activity to break away from speaking!</p> <p>We have taken the time to make a phrase bank for you, which you can find at the end of this book in Chapter 5! Please note that you shouldn't memorise phrases going into the MMI as you may come across as formulaic - instead, you should understand where these phrases can be used so that your delivery sounds more natural! We encourage you to make your own phrase bank that complements your speaking style.</p>
READ MEDICAL NEWS	<p>It is important to develop an understanding of the medical world as you could potentially be given a medically-related scenario! Additionally, being aware of any new advances in medical technology, policies or the industry (which is particularly important given the pandemic we are in!) could be great examples to bring up in the MMI. Furthermore, you can take note of any fancy medical jargon you come across and regurgitate that out when it is relevant to do so!</p>
READ GENERAL NEWS	<p>Similar to keeping up with medical news, your scenario may also be non-medically related and so, it is important to keep up with Australian and International events so that you can bring more knowledge to the MMI! Further, if a scenario happens to be on a topic based on current affairs in the world that you have come across, then you may be more confident when speaking as you would have heard of the topic beforehand!</p>
PRACTISE WITH FRIENDS	<p>While practising scenarios by yourself is certainly useful, take some time to practise with friends who might also be applying to a medical school. Your peers can offer you varied insights into scenarios that you might not have considered and they can also notice bad speaking patterns or behaviours that you default to. If you are someone who says "um", "ah" or repeats themselves, practising with a friend can help to identify these setbacks. In addition, analysing the way others answer questions can also help you to enter the mind of an interviewer. Practising with friends is something you shouldn't miss out on!</p>

TIP	EXPLANATION OF TIP
<p>CREATE AN ERROR BOOK</p>	<p>An error book is simply a document with all your mistakes in it! Throughout your practice you are bound to make a few mistakes – perhaps you incorrectly used a statistic, forgot to discuss both sides of an issue, didn't signpost correctly or you have no knowledge of a particular concept or issue being tested. An error book is useful in: a) understanding why you made the specific error and b) identifying all your common errors so that, in subsequent practice MMI's, you are less likely to make the same mistake! You can structure your error book in a dot point format, with each dot point covering a specific error!</p>
<p>CREATE A PREPARATION SCHEDULE</p>	<p>A preparation schedule allows you to effectively prepare for the interviews whilst ensuring you have a well-earned post-exams break! You can structure your preparation by days of the week – for example, on Monday, you may want to conduct a bit of research into rural health and then, on Tuesday, you might want to spend some time doing a few practice scenarios on rural health! It is completely up to you how you wish to tackle your preparation!</p>
<p>PREPARE FREQUENTLY, BUT DON'T GO OVERBOARD</p>	<p>By preparing frequently, we don't mean getting in grind mode for 5 hours straight everyday until your MMI! Instead, we mean distributing your preparation across the time period you have using light and heavy revision tactics – for example, one day you may spend time practising your speaking skills and the next day you will read up on medical news. It's important to prepare frequently just so you don't become complacent and lose motivation! However, please take breaks where necessary; watch a movie with your family or take your dog for a walk!</p>
<p>UNDERSTAND THE RELATIONSHIP BETWEEN DIFFERENT TOPICS OR CONCEPTS</p>	<p>During your preparation you may come to realise that many topics are not separate, but rather are interrelated. With this in mind, you may be able to simplify your preparation by working smarter rather than harder. But what will you come across that is interrelated? Well, the strategies used to deter dangerous driving are similar to the strategies used to discourage sugary food consumption – for example, you can use advertising mediums to warn people about the dangers of these activities. Knowledge of these interrelationships can improve your understanding of strategies and solutions you'll come across in your preparation!</p>
<p>AFTER YOU COMPLETE A SCENARIO, SPEND 10-20 MINUTES THINKING OF BETTER POINTS THAT COULD HAVE BEEN MADE</p>	<p>Completing practice scenarios is a great way to prepare for the MMI, but improvement comes from careful reviewing. Whenever you finish a scenario, make sure that you reflect on your answers (preferably from a recording) and ask yourself what went well and what could you have improved on. Whilst reflecting on your responses, brainstorm alternative points or arguments you could have addressed and different ways of presenting your points. For bonus preparation, imagine yourself giving a perfect answer to the scenario in your head. Try to carry those strong principles to your next practice!</p>

TIP	EXPLANATION OF TIP
SIGNPOST YOUR RESPONSE	You can think of signposting as the 'set up' for a joke before a comedian delivers their 'punchline'! Signposting is an effective strategy because: a) it can be used to keep the examiner engaged , b) it can allow you to plan out your points before you deliver them, and c) because it indicates to your examiner that you are a thoughtful person (that you like to plan what you would like to say before actually diving into your points).
PUT EMPHASIS ON SPECIFIC WORDS IN YOUR RESPONSE THAT YOU THINK MIGHT BE IMPORTANT	There may be key points in your response that you'd like to communicate to your examiner. You can do this by pausing after saying a keyword, slowing down and accentuating that keyword or employing hand-gestures when you use a particular word. Doing this may improve the quality of your response!
USE ENGAGING ANALOGIES, STORIES OR EXAMPLES IN YOUR RESPONSES	<p>Who doesn't like a cool story or analogy? This doesn't mean you bring up the story of how falling off your bike inspired you to do medicine in every question, but having a bank of analogies that can fit in a response would be useful for when you are stuck on a question!</p> <p>For example, an analogy which one of my friends used for teamwork practice scenarios is in relation to tripods for cameras. Tripods can support a single camera due to the presence of three legs - each leg represents workers in a team, with each worker collaborating to achieve a particular objective (which, for the tripod, is stabilising and supporting the camera)! Small analogies like these, although not essential, can potentially engage your examiners if used correctly and when relevant!</p>
USE HAND GESTURES	Hand gestures can be an effective non-verbal means of communicating your thoughts to the examiner. For example, if you are listing the advantages of a particular strategy, you may use your fingers to list these benefits!
MAINTAIN EYE CONTACT	Although you should aim not to have a staring contest with your examiner, it is important to maintain eye contact so that you can come across as a confident candidate ! Looking away from the examiner and speaking may impact the quality of your response because the delivery won't come across as strong!

TIP	EXPLANATION OF TIP
<p>TAKE A FEW SECONDS TO PLAN OUT YOUR RESPONSE</p>	<p>When answering a question, it can be tempting to jump straight into the answer. However, we highly recommend that you take around 5-10 seconds to plan out your answer before speaking. Taking this time allows you to decide what points you want to make and also allows you to compose yourself while speaking. This time is crucial to signal to the examiner that you are calm and composed and can handle the pressure of the MMI. It may seem like an eternity, but the examiner will barely notice!</p>
<p>USE CONNECTING SENTENCES BETWEEN KEY IDEAS</p>	<p>One of the challenges of the MMI is that it requires you to discuss complex issues in a short span of time. While it may be easy for you to follow your thoughts, you must also make it clear to your examiner that you are moving onto a new idea. Use phrases such as “this leads me on to my second point” or “on the other hand” to signal to your examiner that you are beginning to speak about a different point.</p>
<p>PRACTISE TONGUE TWISTERS IN YOUR SPARE TIME</p>	<p>If you are someone who speaks quickly or can't quite naturally converse a particular sentence, practising tongue twisters in your spare time can be incredibly effective practice for the MMI. Tongue twisters will help you articulate your words properly. Make sure you focus on enunciating each of the syllables and that you limit tripping on words. Tongue twisters can help you avoid that awkward moment where you butcher the pronunciation of a sentence and become flustered!</p>
<p>RECORD YOURSELF SPEAKING ON YOUR PHONE</p>	<p>It's important to develop a strong sense of confidence going into the interview! If you are going to record yourself, we recommend that you first critique how you went on each question and then listen to the recording - this allows you to determine if there are any discrepancies between what you think you are saying and what you are actually saying!</p>
<p>CATEGORISE YOUR RESPONSE BY THEMES, QUESTIONS OR STEPS</p>	<p>Examiners in the MMI may encounter students who present their points in an unorganised jumble. Since questions may cover multiple themes, ensure that you structure your response carefully in categories. For example, if you are answering a question with two sides, organise your response so that you talk about one side first and then the other side next. Alternatively, you could structure your response by themes: economic, social and health. What you don't want to do is present lots of different arguments in an incohesive list!</p>
<p>PRACTICE IN FRONT OF A MIRROR</p>	<p>When answering questions, many people can fall into the trap of being overly formal. Scenarios are not to be answered as if they are short answer questions - doing so can make you appear robotic and rehearsed to your interviewer. Instead, treat the interview as if you were having a candid conversation with a role model and attempt to be as genuine with your answers as possible!</p>

TIP	EXPLANATION OF TIP
<p>CREATE A GAME PLAN GOING INTO YOUR INTERVIEW</p>	<p>This is a crucial activity to do before your interview. You wouldn't go into battle without a plan of attack and the same applies for the interview! You could perhaps plan how to approach general and predicted questions along with what strategies you can have in place in case you are unsure how to answer a question! This will give you greater confidence when delivering your responses as you have taken a proactive approach to preparation rather than a reactive approach!</p>
<p>GIVE YOURSELF 15-20 SECONDS LESS TIME FOR READING THE SCENARIO WHEN PRACTISING.</p>	<p>The reason why this is a great strategy is because reading the scenarios with less time will force you to analyse the passage for specific phrases more efficiently. It will also encourage you to predict and quickly plan out simple responses for high-yield questions!</p>
<p>WEAR A DIGITAL WATCH</p>	<p>Wearing a digital watch during the MMI can empower you to take control of your time. Use your digital watch to ensure that you are ready for the questions when your 1-2 minutes of reading time ends and that you are able to answer all 5 questions in a scenario, spending approximately 1-2 minutes per question!</p>

2

**INTERVIEW
NOTES**

So you've worked hard all year, you've gotten a good UCAT, a good ATAR and now you've got your interview offer. Firstly, congratulations! You've reached the interview stage - **what next?**

It's important when beginning your preparation to start to understand the **structure** of the MMI. The MMI will likely be different from any interview you have sat before, and there are many misconceptions about the types of questions that appear.

The structure of the interview varies between universities, but for the sake of this guide we will be referring to the structure of the interview at **Monash University**. It is likely that other universities will have similar overall structures, but slightly differ. Ensure that you learn about the details and requirements of MMI that is specific to the university you are applying for!

Tip!

The number of stations, questions, reading time and answering time will differ between universities. Make sure you pay attention to the instructions given at the start of the interview process to learn any important details for the interview.

The Monash MMI contains **6 or 8 stations**, depending on whether the interviews are in-person or online, with **5 questions** attached to each station. Scenarios that you will encounter can vary greatly; however, most revolve around a **specific ethical dilemma**. Let's consider the one below:

"You are leading the treating team for Mrs D, who is a woman in her late 80s. Mrs D and her family are devout Buddhists and her family are heavily involved in her care. As Mrs D's condition worsens, she and her family prepare for her death. They request that if she passes away, her body remain untouched by anyone outside of her direct family. However, the treating team knows that doing so will delay the cleaning and preparation of Mrs D's bed for another patient."

For the Monash MMI, each station will have one scenario and interviewees will generally be given **10 minutes** for each station. The first **2 minutes** of any station will be allocated to **reading time**, where you must read and analyse the extract provided. Please note that you are usually **NOT** allowed to take notes or consult material during any part of the interview.

During reading time, you should not only attempt to thoroughly understand the material presented, but also **predict likely questions** relating to the scenario!

In the above example, we could **predict** the following questions in reading time:

- ① What should the treating team do?
- ② What could be the benefits of accepting the family's request?
- ③ What could be the negatives of accepting the family's request?
- ④ What compromise could be made in this scenario?

Although the examiner might ask none of the above questions, the exercise of **predicting questions** in reading time is still useful as it prepares you for the **style and theme** of questions that may appear. It is critical that you utilise your reading time effectively because it will allow you to appear more **insightful, composed and cohesive!**

Once reading time elapses, the interviewer will ask you the first question. Since you generally have **8 minutes** to answer all of the questions for the Monash MMI, you should attempt to answer each interview question in approximately **1-2 minutes**. The interviewer will NOT stop you if you spend too much time on one question, so make sure that you are **aware of time** so that you are able to answer **all** of the questions available! While 1-2 minutes is a general guide, please note that certain questions will require longer explanations than others. Don't unnecessarily lengthen or shorten answers to try to stay within the time limit - use your **discretion** to decide which questions might need more explanation!

At the end of the answering period, your interviewer will **cut you off** and you will be moved to a different breakout room. Once you finish one scenario you will move onto the next, with a new interviewer, a new scenario and questions. It is important that you leave the events of previous scenarios behind - bring your **full attention** and effort to every scenario that you encounter!

Now that you are aware of the general structure of the MMI, you might be wondering where you can find practice scenarios. In chapter 3 of this book, we have created **50 unique scenarios** for you to practise with! Take into account the tips from this page along with the rest of this chapter before diving into the scenarios so that you can use them as effectively as possible.

ONLINE VS FACE-TO-FACE INTERVIEWS

As COVID-19 restrictions ease, it is possible that some universities will consider returning to face-to-face interviews. Although the structure is the same, there are a few key differences to note:

ONLINE INTERVIEWS
Usually 6 scenarios
Breakout rooms are used to move students between interviews
Body language is less noticeable
There is no physical greeting of interviewers

FACE-TO-FACE INTERVIEWS
Usually 8 scenarios
Must physically move between interview rooms
Body language is more apparent
Physical greeting of interviewers may be required

Let's say that, hypothetically, there is a train travelling at **300 km/h** and there are **5 people** that have been kidnapped and placed along the train track. You can save these 5 people by **clicking a button** that will divert the train into a different direction. However, in doing so, you will **kill 1 person** lying down on that other track. The question is: **do you click the button or not?**

You are very unlikely to have a scenario like this for your interview - it's a very popular ethical dilemma that has been posed for years! We'd love to meet the person who first thought of this scenario to hear what they would have done in this situation (and why they felt the need to think of such a scenario...) but just remember that there is **no right answer!** Everyone will have different responses about what they would do and varying justification to support their assertions.

What you need to be aware of though is that this also applies to your MMI as well! There is no right answer for the questions, but you must make sure that you **stick to a particular side** in your response and provide **sound reasoning** to justify yourself.

Although we won't provide an answer to what we would do in the above scenario (ideally we wake up and hope we're dreaming...) below are a few points that can be considered when justifying a stance:

- ① The concept of **utilitarianism** refers to selecting an option that produces the **greatest amount of benefit** for the **most number of people**. This means that clicking the button would be an appropriate choice because 5 people will be saved in the process and, from a mathematical perspective, there would be greater benefits from saving 5 people rather than 1 person.
- ② The concept of **beneficence** refers to promoting welfare and **'doing good'** overall. Not clicking the button would be **breaching beneficence** as 5 people could be saved by doing so. However, the concept of **non-maleficence** refers to **avoiding preventable harm** - clicking the button would be breaching **non-maleficence** because harm from killing the 1 person could be avoided.
- ③ The concept of **consequentialism** refers to the ends (the outcome) **justifying** the means (methods) that were used to attain that outcome. This means that saving 5 people (which is the 'ends') **justifies** clicking the button (which is the 'means') and killing the 1 person.

We touched briefly on a few general and medical ethical principles before, but this section will dive deeper into medical ethics and apply it to some scenarios! There are four key pillars or ethical principles in the medical world; these are: **autonomy**, **beneficence**, **non-maleficence** and **distributive justice**.

Autonomy refers to the right of an individual to make **self-governing decisions** that are free from coercion. When making an autonomous decision, one has to be well-informed of the **benefits**, **consequences** (risks) and **alternative options** that come with making a particular choice. The individual should also have **adequate decisional-capacity**, which means they understand information that has been delivered to them and they are able to communicate a choice.

Beneficence refers to **'doing good'** by promoting what will enhance one's welfare. This involves **acting** in the **best interests** of an individual whilst considering their **values and preferences**.

Non-maleficence refers to **'avoiding harm'** through inflicting the least amount of preventable harm possible. In order to abide by non-maleficence, justification through a **cost-benefit analysis** is required to determine if a particular course of action will produce a positive outcome for the individual or leave them worse off overall (often by **extending their suffering**).

Distributive justice refers to the **fair and equitable distribution** of medical resources to individuals based on their **clinical needs** rather than non-clinical factors such as gender, ethnicity, political orientation or wealth status. It is important to **promote equality** in society, particularly in healthcare settings - the absence of distributive justice may further promote inequality in health outcomes.

Let's see how we might apply the above four principles to the three scenarios on the next page!

	SCENARIO 1	SCENARIO 2	SCENARIO 3
STEM	<i>A 21 year old female wishes to receive a hysterectomy as she doesn't like current available contraceptives and is positive she doesn't want children. The gynaecologist is weary of doing this because she may want kids in the future.</i>	<i>A patient who has tested positive for COVID-19 wants to breach restrictions by going to the shops to pick up groceries.</i>	<i>A terminally ill patient that is suffering currently has a pacemaker installed that is keeping them alive. They are requesting their cardiologist to deactivate the pacemaker so they can die.</i>
AUTONOMY	The 21 year old is entitled to her own autonomous decisions regarding her reproductive health . It is important that she is aware of the benefits, consequences and alternatives of a hysterectomy.	Individuals should have the right to do what they want to do as long as they are not harming anyone . In this scenario, being COVID-positive and breaching restrictions does pose harm in the form of potentially spreading the disease within communities.	The ill patient has the right to refuse and withdraw from medical treatments and interventions, including a pacemaker. It is important to assess whether this patient has decisional capacity and understands his prognosis.
BENEFACTANCE	It may be more favourable for the 21 year old to undergo a hysterectomy because of the consequences of an unplanned pregnancy would be null if she was infertile. The patient's personal interests may conflict with raising a child.	It may be beneficial for this patient to pick up their groceries, as they would likely need food or supplies to live or to feed their family .	Since the patient is suffering, deactivating his pacemaker will eliminate his short-term pain . Although this will result in his death, which may breach beneficence , it will eliminate the potential of extending his physical and emotional pain.
NON-MALIFECENCE	It is important to prevent avoidable harm and, should the 21 year old want a child in the future, she may feel upset from losing the opportunity to do so. However, there are opportunities to adopt .	The patient going to the shops would breach non-maleficence because they may infect people with COVID-19. This will lead to the store closing down, people developing symptoms and the disease continuing to spread within the community.	The patient will inevitably die if their pacemaker is deactivated. Although harm in the form of death is preventable by not deactivating his pacemaker, a cost-benefit analysis would suggest that the prolonged suffering does not outweigh death when one is already terminally ill.
DISTRIBUTIVE JUSTICE	It is important that the 21 year olds' personal decision to not have a child be discriminated against by the gynaecologist. The gynaecologist should treat Fiona based on her current clinical needs rather than the possibility of wanting a child in the future.	It would not be fair or ethical for this patient to be allowed to breach restrictions when other patients are not offered the opportunity to pick up groceries.	It is important that the ill patient not be discriminated against based on the cardiologists' own view that all patients want to extend their lifespan . Instead, the patient should be treated based on their clinical needs and values .

One of the most dreaded questions that you may encounter in your preparation is:

“Why do you want to study medicine?”

When developing your answer, it’s easy to fall into the common trap of being generic and vague, stating **“I want to help people!”**. While this may certainly be true, your interviewer will learn nothing about you or the pathway you have taken to attempt to enter medical school!

In this section we’ll try to offer you some guidance on how you can formulate your answer to this question, focusing on the **components of a strong answer**.

INTRINSIC VS EXTRINSIC MOTIVATION

When considering your answer to “why medicine”, it is important to understand the distinction between intrinsic and extrinsic motivations. Extrinsic motivations are **“outside motivations”**, such as money, social status or power. Intrinsic motivations are **“inside motivations”**, such as the desire for connection, leadership, teamwork or learning.

For example: I want to be seen as smart (extrinsic) VS I want to learn and improve myself (intrinsic).

Strong answers to a “why medicine” question will focus primarily on **intrinsic motivations** - the internal qualities that make you suited to the career.

MAKING IT PERSONAL

While intrinsic motivations are important to include in your answer, using them alone will fail to captivate your examiner! Try to think of personal examples that you can include in your answer that demonstrate the intrinsic qualities that you have. **Make sure to show and not tell!**

If you are struggling with finding examples, try answering these questions as honestly as you can:

- ① Have you ever **worked** before? What did you **enjoy** about it? What **didn’t you enjoy** about it?
- ② What **events** have occurred in your life that have **changed your view** of the **world**?
- ③ What other **career paths** have you **considered**? What **interested** you about those careers?
- ④ Have you had any **experiences** with **health professionals**? What was done **well**? What **wasn’t done well**?

These questions can be used to **brainstorm** possible examples from your life to answer the “why medicine” question! A **strong answer** to a “why medicine” question will use **personal examples** to demonstrate the intrinsic qualities that make **YOU** a good match for the career. If you want to see what our responses would look like, check out the authors section of this book which includes **our reasons** for applying for medicine!

Vaccines are **biological tools** that are used to **generate immunity** in patients towards specific pathogens. For those of you who did Year 12 Biology, you should already know how these work! For those of you who haven't, vaccines work by stimulating your **immune cells** to produce **antibodies** - these antibodies can bind to pathogens and break them down. You will also develop **memory immune cells** that remembers what the pathogen looks like. You can now see why vaccines are useful - by being vaccinated for a specific pathogen (and consequently developing immunological memory) you are **less likely** to be **infected** by it in the future!

Vaccines and COVID-19 are **important topics** that you should be familiar with.

This section will explore some **key topics** on vaccinations and COVID-19, including:

- ① The **advantages and disadvantages** of vaccines;
- ② The concept of **vaccine hesitancy**;
- ③ **Stakeholders** that play a role in **resolving vaccine hesitancy**;
- ④ How **equitable access** to vaccines can be developed on an **international level**;
- ⑤ Current **public health measures** that have been implemented to **control the COVID-19 pandemic**.

Information from the above topics will be tabulated below to make it easier to grasp the concepts!

TABLE 1: ADVANTAGES OF VACCINES

ADVANTAGE 1	Vaccines can reduce the chance of being infected by specific pathogens in the future. This is important in containing the spread of infectious and dangerous pathogens.
ADVANTAGE 2	Being vaccinated against a disease is more cost-effective compared to treating a disease. Any form of primary prevention , like vaccines, will reduce healthcare costs and save governments billions of dollars annually.
ADVANTAGE 3	If a large proportion of the population is vaccinated, then herd immunity can be achieved - this means that patients who are unable to receive the vaccine (due to health complications) can still be protected from contracting the disease.

TABLE 2: DISADVANTAGES OF VACCINES

DISADVANTAGE 1	Vaccines may be expensive for some families if it is not subsidised by the government. This may potentially result in less people being vaccinated against a disease - here, cost acts as a barrier to health .
DISADVANTAGE 2	Vaccines can result in short-term side effects such as pain and discomfort . Although these symptoms will resolve shortly, it is important to take these symptoms into account if an individual places significance on these.
DISADVANTAGE 3	Vaccines have the potential to cause rare and serious side effects. Again, whilst these are rare, it is important that an adequate family, medical and allergy history be taken to reduce the chance of a rare side effect occurring.

If an individual is **'vaccine-hesitant'**, it means that they are **reluctant** to receive any of the vaccines that are currently safe, available and recommended. Please note that being vaccine-hesitant does not always mean one is anti-vaccinations - it just means that they are **cautious** about the risks of being vaccinated!

TABLE 3: REASONS FOR VACCINE HESITANCY

REASON 1	Possibility of acquiring a rare side-effect . For example, the possibility of developing myocarditis or a blood clot.
REASON 2	Misinformation being spread on social media, ranging from false statistics to incorrect claims .
REASON 3	Conspiracy theories circulating about vaccinations, including that they 'contain microchips' and can 'cause autism'.
REASON 4	A hesitant person may know someone , such as a close family member or friend who has experienced a side-effect of the vaccine and is fearful that they too may acquire one.

TABLE 4: STAKEHOLDERS THAT PLAY A ROLE IN TACKLING THE ISSUE OF VACCINE HESITANCY

STAKEHOLDER 1	Healthcare professionals play a role in promoting the uptake of vaccines in the community. The Victorian Department of Health have created the COVID-19 Vaccination Champions Program , which aims to increase the rate of vaccine uptake. A doctor will undergo a training program with the Murdoch Children's Research Institute to learn how to address vaccine hesitancy and generate confidence in the COVID-19 vaccine. Being a trusted source of information, doctors can play a role in quelling the spread of misinformation and aid a patient's decision making.
STAKEHOLDER 2	The government also plays a role in solving the issue of vaccine hesitancy by implementing specific strategies , including: releasing timely information to the public about vaccine benefits and risks in order to enhance transparency, funding initiatives like the COVID-19 Vaccination Champions Program and applying corrective action to strategies which haven't worked.

TABLE 5: NATIONAL AND INTERNATIONAL BARRIERS THAT IMPACT EQUITABLE ACCESS TO VACCINES

BARRIER 1	The issue of ' vaccine nationalism ', whereby countries (such as the United States of America) directly sign agreements with pharmaceutical drug manufacturing companies to secure vaccines for their own nations. The problem with this is that national interests are prioritised over global health and doing so serves no benefit to eradicating COVID-19 - in fact, the health outcomes of wealthier nations who can make advanced market purchases is likely to improve whilst poorer nations will become increasingly more health deficient .
BARRIER 2	Corruption may affect the ability to ensure equitable access to COVID-19 vaccinations within nations - this is because prioritisation may be given to groups with a higher wealth or social status instead of first priority groups such as health care workers or the elderly. Individuals with a greater wealth status in regions of corruption also tend to have access to better sanitation facilities making them less vulnerable to the impacts of COVID-19.

TABLE 6: INTERNATIONAL STRATEGIES THAT CAN RESOLVE THE BARRIERS IN TABLE 5

STRATEGY 1	One strategy is the formation of the COVID-19 Vaccines Global Access (COVAX) facility . This is the first global mechanism in place which requires countries to support research and development into multiple vaccine candidates and dissolves the issue of vaccine nationalism by eliminating international competition for vaccine doses. Instead of having bilateral agreements in place to guarantee doses for nations who made advanced market purchases, buying power is combined when countries invest together to ensure mass global production and allocation of vaccines.
STRATEGY 2	Donating excess vaccines is another strategy which may resolve the issue of limited vaccine supplies. Countries (such as Canada) have agreed to donate excess supplies of COVID-19 vaccines to poorer nations with limited supplies once they reach their national vaccination targets. This is beneficial for poor countries with large national population densities and can resolve the disparity in COVID-19 vaccination coverage between wealthier and poorer nations.

TABLE 7: PUBLIC HEALTH MEASURES TO CONTROL THE COVID-19 PANDEMIC

MEASURE 1	' Lock-down ' is used to isolate people in their homes unless they are required to leave their home for specific purposes (such as for grocery shopping). This acts as a form of crowd control to restrict the mobility of Australians and reduce human-to-human contact , which can limit the spread of COVID-19 within and between communities.
MEASURE 2	Compulsory mask wearing is another public health measure that prevents the transmission of COVID-infected respiratory particles between infected and healthy individuals. This is because face masks act as a protective physical barrier that traps respiratory particles from infected individuals and prevents those that are non-infected from inhaling them.
MEASURE 3	Contact tracing involves identifying and tracking all the people that a patient who has tested positive for COVID-19 has been in contact with within the last two weeks. This assists in dissolving the chain of COVID-infection by identifying people that could be COVID-19 positive and isolating them to prevent further transmission of the disease within communities.

Did you know that Indigenous Australians have a life expectancy that is, on average, **approximately 8 years less** than non-Indigenous Australians?

In this section we will be covering some key concepts on **Rural and Indigenous health**, including:

- ① What the **social determinants of health** are and why a **disparity** in health outcomes exists;
- ② Why there is a **shortage of doctors** in rural areas;
- ③ **Solutions to resolve the shortage of doctors** in rural areas;

The **social determinants of health** refer to the conditions in which people grow and live. **Examples** of social determinants of health include: financial status, level of education and family support networks.

The table below contains descriptions of the current problems experienced by individuals living in rural areas. Please note that these social determinants of health **exacerbate the disparity in health outcomes** between Indigenous and non-Indigenous Australians.

SOCIAL DETERMINANT OF HEALTH 1	Let's say that a person living in a rural area has an inadequate formal education and, consequently, is not aware of how the healthcare system works nor what to do if they have a particular symptom. This person may have a mild cough and may not know that they have to go to a doctor to have that looked at! This will contribute to poor health outcomes for this person because their health is likely to worsen over time if they are not treated (the cost of treatment is likely to increase as well)!
SOCIAL DETERMINANT OF HEALTH 2	If a person from a low socioeconomic background is ill and is unable to pay for appropriate medical services, then these individuals will require medical care via the public health system. This may result in longer delays to see that doctor which, in turn, means their health will deteriorate over time. If their medical condition worsens, then the costs of treatment will grow over time as well. This means that there is a generational cycle of poor health outcomes .
SOCIAL DETERMINANT OF HEALTH 3	Lack of access to private and public transport services makes it difficult for individuals living in rural areas to travel out far to seek the necessary medical treatment required. Although one could argue that a doctor can simply travel out to that patient to treat them, if that doctor is the only medical professional available then there will be other patients at the clinic that they are leaving behind.

Note that there are many more problems experienced by rural and Indigenous Australians - the above are the main ones. Other issues include a **general mistrust towards the medical profession** and a **lack of cultural sensitivity** amongst healthcare workers.

The **shortage of doctors** in rural areas can be boiled down to a **hesitancy** in moving to these regions. Reasons for this hesitancy is summarised in the table below:

REASON 1	There is a lack of research and training facilities in rural regions. Remember that doctors aren't just involved in clinical medicine (which involves direct interactions with patients) but can also be involved in research-based medicine too. Rural regions may not have the necessary infrastructure that is required for these doctors to conduct effective research and so, they may be hesitant to move and work in rural hospitals.
REASON 2	Shifting to a rural location would mean moving away from family and friends , which would be a significant change that many would be uncomfortable pursuing! A doctor may not be able to function at their optimal capacity if they're not surrounded by a support network . Families may also be less likely to move due to the costs and expenses associated with moving!

On the next page we have created a **summary table** outlining the **reasons** for doctor shortages and health disparities in rural areas, and **solutions** to both these problems!

REASONS FOR DISPARITY PROBLEM	SOLUTIONS TO DISPARITY PROBLEM	REASONS FOR DOCTOR SHORTAGES	SOLUTIONS TO DOCTOR SHORTAGES
Low socioeconomic status	Build more PTV services	Lack of training facilities	Build more training facilities
Inadequate formal education	Provide medical education through involving Indigenous leaders	Shifting from a metro to rural location is energy and cost-intensive	Build more research facilities
Lack of access to PTV services	Increase the number of bonded medical places	Lack of research facilities	Provide financial subsidies to doctors
Low rates of screening programs in rural areas for preventable diseases	Increase the quota for medical students from Aboriginal and Torres Strait Islander communities and rural regions	Lack of awareness about differences in regional and metro health outcomes	Increase quota for medical students from rural regions
People in rural communities are more likely to smoke than those from non-rural areas, contributing to the development of chronic diseases	Educate health professionals on cultural sensitivity	May have never practised rurally and is scared to try	Increase the number of bonded medical places
Mistrust towards traditional medicine, including treatments and procedures	Marketing campaign that teaches rural Australians about how the healthcare system works and what to do if they have a symptom	Doctors may not want to practise in facilities with less health equipment	Create more opportunities for career advancement and the development of a rurally-based career pathway

Stakeholders refer to individuals or groups of people that have a **vested interest** in a particular issue. You might remember stakeholders from Argument Analysis in VCE English! It is important to learn **how to identify stakeholders** because it will allow you to understand the broader effect that certain policies, actions and ideas have on different groups of people.

A strategy that you can use to identify the correct target audience is the **“local-national-international”** technique. This involves identifying key stakeholders at a **local level** (such as the individuals you may know at a local level), **national level** (such as leagues and companies) and **international levels** (such as global industries or organisations).

The boxes below contain example stakeholders for each level which you can incorporate in your responses:

Local Level:

Doctors, General Practitioners, Surgeons, Allied health workers, Nurses, Hospital Ethics Committees, Hospital Chaplains, Healthcare workers, Hospital Orderlies, Religious Leaders, Healthcare enthusiasts, Health advocates, Vaccination champions, Medical advisors.

Shoppers, Coffee lovers, Technologists, Australian homeowners, Politically active Australians, Teenagers, Young adults, Infants, Elderly, Climate change deniers/activists, Local business owners, Teachers, Professors, Sports players, Technology consumers, White collar workers, Tradies, High school students.

National Level:

Hospital Boards, Medical organisations, Executive Boards, Non-for-profit charities, Doctors Without Borders, Vaccination Campaign teams, Chief Medical Officers, Economists, Medical policy makers, Trade unions, Sporting leagues, Volunteering agencies, Governments, Politicians.

International Level:

Pharmaceutical industry, Beauty industry, United Nations, Technology industry, Healthtech industry,

Entertainment industry, Live-export industry, Prime ministers, Presidents, Monarchy, International industrialists.

Please note that there are many more stakeholders and it is not just limited to the above - we encourage you to **make your own stakeholder list** and categorise the stakeholders by a particular **theme** (be it local-national-international or perhaps social-economic-political-historical-technological)!

Years 1 and 2 refer to the '**pre-clinical**' medical years where students will learn biological principles in relation to various systems of the human body! This is in preparation for years 3, 4 and 5 which refers to the '**clinical**' years of medicine in which you are placed at hospitals

Below is a **summary** of what we believe to be the **highlights** of Years 1 and 2 - this is not a complete picture of the course. Please note that this information relates to the **Monash undergraduate medicine course** and you should complete your own research for different medical schools and pathways as they may have different curriculums and course structures. Neither of us have started our clinical years yet, so the information on these years will be brief.

Year 1 and 2

- In **year 1**, you will be exposed to concepts and core biological principles related to:
 - Cells, immunity and genes;
 - **Musculoskeletal system**, including arteries, nerves, bones and muscles of the upper and lower limb;
 - **Cardiovascular system**, including the anatomy and physiology of the heart and the interpretation of ECGs;
 - Population Health, Health Promotion, Medical Ethics and Medical Law.
- In **year 2**, you will be exposed to concepts and core biological principles related to:
 - **Respiratory system**, including the anatomy and physiology of the lungs and respiratory infections;
 - **Gastrointestinal system**, including the various organs of the digestive system;
 - **Endocrine system**, including various hormones, their functions and their effects on the human body;
 - **Renal system**, including the functions of the kidneys, associated arterial supply and filtration of bodily fluids at a cellular level;
 - **Reproductive system**, including the menstrual cycle, gynaecological medical conditions and the use of contraceptives;
 - **Haematological system**, including the production of red blood cells and leukemias;
 - **Head and neck anatomy**, including the arterial supply, embryology and musculature of the head and neck;
 - **Neurological system**, including the different lobes of the brain and their functions and pharmacology for neurological conditions like seizures.

- Note that throughout years 1 and 2:
 - you have **weekly clinical skills** classes in which you will learn **how to take a history** from a patient and perform different physical examinations for various body systems. This is important in teaching you **how** to become a doctor rather than teaching you what a doctor does;
 - you have **weekly Friday ICL** (Integrated Case Learning) classes in which you will, as a class, work together to answer questions related to a fictional patient case study. This is important in **developing teamwork skills** and **critical thinking skills** in relation to problem solving.

Year 3 - 5:

- you will be **placed** in a **hospital** for the entire year, **rotating in wards**, interacting with specialist doctors and learning more about the **hospital system**.

3

SCENARIOS

***Disclaimer:** these are practice scenarios that have been created by the authors. Both of us had to sign non-disclosure agreements before our interviews and so this chapter does not contain the exact scenarios we were given in our interviews! These scenarios are by no means perfect and you are not guaranteed to have the same or similar scenarios in your MMI - however, preparing with these practice scenarios may give you insights into how you can approach the actual MMI!*

SCENARIO 1

Click to go to
solutions

Solutions on page 55

You are competing in a national debating competition for a cash prize. You are given two hours to prepare for the topic beforehand in a team of five students comprised of two researchers and three speakers. You are the team leader for this debate and you are required to facilitate effective discussions. Twenty minutes before the debate commences, two of the speakers, Sam and Keith, argue over who will use a particular argument in their speech. There seems to be no progress being made in resolving this dispute.

Q1: Are you normally a team leader or a team participant?

Q2: What are some of the advantages of working in a team-based environment?

Q3: How would you go about resolving the dispute between Sam and Keith?

Q4: Have you personally been in a situation of conflict before. If so, how did you go about resolving the conflict?

Q5: What is more important: the cash prize or what is learnt from debating?

SCENARIO 2

Solutions on page 59

You are an operations manager of a volunteering organisation that is looking at tackling health issues in society. As the operations manager, you are required to allocate \$80,000 to a specific organisation. The organisations you can choose from are as follows:

- ElderlyDoctorsRUs — a group of medical students that aim to assist family doctors in providing health care services to the elderly.
- Med4War — a group of surgeons who provide discounted plastic surgery services to soldiers returning from war-affected areas.
- RuralHealth21 — a group of doctors that provide free healthcare to Australians living in rural areas.

Q1: Which organisation will you pick to allocate the funds and why?

Q2: Do you believe the funds should be split between the three organisations?

Q3: A public figure recently proposed that Australians should donate 2% of their salaries to support and fund volunteering organisations. Do you think such a proposal is effective?

Q4: Have you done volunteering work in the past?

Q5: Do you believe that volunteering should be compulsory for high school students?

SCENARIO 3

Solutions on page 62

You are a final year medical student on placement in a rural hospital. A patient has come to the hospital in a critical condition and the only doctor present in the hospital to treat the patient, Dr. Kumar, is heavily intoxicated. This is the first time that Dr. Kumar has ever come to the hospital under the influence of alcohol and he is considered one of the best medical practitioners in the town. The treating team, consisting of three other nurses, ask for you to treat the patient.

Q1: Do you treat the patient or not?

Q2: Is it ethical for Dr. Kumar to treat this patient if he is intoxicated?

Q3: Do you report Dr. Kumar for being intoxicated at work after the patient recovers?

Q4: Why might there a shortage of doctors in rural hospitals?

Q5: How might the shortage of doctors in rural areas be resolved?

SCENARIO 4

Solutions on page 65

You are a current fifth year medical student and you have decided to take a year off your degree to pursue research. Your younger sister, Barbara, is looking to pursue undergraduate medicine in the future. She just finished her UCAT examination a few weeks ago and is excited to start applying for different medical schools across the country. She is looking for advice from you regarding her various options as she is not well-informed about how medicine at Monash University is structured.

Q1: Why did you choose to apply for medicine at Monash university specifically?

Q2: What are some of the good and bad things about the Monash medical course?

Q3: Your sister is considering the graduate entry pathway. Should she choose the graduate or undergraduate entry pathway and why?

Q4: Describe the everyday life of a doctor.

Q5: Why do you want to study medicine?

SCENARIO 5

Solutions on page 68

It has been three months since you and your best friend, Angelyn, have accepted a spot in Medicine at Monash University. You both worked really hard during school to gain entrance into the course and you are keen to continue a life-long friendship with her. However, Angelyn was caught engaging in plagiarism for her first medical ethics assignment. She will be having a meeting with the Academic Board of the Medical Department and they will decide the appropriate consequences for her actions.

Q1: Why might have Angelyn plagiarised her assignment in the first place?

Q2: If Angelyn was not caught and you discovered that she plagiarised, would you report Angelyn to the academic board?

Q3: What should be the consequence of Angelyn plagiarising her ethics assignment?

Q4: Who do you think should take responsibility for the plagiarism: the supervisor or Angelyn?

Q5: Do you think Universities should be more strict towards plagiarism?

SCENARIO 6

Solutions on page 71

Your friend, Bailey, has been offered a spot in the Bonded Medical Program. This is a type of medical program that requires those who accept the position to work in rural or remote areas for 3 years after they complete their degree. There has been controversy regarding whether it is appropriate to force individuals to accept an offer at such a young age of their life, given that most students applying for undergraduate medicine would be 18 years of age.

Q1: Do you believe the Bonded Medical Program is an effective strategy to solve the issue of doctor shortages in rural areas?

Q2: Why is it important to bridge the health gap between people living in rural areas and people living in non-rural areas?

Q3: What alternative solutions are there to the Bonded Medical Program that can resolve the shortage of doctors in rural areas?

Q4: Why might medical professionals be hesitant to work in rural areas?

Q5: Would you like to work in a rural area when you graduate from medicine?

SCENARIO 7

Solutions on page 74

You are a captain of the first field hockey team at your school. The hockey season is about to begin in a few weeks and, as the captain, you will be required to select candidates to join the first team at a tryouts session. Your best friend, Steven, isn't a very good field hockey player and unfortunately doesn't meet the standards required to join the first team. There are many other hockey players that attended the tryouts session that you are more likely to select. However, if you reject Steven, you are worried that you might ruin your friendship with him.

Q1: What would you do given that Steven's performance at tryouts was not at the expected standard?

Q2: What would be the qualities of an effective hockey team?

Q3: Is it ethical to give Steven a spot just because he is your friend?

Q4: What are your thoughts on the idea of lying to Steven by telling him that he is a great hockey player, but wasn't accepted into the team due to small team numbers?

Q5: How would your friends describe you as a person?

SCENARIO 8

Solutions on page 77

You are in the middle of completing a chemistry SAC at your school and notice your best friend, Samuel, using chemistry notes from his pockets. You are positive that Samuel is cheating, which is against the school's policies. The SAC finishes and you both exit the centre. Samuel and you discuss how you both found the chemistry SAC in terms of question difficulty and the timing of the SAC.

Q1: Would you report Samuel for cheating?

Q2: Why do you think Samuel may have cheated in the first place and what are your thoughts on cheating?

Q3: The student tells you that he thought that the Chemistry SAC was open-book. Does this change how you approach the situation?

Q4: Give an example of a time where you had to make a stressful decision.

Q5: What did you learn from making that stressful decision?

SCENARIO 9

Solutions on page 80

You are a third year Monash medical student who has clinical placements at the Victorian Institute of Forensic Medicine. You tend to deal with patient cases that are sensitive in nature, including victims of domestic violence. You are shadowing Dr. Murphy who is currently taking a history from a female victim of domestic violence. After the consultation, Dr. Murphy tells you that he is getting more cases like this over time, implying that the rates of domestic violence in Victoria are increasing.

Q1: Why might people engage in domestic violence?

Q2: What can Australian communities do to help reduce the rates of domestic violence?

Q3: What can domestic violence victims do to help with the issue?

Q4: What strategies can be implemented to create a more positive relationship between law enforcement and members of the community?

Q5: Other than domestic violence, what is one issue in Australia that you think needs to be addressed and why?

SCENARIO 10

Solutions on page 82

It is Sunday morning and you just stepped out of the train station to walk towards the language school that you learn latin at. You have a latin test in the first period and you have been preparing for it for a few weeks. A few moments after you step out of the train, an individual starts getting verbal with you. His speech lacks clarity, his eyes are bright red and syringes fall out of his pocket, indicating to you that this individual is under the influence of drugs.

Q1: What do you do in this situation?

Q2: What may have caused the person to become addicted to drugs?

Q3: Who are the other stakeholders that may be influenced in this situation?

Q4: How can we reduce the rates of illegal drug consumption?

Q5: Tell me about a time where you had to make a difficult decision.

SCENARIO 11

Solutions on page 85

You are a year 11 English student who is preparing for an oral presentation that you must deliver to the class. You decide to focus your oral presentation on the topic of the COVID-19 pandemic in relation to vaccinations and strategies to reduce infection. You have enjoyed researching this area and it has encouraged you to apply for medicine in the future. After you deliver the presentation, the teacher asks you five questions to see if you have thoroughly understood the topic at hand.

Q1: What public health measures have been implemented to control the COVID-19 pandemic?

Q2: What are some reasons for vaccine hesitancy?

Q3: Which stakeholders may play a role in tackling the issue of vaccine hesitancy?

Q4: What are some international strategies that can be implemented to promote equitable access to the COVID-19 vaccine?

Q5: Do you believe that the COVID-19 vaccine should be mandatory for all Australians?

SCENARIO 12

Solutions on page 88

Many Australians are unfortunately passing away due to the shortage of donor organs for transplantation. Patients who are severely ill are being denied organs due to this shortage. This will be a problem in the long-term as the incidence of chronic diseases such as obesity, cardiovascular disease and chronic kidney disease, increase. A politician recently proposed that this issue can be resolved by compensating individuals with a monetary reward for donating their organs. Many have scrutinised this politician, arguing that there are more appropriate ways to combat this issue.

Q1: What are the advantages of introducing the politician's proposal?

Q2: Do you believe it is ethical or unethical to offer people a monetary incentive to donate their organs?

Q3: What issues may arise from placing monetary value on organs?

Q4: What else can be done to reduce the shortage of donors in Australia?

Q5: Do you believe the opt-out system is useful as a potential solution?

SCENARIO 13

Solutions on page 90

You are in the middle of a debate with your five friends. The topic of discussion is whether teams or working by yourself is more effective in improving performance and achieving objectives. One of your friends argues that there are teams in every field of society, especially the healthcare system. He goes on to explain that some medical practitioners love working in a team-based environment where there is collaboration between healthcare workers. Another friend interrupts and discusses how some doctors prefer to work by themselves as they may thrive in environments where they are not distracted from their coworkers.

Q1: Explain the benefits and disadvantages of working in a team-based environment.

Q2: Explain the benefits of working solo.

Q3: Give examples of where a medical professional may have to work in a team-based environment.

Q4: Why do you think there is an emphasis for people to work in team-based environments?

Q5: Give an example of a time when you've had to work in a team-based environment.

SCENARIO 14

Solutions on page 93

The ability to work in a team is a skill that is required in many professions. Doctors are required to work with nurses and other allied health members to coordinate effective treatment plans for patients. Senior lawyers are required to work with paralegals and junior associates to practise the law. Journalists are required to research popular topics with fellow journalists and relevant media staff in order to present eye-catching news stories. However, teams have the propensity to also break down.

Q1: What do you believe are the qualities of effective teams?

Q2: Why might teams experience breakdowns?

Q3: How can we solve breakdowns in teams?

Q4: Do you enjoy working in team environments or by yourself?

Q5: Give an example of a time when you've had to work in a team-based environment.

SCENARIO 15

Solutions on page 95

COVID-19, a respiratory disease caused by the SARS-CoV-2 virus, has resulted in death for millions of people around the world. Recently, vaccines against COVID-19 have been produced and rolled out to communities all around Australia. Vaccines generate long-term immunological memory in those that are vaccinated against COVID-19. There have been proposals to make the new COVID-19 vaccine compulsory in Australia, specifically for school children. According to the World Health Organisation, vaccines are the most cost-effective and successful method of preventative medicine.

Q1: What are the features of an effective vaccination program?

Q2: If you are a school principal and there is a family that doesn't want their child to be vaccinated, how would you go about communicating to that family that they are unable to send their child to school?

Q3: What are the advantages and disadvantages of vaccinations?

Q4: What are reasons why Australians may oppose vaccinations?

Q5: How can the government encourage more people to vaccinate their children?

SCENARIO 16

Solutions on page 98

Australia currently has a private and public healthcare system. A public healthcare system has healthcare services that are subsidised by the government, whereas the private healthcare system has healthcare services that are subsidised by private groups or institutions. There has been controversy surrounding these two systems, specifically around the issue of disparities in health.

Q1: Do you believe there are any ethical issues associated with having a public and private healthcare system?

Q2: What are the advantages of having a private healthcare system?

Q3: What are the disadvantages of having a private healthcare system?

Q4: There have been proposals to remove private healthcare and employ a total public healthcare system. What are your thoughts on this?

Q5: Why do you want to study medicine?

SCENARIO 17

Solutions on page 101

You are the team leader for an Integrated Case Learning (ICL) session. ICL is a type of learning in which you and your peers analyse a specific patient case study and solve questions collaboratively. The tutor for the group, who is a registered consultant, is absent for the day. This means that you are left to lead the discussions of the group and report to the tutor later. Because of the tutor's absence, one of the team members is not pulling her weight in the discussions. She is on her phone constantly, passes off answering any questions and does not offer her own ideas.

Q1: As the team leader, how would you deal with this particular team member?

Q2: What if the team member doesn't listen to you or disagrees with you?

Q3: What could be the reasons for this particular team member's behaviour?

Q4: How might a team leader minimise conflict within a team?

Q5: Give an example of where you had to resolve conflict in a team.

SCENARIO 18

Solutions on page 103

You are a General Practitioner at a small rural hospital in Mildura. A 16 year old sexually active female patient comes into the clinic and starts crying during the middle of the consultation. She tells you that she is pregnant, which she found out after taking a pregnancy test. She is looking to get an abortion as she doesn't believe she is fit to be a mother at such a young age.

Q1: Would you notify the patient's parents about the fact that she is pregnant?

Q2: What are some of the ethical issues associated with abortion?

Q3: What are arguments for and against abortion?

Q4: A recent study found that the rates of teen pregnancy in rural areas is significantly higher compared to metro areas. Why might this be the case?

Q5: How can we reduce the rates of teen pregnancies in Australia?

SCENARIO 19

Solutions on page 106

Your sister has her grand final game for soccer coming up. She has been reminding you about it over the past few months so that you don't miss it and you have promised her that you will attend. However, your VCE Spanish teacher creates a surprise SAC that is scheduled for the same time as the game and you only find out a few days before. You know that if you tell your sister that you are unable to attend the finals game, she will become upset.

Q1: How would you tell your sister that you can't attend the game?

Q2: After the game is finished, your sister gets aggressive and yells at you for not attending her game. How would you approach this situation?

Q3: Why might your sister be upset?

Q4: Give an example of a time when you had to make a complex decision.

Q5: What did you learn from making that complex decision?

SCENARIO 20

Solutions on page 108

You are the owner of a healthy foods brand called "Health4Me" which serves to promote healthy lifestyles in the community, especially amongst young kids. You are invited to attend a meeting with the School Principal of a prominent high school where you will be asked to pitch about the benefits of having a healthy diet and fostering good eating habits in children. Health4Me is also focussed on helping kids to achieve their exercise goals too.

Q1: Why might children have unhealthy diets?

Q2: What would be the benefits of introducing Health4Me as a canteen service in the high school?

Q3: What can be done to improve healthy lifestyle habits in children?

Q4: Do you believe that junk foods should be banned in schools?

Q5: Do you believe that high schools should make exercise programs compulsory to attend?

SCENARIO 21

Solutions on page 111

A recent study found that 23% of 13-16 year olds in Melbourne have symptoms of Nomophobia - a condition in which people fear being away from their mobile phones. This has raised concerns about the excessive importance that young kids place on mobile phone technology. Although mobile phones play an important role in connecting society, they have adverse effects on our general health and wellbeing.

Q1: If you had a friend who was addicted to their mobile phone, how would you go about helping them?

Q2: Why do you believe that 23% of 13-16 year olds have symptoms of Nomophobia?

Q3: Which stakeholders would be concerned about children excessively using their mobile phones?

Q4: Do you believe private companies that design and manufacture these phones should be held responsible for children developing mobile phone addictions?

Q5: Do you believe that mobile phones should be banned in schools?

SCENARIO 22

Solutions on page 114

A new technology has been invented that can be used to determine a child's intellect levels in the future. This new technology was created by a third year medical student and uses artificial intelligence and machine learning algorithms to analyse the DNA of babies and produce relevant results. There has been controversy surrounding whether this new technology plays a positive role in society or a negative one should it fall into the wrong hands.

Q1: What might be some of the ethical issues associated with this new technology?

Q2: What are your thoughts on the legitimacy of this new technology?

Q3: What are your thoughts on the results of this technology being released to governments?

Q4: Are there any ethical differences between using technology like this and technology that can predict genetic diseases?

Q5: Do you believe that health should be commodified?

SCENARIO 23

Solutions on page 117

You and your friend Sarah are year 12 students that are both looking to gain entry into Medicine at Monash University next year. You both have your UCAT examinations coming up and are keen to celebrate once you both complete it. However, Sarah has been complaining to you over the past few days about how her new pet puppy has been barking a lot and disrupting her ability to study. Sarah's mother and father both work to support the family, meaning that Sarah has to balance studying with looking after her new pet.

Q1: What do you recommend Sarah does?

Q2: Why would Sarah be upset in this situation?

Q3: What should Sarah's mother and father do in this situation?

Q4: Sarah is planning on moving out. Do you believe that Sarah should do this?

Q5: Tell me about a time where you had to make a difficult decision.

SCENARIO 24

Solutions on page 119

You and your friend are on the playground playing a competitive game of two-square. Connor, a student from an older year level, walks up to you and your friend and starts picking on you both. He calls you both names, makes fun of your physical attributes and eats your snacks without permission. Connor is much larger compared to the both of you and you are worried you might be a target should you report him to a teacher.

Q1: Do you report Connor to a teacher?

Q2: Why might Connor be bullying you?

Q3: You find out that Connor is having some family issues at home. Do you still report Connor for bullying you?

Q4: What can we do to reduce the rates of bullying in schools?

Q5: Do you believe there should be a zero-tolerance policy towards bullying in schools?

SCENARIO 25

Solutions on page 122

You are a senior doctor at a small rural hospital. The recent outbreak in COVID-19 cases have resulted in increased admission of patients into the hospital. With the limited amount of resources available, you and your fellow healthcare workers are stressed about how you will be able to manage the situation. There is one ventilator available and you, as the senior doctor, are tasked with the challenge of choosing between two patients to give the ventilator to: one patient is a 70 year old COVID-infected patient who is otherwise healthy and has no underlying medical conditions and the other is a 50 year old COVID-infected patient who frequently smokes and has lung disease.

Q1: Who would you choose to give the ventilator to and why?

Q2: Why do you think there have been outbreaks in cases of COVID-19?

Q3: Why might rural hospitals be struggling in a pandemic?

Q4: Do you believe that protestors against current government COVID-19 policies should be punished?

Q5: Do you believe that the prestige and pay associated with medicine is enough?

SCENARIO 26

Solutions on page 125

You are working as a General Practitioner in rural Victoria and a patient, Mr Robertson, comes into the clinic complaining of back pain. He tells you that he is a farmer and injured his back while lifting some heavy equipment. You prescribe him some painkillers and ask him to avoid any heavy lifting. However, Mr Robertson returns to the clinic a month later complaining that his back pain has gotten worse. He reveals that he did not stop lifting heavy equipment after the last appointment.

Q1: What would you tell Mr Robertson?

Q2: Why do you think patients might not listen to medical advice?

Q3: What can be done to encourage patients to listen to medical advice?

Q4: What might be some challenges of working as a General Practitioner in rural areas?

Q5: What can be done to increase the health outcomes of people living in rural areas?

SCENARIO 27

Solutions on page 127

You are working as a third year medical student on placement at a hospital. One of the patients at the hospital, Mrs Lucy, has been diagnosed with a terminal condition and has been told that she has less than 9 months to live. Due to the medications she has been prescribed, Mrs Lucy struggles to conduct her daily activities and is often in excruciating pain. One day she confides in you that the previous night, the pain had been so bad, she wished she passed away in her sleep. After telling you this, Mrs Lucy starts to cry and starts to profusely apologise.

Q1: What would you do in this situation?

Q2: Why do you think Mrs Lucy may be apologising?

Q3: What non-verbal cues would you give Mrs Lucy?

Q4: Do you think it is appropriate for doctors to prescribe drugs that have serious side effects?

Q5: Do you think voluntary euthanasia is appropriate for patients such as Mrs Lucy?

SCENARIO 28

Solutions on page 129

You are a fourth year medical student going on ward rounds when a patient, Mr Ahmed, pulls you aside and tells you that he has been feeling lonely. He tells you that he left his two dogs at home and that he is worried about how they are doing without him. You know that some hospitals have started using service dogs to reduce stress, loneliness and depression amongst hospital workers and patients.

Q1: What would you do for Mr Ahmed in this situation?

Q2: Why may patients staying in hospital for extended periods of time have mental health issues?

Q3: Why do you think patients may enjoy the company of service dogs?

Q4: What may be some challenges of allowing service dogs to enter hospitals?

Q5: What other action can be taken to improve the mental health of patients staying in hospital for extended periods of time?

SCENARIO 29

Solutions on page 132

You are a university student and your friend, Ben, has recently applied for a merit-based scholarship. He believes he is the perfect candidate for it and lets you know that obtaining it would allow him to achieve his dream of becoming a doctor. He has an interview tomorrow, which he has spent the last month preparing for. He is confident about his chances of receiving the scholarship. The following week, Ben calls you, crying, and tells you that he has been denied the scholarship, even though he thought his application was perfect.

Q1: Knowing that he was feeling very confident, how will you comfort Ben?

Q2: Do you think confidence is an important trait for doctors?

Q3: Do you think that doctors have to deal with failure?

Q4: Have you ever faced failure in the past and how did you deal with it?

Q5: What are the advantages and disadvantages of failing?

SCENARIO 30

Solutions on page 134

You are a Year 12 student who has been preparing for exams. Your school has given you multiple assignments, assessments and exams over different subjects and you have been feeling stressed lately. You also notice that one of your friends, Jenna, has become quiet and does not participate as much as she used to in class discussions. When you talk to her after class, she confides in you that she has fallen behind in all of her subjects and that she feels that she will fail the year and ruin the rest of her life.

Q1: How will you comfort Jenna in this situation?

Q2: Why do you think people feel stressed?

Q3: Do you think it is fair that schools and universities set assessments that cause people to become stressed?

Q4: When have you been stressed in the past and how did you deal with it?

Q5: What do you think can be done to help people deal with stress?

SCENARIO 31

Solutions on page 137

You are conducting an examination on a patient who has presented with headaches and nausea. You find several abnormal test results and you ask the patient what they believe might have caused the sudden change to their health. You are just about to organise a transfer for them to the hospital when the patient reveals that they took ecstasy that morning.

Q1: Why do you think the patient initially hid their ecstasy use?

Q2: Do you think it is appropriate for the doctor to be angry with the patient in this scenario?

Q3: Why do you think people consume recreational drugs?

Q4: What are some of the measures that can be taken to reduce recreational drug use?

Q5: Do you think it is appropriate for doctors to take recreational drugs?

SCENARIO 32

Solutions on page 139

You are a doctor for a patient, Mrs Harper, who has recently presented to the clinic with a lump in her chest. Following several scans, it is found that Mrs Harper has breast cancer. Fortunately for Mrs Harper, her form of breast cancer is relatively mild and has a high recovery rate. You have not told Mrs Harper of the diagnosis yet; however, you know from past consultations that Mrs Harper can get highly emotional, even with diagnoses that are harmless.

Q1: Is it important for doctors to be honest while bearing bad news?

Q2: How would you go about breaking the news to Mrs Harper?

Q3: What measures would you take before the consultation to help Mrs Harper deal with the diagnosis?

Q4: Why might it be important to empathise with patients?

Q5: Why might empathising with patients be difficult?

SCENARIO 33

Solutions on page 141

You are leading the treating team for Mrs D, who is a woman in her late 80s. Mrs D and her family are devout Buddhists and her family are heavily involved in her care. As Mrs D's condition worsens, she and her family prepare for her death. They request that if she passes away, her body remain untouched by anyone outside of her direct family. However, the treating team knows that doing so will delay the cleaning and preparation of Mrs D's bed for another patient.

Q1: Should the treating team agree to Mrs D's family's request?

Q2: You deny the request and Mrs D's family starts to get confrontational with you. How would you approach this situation?

Q3: Should doctors respect peoples' spirituality, even if it comes at the cost of other patients?

Q4: What is the role of spirituality in medicine?

Q5: Under what circumstances can we deny patient requests?

SCENARIO 34

Solutions on page 143

A patient, Mr Silva, presents to the clinic with shoulder pain. Mr Silva complains that the pain has woken him up at night, and has caused him to stop working at times. As the doctor, it becomes clear to you that Mr Silva has sprained a ligament in his shoulder and you begin to prescribe him some painkillers. However, Mr Silva interjects and asks you for a referral to an acupuncturist. He says that his sister-in-law had been successfully treated by an acupuncturist before and you also know that some of your other patients have had success with acupuncture.

Q1: Do you give Mr Silva the referral?

Q2: Why might some patients prefer alternative therapies such as acupuncture?

Q3: What might be some of the issues with alternative therapies?

Q4: Is it ever appropriate to refer a patient to an alternative therapy without prescribing any traditional medicines?

Q5: What are some of the issues with evidence-based medicine?

SCENARIO 35

Solutions on page 145

You are treating an elderly indigenous man, Roger, who has come in for a routine checkup to get his vaccinations. While in the appointment, John tells you that he thought the receptionist at the front desk grimaced when he walked in, and that he felt she was dismissive when he signed in for his appointment. He also tells you that his nephew doesn't want to get vaccinated because he is afraid of needles and going to the GP.

Q1: What would you do about Roger's interaction with the receptionist?

Q2: Why do you think Indigenous people may not feel comfortable in healthcare settings?

Q3: Why might some people not want to get vaccinated?

Q4: What can be done to improve health outcomes for Indigenous people?

Q5: What can be done to improve health education in general?

SCENARIO 36

Solutions on page 148

You are studying at home when you receive a call from your friend, Anna. When you answer the call, Anna is crying and reveals to you that she has been gambling online for the last month with her parents' money. She tells you that she has lost \$5000 and doesn't know what to do, since she has no way of paying back the money. Her parents do not know that she has lost the money yet. Anna asks you if she can borrow some money so that she can pay back her parents and hide the money she lost.

Q1: Do you give Anna the money?

Q2: The next day, Anna calls you and tells you that her parents found out and that they are kicking her out of the house. What do you do?

Q3: Why do you think people might gamble?

Q4: Do you believe online gambling should be banned?

Q5: How can we help people with addictions?

SCENARIO 37

Solutions on page 150

You are at a party with several close friends when you are approached by a mutual friend who offers you and your friends cigarettes. You have never seen any of your friends smoke but each of them accept the man's offer and start smoking. You personally have never smoked as you are afraid of the health repercussions. One of your friends offers you a cigarette and, while you are reluctant, they encourage you to try it "just once".

Q1: Do you accept their offer?

Q2: Do you think your friends in this scenario are in the wrong for offering you a cigarette?

Q3: Why do you think people succumb to peer pressure?

Q4: What do you think is the best way to deal with peer pressure in scenarios like this?

Q5: What do you think can be done to reduce the rates of smoking and similar damaging behaviours?

SCENARIO 38

Solutions on page 152

You are a medical student preparing for your final exams when a friend, Jessica, approaches you and tells you that she has been feeling extremely stressed in the lead up to exams. Jessica tells you that she recently lost their job and she is struggling to pay the rent for her apartment. While you empathise with Jessica's situation, you know that you are also quite stressed with exams and struggling financially too.

Q1: How do you comfort Jessica in this situation?

Q2: Why might medical students feel stressed?

Q3: What do you do when you are feeling stressed?

Q4: Do you ever get tired of listening to other people's concerns?

Q5: What do you think universities or schools should do to reduce the stress felt by students?

SCENARIO 39

Solutions on page 154

You are a medical student working on a group project worth 50% of your grade in a subject. There are three other team members and in earlier group meetings the group decided on distributing the workload evenly. One week before the due date, the group comes together to compile the work when one member, Sam, reveals that he hasn't done his work. When questioned further Sam goes into an angry outburst, stating that he is only studying medicine because he wants the degree next to his name and that he will never practise medicine.

Q1: How do you approach this situation?

Q2: What do you do to ensure the group project is completed?

Q3: Do you think that people who do not want to practise medicine should be allowed to enter medical school?

Q4: Do you think that it is appropriate for doctors to practise medicine for the financial benefits?

Q5: Why do you want to practise medicine?

SCENARIO 40

Solutions on page 156

You are a doctor treating a patient, Mrs Randwick, as she comes in for a standard GP checkup. It has been several years since you last saw Mrs Randwick and you notice that she has gained a significant amount of weight. She complains of chest pain and you suspect that her weight gain may be a cause. In addition, you know that weight gain is correlated with higher risks of complications such as heart disease. However, when you bring up the topic with Mrs Randwick, she becomes defensive and curt when answering any questions.

Q1: How would you approach this scenario?

Q2: Why do you think patients may be reluctant to talk about these issues?

Q3: How do you think doctors should best approach talking to patients about sensitive issues, such as weight gain, diet and sexuality?

Q4: Do you think it would be better here for the doctor to prescribe Mrs Randwick a medication for her chest pain rather than talking about her weight?

Q5: How do you think medical professionals can encourage patients to live healthier lifestyles?

SCENARIO 41

Solutions on page 159

Each year the road toll climbs, adding to tragic deaths and impacting many families around Australia. From the road toll statistics it has been found that drivers most likely to be involved in road trauma are those in their first year of driving. National policies have been proposed to reduce the annual number car accidents in Australia and increase road safety.

Q1: How can we reduce car accidents amongst those just beginning to drive?

Q2: Do you believe that teenagers should be able to only start driving at 18, rather than 16?

Q3: Who might be affected by car accidents?

Q4: Who do you think might be responsible for reducing the road toll?

Q5: How can we improve education about road safety?

SCENARIO 42

Solutions on page 161

You are an employee working at a local supermarket when you notice a young boy attempting to steal some groceries. You are taking care of a customer at the register and you know that you will have to leave the person you are serving to stop the boy from exiting the store with the groceries. You also know that supermarket policy states that employees must stop stealing if they notice it.

Q1: What do you do?

Q2: Why do you think people steal in the first place?

Q3: When you catch the boy, he tells you that his single mother has recently fallen sick and that his family have no money to buy groceries. Does this change the way you approach the scenario?

Q4: If the person who was stealing was an adult and not a boy, would this change the way you approach the scenario?

Q5: What help is accessible for those who are financially struggling?

SCENARIO 43

Solutions on page 163

You are a medical student at university and you hear about one of your classmates who has allegedly been kicked out of medical school for cheating on one of the exams. At the next assessment you do, you notice that your friend is cheating during the exam by looking through some notes in his pocket. The exam invigilator doesn't seem to notice and you know that notes are not permitted in this exam. Once the exam is over you have to decide what to do.

Q1: Do you report your friend to the examiner?

Q2: Why do you think people might consider cheating in medical school?

Q3: You report your friend to the examiner anonymously and he is expelled from medical school. Do you think this is fair?

Q4: Do you think people should be expelled for breaches of misconduct, or should they be given a second chance?

Q5: What might be the implications of someone cheating in medical school?

SCENARIO 44

Solutions on page 166

You and your friend work at the same tutoring company that provides free services for disadvantaged students. It is a not-for-profit organisation, but tutors are paid for their time. A week after your payday, your friend tells you that she has accidentally been paid double the amount she was supposed to receive. Your friend seems very happy and intent on keeping the money.

Q1: What do you do in this situation?

Q2: You politely ask your friend to return the extra money, but she refuses and becomes angry. What do you do?

Q3: What might be a consequence of your friend keeping the extra money?

Q4: Do you think that people should be expected to cover up for other people's mistakes?

Q5: Do you think that people, in general, do the right thing?

SCENARIO 45

Solutions on page 168

You are a talented runner who has spent the whole year competing and training in 400m sprints. Your hard work has paid off and now you have been offered the opportunity to go to the national sports carnival in Sydney, somewhere you have never been before. You are extremely excited for this opportunity and the date looms closer when you find out that your grandmother has fallen extremely sick. As the date for the competition gets closer, you have to decide whether you want to go on the trip or stay with your family and spend time with your grandmother.

Q1: Will you go on the trip to Sydney?

Q2: You decide to go on the trip and your family gets angry. What do you do?

Q3: What will you do if you are forced to spend time away from family in medical school?

Q4: How do you manage work commitments with personal time?

Q5: Do you think personal relationships are important in medicine?

SCENARIO 46

Solutions on page 170

The COVID-19 pandemic has influenced many aspects of public health, including the influence governments are able to have over people's freedoms. Lockdowns to reduce the spread of the pandemic have become a controversial topic of debate as many people believe that businesses and livelihoods are at risk as a result.

Q1: What are some health measures that have been put in place to stop the spread of the COVID-19 pandemic?

Q2: Is it more important to stop the spread of pandemics or to stop them from arising in the first place?

Q3: Is it reasonable for people to protest against COVID-19 health measures?

Q4: What strategies can be implemented to improve people's mental health during a pandemic?

Q5: When is it acceptable to impinge on people's freedoms for the greater good?

SCENARIO 47

Solutions on page 173

You are working as an intern in a busy hospital and on your break in the public hospital food court, you notice two senior doctors talking loudly about some of the patients you have been treating. You know that doctors are not supposed to discuss patient matters in public areas and that there may be people in the food court who overhear their conversation. You do not know if the doctors have disclosed any sensitive information.

Q1: What would you do in this situation?

Q2: Why is confidentiality of patient information important?

Q3: Does it matter if a patient's information is leaked if the patient never realises?

Q4: How would you go about raising your concerns to someone who has power over you?

Q5: What systems should there be in place at hospitals for raising concerns about potential breaches of conduct?

SCENARIO 48

Solutions on page 175

You are a preclinical medical student making a short film directed at Year 12 students looking to pursue a degree in medicine. As part of your task, you are expected to describe your experiences at university. The manager of the project encourages you to focus on the benefits of studying medicine rather than the negatives.

Q1: What would be some of the positives of studying medicine?

Q2: What would be some of the negatives of studying medicine?

Q3: Is it acceptable to not disclose the negatives of studying a course while advertising it?

Q4: How would you deal with the challenges of a course like medicine?

Q5: What will you do if you don't get into medicine?

SCENARIO 49

Solutions on page 178

Your university has issues a policy allowing for the cancellation of certain subjects in several degrees. This decision has caused outrage among many students, including your friends, who believe that the cancellation of the units is unreasonable and unnecessary. However, you do not agree and believe that the cancellation of units is reasonable as the university needs to decide where it wants to spend its finite resources. Your friends ask you to sign a petition against the policy but you refuse, causing them to become angry and call you a “fake”.

Q1: What would you do in this scenario?

Q2: How do you deal with people who are angry or frustrated?

Q3: Have you dealt with peer pressure in the past? If so, how did you deal with it?

Q4: Is it important to have debates with people who don't agree with you?

Q5: What is the best way to discuss sensitive topics with those who don't agree with you?

SCENARIO 50

Solutions on page 180

You are working as a receptionist at a clinic when a patient comes up to you, furious. They explain that they have been waiting for their appointment for over an hour and that they are disgusted that this has happened. The patient starts screaming at you and you notice other patients in the waiting room are uncomfortable. When you check the booking system you realise that the patient had their appointment booked for the day before and that the next available appointment would be in a week's time.

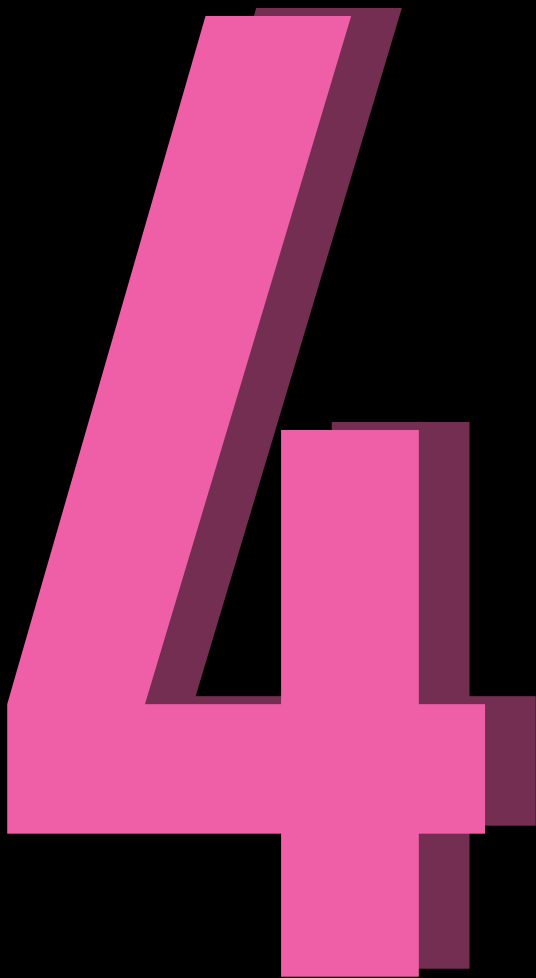
Q1: How do you tell the patient about their appointment?

Q2: Why do you think patients sometimes have to wait for long periods of time at the doctor's office?

Q3: Do you think it's reasonable for the patient to be angry?

Q4: What do you do when people around you get angry?

Q5: What do you do when you get angry?



SUGGESTED SOLUTIONS

***Disclaimer:** these are suggested solutions that have been created solely by the authors. Since these have been produced by two people who have had the time to analyse and proofread the responses, the quality of the solutions will naturally be better compared to a timed, unseen practice response. Please don't feel as if you are expected to mimic word-for-word the solutions in this book as they are merely a guide to show you what a high-quality response may look like. Please also note that, although the content of these responses are of a high standard, the way in which you present and deliver these solutions is equally as important!*

SCENARIO 1

Q1: Are you normally a team leader^① or a team participant?

I believe that, depending on the particular situation, I am able to act as both a team leader and a team participant.^①

For example, I was a debating leader for my high school debate team and this was due to^② my strong public speaking skills and my ability to coordinate with my team members to allocate arguments and write speeches. And so, I tend to be a team leader in situations that I am more confident in and that I believe I can make the greatest contribution to based on my skill set.

However, I recognise that I have limitations in areas that I'm not so strong at, such as hockey!^③ And so, I tend to be more of a team participant in these sport-based situations, where I work collaboratively with other hockey players to plan out game tactics before the match and coordinate gameplay.

And so, although I tend to be in more situations where I am a team leader rather than a participant, working in both roles has allowed me to develop^④ a greater awareness of how teams can be effectively coordinated so that our overall goals can be achieved.

Extension notes:

- ① You should first **signpost** your response and this is usually a clear sentence to set up the rest of the response!
- ② You can use your **fingers here** to **list** the number of activities you complete as a team leader, and is an effective way to **communicate** your points across.
- ③ This statement is a nice **connecting phrase** - practise saying this in a **humorous tone** as it is a great way to signal to your assessor that you are able to **recognise your flaws**, but in a **playful manner**.
- ④ Here, we have briefly explained **what we have learnt** from working in both a team leader and participant position. Whenever you give a personal story or example, it is important to briefly **outline** what you have **learnt** from it!
- ⑤ If you are always a team leader or cannot remember examples where you have been a team participant, you can take the angle that you have always liked the **idea of a challenge**, and you **love pushing yourself to new lengths** - being a **team leader allows you to achieve this**.

Q2: What are some of the advantages^④ of working in a team-based environment?

I believe there are two main benefits to working in a team-based environment.^①

The first is that the quality of any decisions made in a group-based environment will be improved and this is because there are more people, and thus, a greater pool of knowledge present - this means that everyone in the team can collaborate to refine the quality of the decisions.

The second benefit is that working in team-based environments allows individuals to develop more positive relationships with those they are working with. An example where this would be particularly important is in a hospital healthcare^② setting, where positive working relationships should be developed between doctors, nurses and other allied health professionals - this is because workplace synergy is important in ensuring there is effective communication between team members and ultimately, positive patient health outcomes.

And I believe those are the main benefits of working in a team.^③

Extension notes:

- ① Here, we have signposted our response with the number of benefits that we will be talking about. Make sure that you take a few seconds before delivering your response to plan out the number of benefits you can come up with! You wouldn't want to say, for example, "There are four benefits..." and then list three! If you are unsure how many you want to talk about, it would be sufficient to begin your response with "I believe there are **many** benefits..."
- ② Here, we have given a **specific example** of how this benefit relates to a healthcare setting - although your example does not have to be specifically medicine-related, it would be more **favourable** to give one because you are in a medical interview!
- ③ Here, we have **summarised** our response with a final sentence that **links** back to the initial question.
- ④ Note that you **shouldn't** discuss the **disadvantages** of working in a team because this question specifically asks about the **benefits** of working in a team. However, if a question were to ask "Do you believe teams are effective?", then you can discuss both pros and cons! Make sure that you **double check** the wording of the question if necessary so you can cover all components of the question!

Q3: How would you go about resolving this situation?

I would take a step-by-step and very methodical approach to resolving this situation.

First, I would individually talk to Sam and Keith in a private setting and discuss with them in a non-confrontational and sensitive manner how the argument arose and how they are feeling about the situation. I believe that talking to each team member individually first is important because it will allow me to develop a better understanding of where the argument has originated rather than potentially jumping to inaccurate conclusions by talking to them both at once.

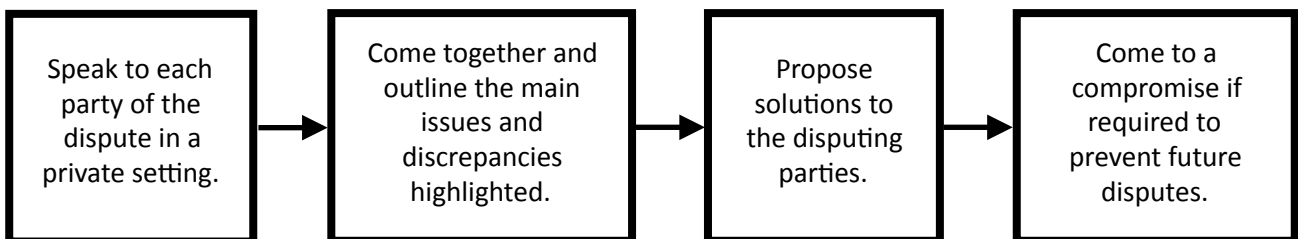
After talking to them both individually and gathering their viewpoints, I would bring them together and I would outline where the initial discrepancy has arisen from and I would also explain the implications of them fighting. For example, the implications it will have on the outcome of the debate, perhaps the effect on school reputation as well as the impact on their relationship outside of debating too.

After doing this, I would propose to Sam and Keith that we could come to a compromise in order to resolve the issue - for example, perhaps one team member can use the argument in the content of their speech and another team member can use it as a rebuttal. Alternatively, perhaps multiple arguments could be swapped around between all 3 team members. Reaching this compromise will allow the argument to be resolved so that it hopefully doesn't arise again in the future.

And that is the approach I would take in order to resolve this situation.

Extension notes:

⌚ For any conflict resolution, you could consider taking the **approach** below:



You must ensure that you **apply** each of the above steps to the particular scenario rather than stating the above steps with no reference to the question. Doing the latter implies that you have simply **memorised** an approach!

Q4: Have you personally been in a situation of conflict before. If so, how did you go about resolving the conflict?

I have been in a situation of conflict before and, funny enough, it was related to debating too! When I was in Year 12, I had a debating competition that was scheduled on the same day as the SAC. Whilst I put my name forward to be part of the debate, many of my teammates unfortunately didn't want to put their names forward because they didn't want to jeopardise their SAC marks.

How I came around this issue was scheduling a meeting with my debating peers to discuss why they didn't want to be part of the debate and if there were solutions that can be implemented to get around those issues. I posed the option of distributing arguments evenly amongst the team members so that instead of everyone researching individually, we all research together to limit the time taken to prepare for the debate. So not only will this allow people to participate in the debating competition, but also prepare for their SAC too.

What I learnt^① from this situation is that two-way communication is important in solving conflicts - instead of one person leading the discussion, everyone should collaborate in solving the problem. I also learnt that coming to a compromise is an effective strategy for solving issues - instead of isolating the SAC and the debate, we found a way to compromise and prepare for them both simultaneously.

Extension notes:

① After stating and explaining the situation of conflict I have been in, I then proceeded to explain what I **learnt** from this situation. This does not have to be overly detailed and can be a cursory comment. It's important to **demonstrate that you've learnt from different events in your life** rather than simply experiencing them and carrying on with your day!

Q5: What is more important: the cash prize or what is learnt from debating?

I believe it's important to consider both rewards for their pros and cons.^②

In terms of the cash prize, I think it's fair to say that anyone would be thrilled to walk away with a monetary prize - this is because the money can be used to satisfy short-term desires and is also a way to recognise the efforts of the team members. But the problem with a cash prize is that, since it is a tangible physical reward, it's unlikely to be an effective long-term motivator for the team members. This is because, once the cash prize is consumed in total, there won't be anything left to continue motivating the team members to continue striving for more.

On the other hand, the skills that are acquired from debating, such as communication skills, interpersonal skills and the ability to work in a team, is practical knowledge that can be used in many life situations and industries. For example, a car salesman selling a vehicle to a potential buyer or a doctor attempting to build a positive relationship with their patient.

And so, I believe that what is learnt from debating is a lot more important and valuable in the long-term than the cash prize.

Extension notes:

② Although many people may be quick to **dismiss** the **benefits** of a cash prize, it's important to acknowledge that a cash prize can be considered by some to be a significant part of the competition - for example, being a **tangible physical reward** that acts as **recognition for achievement**.

SCENARIO 2

Q1: Which organisation will you pick to allocate the funds and why?[ⓐ]

I believe before picking a particular organisation to donate the funds, it's important to talk through what each entity provides.

The ElderlyDoctorsRUs organisation would be a strong choice to donate the money considering that the elderly people of Australia are the group that is more likely to have the most health issues in terms of not only incidence, but also severity.

Med4War is also a noble cause - soldiers sacrifice not only their physical health to protect and serve their nation, but also their emotional and mental health as well. It would be important to give back to soldiers that are protecting us.

The third organisation, RuralHealth21, is tackling a rural health issue that I personally feel very strongly about and is one of the primary reasons why I wanted to apply for medicine! Given the shortage of doctors in rural areas, allocating funds to this group would aid in bridging the health gap that exists between people living in rural areas and those that aren't.

And so, although in an ideal world, I would love to allocate \$80,000 to each organisation, I would ultimately have to pick the RuralHealth21 group. I would consider this choice from a utilitarian[ⓑ] perspective, which means picking the organisation that would produce the greatest effect for the most amount of people - individuals living in rural Australia may not have access to healthcare or may not be able to afford healthcare at all, and so are more likely to benefit from the positive impact of this organisation compared to the other organisations.

Extension notes:

ⓐ For this question, a suitable response would entail:

1. First, **outlining the benefits** of each organisation for their associated target demographic
2. Finally, **selecting** which organisation you believe to be the best.

There is **no incorrect selection**; however, you must ensure that you justify your choice using sound reasoning.

ⓑ Here, we have justified our choice using the **principle of utilitarianism**, which states that you should act in a way that produces the greatest benefit for the most amount of people. In this scenario, we have outlined that there will be a greater number of rural Australians in need of adequate healthcare and that are more likely to benefit from the funding.

Q2: Do you believe the funds should be split between the three organisations?

Before coming to a decision, it's important to discuss the pros and cons of splitting the funds between the three organisations.^①

In terms of disadvantages, splitting the funds may not be the best approach because the value of the donation for the organisation diminishes once the funds are reduced. For example, RuralHealth21 might benefit greatly from a complete \$80,000 donation, rather than an approximate \$27,000 donation. And so, although groups would benefit from a split donation, it would only be to a smaller extent compared to if the full donation was given.

However, splitting the funds does have its advantages because more target demographics will be able to benefit from the funding. Each organisation targets a specific group of people, such as the elderly, war-affected soldiers and Australians living in rural areas. So, instead of isolating the funding by donating \$80,000 to one group such as ElderlyDoctorsRUs to benefit only the elderly, it would be a lot more beneficial to donate \$27,000 to each group so that multiple different demographics can be targeted. And as a consequence, the quality of life for many groups can improve and more health issues^② in society can be tackled.

Given these reasons, I believe it would be best to split the funds between the 3 organisations as a broader demographic will be able to benefit.

Extension notes:

- ① Instead of answering this question straight away, with a yes or no, you should first **outline the pros and cons** of splitting the funds before selecting an option.
- ② Note that this specific reference to **“health issues in society”** is taken directly from the scenario context - we have done this so as to indicate to the examiner that we have meticulously analysed the scenario and are relating our response back to the main theme of the scenario.

Q3: A public figure recently proposed that Australians should donate 2% of their salaries to support and fund volunteering organisations. Do you think such a proposal is effective?

I think this proposal has benefits and flaws - so before coming to a conclusion I'll first explore both sides.

In terms of limitations^①, some may see it as an inappropriate intrusion of government to force Australians to donate 2% of their salaries on top of already paying taxes to the government. Although this would be considered a noble cause, it may be considered unethical for Australians to donate a percentage of their salary towards initiatives and organisations that they might not even believe in or want to be associated with.

On the other hand, if all Australians were to donate 2% of their total salary, then this would result in potentially billions of dollars being pooled into the volunteering industry. This could improve standard of living in a lot of aspects of Australian society - for example, rates of homelessness and starvation would reduce, there can be increased access to healthcare for those living in rural areas and positive environmental initiatives can be supported. This makes sense considering that the pool of funds from a mandatory 2% donation policy would be a lot greater in value compared to the pool of funds from people volunteering to pay.

And so, despite the disadvantages I initially discussed, I believe such a proposal would be effective.

Extension notes:

- ① Another point that you could potentially discuss is the **feasibility** of implementing such a policy. The people in charge of making national policies will also be subjected to this proposed 2% salary law - politicians likely wouldn't advocate to have a proportion of their salary be donated...

Q4: Do you believe that volunteering should be compulsory for high school students?

Before making something compulsory, it's important to consider the advantages and implications of making volunteering compulsory in schools.

On one hand, forcing high school students to volunteer might be worse off in the long-term. This is because forcing students to volunteer might discourage them from volunteering in the future, which would be the opposite of what the intended effect is - which is actually to inspire people to volunteer and contribute in the future. This proposal also might be considered by some as an unethical approach because no one should be forced to do something against their will. And given that students are still developing and maturing as individuals, they should have the freedom to make their own autonomous decisions.

On the contrary, making volunteering compulsory rather than voluntary will produce a lot more greater results for society and it makes sense from a mathematical perspective. For example, if you were to force 100 high school students to pick up rubbish on a beach and they were working at 50% capacity, then that would produce greater results for the beach compared to 10 people volunteering themselves to pick up rubbish and working at 100% capacity.

And so, I would take a consequentialist approach in this situation and support the proposal of compulsory volunteering in high school because the ends (which is a positive social and environmental impact) outweighs the means (which is forcing students to partake in these volunteering programs).

Q5: Have you done volunteering work in the past?

I have done volunteering work in the past and would love to share a few experiences I have had.

When I was in year 9, I mentored students in years 5 and 6 at Keysborough Primary School. This would involve helping the students out with any homework tasks they had and also interacting with them at an individual level by learning more about them. I learned quite a lot about the educational disparity that is prevalent between different schools - particularly the disparity in resources between schools, the quality of the curriculum and the support from teachers. And so, if I was to attend Monash University, I hope to apply to the Monash Access Mentoring program so I can help students from disadvantaged backgrounds seek entry into tertiary courses which they otherwise may not have been able to access.

Another example of my past volunteering is for Shine Cambodia, which is a non-for-profit that provides educational services to young children in Otres in Cambodia. My role was helping to create a marketing video to raise awareness for the program across Melbourne and encourage people to donate. If it wasn't for volunteering with this group, I wouldn't have learnt about how disadvantaged children in Cambodia are and how most young children there don't have access to an education at all. This has really inspired me to not only continue working with this organisation, but also work with other programs that aim to improve educational access in third world countries.

Extension notes:

- ① Make sure that you don't just simply state the volunteering work you have participated in! You should also outline what you have **learnt from them** and that they have **inspired** you to do more volunteering work in the future!

SCENARIO 3

Q1: Do you treat the patient or not?

I think there are a number of factors to consider first before coming to that decision.

The first would be that I'm only a medical student and so, I am not medically qualified to be able to treat the patient compared to a doctor who has had the necessary medical training to be able to treat patients. It's also important to acknowledge that medical students aren't allowed to treat patients without direct supervision.

However, since the doctor in this situation is intoxicated, it might be more harmful for the patient to be treated by the doctor rather than me as a medical student. This is because I may be the most medically competent in this situation to be able to potentially assist this critically ill patient. Another important point to note is that, since I'm a final year medical student, I would be less than a year out from graduating as a doctor - and so, I would probably have sufficient skills and knowledge to be able to treat the patient to the best of my ability - whilst in regular situations it would be very inappropriate to treat patients without medical supervision, it would be in the best interests of the patient for the most competent person around to perform any necessary procedures or treatment.

Overall, if I exhausted all my options^① - such as attempting to locate another doctor that is available, calling any doctors that are not on their shift or getting in touch with another hospital that could assist - then it would be appropriate for me to treat the patient.

Extension notes:

- ① Note here that before I give my final answer, I first mention some **alternative solutions** that could be implemented. It is important to highlight these **different options** to indicate to the examiner that you are aware that just treating the patient is not the only solution that can be implemented!

Q2: Do you think it is ethical for Dr. Kumar to treat this patient if he is intoxicated?

I think it can be seen from both sides of the situation as both ethical and unethical.

Some may take a consequentialist^① approach in this situation to justify the doctor treating the patient, which means that the ends (which is the doctor successfully treating the patient) justifies the means (which is the doctor being intoxicated). And so, if the patient has a positive outcome from being treated, then it could be seen as ethical.

However, on the other hand, it would be seen as unethical to treat the patient because of the potential to inflict even more damage on the patient compared to their previous state. For example, if the doctor was to perform an incorrect procedure, administer the wrong dosage of medication or come to an incorrect diagnosis then this may further compromise the health of the patient and breach non-maleficence. It also doesn't reflect the general values of the Australian healthcare system which prides itself on integrity and safety for patients.

And so, overall, I believe it would be unethical for the intoxicated doctor to treat the patient.

Extension notes:

- ① Although many may be quick to assume that this response should only focus on the negatives in this scenario, these negatives can almost always be **justified through a consequentialist approach** - that is, if the outcome is good, then does it matter how we attained it?

Note that the doctors' actions are unethical and is by no means endorsed behaviour; however, it is important to comment on the opposite perspective of the issue.

Q3: Do you report^① Dr. Kumar for being intoxicated at work after the patient recovers?

I believe it would be best to first talk with the doctor at a later stage once the patient recovers and when the doctor is in a sober state in a private setting. I would make sure to have a non-confrontational discussion with the doctor and first ask if there was any reason why they were intoxicated in the first place - for example, would they consider themselves an alcoholic, is this their first time drinking and they weren't aware of their limits or are there any personal issues in their lives which have made them drink excessive amounts of alcohol.

After learning these reasons, I would explain to them why being intoxicated was wrong - including that the patient's health could have been further worsened as a result, their actions don't reflect the values of the Australian healthcare system and that they are potentially compromising doctor patient relationships. I would then ask the doctor to report himself to the hospital board or a supervisor and, if they choose not to, then I would report the doctor myself.

Extension notes:

- ① For any scenario that requires you to **'report'** someone for breaching rules or policies you should, in most cases, first ask that person to **report themselves**. If they choose not to, then you can report them!

Q4: Why might there a shortage of doctors in rural hospitals?

I think there could be a few reasons why doctors are hesitant to move to rural areas.

One reason could be that shifting from a metro to a rural area would be a significant change in one's lives and doctors may be hesitant to work in rural hospitals because their family and friends are already close to them and moving to a rural location would increase the distance between them and loved ones. Although rural health work is important, a doctor may not function to the best of their ability if they're not surrounded by their support network. Families may be less likely to make the move as well because of the significant costs and expenses associated with moving - the government could perhaps subsidise transportation and relocation of families to make it easier for doctors to work in rural hospitals.

Another reason could be the lack of research facilities. Doctors tend to work in metro hospitals because of the access to research facilities that allow them to conduct research in fields that they are interested in. Because rural hospitals lack this research infrastructure, doctors may not want to invest their time in moving to a location which doesn't support their research endeavours and doesn't allow them to have a rurally-based career in research.

I believe those are two main reasons why there is a doctor shortage in rural areas.

Extension notes:

① For more information on the reasons for doctor shortages, check out **page 23** in this book!

Q5: How might the shortage of doctors in rural areas be resolved?

I believe there are a number of solutions we can take to resolve the rural doctor shortage.

One would be to increase the quota for students living in rural areas. Medical students from a rural background are more likely to move back to their hometown to practice either because their family lives there or they have a personal connection with that town. And so, increasing the quota of students from rural backgrounds can lead to more doctors working in rural locations in the future, which can overcome the workforce shortage.

Another solution could be to increase the number of rural clinical placements that medical students do. In year 2, medical students complete a 1 week rural placement near the end of the year before applying for either a metro or rural placement in year 3. It would be great to have medical students complete more rural clinical placements so that they have greater exposure to rural healthcare. This might inspire them to not only apply for rural placements during years 3 to 5 but also work as a rural doctor in the future.

One more solution could be to build more training facilities in rural areas. Lots of doctors tend to work in metro areas because of the access to training facilities that allow them to specialise. And so, creating training facilities and programs in rural areas may encourage doctors to move there to undergo specialisation!

Collectively, these three strategies can help solve the doctor shortage in rural areas.

Extension notes:

① For more information on the solutions for doctor shortages, check out **page 23** in this book!

SCENARIO 4

Q1: Why did you choose to apply for medicine at Monash^① university specifically?

I thought a lot about which university to apply to when I was researching applications and there are a few reasons why I chose to apply for Medicine at Monash University specifically.

One reason is because Monash is extremely close to home. Monash University is approximately a 15 minute drive from home, which makes it extremely accessible for attending clinical skills classes and lectures (if they are in-person next year). If I was to live a bit further away from Monash, then this may make it more difficult to commute to University everyday and may mean that I am travelling a lot more than I am studying and working!

Another reason is because I was able to get in touch with older Medical students and ask them about their experiences and I really liked some of the experiences they discussed. For example, the fact that you are exposed to clinical medicine from as early as Week 2 through patient simulated history taking classes really appealed to me. This is because I am a very hands on and interactive person, and so I'd love to be exposed to clinical skills classes as early as possible rather than waiting until clinical years in Year 3.

The older medical students I talked to also explained how in the Monash Medical program you are with the same tutorial group rather than in other courses where you interact with different people - this is really important for me because I'd love to form a strong and collaborative friendship with the same group of people that I will be interacting with on a daily basis.

And these are the reasons why I applied for Medicine at Monash specifically.

Extension notes:

- ① Ensure that you pay particular attention to this question - you are not being asked about why you applied for medicine, but rather why medicine at **Monash University specifically!** If you talk about why you wanted to study medicine, you wouldn't be addressing this question!

Q2: What are some of the good and bad things about the Monash medical course?

Although the 'good things' about the Monash medical course outweigh the 'bad things', there are a few limitations which are important to consider.

One of the main challenges of the Monash medical course is the difficulty that students will face by being in a program that is quite time-consuming and content heavy - I have a friend currently studying medicine and he discussed with me how the course can be difficult at times due to the amount of content there is to learn and the advanced nature of the content compared to the high school curriculum. Students may struggle to balance this with a social life and their extracurricular activities too. However, these limitations are definitely worth it because of the rewards that come with being in the Monash medicine course.

One positive is that students in the Monash medical course are able to surround themselves with like-minded students who share a love for health and clinical sciences along with that passion for life-long learning - and that sort of collaborative and passionate environment would be really motivating to be a part of. Another positive thing about the medicine course is that students are exposed to clinical medicine even in the first two pre-clinical years through patient-simulated history taking sessions where students can learn how to take a patient history and perform examinations on them - these sessions are really useful in teaching students how to become a doctor rather than learning about being a doctor.

Those would be the pros and cons of the Monash medicine course.

Q3: Your sister is considering the graduate entry pathway. Should she choose the graduate or undergraduate entry pathway and why?

I believe before my sister makes a decision, she should first weigh up the pros and cons of each pathway.

One disadvantage of the graduate entry pathway is that the course is longer than the undergraduate pathway by 2 years and that extra time could perhaps have been used to take some time to conduct medical research or perhaps explore her medical interests. However, an advantage of the graduate pathway is that by completing an undergraduate degree beforehand my sister will have that competitive advantage of having a degree already that will provide her with extra skills and knowledge - as a result she might know how to better handle the medical course and its unique demands and this may contribute to her becoming a better doctor overall.

In terms of the undergraduate pathway, one disadvantage might be that my sister may experience a loss of motivation due to transitioning from high school to a medicine course where the content is so much heavier and more advanced - and this might be more damaging in the long-term compared to doing a degree first, gaining confidence, and then moving into the graduate program. However, by doing the undergraduate entry pathway first, my sister will be able to experience pre-clinical medicine for 2 years rather than a 1 year pre-clinical medicine program - and so, she will be able to transition from preclinical to clinical medicine more smoothly and effectively.

And so, whilst the decision is up to my sister, I would encourage her to go down the undergraduate entry route.

Q4: Describe the everyday life of a doctor.

I believe there are two^① ways of looking at the everyday life of a doctor.

One would be through considering the lifestyle of a clinical doctor who may work in a clinic or hospital setting. These doctors would be involved in taking a patient's history, administering treatments or medications to the patient, along with a focus on preventative medicine to prevent that patient from becoming sick in the future. A clinical doctor would have to be constantly learning about new medical conditions that have arisen (such as COVID-19), new medical policies and treatments for disease as well - so there is an element of life-long learning that general doctors would have to engage in as well.

However, doctors also have an active role in research^② and development as well, which is something that I would be interested in pursuing in the future. For example, doctors may work with a team of clinicians to research new medical conditions or treatment approaches, and this research can guide all doctors on the best possible solutions to treat patients. Or, perhaps a doctor may act as an advisor to technology-based companies to produce new technologies and software, such as machine learning^③ programs for diagnosing heart conditions using ECG patterns and the use of Blockchain^④ technology to improve the security of medical data.

And so, the everyday life of a doctor can be seen from both a clinical perspective and a research perspective.

Extension notes:

- ① We have structured our response around **two different lifestyles** - both the general **clinical doctor** and a **research clinician**. Just remember that there are many other lifestyles you could talk about! For example, doctors that **travel** to Africa to assist in eliminating Ebola outbreaks, doctors that volunteer in third world countries (such as India) and provide free treatment, doctors that work in the Army to treat war-affected soldiers and doctors that also **teach medical students** (in pre-clinical and clinical years of medicine, you are fortunate to be taught by doctors with a wealth of knowledge about their industry)!
- ② We encourage you to research some of the **new technologies** that have arisen in the healthcare sector, particularly in relation to **Artificial Intelligence**!
- ③ Machine learning is a **branch** of Artificial Intelligence whereby, instead of a program being manually computed to perform a task, it learns on its **own** to **solve problems**!
- ④ If you've ever been to a hospital or have watched a medical-based TV show, you might have seen those **fancy patterns** on a little white box that look like sin and cos graphs in maths methods! Those are ECG's - they can be hard to read! It would be pretty cool to have a **machine learning algorithm** that can diagnose any cardiac (heart) conditions before the doctor does as it can improve the speed at which the patient is treated (and perhaps the quality of care too)!
- ⑤ Blockchain is simply just a fancy way of **storing data** - it's quite important in a healthcare setting as it can ensure the protection of **confidential and sensitive medical data**!

Q5: Why do you want to study medicine?

I have wanted to study medicine ever since I was a child as I was inspired by the contributions of my father, who is a doctor himself. I did not fully understand what it meant to be a doctor at a young age, but as I grew older I began to develop an intrinsic desire to study medicine. At 15, a close family member of mine fell ill and passed away. Despite the tragic result, I observed the actions of doctors that lead treating teams and I was motivated by their ability to guide patients through their illness journey. At 16, I was privileged to be offered an opportunity to volunteer at a hospital in Sri Lanka, which gave me a fresh perspective into the role that doctors play overseas and in lower socioeconomic areas.

These experiences inspired me to pursue medicine as I also wanted to provide the medical and emotional support my family had received, and target health-disadvantaged regions. I thought a lot about whether medicine was right for me or not, and the combination of my natural inclinations and my formative experiences at hospitals have allowed me to realise that medicine was my vocation.

SCENARIO 5

Q1: Why might have Angelyn plagiarised her assignment in the first place?

I think there could be a plethora of reasons why Angelyn might have plagiarised.

One could be that Angelyn didn't have enough time to complete the assessment to an adequate standard. She may have been under this time pressure due to uncertainty in how to write a thesis, not having the relevant knowledge about the content that she is writing about or personal factors in her life such as being sick or having a job which conflicts with her ability to complete university work.

Angelyn may also have seen other people plagiarise work in their assessments and so she may have thought it was appropriate to plagiarise work. It is also possible that Angelyn perhaps didn't intend to plagiarise. Perhaps she forgot to reference specific material she used in her thesis or maybe Angelyn isn't aware of the criteria and guidelines required to properly reference the sources that she used in her assessment.

So I believe those could be the possible reasons as to why Angelyn plagiarised.

Extension notes:

- ① Just remember that plagiarism can involve copying one's work **without referencing** material - perhaps Angelyn forgot to reference sources at one point or she doesn't know how to reference!
- ② Angelyn, although unlikely, could have also uploaded an early version of an assessment which didn't have references! Using an example like this in your response suggests you are **not quick to jump to conclusions** but rather you like to **assess situations from all perspectives!**

Q2: If Angelyn was not caught and you discovered that she plagiarised, would you report Angelyn to the academic board?

I think before coming to a decision, it would be best to first learn why Angelyn plagiarised in the first place. As I mentioned before, this could be due to medical or personal reasons, uncertainty in how to write a thesis or forgetting to reference the relevant sources and articles. It would be important to ask for Angelyn's thoughts first so I don't jump to any conclusions straight away but first assess the situation. After listening to Angelyn, I would then explain how what she did is classified as plagiarism and why plagiarism is bad - for example, it is a form of academic dishonesty, it would be unfair to people such as myself who don't plagiarise, her learning would be compromised and it would be consequential if she was to treat patients in the future because she may not have developed the adequate medical skills and knowledge to do so. I would then ask Angelyn to report herself to the Academic board and, if she chooses not to, then I would report her myself.

And so, ultimately, I would report Angelyn to the academic board for plagiarism and that is the course of action I would take.

①

Q3: What should be the consequence of Angelyn plagiarising her ethics assignment?

I think the consequence of Angelyn plagiarising would be dependent on a few factors.

If Angelyn plagiarised a large proportion of her section of the thesis, then it would be wise to fail Angelyn. This is because plagiarism will have consequences for her in the future should she become a doctor, such as treating patients incorrectly in the future. And failing Angelyn would encourage her to learn from her mistakes so that she is less likely to make them in the future. Although Angelyn may have personal or medical reasons for plagiarising, she could have requested an extension so that she can better balance those personal factors with university work.

However, if Angelyn didn't intend to plagiarise but perhaps accidentally did because she forgot to correctly reference the source material, then I do believe that Angelyn should still be penalised but complete a course to learn how to reference any source material in her thesis. This will help to prevent any form of unintended plagiarism in the future.

And so, Angelyn should be penalised or failed for the plagiarism and this would depend on the extent of the plagiarism.

Extension notes:

- ① Pay particular attention to this question. Note that the question says what **SHOULD** be the consequence of Angelyn plagiarising - this is a question that asks you to identify and explain a punishment that should be imposed on Angelyn. This is different to a question asking what **COULD** be the consequence of Angelyn plagiarising - this is a question that invites you to speculate the consequences of Angelyn plagiarising on her as an individual (such as compromised learning, inability to treat patients in the future, may encourage her to cheat in the future, etc.).
- ② Here, we have offered a **solution** to the problem of Angelyn not knowing how to plagiarise - taking an **online or in-person course** would be a great solution!

Q4: Who do you think should take responsibility for the plagiarism: the supervisor or Angelyn?

I believe that, to a large extent, Angelyn should take more responsibility for the plagiarism. However, the supervisor may also take some responsibility for Angelyn's actions.

If the supervisor was clear on the consequences of plagiarism beforehand, then they should not take any blame. However, perhaps if the supervisor did not take all the possible steps to clear up any problems that Angelyn may have had in the writing process or if the supervisor did not give clear instructions about the assessment task, then the supervisor would be, to a small extent, responsible as well.

However, Angelyn is also responsible for her own work and should take the initiative to meet with the supervisor and clear up any discrepancies or issues that she said. And so overall, whilst Angelyn should largely take responsibility for the plagiarism, the supervisor may also have to take responsibility but to a smaller extent.

Q5: Do you think Universities should be more strict towards plagiarism?

I think there would be benefits and consequences of universities being strict towards plagiarism.

On one hand, it is important to prevent students plagiarising as it may affect the quality of their work in the future - for example, a doctor that plagiarised a medical ethics assignment in medical school may be unable to solve complex ethical issues that may arise when they are practising or an engineer that plagiarised a calculus assignment may incorrectly design and construct large projects like bridges in the future. This would be quite concerning as it would negatively affect the welfare of people that are sick or people driving across an unsafe bridge.

However, being strict on plagiarism may have the opposite effect of what is intended as it may encourage people to find loopholes in the system to avoid being detected for plagiarism. A better approach may be to teach students entering university about the importance of originality and the consequences of engaging in plagiarism. A free online or in-person course that delivers this information to students would be a more adequate solution in the long-term as people would be less likely to plagiarise if they know the short and long-term implications of it.

And so overall, I think that universities should be strict on plagiarism but, in the process, teach students about the consequences of plagiarism.

Extension notes:

- ① Key words that you can use in your response are '**short-term**' and '**long-term**'! You can use these when discussing solutions to a problem (short-term and long-term solutions) or implications of an action or policy (short-term and long-term implications).

SCENARIO 6

Q1: Do you believe the Bonded Medical Program is an effective strategy to solve the issue of doctor shortages in rural areas?

I believe it's important to weigh up the pros and cons of the bonded medical placement program before coming to a decision.

One advantage of the BMP is that it provides doctors with greater exposure to rural medicine. A doctor that has a bonded medical placement may have never thought about practising in rural locations before - but after exposing themselves to rural medicine, they may have enjoyed forming intimate connections with rural patients or the peaceful lifestyle that comes with living in a rural area - and so doctors may be inspired to work in rural locations in the future, making the BMP an effective strategy in reducing the shortage of rural doctors.

However, some people might not see it as an effective strategy because forcing someone to do something against their will may discourage doctors from working rurally in the future. And so, doctors would be more hesitant to move to rural areas in the future which would further contribute to the doctor shortage.

Overall though, I believe the BMP is an effective strategy to solve the shortage of doctors in rural areas because although doctors are forced to work in a rural area, it would be much better to force 100 doctors to work in a rural area for 3 years rather than having only 5 doctors voluntarily practice

Q2: Why is it important to bridge the health gap between people living in rural areas and people living in non-rural areas?

I believe it's important to bridge the health gap and this can be seen from a few different perspectives.

From a social^① perspective, it's important to achieve equality in society. This is because of the concept of distributive justice, which means that everyone should have access to healthcare based on their clinical needs and not because of their age, gender, wealth status or any other non-clinical factor. Creating an equal society will empower people to make the most of their lives and have more fulfilling lives.

From a health^② perspective, it's important to bridge the gap in order to prevent the development of chronic illnesses in patients. If a patient has a chronic illness, then that patient could potentially be suffering for quite a long period of time. It's important to bridge the health gap in order to prevent chronic illnesses like chronic kidney disease and cardiovascular disease in order to improve quality of life.

From an economic^③ standpoint, given that Australia is an ageing population, it is important to ensure that health outcomes are maintained so as to reduce the burden on public hospitals. Hospitals tend to be understaffed and overworked, so bridging the health gap can prevent hospitals from being overburdened in the future, which can reduce costs and expenses for them in the long-term.

Extension notes:

① Here, we have categorised our responses by themes - a **social, health and economic perspective!** This is a useful way to **structure** your response as the examiner will have a clear understanding of your discussion points.

Q3: What alternative solutions are there to the Bonded Medical Program that can resolve the shortage of doctors in rural areas?

I believe there are a number of solutions we can take to resolve the rural doctor shortage.

One would be to increase the quota for students living in rural areas. Medical students from a rural background are more likely to move back to their hometown to practice either because their family lives there or a personal connection with that hometown. And so, increasing the quota of students from rural backgrounds can lead to more doctors working in rural locations in the future, which can overcome the workforce shortage.

Another solution could be to increase the number of rural clinical placements that medical students do. In year 2, medical students complete a 1 week rural placement near the end of the year before applying for either a metro or rural placement in year 3. It would be great to have medical students complete more rural clinical placements so that they have greater exposure to rural healthcare. This might inspire them to not only apply for rural placements during years 3 to 5 but also work as a rural doctor in the future.

One more solution could be to build more training facilities in rural areas. Lots of doctors tend to work in metro areas because of the access to training facilities that allow them to specialise. And so, creating training facilities and programs in rural areas may encourage doctors to move there to undergo specialisation!

Collectively, these three strategies can help solve the doctor shortage in rural areas.

Extension notes:

- ① For more alternative solutions, check out **page 23** in this book!
- ② Using an example like this shows that you have done your **research** into the Monash Medical course or perhaps have consulted with students studying medicine (which is a great way to signal to your examiner that you have put thought into your application)!

Q4: Why might medical professionals be hesitant to work in rural areas?

I think there could be a few reasons why doctors are hesitant to move to rural areas.

One reason is that shifting from a metro to a rural area would be a significant change in people's lives and doctors might not want to move there because their family and friends are close to them and moving to a rural location would increase the distance between them and loved ones. Although rural health work is important, a doctor may not function to the best of their ability if they're not surrounded by their support network. Families may be less likely to allow move as well because of the significant costs and expenses associated with moving - the government could perhaps subsidise transportation and relocation of families to make it easier for doctors to move to rural settings.

Another reason could be the lack of research facilities. Doctors often stick to metro regions because of the access to research facilities that allow them to conduct research in fields that they are interested in - building research infrastructure in rural areas may encourage doctors that are interested in research to move to those locations so that they can improve rural healthcare outcomes whilst also completing research endeavours on the side and supporting a rurally-based career path.

I believe that is why doctors might be hesitant to move to rural areas.

Q5: Would you like to work in a rural area^① when you graduate from medicine?

Yes, I would love to practice in a rural setting once I graduate, particularly in remote Indigenous communities.

Earlier this year I participated in a debating competition at my school and one of the topics was that more needs to be done for Indigenous Australians living in rural areas. And when I was doing my research, I was shocked to learn that the life expectancy of an Indigenous Australian is approximately 8 years less than a non-Indigenous Australian. This was shocking because, although I knew a health gap existed, I wasn't aware of the extent of the disparity.

I'm very fortunate to have grown up in a metro region where I have fantastic access to adequate healthcare, but I know that for many people living in rural areas access to healthcare is limited. So I would love to work in rural locations as an Emergency Doctor to treat rural patients in life-threatening emergency situations.^②

Extension notes:

- ① Note that if you are a **student from a rural location**, you should mention that you are in your response and how you want to work in your hometown due to the lack of medical doctors there (if there is a shortage that is and if you want to work in your hometown)!
- ② If you applied for the **Extended Rural Cohort (ERC)** and you made it your first preference, that could be something you mention in your response too!

SCENARIO 7

Q1: What would you do given that Steven's performance at tryouts was not at the expected standard?^①

I would take a step-by-step approach if this were to happen.

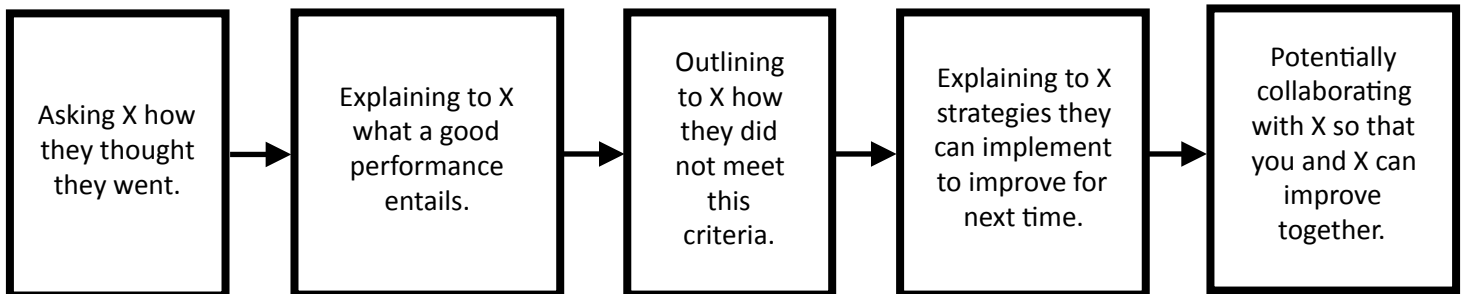
The first thing I would do is talk to Steven in a private setting and discuss in a sensitive manner how Steven thought he went at tryouts - specifically asking him to identify his strengths and weaknesses on the hockey pitch. After doing this, I would explain what the criteria were for an adequate performance. Perhaps it was that a successful tryout involved scoring a certain number of goals, being able to perform a 'tomahawk' and 'penalty stroke'^② or making more efforts to compete with opponents for the ball. I would then outline how Steven didn't meet that specific criteria but, more importantly, explain how Steven can work on those weaknesses so that he can improve his performance for the future.

I could also recommend strategies to Steven on how he could practice in his own time or I could individually work with Steven after school to prepare together. I think this would be a great approach because not only will collaborating with Steven improve his hockey skills but mine as well.

And that is the approach I would take in this situation.

Extension notes:

① Here is a **general outline** of how this question can be addressed:



② Note that due to my hockey background, I am aware of **technical terms** like 'tomahawk' and 'penalty stroke' - the examiner would not expect everyone to be familiar with the sport of hockey, so you do not have to remember technical terms like these! A general discussion about the actions of whatever sport you talk about would be suitable though!

Q2: What would be the qualities^① of an effective hockey team?^②

I believe there are two main qualities of an effective hockey team.

The first quality is that everyone shares the same common goal or objective. Whether this be winning a game, or everyone improving their ability to perform a skill like a Tomahawk or a flick, sharing a common objective will ensure there is more effective communication between all team mates and that synergy is created on the hockey pitch when training and playing games. This can also create an effective hockey team because if everyone has the same goal, then win or lose, everyone will be satisfied that they were able to accomplish what they have together.

I think the second quality of an effective hockey team is having interpersonal relationships with everyone in a non-hockey environment. Whether it be in the classroom or in social groups, getting to know the team mates on a personal level can create more positive relationships between everyone because the team doesn't isolate hockey from life outside of hockey but rather combines them together. This can create a more collaborative environment where the team players are more likely to be involved in hockey-related activities and work together to improve as a collective.

And I believe those are the main qualities of an effective hockey team.

Extension notes:

① **Other qualities** you can discuss include:

- Effective communication
- Openness to discussion and criticism
- Players having a similar skill set

② Ensure that you don't just state what the quality is, but you explain why it is an important quality! This can be through **examples** or explaining the **effect of not having that quality** on the functioning of a team (for example, **a lack of communication** in the hockey team could lead to the team struggling to coordinate where to pass the ball to one another)!

Q3: Is it ethical to give Steven a spot just because he is your friend?

I think this question can be considered from two different perspectives.

On one hand, it may be seen as ethical by taking a consequentialist approach, which means that the end or the outcome, as long as it is positive, justifies the means used to achieve that outcome. This means that the ends, which is maintaining a friendship with Steven, would justify the means, which would be giving him a spot just because he is my friend even if he didn't deserve it.

On the other hand, it would be seen as unethical to give him a spot just because he is my friend because it will take away from the hard work of other players. For example, there may be a player who is good enough to be on the team and has the skill set we are looking for, but because Steven is my friend I take that spot away from the other member. There is also no tangible benefit for doing this - Steven won't learn in such a situation and the other player may be discouraged from partaking in Hockey.

So overall, I think it would be unethical to give Steven a spot just because he is my mate.

Extension notes:

- ① Note that for questions that ask you to reflect on the **ethics** of a particular action or policy, you can almost always use a **consequentialist argument** to justify one perspective. And so, the term '**ethical**' is a **buzzword** that should make you think of using a consequentialist perspective.

Q4: What are your thoughts on the idea of lying to Steven by telling him that he is a great hockey player, but wasn't accepted into the team due to small team numbers?

I believe it's important to consider this idea for its pros and cons.

In terms of pros, the main benefit is that I'd be able to preserve a positive relationship with Steven. This would be crucial if Steven and I are best friends because having him as a support network and person that we both rely on is important to have in my life. Another benefit is that he is less likely to be discouraged from partaking in hockey in the future. If I tell Steven that he is a great hockey player, he may continue to play hockey still and practice to become a better player in the future.

However, this idea is disadvantageous too. For example, if Steven finds out that I lied to him then this would compromise our relationship even more compared to if I was to tell him the truth. This could mean that I potentially lose a best friend, which is something that I wouldn't want to do.

So overall, I wouldn't lie to Steven because it isn't a good long-term strategy for Steven's performance. Instead of lying to Steven, a better long-term approach would be to work with him to improve his hockey skills by practicing after school with him or at lunch times. This would give Steven a greater chance of being a part of the team in future hockey seasons.

Extension notes:

- ① Interestingly, in unique medical situations, doctors may engage in **therapeutic privilege** when interacting with patients! This means that doctors may **withhold** information from a patient because awareness of that information may cause **additional physical or mental harm** for them!

Q5: How would your friends describe you as a person?

I believe my friends would describe me as curious and considerate.

In terms of being considerate, I always try to actively listen to my friends during conversations and provide support when it is needed. For example, if one of my friends is stressed about something going on in their life, I'll try my best to make sure they have me as someone they can talk to and that I can suggest solutions to the issues they are facing. I'd also try and check in to make sure they are progressing along well and that they aren't spiralling downwards.

In terms of being curious, I love to learn and I tend to ask questions like 'how' and 'why' for whatever I am studying, trying to learn or working on in general. Although I can definitely see how I may sound like a broken record, I love learning the intricacies and small details of a concept so that I can fully understand it.

And so that's how I believe my friends would describe me.

SCENARIO 8

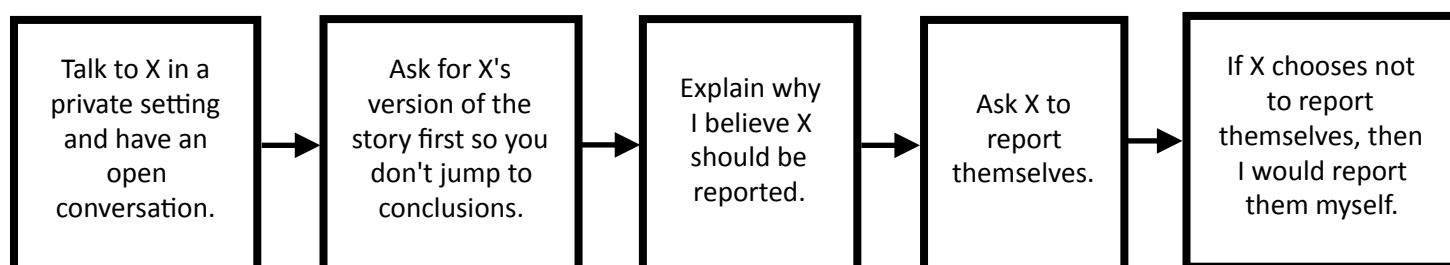
Q1: Would you report Samuel for cheating?

I believe the best course of action would be to first talk to Samuel in a private setting and ask him in a non-confrontational manner if he cheated on the test. The reason why I would do this first is because it's important to first assess the situation before jumping to any conclusions. I would then tell him that I have reason to believe that he cheated on the test by pointing out the fact he had notes in his pocket. I would then ask him why he cheated - perhaps he thought it was an open book test and wasn't aware that you couldn't bring in notes, perhaps he didn't have enough time to study or may have personal reasons in his life which meant he couldn't complete the SAC to the best of his ability.

After learning the reason why, I would explain why cheating is bad - for example, it compromises his learning and this may impact his ability to work adequately in the future, it is also against the school policies and is unfair to the people who didn't cheat on the test and properly prepared. After explaining why cheating is inappropriate, I would ask Samuel to report himself to the Chemistry teacher and, if Samuel refuses, then I would report Samuel myself.

Extension notes:

⊙ Here is a **general outline** of how any question involving '**reporting**' someone could be addressed:



Q2: Why do you think Samuel may have cheated in the first place and what are your thoughts on cheating?^①

I think there could be a plethora of reasons why the student may have cheated in the first place.

One could be that perhaps Samuel didn't intend to cheat in the first place. It is plausible that he wasn't aware of the instructions of the SAC and thought it was an open-book assessment task and so used notes when completing the test. Another reason could be that Samuel has personal reasons for cheating on the SAC. Perhaps Samuel didn't have enough time to work on preparing for the SAC because of a part-time job which he has to commit to. Or perhaps he was sick for the past week and so didn't get any time to revise and study for the chemistry SAC.

Overall, I believe cheating to be an unethical action to take because it compromises the system of fairness which tests and assessments are supposed to enforce on students. There will be students that prepared fairly for the test and unfortunately they will be penalised for someone else doing the wrong thing and cheating on the test. I also think that cheating has long-term complications for students - for example, if a medical student was to cheat on their exams then this may compromise their ability to treat patients in the future or if a professional politics student was to cheat then this may compromise their ability to lead this country and policies in the future.

Extension notes:

① Note that this is a **two-part question!** If you forget one of the parts, you can ask the examiner to **re-state** the question!

Q3: The student tells you that he thought that the Chemistry SAC was open-book. Does this change how you approach the situation?

I believe that I would largely take the same approach as before but slightly modify how I would tackle the situation.

For example, I would ask him why he thought the Chemistry SAC was open-book. If perhaps the teacher had mentioned the SAC was open-book at some point or the instructions on the front page of the SAC indicated the SAC was open-book then Samuel wouldn't be in the wrong and rather this would be the problem with the Chemistry department's team and admin.

If this was the case, then I would ^①guide Samuel on how he could approach the situation. He can have a private meeting with his Chemistry teacher and openly discuss the fact that he had brought in notes to the assessment, raising why he thought the Chemistry SAC was an open book and providing evidence to support his situation. I think in this meeting there should be an emphasis on the fact that there was no attempt to engage in cheating but rather a misunderstanding in communication or administration which lead him to believe the SAC was open-book.

So I would slightly modify my approach by asking Samuel why he thought the SAC was open-book and proposing how he can bring this up with the Chemistry teacher.

Extension notes:

① Note that in most situations, it's better to **guide** a person on their journey rather than point them in the right direction!

Q4: Give an example of a time where you had to make a stressful decision.

One example of a time where I had to make a difficult decision was when I was required to travel interstate to participate in a mooting competition at Bond University in Queensland and I had an important English assessment the very next day which counted for a large proportion of our English grade. The predicament was that a long flight to Queensland and back to Melbourne, coupled with spending the entire day mooting would have made us quite exhausted and potentially stressed for the SAC the next day.

And so, as a team, we had to weigh up whether we would go to Queensland to compete in the competition or sit out this round so that we wouldn't be as exhausted for the SAC the next day. However, in the end we did decide to travel out and compete because we thought it was right to represent our school and because it was a once in a lifetime opportunity.

Q5: What did you learn from making that stressful decision?

I learnt a lot from that decision.

I learnt that it was important to follow passions first before anything else. Had I not gone to the Mooting competition, I wouldn't have been able to ever have that experience in life again. Especially since I would be more likely to remember the time I competed in the mooting competition rather than a SAC grade which I will forget after a week!

I also learnt I should trust in myself and my abilities more. I was initially quite stressed about balancing the exhaustion and pressure of the competition with the SAC the next day, but I soon after realised that this stress was self-created and that I should trust myself to be able to balance school work with things that I am passionate about.

And so that is what I learnt from the decision.

SCENARIO 9

Q1: Why might people engage in domestic violence?

There are many reasons why someone may engage in domestic violence, whether it be in physical, emotional or financial forms.

One reason might be due to a generational impact of being in an environment of domestic violence as a child. If someone has been surrounded by violence and abuse as a child then they may believe that it is socially acceptable to engage in violent and abusive behaviours in adulthood as well. This has a cyclical effect and so, may even carry onto the next generation and future generations after that.

Another reason might be due to alcohol or drug abuse. Being intoxicated may cloud people's understanding of what is right and what is wrong and unfortunately someone may do the wrong thing in the process.

Another reason might be due to financial problems. From my understanding, there tends to be a correlation between domestic violence in families and being of a lower socioeconomic status. This could be because one partner is financially dependent on the other partner and so, the partner who earns a greater income may restrict access to funds or employment.

I believe those are reasons why someone may engage in domestic violence.

Q2: What can Australian communities do to help reduce the rates of domestic violence?

I believe the best thing that Australian communities can do to reduce rates of domestic violence is through creating education and support services.

In terms of education services, Australians can form marketing campaigns that highlight the reality of domestic violence and how it exists in many forms - many people associate domestic violence with just physical abuse, but it can also exist in verbal forms through shouting and yelling, financial forms through limiting someone's access to finances and social forms through cutting off your partner's access to social networks. Educating the public on what constitutes domestic violence might allow Australians to better identify acts of domestic violence and call it out.

In terms of support services, new support groups can be formed or old support groups can be expanded. These support groups can lend a hand to victims of domestic violence in terms of financial aid or just someone to talk to. I believe this is really important because solving the issue of domestic violence isn't about pointing a victim in the right direction, but instead walking with them on their journey. So I believe that Australian communities can assist through forming education and support services.

Q3: What can domestic violence victims do to help with the issue?

I think there are many things that domestic violence victims can do to help.

One way can be to share their stories with the world if they are comfortable doing so. I believe that sharing powerful and inspiring stories about domestic violence experiences and how they were able to receive support and come out of their situation can motivate current victims to take that first step to escape their own situations. Domestic violence is often seen as a personal and secretive issue, but sharing stories can give victims the courage to be more open about their situations and ask for help.

Another way that domestic violence ex-victims could help out at a more private and personal level is by directly communicating with recent or current victims. Victims of domestic violence may feel as if they can't verbalise their experiences with members that haven't been through the same experience - and so, having one-on-one discussions between victims can encourage people to realise they are not in it by themselves. The ex-victims could also offer more personalised advice to current victims about how they can improve their situations too.

I believe that is how victims of domestic violence could assist.

Q4: What strategies can be implemented to create a more positive relationship between law enforcement and members of the community?

I believe there are two main strategies to improve the relationship between the police and community members.

One strategy^① is to invest in cultural sensitivity training. Given that Australia is a very culturally diverse country, there will be many communities with different cultural beliefs and values. Training the police in cultural sensitivity may allow them to correct any pre-existing behaviours and attitudes they may have and also allow them to better enforce the law within communities. This can potentially limit the chance of racial profiling occurring, allowing for trust to be fostered between the police and community members.

Another strategy could be for police to interact more with Australians in non-enforcement situations. Police are recognised and rewarded for their efforts in enforcing the law on people who are committing crimes, but there is an absence of general communication between the police and local community members. The police can partake in small but meaningful activities like checking in on pedestrians, asking how their day went and how they are feeling in the current pandemic. Small steps like these can pave the way for more improved police-community relationships in the future by building positive interpersonal relations.

I believe these strategies can help improve the relationship between police and the community.

Extension notes:

- ① In order to explain the effectiveness of a particular strategy, you could outline the **effects** of that strategy being **absent**.

Q5: Other than domestic violence, what is one issue in Australia that you think needs to be addressed and why?

One other issue that I believe is important to address is the education disparity and inequality that exists between the private and public school system. When I was in year 9, I mentored students in years 5 and 6 at Keysborough Primary School. This would involve helping the students out with any homework tasks they had and also interacting with them at an individual level by learning more about them. I learned quite a lot about the educational disparity that is prevalent between different schools - particularly the disparity in resources between schools, the quality of the curriculum and the support from teachers.

The reason why I believe this is important to address is because equality in education can lead to equality of opportunity in the future, whereby disparities in different fields of society such as health are likely not to exist. And so this means that a greater population of Australians can prosper in the future.

SCENARIO 10

Q1: What do you do in this situation?

If the situation wasn't as intense as what was portrayed, I would normally take someone to a private setting, discuss the issue with them and propose solutions.

Given the nature of the situation and the immediate danger I could be in, I think the best thing to do would be to move myself away from the situation and notify any nearby passengers so they can avoid being harmed too. After doing this, I would check to see if there are any nearby police officers or train station staff nearby which I could make aware of the situation, as they would be properly trained in de-escalating situations like these!

I would make sure to get in contact with someone rather than avoiding the situation and going to school because it's important to make sure that everyone in the surrounding area is safe and to prevent anyone from experiencing harm from this person. If there was no one around, then I would make sure I am in a safe area away from this person, call triple zero and let them know of the situation.

And that is what I would do in this situation.

Extension notes:

- ① Most scenarios would involve you taking a person to a **private setting**. This is because a private setting will create an **atmosphere of comfort** for the person you are conversing with and allow them to have a discussion with **open communication**. Although it's not suitable for this situation, it is important to keep in mind!

Q2: What may have caused the person to become addicted to drugs?

Although everyone's journey in becoming addicted to drugs would be slightly different, I think there are a few reasons to explain how this person came to their situation.

One reason could be early exposure to drugs at a young age. If someone is exposed to drugs at an early age, then it may be ingrained in their lifestyle and becomes a normal part of their daily life in the future. This is further compounded by the effects of factors like peer pressure in which young boys and girls may feel pressured into taking drugs or risk being excluded from their social circle and a lack of parental guidance, where perhaps the parents have not explained to their child the implications of drug use and the safety concerns surrounding it.

This person may also have a lot of stress and anxiety in their life and use drugs in order to "cure" that anxiety. But the problem is that you will only feel a sense of euphoria for a short period of time and when the effects of the drugs wear off, you will feel worse off compared to before. And this has a cyclical effect, causing the person to take more drugs and develop an addiction.

I think these reasons can explain how this person has come to their situation of being addicted to drugs.

Q3: Who are the other stakeholders that may be influenced in this situation?

I think there are a few stakeholders that may be influenced in this situation.

One is other language school students. Assuming that I am not the only student at this language school that takes the train, there may be other peers who may fear being hurt by the individual either verbally or physically. And so, language school students may be negatively influenced in this situation.

Another could be train station security guards. These staff members would be trained in de-escalating situations like these and may have to attempt to solve this situation by detaining the individual or removing him from the train station. And so they may have to put themselves in immediate danger to resolve the situation.

And so I believe that these are the main two stakeholders in the situation.

Extension notes:

① If you are struggling to brainstorm stakeholders, check out **page 24** in this book!

Q4: How can we reduce the rates of illegal drug consumption?

I think there are two main strategies we can implement. These are educating the public and providing support services.

In terms of education services, communities can create marketing campaigns that highlight the reality of illegal drug use and its implications. For example, we can have welfare workers travel to schools and educate kids at a young age about illegal drug consumption, as young children have the greatest propensity and opportunity to change at an early age so they are set up for a positive life. Another strategy can be to advertise on TV harrowing statistics like the percentage of people that die as a result of illegal drug consumption every year - which would deter people from engaging in these activities. This has worked in the past to reduce rates of smoking in the early 2000s, and so I believe this can be an effective strategy to reduce illegal drug consumption too.

In terms of support services, new Narcotics support groups can be formed or old support groups can be expanded. One group which I know has a big influence in rehabilitating ex-drug users is Narcotics Anonymous, which would appeal to people who want to solve their illegal drug consumption but perhaps are scared to take that first step. These support groups can provide advice to these individuals in terms of how to tackle their addictions, managing their finances and also returning to a more healthy lifestyle that is drug-free. I believe this is really important because solving the issue of illegal drug consumption isn't about pointing someone in the right direction, but instead walking with them on their journey.

So, overall, I believe that Australian communities can assist through forming education and support services.

Q5: Tell me about a time where you had to make a difficult decision.

One example of a time where I had to make a difficult decision was when I was required to travel interstate to participate in a mooting competition at Bond University in Queensland and I had an important English assessment the very next day which counted for a large proportion of our English grade. The predicament was that a long flight to Queensland and back to Melbourne, coupled with spending the entire day mooting would have made us quite exhausted and potentially stressed for the SAC the next day.

And so, as a team, we had to weigh up whether we would go to Queensland to compete in the competition or sit out this round so that we wouldn't be as exhausted for the SAC the next day. However, in the end we did decide to travel out and compete because we thought it was right to represent our school and because it was a once in a lifetime opportunity. Through this, I learnt that I should trust in myself and my abilities more. I was initially quite stressed about balancing the exhaustion and pressure of the competition with the SAC the next day, but I soon after realised that this stress was self-created and that I should trust myself to be able to balance school work with things that I am passionate about.

SCENARIO 11

Q1: What public health measures have been implemented to control the COVID-19 pandemic?

There are two public health measures that come to mind.^①

One is compulsory mask wearing, which serves to limit the transmission of COVID between infected and healthy individuals. This is because face masks act as a physical barrier that traps infected respiratory particles that have been exhaled by infected individuals and prevents those that are healthy (and free from COVID) from inhaling these. By minimising the spread of COVID-19, this public health measure can prevent outbreaks of COVID-19.

Another public health measure is contact tracing, which involves identifying and tracking all the people that a patient who has tested positive for COVID-19 has been in contact with within the last two weeks. This assists in dissolving the chain of infection by identifying people that could be COVID-19 positive and treating them to prevent further transmission of the disease within communities. Understanding and tracking the movements of people that have tested positive can help to control the spread of the SARS-CoV-2 virus and prevent further outbreaks.

Extension notes:

- ① Other public health measures include the use of lockdown to **reduce human mobility** and **curfews** to **limit human-to-human interaction**. Check out **page 21** in this book if you need more information on these public health measures!

Q2: What are some reasons for vaccine hesitancy?

I think there are a few reasons why vaccine hesitancy exists.

One could be because of the common and rare side-effects of vaccines that patients may acquire. Many people may be scared about the side-effects of vaccines, particular the COVID-19 vaccine and recent reports of rare blood clots as a side-effect. People may also be worried that there is the potential for a non-virulent strain to convert to a virulent form and inflict further damage on patients. This fear may result in a hesitancy to be vaccinated.

Another reason could be due to being misinformed about vaccines. For example, there are many people that believe that vaccines contain microchips that the government is using to track patients and that vaccines can cause autism. Whilst there is no evidence-based justification for these theories, many people may be coerced into believing that vaccines are unsafe and for government-control.

Another could be because of religious reasons. I know from personal knowledge that cultures in India tend to rely on home remedies and Ayurveda therapies rather than vaccinations. And so these cultural differences may make people believe that a vaccine is unnecessary if they have convenient home remedies that could solve the same problem.

I believe these could be the reasons for vaccine hesitancy.

Q3: Which stakeholders may play a role in tackling the issue of vaccine hesitancy?

I believe there are two primary stakeholders that play a role in this issue.

One is doctors who are part of the COVID-19 Vaccination Champions Program. This is a program that aims to increase the rate of vaccination uptake by promoting trust in the Australian COVID-19 vaccination program. These doctors are called 'Vaccination Champions' and undergo a training program to learn how to generate confidence in the COVID-19 vaccine at a community level. These doctors promote vaccine confidence by promoting official and personal COVID-19 vaccination videos on their social media platforms, delivering informative presentations to the community and advising the Victorian Department of Health on key issues that have been identified when practising.

Another is the Australian government, who will work to coordinate an effective vaccine rollout in which Australians may be more satisfied, answer any queries from the public and promote the value of the COVID-19 vaccine to the community. This can tackle the issue of vaccine hesitancy as people will be less hesitant to receive the vaccine if they are aware of the policies in place for the vaccine rollout.

Extension notes:

- ③ These doctors undergo the **training program** at the **Murdoch Children's Research Institute**. Note that is quite a specific detail and does not need to be included in your response - it is just for your knowledge :)

Q4: What are some international strategies that can be implemented to promote equitable access to the COVID-19 vaccine?

There are two main international strategies that come to mind.

One is the creation of COVAX, which is an agreement between nations of the world to support the global development and manufacturing of vaccines so there can be equitable distribution of the COVID-19 vaccines across both developed and developing countries. This strategy is crucial in eliminating the issue of vaccine nationalism, which is where countries act in their own national interests by securing vaccines for their own people rather than prioritising a global approach. This ensures that it isn't just people from wealthier nations that are being vaccinated, but those from poorer regions of the world too.

Another strategy is through countries donating excess supplies of vaccines to third-world countries. I watched a video recently about how the Canadian government is very open to donating any excess vaccine supplies once they reach their vaccination targets, and I believe that such an approach ensures that global vaccination objectives as developing nations will be able to have greater access to the vaccines.

I think these two strategies can promote equitable access to the COVID-19 vaccine.

Q5: Do you believe that the COVID-19 vaccine should be mandatory for all Australians?

Before I come to a conclusion, it's important to first perform a cost-benefit analysis on such a proposal.

This proposal does have its advantages in that making the COVID-19 vaccine mandatory can improve the chance of eradicating the disease and ending the pandemic. This is because we'd be able to achieve a state of herd immunity so that the more people that are protected, the less chance there will be of transmission of COVID-19 in communities. Another advantage is that there are less opportunities for the virus to mutate if there is reduced spreading in the community, which prevents the development of a potential superbug which could be worse than the current strains we have so far.

However, this vaccine does pose an ethical dilemma in that making vaccines compulsory would be forcing people to do something against their will. And I do believe that although the pandemic may prolong if people don't wish to be vaccinated, Australians should be able to make their own autonomous decisions and not be coerced into medical decisions that they may not want to undertake. Instead, we could educate the public about the COVID-19 vaccine and be transparent about the benefits and risks so that people can make an informed choice about getting vaccinated or not.

So, overall, I don't think that the COVID-19 vaccine should be compulsory as people should have autonomy and choose whether or not they want to be vaccinated.

Extension notes:

- ① Here, we have given a solution to the fact that patient autonomy is compromised if vaccines are made compulsory. Instead of mandating the COVID-19 vaccine, it could potentially be better to educate the public about the value of vaccines and its role in preventative medicine. In scenarios or questions where you are siding against a particular proposal, it would be a useful approach to offer an **alternative solution** to the proposal.

SCENARIO 12

Q1: What are the advantages of introducing the politician's proposal?

I believe there are many advantages to introducing this proposal.

One advantage is that it acts as a good incentive for people to donate their organs. This is because it is a simple process whereby people can be screened for quality issues, their organs can be surgically extracted and they can be paid afterwards. People who donate their organs should deserve some form of compensation and a monetary reward can act as a quick and simple tangible reward to recognise efforts.

Another advantage is that it reduces the shortage of donor organs. This means that people who urgently require donor organs to survive are more likely to have an organ available if we have a greater supply of them. This can improve health outcomes in chronically ill patients and reduce the emotional impact associated with searching for organs to meet patients needs. Increasing the supply of organs may also reduce the demand for illegal black market trading of organs. Illegal operations to obtain organs may be reduced if there are more organs to meet different patient's clinical needs.

I believe those are the advantages of introducing this proposal.

Q2: Do you believe it is ethical or unethical to offer people a monetary incentive to donate their organs?

I believe that it can be considered by some people to be both ethical and unethical.

It can be seen as unethical to pay people for their organs because if patients are privately paying for organs (rather than the government), then this may create a health disparity between the rich and the poor, whereby only individuals who have the money can actually pay for the organs they need. This is unethical because individuals who may need a specific organ such as a liver or a kidney urgently are unable to receive it because people are buying their way in.

However, on the other hand, it would be plausible to take a consequentialist approach in this situation. Although someone is paying for organs, the end goal of improved health justifies the means of paying for organs because we can overcome the initial issue of a shortage of donor organs.

Overall however, I don't believe it is ethical to offer a monetary incentive for people to donate their organs because it can lead to further commodification of human life.

Q3: What issues may arise from placing monetary value on organs?

I think there are two main issues that may arise from placing monetary value on organs.

One issue is that it could promote the black market trade in which there will be increased illegal selling of organs. This tends to occur in developing countries like China and India and placing a monetary value on organs may increase the rate at which people are illegally operating on people and taking their organs for monetary gain.

Another issue that could arise is that it may incentivise homeless people or drug abusers to donate their organs for money. This is a problem as it may potentially increase the number of poor quality organs being donated and this would pose a health risk to patients in need of organ transplants. Although this problem could be solved by performing strict screening processes to ensure the organs are of a higher quality, it may be expensive to perform these processes and incur additional expenses.

I believe those are the main issues of introducing this proposal.

Q4: What else can be done to reduce the shortage of donors in Australia?

I believe there are a few long term solutions to solve the shortage of donor organs in Australia.

One long-term solution could be to provide more education about the shortage of organs by advertising about the opt-in system. An inadequate education may limit people's knowledge about the shortage of donor organs and how it is an inherent issue that needs to be tackled in Australia. I myself was not aware of the shortage of donor organs until a year 12 Biology teacher made me aware of it and so, I learnt more about it and educated myself and my family about how we could join the opt-in system to increase the supply of donor organs.

Another solution could be to implement an opt-out system in the near future, where when an individual is born they will automatically be signed up to give their organs once they pass away. Such a solution can be effective in overcoming the shortage of donor organs because instead of starting at 0% organ donation and making our way upwards we can start at 100% organ donation and be okay with the fact that, even if a small percentage opt-outs, we will still have a sufficient number of donor organs available.

Another solution could be to improve the ease of access of the opt-in system. We could have volunteers go door to door and explain how the opt-in system works and how to navigate the application on donatelife.org. Such a strategy can generate awareness about the problem of organ shortages and accordingly increase the supply.

Q5: Do you believe the opt-out system is useful as a potential solution?

I believe the opt-out system has its advantages and disadvantages.

In terms of advantages, the opt-out system can quell the issue of donor organ shortages. If everyone is required to donate their organs once they pass out except for those that opt-out, we are going to have more organs available to transplant to patients that are in urgent need of them. This means that patients won't have to wait for a long time or worry about their position on the donors list, but can instead receive an organ when required.

However, the opt-out system may pose challenging because increasing the number of organs available means that there is a higher possibility of defective or unhealthy organs. This means that more screening programs would need to be conducted to ensure the safety of the organs and this could be costly and expensive.

Overall though, I believe the opt-out system is a useful solution because it will increase the number of donor organs available and so, increase the number of transplants for patients who require organs urgently to live.

SCENARIO 13

Q1: Explain the benefits and disadvantages of working in a team-based environment.

The main benefits of working in a team include the fact that the quality of the final decisions can be improved. This is because there will be a greater pool of knowledge in the decision-making process and so, when multiple ideas are put forward, everyone can collaborate to refine the decisions and pick the best possible one.

Another benefit of working in a team is the fact that positive relationships can be formed between team members. This is advantageous because the motivation and morale of workers will improve, and this can lead to the quality of work from staff improving. And so, if this was a healthcare setting, then the quality of treatment for patients can improve.

One disadvantage of working in a team is the potential for conflict to arise. This is because when we work in team-based environments, we all put forward ideas and some will get accepted and some will be rejected. This may result in workplace relationships breaking down because it's difficult to decide which decision to pick, what the criteria for a good decision is and who gets the final decision. And so, the quality of work will reduce over time.

Those would be the advantages and disadvantages of working in a team.

Q2: Explain the benefits of working solo.

I believe there are a few benefits to working by oneself.

One advantage is that there is no chance for disputes to occur. In a team-based environment, there is the possibility of conflict arising if two parties don't agree with each other on particular decisions. This is completely avoided if someone is working by themselves as they will be able to make all the decisions themselves and they don't require approval from anyone else to make the decision.

Another advantage of working solo is that individuals may feel empowered. If you are working in a team, not only will the tasks be shared by team members but also the final results too. So working by oneself may give people a greater sense of morale because they are able to complete tasks by themselves rather than relying on other people.

And so I believe those are the advantages of working solo.

Q3: Give examples of where a medical professional may have to work in a team-based environment.

I think there are many times where medical professionals have to work in teams.

In hospital environments there is a multidisciplinary approach to medicine which means that members of the healthcare team collaborate synergistically to ensure that educational outcomes are achieved. For example in a surgery unit, surgeons have to communicate with nurses, physicians and allied health staff to ensure that the most optimal treatment approach can be delivered to the patient undergoing surgery.

Another example could be in the medical research industry, whereby doctors, technologists, medical research technicians and scientists collaborate and conduct research into new treatments, severe medical conditions, emerging diseases and new technologies. Not only would they conduct the actual research together but they would also plan out how the medical research will be conducted such that it is in an organised and efficient manner.

Another example would be in medical education - many of the lecturers and tutors in medical schools are practicing doctors. These medical professionals would have to work together to coordinate the curriculum of students in pre-clinical and clinical years, ensure that tutors are available to teach and that all staff in the faculty are aware of their teaching requirements and responsibilities.

And these are the examples of where a medical professional may have to work in a team.

Q4: Why do you think there is an emphasis for people to work in team-based environments?

I believe there are a few reasons why society emphasises working in teams.

One reason is because most occupations and fields require people to work in a team setting in order to achieve business objectives. For example, doctors, nurses and other allied health staff in emergency departments have to work together to coordinate effective treatments for patients. And warehouse workers have to work together to effectively map out and manage the supply chain, including stocking inventory and delivering goods to retail stores. If these tasks were to be done individually, then set objectives and goals are unlikely to be achieved. And so, this could be why there is an emphasis to work in teams in society.

Another reason could be due to the general benefits of working in a team environment. As I mentioned before, there is more knowledge available in the decision making process when more people are available and the quality of the final decision can be improved too. These added benefits won't be achieved if working solo, and so, this could also be why teams are emphasised in society.

Q5: Give an example of a time when you've had to work in a team-based environment.

One example where I had to work in a team was when I represented my school in field hockey. Every Tuesday I would train with my team and every Saturday we would play another school in our district.

On the Tuesday training sessions, our team would work together to identify our weaknesses, plan out game strategies and improve our team's hockey abilities as a whole. And then on the Saturday games, we'd come together to put our training into action, making sure that we stick to the game plan and strategies we planned out beforehand. And, win or lose, we all had fun because we become closer as a team over time.

I learnt a lot from that experience as well - I learnt that two-way communication between all teammates when deciding game strategies and tactics is more useful in creating a collaborative culture in our team. And I also learnt that the success behind teams isn't just due to the working relationship on the pitch, but also outside the pitch too. I've also been inspired by this to continue playing hockey in the future!

SCENARIO 14

Q1: What do you believe are the qualities of effective teams?

I believe there are two main qualities of effective teams.

One quality is having effective two-way communication skills between all members of the team. This is important in ensuring that open communication is fostered in the team - instead of one person commanding the team, if everyone can communicate together then this can lead to not only the quality of the ideas improving but also productivity increasing as there will be greater synergy amongst all workers.

Another quality is having an effective support network in place. There will often be breakdowns and disputes in teams or people may have their own personal issues external to the team. Having a good support network means that if a dispute occurs, it can be effectively managed to prevent it from occurring in the future. It also means that support can be provided to individuals with non-team-related issues, which ensures that every member of a team is looked after so that it can operate successfully.

Q2: Why might teams experience breakdowns?

There are a few reasons why teams may experience breakdowns.

One could be due to the lack of two-way communication. As I mentioned before, two-way communication can lead to greater synergy amongst the team. If one person was dictating everything, then it leads to an autocratic team environment being created rather than a collaborative one where everyone works together, which may increase the chance of disagreements occurring and lead to a breakdown.

Another reason could be due to one idea being favoured more than another. Unfortunately in team-based environments, satisfying one team member may lead to dissatisfaction of another team member. And so accepting one's idea may demoralise another person, leading to that person being too demotivated to work and leading to a break down in the team.

Q3: How can we solve breakdowns in teams?

I think the best way to solve a breakdown in a team is to first individually talk to people that were involved in the breakdown and gather their unique insights. This is important to do as we shouldn't jump to any conclusions straight away about the breakdown. Afterwards, everyone involved in the dispute should be brought together so we can collectively resolve the breakdown - this is through mapping out exactly how the dispute has arisen and explaining the implications of the dispute continuing to occur. We could then come to a compromise as a group so that as many members of the team leave satisfied after the mediation process and the breakdown is solved. Most importantly however, once the breakdown is resolved, corrective action must be implemented to prevent the same or similar breakdowns from arising again - I think this is the most significant step because it's a better long term strategy to be proactive and prevent disputes rather than reactive and solve disputes after they occur.

Extension notes:

⌚ Here is a **general outline** of how any question involving 'solving a dispute or breakdown' could be addressed:



Q4: Do you enjoy working in team environments or by yourself?

I enjoy working in both team environments and by myself but I believe I ultimately enjoy working in team-based environments. This is because of the benefits that come with working in teams

For example, one benefit is that the quality of the final decisions can be improved. This is because there will be a greater pool of knowledge in the decision-making process when there are more people present and so, when multiple ideas are put forward, everyone can collaborate to refine the decisions and pick the best possible one. This can lead to better overall results as well.

Although working by myself does have its advantages, such as having a greater opportunity to learn skills by myself and feeling a sense of empowerment because I will be completing activities by myself, I believe that the communication and interpersonal skills that are gained from working in a team far outweigh this because effective communication skills can lead to the quality of work improving.

So overall, I enjoy working in team-based environments more than by myself.

Q5: Give an example of a time when you've had to work in a team-based environment.

One example where I had to work in a team was when I represented my school in field hockey. Every Tuesday I would train with my team and every Saturday we would play another school in our district.

On the Tuesday training sessions, our team would work together to identify our weaknesses, plan out game strategies and improve our team's hockey abilities as a whole. And then on the Saturday games, we'd come together to put our training into action, making sure that we stick to the game plan and strategies we planned out beforehand. And, win or lose, we all had fun because we become closer as a team over time.

I learnt a lot from that experience as well - I learnt that two-way communication between all teammates when deciding game strategies and tactics is more useful in creating a collaborative culture in our team. And I also learnt that the success behind teams isn't just due to the working relationship on the pitch, but also outside the pitch too. I've also been inspired by this to continue playing hockey in the future.

SCENARIO 15

Q1: What are the features of an effective vaccination program?

I believe there are two main features of an effective vaccination program.

One feature is that the vaccine is free of charge. If we are measuring effectiveness by vaccine uptake, then people are more likely to get vaccinated if the vaccine is free compared to if there was a cost associated with it. An expensive vaccine may deter people from getting vaccinated as they can't afford it or due to the inconvenience of spending money for them. And so, having free vaccines available can increase the number of people getting vaccinated and the chance of herd immunity being achieved.

Another feature is that the rollout of the vaccine is based on clinical need rather than non-clinical factors like social or wealth status. Currently in Australia, the vaccine was first rolled out to elderly people and healthcare workers and we are now rolling it out to teenagers and young Australians. It's important to first prioritise and protect Australians who are most vulnerable to the risks of COVID-19, as the elderly are the most likely to have compromised health and health professionals are the most likely to encounter the virus in hospitals or clinics.

And so I believe these are the main features of an effective vaccination program.

Q2: If you are a school principal and there is a family that doesn't want their child to be vaccinated, how would you go about communicating to that family that they are unable to send their child to school?

I believe the best course of action would be to talk to this family in a private setting, either in person with appropriate social distancing or online, and discuss the situation with them in a non-confrontational and non-aggressive manner. I would first ask the parents if there is any particular reason why their child is not vaccinated - for example, perhaps they distrust current vaccination programs or have concerns about side-effects. I would then proceed to apologise to the family and outline how not vaccinating their child breaches the schools policies and so, they won't be allowed on campus unless their child is vaccinated.

I would then explain the reasons for this policy, including ensuring that the health and safety of the students is maintained and that outbreaks of the disease do not occur at the school. I would encourage them to consult with a health professional that may be able to answer any questions they have about the vaccine or debunk any misconceptions they have. And that is the approach I would take.

Q3: What are the advantages and disadvantages of vaccinations?

There are many advantages and disadvantages of vaccinations.

One advantage is that herd immunity can be developed. This refers to the proportion of a population that is required to be vaccinated against a disease to protect those that are not vaccinated. If more people are vaccinated against a disease, then this will provide protection for vulnerable members of society who can't receive the vaccine due to health reasons. This means there will be less spread of the disease throughout communities and less preventable deaths.

One disadvantage of vaccines is the potential for rare adverse side effects to occur. This is of particular concern if the pathogen converts from a non-virulent to a virulent form, causing greater damage to the person being vaccinated than expected. Another disadvantage of vaccines is the short-term side effects such as pain at the site of infection, swelling or a low-grade fever. Although these side effects generally go away on their own after a few days, they are side effects nonetheless and may be viewed as important by some more than others.

And those are the advantages and disadvantages of vaccinations.

Q4: What are reasons why Australians may oppose vaccinations?

I think there are a few reasons why Australians oppose vaccinations.

One could be because of the common and rare side-effects of vaccines that patients may acquire. Many people may be scared about the side-effects of vaccines, particular the COVID-19 vaccine and recent reports of rare blood clots as a side-effect. People may also be worried that there is the potential for a non-virulent strain to convert to a virulent form and inflict further damage on patients. This fear may result in a hesitancy to be vaccinated.

Another reason could be due to being misinformed about vaccines. For example, there are many people that believe that vaccines contain microchips that the government is using to track patients and that vaccines can cause autism. Whilst there is no evidence-based justification for these theories, many people may be coerced into believing that vaccines are unsafe and for government-control.

Another could be because of religious reasons. I know from personal knowledge that cultures in India tend to rely on home remedies and Ayurveda therapies rather than vaccinations. And so these cultural differences may make people believe that a vaccine is unnecessary if they have convenient home remedies that could solve the same problem.

I believe these could be the reasons for vaccine opposition and hesitancy.

Q5: How can the government encourage more people to vaccinate their children?

I believe there are two solutions to this issue.

One solution could be to encourage more healthcare workers to join the COVID-19 Vaccination Champions Program. This is a program that aims to increase the rate of vaccination uptake by promoting trust in the Australian COVID-19 vaccination program. Doctors that join this program are called 'Vaccination Champions' and undergo a training program to learn how to generate confidence in the COVID-19 vaccine at a community level. These doctors promote vaccine confidence by promoting official and personal COVID-19 vaccination videos on their social media platforms, delivering informative presentations to the community and advising the Victorian Department of Health on key issues that have been identified when practising. Doctors are a trusted source of information and so people may be more likely to vaccinate their children if this information comes from one.

Another solution could be to debunk common misconceptions about the vaccine - for example, that vaccines cause autism and that they contain microchips to track people. Conspiracy theories like these may cause people to be skeptical about the vaccine but mass marketing campaigns that specifically rebuke these claims can increase uptake of the vaccine in the community if people are aware that these claims aren't backed by evidence.

SCENARIO 16

Q1: Do you believe there are any ethical issues associated with having a public and private healthcare system?

I believe there are a few ethical issues associated with having a public and private healthcare system.

One is that it creates a health disparity between the rich and the poor. This is because someone from a wealthier background is able to gain access to a doctor whenever they require through the private system, whereas someone who cannot afford private health insurance may have to wait for comparatively longer periods of time before they are treated. This may be seen as unethical because the ability of someone to afford healthcare should not be a barrier for the right to health.

Another ethical issue is that having a private and public healthcare system means that it creates a health disparity based on age too. Many elderly people unfortunately can't afford to pay for private healthcare services compared to younger Australians. This is problematic because it means that elderly patients, who are more likely to be suffering from chronic diseases, will have their pain prolonged due to the long waiting times to access public health systems.

And so I believe these are the main two ethical issues.

Q2: What are the advantages of having a private healthcare system?

I believe there are two main advantages of having private healthcare services.

One advantage is that it takes the burden of the public healthcare system. The public healthcare system caters to a greater proportion of the ill compared to the private healthcare system and a lack of resources like hospital beds, healthcare workers and medical equipment means that waiting times to be treated will be prolonged and this can lead to symptoms for many patients worsening. So, a private healthcare system can absorb patients from the public healthcare system to prevent resources from being overwhelmed and so that more sick patients can be treated.

Another advantage is that it allows for a more personalised and patient-oriented treatment experience. For example, a patient in the public healthcare system will be unable to choose who treats them and when, but a patient in the private healthcare system will be able to do this. The reason why this is so important is because it can lead to the development of more positive doctor-patient relationships and generate more trust in the healthcare system as a whole.

These are the main advantages of a private healthcare system.

Q3: What are the disadvantages of having a private healthcare system?

I believe there are two main disadvantages of having a private healthcare system.

As I mentioned before, having a private healthcare system will create a health disparity between the rich and the poor. This is because someone from a wealthier background will be able to gain access to a medical practitioner whenever they require through the private healthcare system, whereas someone who cannot afford private health insurance may have to wait for comparatively longer periods of time before they are treated. This means that the health outcomes of wealthier Australians will improve, but reduce for Australians where cost is a barrier to health.

Another disadvantage is that it may incentivise specialist doctors to order unnecessary tests in order to ensure that the financial health of the hospital or clinic is sustainable. Since private healthcare systems are funded by private groups, the future of these private systems primarily depend on income made from patients. These unnecessary tests may lead to excessive medical bills for patients, which could deter them from seeing a doctor in the future.

These are the main disadvantages of the private healthcare system.

Q4: There have been proposals to remove private healthcare and employ a total public healthcare system. What are your thoughts on this?

I think it's important to consider the pros and cons of this proposal before coming to a decision.

On one hand, embracing a total public healthcare system will lead to greater equality in health outcomes between rich and poor Australians. This is because everyone will have access to the exact same type of healthcare system, which means that wealth status will not be a barrier to health and instead treatment will be prioritised by clinical need. This also leads to less health commodification whereby doctors in public health systems will order additional unnecessary tests in order to generate greater income for their practice.

However, on the other hand, abolishing the private healthcare system may be inappropriate because of its current function in society. As of now, a benefit of the private system is that it prevents the public system from being overwhelmed and so ridding of that may lead to the same exact conditions if we have a total public healthcare system but just on a much wider scale. Or to put it more simply, without private healthcare systems, the issues which the public sector currently have will be exacerbated.

And so overall, I don't believe that the private healthcare system should be abolished in order to prevent public systems from being overworked and overwhelmed.

Q5: Why do you want to study medicine?

I have wanted to study medicine ever since I was a child as I was inspired by the contributions of my father, who is a doctor himself. I did not fully understand what it meant to be a doctor at a young age, but as I grew older I began to develop an intrinsic desire to study medicine. At 15, a close family member of mine fell ill and passed away. Despite the tragic result, I observed the actions of doctors that lead treating teams and I was motivated by their ability to guide patients through their illness journey. At 16, I was privileged to be offered an opportunity to volunteer at a hospital in Sri Lanka, which gave me a fresh perspective into the role that doctors play overseas and in lower socioeconomic areas.

These experiences inspired me to pursue medicine as I also wanted to provide the medical and emotional support my family had received, and target health-disadvantaged regions. I thought a lot about whether medicine was right for me or not, and the combination of my natural inclinations and my formative experiences at hospitals have allowed me to realise that medicine was my vocation.

SCENARIO 17

Q1: As the team leader, how would you deal with this particular team member?

I think the best course of action would be to take this specific team member to a private setting and have an open conversation about this issue. I'd first highlight what issues I have noticed in the classroom in terms of not pulling her weight and then ask her in a non-confrontational manner if there is a reason why this may be the case.

Perhaps the student doesn't feel comfortable in the PBL environment or maybe doesn't know the content well enough to share her ideas. After learning the reason why she may not be pulling her weight, I'd explain the disadvantages of her engaging in this behaviour. For example, the learning of all class members is disrupted because problem based learning is supposed to be a collaborate learning session rather than an individual one. And I'd also explain how this may compromise her ability to treat patients in the future if she doesn't know how to effectively work together with team mates

After making sure that the student understands the consequences of what she's doing and I clarify anything she has to ask, I'd then proceed to offer solutions. For example, I could help her study the material before the class starts so that she can get up to speed with the content being covered, or I can sit next to her in class and guide her on how to carry out the learning session effectively.

I believe this will allow the student to better engage with the classroom and encourage her to participate in problem based learning more! So that is the approach I would take.

Q2: What if the team member doesn't listen to you or disagrees with you?

Assuming I took the approach I outlined previously, the team member still doesn't agree, then I'd try my best to find a compromise with her. If both of our needs can't be satisfied in this situation, we can find common ground through discussing a variety of solutions and selecting what we both believe will work. For example, we both may agree to work on the PBL topics before class or I could give her a chance to speak more during class.

If the teammate still doesn't listen, then I'd consider bringing in the class tutor to the situation. I'd ask the tutor for advice without naming the student and seeing if they have any solutions I could implement.

If there is no further progress in solving the dilemma, I would ask the student to report herself to the teacher. And if she doesn't report herself, I'd report her myself to the tutor.

Q3: What could be the reasons for this particular team member's behaviour?

I think there could be a plethora of reasons why she may not be pulling their weight.

One could be that she didn't have enough time to prepare for the problem based learning session to an adequate standard. She may have been under this time pressure due to uncertainty in how to prepare, not having the relevant knowledge about the content that she is learning about or personal factors in her life such as being sick or having a job which conflicts with her ability to complete university work.

She may also have seen other people not pulling their weight in other problem based learning sessions and so she may have thought it was okay to not pull her weight and contribute in class.

It is also possible that she doesn't intend to not contribute. Perhaps she isn't aware of how problem based learning sessions operate and that it involves all classmates to collaborate. She may be used to the traditional class structure of a teacher only talking for lessons whilst the students listen and so may have not had exposure to collaborative teaching styles like problem based learning.

So I believe those could be the possible reasons as to why she isn't pulling her weight.

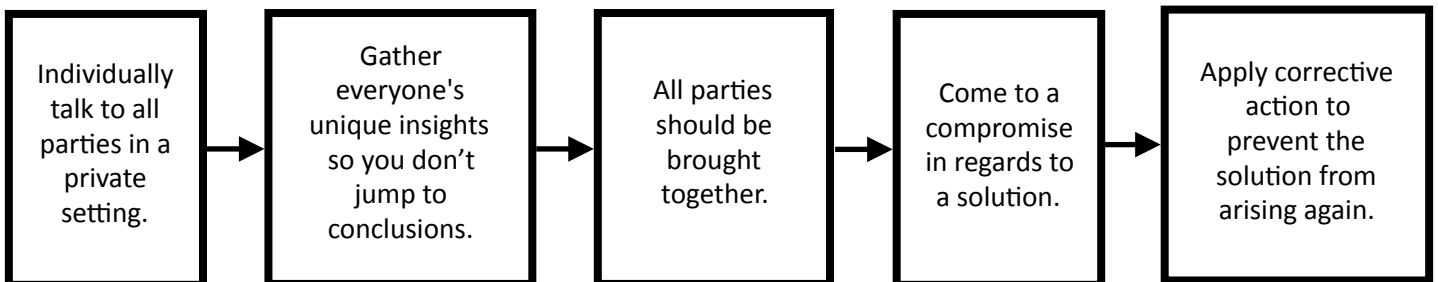
Q4: How might a team leader minimise conflict within a team?

If the conflict has occurred, I would first talk to each party of the conflict individually in a private setting. I'd ask them in a non-confrontational manner why the dispute has occurred and how they think it can be resolved. After speaking to each person individually, I'd bring them together and highlight the main concerns I have noted and also offer some solutions to help ease the conflict. If both parties are satisfied with a particular solution, then we can implement that solution and the conflict can be eliminated. However, if one party disagrees with a solution, we can come to a compromise so that both parties are left satisfied.

The main focus however would be to ensure that the relationship between the two parties remains positive looking forward so that the same conflict doesn't occur in the future.

Extension notes:

① Here is a **general outline** of how any question involving 'solving a dispute or breakdown' could be addressed:



Q5: Give an example of where you had to resolve conflict in a team.

I have been in a situation of conflict resolution before. When I was in Year 12, I had a debating competition that was scheduled on the same day as the SAC. Whilst I put my name forward to be part of the debate, many of my teammates unfortunately didn't want to put their names forward because they didn't want to jeopardise their SAC marks.

How I came around this issue was scheduling a meeting with my debating peers to discuss why they didn't want to be part of the debate and if there were solutions that can be implemented to get around those issues. I posed the option of distributing arguments evenly amongst the team members so that instead of everyone researching individually, we all research together to limit the time taken to prepare for the debate. So not only will this allow people to participate in the debating competition, but also prepare for their SAC too.

What I learnt from this situation is that two-way communication is important in solving conflicts - instead of one person leading the discussion, everyone should collaborate in solving the problem. I also learnt that coming to a compromise is an effective strategy for solving issues - instead of isolating the SAC and the debate, we found a way to compromise and prepare for them both simultaneously.

SCENARIO 18

Q1: Would you notify the patient's parents about the fact that she is pregnant?

Before considering that, the first thing I would do is ask the patient if she would like me to notify her parents on her behalf about the fact she is pregnant. The reason why I would do this is because perhaps the patient doesn't want her parents to find out about the pregnancy and so telling the parents without her permission may compromise her trust in me as a general practitioner and the doctor-patient relationship that I am attempting to establish.

If the patient says yes, then I can go ahead and notify the parents and let them know about the steps that can be taken if she wishes to keep the baby or not. If the patient says no then I wouldn't notify the parents. However, I would encourage her to talk to her parents as they would be able to support and guide her through the pregnancy. This could be through encouraging her to bring her parents along to the general practitioner so we can have an organised chat together to let her parents know by herself whenever she feels comfortable doing so.

And that is the approach I would take.

Q2: What are some of the ethical issues associated with abortion?

I believe there are a few ethical issues associated with abortion.

One is the issue of gender selection. This is particularly prevalent in third world countries where parents will abort their child for being of a gender they don't want. This is an issue because it results in the death of unborn children just for the convenience of parents. This can also potentially lead to global gender inequality because if parents value one particular gender over another, then this may trickle down to society giving prioritisation to one specific gender.

Another ethical issue is that many may use abortion as a form of contraception. If a couple chooses not to use available contraceptives such as condoms or birth control pills, then they may abort a child in the event that they have an unwanted pregnancy. The reason why this is an issue is because it promotes a culture where human life can be disposable for the convenience of couples and it may be viewed by society as unethical given that a couple chose not to use contraceptives to prevent a pregnancy in the first place.

And so I think those are some of the ethical issues associated with abortion.

Q3: What are arguments for and against abortion?

One argument for abortion is that it prevents opportunities for illegal and dangerous abortion practices. This is advantageous because having access to legal, professional and safe abortion services reduces the chance of mothers being harmed or killed by unsafe black market practices. It's better to ensure that people undergo safe procedures in the presence of qualified medical professionals rather than undergo low quality services that may incur additional harm to the mother.

One argument against abortion is that it may reduce the number of adoptable babies. Some women and men unfortunately can't conceive due to issues with fertility and so the last option they can resort to is adoption if they want a child. So instead of a couple aborting their child, some may believe it would be more appropriate for mothers with unwanted children to give their child up for adoption for parents who can't conceive and have their own baby.

Q4: Why might this be the case?

I think there may be a few reasons for this trend.

One could be because of the lack of sexual health education in rural areas compared to metro areas. Such education is really important so that young teenagers know about the significance of contraceptives in preventing an unwanted pregnancy. Perhaps people living in rural areas may not fully understand that not wearing contraceptives during intercourse increases the risks of becoming pregnant or they may not know what contraceptives are available like the birth control pill, condoms and diaphragms.

Another reason could be due to the costs associated with purchasing contraceptives. Rural communities tend to have a lower socioeconomic status due to metro counterparts and consequently, people from rural communities may not be able to afford a pack of condoms or a monthly prescription of the birth control pill. It's also important to note that since the finding of the study is for teenagers, this age group would be less likely to have access to money to pay for these contraceptives compared to older adults.

And so these are reasons for the finding of the study.

Q5: How can we reduce the rates of teen pregnancies in Australia?

I believe there are a few solutions we can implement to reduce the rates of teen pregnancies.

One approach would be to incorporate sexual health education into the national curriculum for teenagers. This education may involve teaching students about the importance of contraceptives, where contraceptives can be bought and how to wear them and the topic of consent. Teenagers are still impressionable at such a young age and so they have the greatest propensity to change their behaviours and introduce safe habits to set them up for healthier futures. This knowledge about contraceptives and how to use them can prevent unwanted pregnancies.

Another approach could be for the government to subsidise contraceptives so that teenagers can have greater access to them. If teenagers are unable to afford contraceptives, then they may engage in unprotected intercourse which increases the chance of pregnancy. If the government subsidises these contraceptives, then the costs of them will no longer be a barrier for these teenagers, allowing them to purchase birth control pills or condoms.

Education and government subsidies are two long-term strategies to reduce teen pregnancies in Australia.

SCENARIO 19

Q1: How would you tell your sister that you can't attend the game?

I believe the best course of action would be to first take my sister to a private setting, ensure she is comfortable and let her know in a sensitive manner that I won't be able to attend the game. After this, I would then ask for her thoughts and feelings about me not being able to attend - for example, she may be upset or may have lost trust in me as I promised I would be there for her.

I would make sure that her feelings^① are listened to and that they are validated, as it is completely understandable that she may feel this way. Afterwards I would then explain the reason as to why I am unable to attend the game - that there is a surprise Spanish SAC which I only found out recently and that I didn't know would come up. I would outline how had the SAC not been scheduled for the same day as the soccer finals, I would have been able to attend her game.

I wouldn't want my sister to feel as though she doesn't have support behind her, so I would communicate with mum and dad or other family members to attend the game so that my sister has people to cheer her on from the sidelines.

And that is how I would tell her.

Extension notes:

① It is important to make your sister aware that you **acknowledge** her feelings and **understand** why she is feeling this way.

Q2: Why might your sister be upset?

I think there are a number of reasons why my sister might be upset.

One reason could be because I had already promised her that I would attend. And the fact that I was not able to keep that promise may have compromised our brother-sister relationship and her trust in me. The fact that she has reminded me over the past few months highlights the importance of the soccer finals to her and the intrinsic value of the sport for her life. It also highlights the value of our relationship and friendship because if she is reminding me quite frequently then she must be eager for me to attend the game.

Additionally, my sister might be stressed because it is a grand final game and because soccer is such an important part of her life. She may need a support network on the sidelines to cheer her on and not having me there may upset her because she may feel as if there's no one to provide that support to her.

I think these are the reasons why she may be upset.

Q3: Do you think it was right for the school to set a surprise SAC?

I think it's important to consider the perspective of the school and its students when determining if it was right or not to set the surprise SAC.

From the perspective of the student, setting surprise SACs may cause students a great amount of stress. This stress can possibly demoralise and demotivate students because they haven't been given an ample amount of time to prepare for the SAC, which may negatively affect their mental health too. Another problem is that it creates unhealthy competition between students and this can foster a negative school culture as there is a greater emphasis on outcompeting one another rather than working together to improve as a collective.

However, from the school's perspective, it may be seen as fair for the school to set up a surprise SAC. This is because they might need to differentiate the ranking of students in the cohort and may need to use a surprise assessment to judge whether their students are progressing as they should. Another reason why it may be seen as right is because a surprise assessment can be a useful tool for students to track whether or not they have retained the content previously taught, which also offers them the opportunity to consolidate their knowledge.

Overall however, despite the positives, I believe it was ultimately not right to set a surprise SAC because it unnecessarily creates added stress for students which they don't need when school can already be a stressful time for students.

Q4: Give an example of a time when you had to make a complex decision.

One example of a time where I had to make a difficult decision was when I was required to travel interstate to participate in a mooting competition at Bond University in Queensland and I had an important English assessment the very next day which counted for a large proportion of our English grade. The predicament was that a long flight to Queensland and back to Melbourne, coupled with spending the entire day mooting would have made us quite exhausted and potentially stressed for the SAC the next day.

And so, as a team, we had to weigh up whether we would go to Queensland to compete in the competition or sit out this round so that we wouldn't be as exhausted for the SAC the next day. However, in the end we did decide to travel out and compete because we thought it was right to represent our school and because it was a once in a lifetime opportunity.

Q5: What did you learn from making that complex decision?

I learnt a lot from that decision.

I learnt that it was important to follow passions first before anything else. Had I not gone to the Mooting competition, I wouldn't have been able to ever have that experience in life again. Especially since I would be more likely to remember the time I competed in the mooting competition rather than a SAC grade which I will forget after a week!

I also learnt I should trust in myself and my abilities more. I was initially quite stressed about balancing the exhaustion and pressure of the competition with the SAC the next day, but I soon after realised that this stress was self-created and that I should trust myself to be able to balance school work with things that I am passionate about.

And so that is what I learnt from the decision.

SCENARIO 20

Q1: Why might children have unhealthy diets?

Children may have unhealthy diets due to a plethora of reasons.

One reason might be because children haven't been educated on what is considered an unhealthy and healthy diet. So kids might not actually know that the mars bar they're eating is packed full of artificial sugar compared to apples or other fruits which contain natural sugars. So the lack of education to children on what is healthy and good for them and what is unhealthy and bad for them could be the reason for this.

Another reason could be due to the inconvenience of having a healthy diet. Healthier diets often require parents to purchase tons of groceries and dedicate hours to prepare these foods and given the busy schedules that many parents have the time to prepare and cook is infeasible for them. On the other hand, unhealthier diets are a lot more convenient as a parent could spend 5 minutes in the McDonalds drive through buying their child a happy meal as opposed to spending an hour or two at home preparing a dish. And so, parents may feel it is easier for them to buy unhealthy foods for their children.

These are the reasons why a child might have an unhealthy diet.

Q2: What would be the benefits of introducing Health4Me as a canteen service in the high school?

One benefit of introducing Health4Me in high school is that healthy lifestyles can be established in kids at a young age. Given that teenagers are going through a crucial time of development in their lives, it's important to set healthy expectations for them because they have the greatest propensity to change at such a young age. This will lead to not only healthy diets and lifestyle choices in the short-term, but also in the long-term too. And this can carry on to future generations, which can result in the health of the general population being improved in the long run.

Another benefit of introducing Health4Me is that it can reduce the rates of preventable chronic diseases such as diabetes. Although junk food may be seen as harmless, if eaten disproportionately over time, it can lead to the development of these chronic diseases. And so, not only will the health of these people deteriorate over time, but principles like non-maleficence are being breached because chronic diseases like these could be prevented in the first place by implementing healthy canteen services like Health4Me.

Those would be the main benefits of introducing Health4Me as a canteen service.

Q3: What can be done to improve healthy lifestyle habits in children?

There are a few ideas we could implement.

One could be to educate^① children at an early age about the importance of eating a healthy diet and having healthy lifestyle choices. As I mentioned before, kids have the greatest propensity to change and set themselves up for a positive future at an early age, and so having health professionals or nutritionists go to schools and deliver fun and engaging presentations on why healthy foods are food and why junk foods should not be consumed in large quantities can pave the way for positive lifestyle choices. We could also have professional chefs go to schools and teach the kids easy recipes for healthy dishes, which goes back to the proverb that if you give someone a fish they'll eat for a day, and if you teach someone to fish, you'll feed them for life.

Another idea could be to have stricter guidelines for manufacturers of unhealthy snacks and food products through strict labelling. Perhaps there can be labels that highlight the amount of sugar in a product and how many spoons of sugar this would be equivalent to. Or for example, highlight in bold the amount of unhealthy fat in the product and compare it to the amount of protein. Such an idea may deter parents from purchasing these products for their children and instead purchase healthier branded foods.

Those are some ideas we can implement to create healthy lifestyles in children.

Extension notes:

- ① For any question that invites you to comment on solutions for a particular problem, you should always consider **education programs targeted towards kids!** This is a proactive approach because children are undoubtedly the future and so teaching them at an early age will set them up for more positive behaviours in the future!

Q4: Do you believe that junk foods should be banned in schools?

Before coming to a conclusion, it's important to perform a cost-benefit analysis on this proposal.

One advantage of banning junk foods in schools is that it will limit the amount of unhealthy food options available to students. This means that less children will be eating junk foods, which indirectly promotes a healthy lifestyle amongst children. Not only will this improve the health of these children in the short-term, but also in the long-term too because it will prevent the development of diseases such as obesity and diabetes. This can lead to increased life expectancy and these healthy habits can be passed onto future generations.

However, a disadvantage of banning junk foods in schools is that junk foods tend to be a lot cheaper compared to healthier food options. So, if canteens with junk foods are banned, then students who may not be able to afford to bring expensive healthier food options may not eat anything during recess or lunchtime. This would be detrimental to them considering these children are at a crucial stage of physical development - not eating at all would be arguably a lot more deleterious for children compared to if they were to just eat junk food.

And so overall, I don't think junk foods should be banned. Instead, it would be better to educate children about how to cultivate a healthy lifestyle and how junk foods can still be eaten, but it has to be within proportion. This would be a better approach to take to ensure the health of these children is maintained in the long-term.

Q5: Do you believe that high schools should make exercise programs compulsory to attend?

I think this question can be considered from two perspectives.

On one hand, making exercise programs compulsory may improve the general health of kids in schools. This is because exercise will have positive benefits for these kids in terms of weight loss, improved cardiovascular function and improved mental health as well. These benefits will play a positive role for these children throughout their lifetime. Compulsory exercise is also positive from a public health perspective. This is because improving lifestyle choices is a form of preventative medicine as exercising can prevent the development of avoidable diseases such as obesity and diabetes - so not only will this limit the long-term suffering of individuals who exercise, but it will also be cheaper to prevent these diseases from occurring in the first place rather than treating them after they occur.

However, making exercise programs compulsory has its disadvantages too. For example, making exercise compulsory might actually dissuade students from exercising in the future - this is because if students had a negative experience in the exercise program then they may be less likely to pursue exercise later on in life. Compulsory exercise programs may also create a social disparity between people who can exercise and people who can't exercise, as those who can exercise are more likely to thrive and this, again, may deter and demotivate those who can't exercise from exercising in the future.

Overall though, I do believe exercise should be compulsory in school. This is because anecdotally the compulsory exercise programs in my school have encouraged me to continue playing sport in the future and I know many of my peers feel the same way too.

SCENARIO 21

Q1: If your friend came up to you and told you they were addicted to their mobile phone, how would you go about helping them?

I believe the best course of action would be to take my friend to a private setting and let them know that they are really courageous for speaking up about their addiction and I'm going to try my best to help them get the help they need. I'd first ask them in a non-confrontational manner how they feel about their phone usage - perhaps they feel as if they can't control their urges and behaviours towards their phone use and that it is getting worse over time. Afterwards I'd recommend him to visit a general practitioner who may be able to give them evidence-based advice for how they can manage and control their addiction. I wouldn't recommend strategies initially because it would be best to let a trained medical practitioner offer solutions, but I would make sure to be by my friend's side while they implement strategies and I'd also make sure that they don't relapse.

And that is the approach I would take in this situation.

Q2: Why do you believe that teenagers will have symptoms of Nomophobia?

I think there would be a few reasons why this may be the case.

The first is that mobile phone use is an unregulated activity. Compared to something like smoking or alcohol consumption which you can only legally participate in after 18 years of age, there are no laws which regulate when a teenager can use their phone or how long they can use their phone for. So, a teenager can technically use their phone for hours on end, and this may contribute to them developing symptoms of Nomophobia in the long-term.

Another reason could be due to a lack of parental education. Parents tend to educate their kids about the implications of alcohol consumption, illicit drugs and smoking, but there isn't much education towards smart phone use and how to control those behaviours. It would be pretty beneficial to children to have parents sit them with them and explain how phones are great, but have their drawbacks too. And this education could set up children for a positive future where their smartphone habits don't develop into a Nomophobia-like state.

So I believe those are the two main reasons that teenagers may have symptoms of Nomophobia.

Q3: Which stakeholders would be concerned about children excessively using their mobile phones?

There are a few stakeholders that may be concerned.

One is teachers. The problem with mobile phone technology is that they can have significant impacts on attention span, where, as you use your phone more and more, your attention span starts to constrict. The effect of this may translate to the classroom environment where teachers may struggle to teach students specific concepts if they are unable to pay attention for long periods of time.

Another stakeholder could be parents. A problem with mobile phone technology is that if you are constantly focussing your attention to the devices in your hand, then that will impact your ability to form positive relationships with your parents. Parents may be concerned about this because they may feel as if the quality time that the children and them have will be limited or that their children won't have strong communication and social skills.

And so I believe that teachers and parents would be two stakeholders that would be concerned.

Q4: Do you believe companies that design and manufacture these phones should be held responsible for children developing mobile phone addictions?

I believe that this question can be considered from two perspectives.

On one hand, companies like Apple and Samsung which design and manufacture these phones don't intend for its users to experience negative effects like addiction and Nomophobia. This would be similar to car companies, which exist to provide their consumers with a means of transport. These car companies don't intend for car drivers to get into road accidents, and so I don't think we can hold phone companies responsible from this perspective.

However, on the other hand, these companies have the primary objective of making a profit. As such, they have the incentive of attempting to make their phones addictive so that consumers use their product more and so that more people buy their phones. If we consider the question from this perspective, then we can hold phone companies responsible for creating symptoms of Nomophobia in its users.

But if we do hold these companies responsible, it wouldn't be the best approach to punish them, it would be more appropriate for these companies to educate phone users on how to optimally use it whilst limiting their chance of becoming addicted.

Q5: Do you believe that mobile phones should be banned in schools?

Before coming to a conclusion, it's best to explore the advantages and disadvantages of this proposal.

In terms of advantages, banning mobile phones in schools has the benefit of reducing the chance of children being distracted in the classroom. This is because they won't feel the need or urge to use their phone, which will increase their attention in the classroom and their ability to learn. This can improve educational outcomes for children, which can carry through to the long-term.

However, this does pose a few disadvantages. One disadvantage is that banning phones doesn't target the main issue at hand which is trying to create healthy phone habits. This is because banning phones might encourage students to potentially sneak their phone into school and use it in the bathroom or during recess - and so the intended effect of the ban would not be met. Another disadvantage is that it may encourage the students to use their phone more at home if they don't get that time to use it at school.

So I don't think it would be appropriate to ban phones at schools. I think a better solution would be to instead teach students about what constitutes appropriate phone use and when it is appropriate to use the phone. This is because educating children, especially at a younger age, can allow them to have healthy phone habits even throughout adulthood.

Extension notes:

- ① For any question that invites you to comment on the appropriateness of banning something, you should consider implementing **education programs** as an alternative to **deter people** from engaging in that something (again, it would be dependent on the question though)!

SCENARIO 22

Q1: What might be some of the ethical issues associated with this new technology?

I believe that this new technology might pose a few ethical issues.

The first issue is that this technology may create a social disparity between 'intellectual' and 'non-intellectual' individuals. This is because if one group of people are classified as intellectual and one is classified as non-intellectual, then one group may be favoured to perform certain activities and occupations over another group. This is unethical because people that are classified as intellectual may be given more opportunities to complete intellectually stimulating activities like, for example, chess, giving them a greater chance at thriving in these activities compared to groups classified as non-intellectual. This can also be seen as unethical because it poses the question of whether someone who has an attribute like intellect is worth more than another person without that particular attribute.

Another ethical issue is the problems surrounding the commercialisation of this technology. If large corporations and organisations get their hands on this information, then the recruiting of individuals will be heavily biased. It may be the case that someone is really strong at graphic design and has a passion for that, but when they attend their graphic design job interview they are unfortunately turned away because they have been classified as either intellectual or non-intellectual and one of these attributes is particularly unfavourable for these employers.

Q2: What are your thoughts on the legitimacy of this new technology?

I believe the legitimacy of this new technology can be seen from two perspectives.

On one hand, this new technology may be seen as illegitimate because there is nothing like it before. Normally new technology tends to build upon old technology, and if there was no similar technology like this before, then it could be considered illegitimate. Another reason why it could be considered illegitimate is the fact that the technology was created by a third year undergraduate medical student - although I don't want to jump to conclusions and make assumptions about the medical student, the fact that they haven't obtained a computer science degree or relevant technology-related degree may suggest that this technology isn't legitimate because it wasn't made by someone with a technology background. Furthermore, the fact that the person who made this technology is a medical student and not a qualified doctor may also add to the fact that this technology is illegitimate.

However, this technology may be considered legitimate because we are in a time of technological revolution, especially with the rise of machine learning and its intersection with the medical field. And so from that perspective, this technology could be legitimate.

Overall I believe this technology would not be legitimate just because it was created by a third year medical student and not a qualified medical researcher or someone with a tech background.

Q3: What are your thoughts on the results of this technology being released to governments?

I think this proposal can be considered from two different sides.

Firstly, if governments were to have access to this information then this may guide their long-term strategic thinking. For example, different regions throughout Australia may have varying levels of intellect. And so, the government could perhaps create more educational programs to help groups of people that may struggle with school or education. This would be great as it could potentially level out the level of education between all groups in society.

On the other hand, if governments were to have access to this information, then governments may use this information to divide society as much as possible and reduce autonomy. This is because governments may make specific groups the target of different political messages and propaganda. This could result in one particular government continuously winning elections because they are orienting political marketing based on who they know to be intellectual and not intellectual.

So overall, I believe it would be an inappropriate idea to implement.

Q4: Are there any ethical differences between using technology like this and technology that can predict genetic diseases?

I do believe there is one main ethical difference.

This ethical difference relates to the impact of both technologies on population health. In terms of the technology used to predict intellect levels, although this may have an impact on pushing particular groups of students down more challenging career pathways that produce positive results for society, ultimately it does create a disparity between people who are intellectual and non-intellectuals, where perhaps intellectual people receive greater health benefits compared to those that are non-intellectual. Whereas, the technology used to predict genetic diseases in babies has the benefit of improving the overall health and life expectancy of these babies. Many, including myself, would argue that the benefit of saving a life far outweighs the benefit of dividing society by intellectuality.

And so that is the main ethical difference between these two technologies.

Q5: Do you believe that health should be commodified?

I believe the commodification of health can be seen from two perspectives.

Firstly, commodifying health may be seen in a positive light because commodifying any good or service can lead to the prices of services being reduced. This is because commodification leads to competition between companies to secure market share, which means reducing the pricing of services in order to attract patients and gain a competitive advantage. This is beneficial for patients from lower socioeconomic backgrounds who may not be able to afford healthcare. Another advantage of commodifying health is that companies always look to improve their products in order to outcompete one another - these higher quality services can lead to improved patient health outcomes.

However, commodification of health is disadvantageous as it could promote the black market trade. Whenever money is involved, there will always be a way for groups to sell illegal and dangerous products, and this would be unsafe for consumers and lead to poor quality health outcomes.

SCENARIO 23

Q1: What do you recommend Sarah does?

I believe there are a number of solutions I can propose to Sarah in this scenario.

I'd first recommend that Sarah has a family meeting with her parents to outline some of the concerns that she has with the current living situation - particularly how she has her UCAT exam coming up and she can't study properly due to looking after the pet dog. I can understand that the parents are working to support the family too, so we can't expect them to drop work completely. In this meeting, Sarah and her parents could create a weekly schedule on who is looking after the puppy and for how long - this organised approach will allow Mary to study for her exam whilst also allowing the parents to work.

The second thing I'd recommend is that Sarah and her family hire a dog-sitter to look after the puppy or send the puppy to a doggy day care. Although this approach might be a bit more expensive compared to the previous one, it will solve the issue of Sarah needing to study and the parents needing to work - so all parties will be satisfied in the end.

Those are the solutions I'd recommend to Sarah.

Q2: Why would Sarah be upset in this situation?

There could be a few reasons why Sarah is upset.

The first is that Sarah isn't able to study for her UCAT exam because of the disruptions from her new puppy. Sarah may feel as if she won't be able to perform to the best of her ability if her preparation is compromised, and so she may feel as if she won't be able to obtain entry into medicine.

Another reason why she might be upset is just due to the general stress of the UCAT and year 12 in general. The fact that Sarah is unable to study would be the primary cause of her sadness, but perhaps the built up stress from school work is being released in the lead up to an important exam.

Another reason could be due to the lack of support from the parents. If the parents are working and don't have time for Sarah and her sister, then Sarah may feel like she doesn't have a strong support network to fall back on. This may cause her to be even more upset if she doesn't have family members to speak about her issues.

So I believe those are the reasons why Sarah is upset.

Q3. What should Sarah's mother and father do in this situation?

I think there are a couple of things that Sarah's mother and father could do.

As I mentioned previously, Sarah's mother and father could create a weekly schedule with Sarah for when a particular person has to look after the puppy and for how long this occurs. Sarah's mother and father could rearrange shifts to adapt to this new schedule, allowing everyone to be satisfied because the parents will be able to work, Sarah will be able to study, and the puppy will be cared for!

Another thing that Sarah's mother and father could do is ask the employers for work leave. This can allow either Sarah's mother, father or both of them to take time off to look after the new puppy whilst still receiving financial support from their employer.

Another thing that Sarah's mother and father could do is pay for a dog-sitting service or doggy day care, as I mentioned previously. This will also ensure that everyone's needs are met, despite the slight cost that these services may incur.

And so that's what Sarah's mother and father could do in this situation.

Q4: Sarah is planning on moving out. Do you believe that Sarah should do this?

I think it's important to talk with Sarah in a private setting and have an open conversation with her about the pros and cons with moving out. This is so that Sarah can make the best possible decision for herself without regretting it later.

One advantage of moving out is that Sarah will be able to have more time to study for herself. This will potentially improve her ability to study for the UCAT as well as year 12 in general - and so, her overall productivity and efficiency will improve. Moving out will also teach her some great life lessons related to independence and Sarah will benefit from these new skills in the long-term.

However, moving out also has its disadvantages. For example, if Sarah moves out she'll have less access to her family support network. It's important to have family by your side when going through stressful periods of life such as Year 12 - and moving out will mean Sarah will have to bottle up her thoughts and feels to herself. Moving out may also not be the best solution because living independently in year 12 may add to her stress even more than her current situation - she'll have to handle all her groceries by herself, pay for rent and coordinate her own travel to school.

So, overall, it would be up to Sarah to decide on what she wants to do, but I'd encourage her to stay at home so she doesn't further add any unnecessary stress to her life.

Q5: Tell me about a time where you had to make a difficult decision.

One example of a time where I had to make a difficult decision was when I was required to travel interstate to participate in a mooted competition at Bond University in Queensland and I had an important English assessment the very next day which counted for a large proportion of our English grade. The predicament was that a long flight to Queensland and back to Melbourne, coupled with spending the entire day mooted would have made us quite exhausted and potentially stressed for the SAC the next day.

And so, as a team, we had to weigh up whether we would go to Queensland to compete in the competition or sit out this round so that we wouldn't be as exhausted for the SAC the next day. However, in the end we did decide to travel out and compete because we thought it was right to represent our school and because it was a once in a lifetime opportunity. I also learnt I should trust in myself and my abilities more. I was initially quite stressed about balancing the exhaustion and pressure of the competition with the SAC the next day, but I soon after realised that this stress was self-created and that I should trust myself to be able to balance school work with things that I am passionate about.

SCENARIO 24

Q1: Do you report Connor to a teacher?

Before answering this question, I'd just like to briefly mention what I would do if I didn't feel a target for Connor.

In a regular situation, I would talk with him in a private setting and ask him if there's a reason why he's bullying me. Perhaps Connor doesn't know that he is bullying me in the first place and just thinks that he's joking around. After asking him this, I would then proceed to explain how his actions and words are hurting me and my friend. If Connor hears out our feelings, then he may be less likely to bully in the future because he knows what my boundaries are.

If Connor still continues to bully me after this or if I felt like I am a target for Connor, I would report him to the teacher. The reason I'd do this is not only to protect myself but future students from being bullied by Connor too.

Q2: Why might Connor be bullying you?

I think there could be a few reasons why Connor is bullying us.

One could be because Connor was bullied in the past. If Connor was bullied when he was younger, then he may have not gotten over this trauma and so feels the need to project these feelings onto others so that he can feel better about his own internal pain. This is because it gives Connor a sense of value that he may not have otherwise had. Connor could have seen me and my friend enjoying ourselves on the playground and didn't want us to have any joy and felt that bullying us could bring us to the same level of pain as him.

Another reason could be because Connor doesn't actually know he is bullying. Perhaps he saw this behaviour on TV or with his friendship group and so thought it was okay to go up to people and call them names or tease them. If Connor surrounds himself with other bullies, then he may normalise bullying and continue to bully others outside his friendship group. Although this is no excuse for bullying, it's important to educate kids on what constitutes bullying to prevent it happening.

And I believe these could be some reasons for why people bully others.

Q3: You find out that Connor is having some family issues at home. Do you still report Connor for bullying you?

I believe I would take a slightly different approach knowing this information. If it was a situation where I didn't feel physically threatened, I would perhaps talk to Connor about his family situation and give him some advice like talking to a teacher or school principal about his problems and if there's any way they can assist him.

If I did feel physically threatened though, I would report him to the teacher despite the fact that he is having family issues out home. Although it is unfortunate that he is having these personal issues, there should no excuses for causing someone physical or emotional harm through bullying. So perhaps I would report Connor to the teacher, but also explain how he is having family issues at home - I would notify the teacher of this as she could perhaps take some steps to ensure the bullying no longer continues but also help Connor get the help he needs.

And that is the approach I would take.

Q4: What can we do to reduce the rates of bullying in schools?

I think there are a couple of strategies we can implement to reduce bullying in schools.

One would be to educate kids at an early level about what bullying is, explaining the different types of bullying and why bullying is bad. This can be through general classroom discussions with teachers or bringing in clinical psychologists or representatives from anti-bullying associations. I think this is really important because a lot of students don't know that they are actually bullying someone or being bullied themselves until later down the track. And so setting clear expectations in the classroom at a young age can set kids up for more positive behaviours in the future because they have the greatest propensity for change when they are younger, which can reduce bullying in schools.

Another strategy could be to engage parents themselves. Whilst majority of kids would engage in bullying at schools, it's important that parents learn warning signs for if their child is bullying someone - such as if the child has other students belongings or gets into lots of fights at school. It's important for parents to get involved because the greatest chance for a bully to change their behaviour would be at home with a trusted adult.

And I think overall, both these strategies can help to reduce the rates of bullying in schools.

Q5: Do you believe there should be a zero-tolerance policy towards bullying in schools?

I believe this policy has its advantages and disadvantages.

In terms of disadvantages, a zero-tolerance policy may be seen as an unfair policy for first time offenders. Although bullying is a bad thing to do and should be condoned, expelling a first time offender may be unfair if they were not aware that they were bullying or didn't intend to bully but had external factors in their life which influenced them to do so. This may have a negative effect on these kids in the future if expelled, as it may make them feel as if they're not being valued, spiralling them down a potentially unsafe future filled with illegal drugs and alcohol abuse.

In terms of advantages, a zero-tolerance policy will deter people from bullying. This can effectively reduce the rates of bullying within schools, which can not only prevent victims from being emotionally hurt but also build strong and supportive mindsets in students. Another advantage of a zero tolerance policy is that the emotional health of victims can be improved. If someone is being bullied, they can find solace in the fact that they won't be bullied by that same person if reported due to the zero tolerance policy.

And so overall, whilst I do believe that education is the most important strategy for reducing bullying in schools, I believe there should be a zero tolerance policy implemented in schools.

SCENARIO 25

Q1: Who would you choose to give the ventilator to and why?^①

Before coming to a decision it would be useful to consider a few factors first.

One is the age of both patients. Peter is 20 years younger than Bob and so, it could be argued that Peter has had less opportunities to live through life's various stages compared to Bob.

Another factor is the severity of both their illnesses. Doctors have an obligation to treat the sickest patient first because they have the greatest chance of dying. Although both patients have COVID-19, Peter has lung disease and so, would have a greater clinical need for the ventilator compared to Bob.

Another factor to consider is the clinical utility of ventilation, which means whether the ventilator is likely to benefit the patient. Since COVID-19 is a respiratory disease and Peter has lung disease, it may be futile to treat Peter compared to Bob, who has a greater chance of surviving ventilation.

Overall, I would choose to give the ventilator to Peter. This is because although he is at a greater chance of dying, it would be more ethical to prevent an early death rather than save an old death to give the younger patient a chance to have a regular lifespan.

Extension notes:

① This is quite a difficult question and so I have summarised the factors you could consider when deciding who gets the ventilator below:

- Age of the patients (a younger person has had less opportunities to live)
- Severity of the illnesses of both patients (a sicker patient may be prioritised as they are more likely to be vulnerable to the impacts of COVID-19)
- Clinical utility (effectiveness of the treatment)
- Personal lifestyle factors (a patient who is not compliant with their medications or has poor lifestyle factors may not be a suitable candidate compared to someone who takes care of their health)

Q2: Why do you think there have been outbreaks in cases of COVID-19?

There could be a few reasons why there have been outbreaks in COVID-19 cases.

One could be because of the recent protests by the construction workers in the city. These protests would have caused a spike in COVID-19 cases due to the close proximity in which the protestors were and the lack of social distancing between them, which made it easier for the virus to spread. Since there were hundreds of construction workers that attended these protests, they'd all be from different parts of Melbourne and would have brought back COVID-19 to the regions in which they live.

Another reason could be due to people not following restrictions. For example, people having illegal parties, being outside past curfew or leaving home for any reason other than the 5 reasons you can leave your home may contribute to COVID spreading. The restrictions are supposed to limit the spread of the virus and breaking these restrictions contributes to the chain of infection within the community.

I think these are the 2 main reasons for why there have been spikes in COVID-19 cases.

Q3: Why might rural hospitals be struggling in a pandemic?

There are a few reasons why rural hospitals may struggle in the pandemic.

One reason could be due to the shortage of medical doctors and other allied healthcare workers in hospitals - most healthcare workers tend to work in metro areas, and so the shortage of staff may mean that there is less coordination in the hospital and longer waiting times for patients.

Another reason could be due to the shortage of medical resources such as ventilators and hospital beds - since the resources are scarce, doctors may have to make the difficult decision for of allocating resources to specific patients, meaning that some may miss out.

Another reason could be due to the small infrastructure of rural hospitals. These hospitals would be smaller considered to traditional metro hospitals and so, won't be able to fit the influx of new patients.

And these are the reasons why rural hospitals may struggle.

Q4: Do you believe that protestors against current government COVID-19 policies should be punished?

I think it's important to consider the perspectives of the protestors before coming to a decision.

I believe that everyone has the right to free speech and their own autonomous decisions - the protestors in this case should equally be allowed to have their own voice and opinions about the COVID-19 vaccination program.

However, I do believe these protests pose more harm than good - firstly the protests seem quite violent in nature which is the opposite of what protests are intended for, such as peacefulness and raising awareness. Secondly, social distancing and mask wearing was not practised at some of these protests, which is very irresponsible because it contributes to increased spread of COVID-19 within the community.

This means that families will have to stay inside their homes for longer, small businesses will continue to not operate and more people will become severely ill.

So overall, I do believe that the protestors should be punished because they are prolonging the COVID-19 pandemic. However, I do believe that the protestors should be allowed to voice their concerns though and this could be through online gatherings over Zoom to allow them to still have that method of sharing their opinions.

Q5: Do you believe that the prestige and pay associated with medicine is enough?

I believe on one hand that the prestige and pay associated with medicine could be seen as enough. This is because doctors have great pay and working conditions compared to most occupations immediately post-graduation. Furthermore, doctors are fortunate to obtain a non-generic title of doctor/Dr in their name which only very few roles in society are able to have.

However, some may say that the prestige and pay associated with medicine isn't enough. This is because of the years of training that doctors have to do not only at medical school but also during internship and residency too. Since medicine is a life-long learning career, doctors may want to be compensated more for the fact that they are continuously learning new material which is challenging in nature.

Also, doctors are dealing with a sensitive part of people's lives - patient health. And so, the pay and prestige could never justify the potential mental health ramifications of working with the sick all day long

Overall however, I do believe that the pay and prestige associated with medicine is enough - this is because pay and prestige isn't the only reward of being a doctor. The main rewards are associated with treating patients and setting them up for positive health outcomes.

SCENARIO 26

Q1: What would you tell Mr Robertson?

In this scenario the first thing that I would do would be to ask Mr Robertson in a non-confrontational and sensitive manner why he didn't abide by to the information or advice that I gave to him in the first place - for example, he may be confused about how to take the medications, he misunderstood that he was to avoid heavy lifting or perhaps Mr Robertson was unable to adhere to the medical advice when his source of income depends on heavy lifting at the farm. Once he tells me why he wasn't able to take the time off work that he needed to, I can try to provide a solution targeted to the area of difficulty that he might be facing. These solutions could include offering him a support service so that he can take time off work or giving him a doctors certificate to use as evidence to apply for a government funding program.

I would then make sure that Mr Robertson understands the implications of him not adhering to the medical advice to stop lifting heavy equipment. I would try to do this in a way that doesn't blame him, so that he is more likely to take on board medical advice that I give in the future.

Q2: Why do you think patients might not listen to medical advice?

I think that patients may not adhere to medical advice for a number of reasons.

The first of these is that adhering to medical advice may be costly for patients. In this scenario, Mr Robertson is working on a farm and, as a result, is probably unable to stop working as it may be his only source of income. In addition, Mr Robertson may not have any close contacts who would be able to take up his position and he may be forced to continue his work and lift heavy equipment, even though he may not want to.

Furthermore, much of the medical advice that doctors might give may require a lot of effort on the patient's behalf. For example, taking tablets or prescription drugs can be very difficult for patients, as there may be a large quantity of pills to consume, the drugs may have adverse side effects that affect the patient's ability to function or patients may not have a set schedule to take the pills at a certain time each day. These discouraging factors can mean that patients feel exhausted from taking medication and can result in them not listening to medical advice as they feel that it is an inconvenience to them.

And so these are some of the reasons why patients might not listen to medical advice.

Q3: What can be done to encourage patients to listen to medical advice?

There are many things that can be done to encourage patients to listen to medical advice.

Firstly, doctors should make an effort to understand where patients may be having difficulty in listening to the medical advice. In this case, it would be very helpful to ask Mr Robertson why he is unable to listen to the medical advice that was given to him by the doctor - for example, he may not understand how to take the medications. From there, the doctor can offer him a more patient-oriented solution so that Mr Robertson is more likely to adhere to the medical advice that he is given.

Secondly, mass health education campaigns can be run so that patients are more likely to understand the ramifications of not abiding by medical advice. This will result in patients being more likely to adhere to any advice that they receive. These education campaigns might include information on how patients can decipher and understand the medical information they read, so that they aren't discouraged from taking medications due to fake claims or falsified information.

Finally, doctors and medical researchers can aim to make health remedies and evidenced-based medicines that have fewer side effects and more effective recovery rates than current treatments. By doing this, we can reduce the negative effects of taking medicine, or produce a new solution to issues like back pain, so that patients have less difficulty in adhering to a medical treatment.

These are some actions that can be taken to encourage patients to listen to medical advice.

Q4: What might be some challenges of working as a GP in rural areas?

There are certainly several challenges of working as a GP in rural areas.

The first of these challenges might be a lack of access to adequate and high-quality medical resources. These health resources can include equipment such as masks or scanning equipment, but it can also extend to things like lack of facilities and health-based infrastructure. Specialist doctors like nephrologists or cardio-thoracic surgeons may also be in short supply in rural areas and, as a result, you may have to refer patients to specialists very far away, which can introduce barriers like distance and time to their access to health.

In addition, rural areas may have fewer clinics per capita of people in the population. As a result, patients may actually have to travel very far distances to actually see a doctor and, consequently, they may present to the doctor less often and with more severe symptoms. This would happen because patients may try to tone down the possible impact of any pain they might be feeling, since seeing a doctor may be seen as a hassle and inconvenience. Similar to this, there may be the influence of rural stoicism, which may cause people to not see doctors due to the idea that they may seem weak.

These are some of the factors that may be a challenge for doctors working in rural areas.

Q5: What can be done to increase the health outcomes of people living in rural areas?

There are several long-term solutions that can be implemented to increase the health outcomes of people in rural areas.

The first of these can be improving the health education that is available to people living in rural areas. This can involve better health advertising services and mass campaigns so that people are more likely to understand the consequences of certain behaviours, such as binge drinking, poor diet or smoking. Alternatively, we can have doctors deliver seminars to people living in rural areas about the importance of taking a proactive approach to their health. This can limit the chance of chronic diseases like lung cancer and diabetes developing, which tend to occur more frequently in rural areas compared to metro regions.

The second thing that can be done to improve health outcomes of people living in rural areas could be to improve the health infrastructure available. This can include building more hospitals with higher quality equipment and more beds or medical research facilities to attract doctors interested in conducting research. Taking these actions would increase the number of doctors per capita in rural areas, which would allow more sick people in rural areas to be treated by a doctor. It would also decrease the barrier of travel times for rural citizens to access a GP.

These are some of the solutions that can be done to increase the health outcomes of people living in rural areas.

SCENARIO 27

Q1: What would you do in this situation?

In this situation, the first thing that I would do is make sure we are in a private setting so that Lucy may feel more comfortable expressing herself. I would then make sure that Mrs Lucy feels heard by ensuring that an environment of open communication is created. I would try to comfort her as much as possible by offering her tissues or asking her if she needed anything in the moment, such as a family member in her immediate support network. In addition, I would want her to feel that it is appropriate for her to be feeling the way that she is feeling and reassure her that there is nothing that she should be apologising for.

Since I'm a medical student in this situation I would make sure that I don't give her any false promises or any medical advice, but I would assure her that I would get the treating doctor or a senior doctor to take a look at the severe pain that she is feeling. If I had to leave to look after other patients, I would make sure that there was a nurse or another member of the treating team available to look after Mrs Lucy so that she feels supported.

Q2: Why do you think Mrs Lucy may be apologising?

In this scenario Mrs Lucy might be apologising for several reasons:

Firstly, she may feel that by crying in this situation that she is putting a burden on the medical student or that she is being a burden to the treating team that is responsible for treating her. Because she might be feeling this way it would be very important as the medical student to reassure her that she isn't being a burden of any sort and that it is completely reasonable and understandable for her to be feeling this way.

Another reason she might be apologising is possibly because she wished to pass away in her sleep. She may be regretting saying this as she might have a family who care for her, or she might know that the training team has put a lot of effort into taking care of her. Because of this possibility, it is very important to make sure that Mrs Lucy is reassured that her feelings are validated.

Q3: What non-verbal cues would you give Mrs Lucy?

In this scenario, I would probably give Mrs Lucy several non-verbal cues.

The first of these would possibly be offering her a box of tissues. Since I know that she is crying, offering her box of tissues would be a nice gesture to show that I understand how she is feeling and that I'm here for her in this difficult time. It also serves to build a sense of trust that she is free to be open and honest about her emotion.

Another non-verbal cue that I might make to Mrs Lucy might be giving her a pat on the shoulder or offering her my hand so that she can hold it and know that someone is there for her in this situation. In addition, I might ask the other medical staff to leave the room so that Mrs Lucy could possibly have some privacy at that moment. All of the non-verbal cues that I would make would be to ensure that Mrs Lucy feels as comfortable as possible and so that she knows that she is valid in feeling the way that she is.

Q4: Do you think it is appropriate for doctors to prescribe drugs that have serious side effects?

I think the issue of whether doctors should prescribe drugs with serious side effects is a very contentious issue.

On one hand, many drugs with serious side effects are often very effective at reducing the progression of certain diseases and can also help patients to live for longer periods of time. And so, many may argue that the long-term benefits of a healthy life outweigh these short-term side effects. However, these potent side effects can cause patients great amounts of harm and decrease the patient's quality of life, like we see in this scenario with Mrs Lucy.

I think that the decision of whether doctors should prescribe these drugs to patients should be decided by the patient. Different patients may likely want different outcomes and for one patient who accepts the side effects and wants to live longer, these drugs may be good to prescribe. However, if there is a different patient who wants to live for a shorter duration, but with less side effects, it may not be appropriate to prescribe these drugs to this patient.

As a result, I think it's only appropriate for doctors to prescribe such drugs when it aligns with the patient's clinical goals and autonomy.

Q5: Do you think voluntary euthanasia is appropriate for patients such as Mrs Lucy?

I think the issue of whether voluntary euthanasia is appropriate for patients such as Mrs Lucy is something that should be decided on a case-by-case basis.

Voluntary euthanasia can allow patients to take more autonomy over their disease progression and can give them a sense of power to control their life. In addition, it can allow patients to say a proper goodbye to their family and important people in their lives. Furthermore, many agree with the notion that life should be respected rather than protected - and so, voluntary euthanasia can respect the wishes of those who don't want to prolong their suffering.

In terms of a point against voluntary euthanasia, it could be argued that no one is able to know with certainty how a disease would progress, and as a result, allowing voluntary euthanasia for certain patients may result in their lives being cut much shorter than they would have lived.

I think for patients such as Mrs Lucy, voluntary euthanasia is appropriate, however this must be decided on a case by case basis with careful consideration.

SCENARIO 28

Q1: What would you do for Mr Ahmed in this situation?

In this situation, the main thing I would try to do for Mr Ahmed would be to actively listen to his concerns. I would try my best to make sure that Mr Ahmed understood that his feelings were valid and that I empathise with him. I might also talk to him about my pets at home to relate to him better and also reassure him that the treating doctors will attempt to resolve his feelings of loneliness.

After giving him this reassurance, I would consider implementing some solutions. For example, I would ask Mr Ahmed whether there was anyone at his house or his immediate support network who would be able to check in on his dogs and whether he would be able to check in on them to make sure that they were healthy. I would also ask the senior doctors or receptionist staff whether there would be a possibility for Mr Ahmed to see his dogs outside the hospital or potentially see his dogs via Facetime or Zoom. All of these efforts would be made so that Mr Ahmed is reassured that his feelings are valid and that the treating team will try their best to help him.

Q2: Why may patients staying in hospital for extended periods of time have mental health issues?

Patients staying at a hospital for extended periods of time may have mental health issues for a variety of reasons.

Firstly, they may be feeling isolated or lonely. As in Mr Ahmed's case, patients may feel like they don't have much company at hospital, especially since their family members or friends may be working for the duration of the day. In the current pandemic, visiting rights may also be restricted for infection control purposes, further decreasing the opportunity for patients to have a social connection. In addition, patients may not feel that comfortable socialising with other patients or may feel uncomfortable around hospital staff who they may not be able to relate to, adding to the loneliness they may feel.

Secondly, patients may develop feelings of boredom in the hospital. Because they are unable to work while at hospital or partake in fun activities, patients may start to feel bored and without purpose, which can add to their mental health issues. Furthermore, patients may feel anxiety or stress about the outcome of their illness, especially since most people never expect to fall ill, or go to hospital. The events leading up to the hospitalisation may have come as a shock, which may add to mental health issues.

Finally, staying at hospital can be expensive for many patients, and there may be anxiety about hospital bills and expenses or about the income they are losing by missing out on work. As a result, it is likely a combination of all of these factors can result in patients struggling with mental health issues at hospital.

Q3: Why do you think patients may enjoy the company of service dogs?

Patients may enjoy the company of service dogs for a couple of reasons.

The first reason may be that patients, like Mr Ahmed, may be feeling lonely in hospital and in need of some sort of social contact. Especially since their friends might not be able to visit them, service dogs might be able to give patients a source of entertainment throughout the day. Many people enjoy the company of dogs and this may be a great alternative for the contact of close friends or family.

Another reason could be that patients might be too tired to interact with normal people due to their medical conditions and, as a result, service dogs may give them an easier and less tiring way to interact and get some sense of social connection. Especially since service dogs are well trained in psychiatric assistance, they are able to recognise signs of distress and can accordingly alleviate patients' feelings of loneliness and anxiety.

Q4: What may be some challenges of allowing service dogs to enter hospitals?

Allowing service dogs to enter hospitals could present a few challenges.

Firstly, service dogs may present a hygiene risk in the hospital. Although service dogs can be helpful, they are still animals that can present an infection risk. It would be very important for the service dog provider to make sure that their service dogs are properly groomed and clean for any hospital visits, so that any unwanted transmission of disease does not occur.

Secondly, there may be patients who do not like dogs. If there are patients at the hospital who have a phobia of dogs, the presence of service dogs at the hospital may cause them trauma or worsen their medical condition further. As a result, introducing service dogs to the hospital for these patients may cause more harm than good.

Thirdly, the introduction of service dogs might lead to more work for the people working at the hospital. Because of the presence of service dogs, staff may have to be extra vigilant about their work and, consequently, this may result in stress for the hospital workers. This extra stress could flow onto other aspects of their work and result in careless medical or administration errors being carried out or increased pressure for the hospital staff.

Q5: What other action can be taken to improve the mental health of patients staying in hospital for extended periods of time?

There are a couple of short-term and long-term solutions that can be implemented to improve the mental health of patients staying in hospital for extended periods of time.

One long-term strategy would be increasing the visiting hours of the hospital and removing visitation restrictions. By increasing the visiting hours of the hospital, more of the patients' friends and loved ones may be able to visit for a greater period of time and, resultantly, the patient may feel less lonely if they have their support network by their side. This can lead to more positive mental health outcomes.

Another thing that can be done is increasing the facilities for patients to interact with each other. By creating spaces in hospitals where patients can interact, hospitals can allow for patients to have more social interactions and a better sense of connectedness. This may have an added benefit, as patients may be better able to relate to people who are in a similar situation to them.

Finally, entertainment systems could be installed into patients' rooms. Especially for patients who might be bedridden or naturally introverted, having entertainment systems in their rooms could allow them to have a source of entertainment for when they might be feeling lonely or bored.

These are some of the actions that can be taken to improve the mental health of patients in hospitals.

SCENARIO 29

Q1: Knowing that he was feeling very confident, how will you comfort Ben?

Being Ben's friend, there are a couple of things that I would do to comfort him.

The first thing I would do is take Ben to a private setting and let him know in a sensitive manner that I understood how he was feeling and that I empathised with his situation. I would make sure he felt that he was being heard and that it was valid for him to be feeling disappointed about not receiving the scholarship.

The other thing I would do would be to arrange for him to meet up again with me in person at a later time. Doing so would allow me to give him more comfort and also allow us to discuss the issue further. I would also try to reassure him that there would be other pathways for him to get into medicine and that not receiving the scholarship wouldn't be the end of his dreams. I could perhaps also work with him to see how his application could be improved for next time by organising catch up sessions with successful candidates.

Overall, I would want Ben to try and see the rejection from a positive perspective, and to use it as an opportunity to learn and grow if he decides to apply in the future.

Q2: Do you think confidence is an important trait for doctors?

I do think that confidence is an important trait for doctors, although it can be harmful if in excess.

Confidence is a very important trait for doctors since they are required to make very difficult and complex decisions on a daily basis. Doctors need to be confident with the decisions that they make in medical practice because often the decisions they make are very important for a patient's short-term and long-term health and wellbeing. If doctors are not confident in their own ability they may end up doubting their decisions and possibly making an incorrect medical decision that would be harmful for the patient.

However, confidence can also be a negative trait if it is in excess. If doctors are over-confident this might mean that they end up being too foolhardy with their decisions to treat patients and they could possibly not ask for help when they require it. And so, it is important to have a balance between being confident in the decisions you make as a doctor and also knowing when to get help when you are not confident in something.

Q3: Do you think that doctors have to deal with failure?

I do believe that all doctors will have to face failure at some point in their careers. Even if doctors are excellent medical practitioners, they will likely have cases where there may be no positive outcome or where a patient that they care for passes away. In addition, doctors are human and, as a result, they can make mistakes that result in failure.

In these cases, it's important that doctors do not become too disheartened by any failures that they may face and that they use each failure as a learning opportunity. This can be learning from the failure so that they don't make the same mistake in the future and so that they can help teach other medical doctors to also prevent the same error. Doctors should use support systems such as medical educators or senior doctors so that they can tackle the consequences of their failures and also learn from them to stop them from ever happening again, which is a form of corrective action.

Q4: Have you ever faced failure in the past and how did you deal with it?

I have faced many failures in the past, but each time I have used them as an opportunity to learn and grow, which I believe has allowed me to become the person I am today.

One example of when I failed was during scholarship exam tests in year 9. I knew that my parents deeply wanted me to get a scholarship to a certain school and I had also worked extremely hard to try and get the scholarship. Unfortunately, when I sat the test I got the result that I had not passed the scholarship exam and that I would not be offered a scholarship.

Following this result, I was devastated as I had spent many months preparing for the scholarship exam and I did feel like I had deserved it. However, I received feedback from the test which showed me that my weakest subject was writing and I used that feedback to focus my time and energy towards improving my essay writing skills. As a result, I was able to improve my writing skills and, in year 12, I did very well in my English subject.

Q5: What are the advantages and disadvantages of failing?

I think failing has many advantages and disadvantages.

One clear disadvantage of failing is that it can prevent you from achieving certain goals immediately. As in the example I talked about before, I failed to get a scholarship from the exam I sat. However, failing at certain points often does not bar the path toward achieving a goal, but merely extends the journey.

Another disadvantage of failing is that it can have a toll on your morale and confidence. This is because failing something may make you feel as if you aren't good enough to continue pursuing it. After I failed I did have a few feelings of self-doubt in my own ability, which did affect the way I approached my studies.

However, failing also has many advantages. For example, failing can help you to improve your skills and knowledge in what you failed at in the future, which allows you to become a better version of what you were previously. You can also learn coping mechanisms to deal with failure in the future so that you can effectively overcome feelings of inferiority and come out of the failure more successful. In my case, I learnt from failure that I most effectively dealt with failure by targeting my areas of weakness and by slowly regaining confidence through practice.

Because of the advantages of failing, I don't think that people should avoid it as it is something anyone can learn from.

SCENARIO 30

Q1: How will you comfort Jenna in this situation?

In this situation I'll take a step-by-step approach to comforting Jenna.

The first thing that I would do would be to talk to Jenna in a private setting about her situation. I would ask her in a non-confrontational and sensitive manner about what particularly has been difficult for her and if there is anything that I can do for her to try and reduce the stress she might be feeling. In addition, I would ask her why she feels like she is going to fail the entire year so that I can better understand why she might be feeling so stressed - for example, maybe she doesn't know how to answer practice questions or retain the content effectively.

Another thing that I would do for Jenna would be to investigate any educational support services that might be available from the school - for example, one on one help sessions with teachers, school education clubs or group mentoring programs with friends. I would try to direct Jenna to these services so that she can try to alleviate her stress by herself. Through these services, Jenna might also be able to get an extension on her exams or receive special considerations for her exam.

These are some of the solutions that I would implement to try and comfort Jenna.

Q2: Why do you think people feel stressed?

I think that people might feel stressed for a variety of reasons.

The first reason people might feel stressed is because they may feel that they are behind on their classwork or unable to cope with the workload that they have been given. This seems to be the case in this scenario as it seems like Jenna is unable to cope with the year 12 workload.

Another reason could be external pressure, such as from family members. A family member may put added stress on their child because they want them to get the best possible marks and education to set them up for a better life - however, if this parental pressure becomes excessive, it may result in the student feeling inadequate due to the high expectations and standards expected of them. This can cause people to feel undue stress about their exam performance.

Finally, people can also feel a form of self-created innate stress. When we have deadlines and important assessments, it is very common for people to feel stressed as these events can be naturally stress-inducing. And so, people may naturally feel stressed about things they give importance to.

Q3: Do you think it is fair that schools and universities set assessments that cause people to become stressed?

I think the question about whether universities and schools should set these assessments is a difficult one.

On one hand, I think that it is fair for schools and universities to set the assessments because they might need to differentiate between students and will use an assessment to judge whether their students are progressing as they should. In addition, assessments can be a very useful tool for students to learn about the content that they are studying and can also offer them opportunities to consolidate their knowledge and skills. For example, if the majority of students are struggling in a particular concept, then the educator can revisit difficult concepts so that students can grow their knowledge and skills.

However, setting assessments can also generate greater stress in students. This stress can possibly cause students to feel less enthusiastic about the subjects that they are learning, which may completely demoralise them from learning in general and can also create unhealthy competition between students, leading to a negative school culture focussed on marks rather than collaboration.

Despite these negatives, I believe that schools and universities should set assessments because they are necessary to differentiate between students and because they are a great way to determine strengths and weaknesses.

Q4: When have you been stressed in the past and how did you deal with it?

There have been many times where I have felt stressed in the past and I have a few systems in place to deal with stress.

The first main thing that I do when I'm feeling stressed is taking a break. I find that taking a break allows me to take my mind off the work that I might be doing and also allows me to feel refreshed and rejuvenated before I might start working again. Another thing that I do when I am feeling stressed is engage in hobbies that I enjoy. These hobbies include things like playing instruments, meditation, exercise and going out and socialising with friends. I find that doing all of these things helps me to reduce any stress that I might be feeling because I am able to focus my attention towards fun activities, which also allows me to return to my work feeling more concentrated and productive.

In scenarios where I might be feeling extremely stressed and none of my usual strategies are working, I will access any help that is available to me from my school or friends, which includes counselling services and getting extensions on any work that I might have to do.

Q5: What do you think can be done to help people deal with stress?

I think that there are lots of things that can be done to help people to deal with stress.

The first thing that can be done is to introduce support systems in institutions like schools and universities. Having support systems in place such as counselling services can allow people to give themselves some leverage when they might be feeling stressed. These services usually have trained professionals that can identify signs of distress and provide professional advice to help mitigate stress.

In addition, as a friend, I like to help my friends when they are feeling stressed. This includes offering them guidance and support on any work they might have to do and also offering them someone to talk to if they want to rant or vent about any issues they might be having.

Finally, there is a lot that can be done at the societal level to reduce the stigma of doing poorly on assessments or performing below average. For example eliminating the need for a 'hustle culture' and reducing the entry requirements for jobs and courses can reduce the amount of stress people feel due to external pressures or fears that others may be judging them.

These are some of the things that can be done to reduce the stress that people feel.

SCENARIO 31

Q1: Why do you think the patient initially hid their ecstasy use?

The patient may have hid ecstasy use for a number of reasons.

Firstly, the patient may have felt that they would have been judged for using drugs. Because the patient showed up to a health setting they might be worried that the healthcare professionals treating them might look down on them for taking drugs.

Another reason the patient may have hidden the ecstasy use could have been because they thought that they would get into trouble with police authorities. They may have thought that the hospital workers were under a legal obligation to report any illicit intravenous drug use that they observed in patients.

Finally, the patient may have thought that their drug use could affect the procedure that they were going to go under and that, by hiding their drug use, they would be able to undergo the procedure and leave without any consequences.

These are some of the reasons why the patient may have hidden their ecstasy use.

Q2: Is it appropriate for the doctor to be angry with the patient in this scenario?

I don't think that it is ever appropriate for a doctor to become angry with a patient. Even though the doctor may be feeling frustrated in this scenario it is not acceptable for them to take out this frustration on the patient. There may be various factors that influence the patient's life to cause them to take drugs. Furthermore, if they are under the influence of drugs, it is plausible that perhaps they did not intend to hide their drug use but merely forgot or were too under the influence to disclose this.

In this scenario, I believe that it is important for the doctor to understand the situation as best as they can and to try and find an appropriate solution to the issue. It would also be important in this scenario to emphasise to the patient the short-term and long-term dangers of illicit drug use that resulted in their situation. I would also want to make sure that the patient feels safe to disclose their drug use in the future, if they do so.

Q3: Why do you think people consume recreational drugs?

People may consume recreational drugs for a number of reasons.

The first reason people may take recreational drugs is because of peer pressure. People may never have the intention of taking recreational drugs and then at a possible event like a party or festival they may be encouraged to take drugs from people they trust. As a result, they may be more likely to accept the offer under the impression that they might do it only once.

This may lead onto the second reason people consume recreational drugs, which may be addiction. People may take recreational drugs one time and then become addicted, and start doing it multiple times and more frequently. Recreational drugs tend to have a cyclical effect and so, once people start doing it more frequently, they may feel like they are unable to stop and that they have lost control of their drug use.

Q4: What are some of the measures that can be taken to reduce recreational drug use?

I think that there are several measures that can be taken to reduce recreational drug use and the greatest of them is education. I believe that educating people on the dangers of drug use through education programs in schools and advertising campaigns is the best way to reduce the use of recreational drugs. Doing this will allow people to make more informed decisions and will also discourage them by informing them about the ramifications of drug use. Particularly since children are impressionable, they have the greatest propensity to change at a young age - so, educating them about drug use early on can prevent them engaging in unsafe recreational drug consumption.

In addition, other measures can be taken such as introducing pill testing at events such as music festivals. Drug testing programs can allow people to learn of the harmful chemicals that might be present in their drugs which can reduce consumption and hence, negative complications for them. This would be particularly useful since most people buy drugs from unsafe suppliers.

Finally, a long-term action that can be taken would be to crack down on the illegal distribution of drugs. Doing so would attack the root of the problem and could stop drugs from entering circulation and being sold to people.

These are some of the measures that can be taken to reduce recreational drug use.

Q5: Is it appropriate for doctors to take recreational drugs?

Before coming to a decision it would be beneficial to comment on both spectrums of this question.

On one hand, I believe that the main reason that doctors should not take recreational drugs is because it is unhealthy precedent for their patients. If doctors are willing to take illegal drugs, they may not highlight to their patients the negative health impacts of drug taking, as they may feel biased towards drug use. Furthermore, if patients learn that doctors are taking illegal drugs, this may reduce their trust in the healthcare system and compromise the doctor-patient relationship. This is because they may worry about their doctor taking illicit drugs during their professional practice.

On the other hand, being a medical practitioner is a very stressful career because they are dealing with a sensitive part of people's life, which is their health. Doctors may be aware of the ramifications, but use recreational drugs as a way to escape and avoid that stress. And so, because doctors are humans too, we shouldn't doctors that consume drugs but instead offer support services to prevent them from continuing.

So, overall, whilst I believe that doctors are 'public servants' and so should lead by example and not take drugs, I think that support should be offered in the form of education to help them break from that habit.

SCENARIO 32

Q1: Is it important for doctors to be honest while bearing bad news?

While it may be difficult sometimes, I believe it is extremely important for doctors to be honest when breaking bad news.

The first reason I believe this is important is because it allows patients to make informed decisions. If doctors lie to their patients about diagnoses or the prognosis of their condition, patients may not be able to give informed consent or make appropriate medical decisions for themselves in each scenario.

In addition, I believe that it is important for doctors to always tell the truth as it upholds trust in the medical system. If doctors begin to lie to patients about their diagnosis, they may begin to lose trust in other things that doctors tell them, such as information about medications or treatment advice. As a result, patients' trust in the entire health system may become compromised.

Although there are times where a doctor may not be 100% honest, such as in cases of therapeutic privilege where doctors will not disclose certain pieces of information to prevent harm to the patient they are treating, I think it is important that doctors are always truthful when breaking bad news.

Q2: How would you go about breaking the news to Mrs Harper?

Because I know that Mrs Harper can be emotional, I would organise several things even before her doctor's appointment.

The first step that I would take would be to book Mrs Harper in for a longer consultation so that I have more time to address any concerns that she might be having. This is also so that I can adequately deal with any emotions she might be feeling without compromising the treatment of other patients.

Another step that I would take would be to give Mrs Harper a phone call before the consultation in order to prepare her for the bad news that she might be receiving. I would use a calm and sensitive tone of voice and inform her that I have some bad news, so that she can emotionally prepare a bit more before the consultation.

During the consultation, I would make sure to give Mrs Harper the diagnosis carefully, keeping a close eye on her facial expressions and manner so that I can quickly respond to emotional changes when necessary. I would make sure to listen to any concerns she might have and ensure her that action can be taken against whatever diagnosis she received.

All of these steps would be taken to try and ensure Mrs Harper takes the diagnosis in the best way possible.

Q3: What measures would you take before the consultation to help Mrs Harper deal with the diagnosis?

As mentioned before, there are several things that I would do before the consultation to ensure that Mrs Harper got the best treatment possible.

The first thing would be to book Mrs Harper in for a longer consultation, so that I have more time to address any concerns that she might be having, and so that I can adequately deal with any emotions she might be feeling, without compromising the treatment of other patients.

Another thing that I would do would be to give Mrs Harper a phone call before the consultation, to prepare her for the bad news that she might be receiving. I would use a calm tone of voice, and inform her that she has some bad news, so that she can emotionally prepare a bit more before the consultation.

As an additional step that I might take, I might offer for Mrs Harper to bring someone she trusts for the consultation, so that she can have another person to offer her emotional support. This may also alleviate any stress she may feel driving back home after the consultation, or on her commute to the consultation.

Q4: Why might it be important to empathise with patients?

I believe that it is extremely important to empathise with patients for a number of reasons.

The first reason is that empathising with patients can allow them to receive the best standard of care. Empathising with patients is one of the best ways to identify and understand their concerns, worries and the stem of their feelings. In addition, empathy can be used to make patients feel better about their prognosis as they may feel more acknowledged by the doctor

This leads onto the second reason why empathy is important, which is that it encourages patients to open up to doctors by creating an atmosphere of trust and comfort. When patients feel more connected with their medical practitioners, they may feel more willing to share any embarrassing issues that they have or any trivial concerns that they might not bring up with a doctor they were less comfortable with. As a result, bringing up these concerns might result in more medical conditions being diagnosed at early stages, and a closer and more positive relationship being formed between the patient and the doctor.

Q5: Why might empathising with patients be difficult?

Empathising with patients may be difficult for a couple of reasons.

Firstly, empathising with patients requires doctors to feel the emotions that patients may be feeling. Since patients may be experiencing very strong emotions, such as grief, anxiety and stress, it is very likely that doctors may have to experience these feelings as well. As a result, doctors may become quickly burnt out from the emotions that they are experiencing and they may struggle to empathise with patients.

Secondly, empathising can be difficult as it requires a great deal of emotional effort. Empathising with patients requires doctors to understand all of the factors that affect a patient's life and resultantly, this can leave a lot of factors for doctors to consider. In addition, doctors may feel that they themselves lack a support system to speak to, which could hinder their ability to relate with patients and empathise with them.

SCENARIO 33

Q1: Should the treating team agree to Mrs D's family's request?

I think that the treating team should make as many efforts as possible to agree to Mrs D's family request.

The reason I think this is because religion may have a significant importance in Mrs D's life, and she would likely want her wishes to be upheld in the time after her death. By denying the request, it is possible that Mrs D's family may feel rejected and disrespected by the treating team. In addition, it is extremely important that people from all cultures and religions feel that their values are being respected, something that the treating team can demonstrate by allowing the request.

However, the request might not be granted if there are other patients in dire need of using Mrs D's hospital bed. If accepting the family's request were to come at the cost of another patient's life, it would not be appropriate to accept the request.

As a result, I think that it is appropriate for the treating team to accept Mrs D's family request, as long as there isn't a patient in a desperate and critical need for the hospital bed.

Q2: You deny the request and Mrs D's family starts to get confrontational with you. How would you approach this situation?

I believe that there are several things that can be done in this scenario to diffuse the situation.

The first thing that I would do would be to listen to Mrs D's family. While they may be confrontational, I can still attempt to understand how they are feeling as best as possible. After listening to Mrs D's family as best as I could, I would make sure to explain to them why the decision was made to deny the request, possibly explaining that the request could result in the loss of another patient's life.

If Mrs D's family were still frustrated after these explanations, I would try to discuss any sort of compromise that could be made in the situation. I could present a solution such as having treating team members use extra PPE to handle Mrs D or asking a family member to come to move Mrs D in the case of her passing.

All of these attempts would be made to try and achieve the best outcome possible and prevent the confrontation from further escalating.

Q3: Should doctors respect peoples' spirituality, even if it comes at the cost of other patients?

I think that, in general, doctors should avoid granting requests related to spirituality if it comes at the cost of other patients, although this is a very difficult issue.

I understand that spirituality is very important for many people, especially at the end of life where patients may be reflecting on their faith and might want to spend more time with family. However, requests to do with spirituality might come at the cost of other patients, especially if they require the treating team to spend more time with a patient or make special arrangements. Since spirituality is an extremely personal experience, I don't believe that other patients should have to suffer or sacrifice their own treatment for another person's spirituality. For example, accepting one person's spiritual request may result in the denial of the next person's spiritual request, which would be unfair to the second person involved. Therefore, for the sake of fairness, I think that spirituality should be respected, although not at the cost of other patients.

Q4: What is the role of spirituality in medicine?

I think that spirituality has a large role in medicine, especially since spiritually can have great significance in many people's lives.

Since spirituality can often play a much larger role at the end of life, I think that it is extremely important for doctors to consider their patients' spirituality when making treatment decisions. For example, if a patient had a spiritual belief that they should only be using complementary and alternative medicines, doctors should respect that decision so that the patient can feel as satisfied as possible with their care.

Hospitals often have spiritual and religious leaders present to talk to patients who may be struggling with their prognosis. These religious leaders play a role in guiding patients on their healthcare journey and acting as a mediator between medical staff and patients. Furthermore, these religious leaders are trained to work with patients who would like to undergo treatment that is consistent with their spiritual beliefs and values.

These are some of the ways that spirituality plays a role in medicine.

Q5: Under what circumstances can we deny patient requests?

I think that there are a few circumstances in which we can deny patient requests.

One circumstance is when the request comes at the cost of other patients. Since the majority of requests made by patients will likely be innocuous and harmless to others, I think that it is appropriate to accept the majority of patient requests. However, there can be instances where patient requests may come at a large cost to the hospital or other patients. These requests may include situations where a hospital bed is required to be kept for an extended period of time, or may require only one gender of staff to be treating a patient. Sometimes these requests can be accommodated; however, if they require too many resources from the hospital, or cause other patients harm, for example by not giving them access to a bed, they should be denied.

Another circumstance could be when the request is irrelevant to the patient's condition. For example, requesting a heart transplant when the patient's heart is normal is something that can be denied because it would be an inappropriate wastage of resources.

SCENARIO 34

Q1: Do you give Mr Silva the referral?

In this scenario, I would give Mr Silva the referral depending on my research into acupuncture and Mr Silva's autonomy.

I believe that it is important before giving Mr Silva a referral to carefully examine the pros and cons of sending him to an acupuncturist. Although Mr Silva's sister-in-law and my other patients have been successfully treated by acupuncturists before, it would be important to review the research surrounding the efficacy of acupuncture for Mr Silva's sprained ligament. In addition, it would be extremely important for Mr Silva to understand the implications of going to therapies such as acupuncture, as he may have a misguided idea on the benefits of such treatments and may not be aware of the harms. So, it would be important to share with him the benefits, disadvantages and alternatives to allow him to make an informed decision.

It's important to note that patient autonomy should always be respected and it would be inappropriate to continue to offer Mr Silva conventional treatments if that is something he doesn't wish to use. And so, after conducting evidence-based research, if it was found that the possible benefits of acupuncture were higher than the possible harm it could do, then I would give Mr Silva the referral.

Q2: Why might some patients prefer alternative therapies such as acupuncture?

Patients may prefer alternative therapies for a number of reasons.

The first reason may be word of mouth or anecdotal evidence. As many patients do not have the level of medical education that doctors have, it may be natural for patients to overvalue anecdotal evidence, such as the experiences of relatives or close family members. These experiences can make it seem to patients that alternative therapies are more effective than they actually are.

The second reason might be that patients are afraid of conventional medicines. Many patients may be fearful of the side effects of these conventional medications. As a result, patients are naturally drawn to alternative therapies that they might believe are less invasive and more natural. In addition, events like surgeries in conventional medicine require patients to be out of work for extended periods of time and this may encourage them to pursue other options so they don't compromise their income.

Finally, alternative therapies may actually have some benefit for patients. Even if they have not been researched extensively, there is a possibility that alternative therapies could have positive effects on patients and these effects can encourage patients to pursue such services. Therefore, these are some of the reasons why patients may pursue alternative therapies.

Q3: What might be some of the issues with alternative therapies?

I think there are a couple of issues with alternative therapies.

Firstly, alternative therapies may be poorly researched, especially for patients who may have different types of illnesses. Alternative therapies have often been around for thousands of years; however, they may not have been subjected to a scientific study design, suggesting that their actual efficacy might be lower than expected. In addition, some alternative therapies are often marketed as a “fit-all” solution and many patients with unique illnesses may not be suited for alternative therapies. This effect is compounded with the lack of research, which could increase the risk of complications for at-risk patients.

Secondly, referring patients to services such as alternative therapies could reduce their adherence to conventional medicines. As patients take alternative therapies, they might feel less inclined to follow the directions of their doctor since they may feel that the alternative therapy is healing them. This could have consequences on the patient’s health in the future, since they may be turning down medicines with scientifically backed data and results.

Q4: Is it ever appropriate to refer a patient to an alternative therapy without prescribing any conventional medicines?

I think that it can be appropriate to refer a patient to an alternative therapy without any conventional medicines, although only under special circumstances.

These circumstances should be when the patient fully understands the risks and benefits of the alternative therapy that they might be taking and when they also understand the risk and benefits of the conventional medicine that they are being offered. If the patient is fully aware of both options that they have and is able to comprehend the implications of their choice, I believe that the patient should be allowed to choose the option of alternative therapy, although they should be encouraged to take conventional medicines alongside it.

I think it is important to have these conditions, because otherwise patients may be misinformed in their decision and could fairly blame the doctor for not guiding them properly. This would be especially important if there were possible negative consequences from the patient taking alternative therapy. Once the patient fully understands the implication of their decision, I think it would be unfair for them to be refused the freedom to choose to take only alternative therapy.

Q5: What are some of the issues with evidence based medicine?

There can be many issues with evidence based medicine.

Firstly, evidence based medicine can be costly and time consuming. Taking medications and undergoing surgeries are both examples of evidence based medicine; however, they can take a large toll on a patient's life. There are very few, if not no drugs, without side effects, and all surgeries require patients to rest and take time off work. These changes can cause great financial stress on patients and can also result in them suffering from the side effects of such interventions.

In addition, evidence based medicine is often most suited to only certain races and types of people. Since much of the studies conducted for certain medicines were done decades ago, the sample populations of these studies may only include people of a certain gender or of a certain race. Prescribing these medications or therapies to people of different genders or races may not actually be evidence based, and could possibly have side effects that were not researched as well, due to the nature of the trial group.

As a result, evidence based medicine can have many issues that may discourage patients from taking it.

SCENARIO 35

Q1: What would you do about Roger's interaction with the receptionist?

The first thing that I would do is take Roger to a more private setting where he would be more comfortable and ensure that open communication is encouraged. I would listen to Roger carefully about his interaction with the receptionist and make sure to ask him follow up questions about how he was feeling and about the actions that he believes should be taken to improve the situation. In addition, I would apologise to him on behalf of the receptionist, saying that I was sorry her actions made him feel uncared for and uncomfortable.

After speaking with Roger, I would organise a private meeting with the receptionist and ask her in a non-judgemental and non-confrontational manner about the interaction and try to get her version of the story. If she was unaware of her behaviour, then perhaps implementing cultural sensitivity training would be the best strategy to prevent this in the future. I'd encourage her to be more open and friendly with Roger the next time he came into the clinic and to apologise to him for her previous behaviour.

And that is the approach I would take.

Q2: Why do you think Indigenous people may not feel comfortable in healthcare settings?

I think that there are several reasons why Indigenous people may not feel comfortable in healthcare settings.

Firstly, Indigenous Australians are subjected to racism on a daily basis and they may also experience this racism in healthcare settings. For instance, it would only take one incidence of racism to ruin an Indigenous Australian's interaction with the healthcare system forever. As a result, it is extremely reasonable that Indigenous Australians are sensitive to the actions of their healthcare professionals. In addition, due to the impact of the stolen generations and racist Australian policies in the past, many Indigenous Australians view hospitals, doctors and the healthcare system as uncomfortable and dangerous places.

Furthermore, there is a lack of Indigenous representation in healthcare services which can introduce an added barrier to their access to healthcare. Since there are not many Indigenous healthcare workers, Indigenous patients may feel uncomfortable talking to non-Indigenous doctors who they may not be able to connect with at a personal level or converse with due to language barriers.

These are a few of the many reasons that Indigenous people may not feel comfortable in healthcare settings.

Q3: Why might some people not want to get vaccinated?

People might not want to vaccinate for a couple of reasons.

Firstly, they may not understand the concept of vaccination and thus might not value its importance. If Australians are not properly educated on how vaccines work or if they have a misunderstanding of the effects of vaccines, they may have unfounded concerns about the side effects of vaccines. These can include ideas such as the vaccine infecting them with the virus or that vaccination not being evidence-based.

Another reason why people may not want to vaccinate is because of negativity bias. People may hear about certain rare adverse reactions caused by vaccines. For example, death, blood clots or chronic exhaustion, and may become fearful that they too may experience these implications. These side effects may deter people from being vaccinated.

Another reason could be due to religious beliefs which people may have. These values may conflict with being vaccinated and so they choose not to vaccinate as it is against their faith.

Q4: What can be done to improve health outcomes for Indigenous people?

There are several solutions that can be implemented to improve health outcomes for Indigenous people.

The first solution is to increase the number of Indigenous Australians working in the healthcare sector, either through grants and scholarships, or Indigenous education programs. Increasing the number of Indigenous Australians working in the healthcare system can help Indigenous patients feel more comfortable in a healthcare setting and eliminate the possibility of any language barriers.

Another strategy that can be implemented to improve Indigenous health outcomes is to improve health literacy in Indigenous regions. By improving the quality and availability of health education, such as through mass marketing campaigns on what to do if you are ill, Indigenous Australians will be empowered to understand the consequences of basic health choices and behaviours and will also be more empowered to make their own autonomous decisions in regards to their health.

Finally, more healthcare infrastructure can be built in areas with large Indigenous populations. By building more hospitals, clinics and medical centres, doctors will be incentivised to work in areas with large Indigenous populations as there will be higher quality medical equipment and better healthcare teams. Increasing the number of healthcare workers in these regions can lead to an improvement in health outcomes as Indigenous patients won't have to wait long periods to be treated.

These are a few of the strategies that can be implemented to improve Indigenous health outcomes.

Q5: What can be done to improve health education in general?

There are many solutions that can be implemented to improve health education.

The first strategy that can be implemented is the translation of health literacy resources to other languages so that information is more readily accessible for people from non-English speaking backgrounds. In addition, this will allow people to teach others who might not be able to understand the health-related information. Mass advertising could also be used on popular platforms such as television and radio to allow for the widespread dissemination of correct medical information, especially teaching people how to identify correct research and documents.

Another strategy that can be implemented is to target health education programs towards young kids. Since our future will be governed by the actions of current children, health literacy should begin at a young age because kids have the greatest propensity to modify their behaviours at early phases of their life. Less than 0.5% of the Australian budget is currently dedicated to health promotion and education, so governments could perhaps increase the amount of funding for health promotion targeted towards children. For example, teaching kids about the importance of hand hygiene before and after eating food can make a significant contribution to reducing the rates of infectious diseases.

SCENARIO 36

Q1: Do you give Anna the money?

Although this would be a difficult decision, in this scenario, I do not think that I would give Anna the money.

The main reason that I would not give Anna the money is because online gambling can be extremely addictive, and Anna's past history of gambling may make her susceptible to gambling again and into the future. If I gave her the money, she might end up gambling it away in the hopes that she is able to double her money and pay both her parents and myself back.

Instead of giving Anna the money in this scenario, I might encourage her to have an open conversation with her parents about what had happened. I would stress that if she was honest in explaining her mistake and the problems with her behaviour, that her parents could not only get her the medical assistance that she requires but also provide her a second chance in being able to earn back the money through a legitimate source.

Finally, I would also encourage Anna to seek help regarding her gambling behaviour, possibly by calling gambling help services or by seeking medical guidance from a specialist doctor such as a psychiatrist who would be able to provide professional advice on treating addictions.

Q2: The next day, Anna calls you and tells you that her parents found out and that they are kicking her out of the house. What do you do?

If Anna told me that her parents were kicking her out of the house, one of the first things that I would do would be to try and offer Anna any support I had available. I would try to investigate the situation by asking her what had happened and from there, I would ask her whether she had any places to stay for the night. If she didn't, I would offer her to stay with me for a temporary period or book her a hotel room to stay in so that she has a place to stay for the night.

After addressing these immediate concerns, I would encourage Anna to reconcile her relationship with her parents. I can completely understand the perspective of the parents and how upsetting the situation would be for them, so Anna could perhaps converse with her parents about what strategies can be taken to regain their trust and what can be done to resolve the conflict.

Throughout this time, I would make sure to provide Anna with emotional support, and also help her with any tasks that she might need to get a job - for example helping her write a resume or cover letter so that she can find employment.

Q3: Why do you think people might gamble?

I think people may gamble for several reasons.

Firstly, people may be peer pressured into gambling initially and then fall victim to the trap of gambling. Many people who gamble may have initially started due to friends introducing them or feeling like it could be a quick way to make money. However, these people may end up losing a small amount of money, then put in more money to try and earn it back, then lose it again, starting a vicious cycle that is hard to escape

Secondly, people may not understand the rigged nature of gambling. Although the phrase “the house always wins” may be common, many casinos and gambling venues advertise their games as being fair or unbiased. Some people may believe this advertising and put money into gambling games thinking that they have a chance of winning, when the odds are always against their favour.

These could be some of the reasons why people might gamble.

Q4: Do you believe online gambling should be banned?

I think it's important to consider the pros and cons of online gambling before coming to a decision.

An advantage of online gambling is that it may be a fun short-term experience that people may engage in. Some people may try online gambling only once just to see what it is like and then never try it again. It may also be inappropriate to ban online gambling because professional veteran players, whose entire livelihood depends on the income generated from online gambling, will no longer be able to support themselves.

However, the rise of online gambling has made gambling a lot more accessible and as a result, more people may fall victim to a gambling addiction. This may be seen as unethical because large gaming corporations will profit off the long-term health and economic ramifications of people engaging in gambling.

Another issue with online gambling is that ID checks and age verification are less likely to occur. Because age and ID can be fabricated more easily on an online platform, it is much easier for minors to be exposed to gambling as compared to at live casinos, where IDs are checked at the entrance. This can result in vulnerable and impressionable minors falling victim to gambling addiction online, which can pose negative long-term implications for these children as they are less likely to be able to escape it as they grow older.

For these reasons, I believe that online gambling should be banned.

Q5: How can we help people with addictions?

People with addictions can be helped in several ways. One long-term solution is to establish more addiction accountability groups and support services. These support services have trained professionals who will be able to provide the best quality advice and services, which will increase the chance of people with addictions successfully overcoming them. Establishing more of these support services and increasing their availability to the general public will compound this effect. I believe this is really important because solving addiction isn't about pointing a victim in the right direction but instead walking with them on their journey.

Finally, we can implement targeted education programs. Education programs may not significantly help those with addictions, but may reduce the number of people falling victim to addiction each year by highlighting the causes of addiction and strategies to prevent addiction. This may deter people from partaking in activities that may cause them to become addicted. Furthermore, people may be able to identify warning signs for addiction early, allowing them to get the medical assistance they need.

SCENARIO 37

Q1: Do you accept their offer?

In this scenario, I would not accept the offer for a cigarette, although I can understand why some may find it tempting to do so.

Since I have never smoked and I am afraid of health repercussions like lung cancer, heart disease and stroke, I would stick to my beliefs in this moment and respectfully decline my friends' request. I know that it can be pressuring to fit in by accepting the cigarette; however, I also know that trying a certain thing once could cause me to become addicted, or want to try it again. Furthermore, it might encourage my friends to keep offering me cigarettes, as they might think that I enjoy the behaviour. I think that it would be extremely important here to set a clear boundary for my friends to observe, so that I do not feel pressured into behaviours that I am not comfortable with.

And so, whilst I would never judge my friends for smoking, I would respectfully decline their offer.

Q2: Do you think your friends in this scenario are in the wrong for offering you a cigarette?

I do not think that my friends in this scenario are in the wrong, although they could be if they tried to force me to try the cigarette.

My friends might want me to try smoking in this scenario because they thought that I might enjoy it, or that I would want to do it to fit in with the rest of the group. As a result, my friends may actually have good intentions in offering me the cigarette, since they might also not understand the significance of the negative health outcomes. However, if my friends in this scenario were to keep pushing me to try smoking even after I said no, they would likely be in the wrong. It would be unjust of them to push a boundary I had set, and would indicate a lack of respect for my beliefs and values. By possibly forcing me to try smoking, they could jeopardise our friendship and also cause my feelings to be hurt, which would be wrong.

Q3: Why do you think people succumb to peer pressure?

People may succumb to peer pressure for a number of reasons.

Firstly, people may experience peer pressure in situations where they are already uncomfortable and out of place. In this scenario, I am at a party when I am offered a cigarette, and this may be a similar situation which many people are peer pressured into. Because it is an unfamiliar situation, and since there may be people around me that I do not know, I might feel pressured to try something new to seem cool or fit in.

Another reason why people may succumb to peer pressure is because of their trust in their friends. Again in this scenario, I trust my friends and I am unfamiliar with seeing them smoking. Because I might have only seen my friends acting in a certain way, I might be more inclined to think that their behaviour in this situation is more acceptable than I think. As a result, in these situations, peer pressure may cause people to doubt their past beliefs or change their mind.

Q4: What do you think is the best way to deal with peer pressure in scenarios like this?

I believe that the best way to deal with peer pressure is to set clear boundaries in a non-judgemental and non-confrontational manner.

In situations like this, I believe that most people would understand my decision not to smoke, and making this clear would set an explicit boundary for my friends not to cross. I think that it is important to stay true to one's intention and to not waver from it, as people around you may believe that it is an inclination to try a certain thing. However, I would make sure to deal with this peer pressure in a way that doesn't discredit their beliefs and values. Whilst our beliefs don't align, that doesn't mean that my view is better than theirs or vice versa.

Another coping strategy I might use would be to talk to one of my friends privately, and confide in them that I am not comfortable smoking. Especially if this is a friend I trust, they might be able to give me some support to resist the peer pressure, or stop others from overly pushing my boundaries.

Q5: What do you think can be done to reduce the rates of smoking and similar damaging behaviours?

I think that there are several solutions to reduce the rates of smoking and other damaging behaviours.

A long-term solution to reduce these rates could be increasing tariffs and taxes on cigarettes or similar products. This will force manufacturers to raise the prices of their cigarettes in order to cover costs from the additional taxes. And so, Australians will be less likely to purchase these products because the high cost will reduce their buying power and hence deter them from purchasing cigarettes.

Alongside this solution, health education can be used to reduce the rates of damaging behaviours. Doctors and ex-smokers could deliver presentations to the community on the damaging effects of behaviours such as smoking, which can discourage Australians from engaging in these activities. Education can be especially powerful in reducing the rates of these behaviours as people may never enter the damaging cycles of substance abuse that can lead to addiction.

SCENARIO 38

Q1: How do you comfort Jessica in this situation?

In this situation, I would do several things to comfort Jenna.

The first thing that I would do would be to listen to her concerns in a private location. I would encourage her to speak openly on what is causing her to be stressed by creating an atmosphere that is non-judgemental. It's important to first ask what is causing her to be stressed so I don't jump to any conclusions and give irrelevant or incorrect advice. After hearing her perspective, I might offer my own opinions on solutions to combat her stress - for example, I might advise her to request an extension on her exam or to visit a university support service who have trained professionals that can provide better quality advice to Jessica.

Considering that I am also feeling stressed and I might be low on money, I might not be able to financially help Jenna; however, I could assist her in as many ways as possible - for example by hosting study sessions to give her motivation or by sharing my study resources with her.

I would do as much as I was able to help her pass her exams and cope with any stress that she might be feeling. More importantly however, I would work with Jessica after the exams to see how her long-term stress can be combatted to prevent situations like these arising in the future.

Q2: Why might medical students feel stressed?

Medical students might feel stressed for a number of reasons.

Firstly, medicine is generally considered a difficult degree and the academic requirements to enter are extremely high. As a result, many of the people in medicine may be academically strong and people who are struggling may find themselves comparing themselves to others and feeling inadequate, which is commonly referred to as 'imposter's syndrome'. This may be a source of stress for medical students because they may feel as if they are unable to meet the expectations of the course.

In addition, medical students are required to manage their transition into adult life. Since many medical students may be in early adulthood, they may be going through several role-transitions, such as driving, earning an income and moving out of the house. These changes by themselves may put undue stress on students.

Another reason why medical students might feel stressed is because they may feel a need to always be perfect as any failure or error may compromise patient health. This could be mentally draining for medical students who don't want their actions to be the cause of a patient's suffering or injury.

Q3: What do you do when you are feeling stressed?

There are several actions that I take when I am feeling stressed.

The first thing that I do when I'm feeling stressed is take a break. I find that taking a break allows me to take my mind off the work that I might be doing and also allows me to feel refreshed and rejuvenated before I might start working again. Another thing that I do when I am feeling stressed is engage in hobbies that I enjoy. These hobbies include things like playing instruments, meditation, exercise and going out and socialising with friends. I find that doing all of these things help me to reduce any stress that I might be feeling because I am able to focus my attention towards fun activities, which also allows me to return to my work feeling more concentrated and productive.

In scenarios where I might be feeling extremely stressed and none of my usual strategies are working, I will access any help that is available to me from my school or friends, which includes counselling services and getting extensions on any work that I might have to do. I find that my friends offer me a strong support system and we are always willing to help each other regarding any issues that we might be having.

Q4: Do you ever get tired of listening to other people's concerns?

There can be times where I get tired of listening to others' concerns, although whenever I feel this way I try to get myself help so that I can get back to feeling optimal.

I know that often I can get tired of hearing about others' concerns when I myself am feeling tired and stressed. If I sometimes have a lot of concerns in my own life, it can be difficult to also provide emotional support to my friends who might need it. However, in these situations I try to remember that I too have a support network and I try to tell my friends about my own issues, so that I can feel better.

If I'm not able to actively listen to a friend's concern because I myself am stressed or tired, I might politely inform my friend who is coming to me for support about my own situation. We may be sharing the same difficulties and so, we can work together to solve each other's concerns or go to a school counsellor separately. I also know that I can access support services, such as from my school or a clinic, to get myself help from a certified professional.

By taking these actions, I can feel more ready to listen to others' concerns, even when I might be tired.

Q5: What do you think universities or schools should do to reduce the stress felt by students?

I think there are a number of actions that could be taken.

The first action these institutions can take is improving the quality of currently available support services for their students to access. This can be through training staff members to deal with stressed students more effectively or hiring more staff members so that more students' concerns can be addressed. Furthermore, more scholarships can be given to students in need of financial support so so students are able to concentrate on their work and feel less stressed about their financial circumstances.

In addition, universities and schools can reduce stress by tailoring their curriculum to be as interesting and engaging as possible. By making curriculums more interactive and suitable for different learning styles, teaching institutions can facilitate for students who might learn in a different way to others. This can allow for a greater number of students to be more willing to learn, which can take pressure off them to learn concepts that they don't enjoy. Universities and schools should also attempt to make their exams at a perfect level of difficulty so that student knowledge can be assessed, but they are not overly stressed to cover concepts that are too difficult.

These are two strategies schools and universities can implement to reduce the occurrence of stress, and also the impacts of stress.

SCENARIO 39

Q1: How do you approach this situation?

I think the best approach for this situation would be to take Sam to a private setting and have a one-on-one discussion about the situation. The reason why I would do this is because it would be an appropriate approach to de-escalate the situation and reduce further tension between the team members. Whilst alone with Sam, I would ask him in a non-confrontational and non-judgemental manner about why he wasn't able to complete his section of the group assignment. I do this because I wouldn't want to jump to conclusions about why Sam didn't complete his section - for example, Sam may be having trouble in his personal life that had led to the outburst or he was having a bad day at the time.

After identifying the reasons, perhaps I could work with Sam to teach him how to complete the work or allocate him topics that he is strong at to give him a chance to complete the work. If I was struggling to get through to Sam and all other options have been exhausted, I would ask Sam to report himself to the supervisor of the project. If he chooses not to report himself then I would report him myself because his actions are unfair to the other team members who did the work required.

Q2: What do you do to ensure the group project is completed?

To make sure that the group assignment is completed, I could take a few approaches. One would be to speak with Sam privately about his section of the assignment. If he didn't understand what was required of him or is not strong in the topic being researched, I could work with him and teach him what needs to be done or how to research the specific material. The benefit of this is that the group project can still be completed and Sam would receive the support he needs at the time.

If Sam was not willing to do his section, then our team would report Sam to the supervisor and we would come together to complete his section. I might add Sam's work to the remaining work and divide it equally amongst the remaining members of the group. Although not ideal, it would still allow the group project to be complete. Although Sam's behaviour might interrupt the group dynamic, I would try my best to ensure that the remaining work is distributed fairly so that the group project can still be completed.

Q3: Do you think that people who do not want to practise medicine should be allowed to enter medical school?

I think that the issue of whether people not wanting to practise medicine should be accepted into medical school is a difficult issue.

I strongly believe that people entering medical school should not be doing it for the sake of having a degree next to their name, or a Dr title. Practising medicine is extremely important and allows a single person to provide an enormous amount of value to society and other people. If a person doesn't wish to pursue medicine and is not interested in contributing to public health, then they may have a detrimental effect to patient health because their lack of motivation may lead to careless medical errors. However, I also think that the medical school admissions process is very stringent and that people with unethical intentions are often excluded from entering medical school in the first place. As a result, I think that the remainder of people who are in medicine, but do not want to practise, may be people who have changed their mind about medicine, or decided on a different path. For this reason, I think that people who outright do not want to practise medicine should be excluded from medical school, however those who decide later on not to practice medicine should not be shamed for doing so, as it is their own decision.

Q4: Do you think that it is appropriate for doctors to practise medicine for the financial benefits?

I think that it is acceptable for doctors to practise medicine for the financial benefits, although it shouldn't be the only reason that motivates doctors.

It may be seen as appropriate for doctors to practise for the financial benefits because doctors are humans too and so, they have to support themselves and a family too. It would be upsetting to scrutinise someone for wanting to earn money for themselves in order to live a comfortable life. However, due to the strenuous nature of the job, I believe that doctors who try to practise medicine only for the financial benefits would find themselves burnt out or quickly demotivated. This is because doctors are often tasked with challenging tasks associated with patient health, which can be a mentally draining. It may also be inappropriate because prioritising financial gain over patient health has the potential to lead to poor health outcomes - this is because a doctor may want to perform additional unnecessary tests to earn more or they may make medical errors because they aren't motivated enough to care for the patient.

And so overall, whilst I do not judge anyone for their motivations, from a principled standpoint, I do not think that doctors should practise medicine only for the financial benefit, since they should care more about the impact they can make on patient health and society.

Q5: Why do you want to practise medicine?

I have wanted to study medicine ever since I was a child as I was inspired by the contributions of my father, who is a doctor himself. I did not fully understand what it meant to be a doctor at a young age, but as I grew older I began to develop an intrinsic desire to study medicine. At 15, a close family member of mine fell ill and passed away. Despite the tragic result, I observed the actions of doctors that lead treating teams and I was motivated by their ability to guide patients through their illness journey. At 16, I was privileged to be offered an opportunity to volunteer at a hospital in Sri Lanka, which gave me a fresh perspective into the role that doctors play overseas and in lower socioeconomic areas.

These experiences inspired me to pursue medicine as I also wanted to provide the medical and emotional support my family had received, and target health-disadvantaged regions. I thought a lot about whether medicine was right for me or not, and the combination of my natural inclinations and my formative experiences at hospitals have allowed me to realise that medicine was my vocation.

SCENARIO 40

Q1: How would you approach this scenario?

In this scenario, I would be very careful about the way that I talk to Mrs Randwick about her weight gain. I would understand that this would be a sensitive issue and, as a result, I may try to approach Mrs Randwick about her lifestyle indirectly. Instead of asking her directly about her weight, I might ask her about her diet or exercise levels, so that I can get a better idea of any factors that might have caused her to gain weight over the period of time. After asking these other factors, and depending on Mrs Randwick's reaction, I might consider asking her about her weight. Even with doing this, I would build rapport with Mrs Randwick to reach this stage, and I would make sure to ask her if she had noticed any changes to her own weight, rather than directly asking her about weight gain.

Since it might be insensitive to ask her why she might be feeling sensitive about her weight, I might ask Mrs Randwick whether she was feeling comfortable. Throughout this process, I would remain non-judgmental and try to keep her as comfortable as possible.

Q2: Why do you think patients may be reluctant to talk about these issues?

Patients might be reluctant to talk about issues such as weight for a number of reasons.

Firstly, issues such as weight gain or loss tend to have a societal stigma surrounding them. Patients may feel that gaining weight is embarrassing or that it reflects poorly on their character, when this is not the case. In addition, many aspects of society are geared towards losing weight and hiding weight gain and, as a result, patients may feel insecure about any weight that they may be gaining.

Another reason patients may feel reluctant to talk about issues such as weight gain is because of a fear of judgment from a medical professional. Many patients are aware of the possible health consequences of unhealthy diets, or weight gain, but may not want to talk about this with their doctor as they feel that they will be berated by their health practitioner for gaining weight, or eating unhealthily. Patients may also feel afraid of the consequences of talking about these issues. For example, a patient may know that gaining large amounts of weight is bad for them but they may feel more secure in themselves if a medical practitioner doesn't reveal the implications of weight gain.

These are some of the reasons why patients may not be comfortable talking about sensitive issues.

Q3: How do you think doctors should best approach talking to patients about sensitive issues, such as weight gain, diet and sexuality?

I think that doctors can do several things to best approach talking to patients about sensitive issues.

Firstly, doctors can talk to patients in a private setting, which creates a more comfortable atmosphere for patients to talk about these issues. A doctor can also maintain a non-judgmental and welcoming tone. Often when discussing sensitive issues, the main factor driving reluctance towards discussion can be a fear of judgment, or the feeling that someone will criticise you for your actions. As a result, I believe that one of the most important actions any health practitioner can take is to approach their patient kindly and openly about sensitive issues. Another thing doctors can do to better approach sensitive issues is to have information readily available to give to patients. Regarding things such as weight gain or sexuality, doctors can have pamphlets prepared in advance to dispense to patients if necessary. These pamphlets can be very useful as patients might forget things discussed in the consultation, may want a second opinion or other resources to look at.

Q4: Do you think it would be better here for the doctor to prescribe Mrs Randwick a medication for her chest pain rather than talking about her weight?

I do not think that it would be appropriate for the doctor to prescribe Mrs Randwick a medication rather than talking about her weight, as it would fail to address a possible cause of her issue.

I believe that it is the doctor's responsibility in this scenario to try and ensure that the root cause of Mrs Randwick's chest pain is treated. It may not be her weight gain, but the doctor could organise other tests, such as a blood pressure reading or a blood test to investigate any possible causes of the pain Mrs Randwick was feeling. If he were to simply prescribe a medication, Mrs Randwick may have to take the medication perpetually and may also have to face the side effects of any medication that she might be taking. If instead, the doctor addressed the root of the issue and was able to encourage Mrs Randwick to live a healthier lifestyle, she may not need to take medications at all, which would produce a more optimal health outcome.

Q5: How do you think medical professionals can encourage patients to live healthier lifestyles?

I think medical professionals can encourage patients to live healthier lifestyles through several strategies.

The first strategy is through creating high-quality health education. I believe that doctors have a responsibility to educate their patients about the common principles of healthy lifestyles, eating and exercise. Since each doctor will get to know each patient on an individual basis, it's important that each health professional gives each patient unique advice. For one person who is very spiritual, yoga may be a better form of exercise, and for a younger teen, joining a sporting club might be better than running. In addition, health professionals can encourage their patients to live healthier lifestyles by leading by example. If health professionals themselves exhibit healthy behaviours, then they will be more likely to encourage their patients to do so, as they might be able to see the benefits of healthy eating or exercise.

By doing so, health professionals can improve the health outcomes of everyone around them.

SCENARIO 41

Q1: How can we reduce car accidents amongst those just beginning to drive?

There are several solutions that we can implement to reduce car accidents amongst those just beginning to drive.

The first of these is introducing stricter regulations for those who are able to drive. Currently learner drivers must drive with a competent adult and are not allowed to drink alcohol or carry a certain amount of peer passengers. This is very effective at ensuring that drivers build their skills before becoming a probationary driver. We could also implement time limits where learner drivers have to drive for only a maximum of 1 hour a day to prevent the chance of road accidents.

Another solution that can be employed is to introduce more merit-based driving tests to achieve a drivers license. Rather than having arbitrary hour cutoffs for learner drivers, more merit based exams could be used to ensure that learner drivers who graduate to their Ps are competent drivers.

Finally, car accident rates can be reduced through effective advertising and education. As there are on freeways at the moment, large billboards describing the dangers of drink driving and driving while fatigued can be extremely effective in reducing the occurrence of such behaviours, and stopping people from engaging in dangerous driving behaviours.

Q2: Do you believe that teenagers should be able to only start driving at 18, rather than 16?

I do not think that teenagers should only be able to start driving at 18 rather than 16, although there are certainly valid arguments for both sides.

I believe that such a rule should not be implemented because age limits such as 18 are relatively arbitrary in terms of their significance. There would possibly be many 16 year olds who are more fit to drive than many 18 year olds and the question would likely come down to that of maturity. Furthermore, I believe that implementing systems such as more merit-based examinations to receive drivers' licenses should be put in place, rather than increasing the age limit of people able to drive.

However, I do understand the point that the average 18 year old will likely be more mature than the average 16 year old and that by increasing the driving age, the average maturity of drivers will likely be higher, which will possibly decreasing the road toll.

Despite this, I still do believe that increasing the driving age would not be the best solution to this issue, as 18 year olds have lots of stresses already placed on them such as year 12 exams and voting. And so, allowing teenagers to only start driving at 18 would add to this stress.

Q3: Who might be affected by car accidents?

There are several stakeholders who may be affected by car accidents.

The first stakeholder would be the people directly involved in the accident. For these people, having a car accident would likely cause a lot of emotional trauma, as well as financial damage and inconvenience. Since many people rely heavily on their cars, a car accident can ruin peoples' livelihoods and way of living. The families of those affected would also be in great shock, especially since the loss of one's loved one to a car accident would be an extremely tragic event.

Other stakeholders who might be affected by car accidents would be bystanders and other people on the road. While these people may not face the direct trauma of the accident, they may also be inconvenienced by traffic that builds up due to accidents, and may also build up anxiety around driving. They may become paranoid that they will be involved in an accident and that may influence their ability to drive.

Finally, emergency crews and paramedic services are affected by car accidents. If a car accident occurs where medical attention is required, paramedics will be required to respond to the accident. Extended exposure to horrific sights at car accidents can take a significant toll on the mental health of emergency responders.

These are some of the stakeholders that might be affected by car accidents.

Q4: Who do you think should be responsible for reducing the road toll?

I believe that everyone should have a responsibility to reduce the road toll.

At the individual level, I believe that each driver should try to drive as safely as possible and should avoid succumbing to strong emotions such as in road rage. In addition, I believe that the passengers of cars should discourage dangerous driving and should encourage their drivers to drive as safely as possible. As individuals on the sidewalk, it should be our responsibility to make sure that we use the roads safely and that we report dangerous intersections, or cross at zebra crossings or at lights.

At the government level, I believe that governments should fund a strong police force to crack down on the incidence of drunk driving and should also fund education campaigns and advertising to reduce the incidence of such actions in the first place. Additionally, regulatory bodies should be put in place to maintain the safety of our roads, road rules, and car registrations.

All of these stakeholders should be responsible for helping to reduce the road toll.

Q5: How can we improve education about road safety?

There are several strategies that can be taken to improve road safety education.

Firstly, road safety education can be more widely disseminated and introduced to children at younger ages. Kids at a young age, have the greatest propensity for change and so targeting children at an early stage of their life about the importance of road safety would prove useful in modifying their behaviours and attitudes towards driving. This means that not only adults will have a strong understanding on road safety but future generations too. We can have police workers come to schools and engage with kids about the importance of road safety - this would be crucial for not only when they do start driving one day but also when they themselves are on the road. A simple phrase like 'stop-look-listen-think' can be really powerful in preventing further road tragedies.

Secondly, we can dispense road safety information more widely, possibly by translating road safety information booklets into different languages, or by creating accessible versions of information material for those differently abled. This will allow more people to be able to understand road rules and ultimately encourage them to adhere to them. I believe these are some strategies to improve road safety.

SCENARIO 42

Q1: What do you do?

Since this scenario may require some fast action, I might have to leave the customer at the register to deal with the boy stealing. To make sure that the customer at the register didn't feel too abandoned, I might ask one of my coworkers to take up my job at the register while I look after the boy. Once I do that, I would move on to try and catch the boy stealing. Since he is a minor, I would be careful to try and not scare him but to stop him in a way that was safe for both of us. Once I had stopped him from stealing, I would try to ask him where his parents were and why he was stealing from the supermarket. By doing this, I might be able to better understand what had led up to the situation where he was attempting to steal goods from the supermarket. Finally, I would try to return the boy to his parents, explain what had happened to them, ask for the goods to be returned or bought, then return to my job at the cashier.

Q2: Why do you think people steal in the first place?

I think that people may steal for a number of reasons.

The first reason someone might steal may be out of necessity. If someone was financially struggling and was not able to afford the groceries that they needed, they may resort to stealing in order to have food to eat or to feed their family.

Another reason why people may steal could be due to peer pressure or taught behaviour. Some people may not have any intention of stealing, but might be tricked or coerced into engaging in such behaviour. In this scenario, the boy's parents might have instructed him to steal from the supermarket and the boy might not have known what he was doing. In addition, people of younger ages, especially teenagers, may be in groups where their peers encourage them to steal as part of a 'dare' or 'for fun' and this may inadvertently coerce people into stealing when they had no intention of doing so.

Q3: When you catch the boy, he tells you that his single mother has recently fallen sick and that his family has no money to buy groceries - does this change the way you approach the scenario?

This revelation would not largely change the way I approach the scenario.

If the boy told me that his mother was sick and that his family had no money, I would likely feel a greater degree of sympathy for the boy and I would understand the motivation behind his actions better. However, I would still stop the boy from stealin, and explain to him that stealing is not the way for him to help his mother and family. I would still talk to the boy and ask him to return the goods. However, with this revelation, I might offer to buy the goods for the boy instead, so that he wouldn't have to steal. I would also talk to my manager to see if free groceries could be given to this family given their situation.

In addition, I might direct the boy to talk to his mother about support services, such as charities that help those in need and government benefits available for those who have fallen sick.

Q4: If the person stealing was an adult, not a boy, would that change the way you approach the scenario?

If the person stealing in this scenario was an adult, my approach would not change significantly.

I would still make sure to stop the person from stealing. However, when doing so with an adult, I might try to be more careful because an adult could potentially be more dangerous than a child. If I thought that the adult was showing signs of aggression to me or other customers, I might call for other coworkers or security to help protect myself and other customers around me.

With the boy, I would likely be slightly more sympathetic compared to the adult, as the adult should be able to understand why stealing is unethical and banned. However, I would still try to be as understanding of the adult's situation as much as possible, and I would still inquire about why they were stealing in the first place.

By doing this, I might be able to try and reach a reasonable conclusion and compromise for all parties involved.

Q5: What help is accessible for those who are financially struggling?

There are several sources of assistance for those who are financially struggling.

Firstly, those who are financially struggling can access financial counselling programs, which can encourage individuals to take control over their money. These counselling programs can teach people important financial skills, such as budgeting and investing. By attending such a program, a person who is financially struggling may be empowered with the ability to control their financial future.

Secondly, interview training and resume writing courses are available for those who are unemployed. If a person's financial insecurity stems from unemployment, interview training and resume writing courses can boost a person's chances of achieving employment, allowing them to have access to an income. This strategy can be powerful when paired with financial counselling services, as at-risk individuals can learn both how to make money, then manage it.

Finally, loan schemes and one-off payments are available from many services in Australia. Services such as the National Disability Insurance Scheme allow people struggling financially due to disability to access Government payments through Centrelink. Furthermore, non-government enterprises such as the Salvation Army have a no-interest loan scheme that can enable those without a credit score to apply for interest free loans. These grants and loans can allow people to overcome their short term financial struggles.

Thus, there are several sources of support available for those in financial difficulty.

SCENARIO 43

Q1: Do you report your friend to the examiner?

I believe that I would report my friend to the examiner, although I would attempt to clarify my knowledge of the situation.

Immediately after the exam, I might approach my friend and ask him what he had been doing during the exam and why he had been looking in his pocket. My friend might not have known that the exam was closed book, with no notes allowed, or he might have had circumstances outside of university that had encouraged him to cheat such as an illness.

After hearing from him, I would try to explain to him why the cheating was wrong and I would ask him to turn himself into the examiners. I would do this so that I wouldn't have to act as a third party between my friend and the university and so that my friend could adequately stand up for himself. If my friend was not willing to do this, I would report him to the university after telling him that I was doing so as I believe that cheating should not be tolerated in exams or tests.

Q2: Why do you think people might consider cheating in medical school?

I think that people might consider cheating in medical school for a few reasons.

Firstly, medical school is incredibly challenging and some people might feel intense pressure to perform well. This pressure may be compounded by competitiveness between peers, familial pressures, or simply struggling with the difficulty and demands of the content. As a result, certain people may feel that the only way they will be able to cope with the demands of medical school is by cheating, which might allow them to get an advantage over other people.

Another reason people might cheat in medical school might be due to external reasons. People may have events that occur in their private life or financial pressures that stop them from being able to study as much as they want. These people may also be unaware of the support systems available at the university, and thus may resort to cheating, as they believe that it is their only option.

Q3: You report your friend to the examiner anonymously and he is expelled from medical school. Do you think that this is fair?

I think that this decision is slightly unfair, although it can be argued either way.

I think that this decision is slightly unfair as my friend may not have had an opportunity to defend or redeem himself. Although cheating is certainly wrong and breaches academic protocol and integrity, there may have been extenuating circumstances that had caused my friend to cheat. I do think that the medical school should take these into account before expelling him from medical school.

In addition, I think that the breach of cheating in a single exam may not warrant such a strict penalty. Instead of expelling him from the medical school, the university could have asked him to resit the exam or had a look through his past academic record to see whether this was his first breach of academic integrity and possibly give him a warning or more lenient punishment.

I do understand that cheating has significant implications on the validity of any examination and that the university has the right to make decisions on the students that they teach, although in this case, I do not think that the expulsion of my friend was warranted.

Q4: Do you think people should be expelled for breaches of misconduct, or should they be given a second chance?

I think that, in general, people should be given a second chance, depending on the size of their breach of misconduct.

I believe that for infringements such as cheating, and depending on the person's past history of academic behaviour, the majority of people should be given a second chance. I believe that giving people a warning and a second chance can allow them to embrace that opportunity and take part in more appropriate behaviours in the future, rather than defaulting to breaches of conduct.

However, I do understand that the circumstances that encourage people to cheat in the first place may occur again and that, as a result, the people who are caught cheating or engaging in other breaches of conduct, are more likely to breach conduct again. In addition, for extremely severe breaches of misconduct, such as assault, I do not believe that these people should be offered second chances, as their continued position in a school may cause the victim of their actions further grief.

As a result, I believe that for minor breaches of misconduct, people should be offered a second chance, as it can offer them a possibility of redeeming themselves and learning from the misconduct.

Q5: What might be the implications of someone cheating in medical school?

There are several implications of someone cheating in medical school.

Firstly, the occurrence of cheating in an assessment undermines the quality of the results provided. When someone cheats in an assessment, they will likely get a higher mark than they were supposed to. As a result, they may get a higher mark than one of their peers doing the test with integrity, and may cause a movement in the bell curve of the test that they are taking. As a consequence, the assessors setting the test may view the peer with integrity worse, undeservedly, and may also overestimate the effectiveness of their teaching, as assessments are commonly used to judge student learning.

Furthermore, in fields such as medicine, cheating on exams may allow a student to progress with gaps in their knowledge, which could have severe consequences when they practice medicine in the future. If a doctor cheated on their exams and thus, didn't understand a disease they saw in their patient from medical school, it may end up going undiagnosed or be treated incorrectly.

Finally, one person cheating in medical school may encourage others to do so as well. In this scenario, your friend's cheating is not noticed by the examiner and other students may notice this and be encouraged to cheat themselves, as they see that breaches of academic integrity are not punished. More people cheating will result in more of the negative consequences I've already mentioned.

As a result, the implications of someone cheating in medical school are large and numerous.

SCENARIO 44

Q1: What do you do in this situation?

In this situation, I would first ask my friend in a non-judgemental and non-confrontational manner about what had happened, whether they had made a mistake in counting her hours and whether she was supposed to have been paid the extra money. It's important to first assess the situation by asking these questions rather than jumping to conclusions.

If a mistake had been made, I would strongly encourage my friend to return the extra money that she had received and I would explain to her the reasons for this; for example, the organisation is a not-for-profit, and that they tutor disadvantaged students, so her receiving the extra money could severely damage the financial health of the organisation and affect its ability to operate in the long-term. It could also result in a disadvantaged student not receiving tutoring, or for another tutor to be paid less, something which would be unfair for all parties involved.

Q2: You politely ask your friend to return the extra money, but she refuses and becomes angry. What do you do?

If my friend refused to return the extra money and became angry, I would first try to diffuse the situation by allowing her to vent her feelings and tell me why she thought that she should return the money. After allowing her to speak her mind, I would then explain to her why she should return the money, as the tutoring company is not-for-profit, and teaching disadvantaged students who may not have much money. I would try to encourage her to see the possible negative impacts of her doing what she intends to do and inform her that it would be best for her to return the money. If she still refused to return the money, I would inform her that I would report her to the tutoring company, or that I would want to help the tutoring company deal with the mistake that they had made.

Q3: What might be a consequence of your friend keeping the extra money?

As a consequence of my friend keeping the money, the tutoring company would likely be low on cash. Since they are a not-for-profit organisation, the tutoring company runs on very tight budgets and likely lacks a reserve of money to cope with any losses that they might make. As a result, my friend keeping the money could stop the tutoring company from printing resource materials for the students, paying other tutors, or affording software required to tutor the students.

As a consequence, the tutoring company may have to deny students entry for tutoring classes, and may also have to raise prices for other students in order to recoup the money lost from paying the friend extra money. Since these students are from disadvantaged backgrounds, a raise in prices may form a barrier for many students attending the classes. Clearly, my friend keeping the extra money could have significant consequences for the tutoring company, especially since it is a not-for-profit.

Furthermore, if administration errors like these were to continue into the long-term, it could result in the not-for-profit shutting down as it would be unable to sustain itself.

Q4: Do you think that people should be expected to cover up for other people's mistakes?

I do not think that people should be expected to cover up for other people's mistakes, although it is often a very kind thing to do.

In many cases, people may be unaware of the mistakes that they make or may feel embarrassed, awkward or ashamed to cover up their mistake, causing them to leave the issue. In these cases, it can often be kind to cover up for others' mistakes, either by apologising for any damage they have caused or by providing a solution to the issue. This can be appropriate in many situations because one may be better suited to solve the situation caused if they do not have the same feelings of embarrassment or shame associated with the scenario. However, this can also be inappropriate in certain situations, as people who make mistakes will not learn to overcome those feelings of embarrassment or shame and might make the same mistake again, thinking that you will cover up for them.

In addition, it can be unfair for someone uninvolved in the situation to be expected to cover up for others' mistakes as every person has their own responsibilities and should take responsibility for their own actions. As a result, I think that covering up other people's mistakes can sometimes be a good thing to do, although people should not be expected to do so.

Q5: Do you think that people, in general, do the right thing?

I think that in general, people do the right thing, and, when they do not, they have good intentions.

I think that the education system and societal standards tend to encourage people to act in a thoughtful and kind manner. From a young age, children are encouraged to thank others and be considerate of other people's feelings, which assists them in understanding what actions are considered "right" or "wrong".

With that said, damaging actions still occur in society and I think that the majority of these occur due to accidents or with good intention. For example, some people may accidentally harm others by saying things in a certain way, when they may have intended the statement as a compliment. Some people may act differently under the influence of alcohol or other substances, although they never meant to cause harm while sober.

For these reasons, I do believe that people in general take the right actions, although it cannot be denied that there are times where people break the rules, for good or bad reasons.

SCENARIO 45

Q1: Will you go on the trip to Sydney?

I think that my decision on going on the trip would change depending on several factors.

Firstly, I would like to consult my family about the situation and ask them for their opinion. My family members might encourage me to go on the trip or they may encourage me to stay. I would make sure to ask my grandmother what she wanted - if my grandmother encouraged me to go on the trip, I would do so and make sure to contact the family while on trip either through a phone or video call. In addition, I would make sure to send my family photos and videos from the trip, so that they know that my absence was for a good reason.

If my family, particularly my grandmother, wished for me to not go, then I would follow their wishes and not attend the sports carnival. I would make sure to inform my team members and coach of this decision and apologise to them as they may be disappointed by my decision, but also try to explain the value of my family's opinion. In addition, I would look forward to the next sports carnival, so that I can continue to train hard to compete. By doing this I would be able to experience the sports carnival while not sacrificing my family time.

Q2: You decide to go on the trip and your family becomes angry, what do you do?

If I decide to go on the trip and my family became angry, the first action that I would take would be to listen to their concerns in a private setting. I realise that in this scenario it is understandable for my family to get angry, as they may feel as though I am prioritising myself or a fun experience rather than caring for my grandmother. However, I would try to explain the reasoning behind my decision: maybe the trip was a once in a lifetime offer, maybe my grandmother had wanted me to take the opportunity or maybe I felt that I couldn't let down my sports team. I would explain the reasons why I had decided to go on the trip, rather than spending time with family in a sensitive manner.

In addition, I would attempt to reason with my family by coming to a compromise so that we can all be satisfied. I might organise to contact my grandmother through telephone or video calls and I can organise for an early flight back if I wasn't competing for the last few days of the tournament. If necessary, I might try to also compromise and miss an event to spend more time with my family.

And that is what I would do if they were to get angry.

Q3: What will you do if you are forced to spend time away from family in medical school?

I think that spending time away from family in medical school would be incredibly challenging, although I would have some strategies implemented to maintain my connection with family.

Firstly, I would make use of telephone and video call services to keep in touch with my family. Due to the COVID-19 pandemic in recent years, many people have become accustomed to contacting family members through video and telephone call services. I would make sure to arrange video call meetings to talk with my family members regularly while working in medical school and I would try to increase the connection by organising online games or activities for us to do. I personally have family living overseas, and, as a result, I am familiar with keeping in contact with family members that live far away.

As an additional measure, I would organise to visit family members on breaks. Although online calling can be a good alternative to contact with family members, I might organise trips to visit family members during medical school breaks or holidays. Doing so would allow me to have a physical connection with my family and engage in activities that might have been impossible online.

Q4: How do you manage work commitments with personal time?

I have several systems in place to manage work commitments with my personal time.

Firstly, I carefully maintain schedules and keep an organised calendar. While working, I keep a close eye on my working hours, schedules and requirements by inserting them into my calendar. By doing so, I am able to inform employers of potential personal clashes far in advance, which often allows me to reschedule work. Furthermore, I am clear with my employers as to how long I intend to work, so that I do not feel overworked and burnt out.

However, I do understand that there are times where work commitments can infringe on personal time and I also have strategies in place to manage these events. If I find that work commitments are impeding on my personal time, I inform my employers or coworkers about the stress I am feeling, which can allow them to reallocate tasks and reduce my workload. When this is not possible, I like to block out times in my calendar where I cannot take part in my work commitments. Doing so allows me to have control over my work, rather than having it bleed into all aspects of my life.

Q5: Do you think personal relationships are important in medicine?

I think that personal relationships are important in medicine for several reasons.

Firstly, personal relationships provide doctors and medical students with a source of comfort when they are struggling. Often when work demands become too exhausting, or burn-out occurs, the best method of recovery is through contacting close friends and your personal support system. Without these person relationships, it would likely be very difficult for doctors or medical students to handle the emotional turmoil that is sometimes caused by their job.

Furthermore, personal relationships can allow doctors a chance to develop their emotional skills. Just as personal relationships can offer doctors and medical students support, these relationships also often require mutual support and effort. As a result, having strong personal relationships can encourage health professionals to develop their emotional support skills, as they may have to support friends, lovers or family members through difficult periods in their lives. In addition, having these personal relationships will allow medical professionals to better relate to their patients' feelings.

These are some of the reasons why personal relationships are important in medicine.

SCENARIO 46

Q1: What are some health measures that have been put in place to stop the spread of the COVID-19 pandemic?

There are two public health measures that come to mind.

One is compulsory mask wearing, which serves to limit the transmission of COVID between infected and healthy individuals. This is because face masks act as a physical barrier that traps infected respiratory particles that have been exhaled by infected individuals and prevents those that are healthy (and free from COVID) from inhaling these. By minimising the spread of COVID-19, this public health measure can prevent outbreaks of COVID-19.

Another public health measure is contact tracing, which involves identifying and tracking all the people that a patient who has tested positive for COVID-19 has been in contact with within the last two weeks. This assists in dissolving the chain of infection by identifying people that could be COVID-19 positive and treating them to prevent further transmission of the disease within communities. Understanding and tracking the movements of people that have tested positive can help to control the spread of the SARS-CoV-2 virus and prevent further outbreaks.

Q2: Is it more important to stop the spread of pandemics, or to stop them from arising in the first place?

I think that it is extremely important to investigate and stop the cause of pandemics, although reducing the spread of pandemics is also equally as important.

I believe that eliminating the causes of pandemics is important as it is a preventative health measure. By understanding the root cause of pandemics, issues such as contaminated water, poor sanitisation services, and unhygienic environments can be addressed, preventing the inception of pandemics. In turn, this can allow the healthcare system to avoid the burden of treating the number of people who would be infected by the pandemic, as the pandemic would not occur in the first place.

However, in cases where pandemics occur, it is certainly important to stop the spread of disease. When pandemics begin to spread, health measures such as mandatory mask wearing and contact tracing can be implemented to reduce the spread of the disease. These implementations are important and necessary as they serve to protect the most vulnerable in society.

It can be argued, however, that these health measures would never have to be implemented if pandemics were not allowed to occur, which is why I believe that it's more important to stop pandemics arising in the first place.

Q3: Is it reasonable for people to protest against COVID-19 health measures?

I believe that the issue of whether people should be allowed to protest against COVID-19 health measures is a complicated issue.

On one hand, I believe that people should be allowed to voice their opinions against health measures, especially since measures such as lockdowns can have significant impacts on people's livelihoods and mental health. Furthermore, the presence of protest allows for people to question the validity of current proposals and encourages improved proposals to be put forward for everyone, an outcome which could benefit all parties.

However, I also believe that some forms of protest against COVID-19 health measures, such as violent and destructive protests, should not be allowed due to their disruptive and counterproductive nature. Protests that are violent and cause damage to buildings should not be allowed as it is unfair for innocent bystanders to be hurt, or for shops to be damaged due to people's frustration with government policy. Furthermore, it is more likely for COVID-19 to be spread at protests, where social distancing requirements cannot be met and masks might not be worn. Considering that online platforms and forums are readily available in modern society, I believe that these protests are unnecessary and dangerous.

Therefore, I believe that it is reasonable for people to protest against COVID-19 health measures, although not in a violent or disruptive manner.

Q4: What strategies can be implemented to improve people's mental health during pandemics?

There are several strategies that can be implemented to improve mental health during pandemics.

Firstly, lockdown restrictions can be made with allowances for certain activities, allowing people to overcome feelings of social isolation. Provisions such as allowing individuals to have 1 hour of exercise a day, allowing intimate partners or 'bubble buddies' to visit your home can be used to increase social activity and reduce mental health impacts associated with isolation and loneliness.

Secondly, people can be encouraged to contact their friends through online calls, such as video calls on Zoom, Facetime or google hangouts. Mass advertising campaigns can be used to encourage Australians to reach out to their friends which would be helpful for individuals who might feel isolated, as someone might contact them to check in on their wellbeing.

Finally, funding to mental health services can be increased. This includes services such as lifeline, but can also extend to government funded isolation buddy systems, where people in need can have a person they can contact for a sense of connection and professional health for symptoms of mental health issues.

Using these strategies can help reduce the mental health impact of lockdowns during pandemics.

Q5: When is it acceptable to impinge on people's freedoms for the greater good?

I believe that this is a difficult issue that requires us to look at both the economic and health implications before coming to an answer.

On one hand, it may be seen as an inappropriate intrusion of government because the economic consequences of lockdown has been well documented with businesses going bankrupt and unemployment rates increasing. This could result in more people being unable to support themselves and their families financially.

However, from a health perspective, the lockdowns laws implemented around the world during the pandemic inhibit peoples' freedom to move. This decision was made because of the risks of allowing people to continue with their normal movements. A cost-benefit analysis would have been conducted on the risks of allowing people to move, such as increased infection rates and an increased burden on the healthcare system with the negative effects of stopping movement, such as decreased economic activity and mental health issues.

Since it was decided that the negatives of movement outweighed the negatives of lockdowns, the freedom for people to conduct their daily activities was reduced. I believe that using this sort of cost-benefit analysis is the best way to decide that it is acceptable to impinge on people's freedoms for the greater good.

SCENARIO 47

Q1: What would you do in this situation?

In this situation, I would take a step-by-step approach.

Firstly, I would politely approach the doctors and take them to a private setting. I would ask them in a non-confrontational manner if they were openly discussing details about a patient. Since I do not know for certain whether the doctors are disclosing patient materials, I would ensure to do this in as non-accusatory manner as possible. The reason why I would do this is because I wouldn't want to jump to any conclusions and I should first assess the situation. In a non-judgmental and sensitive manner, I would remind them not to discuss sensitive patient details in public areas, mentioning that there was a possibility of patient information being disclosed. I would also explain to these doctors the consequences of them doing this, such as breaching confidentiality and potentially compromising trust in the healthcare system.

If the doctors were to continue discussing the patient's details, I would consider making a formal complaint to the hospital and reminding them again to discuss the patient's matters in a more private location.

Q2: Why is confidentiality of patient information important?

Confidentiality of patient information is important for several reasons.

Firstly, patients divulge sensitive information to doctors about their health status, mental health and social life, information that doctors should not treat lightly or divulge to other people. By doing so, doctors disrespect their patients' wishes and can damage the reputation of the healthcare system. If patients were to discover that their doctors were not respecting their confidential information, they may not feel comfortable disclosing all of their information, possibly hindering the diagnosis of a disease.

Furthermore, disrespecting the confidentiality of patient information could be dangerous for a patient's safety. If a patient's information regarding their health status was inappropriately breached, they may become vulnerable to scams or attacks from people with malicious intentions. Patients can be impersonated, made fun of, or scammed as a result of doctors leaking confidential information.

As a result, it is critical that doctors and medical professionals maintain patient confidentiality.

Q3: Does it matter if a patient's information is leaked if the patient never realises?

I believe that it does not matter if a patient doesn't realise that their confidentiality has been breached for several reasons.

Firstly, a patient breach of confidentiality has implications on the entirety of the healthcare system. As I mentioned before, a medical professional breaching confidentiality once can have a profound impact on other patients who may witness this breach of confidentiality. They may believe that their doctors would also breach their confidentiality and could feel less willing to provide their personal information to their doctors. As a result, they could be denied the correct diagnosis or treatment.

Although some may say that if the patient never realises, it is likely they will not be hurt, a breach of confidentiality can have significant risks for the patient. A patient who has their details leaked could be at risk of malicious attacks, bullying or scams. If a patient's details become known to members of the public, it may be known that they are particularly vulnerable and resultantly, they may become a target for those who prey on people with perceived weakness.

For these reasons, I believe that breaching patient confidentiality is unacceptable, regardless of whether the patient realises or not.

Q4: How would you go about raising your concerns to someone who has power over you?

Although raising concerns to someone with higher power than me can be difficult, I have a few strategies for this.

Firstly, I try to clarify the details of the situation as much as possible. Doing so allows me to approach my senior with a comprehensive understanding of the situation and the issue taking place. At this stage, I may also consider some solutions to the issue, or more carefully consider my justification for my complaint.

Secondly, I approach my seniors in a private and non-judgmental setting. I try to adopt a non-accusatory tone, and address the issue in a logical manner. I describe the situation, the issue with the situation, and any possible solution that I believe could amend the situation. It's also important to note that just because someone has power over me, it doesn't mean they will be dismissive of my concerns but rather may be more likely to assist me with my situation.

While it can be difficult to approach those who have higher rank than you, I believe that a non-judgmental attitude and non-accusatory tone are most helpful for raising concerns.

Q5: What systems should there be in place at hospitals for raising concerns about potential breaches of conduct?

There are several systems that can be implemented to submit and address complaints about breaches of conduct.

Firstly, an anonymous complaint register can be created for staff members to submit complaints. An anonymous register could allow staff members to submit complaints without concerns for their own safety or job prospects. Furthermore, a complaints registry could allow for concerns related to hospital management or unsafe work environments to be submitted as well. It would be important to have a trusted team managing these complaints, so that the system would not be compromised.

Secondly, an anonymous review system for patients could be implemented. In addition to staff complaints, it would also be important to have a method through which patients can submit their concerns about their health service, without worrying about the service being compromised. Making this service also anonymous can allow for patients to fairly voice their concerns.

Finally, an independent inquiry can be conducted for serious and systematic breaches of conduct. If corruption or misdemeanour was occurring at multiple levels at a healthcare setting, an independent inquiry could allow for a fair appraisal of healthcare practice. Independent inquiries would involve parties unrelated to the hospital investigating any suspicious conduct that might have occurred.

These reviewing systems would ensure that breaches of conduct are properly addressed.

SCENARIO 48

Q1: What would be some of the positives of studying medicine?

I believe that there would be several advantages of studying medicine.

Firstly, studying medicine would allow me to pursue my vocation. Since I have a passion for the sciences, I would be able to broaden my understanding on topics like biology, anatomy and physiology which are taught at medical school. As a result, I would likely find the content presented in medical school extremely interesting, allowing me to enjoy my studies.

Another advantage of medical school would be that it can allow me to have contact with patients and members of the healthcare system. Being in medical school is a privileged position that will allow me to have these new experiences, which is an opportunity to widen my worldview and perspective. The contact with patients will allow be useful in teaching me how to become a doctor in the future rather than learning about what a doctor does.

Finally, attending medical school would likely allow me to meet like-minded students. Considering the nature of medical school being science-oriented, I will be able to meet people with similar interests and passions to myself. Interacting and befriending people in medical school will allow me to further develop these interests and possibly discover new ones.

Q2: What would be some of the negatives of studying medicine?

There may be a few negatives of studying medicine.

Firstly, the workload in medical school is known to be demanding. Due to the nature of the applicants in medical school, I may find it difficult to cope with the academic demands of the course. In addition, due to the like-mindedness of medical school applicants, I may miss out on the opportunity to meet people with different perspectives and experiences, narrowing my general understanding of the world.

In addition, a negative of medical school could be spending time away from home. As part of medical school, medical students may have to work on placement at hospitals far from home, or rurally. As a result, I may have to spend time away from family and away from friends, which could pose a challenge for my social wellbeing.

These would be some of the negatives of studying medicine.

Q3: Is it acceptable to not disclose the negatives of studying a course while advertising it?

Whether you should disclose the negatives of studying a course while advertising it is a difficult issue.

On one hand, I understand that advertising is usually conducted to encourage students to join a course. Providing only positive information will encourage more students to pursue a course and possibly have a positive experience. Furthermore, course advertisers may think that students will realise the negatives of studying a course through older or past students and may decide that they are not necessary to include in the advertising as a result.

However, not advertising the negatives of a course can have negative impacts on the students who do not want to enrol. Certain students may not have access to resources such as forums or older peers and, as a result, they may enrol into a course without knowledge of the disadvantages, and they may be surprised by the course. Furthermore, certain students may be more vulnerable to different negatives, such as online learning, and may want to be informed of these details before enrolling.

For these reasons, I believe that advertisers should disclose the negatives of studying a course while advertising.

Q4: How would you deal with the challenges of a course like medicine?

I would have several strategies in place to manage the challenges of a course like medicine.

Firstly, I would attempt to set up a strong support network to rely on. I would try my best to make friends within the medicine course in order to develop a strong support network with like-minded students. In addition, I would attempt to maintain friendships from high-school, so that I can understand the challenges of other courses, and also vent my frustrations to people outside of medicine.

Furthermore, I would continue stress relieving activities from high-school. For me, these activities involve exercise, sport, music and videography, although they may be different for everyone. By maintaining these hobbies I will have an escape to release stress during medical school, which will make it a more balanced 5 year journey rather than a challenging one.

Finally, I will ensure that I understand the support systems in place at university and within the medical school. When I am feeling overwhelmed, I will ensure to reach out to support systems such as Monash university counselling or academic support groups which can work with me to identify the challenges I am facing and provide long-term solutions to address them.

These strategies will allow me to manage the challenges of medical school.

Q5: What will you do if you don't get into medicine?

If I do not get into medicine, I will take several steps to continue my application and pursue my vocation.

For example, I would pursue other avenues of entry into medicine, such as taking a gap year. I would reflect on my application from the previous year and consider the issues in my application that might have barred me from entry. I would attempt to amend these deficiencies in my application and use that to have a better chance of entering medicine in the future.

Furthermore, I would consider pursuing degrees such as biomedicine that could offer me a postgraduate pathway into medicine. I would take these degrees, focusing on my social network and studying skills so that I would have a stronger chance of entering medicine through a postgraduate pathway. The benefit of these degrees is that they have a strong research focus, which is something I am interested in and what attracted me to medicine because of the medical science honours program. So, I would continue to conduct research and I hope those research skills can be transferred from undergraduate biomedicine to post-graduate medicine.

SCENARIO 49

Q1: What would you do in this scenario?

In this scenario, my first action would be to take my friends to a private setting and ask them respectfully to elaborate on their point of view on the policy. More specifically, I would ask them to explain their decision to support the petition and carefully listen to their points. At this stage, I might reconsider my decision and support theirs, or I may choose to respectfully explain my opinion. I would elaborate on my reasoning for not supporting the proposal; for example, that keeping units would cause the university to lay off lecturers, or that keeping units would decrease the overall standard of teaching at the university.

After explaining my perspective, I would ask my friends, in a non-confrontational and non-judgemental manner, to respect my decision to not sign the petition. Taking these actions would allow me to diffuse the situation and continue to stick to my opinion whilst ensuring that we as a group do not break down.

Q2: How do you deal with people who are angry or frustrated?

When people around me are angry or frustrated, the first action I take is to allow them to vent their anger to me. When people are angry, they will often fail to listen to reason in the heat of the moment and offering them an opportunity to vent their anger can help return them to a stage that will allow them to hear another perspective.

While giving them an opportunity to calm down, I might move an angry person to an area where they are less disruptive, such as a private room or a less crowded space. Doing so might reduce any embarrassment they might feel and can also reduce their disruption to other people around us.

After this, I would ask the person in a non-judgemental and non-confrontational manner to explain their reasoning to me for being angry. I would sensitively ask them to explain what made them angry and, depending on the reason, I would validate their emotions. Often I will commiserate with their situation and offer a solution in the form of a compromise so that all parties can leave satisfied. The reason why I would come to this compromise is because it is a form of corrective action that will prevent situations like these arising in the future.

Q3: Have you dealt with peer pressure in the past? If so, how did you deal with it?

I have been exposed to peer pressure in the past and I believe that the best way to deal with peer pressure is to set clear boundaries in a non-judgemental and non-confrontational manner.

One example of a time where I was exposed to peer pressure was at a school party where I was offered some alcohol. At the time, I was underage and was not interested in drinking, although I felt peer pressured as many of my friends around me were drinking and were encouraging me to join them.

In this situation, I managed the peer pressure by setting clear boundaries around my expectations. I informed my friends, in a non-judgemental manner, that I was not interested in drinking and that I would prefer it if they did not offer me drinks. In addition, I brought myself a non-alcoholic drink to reduce the feeling of ostracism. When I was pressured further, I asked a trusted friend of mine to assist me by also encouraging other people to not offer me drinks.

By taking these actions, I was able to reduce the impact of peer pressure and enjoy the party without drinking alcohol.

Q4: Is it important to have debates with people who don't agree with you?

I believe that it is very important to have debates with people who don't agree with you, although this can be difficult to do.

The first reason that I believe debating is important is that it allows you to refine your own opinion. By discussing your own opinion with other people with opposing views, you are able to concrete your understanding of the topic and feel more confident in your justification for your opinion. By comparing your values to the opposing party, you can either justify your position or consider an opinion that you may not have considered before.

Furthermore, I believe that debate is important as it allows for the best quality decisions to be made. For example, in an emergency department healthcare setting, many people will have differing opinions regarding diagnosis and treatment options for critically ill patients. However, if the doctors were to debate in the intensive care unit about their views, then a more accurate diagnosis can be made and a more appropriate treatment plan can be formulated to ensure that the health outcomes of the patient is maximised.

These are some of the benefits of having debates with people we don't agree with.

Q5: What is the best way to discuss sensitive topics with those who don't agree with you?

I believe that the best way to discuss sensitive topics is in a non-confrontational and non-judgmental manner.

When discussing sensitive topics, I like to conduct debate in a private location that is calming and not distracting, which can allow both parties to speak candidly without fear of judgment. I also believe that a calming location can reduce the chances of a debate escalating into an argument, which might not be productive.

Furthermore, when debating, I like to allow both parties to take turns when speaking so that one person isn't interrupted or disturbed while making their point. This can allow for better facilitation of communication and can stop people from interrupting to ask a question that will be answered later.

Finally, I believe that it is important to acknowledge the sensitivity of certain areas before discussing them, so that respect can be upheld. This can be done through content warnings or trigger warnings before discussing sensitive topics.

All of these strategies can be used to encourage productive debates on sensitive topics.

SCENARIO 50

Q1: How do you tell the patient about their appointment?

In this scenario I would inform the patient about their appointment after dealing with the immediate situation.

I would first apologise to the patient for their wait and attempt to move them into a more private setting to ensure the other patients in the waiting room are comfortable. After this, I would allow the patient to vent their frustration as they may be having a bad day or have another commitment that they were supposed to attend.

Following these steps, I would hope that the patient's anger might have diffused. I would explain to them in a non-confrontational and non-judgemental manner that their booking had been made in the system for the previous day. I would ask them whether they had received an appointment confirmation or booking receipt to ensure that an administration mistake hadn't been made and then I would offer the patient another appointment in the following week.

By following these steps, I would hope that the patient's anger would be diffused, the cause of the situation uncovered and a solution found for the patient.

Q2: Why do you think patients sometimes have to wait for long periods of time at the doctor's office?

Patients have to wait for extended periods in doctors' offices for several reasons.

Firstly, doctors are often required to do consultations with multiple patients on a daily basis which can take a long amount of time. This is particularly relevant if the doctor is a specialist as they may be required to spend more time with patients to perform examinations and tests and take adequate medical histories. This can result in people waiting for long periods of time before they have their appointment.

It is also important to note that maybe the doctor doesn't intend to have long wait times. For example, a doctor cannot end a consultation while a patient is crying or while there are further issues to be investigated. These factors can result in appointments running overtime to ensure that that patient receives the best quality medical care.

Finally, doctors themselves are human, and can arrive to work late. When doctors arrive to work late, combined with the other factors I have previously mentioned, patient wait times will be prolonged.

Q3: Do you think it's reasonable for the patient to be angry?

I believe that it is both reasonable and unreasonable for the patient to be angry.

On one hand, I believe that it is completely reasonable for the patient to be angry as they may have sacrificed other commitments, such as work or school, to attend the doctor's office. Furthermore, they may be worried about the cause of their doctor's visit, which may add to their anxiety or stress. Patients can also have made a booking far in advance, and can naturally expect for their appointments to be on time. For these reasons, I believe that the patient's anger is justified.

However, I also believe that their anger is unreasonable, because the anger fails to solve the issue of extended wait times. The patient could have been more open to accepting a possible mistake that they might have made or they could have been more careful to check in with the receptionist while entering the clinic. Finally, the patient could have been more understanding of the other patients around them when venting their anger, as it has caused them discomfort.

And so, I believe that the patient's anger was unreasonable in this situation because anger is always an unproductive method of fixing issues.

Q4: What do you do when people around you get angry?

When people around me are angry or frustrated, the first action I take is to allow them to vent their anger to me. When people are angry, they will often fail to listen to reason in the heat of the moment and offering them an opportunity to vent their anger can help return them to a stage that will allow them to hear another perspective.

While giving them an opportunity to calm down, I might move an angry person to an area where they are less disruptive, such as a private room or a less crowded space. Doing so might reduce any embarrassment they might feel and can also reduce their disruption to other people around us.

After this, I would ask the person in a non-judgemental and non-confrontational manner to explain their reasoning to me for being angry. I would sensitively ask them to explain what made them angry and, depending on the reason, I would validate their emotions. Often I will commiserate with their situation and offer a solution in the form of a compromise so that all parties can leave satisfied. The reason why I would come to this compromise is because it is a form of corrective action that will prevent situations like these arising in the future.

Q5: What do you do when you get angry?

I will be honest and say that I'm not a person who does get angry a lot. However, I assume that if I do become angry, there are several steps that I take to control my anger and resolve the situation.

Firstly, I understand that while angry, I can become caught up in the moment and I attempt to take a step back from the anger that I might be feeling. I attempt to look inwards to understand the cause of my anger, which might be irrational or reasonable. After doing so, I try to articulate the reasons for my anger, so that the people around me might be able to understand my perspective, or relate to my issues. From this, I may be able to garner some support, or also see any errors in my perspective that people may point out. I also encourage those around me to also take a step back, as they may be angry or frustrated as well.

Once I have taken these steps, I attempt to find a rational solution to the issue at hand, involving others in the decision-making process. I also apologise for any unfair actions that I might have taken while angry, explaining that they were not reflective of my intentions.

By doing so, I am able to understand the causes of my anger and address them.

5

PHRASE BANK

"The benefits of choosing [X] far supersede the benefits of choosing [Y] because there are less risks associated with choosing [X]."

"Forcing people into [X] may discourage them from participating in [Y] in the future."

"Although the short-term implications are [X], the long-term benefits are [Y]."

"I'd take a more consequentialist approach as the 'ends', which is [X] justifies the 'means', which is [Y]."

"[X] may be a natural reaction to the situation of [Y]."

"Those in opposition of [X] and those in support of [Y] need to come together and find common ground."

"Not only does this serve to improve confidence at an individual level, but also on a much broader scale too."

"Based on this cost-benefit analysis, it is quite evident that it would be more appropriate to pick [X] rather than [Y]."

"It is important to consider both the long-term and short-term implications of [insert issue]."

"[X] is a societal duty."

"Implementing [insert approach] provides the greatest opportunity to change [specific groups] habits' and so, they can be set up for a lifetime of safety."

PHRASE BANK #1

"Taking [insert approach] may create a social disparity between [X] and [Y]."

"In this scenario, it is evident that..."

"This may pose a danger to [insert audience]."

"It is important to raise awareness for [X] so that [insert audience] are aware of the consequences, including [Y]."

"Taking the approach of [insert approach] would be unethical if there are no tangible benefits for [insert group]."

"It is important to consider the many stakeholders who might be influenced by this policy, including [insert stakeholders]."

"There may be a correlation between [X] and [Y]."

"If there are significant side-effects of [X], then this may breach non-maleficence."

"[X] may promote the black market trade of [Y] and this pose a danger to individuals."

"Here, I would take a utilitarian approach and adopt solution [X] rather than solution [Y] because [X] will produce the greatest benefit for the most people."

“Private companies may value long-term profitability and market share over positive patient outcomes.”

“Those in opposition of [X] and those in support of [Y] need to come together and find common ground.”

“Not only does this serve to improve confidence at an individual level, but also on a much broader scale too.”

“This is important in preserving public health at an individual and community level.”

“It is important to raise awareness for [X] so that [insert audience] are aware of the consequences, including [Y].”

“Raising positive awareness for [insert issue] is important in combatting the issue of [X] because [Y].”

“The social and health-based advantages of adopting [X] outweigh the associated financial disadvantages.”

“It’s important to consider both sides of the issue before coming to a sound conclusion.”

“Since children will be our future leaders, it is important to empower young kids to incite positive long-lasting change in the community.”

PHRASE BANK #2

“Person [X] may hold a strong and inflexible view on [issue], which may indicate their inability to be open-minded about their options.”

“It is important to act in the best interests of [X].”

“We should consider all options available so that we can pick and implement the best possible solution for [X].”

“Personal interests and values should not conflict with the expectations of [X].”

“It is important to be open-minded in situations like these.”

“I empathise with [X], who might be going through [Y].”

“It’s important to empower individuals to prioritise their health...”

“It’s important to bridge the [X] gap.”
note X can be cultural, health, financial, social, etc

“While [X] is important, [Y] is even more important because...”

“When people engage in deep and meaningful conversations, then stronger communities can be formed.”

Congratulations on learning the content of this book!

Like we stated at the start of this book, *consistency* is key to performing well in the MMI! And so, the journey has not yet ended - you should revisit topics in this book that you may have struggled with, practise with scenarios that you found difficult and look over your error book! As after-all, practise makes perfect!

The skills learnt for the MMI can't be mastered in a short period of time but, rather, need to be acquired over time through consistency. Thus, you should be proactive in your approach to preparation until the interview! Instead of cramming your preparation last-minute, you should meticulously plan out and execute a long-term study schedule for this section.

You should not think of the MMI as a 100m sprint, which is often the more attractive race due to its short length and rapid speed! Instead, think of it as a marathon - a race which requires a steady pace and continuous efforts throughout the next month!

We wish you all the best for your medical school applications! Just remember, as we mentioned at the start of the book, there are so many opportunities to pursue medicine if you don't get in the first time! You can take a gap year and try again or complete an undergraduate degree first - the great thing about living in Australia is that there are always options to get where you want to be!

Now that you have finished the content of this book we hope that you have been able to successfully *Master The Multiple Mini Interview*. Good luck :)

– Emil Edirisinghe and Sahil Bhatia



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